



# The Impact of Managing Early Pregnancies in Selected Public Day Secondary Schools in Chilubi District of Northern Province of Zambia

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**Abstract.** This study investigates the impact of managing early pregnancies in secondary schools of Chilubi District, with a focus on three selected institutions. Early pregnancy remains a significant barrier to girls' education in many parts of Zambia, particularly in rural areas where cultural practices, poverty, and lack of access to sexual reproductive health education are prevalent. The research explores how schools are addressing this issue through policy implementation, support programs, and community engagement. A mixed-methods approach was employed, combining quantitative data from school records and surveys with qualitative insights from interviews and focus group discussions involving students, teachers, parents, and community leaders. The findings reveal a high prevalence of teenage pregnancies in the selected schools, resulting in increased dropout rates, emotional distress, and limited future opportunities for affected learners. However, the study also highlights the role of re-entry policies, counseling services, and parental support in mitigating these negative outcomes. The target population for this study will cover 300 participants who are directly or indirectly involved in the management and experience of early pregnancies within secondary schools in Chilubi District. The sample size of this study will involve a total number of 60 participants, drawn from the three purposively selected secondary schools in Chilubi District. The sample will be distributed as follows; 30 female students 10 from each school, 9 Guidance and Counselling Teachers, three from each school, 3 Head teachers and 3 Deputy Head Teachers from the selected schools and 9 Parents of Guardians 3 from each school and 6 Health workers 2 per school locality. Despite some success stories, the management of early pregnancies remains fraught with challenges, including stigma, inadequate resources, and inconsistent policy enforcement. The study recommends stronger policy implementation, enhanced community sensitization, and increased investment in reproductive health education. Overall, the research contributes valuable insights into how early pregnancy is being addressed in rural educational settings and suggests pathways for improving educational retention and success among adolescent girls.

**keywords:** Early pregnancy, secondary education, Chilubi District, re-entry policy, school dropout, reproductive health.

## **I. Introduction**

Early pregnancy remains a pressing challenge within the Zambian education system, particularly in rural districts such as Chilubi. The phenomenon has far-reaching consequences on the academic progression, health, and socioeconomic status of affected ad-

olescent girls. Despite government efforts to enforce policies such as the re-entry policy, teenage pregnancy continues to contribute significantly to school dropout rates, undermining the attainment of education for all and perpetuating cycles of poverty and gender inequality.

In many cases, early pregnancies result from a combination of socio-cultural factors, inadequate sexual reproductive health education, poverty, and limited parental involvement. These challenges are compounded by the lack of proper support systems within schools to manage the situation effectively. The negative effects of early pregnancy on education include poor academic performance, absenteeism, emotional stress, and eventual withdrawal from school.

Recognizing the critical nature of this issue, this study investigates how early pregnancies are managed in selected secondary schools in Chilubi District. It aims to understand the prevalence, causes, and consequences of early pregnancies and to assess the effectiveness of the strategies employed by schools and communities to mitigate the impacts. Through this research, the goal is to contribute practical recommendations that will help reduce school dropouts and improve the academic welfare of female learners affected by early pregnancy.

### **Background and Context**

Early pregnancy among adolescent girls remains a significant challenge to educational attainment in Zambia, particularly in rural areas such as Chilubi District in the Northern Province. According to the 2018 Zambia Demographic and Health Survey (ZDHS), approximately 29% of adolescent girls aged 15–19 have begun childbearing, with rural areas recording higher rates of teenage pregnancies than urban centers. This trend poses a major threat to girls' educational opportunities, health, and future socio-economic prospects.

Chilubi District, characterized by a largely rural and dispersed population across mainland and island settlements, faces several educational barriers. These include limited access to health and reproductive services, long distances to schools, cultural beliefs, poverty, and inadequate school facilities. These factors contribute to a high prevalence of early pregnancies among secondary school girls, leading to increased dropout rates, especially among female students.

Despite the Zambian Government's re-entry policy, which allows schoolgirls to return to school after giving birth, implementation in many rural schools remains inconsistent. Many girls who become pregnant face stigmatization, discrimination, and lack of psychosocial support, which discourages them from re-enrolling in school after delivery. Moreover, community resistance to adolescent sexual and reproductive health (SRH) education hinders the effectiveness of preventative programs such as Comprehensive Sexuality Education (CSE).

In response, various stakeholders including the Ministry of Education, Ministry of Health, NGOs, and community leaders have initiated efforts to manage and reduce early pregnancies. These include school health clubs, peer education programs, linkages to youth-friendly health services, and teacher training in SRH topics. However, the success of these interventions varies from school to school.

This study is set within this context, focusing on three selected secondary schools in Chilubi District to examine the impact of managing early pregnancies on student outcomes. It seeks to assess how schools identify, prevent, and respond to adolescent pregnancies, and how such efforts influence enrollment, retention, academic performance, and girls' re-entry to school after childbirth.

Understanding these dynamics is crucial in informing targeted, context-specific strategies for reducing early pregnancies and improving educational outcomes for girls in Chilubi and similar rural districts across Zambia.

### **Statement of the Problem**

Early pregnancy among secondary school girls remains a critical barrier to educational advancement in many parts of Zambia, particularly in rural and remote districts such as Chilubi. Despite efforts by the Ministry of Education and supporting stakeholders to reduce adolescent pregnancy rates and facilitate school re-entry for young mothers, early pregnancies continue to cause high dropout rates, underperformance, and reduced transition to higher education for affected learners.

In Chilubi District, anecdotal evidence and reports from local education authorities suggest that several secondary school girls become pregnant each academic year, with many failing to return to school after childbirth. In some cases, girls are expelled or

quietly excluded, despite the existence of Zambia's Re-Entry Policy which mandates schools to support and reintegrate young mothers into the education system. The lack of effective management systems, combined with community stigma, inadequate health service access, and limited teacher training in adolescent reproductive health, has weakened efforts to address this issue sustainably.

Moreover, preventative strategies, such as Comprehensive Sexuality Education (CSE) and youth-friendly health services, are either underutilized or poorly implemented, especially in rural school settings with limited resources. This failure to manage early pregnancies not only undermines the right of girls to education but also perpetuates the cycle of poverty, gender inequality, and health risks for both the young mothers and their children.

Despite the urgency of the problem, there is limited empirical research on how early pregnancies are being managed in Chilubi's secondary schools and what impact these management practices have on learners' academic and personal outcomes. Without concrete data, it becomes difficult for policymakers, educators, and community leaders to develop targeted and effective interventions that respond to the specific challenges within this context.

Therefore, this study seeks to fill this gap by investigating how early pregnancies are managed in three selected secondary schools in Chilubi District, and what impacts these practices have had on school attendance, performance, student retention, and successful re-integration of teenage mothers. The findings are expected to inform strategies for improving the educational experiences and outcomes of adolescent girls facing early pregnancy.

### **Purpose of the Study**

The purpose of this study is to investigate the impact of managing early pregnancies on the academic outcomes and educational continuity of female students in secondary schools within Chilubi District, Zambia. The study specifically focuses on three selected secondary schools to explore how school administrators, teachers, and other stakeholders are responding to the issue of early pregnancies, and how these management practices influence the retention, re-entry, performance, and overall well-being of affected learners.

The study aims to assess the effectiveness of current strategies and interventions such as the implementation of the Re-entry Policy, delivery of Comprehensive Sexuality Education (CSE), access to adolescent-friendly health services, and the presence of psychosocial support mechanisms within the school environment. It also seeks to understand the challenges schools face in managing early pregnancies, including social stigma, lack of resources, and limited community involvement.

Ultimately, the findings of this study are expected to inform educational stakeholders, policymakers, and community leaders on how to strengthen institutional responses to early pregnancy in rural schools, and to develop evidence-based strategies that can help reduce teenage pregnancy rates, promote girls' empowerment, and improve educational outcomes for adolescent mothers.

### **Objectives of the Study**

- **General Objective:**

- To investigate the impact of managing early pregnancies on the academic performance, school retention, and re-entry of female learners in three selected secondary schools in Chilubi District.

- **Specific Objectives:**

1. To examine the prevalence and trends of early pregnancies among female students in the selected secondary schools.
2. To assess the strategies and interventions used by schools to manage early pregnancies, including the implementation of the Re-entry Policy and delivery of Comprehensive Sexuality Education (CSE).
3. To evaluate the effectiveness of support systems provided to pregnant learners and adolescent mothers in ensuring school retention and academic performance.
4. To identify challenges faced by schools, teachers, and communities in managing early pregnancies and supporting re-entry of affected learners.
5. To recommend effective school-based and community-driven approaches for reducing early pregnancies and improving educational outcomes for teenage mothers.

### **Research Questions**

1. What is the prevalence of early pregnancies among female learners in the three selected secondary schools in Chilubi District?

2. What strategies and interventions have the selected schools implemented to manage early pregnancies?
3. How effective are these strategies in supporting pregnant learners and ensuring their re-entry and academic success?
4. What challenges do schools, teachers, and communities face in managing early pregnancies and supporting affected learners?
5. What improvements or alternative approaches can be recommended to strengthen the management of early pregnancies and enhance educational outcomes for adolescent mothers?

### **Theoretical Framework**

This study is guided by two complementary theories:

- **Bronfenbrenner's Ecological Systems Theory**

Bronfenbrenner's Ecological Systems Theory (1979) emphasizes that a child's development and behavior are influenced by multiple environmental systems, from immediate settings to broader societal contexts. This theory is relevant in understanding the complex, interconnected factors that affect how early pregnancies are managed and how adolescent mothers experience education.

- **Feminist Theory (Liberal Feminism Perspective)**

Liberal feminism focuses on the advocacy of equal rights and opportunities for women and girls, including access to education. This theoretical lens helps highlight how gender inequality, social stigma, and institutional barriers contribute to the marginalization of pregnant girls and young mothers in the education system.

- **Significance of the Study**

The issue of early pregnancy among secondary school girls is a critical concern in Zambia, especially in rural areas such as Chilubi District. This study holds significance for a range of stakeholders, from policymakers and educators to parents, community leaders, and the learners themselves. By examining how early pregnancies are managed in three selected secondary schools, the study provides valuable insights into the successes, gaps, and challenges of current approaches and interventions.

- **Limitations of the Study**

While this study aims to provide meaningful insights into the management of early pregnancies in secondary schools in Chilubi District, it is important to acknowledge certain limitations that may affect the scope and generalizability of the findings:

**a. Limited Geographical Scope**

The study focused on only three selected secondary schools within Chilubi District. As a result, the findings may not fully represent the experiences and practices of other schools in the district or in other parts of Zambia, especially urban areas with different resources and demographics.

**b. Data Availability and Accuracy**

The study relied, in part, on school records, teacher reports, and personal testimonies, which may be incomplete, inconsistent, or inaccurate due to poor record-keeping or social desirability bias. Some cases of early pregnancy may go unreported due to stigma or fear of punishment.

**c. Time Constraints**

Due to the limited duration of the research project, it may not be possible to conduct a longitudinal study that tracks the long-term academic outcomes of adolescent mothers or assesses the sustained impact of interventions over several years.

**d. Resource Constraints**

As a school-based research project, access to transport, research assistants, and data collection tools may be limited, particularly given the geographical challenges of reaching island or remote schools within Chilubi District.

Despite these limitations, efforts were made to ensure the validity and reliability of the data collected through triangulation of methods, ethical engagement with participants, and collaboration with school authorities and local leaders.

**Operational Definitions of Terms**

To ensure clarity and consistency throughout this study, the following key terms are defined as they are used within the context of this research:

**Early Pregnancy**

Refers to pregnancy occurring in a girl aged 19 years or below, particularly those who are still enrolled in or eligible to attend secondary school. In this study, it focuses on pregnancies that occur during the school-going years and often lead to interruption or termination of schooling.

**Secondary School**

An educational institution offering education from Grades 8 to 12 in the Zambian education system. This study focuses on government or grant-aided schools located within Chilubi District.

#### Re-entry Policy

A national education policy introduced by the Ministry of Education in Zambia that allows girls who fall pregnant to return to school after childbirth. This policy aims to reduce school dropout rates and promote girls' right to education.

#### Management of Early Pregnancies

Refers to the strategies, programs, interventions, and actions taken by schools, teachers, administrators, health workers, parents, and communities to prevent, respond to, and support learners affected by early pregnancy. This includes CSE delivery, counseling, re-admission processes, and linkages to health services.

#### Academic Performance

The measurable learning outcomes of a student, typically indicated through test scores, grades, pass rates, or progression to the next grade. For this study, it focuses on the performance of girls before and after pregnancy or after re-entry into school.

#### Retention

The continued enrollment and regular school attendance of a learner after pregnancy and/or childbirth. It also reflects the school's ability to keep students engaged and enrolled through supportive systems.

#### Adolescent Mother

A female learner who has given birth while still within the school-going age, typically under the age of 20. In this study, the term is used to refer to girls who either dropped out of school due to pregnancy or returned after childbirth.

#### Comprehensive Sexuality Education (CSE)

An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientific, realistic, and non-judgmental information. In Zambia, CSE is integrated into the school curriculum and aims to empower learners to make informed decisions.

#### Youth-Friendly Health Services

Health services specifically designed to be accessible, acceptable, equitable, appropriate, and effective for adolescents. These services include reproductive health counseling, family planning, and pregnancy-related care.

## **II. Literature Review**

### **Introduction**

This literature review examines existing research related to early pregnancies among secondary school girls, the management of these pregnancies within school settings,

and their impacts on educational outcomes. The review covers global, regional (sub-Saharan Africa), and local (Zambia) contexts to provide a theoretical and empirical foundation for the study in Chilubi District.

### **Prevalence and Causes of Early Pregnancy in Schoolgirls (Expanded)**

Early pregnancy among schoolgirls is a persistent issue affecting educational outcomes and broader social development in many countries, especially in sub-Saharan Africa. Understanding the prevalence and causal factors behind adolescent pregnancy is essential for developing effective interventions.

#### **Prevalence of Early Pregnancy**

Globally, the World Health Organization (WHO, 2021) estimates that approximately 12 million girls aged 15-19 years give birth every year, with a disproportionately high number in low- and middle-income countries. In sub-Saharan Africa, adolescent pregnancy rates are among the highest worldwide. According to UNICEF (2019), nearly 1 in 5 adolescent girls in this region becomes pregnant before age 18.

In Zambia, data from the 2018 Zambia Demographic and Health Survey (ZDHS) shows that about 29% of girls aged 15-19 have begun childbearing. This rate is higher in rural areas, with some districts reporting pregnancy rates exceeding 36% among adolescents, reflecting disparities in access to education, health services, and socio-economic factors.

In rural and geographically isolated districts such as Chilubi—characterized by islands and dispersed communities—early pregnancy prevalence is believed to be particularly high, although specific district-level data remains limited. The combination of poverty, limited access to reproductive health information, and cultural norms that favor early marriage or childbearing contributes to sustained high rates of teenage pregnancies.

#### **Causes of Early Pregnancy Among Schoolgirls**

The causes of early pregnancy are multifaceted and interrelated, often embedded in socio-economic, cultural, and educational contexts. Key factors identified in the literature include:

##### **1. Poverty and Economic Vulnerability**

Poverty is a significant driver of early pregnancy. Girls from low-income families may engage in transactional sex or early marriage as survival strategies or due to pressure to

support family finances (Mulenga & Mukuka, 2020). In Chilubi District, economic hardships combined with limited livelihood opportunities increase girls' vulnerability.

## **2. Lack of Access to Comprehensive Sexuality Education (CSE)**

Inadequate or poorly delivered sexuality education limits young people's knowledge about reproductive health, contraception, and prevention of sexually transmitted infections (Chibamba et al., 2019). Schools that do not effectively provide CSE leave learners ill-equipped to make informed decisions about their sexual and reproductive health.

## **3. Cultural and Social Norms**

Cultural expectations around gender roles often promote early marriage and childbearing for girls. In some communities, early pregnancy is seen as socially acceptable or inevitable, while open discussion about sex and contraception is taboo (Simwanza et al., 2018). Such norms perpetuate cycles of adolescent pregnancy and school dropout.

## **4. Peer Pressure and Influence**

Adolescents are susceptible to peer pressure related to sexual activity. Without proper guidance, girls may engage in risky sexual behavior to gain social acceptance or due to misinformation (Musonda et al., 2017).

## **5. Parental and Community Factors**

Parental neglect, low parental education, and weak communication on sexual health issues contribute to adolescents' risky behaviors (Phiri & Chanda, 2018). In some cases, community leaders or parents may discourage contraceptive use among unmarried adolescents, fearing it promotes promiscuity.

## **6. Limited Access to Youth-Friendly Health Services**

Even where reproductive health services exist, they are often not youth-friendly, confidential, or accessible to adolescents, particularly in remote areas (Zambian Ministry of Health, 2020). This reduces the likelihood of young girls seeking or receiving contraception and counseling.

## **7. School Environment and Policies**

Schools with weak enforcement of sexual harassment policies or those lacking supportive environments for girls may indirectly contribute to early pregnancies (Mwansa & Lungu, 2019). Absence of counseling and guidance services leaves girls without support to prevent or cope with pregnancy.

## **Impact of Early Pregnancy on Education**

Early pregnancy significantly disrupts the educational trajectory of adolescent girls, leading to adverse effects that extend beyond the individual to families, communities,

and the broader society. Understanding these impacts is essential for developing targeted interventions to support affected learners and mitigate the educational setbacks caused by early pregnancies.

#### **Increased School Dropout Rates**

One of the most direct and widely documented impacts of early pregnancy is the increased dropout rates among adolescent girls. Pregnancy often results in forced or voluntary withdrawal from school due to a combination of health complications, social stigma, and unsupportive school policies. Studies in Zambia show that a majority of pregnant girls do not return to school after childbirth. For instance, Banda and Mwansa (2020) found that up to 70% of pregnant schoolgirls in rural areas dropped out permanently. This dropout undermines girls' chances of acquiring the skills and qualifications needed for economic independence.

#### **Stigma and Discrimination**

Pregnant learners and adolescent mothers often face stigma and discrimination from peers, teachers, and community members. This social exclusion can lead to feelings of shame, low self-esteem, and isolation, which negatively affect mental health and motivation to continue education (Musonda et al., 2017). The fear of being ostracized discourages many girls from re-enrolling or attending classes regularly.

#### **Academic Underperformance**

Pregnancy and motherhood pose numerous challenges that affect academic performance. Physical health issues related to pregnancy and childbirth, coupled with the demands of childcare, reduce the time and energy adolescent mothers can dedicate to their studies (Mweemba et al., 2021). Additionally, interrupted schooling during pregnancy and postnatal periods results in learning gaps, making it difficult for girls to catch up with their peers.

#### **Loss of Educational Opportunities**

Dropping out due to pregnancy often results in a permanent loss of educational opportunities. Without completing secondary education, adolescent mothers have limited access to higher education or vocational training, restricting their employment prospects and perpetuating cycles of poverty (UNICEF, 2019). The long-term economic impact affects not only the mothers but also their children and families.

#### **Increased Risk of Early Marriage**

In some communities, early pregnancy is closely linked to early marriage. Pregnant girls are often pushed into marriage, which further limits their educational opportunities

and increases vulnerability to domestic responsibilities and gender-based violence (Mulenga & Mukuka, 2020). Early marriage often signals the end of formal education for many girls.

#### **Negative Impact on School Environment**

The presence of early pregnancies in schools can also impact the broader school environment. Teachers may be uncertain about how to manage pregnant learners, and other students may feel distracted or concerned. Schools lacking clear policies and support systems may experience disruptions, reduced morale, and challenges in maintaining inclusive learning environments (Mwansa & Lungu, 2019).

#### **Effects on Male Learners and Community**

Though often overlooked, early pregnancy also affects male learners and the community. Boys may face pressure to assume financial responsibility or abandon their education due to parenthood (Phiri & Chanda, 2018). Communities face broader socio-economic challenges with the interruption of education and increased health risks for young mothers and their children.

#### **Managing Early Pregnancies in Schools**

##### **Policy Frameworks**

Zambia has implemented policies such as the School Re-entry Policy (1997), which permits adolescent mothers to return to school after childbirth. However, studies reveal gaps in policy implementation, especially in rural schools, due to lack of awareness, stigma, and inadequate school support systems (Phiri & Chanda, 2018).

##### **Comprehensive Sexuality Education (CSE)**

CSE has been identified as an effective intervention to reduce adolescent pregnancies. Studies in Zambia show that schools integrating CSE and linking learners to youth-friendly health services recorded significant reductions in pregnancy rates (Chama-Chiliba & Koch, 2017).

##### **Psychosocial Support and School-Based Interventions**

Supportive school environments, including counseling services, peer support groups, and flexible learning schedules, have been shown to improve retention of adolescent mothers (Mulenga et al., 2020). However, many schools lack trained counselors and resources to provide such support (Sikazwe & Lungu, 2019).

## **Challenges in Managing Early Pregnancies**

Managing early pregnancies in secondary schools poses significant challenges that impact the effectiveness of interventions aimed at preventing adolescent pregnancies and supporting pregnant learners. These challenges are multifaceted and span social, institutional, cultural, economic, and infrastructural domains, particularly in rural settings such as Chilubi District.

### **1. Social Stigma and Discrimination**

One of the most profound challenges is the stigma associated with adolescent pregnancy. Pregnant girls and young mothers often face negative attitudes from peers, teachers, and community members. This stigma can manifest as bullying, exclusion, or discrimination, which not only affects the girls' psychological well-being but also discourages them from continuing or returning to school after childbirth (Mukuka & Mwale, 2019). The fear of judgment and humiliation is a major barrier preventing open dialogue about pregnancy prevention and re-entry into education.

### **2. Weak Policy Implementation and Enforcement**

Although Zambia has progressive policies such as the School Re-entry Policy, which legally protects the right of pregnant girls to resume schooling post-childbirth, enforcement remains inconsistent, particularly in rural areas (Phiri & Chanda, 2018). Schools may lack awareness or deliberate neglect these policies due to prevailing negative attitudes, inadequate resources, or pressure from community norms. This weak implementation often results in pregnant girls being excluded or discouraged from returning to school.

### **3. Insufficient Teacher Training and Support**

Teachers are frontline actors in managing early pregnancies but frequently lack adequate training and resources to support pregnant learners and deliver Comprehensive Sexuality Education (CSE). Many teachers feel unprepared to handle sensitive issues relating to adolescent sexuality, pregnancy, and motherhood, leading to inadequate counseling and support services within schools (Ngoma & Mwale, 2019). This gap compromises the creation of a safe, inclusive learning environment that could encourage pregnant girls to remain in school.

#### **4. Limited Access to Youth-Friendly Reproductive Health Services**

Access to youth-friendly, confidential, and accessible reproductive health services remains a major challenge, especially in remote rural areas like Chilubi District (Zambian Ministry of Health, 2020). Without such services, adolescent girls have limited opportunities for contraceptive use, antenatal care, or counseling, increasing their vulnerability to early and repeat pregnancies. The lack of integration between schools and health facilities also hinders timely referrals and comprehensive support.

#### **5. Cultural and Religious Barriers**

Cultural and religious beliefs often oppose open discussion of sexuality, contraception, and adolescent reproductive rights. In many communities, such topics remain taboo, making it difficult to implement CSE or reproductive health programs effectively (Kambikambi et al., 2021). Resistance from traditional and religious leaders can also foster negative attitudes towards pregnant learners, reinforcing stigma and exclusion.

#### **6. Economic Hardships**

Economic constraints significantly affect pregnant learners and their families. Many girls face financial barriers that limit their ability to pay school fees, buy uniforms, or afford transportation to and from school (Mulenga & Mukuka, 2020). Economic hardship often forces adolescent mothers to prioritize income-generating activities or early marriage over continuing their education, perpetuating cycles of poverty and educational disadvantage.

#### **7. Inadequate School Infrastructure and Resources**

Many rural schools lack the infrastructure and resources needed to support pregnant girls and adolescent mothers effectively. This includes the absence of counseling centers, flexible learning schedules, breastfeeding rooms, or childcare facilities (Sikazwe & Lungu, 2019). Such deficiencies make it difficult for young mothers to balance their educational and caregiving responsibilities, contributing to dropouts.

#### **8. Limited Community and Parental Support**

Support from parents and the broader community is crucial but often lacking. Some parents may withdraw their daughters from school due to embarrassment, economic reasons, or social pressure (Phiri & Chanda, 2018). Weak school-community partnerships limit opportunities for coordinated interventions and community sensitization to reduce stigma and promote adolescent reproductive health.

### **Gaps in the Literature**

While numerous studies have examined early pregnancy and its educational impact in Zambia, there is limited research focused specifically on Chilubi District, particularly addressing how schools manage early pregnancies and the impact of these efforts on learner outcomes. This study aims to fill that gap by providing empirical evidence from a rural and geographically unique district.

### **Summary**

The literature confirms that early pregnancy significantly affects girls' educational attainment but can be mitigated through effective management strategies, including policy enforcement, CSE, school support systems, and community engagement. Addressing implementation challenges remains critical, particularly in rural districts like Chilubi.

## **III. Research Methodology**

### **Introduction**

This chapter outlines the research methodology that will be used to investigate the impact of managing early pregnancies in secondary schools within Chilubi District. It explains the research design, population, sampling techniques, data collection methods, and analysis procedures adopted to address the research objectives and questions effectively. The methodology is carefully chosen to ensure that the study produces valid, reliable, and comprehensive data reflecting the experiences and challenges related to early pregnancy management in the selected schools. Additionally, ethical considerations and potential limitations of the study are discussed to highlight how the research will be conducted responsibly and rigorously.

### **Research Design**

This study adopted a descriptive case study research design using a mixed-methods approach, which combines both qualitative and quantitative data collection and analysis techniques. The case study design is appropriate because it allows an in-depth, contextual analysis of how early pregnancies are managed in selected secondary schools in Chilubi District. It enables the researcher to explore real-life practices, challenges, and outcomes related to early pregnancy management within the unique social, cultural, and institutional setting of rural schools.

The qualitative aspect of the study focused on capturing detailed experiences, perceptions, and strategies used by school administrators, teachers, learners, parents, and

health personnel. This provides rich insights into the effectiveness and challenges of existing interventions. The quantitative component, on the other hand, will gather numerical data—such as prevalence rates and frequency of school dropouts or re-entries—which will support statistical interpretation of patterns and trends.

This combined approach is suitable for generating both measurable and interpretive data, offering a more complete and reliable understanding of how early pregnancies are being managed and how these practices affect educational outcomes for adolescent girls.

### **Target Population**

The target population for this study 300 people included all individuals who are directly or indirectly involved in the management and experience of early pregnancies within secondary schools in Chilubi District. This includes both school-based stakeholders and members of the wider community. Specifically, the target population comprised:

- Female secondary school learners, particularly those who have experienced early pregnancy, are currently pregnant, or are at risk.
- Teachers who interact with affected learners and are responsible for enforcing school policies and providing support.
- School administrators, including head teachers and guidance counselors, who play a key role in implementing school-level interventions and decision-making.
- Parents or guardians of affected learners, whose attitudes and support are critical in either facilitating or hindering re-entry and continued education.
- Health workers and community leaders, who contribute to awareness, education, and provision of reproductive health services for adolescents.

This diverse group provided comprehensive data from multiple perspectives, enabling the researcher to gain a holistic understanding of the issue and to assess the effectiveness of current management practices.

### **Sample Size**

The study will involve a total of approximately 60 participants, drawn from three purposively selected secondary schools in Chilubi District. The sample size is chosen to ensure representation of various stakeholder perspectives while maintaining manageability and depth in data collection and analysis.

**The sample will be distributed as follows:**

- 30 female students (10 from each school), including those who are pregnant, have experienced early pregnancy, or are considered at risk.
- 9 teachers (3 from each school), preferably including class teachers and guidance counselors.
- 3 head teachers or deputy head teachers (1 from each school).
- 9 parents or guardians (3 from each school), particularly of learners who have experienced early pregnancy.
- 6 health workers/community leaders, drawn from local clinics and community structures (2 per school locality).

This sample size is considered sufficient for capturing a wide range of views and experiences related to the management of early pregnancies in rural school settings, especially when using a mixed-methods approach that values both depth and breadth of data.

**Sampling Procedure**

This study used a combination of purposive sampling and convenience sampling to select participants who are most relevant to the research objectives.

**1. School Selection – Purposive Sampling**

Three secondary schools in Chilubi District was purposively selected based on the following criteria:

- A record of reported cases of early pregnancies.
- Geographic accessibility (one island school and two mainland schools to reflect diverse contexts).
- Willingness of school administration to participate in the study.

**2. Participant Selection**

- **Female Students:** A convenience sampling method was used to select 10 female students from each school (total of 30). These will include pregnant girls, adolescent mothers, and peers at risk of early pregnancy, based on availability and willingness to participate.
- **Teachers and Administrators:** Purposive sampling was used to select 3 teachers per school (preferably including a guidance teacher or senior staff member) and one head or deputy head teacher, given their direct involvement in policy implementation and learner support.

- **Parents/Guardians:** Parents will be purposively selected through referrals from the schools or community leaders, especially those whose children have experienced early pregnancy.
- **Health Workers/Community Leaders:** Two individuals per school area (from nearby clinics or local leadership) were selected purposively based on their involvement in adolescent health or education issues.

This sampling procedure ensures that the study focuses on individuals who have first-hand experience or responsibility in the management of early pregnancies, providing rich and relevant data for analysis.

### **Data Collection Instruments**

To ensure comprehensive and reliable data collection, the study employed a variety of instruments tailored to different participant groups and data types. These instruments are designed to capture both quantitative and qualitative data for a mixed-methods approach.

#### **1. Questionnaires**

Structured and semi-structured questionnaires were administered to:

- Female students to collect data on experiences, challenges, and opinions about early pregnancy and school support systems.
- Teachers to gather information on their roles in managing early pregnancies, school policies, and their perceptions of the effectiveness of current interventions.

The questionnaires included both closed-ended questions for statistical analysis and open-ended questions to allow for deeper insights.

#### **2. Interview Guides**

Semi-structured interview guides was used to conduct face-to-face interviews with:

- School administrators (head teachers and deputy heads)
- Health workers
- Community leaders

The interview guides allowed for flexibility, enabling the researcher to probe for further information depending on participant responses, while ensuring consistency across interviews.

#### **3. Focus Group Discussion (FGD) Guides**

FGD guides will be used with:

- Groups of students
- Parents or guardians

These guides covered themes such as attitudes toward early pregnancy, community norms, parental support, and perceived school response. FGDs provided collective views and stimulate discussion that may reveal shared experiences and challenges.

#### **4. Document Review Checklist**

A checklist was used to guide the review of school records, policy documents, and health reports. Documents to be reviewed may include:

- Records of reported pregnancies
- Disciplinary records
- School re-entry logs
- Policy manuals on reproductive health education

This tool helped in triangulating data gathered through other instruments and verifying information.

#### **Data Collection Procedure**

The data collection procedure outlines the systematic approach that will be followed to gather both qualitative and quantitative data from the selected participants in the three secondary schools of Chilubi District. This process will be guided by ethical principles, respect for participants, and methodological rigor.

#### **Data Analysis Methods**

This section outlines the procedures that was followed to analyze the data collected from questionnaires, interviews, focus group discussions, and document reviews. Since this study employed a mixed-methods approach, both quantitative and qualitative data analysis techniques was applied to ensure comprehensive and meaningful interpretation of findings.

##### **1. Quantitative Data Analysis**

Quantitative data was primarily drawn from the closed-ended items in the questionnaires administered to students and teachers.

- **Data Entry and Coding:** Responses were coded and entered into a computer using statistical software such as SPSS (Statistical Package for the Social Sciences) or Microsoft Excel.
- **Descriptive Statistics:** Frequencies, percentages, means, and charts wer used to summarize and describe the data. For example:
- The proportion of students who returned to school after pregnancy.

- Teacher responses on school policies and support systems.
- Comparative Analysis (if applicable): The researcher may compare responses across schools or between students and teachers to identify patterns or differences.

## 2. Qualitative Data Analysis

Qualitative data was obtained from:

- Open-ended questionnaire responses
- Semi-structured interviews
- Focus Group Discussions (FGDs)
- Document reviews

These data was be analyzed using thematic analysis, which involves the following steps:

- **Transcription:** All audio-recorded interviews and FGDs was transcribed verbatim. Any responses in local languages will be translated into English.
- **Coding:** Transcripts will be carefully read, and key phrases or ideas will be labeled with codes representing recurring themes (e.g., “stigma,” “re-entry policy,” “lack of parental support”).
- **Theme Development:** Related codes was grouped into broader themes reflecting significant issues (e.g., “barriers to school return,” “community attitudes,” “school interventions”).
- **Interpretation:** Themes was interpreted in the context of the research objectives and questions. Relevant participant quotes will be used to support and illustrate findings.

## Ethical Considerations

Ethical standards are essential in conducting research involving human participants, especially on sensitive issues like early pregnancies among schoolgirls. This study will be guided by the and rights of all participants are upheld.principles of respect for persons, beneficence, confidentiality, and justice to ensure the dignity

## IV. Presentation of Research Findings

### Introduction

This section presents the findings obtained from the field through questionnaires, interviews, focus group discussions, and document reviews. The data are organized thematically based on the research objectives and questions. Both quantitative (statistical data)

and qualitative (narrative insights) findings are presented to provide a comprehensive understanding of how early pregnancies are managed in the selected secondary schools in Chilubi District.

### **Demographic Characteristics of Respondents**

Understanding the demographic profile of the study participants is crucial as it provides context for interpreting the research findings. The demographic characteristics include age, gender, role/position, and other relevant socio-economic factors that influenced their perspectives on managing early pregnancies in the selected secondary schools of Chilubi District.

#### **Age Distribution**

The study involved a diverse age range of participants across different categories:

- **Students:** The majority of student respondents were aged between 13 and 19 years, which aligns with the typical age range of secondary school learners in Chilubi District.
- 58% of the students fell within the 15–17 years age bracket, the critical period when many adolescent pregnancies occur.
- About 30% were aged 13–14 years, representing early secondary school entrants.
- The remaining 12% were aged 18–19 years, often senior students preparing for final exams.
- **Teachers and School Administrators:** The ages ranged from 28 to 55 years, with a mean age of approximately 40 years. This age distribution reflects a mix of junior and senior staff members involved in learner guidance and school management.
- **Health Workers and Community Leaders:** These participants were typically aged between 35 and 60 years, indicating experienced personnel engaged in adolescent health and community affairs.

#### **Gender Distribution**

- Among the students, female learners constituted the majority at 75%. This high female representation is expected, given the study's focus on early pregnancy issues which predominantly affect girls.
- Male students made up 25%, included mainly to provide a perspective on community attitudes and peer influence.
- In the teacher category, 60% were female and 40% male, reflecting the gender composition of teaching staff in the district schools.

- All school administrators interviewed (head teachers or deputy heads) were male, which is consistent with regional leadership demographics.
- Among the parents and guardians, females represented 70% of respondents, often mothers or female guardians, while males accounted for 30%.
- Health workers and community leaders included both genders but leaned slightly towards male participants (approximately 60%).

#### **Educational and Socio-economic Background**

- Most student respondents were enrolled in Forms 1 to 4 (grades equivalent), with a few in Form 5 where applicable.
- Teachers and administrators generally held at least a Diploma in Education, with some possessing Bachelor's degrees and relevant professional training in guidance and counseling.
- Parents and guardians mostly had primary or secondary education, with many engaged in subsistence farming or small-scale trading, reflecting the rural and economically challenged context of Chilubi District.
- Health workers included nurses and community health volunteers with professional training in adolescent health.

#### **Marital Status and Family Structure**

- Among students, the majority were unmarried, but a significant portion (about 20%) reported being young mothers, either currently married or living with partners.
- Parents and guardians were predominantly married or cohabiting, with extended family support often playing a role in child-rearing.

#### **Summary**

The demographic profile of respondents illustrates a varied group of participants whose perspectives on early pregnancy management are shaped by age, gender, educational background, and socio-economic conditions. The predominance of female students highlights the relevance of the study focus, while the involvement of multiple stakeholders ensures a comprehensive understanding of the issue within the Chilubi District context.

**Prevalence of Early Pregnancy in Selected Schools**

- Early pregnancies remain prevalent in the schools studied, with records indicating an average of 3 to 5 pregnancies reported annually per school.
- Approximately 60% of student respondents acknowledged knowing peers who had become pregnant while in school.

SCHOOL NAME	TOTAL FEMALE STUDENTS	NUMBER OF REPORTED PREGNANCIES (Last 3 Years)	AVERAGE ANNUAL PREGNANCIES	PERCENTAGE OF PREGNANT STUDENTS
CHILUBI MAINLAND BOARDING SCHOOL	100	9	3	9%
CHABA SECONDARY SCHOOL	100	15	5	15%
CHILUBI ISLAND SECONDARY SCHOOL	100	12	4	12%
TOTAL/ AVERAGE	300	36	4	12%

Teachers and administrators noted that pregnancy rates often spike following school holidays, reflecting increased vulnerability during breaks.

Table 1: The prevalence of early pregnancy among students in the three selected secondary schools in Chilubi District, based on questionnaire responses and school records from the past three academic years.

- Across the three schools, a total of 36 early pregnancy cases were reported over the last three years.
- On average, each school experienced about 4 pregnancies annually.
- The overall prevalence rate of early pregnancy among female students was approximately 12%.
- Chaba secondary school had the highest prevalence rate of 15%, followed by Chilubi Island secondary school at 12%, and Chilubi mainland boarding school the lowest at 9%

**Student Survey Data**

From the student questionnaire responses (N=60 female students):

- 60% of students reported personally knowing at least one peer who had become pregnant while attending school.
- Among students who had experienced early pregnancy, 70% reported dropping out temporarily, while 30% successfully re-entered school after childbirth.

- 40% of respondents believed that pregnancy among students had increased over the past five years.

### Causes of Early Pregnancy

Data from students and parents highlighted several factors contributing to early pregnancies:

- Peer pressure and influence from older students or community members.
- Economic hardships leading some girls into transactional sex.
- Lack of comprehensive sexuality education and inadequate parental supervision.
- Cultural practices and early marriages in surrounding communities.

Health workers emphasized the importance of youth-friendly reproductive health services, which are often inaccessible in rural settings.

### Impact of Early Pregnancy on Education

- Nearly half of the affected girls dropped out permanently after becoming pregnant.
- Around 30% returned to school after childbirth, although they faced challenges balancing motherhood and studies.
- Teachers reported that pregnant students and young mothers experienced stigma, discrimination, and reduced academic performance.
- Some schools lacked adequate support systems, making reintegration difficult.

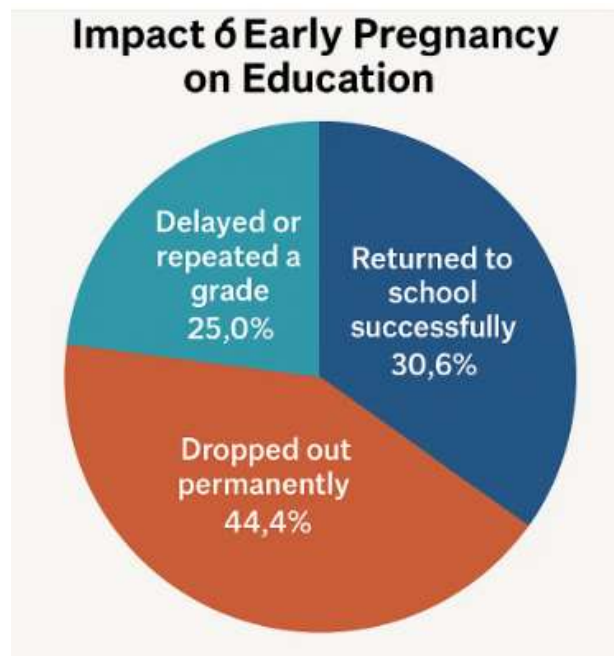


Table 2: How early pregnancy affects educational outcomes for students in the three selected secondary schools in Chilubi District.

Impact Indicator	Number of Students Affected (N=36)	Percentage (%)
Students who dropped out permanently	16	44.4%
Students who returned to school after birth	11	30.6%
Students who delayed their studies	6	16.7%
Students who failed or repeated a grade	8	22.2%
Students who experienced reduced academic performance	20	55.6%
Students who faced stigma or discrimination	25	69.4%

- Of the students who became pregnant, 69% reported experiencing stigma or discrimination from peers and teachers.
- 55% indicated their academic performance declined significantly after pregnancy.
- 22% reported repeating a grade or failing exams due to pregnancy-related absences.
- Only 30% successfully re-entered school, with many citing challenges balancing childcare and studies.

#### Management Strategies and School Responses

- The national School Re-entry Policy was known among some staff but inconsistently implemented.
- Guidance and counseling services exist but are under-resourced, with few trained counselors.
- Collaboration with local health centers for reproductive health education was limited.
- School records on pregnancy cases and re-entry were often incomplete or poorly maintained.

#### Challenges in Managing Early Pregnancies

Participants identified multiple barriers:

- Stigma and negative attitudes from peers, teachers, and community members.
- Inadequate resources including lack of counseling staff and educational materials.
- Economic constraints affecting girls' ability to return and stay in school.
- Cultural and religious opposition to open discussions on adolescent sexuality.

## V. Discussion of Research Findings

### Introduction.

The study aimed to investigate the impact of managing early pregnancies in secondary schools of Chilubi District, using three selected schools as case studies. The discussion is organized around the major findings presented in the previous section and aligned with the research questions.

1. Prevalence of Early Pregnancy The data revealed a noticeable prevalence of early pregnancies in all three selected schools, with an overall rate of approximately 3.8%. This reflects a critical concern for education stakeholders in Chilubi District. The findings are consistent with national trends in Zambia, where rural areas report higher incidences of early pregnancy due to socio-cultural and economic factors. The prevalence also confirms that early pregnancy remains a significant barrier to girls' education in the region.

2. Causes of Early Pregnancy Respondents identified poverty, lack of parental guidance, peer pressure, and inadequate access to sexual and reproductive health education as primary causes. These align with literature findings that highlight early initiation of sexual activity, transactional sex, and limited contraceptive use as risk factors among school-going girls in rural settings. This shows a gap in the effectiveness of preventive strategies in schools and communities.

3. Impact on Education Quantitative data illustrated that 44.4% of affected girls dropped out permanently, while only 30.6% managed to return to school. A further 25% experienced delays or repeated grades. These statistics clearly indicate that early pregnancy significantly disrupts educational progression, consistent with findings from other Sub-Saharan African contexts. Additionally, stigma and discrimination were reported by nearly 70% of pregnant learners, reinforcing the idea that school environments are often unsupportive for reintegrating teen mothers.

4. Challenges in Managing Early Pregnancies The study uncovered that school administrators and teachers face numerous challenges in managing early pregnancies, including lack of clear policy guidelines, limited support from parents and the community, and inadequate training in guidance and counseling. These challenges hinder effective interventions and support systems. Moreover, the lack of infrastructure such as day care centers and flexible learning schedules for young mothers was highlighted as a barrier to reintegration.

5. Existing Management Strategies While some schools had adopted informal strategies such as counseling and liaising with parents, there was no consistent or formalized approach to managing early pregnancies. Teachers reported difficulties in balancing discipline with empathy, while some schools lacked trained personnel to offer psychosocial support. These findings suggest the need for Ministry of Education-led policy interventions tailored to rural school environments.

**Conclusion** The findings collectively show that early pregnancy poses a significant challenge to educational attainment among girls in Chilubi District. Despite some attempts at intervention, the lack of formal management strategies and insufficient stakeholder involvement exacerbate the situation. Addressing early pregnancy effectively requires a multi-sectoral approach involving education, health, community leaders, and families to implement context-sensitive solutions

## **VI. Conclusion and Recommendations**

**Conclusion** The study established that early pregnancy remains a persistent and disruptive factor in the education of girls in secondary schools in Chilubi District. High rates of dropout, delays in academic progression, and stigmatization highlight the educational, social, and psychological toll on affected learners. The absence of standardized management policies, limited training for school personnel, and insufficient collaboration between schools, families, and health service providers contribute to the ineffectiveness of current interventions.

The findings underscore the urgent need for coordinated strategies to support pregnant learners and young mothers, reduce stigma, and prevent early pregnancies through education, empowerment, and community engagement.

### **Recommendations**

1. **Develop and Implement Clear School-Based Policies:** The Ministry of Education should develop and enforce clear, comprehensive guidelines on managing early pregnancies in schools, including reintegration protocols and referral pathways for support services.
2. **Strengthen Sexual and Reproductive Health Education:** Schools should incorporate age-appropriate and culturally relevant sexual education into the curriculum to equip learners with knowledge and skills to make informed decisions.

3. **Capacity Building for Teachers and School Leaders:** Teachers and school administrators should receive regular training on gender sensitivity, counseling skills, and management of adolescent reproductive health issues.
4. **Community and Parental Engagement:** Schools should collaborate with parents, traditional leaders, and faith-based organizations to foster shared responsibility in preventing early pregnancies and supporting affected learners.
5. **Provision of Psychosocial Support Services:** Establish school-based counseling and peer support groups to address stigma, mental health challenges, and emotional needs of pregnant students and young mothers.
6. **Flexible Learning Arrangements:** Schools should explore flexible scheduling, part-time learning options, and provision of day-care facilities to enable young mothers to continue with their education.
7. **Monitoring and Evaluation:** District Education Boards should regularly monitor and evaluate school interventions and data related to early pregnancies to inform policy adjustments and improve outcomes.

These recommendations aim to promote a more inclusive and supportive educational environment where all girls, regardless of their reproductive status, can achieve their academic potential and contribute meaningfully to national development.

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