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Developing Strategies to Reduce School Dropout Among Pregnant Secondary School Girls in Zimbabwe: Evidence from Mbare, Harare

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Abstract

School dropout among pregnant secondary school girls remains a significant educational and social concern in Zimbabwe despite policies supporting their continued participation in education. This study sought to develop contextually appropriate strategies for reducing school dropout among pregnant secondary school girls in Mbare, Harare. A qualitative research approach was adopted to explore participants' experiences and perspectives. Thirty-seven participants were purposively selected, comprising 25 pregnant girls and young women aged 14–22 years, six teachers and six social workers. Data were collected through semi-structured in-depth interviews with the girls and key-informant interviews with teachers and social workers. The data were analysed thematically. The findings revealed that pregnancy-related stigma, discrimination, inadequate family support, financial hardship, caregiving responsibilities and inflexible school environments contributed to absenteeism and eventual withdrawal from school. Participants also reported limited psychosocial support, weak coordination among schools, families and social-service providers, and inconsistent implementation of policies protecting pregnant learners' right to education. The study proposes an integrated strategy comprising school-based psychosocial support, family engagement, flexible learning arrangements, financial and material assistance, childcare support, anti-stigma programmes and coordinated case management involving teachers and social workers. It concludes that reducing dropout requires more than allowing pregnant learners to remain enrolled; it demands a supportive and responsive system that addresses their educational, psychosocial, economic and caregiving needs. The proposed strategies may guide schools, social workers and policymakers in strengthening educational continuity among pregnant learners in Zimbabwe.

Keywords: *Pregnant Learners; School Dropout; Educational Continuity; Psychosocial Support; Social Work; Zimbabwe*

Introduction

Education is a fundamental human right and an important foundation for individual empowerment, gender equality and sustainable development. Educating girls produces benefits that extend beyond academic achievement, including improved employment prospects, greater personal autonomy, healthier families and reduced intergenerational poverty (World Bank, 2018; UNICEF, 2019). Despite increased recognition of these benefits, pregnancy continues to interrupt the education of many girls in developing countries. Pregnant learners are frequently subjected to stigma, discrimination and social exclusion, which weaken their participation in education and increase the likelihood of school dropout (UNESCO, 2019; UNFPA, 2020).

In Zimbabwe, efforts have been made to improve girls' access to education and protect pregnant learners' right to continue schooling. Nevertheless, the existence of supportive policies does not always translate into effective implementation at the school and community levels. Pregnant learners may encounter negative attitudes from teachers and peers, rejection by family members, financial hardship and inadequate psychosocial support. Pregnancy may also introduce childcare and household responsibilities that conflict with school attendance and academic work. These interconnected barriers can make remaining in school difficult even where formal exclusion is prohibited.

The challenges are particularly evident in low-income urban communities such as Mbare, Harare. Poverty, overcrowding, unstable livelihoods and limited access to educational, healthcare and social-support services can increase the vulnerability of pregnant learners (UN-Habitat, 2016). Families experiencing economic hardship may prioritise food, accommodation and other immediate needs over educational expenses. Pregnant learners may consequently lack money for school fees, uniforms, transport and learning materials. Some may also receive limited support from the child's father or their own families, increasing dependence and reducing their ability to remain enrolled.

Cultural expectations and stigma further influence educational continuity. Pregnancy during secondary school is often interpreted as evidence of indiscipline or failure, while responsibility may be placed disproportionately upon the girl. Such attitudes can result in ridicule, isolation and discriminatory treatment within families, schools and communities (Chikwanha, 2017; Mavhu, 2019). The fear of judgement may cause affected learners to withdraw from school activities or discontinue their education. School dropout subsequently limits their employment opportunities, economic independence and capacity to make informed decisions, thereby reinforcing gender inequality and intergenerational poverty (UN Women, 2020).

Existing studies have identified poverty, family relationships, cultural norms, inadequate reproductive-health information and weak institutional support as important influences on pregnant learners' educational participation (Biddlecom et al., 2016; Wilson et al., 2017). However, responses frequently concentrate on permitting pregnant learners to remain enrolled without adequately addressing the practical, psychosocial and economic barriers affecting their attendance and progression. Retention therefore requires more than a policy allowing continued enrolment. It requires coordinated interventions involving schools, families, social workers, healthcare providers and communities.

Although considerable research has examined the causes and consequences of pregnancy-related school dropout, limited context-specific evidence has been used to develop integrated retention strategies for pregnant secondary school girls in densely populated urban communities such as Mbare. This study therefore explored the experiences of pregnant girls and young women, teachers and social workers to develop strategies for reducing school dropout among pregnant secondary school girls in Mbare, Harare. It focused on the barriers affecting educational continuity and the forms of school, family, community and professional support required to enable pregnant learners to remain in or return to education.

1. Theoretical Framework: Socio-Ecological Framework

The study was guided by Bronfenbrenner's Socio-Ecological Framework, which explains human development as the outcome of interactions between individuals and their surrounding social and environmental systems (Bronfenbrenner, 1977). The framework was appropriate because school dropout among pregnant learners does not result from individual circumstances alone. Instead, it is influenced by interconnected factors operating at family, school, community, institutional and societal levels.

At the individual level, pregnancy-related health needs, emotional wellbeing, educational aspirations and caregiving responsibilities may influence continued school participation. The microsystem comprises immediate relationships with parents, partners, peers and teachers. These relationships may provide encouragement and material support or contribute to stigma, rejection and withdrawal from school. The mesosystem concerns interactions among immediate settings, particularly relationships between families, schools, healthcare providers and social workers. Weak coordination among these actors may leave pregnant learners without consistent educational and psychosocial support.

The exosystem incorporates institutions and circumstances that indirectly affect learners, including healthcare and social-welfare services, household employment conditions and the availability of childcare. At the macrosystem level, cultural beliefs, gender norms, economic inequalities and education policies shape how pregnancy during schooling is understood and addressed. Societal stigma and inconsistent policy implementation may therefore restrict educational continuity even when pregnant learners are formally permitted to remain enrolled (Navarro, 2022).

The framework guided the study in examining how factors across these different levels interact to increase or reduce the likelihood of school dropout. It also informed the development of multilevel strategies involving individual psychosocial support, family engagement, inclusive school practices, coordinated service provision, financial and childcare assistance, community anti-stigma programmes and effective policy implementation. The framework was therefore useful for shifting attention from blaming pregnant learners towards understanding and addressing the broader systems shaping their educational experiences.

2. Literature Review

2.1 Pregnancy and school dropout among girls

Education is central to girls' empowerment, economic independence and participation in social development. Educated girls generally have improved employment opportunities, greater decision-making autonomy and better health outcomes for themselves and their children (UNICEF, 2019; World Bank, 2018). Nevertheless, pregnancy remains a major barrier to girls' educational participation in many African countries. Although some education systems permit pregnant learners to remain in school or return after childbirth, policy provisions are often weakened by stigma, inadequate institutional support and inconsistent implementation (UNESCO, 2019; UNFPA, 2020).

Pregnancy-related dropout does not result from pregnancy alone. It emerges through interactions among economic hardship, family relationships, school practices, cultural expectations and caregiving responsibilities. Biddlecom et al. (2016) found that pregnancy can interrupt girls' education, particularly where learners lack family and institutional support. Pregnant learners may experience frequent absenteeism, poor concentration and difficulty completing schoolwork before eventually withdrawing. Therefore, continued enrolment does not necessarily mean that meaningful educational participation is being maintained.

2.2 Poverty, family support and caregiving responsibilities

Poverty is an important influence on school dropout among pregnant learners. Families experiencing financial hardship may struggle to meet the costs of school fees, uniforms, transport and learning materials. Pregnancy introduces additional expenses related to healthcare, nutrition and preparation for childcare, which may cause education to receive less priority. These pressures are especially severe when the child's father provides limited financial or emotional support (World Bank, 2018; UNFPA, 2020).

Family responses can either support or undermine educational continuity. Pregnant learners who receive encouragement, financial assistance and help with childcare may be better positioned to remain in or return to school. In contrast, rejection, punishment and withdrawal of family support can increase isolation and make school dropout more likely (Wilson et al., 2017). Some families may also expect pregnant girls to assume adult domestic and caregiving roles, leaving them with insufficient time for school attendance and academic work.

The situation may be more difficult in economically disadvantaged urban communities. Mbare is characterised by overcrowding, unstable livelihoods and unequal access to essential services (UN-Habitat, 2016). These conditions can limit the resources available to support pregnant learners. Strategies for educational retention must therefore address not only attitudes towards pregnancy but also the financial and practical barriers affecting learners and their families.

2.3 Stigma and exclusion within schools and communities

Pregnancy during secondary school is frequently interpreted as evidence of indiscipline, immorality or personal failure. Pregnant learners may consequently experience ridicule, blame and rejection from peers, teachers, families and community members (Chikwanha, 2017; Mavhu, 2019). The responsibility for pregnancy is also often placed disproportionately on girls, reinforcing gender inequalities and overlooking the responsibilities of male partners.

Stigma can affect learners' confidence, sense of belonging and willingness to participate in school. Some pregnant learners withdraw from classroom activities because they fear humiliation or discriminatory treatment. Others may leave school after being advised—formally or informally—to stay away until after childbirth. Even where national policy protects their right to education, negative attitudes at the school level can create an environment in which continued attendance becomes emotionally and socially difficult (Ministry of Primary and Secondary Education, 2019).

Community attitudes may reinforce school-based exclusion. Pregnancy can cause girls to be labelled as unsuitable examples for other learners or treated as though their educational aspirations are no longer important. Such perceptions reduce pregnancy to an individual moral failure rather than recognising the broader influence of poverty, unequal relationships, limited reproductive-health information and inadequate support. Anti-stigma interventions must consequently engage teachers, learners, parents and community leaders.

2.4 School environments and policy implementation

Supportive education policies are essential but insufficient if schools lack practical mechanisms for implementation. Pregnant learners may require flexible attendance arrangements, academic catch-up assistance, counselling, protection from discrimination and support when returning after childbirth. Schools that apply rigid attendance requirements or fail to accommodate pregnancy-related needs may unintentionally contribute to dropout.

Teachers play an important role in creating inclusive learning environments. Supportive teachers can monitor attendance, provide missed learning materials and refer learners to appropriate social and

health services. However, teachers may lack training on responding to pregnancy, psychosocial distress and complex family circumstances. Some may also reproduce the negative cultural attitudes present in the wider community. Clear school-level guidelines and professional development are therefore necessary to translate national policies into meaningful support.

Policy implementation also requires monitoring and accountability. Schools should not merely report whether pregnant learners are formally enrolled; they should monitor attendance, participation, academic progression and successful return after childbirth. Without such mechanisms, learners may disappear from school records without receiving follow-up support.

2.5 Psychosocial support and coordinated service provision

Pregnant learners may experience anxiety, shame, uncertainty and social isolation arising from stigma, family conflict and concern about their educational future. These experiences can reduce concentration and motivation even when learners continue attending school. Psychosocial support is therefore an important component of educational retention (UNFPA, 2020).

School-based counselling and social-work services can provide safe opportunities for pregnant learners to discuss their needs and develop educational plans. Social workers can assess household circumstances, facilitate family engagement, coordinate referrals and advocate for learners facing discrimination. Peer-support initiatives may also reduce isolation by connecting pregnant learners and young mothers with others who have encountered similar educational challenges.

Coordination among schools, families, social workers and healthcare providers is essential because no single institution can address all the barriers affecting pregnant learners. Schools primarily respond to educational needs, while social workers can address household and psychosocial concerns and healthcare providers can support pregnancy-related health needs. Weak communication among these institutions may leave learners responsible for navigating fragmented services alone.

2.6 Strategies for strengthening educational retention

Literature suggests that effective retention strategies should combine policy protection with practical, economic and psychosocial support. Flexible learning arrangements can help learners manage pregnancy-related absence and caregiving responsibilities. These may include adjusted timetables, academic catch-up programmes, take-home learning materials and structured return-to-school plans. Such arrangements should maintain educational standards while recognising individual circumstances.

Family engagement is equally important. Parents and guardians may require information about pregnant learners' educational rights and the long-term value of supporting their continued education. Financial and material assistance may be necessary for learners whose families cannot meet education and pregnancy-related expenses. After childbirth, access to safe childcare can determine whether young mothers are able to return to school.

Anti-stigma programmes should challenge discriminatory attitudes among teachers, learners and community members. Schools also require clear reporting and response procedures where pregnant learners experience bullying or exclusion. These interventions should be supported through coordinated case management, allowing schools, social workers, healthcare providers and families to develop and monitor individual retention plans.

2.7 Research gap

Previous studies identify poverty, stigma, family rejection, caregiving responsibilities and inadequate institutional support as major contributors to pregnancy-related school dropout. However, much of the literature concentrates on describing the causes and consequences of dropout rather than

developing integrated strategies grounded in the experiences of pregnant learners and key service providers. Limited context-specific evidence examines how schools, families and social-work services can work together to retain pregnant secondary school girls in densely populated urban communities such as Mbare. The present study addressed this gap by drawing upon the perspectives of pregnant girls and young women, teachers and social workers to develop evidence-informed strategies for strengthening educational continuity in Mbare, Harare.

3. Methodology

3.1 Research Design

The study adopted a qualitative research approach and an exploratory case-study design. This design enabled the researchers to obtain detailed accounts of the factors contributing to school dropout and the support required by pregnant learners. It was appropriate for developing retention strategies grounded in the experiences of pregnant girls and young women, teachers and social workers.

3.2 Study Setting

The study was conducted in Mbare, Harare, Zimbabwe. Mbare is a densely populated urban community characterised by socioeconomic challenges such as poverty, overcrowding, unstable household livelihoods and unequal access to essential services. These conditions made it an appropriate setting for examining how individual, family, school and community factors influence educational continuity among pregnant learners.

3.3 Study Population

The study population comprised pregnant girls and young women who had experienced pregnancy-related educational disruption, as well as teachers and social workers with relevant professional experience. The final sample consisted of 37 participants: 25 pregnant girls and young women aged 14–22 years, six teachers and six social workers. The girls and young women provided primary accounts, while teachers and social workers participated as key informants.

3.4 Sampling

Purposive sampling was used to select participants with direct knowledge or experience of the subject under investigation. Pregnant girls and young women were selected based on their experiences of remaining in, withdrawing from or attempting to return to secondary education. Teachers were selected because of their experience supporting pregnant learners, while social workers were included because of their involvement in adolescent, family and educational-support services.

3.5 Data Collection

Data were collected through individual semi-structured in-depth interviews with the pregnant girls and young women and key-informant interviews with teachers and social workers. The interviews examined stigma, family support, financial hardship, caregiving responsibilities, school responses, psychosocial needs and possible retention strategies. Individual interviews protected participants' privacy and enabled them to discuss their experiences confidentially. With participants' permission, the interviews were recorded and supplemented by field notes.

3.6 Data Analysis

Data were analysed thematically following Braun and Clarke's (2006) stages. The researchers familiarised themselves with the data, generated initial codes, grouped related codes into potential themes,

reviewed and named the themes, and produced the final account. Analysis was informed by the Socio-Ecological Framework while remaining responsive to themes emerging from the participants' accounts.

3.7 Trustworthiness

Trustworthiness was strengthened through comparing perspectives across the three participant groups, maintaining records of coding and analytical decisions, and supporting the findings with participants' accounts. Detailed descriptions of the setting, participants and research procedures were provided to enable readers to assess the applicability of the findings to comparable contexts.

3.8 Ethical Considerations

Ethical clearance and permission to conduct the study were obtained from the relevant authorities before data collection. Adult participants provided informed consent, while participants younger than 18 provided assent after parental or legal-guardian consent had been obtained. Participation was voluntary, and participants were informed of their right to decline questions or withdraw without penalty. Pseudonyms were used, and identifying information was removed to protect confidentiality. Interviews were conducted in private settings, and participants requiring additional support were referred to appropriate services.

4. Findings

4.1 Stigma, Social Exclusion and Discriminatory Attitudes

Stigma emerged as a significant factor influencing school dropout among pregnant learners. Participants indicated that pregnancy changed how girls were perceived and treated within their schools, families and communities. Pregnant learners were frequently viewed as having failed morally or educationally rather than as students requiring support to continue their education.

The pregnant girls and young women described experiencing embarrassment, judgement and social isolation. Negative comments and changes in how peers interacted with them weakened their sense of belonging at school. Some avoided classroom activities or remained absent because they feared ridicule and unwanted attention. Continued exposure to judgement gradually reduced their confidence and motivation to remain enrolled.

Teachers confirmed that discriminatory attitudes existed among both learners and adults. Although pregnant girls were formally permitted to continue attending school, the school environment was not always socially or emotionally supportive. Some teachers recognised that pregnancy-related stigma could operate as an indirect form of exclusion: learners were not officially expelled, but negative treatment made continued attendance increasingly difficult.

Social workers similarly observed that community attitudes placed disproportionate responsibility on pregnant girls. The girls were often blamed for the pregnancy, while limited attention was given to the role and responsibilities of male partners. Family disappointment and community condemnation compounded school-based stigma, leaving affected learners with few supportive relationships.

The findings demonstrate that pregnancy-related dropout was not simply an individual decision. It was partly produced by interactions among peer attitudes, family responses, school practices and wider cultural expectations. Addressing dropout therefore requires school and community anti-stigma programmes, confidential reporting mechanisms and clear protection against discriminatory treatment. Pregnant learners must be recognised as students with continuing educational rights rather than as failures or negative examples to other learners.

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Yes, you gave me the findings before breakfast. We used them to identify the matching themes and distinguish the evidence from the pregnant girls/young women from that of teachers and social workers.

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- **PG** – pregnant girl/young woman
- **T** – teacher
- **SW** – social worker

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4.1 Stigma, Social Exclusion and Discriminatory Attitudes

Stigma and social exclusion emerged as significant factors contributing to school dropout among pregnant learners. The participants reported experiencing judgement and rejection from peers, teachers, family members and the wider community. Pregnancy changed how they were perceived within the school environment, with some participants being treated as immoral, irresponsible or a negative influence on other learners.

One pregnant learner described how the attitudes of her friends, teachers and fellow learners made her feel isolated:

"When I got pregnant, my friends stopped talking to me. They said I was 'loose' and that I did not care about my future. The teachers would stare at me, and the other students would whisper and point. I felt like I was all alone, and I did not see the point in staying in school." (PG5)

Stigma was not confined to the school environment. Participants also experienced rejection within their families and communities. One participant explained:

"I was shunned by my community. People would say that I was a bad influence and that I was ruining my life. My parents were disappointed in me, and they did not know how to support me. I felt like I was a burden to everyone around me." (PG6)

Another participant described being labelled a failure and disappointment by both her family and community. This treatment created feelings of shame and guilt and weakened her confidence to continue schooling:

"I was shunned by society and my family when I got pregnant. I was termed a failure and a disappointment. People would talk behind my back, and I was also condemned by some of my teachers. I felt that I no longer belonged." (PG7)

School-based discrimination was particularly damaging because pregnant learners were treated differently from other students. One participant explained that she was no longer recognised primarily as a learner but as a problem and warning to others:

"My peers would avoid me, and the teachers would speak to me about having to 'make good decisions.' I felt like a warning to the other learners. I started to believe that I did not belong in school anymore. I was not being treated as a student, but as a problem to be solved." (PG8)

The social workers and teachers confirmed that such experiences were not isolated. A social worker observed that communities frequently interpreted pregnancy as a moral failure and discouraged other girls from associating with pregnant learners:

"The community treats pregnancy as a moral failure. Pregnant girls are isolated by their families and the community, while other girls may be prevented from interacting with them because they are viewed as a negative influence." (SW1)

A teacher also acknowledged that discriminatory remarks from educators could create an unbearable learning environment:

"There is strong stigma and isolation. Some teachers look down upon pregnant girls and make humiliating comments in class. That environment makes the girl feel ashamed, and she eventually drops out of school." (T1)

Overall, the findings showed that dropout was not always a voluntary decision. Pregnant learners were gradually pushed out by rejection, humiliation and the loss of belonging within their families, schools and communities. Stigma therefore operated as an informal exclusion mechanism, even where learners had not been officially expelled. These findings demonstrate the need for anti-stigma education, protection from discriminatory treatment and supportive school environments that continue to recognise pregnant girls as learners with educational rights.

4.2 Policy Implementation Gaps and Institutional Exclusion

Participants identified weak implementation of re-entry policies and restrictive school practices as important contributors to dropout. Although policies permitting pregnant and parenting learners to remain in or return to school existed, participants reported that some schools continued to exclude them through internal rules and administrative decisions.

One pregnant learner recalled being instructed to leave after the school became aware of her pregnancy:

"When I got pregnant, the school administration called my parents and told them I had to leave because of the school policies. They said I was a distraction to the other students and that I would not be able to keep up with my schoolwork." (PG1)

Another participant was initially informed that she could return after childbirth. However, when she attempted to resume her education, the school refused to admit her because she was now a mother:

"When I got pregnant, they expelled me and told me that I could continue my education after giving birth. When I tried to return, the headmaster said that it was against the school rules to have mothers as students. I had no legal help, so I stayed home to care for my child." (PG2)

These experiences demonstrated a gap between national policy commitments and practices at the school level. Pregnant and parenting learners had limited knowledge of complaint procedures and lacked the resources to challenge exclusionary decisions. As a result, decisions by school authorities frequently became final, even where they contradicted learners' educational rights.

A social worker confirmed that the absence of effective enforcement enabled schools to disregard re-entry provisions:

"The re-entry policies are not legally enforced, and schools ignore them without consequences. Pregnant girls drop out because they are turned away by their schools without any form of recourse." (SW2)

Teachers also recognised the difference between the existence of policy and its enforceability. One teacher stated:

"There are policies that allow pregnant girls to remain in school, but they are not strongly enforced. Re-entry needs to be mandatory under education law so that schools comply and the high rates of dropout can be reduced." (T2)

The findings showed that policy availability alone did not guarantee educational continuity. School rules, administrative discretion and inadequate accountability mechanisms could still prevent pregnant and parenting learners from remaining enrolled or returning after childbirth. Limited awareness of educational rights and the absence of accessible appeal mechanisms further increased their vulnerability.

Participants therefore emphasised the need for mandatory and consistently enforced re-entry provisions, clear school-level implementation guidelines and monitoring of compliance. Pregnant learners and their families also require accessible information about their educational rights and procedures for reporting unlawful exclusion. These measures would help transform re-entry policy from a formal commitment into practical protection for pregnant and parenting learners.

4.3 Economic Hardship and Food Insecurity

Economic hardship emerged as a major factor contributing to school dropout among pregnant learners. Participants reported that their families struggled to pay school fees and meet the costs of uniforms, transport, books and other learning materials. Pregnancy and childcare introduced additional financial responsibilities, making it increasingly difficult for learners to continue their education.

One participant explained how the loss of household income interrupted her education:

"I excelled academically, but after my father lost his job, we could no longer afford the school fees. Poverty trapped me and forced me to abandon my education. I am now at home with limited prospects." (PG11)

For some participants, the death or unemployment of parents resulted in both financial hardship and additional caregiving responsibilities. One pregnant learner stated:

"Poverty is the main reason I dropped out of school. My parents passed away, and I could not afford to pay my school fees. I also had to take care of my child and my siblings." (PG12)

Participants indicated that limited household resources sometimes resulted in unequal educational investment. When families could not afford to educate all their children, boys' education was occasionally prioritised. One participant described the effect of this decision on her aspirations:

"I had to drop out because my parents decided to invest in my brothers' education. They felt they had no other option because my brothers were closer to completing school. I had always wanted to become a teacher, but that opportunity was taken away." (PG14)

Food insecurity intensified these economic barriers. Participants reported attending school without breakfast or lunch, which reduced their concentration and academic participation. Hunger also produced embarrassment when learners repeatedly depended on friends for food. One participant explained:

"I was too hungry to learn at school and too poor to afford food. I struggled to complete my homework because I spent so much time worrying about hunger. My grades declined, and eventually I dropped out because I felt that I had no other option." (PG15)

Another participant similarly described how hunger affected her concentration and sense of belonging:

"I would wake up knowing that there would be no breakfast. At school, I could not concentrate because I was thinking about where my next meal would come from. My friends sometimes shared their food, but I began to feel like a burden, and eventually I left school." (PG16)

The findings showed that financial hardship affected educational continuity through several interconnected pathways. Learners could not meet direct educational costs, while food insecurity weakened concentration and academic performance. Pregnancy and childcare further increased household expenses and reduced the time available for schoolwork. These pressures made education difficult to sustain, particularly for learners from low-income or unsupported households.

Participants' experiences demonstrate that strategies for reducing dropout must include financial and material assistance. Scholarships, school-fee support, food assistance, transport support and provision of learning materials could reduce the immediate costs of education. Such assistance should be integrated with psychosocial and childcare support because financial assistance alone may not address all the barriers affecting pregnant and parenting learners.

4.4 Cultural Expectations and Prioritisation of Motherhood

Cultural and gender expectations influenced whether pregnant learners remained in or returned to school. Participants reported that families, schools and community members frequently expected them to prioritise motherhood over education. Pregnancy was treated as marking the end of adolescence and the beginning of full-time maternal responsibility, even where the girls still wished to complete secondary education.

One participant explained how her family and friends encouraged her to abandon her educational ambitions:

"When I got pregnant, my family and society pressured me to put motherhood before education. My mother told me, 'You need to take care of your baby now; school can wait.' My friends also said that since I was going to be a mother, I would no longer need school. I had always dreamed of attending college and having a career, but those dreams were shattered." (PG17)

The expectation that motherhood and education could not coexist was also reproduced within schools. Pregnant learners were sometimes regarded as distractions or inappropriate examples for other students. One participant stated:

"The school officials told me that I had to leave because I was 'setting a bad example' for the other students. They said that my pregnancy was distracting and that I needed to focus on being a mother, not a student." (PG18)

Participants indicated that this thinking continued even when they attempted to demonstrate their commitment to learning. Instead of receiving academic assistance, some were discouraged from attending classes or completing schoolwork. One learner explained:

"The teachers and school administration made me feel as if I no longer deserved an education. They would tell me, 'You need to be a mother now, not a student,' as if being a mother and a student could not happen at the same time." (PG19)

Another participant described how teachers' reduced expectations gradually pushed her out of school:

"The teachers would not return my work or allow me to attend some classes. They would say, 'You will not be able to do the work anyway, so why even try?' It felt as though they had already lost faith in me and were pushing me out." (PG20)

The findings showed that the prioritisation of motherhood over education was embedded across family, school and community systems. Pregnant learners were expected to abandon their educational and professional aspirations to demonstrate that they were responsible mothers. These expectations restricted their ability to imagine motherhood and education as compatible roles.

The experiences further revealed a gendered inequality because the educational futures of pregnant girls received less consideration than the responsibilities of male partners. Addressing dropout therefore requires interventions that challenge the assumption that motherhood ends a girl's education. Families and schools should support parenting learners through childcare assistance, flexible learning and structured return-to-school plans, enabling them to fulfil caregiving responsibilities without permanently abandoning their educational goals.

4.5 Flexible Learning and Childcare Support

Flexible learning arrangements emerged as an important strategy for enabling pregnant and parenting learners to remain in or return to education. Participants explained that conventional school schedules often conflicted with healthcare appointments, childcare and household responsibilities. They therefore recommended flexible programmes that respond to learners' circumstances without compromising their educational opportunities.

One participant described how flexible scheduling and childcare enabled her to continue studying:

"When I became pregnant, I thought that my education was over. However, the flexible schedule and childcare provided by the programme meant that I did not have to abandon my studies. I could attend classes at suitable times while my baby was cared for." (PG21)

The participant further explained that educational flexibility was most effective when combined with emotional and academic support. Access to mentors, counsellors and peers helped her remain motivated and manage the demands of education and parenting.

Another participant emphasised the importance of services being adapted to the individual learner:

"The programme staff took time to understand my situation. They adjusted my school schedule to accommodate healthcare appointments, provided childcare support and listened when I needed someone to talk to. For the first time, I felt that I belonged to a community that supported me." (PG22)

Social workers recommended combining school-based flexibility with community learning alternatives. This was considered particularly important for parenting learners who could not attend school for a full day:

"Schools could introduce weekend classes and community learning hubs to give parenting girls a second chance without conflicting with their responsibilities. Flexible models suitable for urban communities such as Mbare could also include mobile classrooms." (SW3)

Teachers similarly supported alternative timetables and learning methods:

"There is a need for flexible learning schedules such as part-time or evening classes. These would accommodate learners who cannot manage full school days because of childcare responsibilities. Online lessons could also provide additional support." (T3)

The findings showed that flexibility involved more than changing class times. Effective programmes combined adjusted schedules, academic catch-up assistance, childcare, mentoring and psychosocial support. Participants valued interventions that treated them as individuals and enabled them to balance education, healthcare and parenting.

However, flexible learning should not reduce educational quality or isolate pregnant learners from mainstream education. Such arrangements should provide recognised pathways towards completing secondary education and progressing to further education or employment. The Ministry of Primary and Secondary Education, schools and relevant service providers should therefore establish clear guidelines for part-time classes, weekend learning, community learning hubs and accessible distance-learning options. Childcare support should be incorporated because schedule adjustments alone may not enable parenting learners to attend classes.

4.6 Accessible Healthcare and Reproductive-Health Support

Participants identified accessible healthcare and reproductive-health support as essential for enabling pregnant learners to continue their education. They explained that educational participation was closely connected to learners' physical and psychosocial wellbeing. When healthcare services were inaccessible, judgemental or disconnected from schools, pregnant learners found it difficult to balance healthcare needs with academic responsibilities.

One participant described how receiving reproductive-health information and connecting with other young mothers reduced her isolation:

"The programme gave me a sense of community and belonging because I met other young mothers experiencing similar challenges. I also received reproductive-health information that helped me make informed decisions about my health and future." (PG25)

Participants particularly valued healthcare professionals who treated them respectfully and provided understandable information. One learner explained:

"The healthcare professionals were supportive and non-judgemental. They listened to my concerns, answered my questions and explained my options clearly. Their patience reduced my fear and gave me confidence to take responsibility for my health." (PG26)

The findings demonstrated that the attitude of service providers could influence whether pregnant learners sought and continued using healthcare services. Respectful communication increased trust, while judgemental treatment could discourage service utilisation. Participants therefore called for adolescent-responsive services offering confidential information, routine healthcare, counselling and appropriate referrals.

Social workers emphasised integrating reproductive-health education into case management:

"Reproductive-health education should be included in case management because many girls have never received formal information. They need accurate knowledge and guidance to make informed decisions about their health." (SW4)

Teachers also recommended strengthening reproductive-health education within schools:

"Reproductive-health education should be compulsory, and teachers should be trained to deliver it appropriately. This could help prevent unintended pregnancies, reduce stigma and lower school-dropout rates." (T4)

The findings showed that healthcare support should not operate separately from education. Schools, healthcare providers and social workers need referral and communication mechanisms that allow pregnant

learners to obtain services without permanently interrupting their studies. Flexible scheduling should accommodate healthcare appointments, while school personnel should protect learners' confidentiality.

Participants' accounts further showed that reproductive-health interventions should combine information with respectful, practical and psychosocial support. School-linked services, trained teachers, confidential referral systems and coordinated case management could strengthen learners' wellbeing and educational participation. These interventions should be delivered without judgement and should recognise pregnant learners as rights-holders requiring both healthcare and continued education.

5. Discussion

The study demonstrated that school dropout among pregnant learners in Mbare was produced by interconnected social, economic, cultural and institutional factors rather than pregnancy alone. Stigma, weak policy implementation, poverty, food insecurity and expectations that learners should prioritise motherhood combined to undermine educational continuity. The proposed interventions—flexible learning, childcare, healthcare, reproductive-health education, financial assistance and psychosocial support—similarly showed that no single response can adequately address pregnancy-related dropout.

Stigma and social exclusion were experienced within schools, families and communities. Pregnant learners were labelled as irresponsible, immoral or negative influences on other girls. Such treatment weakened their self-confidence and sense of belonging, eventually making continued attendance difficult. These findings correspond with Njue et al. (2020), who identify stigma and social isolation as important barriers to educational participation among pregnant adolescents. UNFPA (2020) similarly observes that shame surrounding adolescent pregnancy can produce exclusion and reinforce cycles of poverty. The findings extend this literature by demonstrating that stigma can function as an informal mechanism of expulsion: learners may formally retain the right to attend school while discriminatory treatment gradually pushes them out.

The Socio-Ecological Framework helps explain how stigma moves across different levels of learners' environments. Negative reactions from parents, peers and teachers operate within the microsystem, while weak relationships among families, schools and support services reflect mesosystem failures. Community attitudes and gender expectations operate at the macrosystem level. Dropout therefore cannot be attributed solely to learners' individual motivation because their decisions are shaped by interactions across these systems.

Weak implementation of re-entry policies represented a further institutional barrier. Participants reported that some schools continued to exclude pregnant or parenting learners through internal rules, even where national policy permitted their continued education. This reveals a difference between formal policy availability and practical protection. Without monitoring, accessible complaints procedures and consequences for non-compliance, school administrators may continue exercising discretion in ways that undermine learners' rights. Policy reform should therefore be accompanied by school-level implementation guidelines, training and accountability mechanisms.

Economic hardship was another major determinant of dropout. Families were unable to meet the costs of school fees, uniforms, books, transport and food, while pregnancy and childcare introduced additional expenses. These findings support the World Bank (2018), UNESCO (2019) and UNFPA (2020), which identify poverty and economic vulnerability as important constraints on girls' education. The study further showed that economic hardship was gendered: where household resources were limited, some families prioritised boys' education, leaving pregnant girls with reduced educational opportunities.

Food insecurity connected household poverty directly to classroom participation. Hunger reduced concentration, completion of schoolwork and academic performance. It also contributed to

embarrassment and dependence when learners relied on friends for food. This finding is consistent with Bundy (2020), who associates food insecurity with poor health, reduced cognitive functioning and weakened school performance. Financial responses should consequently extend beyond paying school fees to include food, transport, learning materials and childcare support.

Cultural expectations also positioned motherhood and education as incompatible. Pregnant learners were expected to abandon their educational ambitions and demonstrate responsibility by concentrating exclusively on childcare. These attitudes reinforced gender inequalities because responsibility for pregnancy and parenting was placed primarily upon girls. The findings correspond with Chung (2020), who argues that cultural norms can reproduce disadvantage by restricting pregnant adolescents' educational and economic opportunities. The study demonstrates the need to challenge the assumption that becoming a mother ends a learner's educational identity.

Participants regarded flexible learning arrangements as an important response to these barriers. Part-time, evening and weekend classes, community learning hubs, distance-learning options and academic catch-up programmes could enable learners to manage education alongside healthcare and childcare responsibilities. This supports evidence that flexible programmes can improve educational participation among pregnant and parenting learners (Chicago Public Schools, 2020). However, flexibility should not create a lower-quality or segregated form of education. Alternative arrangements must provide recognised pathways towards completing secondary education and progressing to further education or employment.

Childcare emerged as a critical component of flexible education. Adjusting class schedules would have limited value if parenting learners had no safe childcare arrangements. Educational programmes should therefore link flexible attendance with childcare, mentoring and academic support. This integrated approach reflects the Socio-Ecological Framework because it addresses individual needs while strengthening relationships among families, schools and community services.

Accessible healthcare and reproductive-health support were also considered essential. Participants valued respectful and non-judgemental healthcare services that provided clear information and psychosocial assistance. Their experiences support the Australian Government Department of Health (2020), which recognises the importance of accessible healthcare and reproductive education in supporting pregnant learners' educational goals. Schools should establish confidential referral pathways connecting learners with appropriate healthcare and social-work services.

Reproductive-health education should be integrated into broader school-retention strategies. Participants indicated that some girls had received limited formal information before pregnancy. Teachers consequently require training to provide accurate, age-appropriate and non-judgemental education. Reproductive-health programmes should not, however, focus exclusively on preventing pregnancy. They must also support learners who are already pregnant or parenting and protect their right to continue education.

Financial assistance, scholarships and economic-empowerment initiatives were identified as mechanisms for addressing material barriers. Nevertheless, participants emphasised that financial support alone would be insufficient where learners remained stigmatised or lacked childcare and emotional support. Scholarships should therefore form part of coordinated support plans incorporating counselling, mentoring, academic assistance and family engagement. This aligns with evidence that economic assistance can strengthen educational resilience when linked with wider support services (Saksham, 2020).

Overall, the findings support a multilevel retention strategy. At the individual level, pregnant learners require academic planning, reproductive-health information and psychosocial support. At the family and school levels, they require encouragement, protection from discrimination, flexible learning

and childcare assistance. At the community and institutional levels, interventions should address stigma, poverty, service coordination and policy implementation. The study therefore contributes an integrated understanding of pregnancy-related dropout by demonstrating that educational continuity depends on coordinated action across all levels of the learner's social environment.

6. Conclusion

The study concludes that school dropout among pregnant secondary school girls in Mbare results from interconnected social, economic, cultural and institutional barriers. Stigma, discriminatory school practices, weak policy implementation, poverty, food insecurity and expectations that girls should prioritise motherhood collectively restrict educational continuity. Pregnancy itself is therefore not the sole cause of dropout; rather, it interacts with unsupportive environments that gradually push pregnant learners out of education.

Reducing dropout requires a coordinated strategy comprising enforced re-entry policies, flexible learning arrangements, childcare assistance, scholarships, food and material support, accessible healthcare, reproductive-health education, counselling and mentorship. Schools, families, social workers, healthcare providers and policymakers must work together to ensure that pregnant and parenting learners are treated as students with continuing educational rights. Such an integrated response would enable them to balance education and parenting, complete their studies and improve their future social and economic opportunities.

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Below is a cleaned list of 20 references. I replaced unclear citations such as "Njue (2020)," "Saksham (2020)" and "Chicago Public Schools (2020)" with traceable academic or institutional sources.

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