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POVERTY AS A SOCIAL DETERMINANT OF TEENAGE MOTHERS; THE CASE OF MBARE, 2008

Tatenda Catherine Matirongo

Department of History, Heritage and Knowledge Systems

University of Zimbabwe

ABSTRACT

Teenage pregnancies have become a social problem. Mbare has been recorded as the high-density suburb that has the largest cases of teenage pregnancies in Harare. Guided by social determinants of health paradigm, the research investigates poverty as the cause of teenage pregnancies and the social determinant that affect teenage mothers' health seeking behaviours. The paper explores how poverty and its results affected the health seeking behaviors of teenage mothers in Mbare during pregnancy and after childbirth. For this reason, the article investigates how teenage pregnancy trends align with the Sustainable Development Goals' vision. Empirical results have shown that poverty has caused significant constraints for teen mothers in their health seeking behaviours and that they are not the ones who entirely make the decisions on their maternal health. The study was informed by interviews as primary sources and secondary sources to complement the paper.

Keywords - Teenage, pregnancies, sustainability, poverty, Mbare

INTRODUCTION

The majority of teenage pregnancies in Zimbabwe are as a result of poverty. Teenage Mothers are girls between the ages 13-19 years old who became pregnant before the legal age (WHO, 2004; Rexhepi et al, 2019; Plionis, 1975). Studies have shown that the year 2008 saw the rise in teenage pregnancies in Zimbabwe and the main cause of the pregnancies was poverty (Ministry of Health and Child Welfare, 2009). The economic, social and political crisis in 2008 affected Zimbabwe in general and Mbare being the chief ghetto suburb in Harare and one of the poorest suburb was faced with abject poverty. This crisis also came after the failure of the Millennium Development Goals (MDGs).During this period, Mbare Polyclinic, Edith Opperman maternity unit, was overwhelmed with teenage girls who fell pregnant before the legal age of marriage seeking maternal health care services. The paper discusses poverty as a social determinant of health, examine the causes of teenage pregnancies that culminated from poverty, how poverty has affected their health seeking behaviours and last but not least the aftermath of living life as teen mother. The paper is particularly on the objective to discuss the experiences of poor women in managing pregnancy in the absence of adequate maternal health services. The experiences included high costs of services and lack of finances to sponsor maternal health care services such as antenatal care and delivery, quality of care or treatment provided by health care personnel, travel distance, stereotyping, negative attitude from health care providers such as nurses, doctors and midwives, lack of education and knowledge and decision making which were associated by getting married at a young age. They are called child marriages (Mehra et al, 2018; Malhotra et al, 2011; Barman, Saha, & Chouhan, 2020; Patra, 2016; Tarar et al, 2019; Fayokun, 2015). As a result of the above constraints, teen mothers in Mbare have resolved to seek health care services and empathy from traditional midwives because they feel they get better treatment there than when they utilise the bio-medical health facilities in this case the Edith Opperman Maternity Unit. To this end, the article investigates how the Sustainable Development Goals (SDGs) contain a call to "guarantee healthy lives and promote well-being for all at all ages" by eradicating mortality from MDG-covered conditions, addressing new challenges such as non-communicable diseases (NCDs), and achieving universal health care (WHO, 2017).

In this paper, the group of women the researcher is focusing on are teenage mothers. Poverty can be understood and defined from different perspectives. There are a number of definitions of poverty by different scholars. This paper will work with Chamber's definition of poverty. Chambers (2006) one of the key scholars on poverty and social development has defined as 'the lack of tangible goods, their scarcity, or their poor quality (such as shelter, food, clothing, furniture). Insufficient access to services like health care is another aspect of it. Capability deprivation is the lack of one's ability to do or be anything'. The trio Jackie, Linde and Gayle (2004) reiterated that 'poverty has had negative impact on the low-income masses and poverty has resulted in fundamental material deprivation'. This paper argues that, poverty has resulted in lack of material resources that help in health seeking behaviors so much so that it has created challenges and constraints in expecting mothers. Noteworthy, poverty does not only result in barriers in seeking health services, it also results in stress, depression, emotional instability, anxiety, low self-esteem, suicidal thoughts, lack of confidence and motivation. These are circumstances that are beyond pregnancy and when such circumstances occur the teen mother needs proper counseling and guidance. This is a topic on its own that can attract further research. The aim and purpose of this paper is to critically examine how poverty as a social determinants of health affected the health seeking behaviours of teenage mothers in Mbare in the year 2008.

METHODS

The year 2008 saw the rise of economic crisis in Zimbabwe. Research was conducted firstly by using maternity records at Edith Opperman maternity Unit. The targeted group was the teenage girls who were impregnated or who got married during the years

of economic crisis in Zimbabwe. Nurses helped identify these records and the names of the girls who were in this category. Snowball sampling methods that were used for this qualitative research to identify some of the teenage girls in Mbare who fell under the same circumstances. J. Omona (2013) defines snowball sampling technique as the method used by the researcher to identify more participants from the key participants and rely on them to get more information on the subject matter. A total of six teenage girls were selected from the maternity records of 2008. Five of them are still in Mbare, one moved and now staying in Epworth. From the snowballing sampling technique the researcher was able to gather six more teenage mothers who made up a focus group of six teenage mothers were views on how social determinants of health especially poverty has affected the health seeking behaviors of teenage mothers were discussed. In total, key participants were twelve teenage mothers. In the focus groups and in-depth interviews participants were asked on the causes contributing to teenage pregnancies according to their experiences, how poverty affected their health seeking behaviours, and how they have managed to survive in the economic crisis. Pseudonyms were used in this paper in order to protect the participants' confidentiality. Worth of note is that the causes included absolute poverty, lack of education in general and sex or contraception education, lack of parental guidance and supervision, peer-pressure, child marriages, religion, rape, rituals, inter-alia.

BRIEF LITERATURE REVIEW

Mutanana and Mutara (2015) examined the factors that contribute to teenage pregnancies in Hurungwe rural district. The duo shared the same sentiments with Craig (2004) who also explores teenage pregnancies and alcohol abuse in rural areas. Gandhi, Sharm, and Rahul (2014) fall under the same category of scholars who wrote on the factors that contribute to Teenage pregnancies in rural areas. My study feeds into the scholars work as I analyse the factors that contributed to the teenage pregnancies in Mbare in the 2008 economic crisis era. The factors discussed by these scholars are more or less as the factors that I discussed in this paper. My point of departure is I focus on the social determinants of health that influenced and affected the health seeking behaviours of teenage girls during the economic crisis and how the government has made efforts to sustain teenage pregnancies prevention. Miller (2006) focuses on the influence from families on teenage sexual activities and behavioral changes. He analyses teenage pregnancies from the point of view of lack of family monitoring skills especially from the mother who is closer to the girl child. The trio Ogori, Shitu, and Yunusa (2013) also examines the behavioral changes in teenage mothers as they examine the causes and effects of teenage pregnancies in Niger State. Indeed my paper feeds into the scholarship, but I add to the board of scholarship as I come in from the angle of social determinants of health that affected and influenced the health seeking behaviour of teenage mother in Mbare in the year of economic crisis.

The trio Jackie, Linde and Gayle (2004) discuss poverty as a social determinant of health. They examine the relationship between poverty and health and how poverty has affected the low in-come populace of Calgarians. My paper feeds in this trio's work as the research also focuses on poverty as a social determinant of health. However, the researcher adds to the board of knowledge by focusing particularly on sustainability and sustainable development to help teenage mothers who are not only the low-income citizens but teenagers who were unfortunate to get into motherhood at an early stage. The research examines how poverty has affected and influenced the health seeking behaviours of teen mothers in Mbare especially during the year of economic crisis in Zimbabwe in 2008. In his paper on the causes of teenage pregnancies in Nigeria, Alabi (2017) investigated the general causes and effects on society of teenage pregnancies in Nigeria. He did not have any specific or major but he touched on several causes of teenage pregnancies. In his paper, Alabi gave solutions on reducing the skyrocketing number of teenage pregnancies in Nigeria so as to give the girl child a chance to explore their potential in both academics and socio-economic grounds. In as much as Alabi (2017) gave general causes of teenage pregnancies, which is plausible, he does not investigate the social determinants of health and how they have affected the health seeking behaviors of teen girls. In filling this lacuna, the researcher touched on poverty as a social determinant that has affected the seeking behaviours of teen mothers

in Mbare as well the main cause of teenage pregnancies in Zimbabwe in general and in Mbare in particular. A number of scholars have analysed the maternal mortality and morbidity rates that culminate from teenage pregnancies. These scholars have come to a conclusion that, teen mothers do not have the capacity to seek their health care services as adult mothers. Their decision making on seeking maternal health is affected because of age therefore, they do not know how and what do when it comes to health seeking behaviors. As result, this paper feeds into the scholarship as the researcher argues that because of poverty, teenage mothers have experienced high maternal mortality and morbidity rates because of lack of resources to preserve pregnancy but through sustainable development funders, NGOs, the government interalia drive the motivation to sustain the programmes to decrease the high maternal mortality and morbidity rates because of lack of resources to preserve pregnancy(WHO, 2017; Stanikzai, 2019; McDonagh, 1996; Tarekegn, Lieberman, & Giedraitis, 2014; Ali, & Chauhan, 2020).

BACKGROUND

Developing countries have the highest percentages of teenage pregnancies and Zimbabwe is one of the developing countries that has one of the highest numbers of teenage pregnancies. Mutanana and Mutara (2015) in the Zimbabwean Herald on June 20, 2015, "The United Nations Children Fund research has indicated that Zimbabwe is one of the 40 nations in the world with an unacceptable high percentage of child marriages, when girls enter into marriage before the age of 18 years". Hence, guided by sustainable development, the government resorted to reducing teenage pregnancies through various means such as the provision of condoms and other methods of contraceptives (City Health Department, 2016). City Health Department at City Council Harare noted that, 2008 saw a skyrocketing percentages of teenage pregnancies. Teenage pregnancies rose from sixteen percent to thirty-three percentage (City Health Department, 2008). Buzuzi et al (2016) noted that, 'Between 2000 and 2008, Zimbabwe's economy experienced extremely high inflation. Hyperinflation characterized the year 2008. Specialized public services, like health care, were no longer within the reach of low-income households (Buzuzi et al 2016). The health sector was deteriorating so much so that maternal health care services in Zimbabwe in general and at Mbare polyclinic, Edith Opperman maternity unit were offered at a very high cost which was a constrain to poor households in Mbare. Pharmacies were empty and medications were not available, ambulances were scarce and only available to the high end populace who afforded to hire one. Before the economic crisis of 2008, it is evident that, as Sanders postulated, 'Zimbabwe's basic healthcare improved since gaining independence in 1980 as a result of initiatives the government put in place to reconstruct the country. According to Sanders (1993, p. 86), 'due to the expansion and advancements in the field of primary health care, which included improvements in nutrition, water, and sanitation, most of the major health indicators and service utilization generally improved'

1990 was the beginning of socio-economic and health crisis in Zimbabwe (1994). Bijlmakers and Chihanga (1996) noted that, National Budgetary resources for the health sector were cut after the Economic Structural Adjustment Programme (ESAP) was implemented in 1990. Despite the sector's promotion of decentralized planning, there was little corresponding transfer of power in the field of budgeting and finances, which hindered efficient program implementation at the district and individual health facility level (1996). People living below the poverty datum line could not survive the ESAPS. From 1990 Buzuzi et al postulated that, 'Since 1990, there have been numerous factors that have contributed to a deteriorating health system, including weakening of national income and economic structure, a huge national debt, frequent droughts, and widespread of HIV and AIDS (Buzuzi, 2016). There was also the introduction and re-introduction of health and national policies that affected and weakened the health sector in this case the maternal health sector. Mortality and morbidity rates increased because of the weakened health sector. The policies had ripple effects on the poor families in Mbare in particular, who were living under the poverty datum line. The effects of declining economy were experienced in 2008 the era of hyperinflation. Clemens and Moss (2005) noted that, the nation not only faced hyperinflation and economic deterioration, but it also experienced brain drain as a lot of specialized workers left the country in pursuit of better opportunities in different parts of the world. As a result the

health sector was further weakened. The government could not address the health resource gaps that were in the poor suburbs of the country, thus the poor became poorer because there was no solution that was given to the poor masses of the country. Hence, the general masses suffered abject poverty during this era.

FINDINGS AND DISCUSSION.

In the findings the researcher observed that pregnant teenage girls faced difficulties in their health seeking behaviours. The year 2008 was difficult for teenage pregnant mothers as they relied on parents and relatives for financial support since their husbands were not financially stable to take care of them and hospital bills to seek maternal health care services at Mbare Polyclinic. WHO has reported that ages 13-19 is the ripe where both adolescent boys and girls become more sexually active and wanting to experience the desires of their flesh. Therefore, if the young generation does not receive adequate sexual and contraceptive education the community is bound to have more child marriages as the age range is the that experiments with sexual desires. The findings from this study have revealed that the participants were from poor households. The lack of material resources as a result of poverty in Mbare has caused a number of teenage pregnancies because the young girls were seeking means of survival. From the interviews and focus groups, very few pregnancies were as a result of rape, child marriages from religious sectors, peer pressure to mention a few among others.

Predominantly, lack of material resources pushed young girls to make decisions that they end up regretting or that they end up in a precarious predicament. From the findings the researcher observed that in order to survive teenage girls from Mbare looked for easiest ways to get financial assistance and the easiest way was to make ends meet on the basis of their bodies. They were involved in sexual activities without sexual education and knowledge thereby the end result was unwanted pregnancies and sexual transmitted diseases such as STI/STD or HIV/AIDS. Atuyambe et al (2008) postulated that, teenage mothers are more disadvantaged when it comes to health seeking behaviours because at first they do not have the freedom of seeking their sexual reproduction health care services. Therefore, they are at risk of poor maternal health and infant outcomes such as stillbirths, low-birth-weights, mortality and morbidity rates (Atuyambe et al, 2008). One of the poor maternal health care that the researcher observed during the research is that the participants booked late for their pregnancies because of lack of finances. In an interview with one of the key informants, Chiweshe (2021) reiterated that, 'I got pregnant at the age of fifteen. I was staying with my aunt, my father's sister who was also a widow. It was quite hard for my aunt to look for finances to sponsor my antenatal care services. I only attended once'. During the focus groups the participants also concurred that the lack of material resources has affected their seeking behaviours. Economic hardships has resulted in constraints so much so that attending antenatal care was a luxury. Thus it led to incomplete usage of antenatal health care.

The economic crisis that the country experienced in 2008 resulted in the deterioration of quality of care and services in the health sector; the dramatic decline in the health budget translated into an increased reliance on user fees, which had a significant impact on all service users, the poorest in particular. Quality of care and services at Edith Opperman affected the health seeking behaviours of teen mothers in Mbare. Thus, health financing mechanisms are an important component of a health system. For this reason, the government proposed an intentional sustainability plan to set action steps in reducing teenage pregnancies in Zimbabwe in general and in Mbare in particular. Buzuzi et al (2016, p. 28) noted that, 'in 2008 a low percentage or not enough resources were mobilised for health care as a result access to health care was insufficient and the quality of services was poor'. Thus, sustainable development policies are required to build and promote sustainability in avoiding teenage pregnancies. It is also important to note that what also contributed to the poor care and quality of services was the salary that the health providers were receiving. Their income frustrated them to extend of not giving maximum effort in their occupation to improve health care. The hyperinflation during this period made the government to pay the hospitals and health providers at a later date. By the time the money got to hospitals and health providers it had depreciated so much so that the hospitals could not afford to

buy medicines and service their machines Buzuzi et al (2016, p. 28). Therefore, sustainable development policies are also important in improving the health workers welfare and working environment.

Poverty affected the decision making of teen mother in health seeking behaviours in 2008. Key participants were affected by the economic hardships that roamed the country during this period. After falling pregnant participants noted that they were not able to attend ANCs because it was not their decision to make. Age and lack of material resources disempowered their decision making in seeking maternal health services. Hence the elders and the moneyed family made decisions for them even though they were not comfortable to go with the decisions made. The findings of this observation agree with Atumbaye et al that, 'teenage mothers lack decision making powers. Therefore they are disempowered to make their own maternal health care decisions because they are regarded as not knowledgeable enough to do so'(Atuyambe et al, 2008). On another note, teen mothers could offer little or no information about user fee charging thus their power to make decisions on maternal health care was weakened. In an interview with Patience Hwata, she noted that,' I only knew back then that there was inflation, that there was high cost of everything, but to know what it really meant, I had no idea. What I only saw was that my family was struggling and that my pregnancy exacerbated the struggle'.

Availability of transport became scarce in 2008. During the economic hardship period, there was the skyrocketing prices in fuel as result it affected the costs and reliability of mode transport such as buses, omnibuses and taxis. Teenage mothers were affected because in their poor backgrounds, the increase in fuel culminated into high transport costs so much so that they were not able to attend ANCs or delivery. They resolved to go to traditional birth attendants who were in their vicinity where they could go by foot and save time to and money to go to Edith Opperman Maternity Unit. Poverty restrained them from hiring taxis, or boarding a bus or an omnibus to move one place to another seeking health services.

Health providers' attitude towards teen pregnant girls has affected the health seeking behaviours of teen mothers. Indeed getting pregnant or getting married at a tender age is illegal but the health care system should give support to the young mothers because already they are going through a very difficult phase in their lives. Health personnel's judge, label, and stereotype the teen mothers so much so that they cause more emotional damage. In an interview with Stacy Saurombe she noted that, .Edith Opperman in 2008 had very poor maternity services. The quality of care was poor, maybe it was also exacerbated by us teen pregnant mothers coming to attend ANCs. The nurses were not being paid so maybe they were throwing their frustrations at us.' From the findings the researcher observed that the nurses and midwives were not only throwing frustrations on the young mothers but they were trying to conscientise them that getting pregnant at an illegal age is unheard and they should be an example to the others that it is uncalled for. Joyce Garavenga noted that,' I got pregnant when I was sixteen, despite the fact that my parents had managed to raise money to send me to the clinic to attend my ANCs, I decided not go because the stuff attitude. I just could not cope. The fear of humiliation overwhelmed me. I just could not face the world. Generally, getting married or pregnant at a young age attracts labelling and judgements from the health providers', society, friends and relationships. The stereotyping from the health providers has made the teen mothers not to attend maternal health care services rather they preferred going to the popular traditional birth attendants in Mbare in the likes of Mbuya Zororo, Mbuya Hwata, Mbuya Chaura to mention a few among others, where they could find solace, empathy and better maternal services. Rahman (2016) has noted that less than fifty-one percent of teen pregnancies attend antenatal care. The reason being that they fear humiliation, labelling, and judgements which in turn has ripple effects on their emotional health. Therefore, health providers' attitude has affected the health seeking behaviours of teen mothers in Mbare.

CONCLUSION

The African societies in general and Zimbabwe in particular, have created social hierarchs and social divisions so much so that these social hierarchs and social expectations have created and established disadvantages, damages, health discriminations and health disparities for teenage mothers. Many adolescent mothers have faced health discrimination as a result of being pregnant at a young age, contrary to social expectations. For this reason, this article concludes that, the process of developing sustainability does not involve establishing a status quo, but rather keeping your finger on the pulse of changing community demands and responding to them. Developing clear, creative ways to talk about the need of investing in adolescents' health and well-being, including successful teen pregnancy prevention programmes and activities, is critical for long-term sustainability. It also covers youth empowerment and engagement. They find their own voice to convey their health needs and their support for the programmes you provide.

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ABOUT THE AUTHOR

Tatenda C. Matirongo is a PhD student at the University Of Zimbabwe. She first attained the Honors Degree in History in 2016, then Masters in African History in 2018. Although her Honors Degree focused on ZANLA Guerilla camps in Mozambique, from Masters Degree her interests shifted to Medical Humanities. Her interests are now in Medical History, mainly focusing on Maternal Health Care in Zimbabwe. Teenage pregnancies is an area of interest of the author.