Prevention of Teenage Pregnancies in the Face of COVID-19 in Zambia: A Study of Chama Rural District

By

Lloyd Kalumba

Supervisor: Mr. Robert Tembo

A Dissertation submitted in partial fulfilment of the requirement for the award of a Master's Degree in Social Work and Community Development at the University of Zambia

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Declaration

I, **Lloyd Kalumba**, do hereby declare that this research report herein submitted in partial fulfilment of a Master's degree in Social Work and Community Development at the University of Zambia is entirely my own original work both in conception and execution. I also declare that all sources cited and quoted have been duly acknowledged by means of complete references. Therefore, this work should not be published or reproduced in any way without permission from the author.

LLOYD KALUMBA

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Approval

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This dissertation has been submitted for review with my approval as a University Supervisor.

Name of Supervisor: ROBERT TEMBO

Signature: …… Date: ……

2. University of Zambia Examination Board

The University of Zambia approves this dissertation of **Lloyd Kalumba** as fulfilling part of the requirement for the award of the Masters Degree in Social Work and Community Development.

Name of Examiner: ……

Signature: …….. Date…….

Name of Examiner: ……

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Dedication

This piece of work is dedicated to my late father **Henry Muombo Chola** who in his entire life inspired me in various ways especially in relation to my professional career development.

Acknowledgement

I would like to recognise the support offered to me by various individuals and institutions throughout the process of this study conception, development and execution.

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LLOYD KALUMBA,
Email: lloyd_kalumba@yahoo.com/lkalumba01@gmail.com
Phone: +260 979 985563.

List of Abbreviations

APHRC	**African Population and Health Research Centre**
AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of the Child
CSO	Central Statistics Office
DEBS	District Education Board Secretary
DFID	UK government, Department for International Development
DMMU	Disaster Management and Mitigation unit
DOST-NRCP	Department of Science and Technology - National Research Council of the Philippines
DSWO	District Social Welfare Officer
FBO	Faith Based Organisation
FGD	Focus Group Discussion
FSP	Food Security Pack
GAGE	Gender and Adolescent Global Evidence
GBV	Gender Based Violence
GEWEL	Girl Education and Women Empowerment Livelihood
GRZ	The Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IBSA-ECM	India, Brazil, South Africa - Ending Child Marriages Project
IG	Interview Guide
ILO	International Labour Organisation
IPC	International Poverty Centre
LCMS	Living Conditions Monitoring Survey
MCDSS	Ministry of Community Development and Social Services
MNDP	Ministry of National Development Planning

MoGE	Ministry of General Education
NGOs	Non-governmental Organisations
NHC	Neighbourhood Health Committee
OVCs	Orphans and Vulnerable Children
PDWs	People with Disabilities
PWAS	Public Welfare assistance Scheme
SADC	Southern African Development Community
SCT	Social Cash Transfer
SLRC	Secure Livelihoods Research Consortium
SP	Social Protection
SRH	Sexual Reproductive Health
SSA	Sub-Saharan Africa
SSP	Social Service Providers
STIs	Sexually Transmitted Infections
TPPCs	Teenage Pregnancy Prevention Committees
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNPF	United Nations Population Fund
USA	United States of America
VSU	Victim Support Unit
WHO	World Health Organisation
WVI	World Vision International
WWW	World Wide Web

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Abstract

This study entitled: “Preventing Teenage Pregnancies in the Face of COVID-19 in Zambia” was conducted in the rural district of Chama in Eastern province. It aimed at exploring the strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID – 19.

To achieve the objectives of this study, a non-experimental research design and phenomenology methods were used in order to have a complete and comprehensive examination of the situation of teenage pregnancies in the face of COVID -19 wave of attack in Zambia. The approach for obtaining data adopted was the qualitative. The results generated were non-quantitative and so, it was not subjected to rigorous quantitative analysis. The population of the study included management and staffs from the DEBS Office, management and staff/school teachers from selected schools, management and staff from the MCDSS under the departments of Community Development as well as Social Welfare in Chama district, VSU, WVI, the United Church of Zambia, and the local traditional leadership within the two selected chiefdoms. Teenage girls and boys aged between thirteen and nineteen (13-19) and drawn from the respective secondary schools within the two chiefdoms of Kambombo and Chikwa were also included as respondents.

The study results confirmed that COVID-19 was driving many families into poverty, increasing risks that force children into child labour, teenage pregnancies and child marriages. It further revealed that lack of willingness by the Ministry of Health to acknowledge adolescents’ sexual health needs largely contributes to teenage pregnancies’ escalation. Contraceptives materials are not easily accessible to adolescents in many places of Chama District. In some few cases where adolescents obtained contraceptives, the teenagers lacked the agency or the resources to pay for them. Yet again, the results revealed that during the lockdown, most teenagers in Chama lacked knowledge on where to obtain contraceptives and how to correctly use them. Further, teenagers faced stigma when trying to obtain contraceptives and were often at higher risk of discontinuing use due to perceived side effects, and due to changing life circumstances and reproductive intentions. Restrictive laws and policies regarding the provision of contraceptives based on age or marital status also posed an important barrier to the provision and uptake of contraceptives among teenagers in Chama District during the COVID-19 lockdown, all contributing to teenage pregnancies escalation.

The main strategies by government to prevent teenage pregnancies in the face of COVID – 19 included the prevention of child labour and early marriages through the peer education for teenagers in schools; provision of psychosocial counselling and support to teenagers; promotion of contraceptive materials and family planning services; prevention of coerced sexual relationships and promotion of child's rights through activities conducted by peer educators on adolescents in schools. It was also established that the strategies put in place were not effective due to a number of factors including the hurdles faced in addressing the needs.

On the other hand, the study has generally indicated that measures undertaken to tackle teenage pregnancies in the face of COVID – 19 were not effective due to school closures and travel restrictions. Further, measures undertaken were not strictly tailored to address the specific teenage girls' needs which arose during the lockdown and COVID –19 wave.

This study recommends that in order to address the above highlighted impediments to preventing teenage pregnancies in the face of COVID – 19, the government of the Republic of Zambia puts in place practical measures through policy, legal frameworks, programmes and projects to enhance the livelihood potential of the incapacitated rural households of Chama District to fight the scourge of teenage pregnancies.

Key words: Equity, Gender, Hazards, Human Rights, Incapacitated Households, Risk, Stress, Pandemic, Poverty, and shock.

Chapter One: Introduction

1.0.Introduction

Teenage pregnancies and teenage motherhood are a global concern and occurrence. However, there is empirical evidence to demonstrate that the problem of teenage pregnancies has skyrocketed in the recent past particularly in the face of COVID – 19 pandemic (World Vision International, 2020). The trend of teenage pregnancies and early marriages is particularly exacerbated in under-developed countries such as Zambia where governments struggle to provide basic services for their people such as health, education, water and sanitation and child protection, among others. A well-designed social protection and community program can effectively address and minimize pregnancies and early marriages among teenage girls in rural areas of Zambia.

1.1.Background of the Study

Teenage pregnancies and early childbearing remain serious challenges in Zambia and may prevent many women from taking advantage of their human development assets and economic opportunities in the labour market and beyond.

Teenage is a transitional stage of physical, social and psychological human development that occurs during the period from puberty to legal adult. Adolescent period is often accompanied with new stress, behavioural change, and relationship problems, and this affects psychosocial development (Sathyamurth and Sathishkumar, 2016). Teenage pregnancy, also known as adolescence pregnancy, is an attribute in a female under the age of eighteen (18) years.

Early marriage is used to imply a customary union involving a boy or a girl below the age of 19 (Baastsen, 2018). Teenage pregnancy and early marriage are associated with 'social issues' including lower educational levels and poverty (Sarah, 2011). On the other hand, (Sathyamurth and Sathishkumar, 2016) suggest that child marriage is a union of a girl or boy before the age of 18 and refers to both formal marriage and informal unions in which children under the age of 18 live with a partner as if married. Child marriages affect both girls and boys, but it violates children rights and places the highest risk of violence, exploitation and abuse on the girl.

Pregnancies among girls less than 18 years of age have irreparable consequences. It violates the rights of girls, with life threatening consequences in terms of reproductive health and poses high development costs for communities particularly in perpetuating the cycle of poverty.

Zambia has a high rate of teenage pregnancies reflected at 29% (Zambia Statistics Agency, 2019). Further, the teenage pregnancy rate is higher in rural areas (37%) than in urban areas (19%) (Zambia Statistics Agency, 2019).

Although most rural communities of Zambia are aware of the negative consequences of teenage pregnancies and child marriage, actions to change underlying causes, including the associated gender and social norms are less prominent.

Recently the entire world has been met with a new pandemic called the COVID –19 virus. Many times, a number of scholars have reported some adverse effects the pandemic has presented on teenage pregnancies across sections of society globally. In various sections of the globe especially the rural parts of most developing economies, scholars such as Anthony (2020), have indicated that the pandemic has actually contributed to the increase in the number of teenage pregnancies.

In as much as Covid -19 is considered a pandemic like any other in history, Yaker and Erskine (2020) are of the idea that part of the challenge of applying lessons from previous pandemics is that, by their very nature, these are often unique. The COVID -19 pandemic is unprecedented in modern history in its global reach. However, just like other pandemics such as Ebola which ravaged most of West Africa, teenage pregnancy together with early marriages are believed to have been adversely affected in virtually every part of the world due to the pandemic.

According to Fraser, (2020) the outbreak of the novel corona virus disease had resulted in the deaths of 943, 985 people (as of February 17, 2020) globally and has led to the suspension of most economic activities devastating people's means of livelihood. It has also led to the closure of learning institutions. In most countries of the world today, the respective governments have for instance put in place strategies to ensure continuity of education through distance online learning delivered through radio, television and the Internet.

However, Yaker and Erskine (2020) have on the other hand noted that these strategies put in place have further widened the inequality gap, as learners from poor, vulnerable, and marginalized households are unable to benefit from continued learning through these platforms due to lack of access.

Wenham, Smith, and Morgan, (2020) adds that school closures during crises have resulted in girls spending more time with men and boys than they would were they to be in school, leading to

greater likelihood of engagement in risky sexual behavior and increased risk of sexual violence and exploitation. Since March 2020, COVID-19 has seen nation-wide school closures in 194 countries, affecting nearly 1.6 billion learners – over 90 per cent of the world's school-going population. Currently, schools are closed nationwide in 106 countries, with others beginning localized re-openings. Meanwhile, the continued spread of COVID-19 and second waves in some areas threaten ongoing, intermittent closures and re-openings, (Yaker and Erskine, 2020).

Additionally, Fraser, 2020 contends that Sub-Saharan Africa is home to more out-of-school children than any other region in the world. It also has the highest teenage pregnancy rates globally, making the region uniquely confronted by how to address and accommodate pregnancies and young mothers in school. Policies range across the region – from outright expulsion of pregnant girls to strategies that support the continued education of adolescent mothers – yet social norms, practices and other barriers still typically result in pregnancy being the end to one's education. World Vision International (2020b) estimates that as many as one million girls across Sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures. With school closures related to COVID-19 threatening to lead to an increase in teenage pregnancy, sub-Saharan Africa is poised for a further crisis in girls' education unless governments and partners act now

Aside from school closure, the rising cases of COVID-19 in the region has potentially put a strain on the healthcare system, leading to the disruption of healthcare services, de-prioritization of sexual and reproductive health services and shortage of contraceptive commodities and essential drugs. All these could lead to a rise in cases of teenage pregnancies. Young people have already reported reduced use of sexual and reproductive health (SRH) services including decreased access to contraceptives. Further, various experts have projected that COVID-19 will lead to over eleven million additional unintended pregnancies globally, many of which will occur among teenage girls.

The Government of Republic of Zambia reported the first confirmed cases of COVID-19 on 18th March 2020. Barely a month later, as of April 27th, 2020, there were 89 confirmed cases, three deaths and 42 recoveries. Confirmed cases were located in three provinces: Lusaka (83 cases), Copperbelt province (5 cases) and Central (1 case). As of 21st February, 2021 the cases for Covid -19 in the country stood at a cumulative total of 73,894 with 1,016 deaths.

Currently just like most developing countries, the impact of COVID – 19 on teenage pregnancies and early marriages in Zambia is real and considered as a source of concern. Further, a significant number of girls have fallen pregnant and possibly taken up for marriage thereafter.

Zambia introduced a series of measures including closure of three international airports, closure of all schools, movement restrictions and closure of non-essential services such as restaurants, bars, gyms and public gatherings to curb the transmission rate. These in turn affected life in a range of ways including the economic, social, cultural, and the psychological well-being of the people.

Over time, considering the adverse effects that these measures posed on the population, a number of significant reversals were considered. For instance, in a press statement released on 28th January, 2021, the Minister of Information and Broadcasting Services stated that schools should reopen on Monday 1st February, 2021. In arriving at this decision, the Council of Ministers took into consideration several factors including the fact that the current wave of COVID -19 was such more aggressive in spread and was more deadly.

The Council, however, also considered the consequences of keeping the schools and other non-essential ventures closed. The council recalled that after closing schools, during the first wave of COVID-19, there were a number of social consequences on the teenage children. Several girls fell pregnant and could not return to school when schools were reopened six months later. There was also a notable increase in child delinquency, generally during the time the schools remained closed. The Council took note of reports of social evils like incest and defilement cases that had increased in number due to the prolonged closure of schools. (Marie Stopes International -Zambia, 2020).

The Government of the Republic of Zambia (GRZ), Disaster Management and Mitigation Unit (DMMU) (2020) report estimates that 7.6 million people in 43 districts are at risk of COVID-19 due to presence of main border crossing, location on major highways or transport corridors, population density, industrial activities and populations with pre-existing health conditions. Thus, urgent response is needed to meet the needs and protect the most vulnerable people from direct public health and indirect impact of COVID-19 on the social and economic impact of the crisis.

Adolescent girls and women are among the most marginalized and at-risk populations when outbreaks and emergencies, such as COVID -19 pandemic, occur. Many of the complex factors that drive teenage pregnancies in stable environments are exacerbated in emergency settings, as family

and community structures break down during crisis and displacements (Fraser, 2020). The COVID –19 pandemic has virtually contributed to the increase in the number of teenage pregnancies in rural communities of Zambia (Anthony, 2020).

Teenage pregnancies and early marriages mostly affect poverty stricken or vulnerable households and those communities facing conflicts due to associated risks and hazards that come along with such conditions and situations. This study was thus important and crucial in assessing the role played by the social protection interventions in mitigating pregnancies among adolescent girls.

1.2.Statement of the Problem

The emergency of the corona virus disease in Zambia has resulted in travel restrictions and the suspension of most economic activities devastating people's means of livelihood. It has also put in place strategies to ensure continuity of education through distance online learning delivered through radio, television and the Internet. The rising cases of COVID-19 in Zambia has put a strain on the healthcare system, leading to the disruption of healthcare services, de-prioritization of sexual and reproductive health services and shortage of contraceptive commodities and essential drugs. All these factors have led to a rise in cases of teenage pregnancies in affected communities of Chama district.

Further, through working with other stakeholders, the government of the Republic of Zambia has previously instituted studies and programs aimed at addressing the problem of teenage pregnancies and early marriages. However, most of such studies seldom investigate the strategies to prevent teenage pregnancies in the face of COVID-19 in rural areas where the problem of teenage pregnancies is occurring at a high rate.

Further, it is puzzling to observe that despite the strategies introduced and implemented in Chama District of Muchinga province by the Zambian government to mitigate teenage pregnancies, there generally seem to be no livelihood improvement by the affected target population of incapacitated rural teenage girls (Chama District Health Office, 2020). Most of such teenage girls continue to be exposed to further livelihood risks and shocks, including early marriages (MNDP, 2018). It is against the above stated backdrop that this study was undertaken to try and understand the COVID – 19 related effects on adolescents and stimulate discussions on long term measures that could be taken to mitigate teenage pregnancies in vulnerable rural communities of Chama. Therefore, the

study examined the role played by the local schools and social service providers in selected chiefdoms of Chama District in preventing teenage pregnancies in the face of COVID – 19 in Chama district.

1.3.Aim of the Study

The main objective of this study was to explore the strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID – 19 in Chama district.

1.4.Specific Objectives of the Study

The specific objectives of the study were to:

1. To establish the effects of COVID -19 on teenage pregnancies in rural areas of Chama district.
2. To identify the factors which contribute to fostering pregnancies among teenage girls in the face of COVID – 19 in Chama District.
3. To identify and assess the various strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID-19 in Chama District.
4. To make policy recommendations on how to increase livelihood potential among rural communities of Chama District to prevent teenage pregnancies.

1.5.Research Questions

The research questions of the study were:

1. What are the effects of COVID -19 on teenage pregnancies in rural areas of Chama district?
2. What factors contribute to fostering pregnancies among teenage girls in the face of COVID - 19 in rural communities of Chama District?
3. What are the strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID-19 in rural communities of Chama District?
4. What can be done to increase livelihood potential among rural communities of Chama District to prevent teenage pregnancies in the face of COVID - 19?

1.6.Significance of the Study

It was anticipated that the findings of this study would positively contribute to policy, practice, research and theory.

1.6.1. Contribution to Policy

There is empirical evidence to demonstrate that the social protection initiatives positively impact on the capacity of communities and households to curb teenage pregnancies (Richards and Bellack, 2016). This is in tune with Barrientos (2010) attestation that social protection programs practically provide indispensable support for vulnerable or incapacitated rural households to mitigate teenage pregnancies and early marriages.

Therefore, the findings of this study would be used to make policy recommendations on how social protection interventions for the vulnerable rural households in Zambia can increase their livelihood potential to curb teenage pregnancies and early marriages.

1.6.2. Contribution to Practice

Selected indicators in Zambia reveal a significant extent of teenage pregnancies and early marriages. However, as demonstrated by Devereux (2010), the study would be useful in recommending improvements to existing social protection programs more particularly in preventing and controlling teenage pregnancies and early marriages as they occur in the COVID-19 times. Therefore, the outcome and recommendation of this study would be useful to social protection providers including social workers as well as the various stakeholders involved in fostering child protection initiatives for vulnerable households that take care of teenage girls and boys in rural areas of Zambia.

In Africa (Zambia inclusive), the majority of community leaders might not fully appreciate children's needs. By the fact that teenagers have not yet fully developed capacity to critically think and take care of themselves, they are vulnerable and not capable of fighting or advocating for their rights. Further, teenagers' needs may not be visible to some community leaders and workers and this can lead to the violation of children's rights. Based on this assertion and assumption, this study might help practitioners such as the field officers as well as other professionals like social workers

to better understand and be aware of teenagers' needs that might hinder the progression in combating teenage pregnancies in such emergencies and disasters as the COVID – 19.

1.6.3. Contribution to Research

Teenage girls are more prone to pregnancies as compared to those who are older. It is clear that considerable efforts have been put in place by the Zambian government to improve the vulnerable situation of teenage girls and boys in rural areas of affected communities. Some programs towards this objective include the adoption of the United Nation's convention on the rights of a child and implementation of the various programs including the social protection interventions. However, the achievement of this goal depends on the clear understanding of the context and factors that may affect teenage girls and boys participation in the implementation of such program. Therefore, this study would be handy in providing a better understanding of the factors that contribute to the increase in teenage pregnancies in vulnerable rural households in affected communities of Chama District.

Thus, the findings of this study might provide valuable information regarding the measures to be undertaken in preventing and controlling teenage pregnancies in Zambian as the country grapples with the COVID-19 pandemic. In addition, the findings might provide new information in regard to the experiences (both positive and negative) for community leaders involved in social protection interventions targeting teenagers in relation to early sexual behaviours. Further, the findings might stimulate debate regarding the appropriateness and targeted support to vulnerable teenagers, parents and guardians taking care of teenagers. Thus, the study might provide clues for further research on the topic of teenage pregnancies in the face of COVID – 19, a pandemic said to live with various world populations over time.

1.6.4. Contribution to Theory

As propounded by Barber, (2001), teenage pregnancies are exacerbated in disasters and calamities, such as COVID – 19. Therefore, this study would contribute to consolidating the evolutionary theory that provides novel insight into why particular environment or social situations increase the likelihood of teenage pregnancy by exploring how reproductive timing relates to risk and uncertainty.

1.7.Scope of the Study

The scope of the study explains the extent to which the research area will be explored and specifies the parameters within which the study will be operating. Basically, the scope of the study defines what the study will cover and what it focuses on (Kothari, 2004).

In Zambia, various institutions are involved in providing social protection activities focusing on preventing teenage pregnancies. However, this study will focus on exploring the role played by the Ministry of General Education (MoGE), the Ministry of Community Development and Social Services (MCDSS) and the Victim Support Unit (VSU) in mitigating teenage pregnancies during the COVID-19 times. Therefore, the study examined the role played by the local schools and social service providers in selected chiefdoms of Chama district in preventing teenage pregnancies in the face of COVID - 19.

1.8.Operational Definitions of Key Concepts

The working definitions of some of the key terms used in this study included the following:

Equity - Equity is the provision of personalized resources needed for all individuals to reach common goals. In other words, the goals and expectations are the same for all individuals, but the support needed to achieve those goals depends on the individual's needs (Equity Education, 2019

Gender – Female and male and the role individuals play in society as a result of their sexual status (GRZ, 2014).

Hazards – Hazards are events which, if they materialize, can adversely affect the consumption and investment plans of households. Unemployment, sickness, floods, and droughts are typical hazards that threaten the wellbeing of the poor (Sabate-Wheeler and Haddad, 2005).

Human Rights - These are fundamental freedoms and rights that every person is entitled to in the constitution of Zambia and the International Human Rights Conventions and agreements to which Zambia is a party (GRZ, 2014).

Incapacitated Households – A household is defined as a number of people who live in the same dwelling and eat from the same pot. 'Incapacitated' means that the household has no member who is fit for work and in the working age or that there is a very high dependency ratio (300 and above) (GRZ, 2016). This study referred to incapacitated household as low-capacity households including child headed, female headed, severe disabled, chronically ill and on palliative care, and the elderly – aged above 65 (GRZ, 2016).

Risk - These are dangerous events that may cause loss or damage if they occur. It refers to a set of circumstances which if and when they occur will have negative impact on property and people who are vulnerable to that occurrence; a risk is the probability or possibility that hazards will materialize. To demonstrate, research conducted in various parts of the world has established that poor people face higher risk of sickness (GRZ, 2014).

Stress - stresses refer to continuous and cumulative pressures that adversely affect wellbeing, such as low wage rates, inflation or having to work excessive numbers of hours for little pay (UNDP, 2006).

Pandemic – pandemic in this study referred to very wide spread disease or condition that is prevalent in a large population; having widespread effects and affecting people in many different countries.

Poverty - Poverty is the inability of an individual, family or community to attain a minimum level or standard of living. Poverty is evidenced by inadequate access to basic needs and services such as food, clothing, shelter, basic health care facilities and education (GRZ, 2014).

Shocks - the term 'shock', in this study, referred to the effect of a sudden event or occurrence which leads to vulnerability (Farrington, 2004).

1.9.Structure of the Dissertation

The study comprises five main chapters which forms a critical part of the study structure. The structure is therefore as outlined hereunder:

Chapter one is an introduction: the chapter provides background information of the study, the research aims and specific objectives, research questions, significance of the study and the operational definition of key terms.

Chapter two presents the review of literature which is segmented as - best practices to prevent teenage pregnancies and child marriage, theoretical framework of the study, global teenage pregnancy situation, regional teenage pregnancies situation, Zambian teenage pregnancies situation, factors contributing to fostering teenage pregnancies in the face of COVID –19, the effects of COVID –19 on teenage pregnancies, social protection conceptual approaches, measures by the, Zambian government to combat teenage pregnancies, teenage pregnancy.

Chapter three presents the Methodology of the study which includes research design, population of the study, sample size, sampling techniques/procedure, data collection methods, documentary sources, data analysis and ethical issues/considerations.

Chapter four presents the presentation of the study findings and the discussion. It presented as sub-themed as follows: the participants' demographic data; the socioeconomic factors that contribute to fostering pregnancies among teenage girls in the face of COVID -19 in rural communities of Chama District; traditional and cultural practices contributing to teenage pregnancies exacerbation in the face of COVID -19; Occurrences during COVID-19 positively contributing to teenage pregnancies' escalation; Strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19 in rural communities of Chama District; the effectiveness of strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19 in rural communities of Chama District; barriers faced in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID – 19 and finally, the limitation of the study.

In chapter five, the study presents the conclusion and recommendations drawn from the findings. This concludes the overall structure of the study with references and lists of appendices presented thereafter.

Chapter Two: Literature Review

2.0.Introduction

This chapter is a presentation and analysis of theoretical and empirical literature in relation to the subject of teenage pregnancy in the face of COVID - 19 and measures of mitigating the scourge. It presents the concepts and theories pertaining to teenage pregnancy and social protection. This section also elaborates a review of related literature on teenage pregnancies and social protection programs including topics developed on themes based on the set objectives of this study.

2.1.Teenage Pregnancy

Teenage is a transitional stage of physical, social and psychological human development that occurs during the period from puberty to legal adulthood. Teenage period or Adolescence is often accompanied with new stress, behavioural change, and relationship problems, and this affects psychosocial development (Sathyamurth and Sathishkumar, 2016).

Teenage pregnancy, also known as adolescence pregnancy, is an attribute in a female under the age of eighteen (18) years.

From a historical perspective, teenage pregnancies are nothing new. For much of human history, it was absolutely common that girls married during their late adolescence. Teenage pregnancy behaviour was socially desired, accepted and considered as normal. Nowadays, however, the prevention of teenage pregnancies and teenage motherhood is a priority in most developed and underdeveloped countries.

For a long time, teenage pregnancies were associated with severe medical problems and risks including preeclampsia, preterm labour, and small for gestational age new-borns. Further, teenage pregnancies, teenage motherhood and early marriages are associated with various social disadvantages including poverty, unemployment, low education level and single parenting (Kirchengast, 2009).

Teenage or adolescent pregnancy undermines girls' human rights and compromises their opportunities to fully realize their socioeconomic potential. Teenage girls have the right to education, health, dignity, non-discrimination, and quality of life.

Preventing, promoting and fulfilling the above-mentioned rights are necessary to ensure that girls grow into healthy, skilled, productive, independent and responsible adults. Unfortunately, the prevalence of teenage pregnancies stands in the way of ensuring the fulfilment of these rights. Most teenage girls drop out of school when they become pregnant which compromises their future because they grow up with limited career options and opportunities. Additionally, due to teenage pregnancies, some girls experience unsafe abortions that lead to injuries, disability and sometimes death (WHO, 2014).

Teenage pregnancy is a major concern in most societies, yet it evades simple solutions arising due to the multifaceted factors associated with the problem. Teenage pregnancy, as an issue, does not only affect the teens' lives, but also the lives of their subsequent children.

Lower education and occupation attainment, marital instability, closer spacing of subsequent children, increased family size, and poorer mental and physical health of the mother and child are characteristics associated with teenage pregnancy, teen parenthood and early marriages (Hockaday, 1998).

Further, engaging in unprotected sex exposes teenage girls at higher risks of contracting sexually transmitted Infections (STIs) including the deadly HIV, all adverse consequences. Thus, it is clear that gender sensitive measures require to be put in place to prevent and protect vulnerable teenage girls from early pregnancies. To achieve this goal requires governments to establish factors that have contributed to the problem of teenage pregnancies skyrocketing during the COVID –19 pandemic.

2.2. Theoretical Framework of the Study

There are various theories that attempt to explain the occurrence of teenage Pregnancy. These theories may be categorized as cognitive theory, social behaviour theory, family-oriented theory and Evolutionary theories.

This study presents the evolutionary theory and demonstrates how the variables chosen contribute in fostering teenage pregnancies. The evolutionary theory provides novel insight into why particular environment or social situations increase the likelihood of teenage pregnancy by exploring how reproductive timing relates to risk and uncertainty. Different individuals living in different

environments will vary greatly in the constraints that affect their reproduction, with an individual's decision-making ability being greatly influenced by their life circumstances (Voland, 1998).

There is theoretical and empirical proof to implicitly and explicitly suggest that, having a child as a teenager may be an outcome of an evolved, conditional, reproductive strategy that is sensitive to perceived levels of mortality, uncertainty and risk. When these factors are high, as is the case in disasters and calamity situations such as COVID – 19 pandemics, an earlier reproduction is adaptive (Barber, 2001).

The evolutionary theory is very relevant to this particular study in that it provides insights and potential solutions to the problem of teenage pregnancies in disaster situations as is the case with the COVID-19 wave. To demonstrate, programmes, campaigns and projects can be conducted to improve the lives of children and families and, in particular, to ensure that children are born into stable, and two-parent families who are married, committed and ready for the demanding task of raising children up to the stage when they can fend for themselves (Moore, 2008).

2.3.Global Teenage Pregnancy Situation

Teenage pregnancies and teenage motherhood are a cause for concern worldwide. About 16 million girls aging between 15 and 19 years and about one million girls younger than 15 years give birth every year (Kirchengast, 2016).

Nowadays, the vast majority of teenage pregnancies occur in low and middle-income countries which are characterised by poor health care services. Therefore, complications during pregnancy, birth, and postpartum phase (that is, 42 days after birth) are the second cause of death among girls aging between 15 and 19 years worldwide (Kirchengast, 2016).

Further, it is estimated that some three million teenage girls undergo unsafe abortions that result in consecutive reproductive problems including death (WHO, 2014).

Previously, UNICEF reported that worldwide, every fifth child is born to an adolescent mother and 80% of these teenage pregnancies occur in third world countries (Kirchengast, 2016). Currently, about 11% of all births worldwide are from girls 15–19-year-olds. The 2014 statistics revealed that, the average global birth rate among 15–19-year-olds is 49 per 1,000 girls (WHO, 2014).

It was projected that the mitigation policies for, and economic repercussions of COVID – 19, are likely to have devastating effects for many children's rights. Girls and young women are particularly at risks, as the pandemic is expected to both exacerbate risk factors for child marriage, teenage pregnancy and cause critical interruptions to prevention efforts. Further, it was estimated that the economic fallout of COVID – 19 occasioned in 2020, would result in 1.8 to 2.5 million pregnancies in 2020 (Save the Children, 2020).

2.4.Regional Teenage Pregnancies Situation

Fraser (2020) contends that Sub-Saharan Africa is home to more out-of-school children than any other region in the world. It also has the highest teenage pregnancy rates globally, making the region uniquely confronted by how to address and accommodate pregnancies and young mothers in school. Policies range across the region – from outright expulsion of pregnant girls to strategies that support the continued education of adolescent mothers – yet social norms, practices and other barriers still typically result in pregnancy being the end to one's education. World Vision (2020) estimates that as many as one million girls across Sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures. With school closures related to COVID-19 threatening to lead to an increase in teenage pregnancy, sub-Saharan Africa is poised for a further crisis in girls' education unless governments and partners act decisively.

In 2010, the total number of adolescents was estimated at 1.2 billion, representing 18% of the total world population. Girls between 10 and 17 have higher health risks during pregnancy and motherhood.

Sub-Saharan Africa, with the highest level of pregnancies among adolescent girls worldwide, account for 28% of adolescent mothers, with 15% in West Africa and 13% in Eastern and Southern Africa (Loaiza and Liang, 2013).

The Tal Rafaeli and Geraldine Hutchinson Education Development Trust (2020) also conducted a study to review the secondary impact of COVID-19 on Women and Girls in Sub-Saharan Africa. The review however found limited data regarding the evolving impact of the COVID-19 pandemic on the lives of women and girls in SSA. The partial evidence was attributed to several factors, some of which include - the crisis is recent, and the limited systematic focus of humanitarian response programmes on adolescent girls and women.

Due to the limited data, the review also explored the secondary impact of similar outbreaks in the region and globally, most notably the Ebola crisis. The review also included projections regarding the long-term impact of COVID-19 on women and teenage girls. These projections were based on calculated estimations using data from similar occurrences. Considering this fact, the accuracy of the data in this review tended to have been limited. Where specific data on SSA was lacking the review also explored global data and data from other regions. Such data was helpful in casting a light on the COVID-19 reality for women and teenage girls in the region.

Despite the limited data, the review found that based on emerging evidence and lessons from past health crises, there is strong evidence to suggest that women and girls in SSA will suffer from extreme and multifaceted negative secondary impact as a result of the COVID-19 crisis.

2.5.Zambian Teenage Pregnancies Situation

Recent data show a high rate of teenage pregnancy at 29% in Zambia. The teenage pregnancy rate is higher in rural areas standing at an alarming rate of 37% than in urban areas (19%) (Zambia Statistics Agency, 2019)

Although most rural communities of Zambia are aware of the negative consequences of teenage pregnancies and child marriage, actions to change underlying causes, including the associated gender and social norms are less prominent. Therefore, addressing gender and social norms associated with the scourge is crucial in programs for the prevention of teenage pregnancies and child marriages in Zambia.

2.6.Factors Contributing to Fostering Teenage Pregnancies in the Face of COVID– 19

The COVID – 19 has had multifaceted effects on the lives of the people of Zambia considering the fact that the movement restriction put in place to contain the pandemic are impacting people's ability to access basic services to sustain their livelihoods. The well-intended COVID – 19 preventive measures undoubtedly exacerbate vulnerability of disadvantaged groups such as the elderly, people living with HIV, youth, vulnerable children, poor households, refugees and migrants. Extended quarantine and other social distancing measures have increased reports of teenage pregnancies and domestic violence, as a result of household stress over economic and health shocks combined with forced coexistence in confined living spaces. Given the increased report of teenage pregnancies and Gender Based Violence (GBV), ensuring that teenage girls and women are supported with child protection and GBV support remain critical activities (UNICEF, 2020).

The COVID –19 pandemic has led to the suspension of most economic activities devastating people's means of livelihood. It has also led to the closure of learning institutions. In most countries of the world today, the respective governments have, for instance, put in place strategies to ensure continuity of education through distance online learning delivered through radio, television and the Internet.

However, Yaker and Erskine (2020) have on the other hand noted that the well-intended COVID – 19 quarantine measures put in place to contain the spread of the corona virus have further widened the inequality gap, as learners from poor, vulnerable, and marginalized households are unable to benefit from continued learning through these platforms due to lack of access.

Further, with the loss of livelihoods particularly in low-income households, some children may have been forced into income-generating activities to support their families' survival. Also, school closure has stopped the provision of school meals and sanitary towels, which children from disadvantaged families rely on significantly. This raises the risks of young girls engaging in transactional sex in order to gain not only access to these essential needs but also to support their families. There is evidence that links poverty, lack of family support, and transactional sex (UN, 2020).

Although the age of marriage according to the Marriage Act in Zambia is 21, customary law allows adolescent girls to marry as long as they have attained puberty. As a result of this situation and perception, child marriage is high in Zambia (CSO, 2014).

UNFPA (2020) carried out a qualitative study comprising mainly in-depth interviews with teenage mothers, together with some secondary in-depth interviews and Focus Group Discussions (FGDs). In this qualitative study they found that, in the face of the COVID -19 pandemic the majority of rural teenage girls fell pregnant first and later got married; and almost all of them got married, unless they are abandoned by the father of the child, or in cases of rapes or if the man was married. There are few cases where marriage happens before pregnancy. The research also depicted that it was as a result of traditional arrangement, teenage pregnancy or being coerced by parents who saw their daughter with a boyfriend.

On the other hand, a report titled 'COVID-19 Aftershocks: Access Denied' prepared by World Vision and led authored by Tony Baker, with key contributions from members of the Aftershocks Education Working Group, including World Vision Canada, World Vision UK and World Vision US, and World Vision International's COVID-19 Advocacy Response Group, contends that the

COVID-19 pandemic has wreaked unprecedented havoc on children, families and communities around the globe, disrupting vital services and putting millions of lives at risk. Since March 2020, attempts to avert the global health crisis have seen nationwide school closures in 194 countries, affecting nearly 1.6 billion learners – over 90 per cent of the world's school-going population.

This report spotlights one particular vulnerability that is known to be exacerbated by school closures in times of crisis and risks the continued education of vulnerable children: teenage pregnancy. It indicates that school closures during crises can result in girls spending more time with men and boys than they would were they to be in school, leading to greater likelihood of engagement in risky sexual behaviour and increased risk of sexual violence and exploitation.

The report further links teenage pregnancy and early marriages to lack of sexual and reproductive health education and services, and increased poverty and insecurity during crises. Complications from teenage pregnancy and childbirth are the leading cause of death of girls aged 15 to 19 years worldwide.

Adding to the scarce and limited literature and knowledge on COVID -19, Odejimi et al (2016), carried out an explorative study to investigate the trend and determinants of teenage pregnancy in Africa during the Ebola crises. Several social and economic factors appeared to be the causes of teenage pregnancy in Africa. The methodology used was the data sets from the World Bank, Organisation of all African countries between 2010 and 2020, which were obtained and used in the study. The trends of average teenage pregnancy rate across all regions affected by the Ebola virus were examined using descriptive method. Also, the association between teenage pregnancy rate and various economic and social factors were investigated using multivariate statistical methods. The study concluded that social and economic factors are important predictors of teenage pregnancy rate during crises such as COVID-19. Evidence from the study suggested that a practical approach to reducing teenage pregnancy rate during such times was to develop strategies and policies that support and promote female functional literacy and numeracy (Creswell, 1998).

It is further important to argue that in as much as the study concentrated more on the causes and preventive measures, it on the other hand shared less emphasis on the impact that the pandemics may pose on the well-being of specific sections of society such as teenage girls and boys. This in one way or the other made the study rather incomplete in its outline.

Additionally, findings from a Department of Science and Technology - National Research Council of the Philippines (DOST-NRCP) research show that school closures is one of the factors for the cause of teenage pregnancy, the study indicated that In the context of COVID-19 pandemic in the Philippines, where there are 7.3 million Filipinos who lost their jobs and where schools had been closed since March 2020, there were concerns such as young girls being vulnerable to early pregnancy since they were out of their usual protective physical setting of the school environment.

According to a two-month study of the DOST-NRCP led by Dr. Gloria Luz Nelson, NRCP member of Division VIII (Social Sciences), a sociologist by training with concentration on Population Studies, the COVID 19 pandemic is not the cause of teenage pregnancy, but several mediating factors such as, school closures, dysfunctional family, and lack of access to sexual and reproductive health education.

The two-month study retells the stories of 18 teenagers and extracts from their stories the meanings they attached to their experiences as being young, pregnant, and mother during the pandemic. The stories were from the data gathered through screen-mediated in-depth interviews (Facebook, Messenger). The respondents were from the nine provinces or seven regions in the Philippines.

2.7.The Effects of COVID-19 on Teenage Pregnancies

COVID – 19 has upended the lives of children and families across the globe and adversely affect programs to mitigate teenage pregnancies and child marriages. The pandemic is having adverse effects on families, communities and economies. The full impact on countries with higher rates of poverty and fragile health, social welfare and governance systems is yet to be seen.

However, government measures to contain the spread of the COVID –19 virus pandemic, such as lockdowns, are particularly devastating for people whose lives are based around informal activities.

In the medium to long term analysis, COVID – 19 has led to threats of further child labour, teenage pregnancies, teenage motherhood, and child marriages. Adolescent pregnancies reduce girls' opportunities for education because girls who become pregnant dropout of school earlier than boys, fewer return to continue their education, and lack of education perpetuates poverty among girls, women, their families and communities (UNFPA, 2017).

Further, teenage pregnancies cause psychological stress in adolescent girls. This may lead to unsafe abortions which can result in severe pregnancy complications and maternal death. In addition, teenage pregnancies expose girls to sexually transmitted infections including HIV and the Human Papilloma Virus (HPV) which is responsible for causing cervical cancer.

Children born to teenage girls may experience a wide range of problems. To demonstrate, children born to teenage girls are at risk of low birth-weight, stunting and infant mortality. Poor health associated with adolescent mothers may also prevent children from being active in school and from being competitive in their education (UNFPA, 2017).

The impact is even greater and exacerbated particularly when communities are affected by shocks and have limited access to basic services such as health, education and child protection, all of which are being negatively impacted by the COVID – 19 pandemic (UNICEF, 2021).

Further, a review titled, adapting through COVID -19 based on lessons from teenage pregnancy programmes in Sierra Leone by the Secure Livelihoods Research Consortium, revealed a significant number of aspects that affect different players in the fight against teenage pregnancies during the COVID-19 pandemic. The SLRC briefing paper (2020) revealed that all the partners in the review team reported gender impacts on the COVID-19 pandemic and associated restrictions in the communities in which they work, and have responded to particular risks linked to GBV, decreased access to services and disrupted livelihoods and schooling. This indication suggests that various programmes, organizations and institutions working in the areas of preventing gender-based violence and teenage pregnancy related ills have in one way or the other been affected significantly.

The paper further indicates that, in addition to changes to their program activities during the pandemic, all partners have also adapted their standard operating procedures to protect staff and communities, while also attempting to tackle issues of misinformation.

The World Wide Web Foundation (2020) COVID-19: Policy Briefings observes that, at the peak of the pandemic , evidence around the world has profoundly demonstrated that every aspect of the COVID -19 pandemic has gender dimensions, with common patterns emerging across various contexts and most notable are: There are large rises in GBV in Covid affected countries driven by confinement measures , increased household stress, increased food prices and reduced access to services; women and teenage girls are hardest hit by the economic impact of the pandemic due

to pre – existing gendered patterns of paid and unpaid work , poverty and lack of resource access ; teenage girls and women are most severely affected by compromised health systems especially in rural areas (UN Women, 2020).

In relation to the above, the partners in the SLRC briefing paper (2020), have reported similar gendered impacts in communities across the different sites in Sierra Leone which suggest that while it is too early to tell whether COVID -19 and the associated lockdown will have an impact on teenage pregnancy, anecdotal evidence from players suggests that the situation has exacerbated some of the gender inequalities and vulnerabilities that drive teenage pregnancy in Sierra Leone.

In another instance, Marie Stopes International Zambia conducted a study to ascertain the effects of COVID-19 on the lives of adolescents and their Sexual Reproductive Health (SRH). The study employed three research methods to understand adolescent experiences of COVID -19 including a qualitative phone survey, a qualitative study focusing on key informant interviews with phone and web based, and also annual participatory research focusing on peer research and participatory photography with nodal adolescents and their peer networks to better pinpoint shifts in capabilities over time.

The study revealed that due to the COVID -19 pandemic, distance-learning has over time been limited by lack of hardware including radios, phones, and computers coupled with lack of connectivity such as electricity, Wi-Fi and mobile data.

The study also realized that the economic consequences of COVID -19 has reduced the likelihood of the most vulnerable young people especially in rural areas returning to education (Jones et al. 2020).

The report suggests that in the face of COVID -19 lockdowns, many adolescent girls do not do any home schooling due to parental pressure for them to undertake domestic and care work. Many of them (especially those in rural areas) cannot access online learning via radio, TV or internet as they lack devices, electricity, or money to afford phone or internet fees. In communities where there is better general access, there is often a substantial gender digital divide, with girls having substantially less access than boys due to conservative gender norms.

Athar (2019) provides an article on the relationship that exists between gender and the Covid -19 pandemic in Bangladesh. This article explores how intersecting vulnerabilities faced by Rohingya

adolescents living in Cox's Bazar, Bangladesh, have been exacerbated during the COVID-19 pandemic. Both the direct health impacts and the indirect repercussions of COVID-19 mitigation strategies have served to heighten pre-existing risks, preventing adolescents from reaching their full capabilities. This article provides empirical mixed-methods data from the Gender and Adolescence Global Evidence (GAGE) longitudinal study, drawing on phone surveys adolescents aged 10–14 and 15–19 (1,761), qualitative interviews with adolescents aged 15–19 years (30), and key informant interviews (7) conducted between March and August 2020 with both Rohingya and Bangladeshi adolescents residing in refugee camps and host communities, respectively.

While this article focuses on displaced Rohingya adolescents' experiences during COVID-19, findings were contextualized by drawing on data collected from Bangladeshi adolescents who serve as comparators. Findings highlight that the pandemic has led to a decline in Rohingya adolescents' reported health status, exacerbated food insecurity, educational and economic marginalization and bodily integrity risks, amongst both girls and boys. This paper concludes by reflecting on the policy implications necessary to safeguard refugee adolescent trajectories in the context of COVID-19.

Its findings underscore significantly heightened vulnerabilities facing adolescent girls and boys in Rohingya refugee camps in Cox's Bazar in the context of the COVID-19 pandemic. This evidence intersects with literature reporting that health crises, coupled with educational and economic disruptions in humanitarian contexts, have compounding negative impacts on adolescents and their life-course trajectories. While efforts to contain the spread of the virus continue to be of paramount importance, the full breadth of adverse impacts affecting adolescents must be understood and tackled to avert the risks of increased child marriage, severe educational marginalization, poverty and gender discrimination, and their long-lasting impacts on present and future generations.

Additionally, GAGE issued another publication which was titled: "Adolescence in the Time of COVID-19: Evidence from Bangladesh". This note examines the effects of COVID-19 and subsequent economic and educational disruptions on adolescent well-being in Bangladesh. The analysis is based on data from 2,095 in-school adolescents aged 10–18 collected pre-COVID-19 (February–March 2020) through a field survey for an ongoing impact evaluation, and a follow-up virtual survey undertaken early in the pandemic (May-June 2020). Findings show large household-level economic impacts associated with increased food insecurity, anxiety, and mental health is-

sues among adolescents. In addition, the note indicated that school closures have decreased adolescents' access to learning, increased time spent on household chores, and affected future job aspirations. It actually revealed that the impacts such as teenage pregnancies which ultimately culminate in early marriages for some teenagers are particularly large for girls and for adolescents from more vulnerable households. In this regard therefore, the publication recommended that policy makers need to consider policies that facilitate school return, targeting girls and the most vulnerable. They also need creative school-based programming to address the likely long-run physical and mental health effects of COVID-19 on young people.

Further, drawing lessons from similar pandemics, the African Population and Health Research Centre conducted an ethnographic study of the impact of the Ebola crisis on life, sex, and teenage pregnancy in rural Sierra Leon. The purpose of this research was to illuminate both the wider impacts of the Ebola crisis on people's lived experiences, with an emphasis on children, and its more specific effects on issues related to teenage pregnancy and its prevention.

The research was conducted as part of an effort to learn how the Ebola crisis had affected and interacted with a community-driven intervention to reduce teenage pregnancy. The intervention, which had been developed and conducted by two clusters of three communities each in Moyamba and Bombali Districts, respectively, included elements such as: dramas created and performed by teenage girls and boys on consequences of pregnancy followed by discussions; parent-child discussions on puberty, sex, and pregnancy; creation of and transmission by teenagers of youth oriented messages about preventing teenage pregnancy; ongoing community dialogues and reflection about teenage pregnancy; and support from health workers and authorities.

2.8.Social Protection Conceptual Approaches

Social protection is defined as policies and practices that empower, protect and promote the livelihood and welfare of the people suffering from critical levels of poverty and deprivation and and/or vulnerable to risks and shocks (GRZ, 2016). There are several different conceptual approaches to analysing social protection objectives and impacts. However, it is important to observe that each approach conceptualizes potential impacts in different ways, namely: transformation; human capital; vulnerability; and human rights.

The four social protection functions include: Protective (providing relief from deprivation, such as income benefits, and state pensions); Preventative (averting deprivation, such as savings clubs, and social insurance); Promotive (enhancing incomes and capabilities, such as the provision of

agricultural inputs); Transformative (this covers social equity and inclusion, empowerment and rights, such as labour laws) (Devereux and Sabates-Wheeler, 2004).

Protective interventions largely comprise schemes under social assistance including social cash transfers, both in cash and in-kind, and relief responses to emergencies. Further, protective interventions seek to shield targeted populations from consequences of economic and social shocks, poverty and destitution.

Preventive interventions and efforts seek to prevent the exposure of individuals to economic and social risks that might lead to the depreciation of their ability to sustain themselves through, among others, pensions, health insurance, sickness and maternal benefits.

Promotive dimensions of social protection interventions strengthen livelihood capacities through initiatives to empower segments of the population that are poor but have production capacity and potential to propel them out of poverty.

Promotive initiatives cover output-enhanced actions including agricultural input programs and economic empowerment program (Blank and Sudhanshu, 2008).

Further, transformative social protection interventions involve the use of policy, legal and regulatory instruments for enhancing the welfare of the population, changing structural causes such as social norms or power imbalances, which are at the origin of poverty and vulnerability. This approach enhances access to justice for the poor and improves conditions that promote social and economic justice for the vulnerable and poor populations.

The first three functions (the three Ps in the PPP+T framework) were originally conceptualized by the International Labour Organization (ILO). The addition of the transformative element positions social protection not just to alleviate poverty but also to transform lives, through pursuing policies that rebalance the unequal power relations which cause vulnerabilities. In practice, social protection interventions usually cover multiple functions and objectives.

Further, most social protection frameworks also conceptualize social protection as an investment in human capital which increases capacities and the accumulation of productive assets, breaking the intergenerational transmission of poverty.

Social protection contributes to human capital either directly, by providing food, skills and services; or indirectly, by providing cash and access, which enable households to invest in their own development (Barrientos, 2009). Social safety nets protect children against risks and vulnerabilities, mitigate the impact of shocks and support people who suffer chronic incapacities to secure basic livelihoods. To address the problem of teenage pregnancies, it is crucial that these interventions focus particularly on child rights violation prevention, and child care promotion.

2.9.Measures by the Zambian Government to Combat Teenage Pregnancies

The World Health Organisation (WHO) specifies guidelines on "Preventing early pregnancy and poor reproductive outcomes" in developing countries, of which, Zambia is a signatory. Some of the interventions to prevent early pregnancies include: legal reforms, increase in contraception use, reducing coerced sex and unsafe abortions, and increase in the use of maternal health care services. Further, sensitization and awareness messages on the dangers of teenage pregnancy and early motherhood are useful in mitigating the scourges (Ahinkorah, 2020).

The Convention on the Rights of the Child (CRC) provides signatory governments and societies in general with basic elements for protection of girls and boys up to the time they attain adulthood. Any departure from the CRC goals and principles constitutes a violation of the rights of the child, and governments as duty bearers, are accountable to respond to these violations. The survival and development of children extensively rely on government and parental provisions of a high standard of health including nutrition, access to water and sanitation, child care, antenatal, postnatal and preventive care; family planning, and education on health, nutrition and hygiene, among other services (Loaiza and Liang, 2013).

Despite these efforts made to try and reduce incidences of early pregnancy, teenage pregnancy remains a major challenge in Zambia.

2.10. Best Practices to Prevent Teenage Pregnancies and Child Marriage

Best practices to sustainably curb teenage pregnancies should among other aspects include enacting appropriate laws prohibiting child marriages, engaging traditional leaders to eliminate negative cultural practices, providing economic empowerment to vulnerable households, families and adolescents to protect them from child marriages, teenage pregnancies and other economic shocks and

disasters. Further, government can intervene by conducting sustained public media campaign against teenage pregnancies (CSO, 2014).

2.11. Summary of Gaps in the Reviewed Literature

Based on the literature reviewed, the following gaps were identified – that is; firstly, while there is substantial documentation of the adverse impacts of the pandemic on adolescents, including disruptions in education, economic hardship, and increased vulnerabilities, there is lack of comprehensive analysis of the specific mechanisms through which these impacts contribute to teenage pregnancies in the advent of the novel COVID-19 pandemic.

While there is recognition of the multifaceted nature of social protection interventions, there appears to be a lack of comprehensive integration of all dimensions including protective, preventative, and transformative in policy implementation. Additionally, the emphasis on protective and preventative measures is evident, but there's a relative neglect of transformative approaches that address underlying structural causes such as gender inequalities and power imbalances as rural communities face pandemics and shocks such as the COVID-19. These gaps suggest a need for a more holistic and integrated approach to social protection that addresses both immediate needs and structural drivers of vulnerability.

Secondly, the literature highlights the importance of legal frameworks, awareness campaigns, and community engagement in combating teenage pregnancies. However, there seems to be insufficient emphasis on addressing broader socio-cultural factors that contribute to early pregnancies, such as harmful gender norms and practices.

While interventions focus on providing economic empowerment and education, there's a need for deeper engagement with communities to challenge entrenched beliefs and behaviours around gender roles, sexuality, and marriage. Moreover, there's a gap in addressing the intersectional vulnerabilities faced by marginalized groups, including rural and urban poor, girls with disabilities, and those from ethnic minorities. A more nuanced understanding of these intersecting factors is essential for designing effective and inclusive interventions to prevent teenage pregnancies and promote social protection for all vulnerable populations in Zambia.

2.12. Summary

The above literature review section as highlighted by various authors was useful in bringing out essential facts, insight and comprehension that were crucial in understanding the topic of teenage pregnancies and factors contributing to its escalation during the COVID –19 invasion in Zambia. Further, the above literature review section provided necessary understanding on the crucial role played by social protection providers and interventions in mitigating teenage pregnancies among vulnerable rural communities and households of Chama district of Muchinga province.

Chapter Three: Methodology

3.0.Introduction

This section of the study presents the research design, research approach, population, sample size, sampling methodology, data collection tools, data analysis, and ethical considerations.

3.1.Research Design

According to Ngoma (2006), a research design is the set of logical steps taken by a researcher to answer the research question and a blue print or recipe for the study and determines the methods used by the researcher to obtain informants, collect data, analyse the data and interpret the results. Although authors define research design in different ways, all the major points come to one grand common feature. Kombo and Tromp (2006) state that a research design can be thought of as the structure of research and the 'glue' that holds the elements in a research project together. It is the scheme, outline or plan that is used to generate answers to research problems.

This study employed a non – experimental research design. This is a label given to a study when a researcher cannot control, manipulate, or alter the particular variables or subjects, but instead relies on the interpretation, observation or interactions to come to a conclusion.

Henceforth, in order to achieve the objectives of this study, a non-experimental research design was used in order to have a complete and comprehensive examination of the obtaining situation of teenage pregnancies in the face of COVID -19 in Zambia.

3.2.Population of the Study

The population of the study included management and staff from the District Education Board Secretary's (DEBS) Office, Management and staff/school teachers from selected schools, management and staff from the Ministry of Community Development and Social Services, Victim Support Unit (VSU), local social service providers (SSP) including Nongovernmental Organisations (NGOs), Faith Based Organisations (FBO), and the local traditional leadership within the two selected chiefdoms, including teenage girls and boys aged between 13-19 and drawn from the respective secondary schools within the two chiefdoms of Kambombo and Chikwa.

3.3.Sample Size

From a sizeable number of staff members at the DEBS Office in Chama District, one staff member was picked. In addition to this, one (1) member was picked from management and Staff/school teachers at each of the five (5) selected secondary schools in the two Chiefdoms. The schools included: Chama Day Secondary School, Chama Boarding Secondary School, Kambombo Day Secondary School, Chikwa Day Secondary School and Kamphemba Day Secondary School. Further, one staff member was picked from each of the following: the Department of Community Development, the Department of Social Welfare and Victim Support Unit (VSU). Based on a couple of local service providers operating in selected chiefdoms of Chama District, three (3) members were picked from World Vision International and two members from the United Church of Zambia.

The sample size for this study is reflected as shown in the following table:

Table 3. 1: Sample size

POPULATION	SAMPLE SIZE
Management and Staff (DEBS Office)	1
Management and Staff/school teachers at selected secondary schools	5
Management and Staff – Ministry of Community Dev and Social services and VSU	3
Management and Staff – local social service Providers/NGOs/FBO	5
Traditional Local Leaders	5
Teenage Girls	5
Teenage Boys	5
TOTAL	**29**

3.4.Sampling Techniques/Procedure

To facilitate the selection of study participants, the researcher used sampling techniques including the 'purposive sampling' for selecting 'Key Informants' and convenient sampling method covering 'respondents' that included the teenage girls and boys.

In purposive sampling, the researcher purposely targeted a group of people (Staff members from the Ministry of Education, the Ministry of Community Development and Social services, Victim Support Unit (VSU), local service providers including World Vision International and members from the United Church of Zambia, who were believed to be reliable for the study as they possessed more information on child care protection and social protection interventions and practices.

Therefore, from a lean number of staff members at the DEBS Office in Chama, one staff member was selected. In addition to this, one member was picked from management and Staff/school teachers at each of the five (5) selected secondary schools. Further, one staff member was picked from each of the following: the Department of Community Development, the Department of Social Welfare and VSU. Furthermore, a list of villages was drawn where five (5) local leaders were selected as respondents. This arrangement entailed that one local leader was picked from each of the 5 selected villages in the two chiefdoms of Kambombo and Chikwa. Additionally, in all these processes, gender disparity was considered.

Convenience sampling is a non-probability sampling in which people are sampled simply because they are 'convenient' sources of data for a particular study.

In this study, the researcher selected the teenage girls and boys using a convenience sampling method to participate in providing the necessary data since they were convenient sources of data as they were directly involved in teenage activities and social dynamics that led to teenage pregnancies at community level.

In convenient sampling approach, the researcher simply considered the list of students at each school that was obtained from the school administration. Further, using that list, a sequence of numbers was drawn on which respondents were picked. This entailed that one girl and one boy were picked at each school covering the five schools.

3.5.Data Collection Methods

The study relied on both primary and secondary sources of data collection. Primary Data comprised facts and knowledge that was obtained from affected vulnerable rural communities in selected rural communities of Chama District. Questionnaires were administered on management and staff from the identified child care and social protection providers in the selected vulnerable rural of Chama District. Interview Guides (IG) were used to collect data from the local leaders. In addition to the above mentioned, Focus Group Discussion (FGD) guides were utilised to capture perceptions, views, behaviours and opinions of the teenage girls and boys on the topic of measures by the Zambian government in curbing teenage pregnancies in the face of COVID – 19.

3.6.Documentary Sources

Secondary data encompassed facts that were collected from relevant literature at libraries. This comprised books, case records, workshop proceedings and periodicals, academic papers, official reports, journals, newspapers, magazines, brochures and the internet.

3.7.Data Analysis

The data that was obtained from the study participants in this study was analysed qualitatively. Qualitative analysis tries to inquire, describe and analyse the culture and behaviour of humans and their groups from the point of view of those who are being studied (Kombo and Tromp, 2006:9). There are usually five methods of organizing and presenting data analysis. The first two methods are by 'people', the second two are by 'issue' and the final method is by 'instrument' (Cohen et al, 2007: 467). This study utilized a qualitative analysis method that focused on 'research questions' that were used to develop the questionnaires, in-depth interview guides and Focus Group Discussions (FGD) guides. This was a very useful way of organizing data analysis as it drew together all the relevant data for the exact issue of concern to the study, and preserved the coherence of the material that was analysed. This data analysis method would also be handy in returning the reader to the driving concerns of the study that were typically raised in the early part of the study inquiry (Cohen et al, 2007). In this method, all the relevant data from the various streams (questionnaires, interviews, and observations) was brought together as pieces of information and comparisons made in detail to provide a collective response to a research question.

Further, data analysis using a method of research questions facilitates a systematic approach to data analysis (Cohen et al, 2007). To demonstrate, numerical data for a particular question was presented followed by the qualitative data, or vice versa. This approach generated and enabled patterns, relationships, comparisons, qualifications and justifications across data types that were explored conveniently and clearly.

In addition to the above qualities, qualitative research also utilizes natural settings, implying the scenario to be studied is not artificial but real. Further, a qualitative analysis also relies on research strategies that are flexible and interactive. As explained above, the researcher ensured various mechanisms were put in place to triangulate data. This strategy proved very useful in enhancing the quality of outcomes in relation to the set objectives of the study. Further, deliberate mechanisms were utilised to enhance the researcher's interactions with the study participants. Further, the researcher utilized themes developed from the set objectives of this study to analyse data.

Themes are defined as topics or major subjects that come up in discussions (Mungenda and Mungenda (2003). Therefore, in utilizing themes, this study categorized related topics in a manner that utilized major concepts or themes identified and developed based on data relevant to the set objectives and research questions of the study. A coding system was developed to classify major issues covered. This approach enabled the researcher develop summary reports identifying major themes and the associations between them. Therefore, the use of tables, graphics and direct quotations were useful in achieving this aspect of the study.

3.8.Ethical Issues/Considerations

Ethics is a systematic approach to understanding, analysing, and distinguishing matters of right and wrong, good and bad, and admirable and deplorable as they relate to the well-being of and the relationships among sentient beings (Billington, 2003). Ethics are well-based standards of right and wrong that prescribe what humans ought to do, usually in terms of duties, principles, specific virtues or benefits of society (Hughes, 2012). It is a branch of philosophy that involves systematizing, defending, and recommending concepts of right and wrong conduct. The goal of ethics in research is to ensure no one is harmed or suffers adverse consequence from the research activities. As there are often sensitive relationships between researcher and respondents, reasonable safeguards were developed in this study based on ethical considerations and requirements. In this regard, the data obtained by the researcher from the field was treated with utmost confidence and purely for academic purposes.

In line with the above-mentioned aspects of the study, once this study was cleared by the University of Zambia Ethics Committee, approval was sought from the Ministry of General Education, the Ministry of Community Development and Social Services, VSU and local Social Service Providers to conduct the study at their institutions. In the same vein, informed consent was sought from the local traditional leaders before involving them in the study. Further, working with the above-mentioned ethical standards, the researcher ensured that extreme privacy and utmost confidentiality of study participants were preserved at all times. The researcher achieved this element through ensuring the names of the study participants were not reflected in the study.

Chapter Four: Presentation and Discussion of the Study

4.0.Introduction

This section presents the main findings of the study. The data collected from the field was coded and summarized in accordance with the set objectives and research questions reflected in the background section of this study. Therefore, this section presents the interpretation of the study in line with the general objective of the study.

4.1.Demographic Data of the Study Participants

Demographics relate to social characteristics of human population and their development through time (Microsoft Encarta, 2009). Demographic profiles provide information about the population structure and help capture associations that exist in a population. Further, demographic information for the study subject helps researchers to determine if samples are representative of the population of interest. In this study, the researcher investigated the gender of the study participants who included management and staff from the targeted government line ministries, local social service providers, the local traditional leadership within the two selected chiefdoms, including teenage girls and boys aged between 13 and19.

4.1.1. Gender of Study Participants *Table 2: Gender of Study Participants*

Table 4. 1: Gender of the Respondents

Gender	***Number of participants***
Male	13
Female	16
Total	29

Table 4.1 presents data on the engaged respondents of which out of the 29 participants, 13 were males whereas 16 were females depicting that females were more than male respondents engaged for this study.

The general picture depicted was that each gender category of the study participants was fairly represented in this study. It was interesting, however, to observe that all the seven (7) categories

of the study participants had female and male representation with an exception of management and staff at DEBS office with only one representation, who happened to be a male. These results were also significant in that they confirmed the fair representation of both teenage girls and boys who were uniquely crucial to the success of this study.

4.2.Socioeconomic Factors Contributing to Teenage Pregnancies amidst COVID-19

Key informants were asked to indicate what socioeconomic factors contribute to promoting pregnancies among teenage girls in the face of COVID-19 in vulnerable rural communities of Chama District and the responses generated were as summarized in chart (see Figure 4.1).

Figure 4. 1: Socio-economic factors contributing to teenage pregnancies amidst COVID-19 pandemic

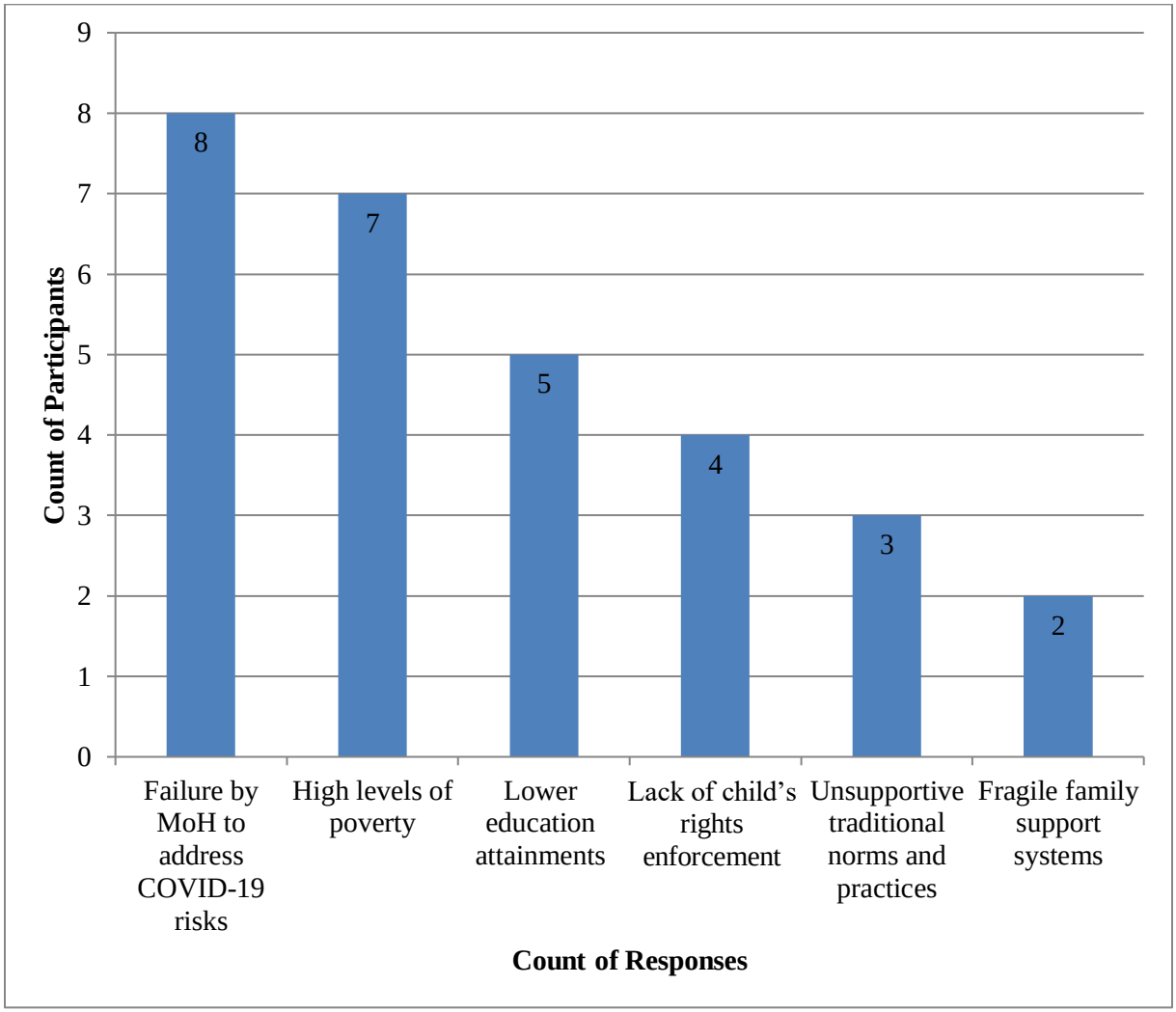


Table 4.1 presents ranking in terms of the six main socioeconomic factors contributing to fostering pregnancies among teenage girls in the face of COVID – 19 in rural communities of Chama included: failure by the Ministry of Health to address risks associated with COVID-19; high levels of poverty; lower education attainments by most vulnerable households; lack of enforcement on supportive regulatory frameworks on violation of child's rights; unsupportive traditional norms and practices; and fragile family support systems.

Failure by the Ministry of Health (MOH) to address risks associated with COVID-19 invasion was highly ranked (8 out of 29 participants pointing out to it) as a factor contributing to teenage pregnancies exacerbation. Study participants interviewed reflected that a lack of attention to addressing various risks and hazards associated with COVID-19 was positively contributing to teenage pregnancies exacerbation.

This study outcome augured well with Voland (1998) and Barber (2001) attestations that implicitly and explicitly suggested that, having a child as a teenager may be an outcome of an evolved, conditional, reproductive strategy that is sensitive to perceived levels of mortality, uncertainty and risk.

Disasters such as the Spanish influenza, HIV/AIDS and COVID-19 tend to instil a sense of fear and death. To demonstrate, some study participants asked revealed that there were various myths and stereotype beliefs that linked COVID-19 invasion with the Biblical end of the world. Such beliefs generated much fear and panic more particularly to vulnerable rural households who had limited access to the national television, radio or internet communication. This situation, further, created terror and fright into the minds of people including children and adolescents whose minds had not matured enough to fend for themselves.

One identified teenager, Leticia (pseudo name), who had gotten pregnant during the lockdown when schools were closed for a longer period during the COVID-19 wave of attack had this testimony to tell:

> *"It started like a small issue when we were told that we could not attend school because of an infestation of a new disease called COVID-19. Later, we were told that schools would not open indefinitely arising purely due to people were dying in huge numbers and there was no medicines in sight for the scourge of COVID-19.*

At that point in time, there appeared like no one had the right solution to the problem of COVID-19 wave of attack. Even our local institutions were not available to provide the necessary support. I was compelled to think that COVID-19 virus would soon reach me. I felt lonely, lost and insecure. I did not want to die early but, like most adolescents thought and desired, craved to have a child before I die. The only source of social support I had at that particular time was derived from my boyfriend. Whatever happened, I now regret having a child as a teenager because I am passing through much difficulties of child support and this was not the right thing to do".

High level of poverty was second highly ranked (7 participants out of 29) factor that contribute to teenage pregnancy exacerbation during the face of COVID-19 in rural communities of Chama district (see Table 4.1). Extreme poverty, also known as destitution or absolute poverty makes people vulnerable and thus threatens people's health or lives. Such situations aggravate teenage pregnancies. This discovery was in line with what some authors had previously commented upon as indicated in the literature review of this study that certain social disadvantages including poverty, unemployment, low education levels and single parenting positively contributed to teenage pregnancies, early marriage and early motherhood (Kirchengast, 2009).

The aspect of poverty was commented upon and subsequently based on the general situation of the available secondary data on poverty levels in the rural parts of Chama district slated at an alarming rate. This situation affects both the male and female genders. Further facts based on the district situation analysis also revealed that the female gender is more prone to the effects of poverty than the male gender.

A lower education attainment by most vulnerable households was ranked third on the list as can be seen in Figure 4.1 where out of 29 participants engaged, 5 indicated that teenage pregnancies was a result of lower education attainments. It was established that Illiteracy and lack of education were rampant in rural communities of Chama District. The Governments of the Republic of Zambia often cannot afford to provide for good public schools, especially in rural areas. Whereas virtually all children in industrialized countries have access to an education, only about 60 percent of children in sub-Saharan Africa (Zambia inclusive) even attend elementary school (Kull, 2020). Without education, most people cannot find income-generating work. Poor people also often forego schooling in order to concentrate on making a minimal living. This component leads many girls opting for child marriage and child labour as being necessary for the well-being or survival.

Additionally, in rural communities of Chama, apart from farming, most people tended to have few employment opportunities, especially for women and girls. Consequently, people may see little reason to go to school.

Furthermore, despite attributing lower education attainment to lack of formal education generally provided by the state, a lot more issues have been attributed to lack of funding and noble-will towards the informal integrated functional type education normally offered to adults through institutions such as churches and the Ministry of Community Development. Verbal conversations with most of the participants regarding this aspect of the study established that most informal learning establishments are domiciled within the Central Business District (CBD), leaving out the outlying rural areas.

Lack of child's rights enforcement was fourthly ranked as only 4 respondents out of 29 pointed to it as the contributing factor to teenage pregnancies amidst of COVID-19 pandemic in Chama (see Figure 4.1). This study established that, although there were some projects for child care support, child rights promotion and some social protection services in the local rural communities of Kambombo and Chikwa, the quality of services rendered left much to be desired. Most of such programs did not sufficiently cover the whole catchment area thus leaving a significant number of teenage girls unprotected and their rights abused. Further, Zambia has a dual legal system in which both the constitution and customary laws are both binding. Unfortunately, it was interesting to learn and observe that some child's rights violation cases (such as teenage pregnancies) in rural areas of Chama District ended up being resolved by both families involved in the matter, with less punitive actions. This study established that, such a stance, while promoting traditional family ties, can encourage child's rights violation as offenders were not punished severely to provide examples for similar future offenders. Some countries impose heavy penalties and punishments on girls who are reported to have had sexual relationships outside wedlock (Human Rights Watch, 2018:5). To demonstrate, Morocco and Sudan apply morality laws that allow them to criminally charge adolescent girls with adultery, indecency, and extra marital sex or affairs. Families of pregnant girls are also punished in some parts of sub-Saharan Africa. In Tanzania, there are reports of pregnant girls, as well as their parents being arrested as part of the effort to end teenage pregnancy.

This study also confirmed that there were still some traditional norms and practices that contributed to fostering pregnancies among teenage girls in the face of COVID - 19 in rural communities

of Chama District. These practices included arranged marriages, child marriages and early motherhood. An arranged marriage is one in which the parents choose a bride or bridegroom for their son or daughter. Study participants revealed that in rural communities of Chama District, parents had historically played a major role in choosing marriage partners for their children, and the custom continues today. Parental influence is greatest when the parents have a large stake in choosing whom their child marries.

Although lowly ranked (2 participants out of 29 pointing out to it as presented on Table 4.1), fragile family support system was also identified as a factor contributing to teenage pregnancies exacerbation in the face of COVID – 19 in rural communities of Chama District. Support from friends, family members, and others who care for someone goes a long way in helping one to get by in times of trouble and disasters such the COVID – 19. Social support systems provide people with emotional sustenance, tangible resources and aid, and information when communities are in need. People with social and family support feel cared about and valued by others and feel a sense of belonging to a larger social network.

The above result was crucial and fundamental to this study in that it revealed some of the main socioeconomic factors which were root causes for promoting pregnancies among teenage girls in the face of COVID – 19 in Chama. This finding is consistent with the UN (2020) revelation as reflected in the literature review section of this study. Going by the response given by the study participants, this study also proved that despite the presence of some form of social protection services in rural communities of Chama, the support rendered trickled down to only a few individuals against a huge pond of legible potential beneficiaries.

Following the above, a great number of participants pointed out such social protection programs as the social cash transfer, the Food Security Pack Program, the Support Women Livelihood component of the GEWEL project, the IBSA project and few others. Participants were mainly of the view that the programs were rarely administered in the right structures with very poor records that see virtually the same individuals and or households taking a large stake of the benefits. This normally leaves out teenage girls who are normally not part of the targeting criteria, who are in turn rendered vulnerable to a number of social shocks such as early teenage pregnancies and marriages especially in times of pandemics like COVID -19.

One of the local male local leaders from a remote village of Kambombo area had this to tell:

"There are high levels of poverty and illiteracy in our rural communities of Chama and many children from incapacitated-households drop-out of school on flimsy (unsubstantial) grounds. A significant number of children decide to drop-out of school while their parents/guardians do nothing about it. In addition to the above mentioned, there is a breakdown in our traditional family support system and each family must fend for itself. Schools usually keep our children with some form of engagement but the COVID – 19 lockdowns created more opportunities for pupils to involve themselves in miscellaneous doings including sexual activities".

In a similar situation, another local leader in Chikwa who was asked to comment on factors contributing to teenage pregnancies in the face of COVID–19 made the following observations:

"Travel and movement restrictions made people more vulnerable as sources of income in the local community became limited. School children were handy in sourcing for food and income to provide for families. Furthermore, most local people in Chikwa value marriage than education. They would also want to have several children who would help out by providing the necessary labour on farming activities. Children become reliable sources of income when parents become old enough and could not cater and fend for themselves".

4.3.Traditional and Cultural Practices Contributing to Teenage Pregnancies Exacerbation in the Face of COVID -19

Study participants were asked to indicate what, in their opinions, were the traditional and cultural practices that contributed to cultivating teenage pregnancies in vulnerable rural communities of Chama District. The responses obtained were summed up as presented in figure 4.2.

Figure 4. 2: Traditional and cultural practices contributing to teenage pregnancies exacerbation in the face of COVID -19

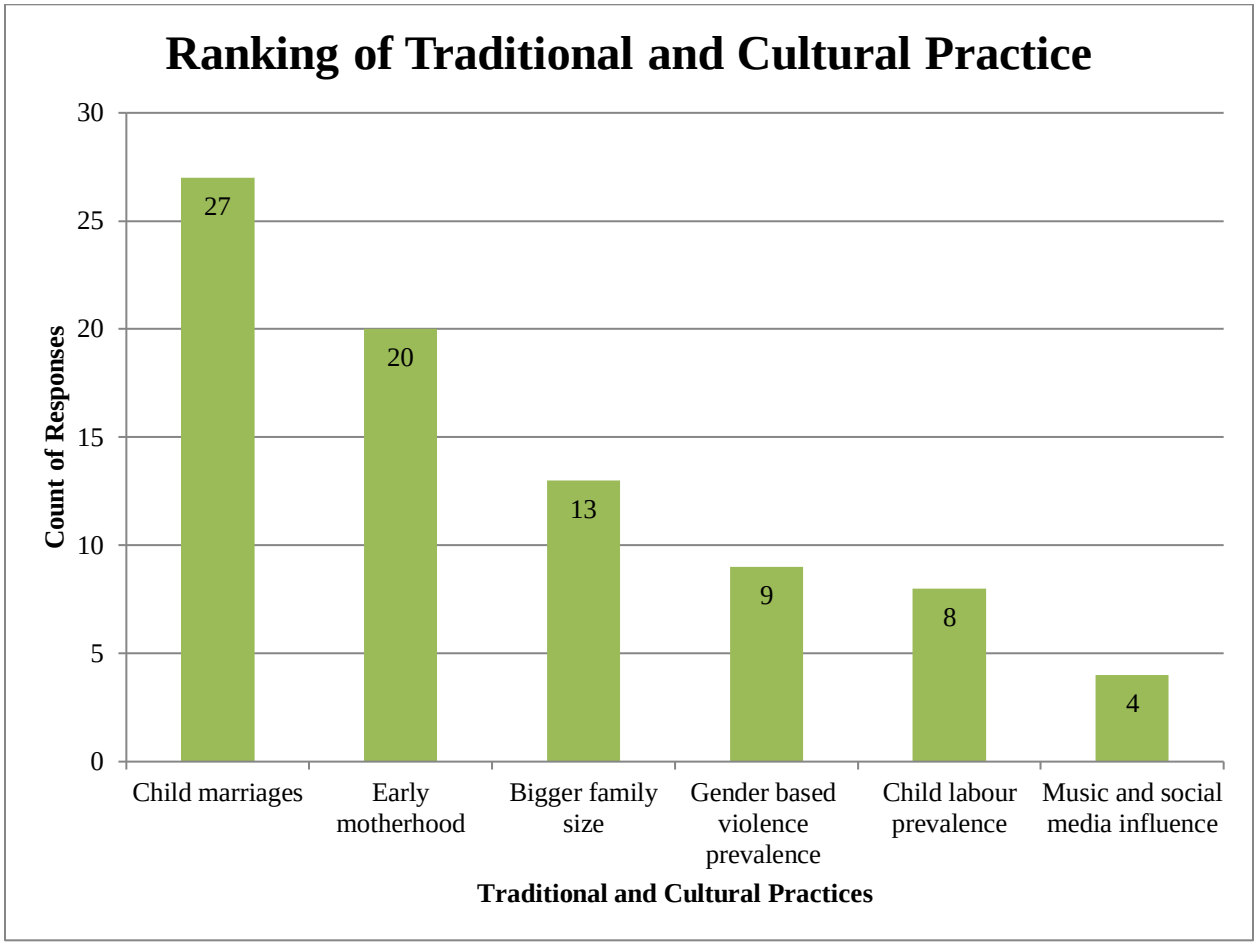


Figure 4.2 presents the ranking in terms of the traditional and cultural practices contributing to teenage pregnancies exacerbation in the face of COVID -19 in rural communities of Chama District. The traditional and cultural practices which were found rampant in Chama District include child marriages rife in local communities; early motherhood; bigger family sizes; and Gender Based Violence practices, and child labour.

Moreover, the group discussions with teenage girls and boys revealed the aspect of music and social-media influence as a factor contributing to teenage pregnancies exacerbation in the face of COVID -19 in rural communities of Chama.

Study participants ranked child marriage and early motherhood highly as traditional and cultural practices that contributed to cultivating teenage pregnancies in vulnerable rural communities of Chama District where 27 out of 29 pointed out to child marriages as the major contributor and

early motherhood was pointed out by 20 respondents as one of the major contributors. This finding was in tune with UNFPA and UNICEF attestation that even prior to the COVID – 19 wave of attacks, child marriage was a growing concern in Southern Africa (Zambia Inclusive) where one in three (36%) of all girls aged 20 – 24 are married before their 18th birthday (Philipose and Aika, 2020). Child marriage and early motherhood were a let-down in the catchment area of this study because these issues were relatively considered by many people as being normal events and part of life. Unfortunately, child marriage and early motherhood are devastating to the minds of children and contribute to teenage pregnancy proliferation.

A bigger family size was also considered a major factor (13 participants pointing it out) as contributing to cultivating teenage pregnancy in vulnerable rural communities of Chama District. Like in most vulnerable farming communities, parents tended to value having more children who would be handy in various farming chores. Some parents even considered having more children as a measure of wealth. However, study participants revealed that having many children had a negative bearing and compromised the quality of support that parents could render to their children. Consequently, the children from such poor families tended to utilise haphazard, substandard and unsolicited alternatives to meet some of their needs. Further, a significant number of adolescent girls in rural communities of Chama tended to look for male relationships as an alternative source of income. Further, a significant number of adolescent girls looked to elderly men who were assumed to have riches in exchange for sexual favours. Such relationships led to teenage pregnancy exacerbation in rural communities of Chama.

This study verified that Gender Based Violence (GBV) was also a critical traditional and cultural norm that was tolerated and practiced in rural communities of Chama District prior and during the COVID – 19 lockdowns. 9 participants indicated that this practice was contributing to teenage pregnancies. It was established that, significant number of adolescent girls and their parents failed to report various GBV cases due to long distances to the police. Further, several adolescent girls GBV victims were less able to report violence and seek help due to travel restrictions and lockdown conditions. Such conditions became a breeding ground for teenage pregnancies. This finding is in line with Peterman et al (2020) proposition.

This study also validated that child labour was still common in rural communities of Chama. Further, many children were used to doing chores which, otherwise, would be done by adults, such as lifting heavy materials, street vending, and child marriage. The response gotten from the study

participants established that the practice of bride price (lobola) and girls' elopement practices were not common in local rural communities of Chama District. However, the group discussions held by the researcher with teenage girls and boys were useful in revealing the fact that, due to lower values of dowry (insalamu-in the Bemba Local Language) charges for marrying-off girls in rural local communities of Chama, there generally was less commitment to partner by parties involved. This aspect was also perceived as a potential breeding ground for gender-based violence in those communities.

Further, though lowly ranked (see Figure 4.2), it was interesting to learn that music and social media influence was considered by study participants in Chama as a crucial factor contributing to teenage pregnancy increase in the face of COVID –19. To demonstrate, some researchers have expressed concern that increasingly sexualized music lyrics could influence adolescents and young adults to pursue premature, potentially unsafe sexual activities (e.g., Hall et al., 2012). A longitudinal study of associations between music preferences and sexual behaviour in adolescents indicated that consumption of music with sexually degrading references (focusing on casual and objectifying sex) was predictive of later sexual activity (Martino, et al., 2007). In contrast, consumption of music with sexual references in a committed non-objectifying context did not predict sexual activity. Thus, lyrics with lust only themes may influence the behaviour of young listeners, perhaps normalizing causal sexual activity (Madanikia, and Bartholomew, 2020).

The above highlighted outcome was significant to this study as it provided some root causes of the issue of teenage pregnancies in the face of COVID –19. Further, this result confirmed the fact that various traditional and cultural practices contributed to teenage pregnancies exacerbation in the face of COVID -19 in rural communities of Chama District. This outcome is also in support of the results obtained on the socioeconomic factors contributing to fostering pregnancies among teenage girls in the face of COVID –19 in Chama District, as reflected above. Furthermore, this revelation is in synch with the proposition by CSO (2014), as presented in the literature review section of this study.

One female local leader in Kambombo area who was asked to comment on the issue expressed the following sentiments:

> *"Some traditional and cultural practices in Kambombo area contribute to teenage pregnancies and early marriages. Young girls and boys are built houses separate from their parents/guardians'. This aspect provides much freedom and room for children to engage*

in early sexual activities without their parents/guardians monitoring them, especially during the night. Further, some parents are still in the habit of arranging marriages for their children when they are at tender ages. This is when the children are vulnerably young, weak and inexperienced. In addition, these days, the dress code for our teenage girls is very revealing and sexually provocative. Further, nowadays, parents have less control over their children and, unlike the previous generation, they cannot use corporal punishment to discipline their children for fear of reprisal. Some children even go to the extent of threatening to commit suicide when parents/guardians prevent them from indulging in 'girls-boys' relationships. In the belief of respecting child's rights, a significant number of children in our communities have become untouchables and cannot listen to their parents/guardians' counsel". Some children are also in the habit of using herbs which compel them into indulging into early sexual activities when their bodies have not yet attained maturity levels. There is great need to address these traditional and cultural norms that promote promiscuity and consequently lead to teenage pregnancies.

4.4.Occurrences During COVID-19 Positively Contributing to Teenage Pregnancies' Escalation

Study participants were asked to rank according to gravity and importance the things that occurred during covid-19 that had contributed to the escalation of teenage pregnancies. The summarized results are reflected in the table 4.2.

Table 4. 2: Occurrences positively contributing to teenage pregnancies' escalation during covid-19

Occurrences	Ranking
Failure by Ministry of Health to acknowledge adolescents' sexual health needs during COVID-19.	1
Lack of Sexual Reproductive Health Education for teenagers during lockdown	2
Non-availability of contraceptive materials during lockdown	3
Lack of use of contraceptive materials during lockdown due to perceived side-effects.	4

Restrictive laws and policies regarding the provision of contraceptives based on age or marital status.	5
Lack of resources by teenagers to pay for contraceptives during COVID-19 lock-down.	6
Stigma faced by teenagers when trying to obtain contraceptives from sellers during COVID-19	7
Closure of schools for a long period of time during COVID-19 lockdown	8

Table 4.2 reflects the occurrences positively contributing to adolescent pregnancy escalation during COVID-19 lockdown as ranked in the following manner: failure by Ministry of Health to acknowledge adolescents' sexual health needs during COVID-19; lack of Sexual Reproductive Health Education for teenagers during lockdown; non-availability of contraceptive materials during lockdown; lack of use of contraceptive materials during lockdown; restrictive laws and policies regarding the provision of contraceptives based on age or marital status; lack of resources by teenagers to pay for contraceptives during COVID-19 lockdown; stigma faced by teenagers when trying to obtain contraceptives from sellers during COVID-19; and closure of schools for a long period of time during COVID-19 lockdown.

The results presented on table 4.2 were so critical to the achievement of the study objectives. The finding was the hallmark of the study as it revealed the unique major factors contributing to teenage pregnancy escalation during the period under review.

In Chama District, barriers to obtaining and using contraceptives during the COVID-19 wave of attack prevented adolescents from avoiding unintended pregnancies. This outcome was in tandem with study participants' revelation in 4.3 (socioeconomic factors that contribute to fostering pregnancies among teenage girls in the face of COVID-19 in rural communities of Chama district). The outcome also corresponded with presentations as highlighted in the literature review section of this study.

4.5.Effects of COVID -19 on Teenage Pregnancies and Early Marriages in Rural Areas of Chama District

The various categories of the study participants were requested to state, from their experiences, what they observed as the effects of COVID–19 on teenage pregnancies in vulnerable rural communities of Chama District.

In terms of ranking, the composite response for the immediate-term effects of teenage pregnancies in vulnerable rural communities of Chama District in the advent of COVID–19 is as presented in Table 4.3.

Table 4. 3: Immediate-term effects of COVID – 19 on teenage pregnancies in vulnerable rural communities of Chama District

IMMEDIATE-TERM EFFECTS OF COVID-19 ON TEENAGE PREGNANCIES
Fosters early motherhood and early marriages
Causes psychological stress to adolescent girls
Violates child's rights
Fewer girls return to school after becoming pregnant
Many pregnant girls drop-out of school
Leads to unsafe abortions
Leads to physical injury and sometimes death

In terms of ranking, the composite response by study participants for the medium to long-term effects of teenage pregnancies in vulnerable rural communities of Chama District in the advent of COVID – 19 were listed as the following table shows:

Table 4. 4: Medium-long-term effects of COVID-19 on Teenage Pregnancies

MEDIUM - LONG-TERM EFFECTS OF COVID-19 ON TEENAGE PREGNANCIES
Promotes Child's rights violation
Shutters educational prospects for girls
Escalates various forms of abuse of teenage girls
Exploitation of teenage girls
Increases gender-based violence of teenage girls
Poses high development costs for communities

The outcome as presented in Table 4.3 and 4.4 was essential to the achievement of the set objectives as reflected in the background section of this study. This response reaffirmed the negative bearing that Covid-19 had on teenage pregnancies in vulnerable rural communities of Chama District. Moreover, the above response and feedback provided by the study participants tended to support and consolidate the fact that teenage pregnancies and early marriages mostly affect poverty stricken or vulnerable households and those communities facing conflicts due to associated risks and hazards that come along with such conditions and situations. This response is in tune with the theoretical and empirical proof by Barber (2001), who implicitly and explicitly suggests that, having a child as a teenager may be an outcome of an evolved, conditional, reproductive strategy that is sensitive to perceived levels of mortality, uncertainty and risk. When these factors are high, as is the case in tragedies and catastrophes situations such as COVID – 19 calamities, an earlier reproduction is adaptive.

Further, the results tended to suggest that something needed to be done to avert the situation. This finding was consistent with UNFPA (2017) and UNICEF (2021) attestations as reflected in the literature review section of this study.

4.6.Strategies put in place by the Zambian Government to Prevent Teenage Pregnancies in the Face of COVID -19 in Rural Communities of Chama District

The combined response from the key informants on the question of, what strategies were put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19 in rural communities of Chama District was summarized as the following table reflects:

Table 4. 5: Strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19

STRATEGIES TO PREVENT TEENAGE PREGNANCIES IN THE FACE OF COVID -19
Provision of psychosocial counselling and support to teenagers
Promotion of Contraceptive materials and Family Planning Services
Prevention of coerced sexual relationships
Promotion of child's rights
Prevention of child labour and early marriages

Table 4.5 shows the composite response from the key informants on the question of, what strategies were put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19 in rural communities of Chama District. These included activities by peer educators through the provision of psychosocial counselling and support to teenagers in schools; Promotion of Contraceptive materials and Family Planning Services; prevention of coerced sexual relationships; promotion of child's rights; and prevention of child labour and early marriages by peer education through the Neighbourhood Health Committees (NHCs).

The triangulated data and feedback gotten from the teenage girls and boys supported the above response. The table above reflects the first five interventions which the study participants reflected as having been occurring in the catchment area to prevent teenage pregnancies during the COVID –19 wave of incursion.

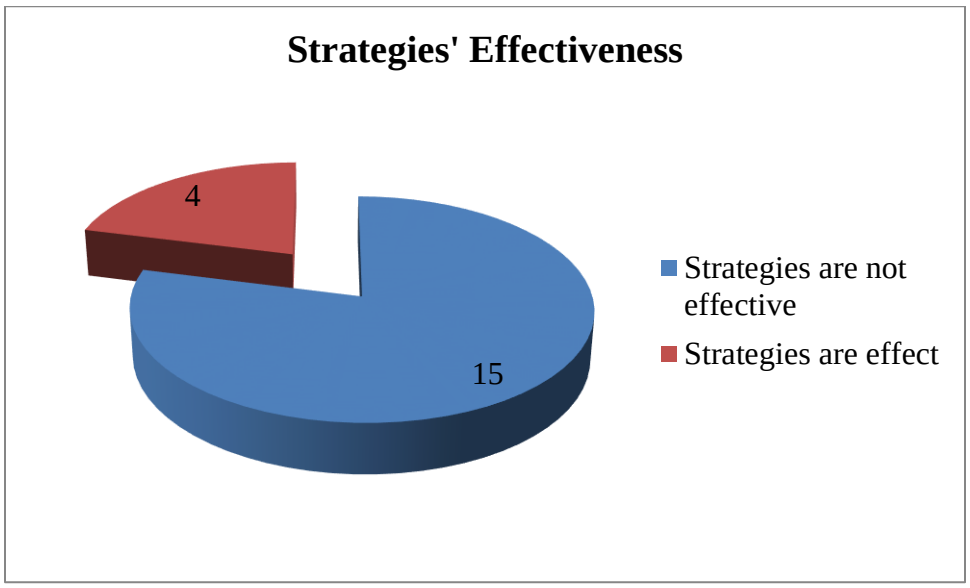
It is important to observe that program facilitation activities by the Departments of Community Development and Social Welfare such as GEWEL, FSP, Social Cash Transfer, and PWAS including the IBSA -Ending Child Marriages project were lowly ranked by study participants since they were considered as general or traditional poverty reduction activities and, therefore, not listed on the major activities directly carried out to end teenage pregnancy in Chama district during the invasion of COVID 19. Further, program facilitation activities by the VSU were also lowly ranked by respondents in this study and, therefore, not listed on the major strategies as they were considered more on the curative side than preventative activities.

The above outcome was fundamental to this study. The result confirmed that there were programs put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19. This discovery was in fashion with GRZ (2016) and Ahinkorah (2020) promulgation in relation to measures put in place to prevent teenage pregnancies in the face of COVID -19.

4.7. Effectiveness of Strategies put in Place by the Zambian Government to Prevent Teenage Pregnancies in the Face of COVID-19 in Rural Communities of Chama District

The general response by the Key Informants on the question of whether the various strategies put in place by their institutions to curb teenage pregnancies in the face of COVID-19 in rural communities of Chama District were effective or not, was outlined as the following pie-chart in Figure 4.3 shows.

Figure 4. 3: Response by key informants on the effectiveness of strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19



Of the nineteen (19) key informants asked, four (4) of them responded indicating that the strategies were effective while the remaining fifteen (15) indicated that strategies put in place to curb teenage pregnancies in the face of COVID-19 were not effective.

This study fining was very significant to the set objectives. It established that strategies put in place by the Zambian government to prevent teenage pregnancies in the face of COVID -19 were, to a large extent, not effective due to a number of factors mostly arising as consequences of the impediments faced during the specific wave of invasion of the scourge. Further questions that were presented to the study participants on the matter revealed a number of important aspects pertinent to this study. To demonstrate, thirteen (13) of the key informants were of the view that the strategies put in place by the Zambian government to prevent teenage pregnancies during the COVID 19 invasions were not, in themselves, new inventions. On the contrary, the interventions were actually the usual programs that were there even before the advent of the scourge. In addition, it appeared like, during the lockdown (COVID -19 invasion), the major focus was on preventing COVID – 19 since it was a disaster situation and most other government's social protection programs became secondary and to a larger degree, paid little attention.

In addition to the above, measures by the Zambian government to tackle teenage pregnancies in the face of COVID – 19 were not effective due to school closures and travel restrictions. Schools

were better meeting places for teenagers and facilitators (peer educators) of psychosocial counselling and support, promotion of contraceptive materials and family planning services as well as the promotion of child's rights and prevention of child labour and early marriages. Therefore, during periods of prolonged school closures and travel restriction, the effectiveness of the facilitation of various social protection, child's right promotion and child care programs became compromised. Further, this study established that peer educators' (from NHCs) focus on preventative and primary education was mainly placed on school going-children, under-five clinics, pregnant mothers, contraceptives materials and family planning services. However, little attention was paid to prevention of teenage pregnancies in communities in the face of COVID -19.

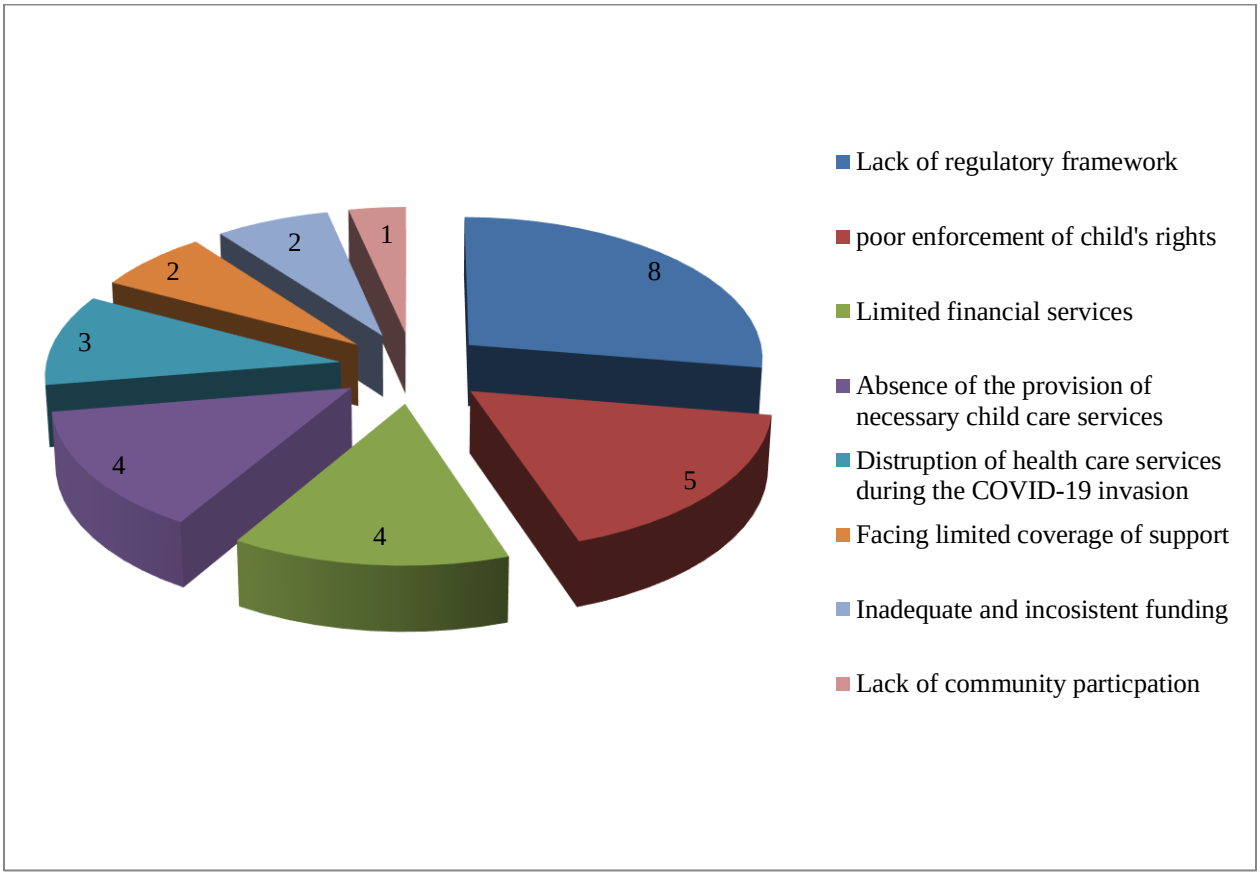
Therefore, this study established that the strategies put in place by the Zambian government to prevent teenage pregnancies during the COVID 19 invasions were not effective arising purely because measures undertaken were not strictly tailored to address the specific teenage girls' needs that arose during the disaster (lockdown and COVID – 19 wave of attack).

4.8.Barriers Faced in Increasing Livelihood Potential among Rural Communities of Chama District to Curb Teenage Pregnancies in the Face of COVID-19

All the study participants were asked to indicate what barriers were faced in increasing livelihood potential among rural communities of Chama district to curb teenage pregnancies in the face of COVID-19.

In terms of ranking, it was established that the study participants' general response on the challenges faced in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID-19 included the following:

Figure 4. 4: Barriers faced in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID-19



The pie chart in Figure 4.4 shows the study participants' composite response in terms of ranking the barriers faced in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID-19, as follows: lack of regulatory framework to support necessary child care services; poor enforcement of necessary child rights to prevent teenage pregnancy; limited financial services to conduct fully-fledged child-care services during the COVID -19 invasion; absence of the provision of necessary child care services during the COVID -19 invasion due to school closures and social distancing policies; disruption of health care services during the COVID-19 invasion; facing limited coverage of support; Inadequate and inconsistent funding due to economic miss-ups brought about by COVID-19; and lack of the community participation on programs to prevent teenage pregnancy.

Lack of regulatory framework to support necessary child care services was highly ranked on barriers faced in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID-19. Since COVID-19 was a new problem in Zambia,

this study established that there were still gaps existing in the legal provisions to protect incapacitated households against the scourge. Though Zambia is a signatory to the Convention on the Rights of a Child (CRC), most of the legal provisions that exist in the CRC have not been domesticated, thereby, leaving gaps to meet the actual needs of teenage girls. To demonstrate, further questions and group discussions with study participants revealed that the regulatory support provided did not fully ensure all adolescent girls in rural communities of Chama were consistently monitored and provided with necessary social protection services to mitigate the effects of the COVID-19 disaster. Further, facts on the ground revealed that a significant number of adolescent girls were left out on child care and social protection programs which could have provided a necessary recipe to prevent teenage pregnancies during the advent of COVID-19 in the district. In addition, the legal provisions that exist in Zambia do not fully ensure government is held responsible for failure to provide the needed support for incapacitated adolescent girls move them out of poverty, vulnerability or destitution, as is the case during the COVID-19 spread.

Poor enforcement of necessary child rights was identified as a priority hurdle in preventing teenage pregnancy. As highlighted earlier in the study findings, this study established that, although there were some projects for child care support, child rights promotion and some social protection services in the local rural communities of Kambombo and Chikwa, the quality of services rendered left much to be desired. Most of such programs did not sufficiently cover the whole catchment area thus leaving a significant number of teenage girls unprotected and their rights abused.

Limited financial services to conduct a fully-fledged child-care protection service during the COVID-19 lockdown was confirmed as another impediment towards achieving positive results in preventing teenage pregnancies. The participants were of the same opinion that disasters with the magnitude of the COVID-19 spread were not normally budgeted for in the Zambian national budget and as a result, appeared untimely.

The absence of the provision of necessary child care services due to school closures and social distancing policies was also established as a major challenge that prevented teenage children from effectively receiving the necessary child care and social protection services during the COVID-19 lockdown.

Study participants further indicated that the disruption of health care services during the COVID -19 disaster invasion was identified as an impediment by social service providers in effectively

facilitating programs for preventing teenage pregnancies. This finding supported what Fraser, (2020) commented on the matter as reflected in the background section of this study. In Zambia, during the actual wave of attack, the situation became so worse that it even affected health workers, to the extent of killing some doctors, nurses and other frontline staff.

Study participants further confirmed that a significant number of adolescents in rural areas of Chama did not benefit from social service programs aimed at preventing teenage pregnancies. This was purely because some places were remotely located and many social service providers were either not attracted to reach out to such in-accessible places or they had limited capacity to render such support to cover more adolescents.

Study participants from the two chiefdoms of Kambombo and Chikwa were also of the view that economic miss-ups brought about by the COVID-19 disaster facilitated a situation in which inconsistencies and inadequacies in government funding became apparent. Though this component was lowly ranked on the list of barriers faced in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID-19, it was worthy analysing. During the lockdown, the entire Zambian economy was shaken and many businesses closed down due to the lockdown conditions and travel restrictions. This situation adversely affected the Zambian government capacity to deliver the necessary social service provisions including child care programs to prevent teenage pregnancy.

Further, lack of the community participation on programs to prevent teenage pregnancy was also captured by study participants as a crucial component impeding social service providers in affectively facilitating programs for preventing teenage pregnancies during the COVID-19. Community participation is a very critical element in facilitating sustainability and effecting social change. Unfortunately, some local leaders in rural communities of Chama who were asked to comment on the matter reflected that they did not even know that programs for preventing teenage pregnancies.

The outcome presented in Figure 4.4 was fundamental to this study as it revealed the main thrust of this study. The above feedback reflects the hurdles faced by government and its partners in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID – 19. It is, however, interesting to observe that this result was in tune with some studies conducted by government on similar subjects as stated by GRZ (2014).

4.9.Limitation of the Study

According to Mugenda and Mugenda (2003) a limitation is an aspect of research that may influence the result negatively but over which the researcher has no control.

Although the researcher obtained overwhelming support from the speculated key informants and respondents, there were potential limitations in this study which included: due to the sensitivity of the topic of teenage pregnancies, some participants were sceptical about providing some data for fear of reprisal. Therefore, in order to increase the degree of sincerity and honesty, the study participants were requested not to disclose their names. Instead, the researcher utilized pseudo names to replace actual names; inadequacy and limitations in financial resources led the researcher to cover only some selected rural communities of Chama District.

It was also clear that at the time of data collection, especially in Chikwa Chiefdom which is located in the southern part of the district; almost the entire area was affected by floods. This led a number of households to shift from the lower lands to the upper land in search of space for habitation. Despite this aspect proving difficult for the researcher to obtain data from the community at the scheduled time, participants were given time to settle before continuing with the process of collecting data. Further, some participants backed out prior to having been interviewed. However, since these setbacks were already foreseen, the researcher put mechanisms in place to ensure more potential participants were enlisted as a precautionary measure.

In addition to the above mentioned, this study was undertaken as a qualitative study, on a sample basis as opposed to conducting a complete survey that covers a large number of study participants. Therefore, the study was limited to lack of generalization due to having used a small sample size. As a qualitative study, there is an assumption that errors of estimation may exist in the study regardless of the perfection in the underlying research design.

Chapter Five: Conclusion and Recommendations

5.0.Introduction

This section presents the conclusion and recommendations of the study derived from the presentation, discussion and analysis of the study findings.

5.1.Conclusion

Based on the findings, the COVID-19 pandemic has fostered early marriages, exacerbating existing societal pressures and limiting girls' opportunities for education and personal development. Moreover, the psychological stress imposed on girls further compounds their difficulties, violating their rights and increasing the likelihood of dropping out of school. Tragically, the repercussions extend beyond education, as the prevalence of unsafe abortions poses significant risks to girls' physical health and even mortality.

The study finding showed that the socioeconomic factors contributing to teenage pregnancies amidst COVID-19 in rural Chama communities underscores a combination of systemic challenges affecting adolescent girls' vulnerability. While traditional practices like child marriages and societal norms play a significant role, the failure of the Ministry of Health to adequately address COVID-19 risks exacerbates existing vulnerabilities and this was found to be the highest factor contributing to teenage pregnancies. High levels of poverty and lower education attainments further compound these issues, limiting opportunities for adolescent girls and increasing their susceptibility to early pregnancies. Additionally, the lack of enforcement of child rights and fragile family support systems contribute to the cycle of vulnerability.

The study established that the major traditional and cultural practices which contribute to teenage pregnancies ‘child marriages’ emerged as the most commonly cited contributing factor, followed closely by early motherhood and larger family sizes. Additionally, the influence of music and social media further compounds these challenges, highlighting the need for comprehensive interventions that address cultural norms, empower adolescents with knowledge and skills, and provide support systems to mitigate the risks of teenage pregnancies.

Further, the study established that by providing psychosocial counselling and support to teenagers, the government aims to address teenage pregnancies. Additionally, the promotion of contraceptive materials and family planning services underscores a commitment to reproductive health education

and access, empowering adolescents to make informed choices about their reproductive health. Furthermore, efforts to prevent coerced sexual relationships and promote child rights align with broader initiatives aimed at safeguarding adolescent rights and preventing exploitation.

The effectiveness of strategies used to curb teenage pregnancies suggests a mixed outcome, with a majority indicating that current approaches are not effective. This underscores the need for a critical evaluation of existing strategies and the exploration of alternative approaches to address the complex socio-cultural, economic, and structural factors contributing to teenage pregnancies.

5.2.Policy Implication

The results emphasize the critical need for a comprehensive strategy to address adolescent pregnancies in rural Chama communities in the context of COVID-19. Comprehensive solutions that tackle structural issues including poverty, insufficient healthcare, and restricted educational opportunities should be given priority in policy initiatives. These strategies should also aim to challenge old practices and societal norms.

Furthermore, it is vitally important to improve the efficacy of currently implemented interventions by means of thorough monitoring, assessment, and contextual modification.

5.3.Value Added to the Scientific Knowledge

The contribution of this study to the body of scientific knowledge is its provision of actionable insights for policymakers, practitioners, and researchers working to address teenage pregnancies amidst the COVID-19 pandemic. Globally, the study sheds light on the nuanced complexities of teenage pregnancies amidst the COVID-19 pandemic, offering insights that can inform policy and practice in various contexts facing similar challenges.

Regionally, the study provides context-specific understanding of socio-economic factors, traditional practices, and governmental strategies in rural communities, which can guide interventions tailored to the unique needs of the region. Within Zambia, the study's identification of the Ministry of Health's failure to address COVID-19 risks as a key factor adds critical evidence to inform public health responses and policy decisions aimed at mitigating adolescent vulnerabilities.

5.4.Recommendations

Based on the findings of this study, a number of key issues were identified to support and improve strategies by the Zambian government to prevent teenage pregnancies in the face of COVID-19. Addressing the identified issues would enhance the capacity of government, social service providers and rural communities grow in dealing with teenage pregnancies in the face of COVID–19. Thus, the following recommendations are made in light of the study findings.

1. **Avoid Creating Risks and Uncertainty during COVID-19**

The issue of teenage pregnancies, just like poverty, are quite a complex phenomenon. These are usually caused by a multitude of factors. Therefore, the government of Zambia and other social service providers should learn from the previous COVID – 19 invasions not to create uncertainty and unnecessary risks by shutting schools for longer periods than required. Such risks and indecisions create much doubts and insecurity in the minds of children whose minds have not yet developed to fend for themselves. On the contrary, government should be alert and aware of the consequences that the decision to close schools for a longer period could create and take action to address the need thereby preventing unnecessary pregnancies.

2. **Addressing adolescent sexual reproductive health needs during periods such as COVID-19 invasion**

There should be great attention by the Ministry of Health in Zambia to be paid to preventing teenage pregnancies particularly during disasters such as COVID-19 invasion. The Ministry of Health can work with partners to advocate for preventing adolescent pregnancy, by building an evidence base for action, to develop policy and programme support tools, to build capacity and to support rural communities such as Chama. Such programs and policies can go a long way in ensuring sexual reproductive health education continues, and availability and access to contraceptive materials are sustained during disaster periods such as COVID-19. Alternative media such as radio, television can be explored and utilized including use of education communication materials (ECM) for facilitation of sexual reproductive health education.

3. Addressing risks associated with COVID-19 invasion

Changing the mind-set of the people is one of the most challenging tasks faced by social work practitioners and other development workers. Thus, introducing practical campaigns and projects to address myths and negative beliefs about COVID-19 would go a long way in addressing the fears, alarm and panic by people during the COVID-19 invasion. This approach would also be useful in lessening the urge that pushed and forced some teenage girls into becoming pregnant.

4. Introducing a Comprehensive and Holistic Approach to Child's Rights Promotion focusing on Teenage Pregnancies Prevention

Child's rights promotion, contraceptive material support and psychosocial counselling activities by peer educators (from NHCs) in Kambombo and Chikwa were usually targeted at school going teenagers leaving out the involvement of parents and guardians in the communities. This study proposes that a comprehensive and holistic approach to Child's Rights promotion should be instituted focusing on teenage pregnancy prevention even in periods such as the COVID-19 waves where social distancing was core to limiting the spread of the virus. Such a stance should include the formation of community-based Teenage Pregnancy Prevention Committees (TPPCs) who should be handy in sensitisation and awareness activities on prevention of teenage pregnancies. The TPPCs should conduct practical outreach programs that include the active participation of both adolescents and parents/guardians in communities in the prevention of teenage pregnancies.

5. Introducing sustainable poverty reduction programs for rural communities of Chama

Poverty was identified as one of the major factors compelling some teenage girls indulging in unprotected sex leading to teenage pregnancies during the advent of the COVID-19 pandemic. Promoting food production and income for poverty-stricken communities can improve their capacity in providing the necessary food and income needs. This can be done by facilitating the necessary social protection services achieved by ensuring rural community members and teenagers are engaged in various sustainable farming practices including income generating activities that supplement their sources of food and income. Enabling communities to be productive can empower them to fend for themselves and thus desist from engaging in vices such as teenage pregnancies, teenage marriages and child labour during difficult and restricted times such as the COVID-19.

6. **Introduction of literacy improvement programs in rural Communities of Chama**

Illiteracy was captured as one of the major vices contributing to teenage pregnancies exacerbation in the face of COVID – 19 in rural communities of Chama. A significant number of people valued early marriages on the expense of education. There is need to introduce and implement literacy education programs in rural communities of Chama that can go a long way in enhancing the livelihood potential of parents/guardians of teenagers in preventing teenage pregnancies during COVID –19 and a lot other related invasions.

7. **Improve monitoring and evaluation activities of government and social service providers during COVID –19 spread.**

Monitoring and evaluation are important components in facilitating successful projects. Improving the role played by the local schools, the Department of Community Development, the Department of Social Welfare and the VSU and other social service providers in facilitating capacity building, monitoring and evaluation of activities for the prevention of teenage pregnancies in the face of COVID – 19 is an essential feature and hallmark in improving the livelihood potential of incapacitated rural household of Chama District. Government can introduce COVID –19 user-friendly policies that can take care of measures to prevent the spread of the COVID -19 virus. To demonstrate, facilitators of teenage pregnancy prevention activities can conduct psychosocial counselling and other sexual education programs for teenagers taking care of social distancing measures and policies in both schools and rural communities.

8. **Improving government funding for the COVID –19 response with specific emphasis on preventing teenage pregnancies**

Funding is a critical component in most program facilitation intervention. Therefore, this study proposes that the government of the Republic of Zambia requires being consistent in funding the enforcement of child's rights program targeting teenage girls and boys. The focus should be on curbing teenage pregnancies, early marriages, child labour, gender-based violence, sexual exploitation and other detrimental vices to teenagers. In this respect, the government requires reviewing its policy by increasing the program span and outreach through ensuring the child care intervention benefits all community members involved. Government needs to demonstrate this by sustaining funding to the concerned line ministries to cover programs and logistics for field work at all times.

To achieve this requires practical measures for policy reform, institutional support and political will on the part of government.

9. **Introducing a Comprehensive social protection policy to teenage pregnancy prevention**

An appropriate social protection policy is key and crucial in achieving program needs. Currently, there is lack of enforcement on supportive regulatory frameworks on violation of child's rights in Zambia. Therefore, there is dire need to take a holistic approach and change the law pertaining to social protection of incapacitated rural households in Zambia. Such a law should cover, among other things, holding government officials responsible and accountable for failure to support legible rural incapacitated households. Under administrative law, this move can practically enhance political will and responsibility by government officials to timely deliver appropriate Child care support focusing on preventing teenage pregnancies, for the betterment of the poor and vulnerable in society.

Government can utilize the vision 2030 as an opportunity to consider adopting a comprehensive social protection approach for incapacitated rural households in Zambia. This strategy can help in co-opting and supporting a multitude of legible teenage girls and boys in rural communities of Chama who are usually left out of the teenage pregnancy prevention program, specifically during the COVID – 19 invasions.

5.5. Suggested Areas for Further Studies

i. **Long-term impacts of COVID-19 on teenage pregnancies**:

Further research could investigate the enduring effects of the pandemic on adolescent reproductive health outcomes, including the potential for delayed consequences or secondary waves of teenage pregnancies beyond the immediate crisis period.

ii. **Effectiveness of community-based interventions in the prevention of teenage pregnancies in the face of COVID-19**:

Research could explore the efficacy of community-led initiatives, such as Teenage Pregnancy Prevention Committees (TPPCs), in reducing teenage pregnancies and promoting adolescent health and well-being during times of crisis like COVID-19.

iii. **Intersectionality of socio-economic factors**:

Future studies could delve deeper into the inter-sectionality of socio-economic factors contributing to teenage pregnancies, particularly in rural settings, to better understand how poverty, education, and other structural determinants interact and influence adolescent reproductive health outcomes amidst global health emergencies such as COVID-19.

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Appendices

Appendix A: Questionnaire for key Informants

Section A: Demographic Profile of Study Participant

Date questionnaire completed.....
Position held by the informant.....
Number of years in the position held.....
Gender of participant……

Section **B: Questions**

1. In your own opinion, what socioeconomic factors contribute to promoting pregnancies among teenage girls in the face of COVID - 19 in vulnerable rural communities of Chama District? (Tick where appropriate).

Socioeconomic factors	Tick where appropriate	Ranking
Unsupportive traditional norms and practices		
Fragile family support systems		
Weak reproductive health system		
Absence of the provision of the necessary social protection services		
Fragile governance systems		
Absence of child care support in communities		
Lack of enforcement on supportive regulatory frameworks on violation of child's rights		
Absence of child rights promotion in vulnerable local communities		

2. What do you think are some of the traditional or cultural practices contributing to cultivating teenage pregnancies in vulnerable rural communities of Chama District? (Tick where appropriate).

Traditional /cultural practices	Tick where appropriate	Ranking
Child labour		
Child marriages rife in local communities		
Bigger family sizes		
Early motherhood		
Gender Based Violence practices common in rural communities		
Practice of bride price (lobola)		
Girls elopement practices common in local rural communities		
Other (indicate)		

3. Rank occurrences during COVID-19 which positively contributed to the escalation of teenage pregnancies?

Occurrences/ Measures put in place	Tick where appropriate	Ranking
Closure of Schools for a longer period of time during COVID-19 lockdown.		
Lack of resources by teenagers to pay for contraceptives during COVID-19 lockdown.		
Restrictive laws and policies regarding the provision of contraceptives based on age or marital status during lockdown.		

Lack of Sexual Reproductive Health Education during COVID-19		
Lack of use of contraceptive materials during lockdown due to perceived side-effects		
Stigma faced by teenagers when trying to obtain contraceptives from sellers during COVID-19		
Non availability of contraceptive materials during COVID-19 lockdown		
Failure by Ministry of Health to acknowledge adolescents' sexual health needs during COVID-19 lockdown		
Other occurrences during COVID-19 lockdown.		

4. In the advent of COVID -19, what are the effects of teenage pregnancies in vulnerable rural communities of Chama District? (Tick where appropriate).

Effects of Teenage Pregnancies	Tick where appropriate	Ranking
Shutters educational prospects for girls		
Fosters early motherhood and early marriages		
Violates child's rights		
Poses high development costs for communities		
Fewer girls return to school after becoming pregnant		
Many pregnant girls drop-out of school		
Leads to unsafe abortions		

Causes psychological stress to adolescent girls		
Leads to physical injury and sometimes death		
Other (indicate)		

5. In the face of the COVID-19 pandemic, what support does your institution provide to mitigate teenage pregnancies in vulnerable rural communities of Chama District? (Tick where appropriate).

Area of support in mitigating teenage pregnancies	Tick where appropriate
Family Planning Services	
Prevention of child labour and early marriages	
Promotion of maternal health care services	
Promotion of child's rights	
Promotion of Contraceptive materials	
Prevention of Gender Based Violence (GBV)	
Prevention of coerced sexual relationships	
Prevention of unsafe abortions by teenagers	
Provision of psychosocial counselling and support to teenagers	
Other (indicate)	

6. What support does your institution provide to mitigate teenage pregnancies in vulnerable rural communities of Chama in the face of COVID -19?

……

……

……

7. Are the various strategies put in place by your institution to curb teenage pregnancies in the face of COVID-19 in rural communities of Chama District effective or not? (Tick where appropriate).

Effective	Not effective

8. What barriers does your organization face in increasing livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of Covid – 19?

Organisational Barrier	Tick where appropriate	Ranking
Lack of the community participation on programs to prevent teenage pregnancy		
Disruption of health care services during the COVID -19 invasion		
Absence of the provision of necessary child care services during the COVID -19 invasion due to social distancing policies		
Limited financial services to conduct fully-fledged child-care services during the COVID -19 invasion		
Facing limited coverage of support		
Inadequate and inconsistent funding due to Economic miss-ups brought about by COVID-19.		
Lack of regulatory framework to support necessary child care services		
Poor enforcement of necessary child rights to prevent teenage pregnancy		
Others (indicate)		

9. What do you think can be done to increase livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID – 19?

……

……

……

Appendix B: In-depth Interview Guide for the Traditional Local Leadership.

Section A: Demographic Data

Date of interview.....
Position held by the local leader.....
Gender of Participant…….....
Duration of Interview……

Objective # 1: To ascertain the various strategies put in place by the Zambian government to curb teenage pregnancies in the face of COVID-19 in rural communities of Chama District.

1. What are the various strategies that exist by the Zambian government to curb teenage pregnancies in the face of COVID-19 in your community?

   ……
   ……
   ……..

2. What local initiatives exist in your community to mitigate teenage pregnancies and early motherhood in the face of COVID - 19?

   .....
   .....
   .....

3. Are the strategies to prevent teenage pregnancies in the face of COVID -19 in your local area effective or not?

   ☐ Effective ☐ Not Effective

4. If not, what do you think should be done to sustainably mitigate teenage pregnancies in vulnerable rural communities of Chama in the face of COVID - 19?

   ……
   ……
   ……..

5. How would you describe the effectiveness of the various institutions put in place to aid prevent the effects of COVID-19 on escalating teenage pregnancies in your community?

……

……

……..

Objective # 2: To determine the factors which contribute to fostering pregnancies among teenage girls in the face of COVID - 19 in rural communities of Chama District.

1. What socioeconomic factors contribute to promoting pregnancies among teenage girls in the face of COVID - 19 in vulnerable rural communities of Chama District?

   ……

   ……

   …….

2. What do you think are the traditional or cultural practices and norms contributing to cultivating teenage pregnancies and early marriages in vulnerable rural communities of Chama District?

   ……

   ……

   ……

3. What happened during COVID-19 that contributed to the escalation of teenage pregnancies?

   ……

   ……

   ……....

Objective # 3: To establish the effects of COVID -19 on teenage pregnancies and early marriages in rural areas of Chama district.

1. How has the COVID – 19 affected teenage pregnancies and early marriages in your local community?

   ☐ Positively ☐ Negatively

2. What do you think are the effects of Covid -19 on teenage pregnancies and early marriages in your local community?

   ……

   ……

   ……..

3. What has been the social impact of COVID -19 on school going teenagers in your local community?

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……..

Objective # 4: To make policy recommendations on how to increase livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID - 19.

1. What barriers do you face as local leaders in supporting livelihood potential among rural communities of Chama District in preventing teenage pregnancies in the face of COVID – 19?

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……

2 From your experience in this position as a local leader, what do think can be done to increase the livelihood potential among rural communities of Chama District to curb teenage pregnancies in the face of COVID – 19?

……

……

……..

4. Would you like to make any general comment regarding the strategies put in place in your local community of Chama to curb teenage pregnancy and early motherhood?

……

……

……..

End of the interview. Thank you for participating

Appendix C: Focus Group Discussion Guide for Teenagers

Section A: Demographic Data

Category of Teenagers	Number of Beneficiaries
Boys	
Girls	

Age of Teenager	Number of Participants	Location/School
10-13 years old		
14-16 years old		
17-18 years old		

Section B: Introduction

My name is Lloyd Kalumba and I am doing my Master's Thesis under the program of Social Work and Community Development at the University of Zambia. The study topic is "Strategies by the Zambian government to curb teenage pregnancies in the face of COVID 19".

For this study, I would like to ask you some questions to learn more on your views, behaviors and experiences on the topic of teenage pregnancies in your community and measures to control it particularly in relation to this period of the COVID-19 pandemic. All information you will provide shall be treated with utmost confidentiality and your names shall not be published or appear in the report. It will take about 45 minutes to complete this Focus Group Discussion. With your permission, the discussion will be recorded to facilitate collection of information and later transcribed for analysis. Please, note that all recordings will be destroyed upon transcription and prior to (and during) transcription, the recordings shall be stored in a secure place. I confirm that there are no risks to you in this study.

Do you consent to participate?

Thank you for your cooperation! Further, if you don't understand any of the questions, you are free to ask for clarifications. Do you have any question so far?

Section C: Questions

Question	Researcher's Focus
1. **What is your understanding of teenage pregnancy?**	Establish the participants' understanding of teenage pregnancy
2. **State some of the economic factors in your local community that contribute to pregnancies among teenagers?**	Determine the economic factors at play in the local community that contribute to teenage girls becoming pregnant particularly pertaining to the COVID – 19 pandemic period.
3. **Mention some social cultural factors in your local community that contribute to teenage girls becoming pregnant?**	Probe for community norms, practices, traditions, values that may contribute to teenage pregnancies in the local community especially relating to the COVID – 19 pandemic invasion period.
4. **What measures put in place or occurrences during covid-19 contributed to the escalation of teenage pregnancies?**	Capture the underlying occurrences that happened during the COVID-19 invasions that positively contributed to teenage pregnancies' escalation.
5. **In your view, what are the effects of teenage pregnancy and early marriages in your community?**	Ascertain the study participants' understanding of why teenage

	pregnancy is detrimental to society.
6. Since the outbreak of COVID -19, what support have you obtained from your school and other institutions in relation to preventing early sexual involvement and pregnancies among teenagers?	Establish support rendered by respective schools and other institutions in relation to preventing early sexual involvement and pregnancies among teenagers in the face of COVID -19.
7. What support do you obtain from local social service providers in minimising and preventing early sexual involvement and pregnancies among teenagers during the period of COVID - 19?	Establish support rendered by respective local social service providers in relation to preventing early sexual involvement and pregnancies among teenagers in the face of COVID -19.
8. As the country and the district go through the COVID-19 pandemic, what challenges do the local teenagers face that may lead them to dropping-out of school and exhibiting deviant behaviour such as teenage pregnancy?	Brainstorm and establish the challenges the study participants face that may lead to them dropping out of school and driving them into deviant behaviour such as teenage pregnancy during COVID -19
9. What do you think should be done to ensure pregnancies are sustainably minimized among	Establish the participants' views and perceptions on what should

teenagers in your local area in the face of COVID - 19?	be done to address the problem of teenage pregnancies in your local area, especially pertaining to the period of COVID-19 invasion.

END OF DISCUSSION, THANK YOU VERY MUCH

Ethical Clearance Certificate

THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Great East Road Campus | P.O. Box 32379 | Lusaka10101 | Tel: +260-211-290 258/291 777 **Fax**: (+260)-211-290 258/253 952 | E-**mail**: director.drgs@unza.zm | Website: www.unza.zm

Approval of Study

9th February, 2022

REF NO. HSSREC-2022-JAN-035

Lloyd Kalumba

The University of Zambia

P.O. Box 32379

LUSAKA

Dear Mr. Kalumba,

RE: "PREVENTION OF TEENAGE PREGNANCIES IN THE FACE OF COVID-19 IN ZAMBIA: A STUDY OF CHAMA RURAL DISTRICT"

Reference is made to your submission of the protocol captioned above. The HSSREC resolved to approve this study and your participation as Principal Investigator for a period of one year.

REVIEW TYPE	ORDINARY RE-VIEW	APPROVAL NO. HSSREC-2022-JAN-035
Approval and Expiry Date	Approval Date: 9th February, 2022	Expiry Date: 8th February, 2023
Protocol Version and Date	Version - Nil.	8th February, 2023
Information Sheet, Consent Forms and Dates	□ English.	To be provided

Consent form ID and Date	Version - Nil	To be provided
Recruitment Materials	Nil	Nil
Other Study Documents	Questionnaire.	
Number of Participants Approved for Study		

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

Conditions of Approval

No participant may be involved in any study procedure prior to the study approval or after the expiration date.

All unanticipated or Serious Adverse Events (SAEs) must be reported to HSSREC within 5 days.

All protocol modifications must be approved by HSSREC prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address.

All protocol deviations must be reported to HSSREC within 5 working days.

All recruitment materials must be approved by HSSREC prior to being used.

Principal investigators are responsible for initiating Continuing Review proceedings. HSSREC will only approve a study for a period of 12 months.

It is the responsibility of the PI to renew his/her ethics approval through a renewal application to HSSREC.

Where the PI desires to extend the study after expiry of the study period, documents for study extension must be received by HSSREC at least 30 days before the expiry date. This is for the purpose of facilitating the review process. Documents received within 30 days after expiry will be labelled "late submissions" and will incur a penalty fee of K500.00. No study shall be renewed whose documents are submitted for renewal 30 days after expiry of the certificate.

Every 6 (six) months a progress report form supplied by The University of Zambia Humanities and Social Sciences Research Ethics Committee as an IRB must be filled in and submitted to us. There is a penalty of K500.00 for failure to submit the report.

When closing a project, the PI is responsible for notifying, in writing or using the Research Ethics and Management Online (REMO), both HSSREC and the National Health Research Authority (NHRA) when ethics certification is no longer required for a project.

In order to close an approved study, a Closing Report must be submitted in writing or through the REMO system. A Closing Report should be filed when data collection has ended and the study team will no longer be using human participants or animals or secondary data or have any direct or indirect contact with the research participants or animals for the study.

Filing a closing report (rather than just letting your approval lapse) is important as it assists HSSREC in efficiently tracking and reporting on projects. Note that some funding agencies and sponsors require a notice of closure from the IRB which had approved the study and can only be generated after the Closing Report has been filed.

A reprint of this letter shall be done at a fee.

All protocol modifications must be approved by HSSREC by way of an application for an amendment prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address or methodology and methods. Many modifications entail minimal risk adjustments to a protocol and/or consent form and can be made on an Expedited basis (via the IRB Chair). Some examples are: format changes, correcting spelling errors, adding key personnel, minor changes to questionnaires, recruiting and changes, and so forth. Other, more substantive changes, especially those that may alter the risk-benefit ratio, may require Full Board review. In all cases, except where noted above regarding subject safety, any changes to any protocol document or procedure must first be approved by HSSREC before they can be implemented.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of HSSREC, we would like to wish you all the success as you carry out your study.

Yours faithfully,

Dr. J.I. Ziwa

DR. J. I. Ziwa

ACTING CHAIRPERSON, THE UNIVERSITY OF ZAMBIA HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE - IRB

cc: Director, Directorate of Research and Graduate Studies
Assistant Director (Research), Directorate of Research and Graduate Studies
Assistant Registrar (Research), Directorate of Research and Graduate Studies