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Navigating unintended pregnancies in higher education: Cultural meanings, mental health, and academic experiences for female students in Zimbabwe

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Abstract

Unintended pregnancy among female students in higher education poses a significant threat to educational trajectories and mental well-being in Zimbabwe, where female enrolment now exceeds that of males. Drawing on Bronfenbrenner's Ecological Systems Theory and Ciurria's intersectional feminist framework, this study investigated how cultural stigma, mental health distress, and institutional gaps shape the academic experiences of female students with unintended pregnancies. Guided by three objectives—to explore the social enactment and internalization of cultural stigma; to examine how cultural stigma generates mental health distress that hinders academic engagement; and to investigate how academic disruptions and institutional gaps compound challenges. The study employed a qualitative case study design grounded in constructivism. Semi-structured interviews were conducted with 20 participants: 10 female students aged 19-24 who experienced unintended pregnancies and 10 lecturers from higher education institutions in Masvingo Province, Zimbabwe. Four themes emerged: cultural meanings framing pregnancy as a moral transgression with gendered accountability; mental health distress, including fear and anxiety that impair concentration; academic disruptions, such as absenteeism and declining performance, compounded by stigma; and institutional gaps characterized by absent policies and staff guidance. Students relied on informal networks while institutions remained passive. The study concludes that cultural stigma, mental health distress, and institutional gaps intersect to profoundly shape academic experiences, necessitating gender-sensitive policies, staff training, and confidential support systems in Zimbabwean higher education. *(Afr J Reprod Health 2026; 30 [21]: 40-51).*

Keywords: Unintended pregnancy, female students, cultural stigma, mental health, academic disruption, institutional gaps, Zimbabwe

Résumé

Les grossesses non désirées chez les étudiantes de l'enseignement supérieur constituent une menace majeure pour leur parcours scolaire et leur bien-être mental au Zimbabwe, pays où les effectifs féminins dépassent désormais ceux des hommes. En s'appuyant sur la théorie des systèmes écologiques de Bronfenbrenner et sur le cadre féministe intersectionnel de Ciurria, cette étude examine comment la stigmatisation culturelle, la détresse psychologique et les lacunes institutionnelles façonnent le vécu académique des étudiantes confrontées à une grossesse non désirée. L'étude s'articule autour de trois objectifs : explorer la manifestation sociale et l'intériorisation de la stigmatisation culturelle ; examiner comment cette stigmatisation engendre une détresse psychologique qui entrave l'engagement académique ; et analyser comment les perturbations dans le parcours scolaire, conjuguées aux lacunes institutionnelles, aggravent ces défis. La recherche a adopté une approche qualitative fondée sur le constructivisme. Des entretiens semi-directifs ont été menés auprès de 20 participantes et participants : 10 étudiantes âgées de 19 à 24 ans ayant vécu une grossesse non désirée, et 10 membres du corps enseignant issus d'établissements d'enseignement supérieur de la province de Masvingo, au Zimbabwe. Quatre thèmes principaux ont émergé : les représentations culturelles qui perçoivent la grossesse comme une transgression morale assortie d'une responsabilité genrée ; la détresse psychologique, marquée par une peur et une anxiété qui nuisent à la concentration ; les perturbations du parcours académique — telles que l'absentéisme et la baisse des résultats — exacerbées par la stigmatisation ; et les lacunes institutionnelles, caractérisées par une absence de politiques dédiées et de directives pour le personnel. Les étudiantes ont dû s'en remettre à des réseaux informels, tandis que les établissements sont restés passifs. L'étude conclut que la stigmatisation culturelle, la détresse psychologique et les lacunes institutionnelles s'entrecroisent pour influencer profondément le vécu académique. Il en découle la nécessité de mettre en place, au sein de l'enseignement supérieur zimbabwéen, des politiques sensibles au genre, des programmes de formation pour le personnel et des systèmes de soutien confidentiels. *(Afr J Reprod Health 2026; 30 [21]: 40-51).*

Mots-clés: Grossesse non désirée, étudiantes, stigmatisation culturelle, santé mentale, perturbations du parcours académique, lacunes institutionnelles, Zimbabwe

Introduction

The prevalence of unintended pregnancy among young women constitutes a pressing global health and social issue, with a disproportionate impact on those in low- and middle-income countries.[21,40] In sub-Saharan Africa, where one in five young women becomes pregnant, and half of these pregnancies are unintended, the consequences for female students in higher education are particularly acute.[3] Zimbabwe reflects this regional crisis; recent estimates indicate that in 2016 alone, young women aged 19-24 experienced approximately 45,000 unintended pregnancies, a figure that underscores a direct and significant threat to the educational trajectories and well-being of a generation.[22,5] Unintended pregnancy poses a serious challenge for female undergraduate students, with a high prevalence reported in studies from various countries and in Zimbabwe.[33,36,40,44,52,55] The burden is significant, with research from African institutions indicating prevalence rates can be as high as 43.6% or even 85.2%. A systematic review in Ethiopia found that approximately 5.06% of female students had undergone an induced abortion, often as a consequence of an unintended pregnancy.[47]

Literature documents that unintended pregnancy among female students in higher education is increasingly recognized as a multidimensional crisis, shaped not only by health and academic challenges[53,54] but also by deep-seated cultural and moral framings.[33,38,45,48] Globally, particularly in sub-Saharan Africa, unintended pregnancy is often framed as a moral transgression—a failure to adhere to culturally sanctioned norms of sexuality and respectable womanhood—a framing that intensifies psychological distress, including heightened anxiety, depression, and emotional stress from social judgment and cultural pressure.[33,38,45,48] In Zimbabwe, where patriarchal and religious expectations of womanhood remain potent, unintended pregnancy is viewed as a source of familial shame, especially for unmarried young women, creating a uniquely challenging predicament for female students navigating both social condemnation and academic demands.[11,30,39] Research from across the region shows that over 65% of pregnancies among young women are unintended, with Zimbabwe reporting an adolescent pregnancy prevalence of 23% among girls aged 10–19 and over 40% among those aged 15–19, many of whom are of tertiary education age representing not merely a public health failure but a direct threat to the educational futures and mental well-being of a generation of young women.[17,18,25,22,36] This challenge carries particular weight given that women now constitute the majority of university enrolments in Zimbabwe, making the educational success[53] of young women a critical imperative for gender equity and national development.[55,56]

Concurrently, a substantial body of research links unintended pregnancy to adverse academic outcomes, including reduced concentration, high absenteeism, course failure, and increased dropout rates.[19,29,42,46-,48] Physical and physiological changes during pregnancy—such as hormonal shifts, discomfort, and fatigue, interfere with students' ability to attend lectures, concentrate, and perform well on assessments, often necessitating supplementary examinations or course retakes.[24] When compounded by cultural stigma, these academic setbacks diminish students' self-concept and self-esteem, reinforcing gender disparities in educational attainment.[23,31] However, while existing studies document these tangible academic and mental health consequences, they offer limited insight into the mechanisms through which cultural meanings, institutional responses, and lived experiences intersect to shape outcomes. A critical gap remains in understanding how female students in Zimbabwe specifically manage the interplay among cultural stigma, psychological distress, and academic pressures within tertiary institutions. Therefore, the study sought to investigate how cultural stigma, mental health distress, and institutional gaps shape the academic experiences of female students with unintended pregnancies in Zimbabwean higher education. The following objectives guided the study:

1. To explore the social enactment and internalization of cultural stigma around unintended pregnancy among female students.
2. To examine how cultural stigma generates mental health distress that hinders academic engagement.
3. To investigate how academic disruptions and institutional support gaps compound challenges for pregnant students.

Theoretical and conceptual framework

This study employed an integrated theoretical framework combining Bronfenbrenner's Ecological Systems Theory[10,13] with Ciurria's intersectional feminist theory[9] to analyze the complexity of unintended pregnancy among university students. Bronfenbrenner's model maps the nested ecological systems surrounding a student from immediate relationships to broader cultural contexts while

intersectional feminist theory illuminates how patriarchal ideologies construct and police female morality, particularly around sexuality.

From this perspective, an unintended pregnancy is understood as a biological event transformed into a profound cultural and moral transgression, interpreted as a perceived failure to embody ideals of "respectable womanhood" defined by sexual purity.[13] This moral judgment is actively produced and reinforced across every layer of the student's ecological world:

Microsystem: Strained relationships with family (disappointment, shame), shifts in peer relationships (isolation, gossip), and encounters with lecturers (unsupportive to overtly discriminatory.[10]

Mesosystem: Interactions between home and university reveal how a family's decision to withdraw support shaped by cultural notions of shame directly affects academic attendance, creating cascading instability.

Ecosystem: Broader structural influences, including institutional policies regarding maternity leave, flexible academic arrangements, and support services.

Macrosystem: Powerful cultural norms, religious beliefs, and societal attitudes in the Zimbabwean context that stigmatize unintended pregnancy, especially for unmarried young women.[10]

Chronosystem: The essential dimension of time, emphasizing that effects evolve from immediate trauma of disclosure through pregnancy to long-term implications for academic progression, life goals, and mental health.[2]

The psychological toll of unintended pregnancy, fear, anxiety, and emotional turmoil is not merely a private response but is actively produced by this multi-systemic moral condemnation.[45]Higher education institutions function as key "moral terrain" where, as recent research notes, a pregnant student becomes a visible symbol of deviance.[31] By integrating these theoretical frameworks, the study moves beyond focusing on the individual student to systematically examine how personal relationships, institutional failures, and powerful gendered cultural forces interact to shape challenges.

Methods

A qualitative case study grounded in the constructivist paradigm[14-16] was chosen to explore participants' beliefs and attitudes. This paradigm holds that reality is socially constructed and that individuals actively shape their understanding of the world through interactions with others [14,15]

Study setting and population

The study was conducted in Masvingo Province, Zimbabwe, at a public university with four faculties: Social Sciences, Education, Law, Nursing, and Natural Sciences, and students enrolled at a neighboring technical college. The region has seen a steady increase in female tertiary enrollment, yet societal norms around premarital pregnancy and sexuality continue to stigmatize and morally scrutinize pregnant students.[15] The research focused on ten female students who were not married and had experienced unintended pregnancies while enrolled in these institutions during their first, second, third, and final years, as well as on lecturers who had taught them. Data collection took place between January 2025 and June 2025, capturing students' experiences during and after their pregnancies.

Sampling strategy

Purposive and snowball sampling were used to identify information-rich participants.[16] The total sample comprised 20 participants: 10 female students and 10 lecturers. Lecturers were purposefully selected for their teaching and assessment roles, providing complementary institutional perspectives that enhanced reliability through data triangulation. Lecturers were included to enable data triangulation, providing complementary institutional perspectives that corroborated and contextualized student narratives. As frontline institutional actors who interact directly with pregnant students, lecturers offered critical insights into the implementation (or absence) of institutional policies, the nature of academic accommodations, and the discretionary practices that shape student outcomes and perspectives that students alone could not fully articulate. The authors used snowball sampling to select ten female students who had experienced unintended pregnancies while attending college or university. A pre-screening process ensured that potential participants met the study's inclusion criteria. During pre-screening, the authors asked: "Was your pregnancy intended at the time it occurred?" Those who responded negatively were included. This approach clarified that the study focused on unintended pregnancies rather than making assumptions about whether the pregnancy was unwanted, a distinction the literature emphasizes.[17] Eight of these pregnancies resulted in live births, with the infants placed with caregivers or grandmothers while the students continued their studies, and two resulted in abortion before full term.

Researchers used snowball sampling to identify female students who had become pregnant;

those identified were then screened to determine whether their pregnancies were intended or unintended. Students were selected based on the following criteria: they were currently enrolled in higher education institutions in Masvingo Province, had experienced an unintended pregnancy during their studies, were willing to discuss their experiences in detail, and were between the ages of 19 and 24. The authors reached data saturation when no new themes emerged from successive interviews.

Data collection tools

The authors collected data through in-depth, semi-structured interviews, allowing participants to share detailed narratives of their experiences. Semi-structured interview guides were developed to explore the academic experiences of female students with unintended pregnancies and the perspectives of their lecturers. The guides were informed by the study's three research objectives and an integrated theoretical framework comprising Bronfenbrenner's Ecological Systems Theory and Ciurria's intersectional feminist theory, ensuring coverage of cultural stigma, mental health distress, academic disruption, and gaps in institutional support. For students, questions explored social reactions, internalized shame, psychological distress, academic challenges, and support mechanisms; for lecturers, questions examined institutional policies, academic accommodations, and staff practices regarding pregnant students. The interview guides were iterative, with new questions added based on emerging themes from participant responses, enabling in-depth exploration of the lived experiences and institutional contexts shaping pregnant students' educational trajectories.

Data collection procedure

Participants were recruited via institutional emails (lecturers) and purposive/snowball sampling through student support services (students). All participants provided written informed consent after receiving detailed information about the study's purpose, procedures, and their right to withdraw at any time. Interviews were conducted in person at locations chosen by participants to ensure comfort and privacy, with each session lasting 60-90 minutes. Interviews were conducted in English and Shona, depending on participant preference. For Shona interviews, a bilingual research assistant reviewed direct translations to ensure accuracy. All interviews were audio-recorded. Data collection was iterative, with new questions added to the question guide based on previous participants' responses.

Data analysis

Data were analyzed manually using Braun and Clarke's thematic analysis framework, which supports both inductive and deductive approaches to identify patterns within qualitative data.[9] Following verbatim transcription, a deductive lens was applied, guided by the study's conceptual focus. The first author conducted open coding of all transcripts, generating 87 initial codes. The second author reviewed these codes and independently coded a subset (30%) of transcripts to assess consistency. Discrepancies were resolved through discussion. Following this, axial coding organized codes into candidate themes, which were then reviewed against the full dataset. Themes were refined iteratively until they captured the conceptual essence of participant narratives.

To ensure trustworthiness, the study employed Lincoln and Guba's criteria.[19] Credibility was established through prolonged engagement (6 months in the field), member checking with 5 participants who confirmed themes reflected their experiences, and peer debriefing. Transferability was supported by thick description of the context, participants, and settings. Dependability was ensured through an audit trail documenting all research decisions and independent coding review. Confirmability was maintained through reflexive journaling to bracket researcher assumptions and triangulation across student and lecturer interviews.

Ethical consideration

Ethical approval was obtained from the Institutional Review Board (Protocol Number: GZU/IRB/2024/023). We obtained informed written consent from all participants before any data collection. Participants were informed of their right to withdraw at any time without penalty. We preserved confidentiality by using pseudonyms and securely storing data. Due to the sensitive nature of the topic, participants were made aware of available counseling and support services. No participants requested counseling services during or after interviews. We interviewed lecturers to gather insights into general institutional challenges, not to obtain individual students' confidential academic records. At no point were the names of specific pregnant students disclosed by the research team.
Confidentiality was maintained by using pseudonyms and participant codes (e.g., FS2, FS8, LECT2) throughout the presentation of findings, conducting interviews in private locations chosen by participants, and securely storing all data, ensuring no identifiable information was disclosed to third parties or linked to participants' narratives.

Results

The study sought to investigate how cultural stigma, mental health distress, and institutional gaps shape the academic experiences of female students with unintended pregnancies in Zimbabwean higher education. The findings are presented under four themes that emerged from the analysis and are organized to reflect the study's focus on cultural meanings, mental health, and academic experiences: (1) Cultural meanings of unintended pregnancy: stigma, morality, and gendered shame; (2) Mental health consequences: fear, anxiety, and emotional turmoil; (3) Academic disruption: absenteeism, concentration difficulties, and declining performance; and (4) Institutional gaps and the absence of support. Table 1 summarizes participant demographics. The table below presents participant demographics.

Note. N/A = not applicable. Institution type refers to the type of higher education institution participants attended. Disciplines represent the academic faculties or departments with which participants were affiliated. Lecturers' disciplines reflect those in which they taught students who had experienced unintended pregnancies.

Table 1: Participant demographics

Characteristic	Female Students (*n* = 10)	Lecturers (*n* = 10)
Sex	Female = 10	Male = 6, Female = 4
Age range	19–24 years	35–58 years
Institution type	University = 7, College = 3	University = 6, College = 4
Year of study	1st = 2, 2nd = 4, 3rd = 3, 4th = 1	N/A
Discipline	Social Sciences, Education, Law, Nursing	Social Sciences, Education, Law, Nursing, Sciences

Theme 1: Cultural meanings of unintended pregnancy: stigma, morality, and gendered shame

All student participants described experiencing stigma as a defining feature of their unintended pregnancy, framed within cultural meanings of sexuality, morality, and womanhood. This manifested as overt judgment from peers and family, and as an internalized sense of shame that profoundly shaped their actions and mental state. The cultural meanings attached to pregnancy were inseparable from gendered expectations of respectability, with participants describing how their pregnancies were interpreted as moral failures rather than as reproductive health events.

Case Study 1: **FS2** "They treated me as if I had done something terribly wrong"

FS2 was a second-year social sciences student when she discovered she was pregnant at 19. Her pregnancy was the result of a relationship with a fellow student who, upon learning of the pregnancy, stopped answering her calls and eventually transferred to another institution. When her classmates discovered her pregnancy at five months, the nature of her daily interactions changed dramatically:

*"When my classmates found out I was pregnant, they treated me as if I had done something terribly wrong. Some stopped talking to me. One girl who used to sit next to me every day moved to the back of the lecture hall without explanation. I could hear them whispering when I walked in, they would suddenly go quiet and then laugh. I stopped raising my hand in class because I didn't want to draw attention to myself."***FS2**

The cultural meaning of **FS2**'s pregnancy was constructed through social exclusion, her body became a symbol of moral transgression. The shame she describes is socially produced and enacted through peer rejection. When asked whether any lecturer had reached out to her, FS2's response revealed how cultural meanings were reinforced by institutional silence:

"No one asked why I stopped talking in class or why my grades dropped. It was like I became invisible. One lecturer would look at my belly sometimes during lectures and then quickly look away. I felt like I no longer belonged to the group."

Her use of the word "invisible" captures the dual erasure shaped by cultural meanings: her pregnancy made her hyper-visible as a deviant body while simultaneously rendering her invisible as a student deserving of academic support.

Case Study 2: **FS8** – "When I walk across campus, I hear whispers"

FS8 was a third-year nursing student when she became pregnant at 21. Her narrative revealed how cultural meanings of pregnancy were enforced through public surveillance and judgment:

"When I walk across campus, I hear whispers. Sometimes I hear the words 'zvakadaro' [it is done] or 'akazvibata sei' [how did she let herself get there]. People look at me from head to toe. I try to walk fast with my eyes down, but you cannot escape it. Even in the cafeteria, the women who serve food look at me with pity and judgment.

The public nature of stigma is central to **FS8**'s experience, revealing how cultural meanings are embedded in everyday interactions. Her strategy of walking with eyes down represents a bodily adaptation to constant surveillance. **FS8** also described her family's reaction, revealing how cultural meanings operated at the mesosystemic level:

"My father called me a disgrace. He said I had 'brought shame to the family.' He told my mother that she should have 'watched me better.' My mother cried for three days. They did not come to see me in the hospital when I gave birth."

The father's comment deflects responsibility onto the mother, illustrating the gendered accountability structures where women disproportionately bear cultural meanings of shame. At the same time, male partners remain unaccountable, a finding that directly addresses the study's cultural dimensions.

Theme 2: Mental health consequences: fear, anxiety, and emotional turmoil

Participants described profound psychological distress that was inseparable from the cultural stigma they experienced. The fear of judgment, internalized shame, and emotional turmoil they described were not merely private responses but were actively produced by the cultural meanings attached to their pregnancies. These mental health consequences shaped their daily lives and academic engagement.
FS2's narrative revealed the psychological toll of cultural judgment:

"I stopped raising my hand in class because I didn't want to draw attention to myself. I felt like I no longer belonged to the group."

Her withdrawal from class participation reflects anxiety and diminished self-worth—direct mental health consequences of stigmatization.
FS8 described how the constant fear of judgment affected her mental state and concentration:
"I will be trying to listen to the lecturer, but I keep thinking about who saw me on the way to class, who might be talking about me. My mind is not on the lecture."

This quotation explicitly links cultural stigma to mental health by naming the cognitive cost: her attention is divided between academic content and anxiety about social judgment. This represents a specific form of psycho-academic harm produced by the cultural environment.
FS5, a first-year student who attempted to conceal her pregnancy, described the emotional burden of secrecy:

"I stopped going to tutorials because there are only ten of us. They would see. I told my friend I was sick, but I was just hiding in my room. I fell behind in assignments, but I couldn't tell anyone why."

The fear of discovery produced anticipatory shame and anxiety, leading to isolation and emotional distress. Her GPA dropped from 3.2 to 2.1 that semester, demonstrating the tangible academic consequences of mental health struggles.
FS4 described the emotional exhaustion of managing both academic demands and the psychological burden of her pregnancy:

"I was always tired, not just from the pregnancy but from the stress of hiding it. I couldn't sleep at night thinking about what people would say. I would wake up and feel like I couldn't face anyone."

These narratives reveal that the mental health consequences of unintended pregnancy—fear, anxiety, and emotional turmoil—are not merely individual responses but are actively produced by the cultural meanings and social judgment participants encountered.

Theme 3: Academic disruption: absenteeism, concentration difficulties, and declining performance

Participants detailed how the combination of physical demands, emotional distress, and social stigma led to tangible academic consequences, including absenteeism, missed deadlines, and reduced concentration.
FS3 described the physical challenges interacting with academic expectations:

"I could not attend morning lectures during my second trimester because of nausea and fatigue. No lecturer asked why I was absent. I would look at the notes online, but it is not the same as being there. I

failed my mid-semester exams because I did not understand the material."

The phrase "no lecturer asked why I was absent" is striking. **FS3**'s absence was noticed as attendance was taken but no one inquired. This institutional silence signals that her situation is not the university's concern, reinforcing her isolation and compounding academic difficulties.
FS5's attempt to conceal her pregnancy led to a different form of academic disruption:

"I stopped going to tutorials because there are only ten of us. They would see. I told my friend I was sick, but I was just hiding in my room. I fell behind in assignments, but I couldn't tell anyone why."

Her GPA fell from 3.2 to 2.1 that semester, demonstrating that anticipatory shame, the fear of what might happen if her pregnancy became known causes measurable academic harm.
FS8 described how her inability to concentrate affected her academic engagement:

"In class, I sit at the back now. I used to be the one who answered questions, who led group discussions. Now I cannot concentrate."

This pattern of withdrawing from active participation, coupled with declining concentration, illustrates how the mental health consequences of stigma translate directly into academic disengagement.
FS4 described how missed deadlines and incomplete work compounded her academic challenges:

"I missed two assignment deadlines because I was too exhausted and stressed to finish them. I tried to explain to my lecturer, but I didn't know how to tell him why. He just said I would get a zero."

The academic disruption participants experienced was not solely due to physical demands but was inextricably linked to the cultural stigma and mental health consequences they faced.

Theme 4: Institutional gaps and the absence of support

This study identified a critical institutional gap, the absence of formal policies, confidential support mechanisms, and staff training that actively amplifies cultural stigma, exacerbates mental health distress, and compounds academic disruption.

FS1, a final-year law student, actively chose to disclose her pregnancy to her faculty, hoping to access support:

"I went to the Dean's office to ask if there were any policies for pregnant students. I told him I just needed to know if exams were flexible because my due date was close to the exam period. He looked at me for a long time and said, 'We do not have such policies. You will have to take your exams when they are scheduled or defer.' There was no offer of advice, no referral to anyone else. I walked out feeling like I had done something wrong by asking."

The Dean's response, "We do not have such policies" constitutes institutional abandonment. The absence of policy is not neutral; it fails to create pathways for accommodation, leaving students to navigate cultural stigma and mental health distress without institutional support.
Lecturer perspectives corroborated this pattern of uncertainty. **LECT2** stated:

"We usually only realize when students fail to submit assignments or miss classes repeatedly. At that point, it becomes challenging to offer meaningful support. I had a student last year who missed three assignments. When I asked her what was wrong, she broke down and told me she had been pregnant and had given birth during the break. I felt terrible that I hadn't known sooner, but honestly, I didn't know what to do. There is no guidance on how to support these students."

This quotation reveals that institutional gaps affect not only students but also staff, who are left without guidance and must navigate sensitive situations without formal protocols.
LECT5 offered a more critical perspective on institutional responsibility:

"I have had pregnant students in my classes for years. Each time, I find myself making things up as I go, allowing extra time, sharing notes, telling them to focus on their health. But this should not be left to individual lecturers. Some of my colleagues are not sympathetic. I have heard one lecturer say that pregnant students 'made their own bed.' Without policy, we are just guessing. And when lecturers guess, some guess compassion, but some guess judgment."

This quotation directly addresses the institutional gap: without policy, individual discretion governs outcomes, producing inequitable treatment.

The institutional vacuum means that whether a student receives support depends on the individual lecturer's disposition rather than established protocols, compounding the cultural stigma and mental health burden students already face.
Without formal support mechanisms, students must rely on fragile informal networks. **FS4** shared:

"My roommate helped me take notes, and my older sister took care of some of the errands, which allowed me to submit assignments."

FS6 shared:
"I joined an online forum for young mothers at university, which helped me realize I wasn't alone."

FS5, who had left her baby with her grandmother, described her return to campus as "starting over in silence":

"No one at the university knows I have a child. I made sure of it. When people ask why I was absent, I say I had family problems. I cannot carry that shame again."

These narratives highlight a profound mismatch: the burden of adaptation falls entirely on the individual and her private network rather than being shared by the institution. While demonstrating resilience, this represents an inequitable distribution of pregnancy's costs, borne almost exclusively by young women while institutions remain passive and cultural norms unchallenged.
Policy and individual discretion govern outcomes, producing inequitable treatment.

Discussion

The study sought to investigate how cultural stigma, mental health distress, and institutional gaps shape the academic experiences of female students with unintended pregnancies in Zimbabwean higher education. Drawing on Bronfenbrenner's Ecological Systems Theory[10] and Ciurria's intersectional feminist framework,[13] the discussion is organized around four themes: cultural meanings of unintended pregnancy; mental health consequences; academic disruption; and institutional gaps.

Cultural meanings of unintended pregnancy

The study found that unintended pregnancy is profoundly shaped by cultural meanings that frame it as a moral transgression rather than a reproductive health event. Participants described stigma as an active social process of exclusion and surveillance, consistent with research across Southern Africa establishing that pregnancy among unmarried students leads to stigma.[6,7,8,20,38.] Within this cultural-moral framework, unintended pregnancy is regarded as taboo, shameful, and a source of profound psychological stress.[21]
These findings extend prior literature by demonstrating how cultural meanings operate through gendered accountability structures. FS8's father calling her a "disgrace" and FS2's male partner facing no social consequences exemplify what Ciurria[9] terms "the mysterious case of the missing perpetrators." This aligns with observation 11 that in African contexts, girls bear the full burden of stigma while boys face few consequences. The public nature of stigma like FS8 hearing whispers of "*zvakadaro*" [it is done] and "*akazvibata sei*" [how did she let herself get there] reveals how cultural meanings are embedded in everyday interactions, reflecting Mpofu and Ganga's[31] observation that universities function as "moral terrain" where pregnant students become visible symbols of deviance. Within Bronfenbrenner's framework,[10] these cultural meanings operate across all ecological levels, from the macrosystem (societal attitudes) through the mesosystem (family reactions) to the microsystem (peer and lecturer interactions).

Mental health consequences

Participants described mental health consequences such as fear, anxiety, and emotional turmoil that were actively produced by cultural stigma. FS8's statement "*I will be trying to listen to the lecturer, but I keep thinking about who saw me on the way to class*" provides direct evidence of how stigma translates into psychological distress that impairs cognitive functioning. This aligns with Siegel and Brandon's argument that the psychological toll of unintended pregnancy is produced by multi-systemic moral condemnation[45].

The study extends prior literature by demonstrating specific mechanisms through which cultural meanings produce mental health harm. FS5's anticipatory shame of hiding in her room and falling behind in assignments represents internalized stigma, where cultural meanings are absorbed and transformed into self-judgment.[21] This psychological distress was compounded by institutional silence; FS2's observation that "no one asked why I stopped talking in class" reveals how institutional inaction amplifies distress by communicating that her situation is not the university's concern, consistent with Amoah and Asante's[4] observation of institutional neglect in African higher education.

Within Bronfenbrenner's framework,[10] mental health consequences emerge from multiple ecological levels: peer rejection and lecturer avoidance (microsystem), family withdrawal of support (mesosystem), and cultural norms framing pregnancy as shameful (macrosystem). The chronosystem dimension is also relevant, as psychological effects evolve from immediate trauma through ongoing pregnancy to long-term implications for self-concept and academic trajectories.

Academic disruption

The study found that unintended pregnancy led to tangible academic consequences—absenteeism, missed deadlines, and declining performance compounded by cultural stigma and mental health distress. FS3's inability to attend morning lectures due to nausea and subsequent exam failure illustrates the direct impact of physical demands, consistent with Namukisa *et al.*[33] and Tadese et al.[47]. However, the study extends this literature by demonstrating that academic disruption is inextricably linked to stigma and mental health. FS5's GPA dropping from 3.2 to 2.1 following pregnancy concealment demonstrates how anticipatory shame produces measurable academic harm, supporting Maphie's[22] finding that "loss of concentration" may stem as much from anxiety and fear of social judgment as from physiological fatigue.

The academic disruption reflects the interaction of multiple ecological systems. At the microsystem level, strained peer and lecturer relationships affected academic engagement. At the mesosystem level, the interaction between home and university created cascading instability; FS3's observation that "*no lecturer asked why I was absent*" reveals how institutional silence, combined with family pressures, left students to navigate challenges alone. The chronosystem is also relevant, as academic disruption evolved from missed lectures to long-term implications for grades and educational trajectories.[8] These disruptions reinforce gender disparities in educational attainment when compounded by cultural stigma. FS5's decision to return "starting over in silence", ensuring "*no one at the university knows I have a child*" reveals how fear of renewed stigma perpetuates academic disruption long after pregnancy has ended.

Institutional gaps and absence of support

The study critically identifies institutional gaps that actively amplify cultural stigma, exacerbate mental health distress, and compound academic disruption. FS1's experience of disclosing to the Dean and receiving "We do not have such policies" exemplifies institutional abandonment and represents exosystem failure in Bronfenbrenner's framework.[7] This aligns with Amoah and Asante's[23] observation that institutions "just leave" pregnant students to navigate education without support.

Lecturer perspectives corroborated this failure. LECT2's admission that "I did not know what to do. There is no guidance" reveals that institutional gaps affect staff as well as students. LECT5's observation that "when lecturers guess, some guess compassion, but some guess judgment" reveals how policy absence creates inequitable outcomes. Applying Ciurria's[13] ameliorative analysis shifts the gaze from what the pregnant student "did wrong" to how institutional arrangements exclude and punish her. Lecturers' uncertainty is not a personal failing but a symptom of a system that provides no guidance, allowing normative biases to dictate practice. This extends Msipu Phiri et al.'s[32,33] systematic review finding that institutional support systems are absent or inadequate across African universities.

In the face of this vacuum, students demonstrated agency through informal networks with roommates took notes, online forums provided connection, grandmothers cared for children consistent with Kabir and Olufemi's[23,24] research on coping strategies of pregnant students in Nigeria. However, Ciurria's[13] non-ideal lens reveals that such "resilience" represents an inequitable distribution of pregnancy's costs, borne almost exclusively by young women while institutions remain passive and cultural norms unchallenged. FS5's decision to ensure "no one at the university knows I have a child" because she "cannot carry that shame again" reveals how the burden of adaptation extends beyond pregnancy, shaping academic identities long after return to campus.

Limitations and implications

This small qualitative study has limitations that affect the generalizability of its findings. The sample was drawn from one province and may not represent all higher education settings in Zimbabwe. The study included only students and lecturers, excluding the perspectives of administrators, healthcare providers, and policy-makers. The cross-sectional design captures experiences at a single point, and self-reported data may be subject to recall and social desirability bias. Despite these limitations, the study offers important implications for policy and practice. Zimbabwean institutions urgently need gender-

sensitive policies supporting pregnant and parenting students; confidential support systems; staff training to provide non-judgmental support; and awareness campaigns challenging cultural norms that fuel discrimination. For policy-makers, the current reality where pregnant students navigate education under moral condemnation and without institutional support represents a failure of justice requiring immediate redress.

Conclusion

This study found that female students with unintended pregnancies face profound stigma that is socially enacted and institutionally ignored, producing not merely emotional distress but tangible academic disruption. Without institutional support, students rely on fragile informal networks, reflecting an inequitable distribution of pregnancy's costs. The most detrimental outcomes arise when cultural-moral judgment, institutional absence, and psychological distress converge. Universities must move beyond passive neutrality and create supportive, compassionate environments that protect all students' educational futures. Further research is needed to evaluate institutional interventions and explore administrators' and male partners' perspectives.

Authors contribution

Conceptualization CK; Methodology CK and NM; Data collection CK; Formal analysis CK and NM; Writing - original draft preparation CK; Writing - review and editing CK and NM. All authors have read and agreed to the published version of the manuscript.

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Conflict of interest

The authors declare no competing interests.

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