

THE PSYCHOSOCIAL EFFECTS OF TEENAGE PREGNANCY ON HIGH SCHOOL LEARNERS IN THE VRYHEID DISTRICT, KWAZULU-NATAL

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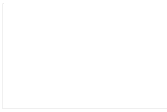
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Sciences in the Faculty of Health Sciences at the Durban University of
Technology

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Date : September 2021

Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.



14 September 2021

Signature of student

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Abstract

Teenage pregnancy in South African communities is on the increase and poses serious socio-economic and health problems. Several factors contribute to teenagers engaging in sexual activities at school. Thus, the aim of the study was to explore the psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KwaZulu-Natal (KZN) Province. To achieve this, a qualitative, exploratory and descriptive study was used to conduct the study. Naturalist paradigm that was adopted by the researcher is naturalist as participants were sharing their experiences and their realities were interpreted to find the underlying meaning of the events and activities.

The study was conducted at two high schools at eMondlo township in Vryheid District. The selected population of this was grade 12, female high school learners. The study employed both purposive and snowballing sampling techniques. Semi-structured interviews were used to collect data from learners who are currently pregnant and those that were pregnant previously. The sample consisted of 18 learners who were interviewed for the study and data was analysed by using thematic analysis. Themes that emerged from the study are lack of support and stigma, self-judgement, mental health well-being, physical health, interruption of education, resilience and training, skills, and support.

Teenage pregnancy is one of the psychosocial problems that teenagers experience and poses many challenges in their well-being. Furthermore, these challenges contributed to drop-out and poor performance at school. Physical health is a threatening concern amongst pregnant learners as well as access to health care services. Thus, schools, the Department of Education, parents, and communities must play a critical role in ensuring that interventions and prevention strategies are put in place to address teenage pregnancy in schools.

Key words: Psychosocial effects, teenager, teenage pregnancy, learners, reproductive health, mental health wellbeing.

Dedication

I dedicate this dissertation to the Lord God Almighty for giving me strength to complete the study and to my late grandmother, Elizabeth 'Mawethu' Masuku for her prayers that are still working even in her death. I will always be grateful for everything you have done for me; your love and teachings will be forever cherished.

Isaiah 41:10 New King James Version (NKJV)

'Fear not, for I am with you; Be not dismayed, for I am your God. I will strengthen you, Yes, I will help you, I will uphold you with My righteous right hand.'

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- My family for their prayers and support. I want you all to celebrate this, this is for all of us. It is my wish that may God continue to bless us in everything we do.
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Table of contents

TABLE OF CONTENTS	PAGE
Declaration	i
Abstract	li
Dedication	iv
Acknowledgments	v
Table of contents	vi
List of tables	xi
List of figures	xii
Appendices	xiii
Glossary of terms	xiv
List of acronyms	xv
CHAPTER 1: OVERVIEW OF THE STUDY	1
1.1 INTRODUCTION AND BACKGROUND	1
1.2 PROBLEM STATEMENT	3
1.3 AIM OF THE STUDY	4
1.4 STUDY OBJECTIVES	4
1.5 MAIN RESEARCH QUESTION	4
1.6 SUB-QUESTIONS	4
1.7 SIGNIFICANCE OF THE STUDY	5
1.8 STRUCTURE OF THE DISSERTATION	6
1.9 SUMMARY OF THE CHAPTER	6
CHAPTER 2: LITERATURE REVIEW	7
2.1 INTRODUCTION	7
2.2 PROCESS OF SOURCING LITERATURE	7
2.3 GLOBAL VIEW OF TEENAGE PREGNANCY	8
2.4 TEENAGE PREGNANCY IN THE AFRICAN CONTEXT	9
2.5 TEENAGE PREGNANCY IN THE SOUTH AFRICAN CONTEXT	10
2.6 THE PSYCHOSOCIAL EFFECTS OF TEENAGE PREGNANCY	13

2.6.1 Health related issues	13
2.6.2 Physical related issues	15
2.6.3 Emotional related issues	15
2.6.4 Social related issues	16
2.7 CHALLENGES THAT LEARNERS FACE REGARDING TEENAGE PREGNANCY	17
2.7.1 School drop-out	18
2.7.2 Lack of parenting skills	18
2.7.3 Poor academic performance	19
2.8 PREVENTION AND INTERVENTION STRATEGIES THAT CAN ASSIST IN ADDRESSING TEENAGE PREGNANCY	19
2.8.1 Sexual and reproductive health	20
2.8.2 Sex education	20
2.8.3 Support from family and or parent	21
2.8.4 Policies and programmes	22
2.9 SUMMARY OF THE CHAPTER	25
CHAPTER 3: THEORETICAL FRAMEWORK	26
3.1 INTRODUCTION	26
3.2 THEORETICAL FRAMEWORK	26
3.2.1 Microsystem	26
3.2.2 Mesosystem	27
3.2.3 Exosystem	28
3.2.4 Macrosystem	28
3.2.5 Chronosystem	29
3.3 SUMMARY OF THE CHAPTER	30
CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY	31
4.1 INTRODUCTION	31
4.2 RESEARCH PARADIGM	31
4.3 RESEARCH DESIGN	32

4.3.1 Qualitative research	32
4.3.2 Exploratory research	32
4.3.3 Descriptive research	33
4.4 RESEARCH SETTING	33
4.5 POPULATION	34
4.6 SAMPLE AND SAMPLING STRATEGY	35
4.7 RECRUITMENT OF PARTICIPANTS	36
4.8 DATA COLLECTION TOOL	37
4.9 DATA COLLECTION PROCESS	37
4.9.1 Adherence to COVID-19 rules and regulations during data collection	38
4.10 DATA ANALYSIS	38
4.11 TRUSTWORTHINESS	39
4.11.1 Credibility	39
4.11.2 Dependability	39
4.11.3 Confirmability	40
4.11.4 Transferability	40
4.11.5 Authenticity	40
4.12 ETHICAL CONSIDERATIONS	41
4.12.1 Autonomy	41
4.12.2 Beneficence	42
4.12.3 Self-determination	42
4.12.4 Justice	42
4.12.5 Right to privacy and confidentiality	42
4.14 SUMMARY OF THE CHAPTER	43
CHAPTER 5: PRESENTATION OF RESULTS	44
5.1 INTRODUCTION	44
5.2 SAMPLE REALISATION	44
5.3 DEMOGRAPHIC DATA	45

5.4 THE RELATIONSHIP BETWEEN RESEARCH OBJECTIVES AND INTERVIEW QUESTIONS	46
5.5 THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA COLLECTION	47
5.6 PRESENTATION OF STUDY RESULTS	49
5.6.1 MAJOR THEME 1: LACK OF SUPPORT AND STIGMA	49
5.6.1.1 Sub-theme 1: Rejection and separation	50
5.6.1.2 Sub-theme 2: Stigmatization	50
5.6.2 MAJOR THEME 2: SELF-JUDGEMENT	51
5.6.2.1 Sub-theme 1: Low self-esteem	52
5.6.2.2 Sub-theme 2: Feeling worthless	52
5.6.2.3 Sub-theme 3: Shameful	53
5.6.3 MAJOR THEME: MENTAL HEALTH-WELLBEING	54
5.6.3.1 Sub-theme 1: Depression	54
5.6.3.2 Sub-theme 2: Anxiety	55
5.6.3.3 Sub-theme 3: Suicidal thoughts	56
5.6.4 MAJOR THEME 4: PHYSICAL HEALTH	56
5.6.4.1 Sub-theme 1: Body changes	57
5.6.4.2 Sub-theme 2: Sickness and access to health care service	57
5.6.5 MAJOR THEME 5: INTERRUPTION OF EDUCATION	58
5.6.5.1 Sub-theme 1: Temporarily school drop-out	59
5.6.5.2 Sub-theme 2: Poor academic performance	59
5.6.6 MAJOR THEME 6: RESILIENCE	60
5.6.6.1 Sub-theme 1: Focus on one's self	61
5.6.6.2 Sub-theme 2: Seek help	61
5.6.7 MAJOR THEME 7: TRAINING, SKILLS and SUPPORT	62
5.6.7.1 Sub-theme 1: Programmes related to teenage pregnancy	63
5.6.7.2 Sub-theme 2: Sex education	64
5.6.7.3 Sub-theme 3: Parental involvement	64

5.6.7.4 Sub-theme 4: Use of condom and family planning	65
5.7 SUMMARY OF THE CHAPTER	66
CHAPTER 6: DISCUSSION OF RESULTS	67
6.1 INTRODUCTION	67
6.2 DISCUSSION OF RESULTS	67
6.3 RELATIONSHIP BETWEEN RESEARCH FINDINGS AND ECOLOGICAL SYSTEMS THEORY OF DEVELOPMENT	72
6.4 SUMMARY OF THE CHAPTER	73
CHAPTER 7: SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION	74
7.1 INTRODUCTION	74
7.2 SUMMARY OF THE STUDY	74
7.3 LIMITATIONS OF THE STUDY	75
7.4 RECOMMENDATIONS OF THE STUDY	75
7.4.1 Policy implementation	75
7.4.2 Adequate resources	75
7.4.3 Access to reproductive health care services	76
7.4.4 Partnership with key stakeholders	76
7.5 FURTHER RESEARCH	76
7.6 FINAL CONCLUDING REMARKS	77
REFERENCES	78
APPENDICES	108

List of tables

Table No	Name of table	Page No
Table 1.1	Structure of the dissertation	6
Table 5.1	Sample realisation for the current study	44
Table 5.2	Demographic data for participants	46
Table 5.3	Objectives and interviews questions	47
Table 5.4	Emerged themes and sub-themes	48

List of figures

Figure	Name of figure	Page
Figure 3.1	Bronfenbrenner's Ecological Systems Theory.	30
Figure 4.1	Map showing where eMondlo Township is situated	34

Appendices

Appendices	Page
Appendix 1: University ethics clearance certificate	109
Appendix 2a: Letter of request of permission from the Department of Education	110
Appendix 2b: Approval letter from the Department of Education	111
Appendix 3a: Letter of request of permission from the school principals	112
Appendix 3b: Approval letter from the School Principal A	113
Appendix 3c: Approval letter from the School Principal B	114
Appendix 4a: Letter of information for learners	115
Appendix 4b: Consent for learners	117
Appendix 5a: Letter of information for parents / Legal guardians (English)	118
Appendix 5b: Letter of information for parents / Legal guardians (IsiZulu)	120
Appendix 5c: Consent letter for parents / Legal guardians (English)	122
Appendix 5d: Consent letter for parents / Legal guardians (IsiZulu)	123
Appendix 6a: Demographic data for the interview participants	124
Appendix 6b: Interview guide	126
Appendix 7: Sample of a transcript	127
Appendix 8: Certificate from the professional editor	133
Appendix 9: Turnitin report	134

Glossary of terms

Learner

The Department of Education (2011: 5) define learner as any person receiving education or obliged to receive education. In this study, a learner refers to someone attending school for learning purposes.

Psychosocial

Psychosocial refers to the close connection between psychological aspects of human experience and the wider social experience (Eiroa-Orosa 2020: 1).

Teenager

The term “teenager” is used to denote individuals between 10 and 19 years (World Health Organization 2010: 2).

Teenage pregnancy

Teenage pregnancy is defined as pregnancy under the age of 20 years (Ghose and John 2017: 4197).

School

According to Department of Basic Education (2011: 5) school means a public school or an independent school which enrolls learners in one or more grades from grade R (Reception) to grade twelve. For purposes of this study, the term ‘school’ refers to junior primary, senior primary, secondary, primary and special schools.

Acronyms

Acronym	Full word/sentence
DBE	Department of Basic Education
DSD	Department of Social Development
KZN	KwaZulu-Natal
SRH	Sexual Reproductive Health
SSA	Sub-Saharan Africa
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNICEF	United Nations Children's Fund
UNPF	United Population Fund
WHO	World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND INFORMATION OF THE STUDY

Thobejane (2015: 273) highlights that in South Africa teenage pregnancy is growing amongst the learners, forcing them to leave school to take care of their babies. Some reports suggest that teenage pregnancy is a major public health issue in South Africa amongst school learners (Odimegwu and Amoo 2018: 44). It has been observed that teenage pregnancy has remained persistent within communities and this may be due to numerous contributing factors that have negative effects on teenagers (Maemeko, Nkengbeza and Chokomosi 2018: 89). Factors contributing to teenage pregnancy include poverty, gender inequalities, gender-based violence, use of substance abuse, poor contraceptive usage, low, inconsistent and incorrect usage of contraceptives, a limited number of health care providers and facilities of health, health workers bad attitudes and inappropriate misconduct, and inadequate sexual and reproductive health (Jonas *et al.* 2016: 2). According to Kassa *et al.* (2018: 2), teenage pregnancy is associated with high maternal and child morbidity and has a dire impact on the socio-economic development of a country. Teenage pregnancy is related to an increased risk of adverse pregnancy and childbirth outcomes compared to older women. Glynn *et al.* (2018: 1) highlight that school dropout rates are associated with early pregnancy and marriage. Some teenagers are sexually active and, in most countries, it is not about the age being in a marriage, but it is the age at the first intercourse outside marriage which contributes to teenage pregnancy (Ijarotimi *et al.* 2019: 106).

The World Health Organization (WHO) reports that relationships between teenagers and gender differences often increase the risks of teenage pregnancy (WHO 2004: 13). Thus, young males are widely perceived to need premarital

sexual experiences and have a variety of sexual partners whilst females are perceived as not doing likewise. James, Van Rooyen and Strumpher (2012: 190) state that the result of inadequate sexual and contraceptive education affects girls more than boys since they become dependent on their parents and partners for their financial needs. This practice is likely to perpetuate poverty and reduce the standard of living for women coming from rural settlements. Peterson and Bonell (2018: 52) highlight that schools are now a place where sexual activities happen most and the lack of using reproductive health is on the increase. However, Rosenberg *et al.* (2015: 928) argue that sexual activities are not likely to happen during school hours because the environment is monitored and controlled, and appropriate education is received in a manner that is safe for learners while in school.

The WHO (2018: 1) reports that annually, an estimated 21 million girls aged 15 to 19 years and 2 million girls under the age of 15 years become pregnant in developing regions. Approximately, 16 million girls aged 15 to 19 years and 2.5 million girls under the age of 16 years gave birth in developing regions in 2018. Furthermore, the global adolescent birth rate has declined from 65 births per 1000 women in 1990 to 47 births per 1000 women in 2015. Despite this overall progress, the global population of adolescent pregnancies continue to grow. Projections indicate the number of adolescent pregnancies will increase globally by 2030, with the greatest proportional increases in West and Central Africa and Eastern and Southern Africa (WHO 2018: 1). Therefore, these statistics show that there is a need for a research study to be conducted with the aim of exploring the psychosocial effects of teenage pregnancy on school learners. Lastly, the researcher hopes that the findings from this research study will assist in addressing the psychosocial effects of teenage pregnancy in high school learners.

1.2 PROBLEM STATEMENT

In South Africa, the prevalence of teenage child bearing is relatively high (Govender, Naidoo and Taylor 2020: 2). Qolesa (2017: 2) stresses that despite a number of preventative measures that have been established in South Africa, which include school-based sexuality education, peer education programmes, adolescent friendly clinic initiatives, mass media interventions as well as community level programmes. Teenage pregnancy continues to pose social, economic, and health problems and hinders access to education for schoolgirls, because most of them drop out of school (Konkco 2010: 10). According to the Department of Statistics (South Africa 2019: 9), in 2019, girls between the ages of 15 and 19 accounted for 107 548 births in the country, while 3 235 births were attributed to mothers aged 10 to 14 in South Africa. South Africa who became pregnant. In South African schools, teenage pregnancy poses a serious management and leadership challenge which calls for the management of the school to foster skills to manage teenage pregnancy (Ramulumo and Pitsoe 2013: 755). The Department of Social Department reports that the factors of teenage pregnancy arise from the individual, family and society, for example, culture, religion and lack of support structures (South Africa. Department of Social Department 2014: 3). Teenage mothers are unlikely to finish high school education. This limits them to achieve their goals which could create Intergenerational poverty among them (Maemeko, Nkengbeza and Chokomosi 2018: 89). Teenage mothers have become a target of blame in society as either causing or contributing toward negative social, political, and financial problems (Chohan 2010: 8). According to Rolfe (2008: 301) this blame is prevalent in dominant discourses that are supposedly driven by 'moral' concerns about teenage sexuality, single motherhood, the breakdown of the nuclear family and dependence on others. Healthcare providers and other stakeholders that are serving in communities (for example, community members, religious leaders, parents, teachers and learners) must be socio-culturally focused in order to understand teenage pregnancies and contribute to its reduction. Therefore, there

is an urgent need to adapt and develop new psychosocial interventions that will assist pregnant teenagers (Laurenzi *et al.*, 2020: 1).

1.3 AIM OF THE STUDY

The aim of the study was to explore the psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KwaZulu-Natal (KZN) Province.

1.4 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Determine the psychosocial effects of teenage pregnancy on female high school learners.
- Explore psychosocial challenges that female learners face regarding school teenage pregnancy.
- Identify possible intervention and prevention strategies that can assist in addressing teenage pregnancy among high school learners.

1.5 MAIN RESEARCH QUESTION

The study aimed to answer one main research question:

- What are the psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KZN province?

1.6 RESEARCH QUESTIONS

The following are the research sub-questions used to collect data from the participants:

- What are the psychosocial effects that you are experiencing or experienced as a result of pregnancy and how did affect you physically, emotionally, socially and academically?

- What psychosocial challenges are you experiencing or experienced as a pregnant learner?
- What is the possible intervention and prevention strategies/programmes that can assist in addressing teenage pregnancy among high school learners? Who should be involved?

1.7 SIGNIFICANCE OF THE STUDY

According to Panday *et al.* (2009:12) teenage pregnancy is a huge problem in South Africa. The need to tackle sexual health problems and promote positive sexual health has been acknowledged (Young, Burke and Ghabhainn 2018: 1). It has been observed that this issue is not unique to South Africa alone, but occurs in many other countries globally (Pandey 2009). Teenage pregnancy is a social problem that is witnessed by schoolteachers and the community at large (Skobi 2016: 6). The researcher was triggered to conduct this study because he wanted to explore the views of learners on teenage pregnancy as the views of others have been explored to the extent e.g., teachers view on teenage pregnancy has been explored. Hence, this study aimed to explore the psychosocial effects of teenage pregnancy on high school learners in the Vryheid District in KZN province. Maemeko, Nkengbeza and Chokomisi (2018: 1) suggest that teenage pregnancy has a negative impact on learners, which makes it difficult to cope at school. This study will also assist in discovering possible ways that may help in reducing the high rates of teenage pregnancy among high school learners. The researcher believes that the recommendations of the study will make a positive contribution to learner development by creating an awareness of the negative psychosocial effects of teenage pregnancy while they are still at school.

1.8 STRUCTURE OF THE DISSERTATION

Table: 1.1: The structure of this dissertation is as follows:

CHAPTER 1	ORIENTATION OF THE STUDY
CHAPTER 2	LITERATURE REVIEW
CHAPTER 3	THEORETICAL FRAMEWORK
CHAPTER 4	RESEARCH DESIGN AND METHODOLOGY
CHAPTER 5	PRESENTATION OF RESULTS
CHAPTER 6	DISCUSSION OF RESULTS
CHAPTER 7	SUMMARY, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

1.9 SUMMARY OF THE CHAPTER

In this chapter, the researcher provided the background, problem statement and the aim of the study. The significance of the study was explained. The following chapter will present an in-depth review of the literature that was sourced to ground the significance of this study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Globally, teenage pregnancies have caused huge disruptions to the education of female learners (Nkosi and Pretorius 2019: 1). According to Nepal, Atreya and Kanchan (2018: 680) teenage pregnancy amongst teenagers is a serious concern. A literature review is a comprehensive overview of a research study with regard to a specific topic. Moreover, the overview shows the reader what is already known about the topic and what is not yet known. Hence, the researcher sets up the significance or a need for a new investigation (Denney and Tewksbury 2012: 1). This chapter presents a review of the literature on teenage pregnancy, the psychosocial effects of teenage pregnancy, psychosocial challenges that learners face regarding teenage pregnancy and possible prevention and intervention strategies that can assist in addressing school teenage pregnancy.

2.2 PROCESS OF SOURCING LITERATURE

The researcher had access to the Durban University of Technology (DUT) library, and sourced the relevant books and journals related to the research topic. The following databases were used to search for relevant literature and studies: Google scholar, Ebscohost, ScienceDirect and Proquest. Both national and international journals were also reviewed for relevant information.

The following keywords were used during searches to secure relevant articles and information: teenage pregnancy, school teenage pregnancy, early marriage, poverty, sexual activity, psychosocial, effects of teenage pregnancy, teenage support, family, prevention, factors of teenage pregnancy, academic performance, anxiety, depression and mental health.

2.3 GLOBAL VIEW OF TEENAGE PREGNANCY

Holness (2015: 676) states that globally, teenage pregnancy is a major issue that does not affect teenagers only, but entire communities. Teenage pregnancy is a social problem that occurs both in developing and developed countries (Cartes and Araya 2012: 302). According to Habitu, Yalew and Bisetegn (2018: 1), about 16 million girls from the age of 15-19 years give birth annually constituting nearly 11% of all births across the world. Consequently, teenage pregnancy is a problem related to inequality that is affecting health, well-being and changes the life of young women, young men and their children (Hadley, Chandra-Mouli and Ingham 2016: 68).

Chiazor *et al.* (2017: 70) suggest that teenage pregnancies create poverty and certain psychosocial and educational issues amongst teenagers. Makiwane, Gumede and Molobela (2018:208) indicate that across the world, teenage pregnancy is common amongst teenagers who come from disadvantaged childhoods and some have little expectations of education and/ or job opportunities. Holgate, Evans and Yuen (2006: 3) reveal that the babies of young teenagers are at the risk of educational and behavioral problems that is influenced by the mother's and father's immaturity in playing a parental role. Teenage pregnancies have negative consequences as it increases the health risk for the teenage mother and the child, which are lost opportunities for personal development, social exclusion and low socioeconomic fulfilments (Krug *et al.* 2016: 1).

Louw and Louw (2014: 318) indicate that teenage pregnancies result from high-risk sexual behavior, poor parental control, family disintegration, inadequate sexuality education, a tendency of not using contraceptives and general discipline. Van Wyk (2007: 1) stresses that teenage pregnancies and childbirth disturb the process of young mothers at school, and they are faced with problems such as child-rearing, emotional adjustment, financial constraints whilst contending with

the burden of school activities. The effects of pregnancy faced by teenagers can be noteworthy because they are more likely to experience medical and obstetric problems if their pregnancy continues; they are at risk of baby dumping (Vin *et al.* 2014: 1). Global societies are finding that teenage pregnancies remain a challenge. Regardless of this challenge, the birth rate among teenagers continue to increase, after having dropped slowly for years. The estimated number of teenage pregnancies in developed countries total into millions. A significant number of these pregnancies are unplanned, which in any population can raise certain challenges (Ramulumo and Pitsoe 2013: 755). Xavier, Benoit and Brown (2018:451) observe that teenage mothers are at a risk of adverse social outcomes and short-term health problems, but the long-term impacts on mental health are not well understood. The lack of social support can lead to psychological disturbances such as emotional loneliness, social loneliness, mental health issues such as bipolar, depression and maternal depressive symptoms (Saim, Ghazinour and Richter 2019: 79).

2.4 TEENAGE PREGNANCY IN THE AFRICAN CONTEXT

Yakubu and Salisu (2018: 2) indicate that teenagers continually experience excessively high burdens of sexual reproductive ill health, especially in Sub-Saharan Africa (SSA). Factors linked with unplanned pregnancies are early marriages, culture, religion, gender, poor social and economic support. Mutara (2015: 29) states that the number of teenage pregnancies is growing uncontrollably in Zimbabwe. In SSA, Zimbabwe has the highest teenage pregnancy rate (Nunu *et al.* 2020: 1). The United Nations Population Fund (UNPF) (2016: 3) reveal that in Zimbabwe teenage pregnancy is currently estimated at 120 births per 1,000 women aged 15-19, increasing from 99 births per 1,000 women aged 15-19. Unplanned teenage pregnancies are a health, economic and social issue in Zimbabwe (Washington 2014: 2). Viner *et al.* (2012) adds that conceptualizations of pregnancy and planning for pregnancy are what is needed among teenagers because this is the age group where childbearing starts.

In Uganda, annually, a quarter of teenagers become pregnant and that is much higher than the global rate of 11% (Rukundo *et al.* 2019: 1). According to Ochen, Chi and Lawoko (2019: 2), Uganda has developed policies for the protection of rights of teenagers to health, provision of legal and social protection against abuse and harmful practices and promoting gender equality. However, despite the implementation of these policies, teenage pregnancy remains a social issue. United Nations Children's Fund (UNICEF) (2018: 1) reveals that one in two women that are aged 25 to 49 are affected by child marriage, which is related to teenage pregnancies. Additionally, 27% of teenagers aged 15-19 that are pregnant live in the Democratic Republic of Congo, which has the seventh highest rate of teenage pregnancies in the world. In Nigeria, it is found that teenage pregnancy is a social concern as it is associated with higher maternal morbidity and mortality as well as child morbidity and mortality (National Population Commission and ICF Macro 2009 cited in Ajala 2014: 63). Similarly, Amoran (2012: 1) cautions that teenagers are more likely to die during the pregnancy or when they are giving birth than older women and the mortality rates for their infants are higher as well. In SSA, an estimated 45% of teenage pregnancies among young women who are 15-19 years are unplanned which resulting in unintended births, unsafe abortions and miscarriages (Wado, Sully and Mumah 2019: 2).

2.5 TEENAGE PREGNANCY IN THE SOUTH AFRICAN CONTEXT

In South Africa, teenage pregnancy is common (Reddy *et al.* 2016: 1). Hence, Ntini and Sewpaul (2017: 250) indicate that teenage pregnancy in South Africa is a prominent issue that is even highlighted in media as destructive and that is contributing to public perceptions which are offensive to teenage mothers. Odimegwu, Amoo and De Wet (2018: 544) highlight that unplanned pregnancies amongst teenage girls is growing rapidly and has been a concern for public health in South Africa. Most of the teenage pregnancies happen among black and coloured South Africans. It is said that the majority of these teenage pregnancies are unwanted and unplanned (Mkhwanazi 2010: 347). The Department of Social

Development indicates that the high incidence of both unplanned and unwanted teenage pregnancies has been identified as major population concerns in the 1998 Population Policy for South Africa (South Africa. Department of Social Development 2014: 7).

Mothiba and Maputle (2014: 481) suggest that there many factors contribute to teenage pregnancy. In a study conducted by Odejumo *et al.* (2013: 16) they revealed that lack of parental guidance can influence a teenager to be pregnant as the child has no supervision. Teenagers fall pregnant because there is a lack of parental guidance and have no role models in society (Thobejane 2015: 273). Summers *et al.* (2017: 46) stress that peer pressure also has a significant impact to teenagers because it influences the decisions they make, especially when it comes to risky sexual behaviours. Peer pressure can influence the perception of a teenager about sexuality which could lead to conform to norms about sexual behaviour which are acceptable to their peers (Loto and isuku 2017: 1). Teenage pregnancy is caused by the lack of adequate knowledge on sexual and reproductive health Manzi *et al.* (2018: 1). Govender, Naidoo and Taylor (2019: 1). Suggest that teenagers' lack of knowledge on sexual and reproductive health is deficient as there is a repeat of pregnancies.

According to Morwe, Klu and Tugli (2014: 481) teenage pregnancy is not seen as a problem as long as the girl in question is married. They continue to say that marriage is perceived as a wall garden cultural and family values protect young girls from abuse, defilement and stigma. However, it also appears that girls are forced into marriage at a very early age. This exposes them to torture, abuse, and the risk of the deadly HIV/AIDS infection (Amoran 2012: 1). Malhotra (2010: 3) indicates that in most cases, families who are poor force their daughters into marriage at an early age as a strategy to survive economically, which means one less person to feed and educate.

The consequences associated with teenage pregnancy is that it may cause higher probabilities of miscarriage, stillbirth and premature birth (Kaphagawan and Kalipenib 2017: 696). Ochen, Chi and Lawoko (2019: 1) indicate that some of the complications associated with teenage pregnancy include: preterm labour, intrauterine growth retardation and low birth weight neonatal death, obstructed labour, genital fistula and eclampsia. Furthermore, their reproductive health is affected by unsafe abortion, sexually transmitted infections, sexual violence, and limited access to medical services. Teenage pregnancy is also associated with social stigma, stillbirth, low birth weight and maternal death. Furthermore, the complete lack of access to health care, absence of skilled delivery services, or delayed entry into antenatal care (ANC) deprive both the teenage mother and her offspring of basic health care services (Ayele *et al.* 2018: 2). Mkalipi (2013: 1) stresses that teenage pregnancy is a life-changing event and education is the effective way of teaching teenagers about the consequences of having unprotected sex.

Oyedele, Wright and Maja (2013: 95) point out that teenagers engage in unprotected sexual intercourse regardless of the awareness of the use of contraceptives in the prevention of pregnancy. The authors further found that teenagers regarded their pregnancies as mistakes and resulted from not having effective communication about sexual issues with their parents. Despite contraceptives made freely and readily available for women in South Africa, a large number of teenagers and young women still face challenges in using them (Makola *et al.* 2019: 1). Adolescents are less likely to use contraceptive methods than adult women. Mardi *et al.* (2018: 7) suggest that this is because teenagers have insufficient knowledge and are inexperienced with the use of contraceptives. According to Mphatswe, Maise and Sebitloane (2016: 152), teenagers who have unprotected sex, undoubtedly are at the risk of contracting Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) and sexually transmitted infections (STIs). Despite having numerous intervention

programmes in South Africa, still there is a concern about the engagement of women in risky behaviours which make them vulnerable to unintended pregnancies and/or sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) infection (Hlongwa, Peltzer and Hlongwana 2020: 1).

2.6 THE PSYCHOSOCIAL EFFECTS OF TEENAGE PREGNANCY

The researcher has reviewed the combined psychosocial effects of teenage pregnancy in the context of the learner. These effects were identified as health related issues, physical related issues, emotional related issues and social related issues which are discussed below.

2.6.1 Health related issues

Leighton and Dogra (2014: 9) define mental illness as a health problem that affects how a person feels, thinks, behaves and engages with other people. Teenage pregnancy has serious effects on teenage mental health (Vin *et al.* 2014: 1). According to Perinatal, Mental health Project (n.d), mental illness during and after pregnancy presents a growing disease burden in developing countries.

According to Iyer and Khan (2012: 77), “depression is a mood disorder characterized by a sense of inadequacy, despondency, decreased activity, pessimism, anhedonia and sadness where these symptoms severely disrupt and adversely affect the person’s life, sometimes to such an extent that suicide is attempted or results”. Hodgkinson *et al.* (2010: 17) state that depression is one of the most prevalent mental health disorders that affect teenagers when they are pregnant. It is based on the presence of a depressed mood and losing of interest in daily activities. Reid and Meadows-Oliver (2007: 287) indicate that 55% of teenagers experience depressive symptoms within three months after giving birth. Depression symptoms involve the feelings of loneliness, sleep disorders, loss of

appetite, emotional lability and thoughts of self-harm or harm to the baby (Goossens, Kadji and Delvenne 2015: 499).

Stress is a feeling of mental pressure and tension (Shahsavarani *et al.* 2016: 1272). Beers and Hollo (2009: 219) highlight that during the pregnancy, teenagers experience stress as they may have experience changes in their body image, cannot cope with strong emotions and life changes after giving birth. The teenage stage is a transitional period from the childhood to adulthood. According to Gomes, Rincon-Cortes and Grace (2016: 1) adolescence is a time of extensive neuroanatomical, functional and chemical reorganization of the brain, which parallels substantial maturational changes in behaviour and cognition. Some of the challenges faced by adolescents across the world include early pregnancy and parenthood, difficulties accessing contraception and safe abortion, and high rates of HIV and sexually transmitted infections (Morris and Rushawn 2015: 40). At this stage, there are high levels of stressors and girls are more vulnerable than boys are during the transactional period (Byrne, Davenport and Mazanov 2007: 393). Jewkes, Flood and Lang (2015: 1581) indicate that girls are vulnerable because of the social norms. The society expect girls to behave in a certain way which lead them to vulnerability.

According to Beyond Blue (2008: 2), anxiety is more than just feeling of being stressed and worried. It is a response to a circumstance where one is under pressure and it usually passes once the stressful situation has passed. Deklava *et al.* (2015: 623) state that pregnancy is the most vital phase in a woman's life. It brings along many changes that include not only the physical aspects socially and psychologically. Having no support from the family can lead a teenager to develop psychiatric disorders during pregnancy, particularly anxiety disorders (Peter *et al.* 2017: 21).

2.6.2 Physical related issues

Omisakin and Ncama (2011: 1734) indicate that self-care refers to the persons responsibilities for health lifestyle behaviours that are essential for human development, functioning and as well activities that are needed for coping with health conditions. According to Queiroz *et al.* (2017 4), the lack of coping skills may cause teenagers to neglect self-care and the ability to take care of their babies. They refuse to go for prenatal care appointments, which lead to bio psychological and social vulnerabilities. Panthumas *et al.* (2012: 140) suggest that self-care is vital and necessary for pregnant teenagers. If teenagers do this properly during pregnancy, both they and their children will be healthy.

Sleeping is a critical component for healthy development and overall health. Moreover, not getting enough sleep is linked with daytime sleepiness, fatigue, depressed mood and other health problems (Chaput Dutil and Sampasa-Kanyinga, 2018: 421). Furthermore, Chang *et al.* (2010: 2) highlight that during the pregnancy, women are at risk for sleep restrictions due to the physical changes and even after giving birth they need to look after their babies. Lack of sleep during the pregnancy is influenced by the major changes in reproductive hormone levels (Grace *et al.* 2004: 1405).

2.6.3 Emotional related issues

Abdel-Khalek (2016: 3) states that self-esteem is associated with the personal beliefs about skills, abilities and social relationships. The effect of low self-esteem is linked with early sexual intercourse, vulnerability and inability to negotiate condom use (Jiménez-Peña 2019: 193). According to Schimelpfening (2020: 1), studies that have been done found a relation between self-esteem and teenage sexual activity. The author further states that girls who reported that they were sexually active had a lower score when measuring self-esteem. Low self-esteem is a risk factor, as teenagers tend to involve themselves in risky sexual behaviours

resulting in pregnancies. Hence, low self-esteem is also a consequence of early pregnancy (Kaiteurnews 2011: 1). According to Mohamed and Mahmoud (2018: 94), low self-esteem has a negative impact on the teenager's cognition, emotion and motivation. It also affects the maternal and the child bond.

Rejection is the act of pushing someone away (Leary, Twenge and Quinlivan 2006: 112). A study conducted by Mgbokwere, Esienumoh and Uyana (2015: 188) reveal that most parents act in different ways towards teenage pregnancy, which includes sending the pregnant teenager away from home and preventing them from going to school. It is a common occurrence for pregnant teenagers to be isolated by their parents because they feel ashamed of their pregnancy and they may consider hiding them from the public space (Rukundo *et al.* 2019: 2). Thus, Loke and Lam (2014: 1) indicate that teenagers that have unplanned pregnancies go through fear, guilt, confusion and worry. Therefore, this leads them to be scared to reveal that they are pregnant.

2.6.4 Social related issues

Peter *et al.* (2017: 21) affirm that teenage pregnancy is considered a social problem involving both the teenager and the family. The family may judge the pregnant teenager and the pregnancy may be even initially denied. Sámano *et al.* (2017: 1) indicate that teenage girls revealed feelings of repression, loneliness and meaningless to their parents which led them to have unprotected sex while accepting the chance that they may fall pregnant. Teenage pregnancy usually has greater effects on teenagers who do not get support from their families and they experience judgements, which are made by other people (Queiroz *et al.* 2017: 4).

Teenage pregnancy is popularly linked to welfare dependency, promiscuity and irresponsibility (Ellis-Sloan 2013: 1). As a result, pregnant teenagers have reported that they are stigmatized and discriminated in communities that they live in. Those who are not married carry a social stigma because of their unwanted pregnancies

(Afrose *et al.* 2015: 1). Teenage pregnancy could have negative social and economic effects on girls, their families and communities. Thus, unmarried pregnant adolescents may experience stigma and rejection from parents, peers and threats of violence (Franjić 2018: 7).

According to Thobejane (2015: 274), poverty is one of the factors which leads to teenage pregnancy because some teenagers involve themselves sexually with older men in exchange for gifts such as money, clothes and other sexual factors, known as the sugar daddy phenomenon. Furthermore, those teenagers who are born into and grow up experiencing poverty, may end up being prostitutes as a way of supporting themselves financially. The reason that could lead to this may be because these teenagers are also financially dependent upon their parents (Smith 2014 cited in Lambani 2015: 173).

Peer-pressure is a serious issue that affects numerous teenagers, and it remains a social pressure (Dhull and Beniwal 2017: 256). According to Kaiser Family Foundation (2015 cited in Lawrence and Asebiomo 2019: 23), more than 29% of pregnant teenagers reported that they felt pressured to have sex. More than 33% of pregnant teenagers stated that they felt that they were not ready for a sexual relationship but proceeded anyway because they feared ridicule or rejection. The concept of peer pressure is used to analyse the factors that contribute to teenagers' experiences about sex and pregnancy (Maxwell and Chase 2008: 303).

2.7 CHALLENGES THAT LEARNERS FACE REGARDING TEENAGE PREGNANCY

Teenage pregnancy has a negative impact on learners; hence, they experience numerous challenges. These challenges include school dropout, lack of parenting skills and poor academic performance.

2.6.3 School drop-out

The study conducted by Stoner (2019: 559) revealed that dropout from school was associated with subsequent pregnancy which is 3.58%. Lawrence and Asebiomo (2019: 22) suggest that teenage pregnancy changes the lives of young girls and it has negative social consequences such as dropping out of school and interrupted education. Rosenberg *et al.* (2015: 928) emphasize that teenagers who drop out of school could be at risk of pregnancy and they may not benefit from accessible and high sexual health services. Glynn *et al.* (2018:2) indicate that after the delivery, the teenage mother may not be able to go back to school because of lack of childcare support from family and others. The teenagers' attendance is inconsistent, as they must take their children to the crèche or clinic. Under these circumstances, they do not attend classes (Nkosi and Pretorius 2019: 110).

2.6.4 Lack of parenting skills

According to SmithBattle (2007: 410), the difficulties and burdens linked with teenage pregnancy and parenting has a negative impact on teenage mothers and their ability to meet their children's needs. The Urban Child Institute (2014: 1) reveal that teenagers who become parents do not have key life skills and other resources that are important to the parenting process. Teenage mothers may act out and misbehave of which this is associated with ineffective parenting (Hossain *et al.* 2015:44). Negative parenting style is linked with harsh, inconsistent discipline and associated with more severe child antisocial behaviour (Hossain *et al.* 2015: 44). Cook and Cameron (2015: 243) indicate that there are several adverse social outcomes associated with teenage motherhood, including being more likely to live in poverty, being unemployed or having lower salaries and educational achievements than their peers. Furthermore, children of teenage mothers are more likely to become teenage parents themselves. This may be caused by their health, education and economic outcomes remain disproportionately poor which affects

the life chances for them and the next generation of children (Public Health England 2016: 3).

2.6.5 Poor academic performance

Globally teenage pregnancy has been a major interference to the educational achievement of female learners (Nkosi and Pretorius 2017: 109). Alami (2016: 1) proffers that poor academic performance is a concern among teachers, syllabus designers, curriculum developers and the entire educational body. The presence of pregnant teenagers is regarded as a threat to the collective academic performance (Bhana *et al.* 2010: 876). According to Malahlela (2012: 1) this is because teenage pregnancy has a negative or detrimental effect on the school attendance, academic performance, emotional behaviour and relationships between pregnant teenagers, their peers and educators. There are numerous factors which contribute to teenagers not performing well at school, such as; economic factors (parental investment and schooling cost), household factors (household work and female involvement in household causes), school level factors (extracurricular activities, gender of a teacher, feminine facilities at school, teachers attitude, school distance) and cultural factors (pregnancy and cultural beliefs), (Shahidul and Karim 2015: 31). Nkosi *et al.* (2019: 3) found that lack of concentration, failure to cope with workload and physical discomforts negatively affected the academic progress of the learners. Teachers are not sure about how to handle pregnant learners at school because pregnant learners do not have time to do their homework (Chigona and Chetty 2007: 1).

PREVENTION AND INTERVENTION STRATEGIES THAT CAN ASSIST IN ADDRESSING TEENAGE PREGNANCY

Effective prevention and intervention strategies that can assist in addressing teenage pregnancy include sexual and reproductive health, sex education, support from family or parent, policies and programmes.

2.8.1 Sexual and reproductive health

Glasier *et al.* (2006: 1596) highlight that sexual and reproductive health is a well-being of physical, mental, and social matters associated with the reproductive system. Beksinska *et al.* (2014: 676) submit that the teenage stage is a time for speedy transition of emotional, physical and psychological changes. When these changes occur, they influence behaviour, especially the decisions to partake in risky behaviour such as sexual activity, alcohol consumption and taking of drugs. Thus, the WHO (2002: 1) reports that sexual and reproductive health (SRH) and well-being are crucial when individuals are ready to engage in responsible, safe and satisfying sexual lives. However, Baltag and Chandra-Mouli (2014: 55) argue that SRH needs for teenagers are not clearly understood and this can have a negative impact on the health and future wellbeing of the teenager. Pillay, Manderson and Mkhwanazi (2019: 459) emphasize that the purpose of SRH in South Africa is to facilitate access to and utilisation of care to teenagers. The South African excellent laws, policies and guidelines provide supportive and rights-based frameworks for the delivery of the SRH services (Lince-Deroche *et al.* 2016: 95). Schools are a good place where teenagers can be taught about SRH (Kibombo *et al.* 2008: 27).

2.8.2 Sex education

Breuner *et al.* (2016: 1) define sexuality education as teaching about human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, STIs, sexual activity, sexual orientation, gender identity, abstinence, contraception, reproductive rights and responsibilities. Comprehensive sexuality education is one of the most important tools to ensure that young people have the information they need to make healthy and informed choices (Parker, Wellings and Lazarus 2009: 227). According to Ezer *et al.* (2019: 297) Sexuality education is a trusted source of information and guidance for adolescents and young people on

sexual health, sexuality and relationships, and it can improve the sexual health of this population.

Sex education should be done at home and at school in order to ensure that learners get knowledge about issues related to sexuality (Mgbokwere, Esienumoh and Uyana 2015: 189). Oyedele, Wright and Maja (2013: 95) indicate that teenagers' sexuality education happens at school and at home, however, on a very superficial and non-specific level. Even though schools do offer sex education, there are teenagers who became sexually active before they receive any education. Sex education will be ineffective if the teachers are not feeling comfortable with the contents and how it is delivered, or if they have personal values which conflict with the programme (Kibombo *et al.* 2008: 9). Oshi and Nakalema (2005: 93) found that teachers are knowledgeable about the behavioural risk factors and modes of prevention. However, the teachers are unwilling to teach sex education because of their culture, religion and some teachers lack training to teach about sex education. However, El-Shaieb and Wurtele (2009: 104) emphasize that parents play an important role in shaping children's sexual knowledge, attitudes, and behaviours. Parents should educate their children on social, cultural and religious values about intimate and sexual relationships (Shtarkshall, Santelli and Hirsch 2007: 117).

2.8.3 Support from family, parent/guardian, and caregivers

The family is the basic unit of the society. Family systems do not only enable one to grow, socialize and know one's own identity, but it teaches culture, values and rules of society. Hence, the family enables the child to develop the qualities and characteristics required to be a part of the society (Gunindi, Tezel Sahin and Demircioglu 2012: 549). Silk and Romero (2014: 1339) add that it is necessary for parents to be involved in preventing teenage pregnancy and preventing other teenage risk behaviours. Parents are ones who are able to influence their children; however, many parents do not have the knowledge on how to guide their children

(Doshi-Gandhi 2015: 1). According to Bond-Zielinski (2010: 2), there are parents who are not comfortable, and some are afraid to discuss sexual activities with their children. Moreover, there are those who believe that having to engage about sexuality with their children will be seen as giving permission or encouraging them to engage in sexual activities. The development of the teenagers is impacted by the social and cultural factors inherent during the parenting processes (Bornstein 2012: 212). Parents play a positive role in building the teenage girls' behavioural traits (Bassey *et al.* 2018: 70). According to Bhana and Nkani (2016: 3) in the context of teenage pregnancy and early childbearing, caregivers play a vital role in facilitating teenage mothers' return to school. Caregivers do not take a responsibility of supporting teenage mothers, but they also see great value in ensuring that teenage mothers better their lives in all areas (Madhavan and Roy 2012).

2.8.4 Policies and programmes

2.8.4.1 Policies

A school policy is an instrument that gives direction to the day-to-day operations of a school by guiding the behaviour of educators, learners, and parents whilst clarifying the school's expectations, goals, and values (Wyk and Pelser 2014: 834). The Department of Basic Education (DBE) is mainly responsible for the development of laws and regulations which serve as a guide in schools. These laws and regulations are communicated to schools through Provincial Departments. It therefore becomes the responsibility of the principal, school leadership and the school governing body to implement these policies. According to the DBE, prevention and management of learner pregnancy policies have been developed to address high rates of pregnancy among learners. This will be accomplished through accessible provision of information on prevention; choice of termination of pregnancy; care, counselling and support; frameworks for impact mitigation and guidelines for systemic management and implementation (South

Africa. DBE 2018: 25). This policy was created to provide an environment that is supportive to learners who are pregnant. It also ensures that schools are free from stigmatization and discrimination to learners thereby affording them the opportunities of equal education during their pregnancy and re-entry into the basic education post-delivery. The aim of this policy is to reduce cases of learner pregnancy by providing quality comprehensive sexuality education and having access to teenage friendly SRH programmes. Moreover, it also promotes the Constitutional rights of girls to education by making sure that these girls are not excluded from school due to pregnancy and birth, and to provide a supportive environment for the continuation of learning.

In 1996, the National Education Policy was developed to create an enabling education that contributes to the personal development of each learner and to ensure the learners are developed morally, socially, culturally, politically and economically for the nation's development. However, most importantly, this policy is committed to promoting gender equality in schools and facilitation of the successful completion of young people's schooling that including those learners who may become pregnant while at school (South Africa. DBE 1996: 4). In 1999, the South African DBE also developed a National Policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions. The aim of this policy is to contribute towards the promotion of prevention and care within the public education system context. Lastly, the Department of Health reports that the National School Health Policy aims to provide health services as one of the several health programmes that will operate directly within the education setting (South Africa. Department of Health 2002: 13).

2.8.4.2 Programmes

The Department of Basic Education indicates that pregnant learners have a right to access health and social services available in schools (South Africa, Department of Basic Education 2018: 27). These include accessing counselling that is appropriate, care and support and or providers of these services who are active. There are many prevention strategies in place such as health education, skills building and the improvement of accessing contraceptives adopted by countries in addressing teenage pregnancy (Oringanje *et al.* 2010: 1). Government and various departments should initiate programs that will address sexual matters, challenges and risks that are related to pregnancy. Furthermore, parenting techniques should be taught in sex education programmes (Gyesaw and Ankomah 2013: 773).

The DBE have a programme called Peer Programmes which consists of learners who are recruited and trained to serve as role models amongst their peers. This programme assists in ensuring that peer educators complement to schoolteachers about school-based programmes that aim to assist in addressing issues related to sexual education and peer educators demand the availability or access to health services in school. Skobi (2016: 15) indicates that teenage pregnancy is a challenge that requires parents to work with social workers which will enable parents to support and motivate their children to build themselves. Hence, social workers are expected to provide a range of services to pregnant teenagers as individuals, groups, and members of communities (Kyei, 2012:134). Teachers in schools can contribute towards solutions for the challenge of reproductive health as a subject, which is very vital at the secondary school level. Parents need to change in their minds specifically regarding sexuality and need to play a vital role in their children's lives by being there for them. Teaching them about the future enables children to dream big about their future lives (Yadufashije 2017: 17). Ntini and Sawpaul (2017: 256) suggest that the intervention programmes must focus on efforts to delay teenagers to engage into sexual activities, pregnancies, and sexuality education.

2.9 SUMMARY OF THE CHAPTER

This chapter has examined literature related to global views of teenage pregnancy, teenage pregnancy in the African and South African contexts. Moreover, it examined literature on the psychosocial effects of teenage pregnancy, challenges that learners face regarding teenage pregnancy and prevention and intervention strategies that can assist in addressing teenage pregnancy. The following chapter presents the theoretical framework used in the study.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This chapter explains the building blocks that underpin the study. Adom *et al.* (2018: 438) defines a theoretical framework as a set of interrelated constructs, definitions and propositions that present a systematic view of phenomena by specifying the relations between variables with the aim of explaining and predicting phenomena. Theoretical frameworks play an important role in research, spelling out the constructs important in the area of research and the relations between the constructs. Furthermore, an understanding of the theoretical constructs, which underpin the research, gives researchers frameworks that assist them to comprehend what when, how and why specific phenomena transpires (Muhumuza, Senders and Balkwill 2013: 196).

3.2 THEORETICAL FRAMEWORK USED AS A GUIDE

The Ecological Systems Theory of Development by Bronfenbrenner (1994) guided the research study. Ettekal and Mahoney (2017: 1) suggest that ecological systems explain how various types of environmental systems influence human development. This theoretical framework is applicable to this study because teenage pregnancy is the issue that affects teenagers within communities and societies, they live in. There are numerous factors which may influence teenagers to be pregnant which may impose challenges and difficulties in the development of teenagers. Thus, it will be beneficial to evaluate the kind of support the teenager may receive from each system. The systems that are included in the Ecological Systems Theory are micro-system, mesosystem, exosystem, macrosystem and chronosystem which will be described and discussed below.

3.2.1 Microsystem

The first level is micro system, which is the small immediate environment that is directly connected to the child (Sincero, 2012:1). Ettekal and Mahoney (2017: 7) stress that the microsystem includes relationships and the interactions that the child has with his or her immediate surroundings. Microsystem comprises of settings such as family, friends, day care, school and neighborhood, wherein the proximal processes happen. Moreover, this layer has the instant and earliest influence on the child (Krishnan 2010: 7). This system is relevant to this current study because it reveals what influenced learners to be pregnant. If a learner has no close relationship with her parents and family, that can influence her development mentally and physically. If the learner has no close relationship with her parents or family, this leads for a learner to lack parental guidance because there is no proper communication between the learner and her parent or family.

Furthermore, a strong relationship between the learner and family can have a good impact into the learner's development because she can be taught how to behave in society and get to know what is expected from her as a girl child who is still growing within the family and society at large. Moreover, a learner can make bad decisions in life because of the type of friends she associates herself with. In this setting friends can pressurize a learner to engage into activities that she herself not ready to engage in, but because she sees her friend doing it. She might do it because she wants to feel accepted with the group of friends. Also, having no support from people close to a learner may contribute for her to be pregnant. If a learner has got support from home, school, friends and the community at large, that can play a major role in her life and can help to prevent young girls to be pregnant because they are receiving proper guidance from people close to them.

3.2.2 Mesosystem

According to Krishnan (2010: 8), the mesosystem is the second immediate layer and contains the microsystem. It focuses on the connections between two

or more systems, essentially different microsystems, such as home, playmate settings and school. This system looks at the interactions between the learner's home and the school. This system is appropriate to the current study because it shows how important the interaction between home and school is for a learner. If there is no proper interaction between the learner's home and the school, the learner may be negatively impacted. Parents and the school can make a significant impact on learners by collaborating in setting preventive measures for preventing learners to be pregnant. Parents and teachers need to work together in providing support learners when the learner becomes pregnant while still in school. This can be done by ensuring that a learner continues with academic work while still pregnancy. Also, a parent and school should give each other a regular feedback on a progress of a learner when home or when at school so that issues affecting a pregnant learner can be easily identified and addressed by two parties.

3.2.3 Exosystem

According to Sincero (2012: 2), the exosystem is the setting in which there is a link between the context wherein the person does not have any active role, and the context wherein the person is actively participating. Exosystem is the level, which includes other people and places that may have no direct interaction with the child but still affects the child's development like his parents' workplace, the neighbourhood or even the extended family members. Tudge *et al.* (2009: 199) state that in this system, the child is not actively involved, however; the activities happening here tend to have an impact on his or her development. This system is relevant to the current study exosystem is broader than the previous system. It consists of a setting of a community and the role of government, including schools. It must be highlighted that each of these settings have got an impact in decision making of the learner. The community can support or discriminate a learner who becomes pregnant at a young age. Furthermore, looking at the role of the government in terms of implementing programmes that will address teenage pregnancy, providing sexuality education in schools, access to health care services for teenagers including allowance of access to sexual health

reproductive. In some cases, teenage pregnancy can happen because of the absenteeism of parents in the lives of their children due to demanding jobs and other tasks they might have as this system affect the learner's development in all areas of life.

3.2.4 Macrosystem

According to Rosa and Tudge (2013: 247), the macrosystem is the larger culture as a whole and includes socioeconomic status, wealth, poverty, and ethnicity. This system is relevant to the current study because it looks at children, their parents and their parent's workplace as part of their cultural context. Furthermore, it does not look at the environment where the learner is developing, but it looks at the already established society and culture which the learner is developing in. It is appropriate to emphasize the importance of this system as it shows that cultures, values and traditions have an impact on how teenage mothers are viewed in society which is predominantly a negative view.

3.2.5 Chronosystem

Schewcik (2017: 10) defines chronosystem as a system which consists of all of the environmental changes that occur over the lifetime which influence development, including major life transitions, and historical events. These can include normal life transitions such as starting school but can also include non-normative life transitions such as parents getting a divorce or having to move to a new house. This system is relevant to the current study because it looks at the events that occurred in the environment of a learner which influenced the learner to be pregnant. The changes happening in the environment of a learner can have a negative impact to her because they can influence how she thinks and do things.

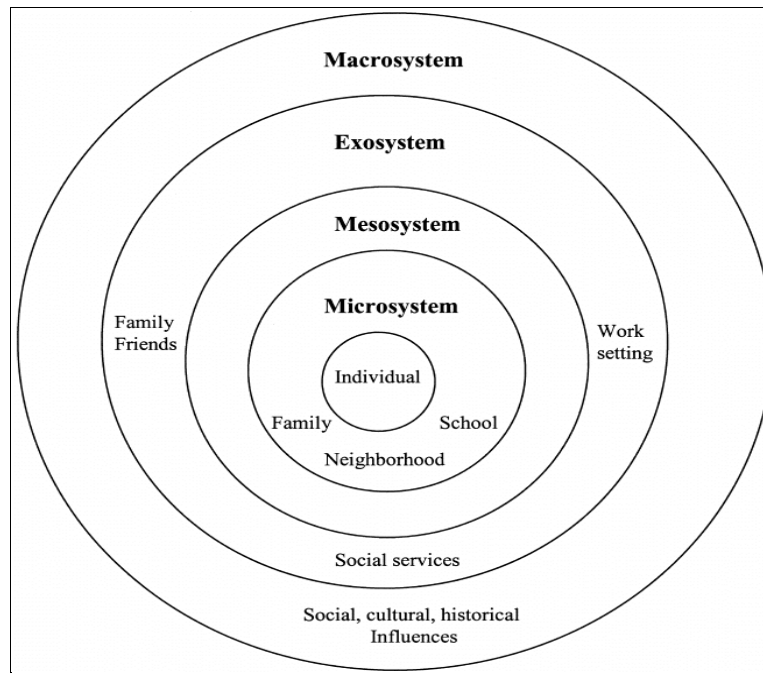


Figure 3.1: Bronfenbrenner's Ecological Systems Theory(:Swanson *et al.* 2003: 751)

3.3 SUMMARY OF THE CHAPTER

This chapter provided the theoretical framework that the researcher used to conduct the study. The Ecological Systems Theory by developed by Bronfenbrenner enabled the researcher to look at how individuals' relationships within the community and society at large are impacted and how social environment influence human development. The following chapter will present research design, methodology and the data collection process.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

This chapter focuses on the methodology that was chosen to carry out this research study. The chapter provides a detailed account of the research methodology and the specific methods used in obtaining the data. The main purpose of the study was to explore the psychosocial effects of teenage pregnancy on high school learners. This was done to investigate how learners who were previously & previously pregnant are/were experiencing issues associated with teenage pregnancy. According to Igwenagu (2016: 5), research methodology is a set of systematic techniques that are used in research to identify select, process and analyse information about a topic. This chapter also focuses on the sample of high school learners from eMondlo Township in the Vryheid District, KZN. The methods employed during the collection and analysing of the data is highlighted. The issues pertaining to trustworthiness and ethical considerations are also discussed.

4.2 RESEARCH PARADIGM

A paradigm is a set of assumptions about the basic varieties of entities in the world and how these entities interact, and the methods used for constructing and testing theories of these entities (Brink, van der Walt and van Rensburg 2018:19). There are two types of paradigms; there is the positivist and naturalist paradigms. The fundamental assumption of the positivist paradigm is that there is reality out there that can be studied and become known. The positivist paradigm is mostly connected to quantitative research. On the other hand, the naturalist paradigm is sometimes referred to as constructivist. The naturalist paradigm is associated with qualitative research and assumes that the reality is not a fixed entity but rather a construction of the individual participating in the research and that many constructions are possible (Polit and Beck 2012: 13-

15). The researcher adopted a naturalist paradigm as participants were sharing their experiences and their realities were interpreted to find the underlying meaning of the events and activities.

4.3 RESEARCH DESIGN

A research design is the complete plan for obtaining answers to the questions being considered and for managing some of the problems encountered during the research process (Saunders, Lewis and Thornhill 2016: 136). Kumar (2014: 122) views research design as a roadmap which a researcher has to follow to find answers to the research question as valid, accurate, objectively and cost effective as possible. A qualitative, exploratory and descriptive research design was employed to guide the research study.

4.3.1 Qualitative research

The study was conducted using a qualitative approach. Kumar (2014:132) opines that qualitative research aims to understand, explain, explore, discover and clarify situations, feelings, perceptions, attitudes, values, beliefs and experiences of a group of people. Hence, it was relevant to use the qualitative approach as interviews were conducted to collect the information from teenagers who were in high school.

4.3.2 Explorative research

Polit and Beck (2012: 727) highlight that exploratory research discovers the dimension of a phenomenon. The main purpose of exploratory research is to discover general information about the research topic (Offredy and Vickers 2013: 48). Thus, the researcher explored the psychosocial effects of teenage pregnancy in high school learners and investigated challenges learners faced regarding teenage pregnancy. Possible prevention and intervention strategies that can assist in addressing school teenage pregnancy were explored.

4.3.3 Descriptive research

Descriptive research is a type of research that classically has the main objectives aimed at exposing individuals' situations accurately and the frequency with which phenomena occur (Polit and Beck 2012: 725). The descriptive research design was used to gather information from the high school learners in order to discover the psychosocial effects of teenage pregnancy. The main aim of descriptive design is to show the real picture of what is happening in real life situations (Nassaji 2015: 129).

4.4 RESEARCH SETTING

Brink, van der Walt and Van Rensburg (2012: 59) define the research setting as a specific place or physical location as well as conditions where the data will be collected by the researcher. The study was conducted at two high schools in eMondlo Township in Vryheid District. A map showing the location of eMondlo Township is presented in Figure 4.1. KZN is the third smallest province, which covers a 96 361 square kilometre area with a population of 10 267 300, whereof this population, 77.8% speak isiZulu, 13.2% English and the rest Afrikaans (South Africa Info 2012). School A and School B are the public schools in eMondlo, Section B, Abaqulusi rural area in KwaZulu-Natal. Both male and female learners attend these schools and the classes start from Grade 6 to Grade 12. There about 1409 learners registered in School A and 1513 registered learners at School B.



Figure 4.1: Map showing location of eMondlo Township (Municipalities of South Africa 2012)

4.5 POPULATION

According to Kumar (2014: 74), the study population can be a group of individuals from whom the information is required or can be obtained to find answers to the research questions. The selected population of this study was Grade 12, female learners in the two high schools.

4.6 SAMPLE AND SAMPLING PROCEDURE

4.6.1 Sample

Etikan, Musa and Alkassim (2016: 1) define a sample as a portion of a population or universe. Sampling is defined as the process of selecting the sample from a certain population in order to obtain information regarding a phenomenon in a way that represents the study population (Brink, van der Walt and van Rensburg 2018: 115). For this research study, the sample consist of learners who are currently pregnant and in school, and those who have been pregnant before and who are still in school.

4.6.1.1 Inclusion criteria

- High school learners who are currently pregnant irrespective of the fetus.
- High school learners who were previously pregnant while at school.
- Female high school learners aged 15 years and older.
- Female learners who gave consent or assent had consent to participate in the study.

4.6.1.2 Exclusion criteria

- Learners who have never been pregnant.
- Female learners who are under the age of 15 years.
- Female learners who refused to give consent/assent or were not granted consent to participate in the study.

4.6.2 Sampling procedure

This study employed both snowball sampling and purposive sampling techniques. A purposive sampling technique is where the researcher chooses participants who are related or well informed in the subject matter and study them (Etikan, Musa and Alkassim 2016: 2). The researcher used the purposive sampling technique to select the schools whereby the research study was conducted. High schools were chosen as research studies have shown that school teenage pregnancy is a major problem mainly in these schools. The

snowballing technique is a technique where participants refer the researcher to prospective participants who meet the inclusion criteria (de Vos *et al.* 2011). For snowballing technique purposes, the researcher firstly approached school principals to obtain information on learners who are pregnant and who were previously pregnant in the schools. Once the information was received, the researcher contacted participants and at some point, some participants referred the researcher to potential participants as the schools did not have actual statistics on learners who were once pregnant. The research consisted of black learners between the ages of 17 years and upward. Learners who belonged in Christian and Nazareth religion participated in the study. Furthermore, the learner who did not belong to any religious denomination was part of the study. Learners who are coming from both urban and rural areas were included in the study. The study also consisted of learners who come from nuclear families and extended participated in this research study. In total, about 18 of learners were interviewed. The sample size was guided by data saturation and three additional interviews were conducted to confirm data saturation. Guest, Bunce and Johnson (2006: 59) refer to data saturation as the quantity and quality of the information, and normally defined as the point when no new information or themes are observed in the data. Data saturation was reached after thirteen (13) interviews were conducted and a further five (5) more interviews were conducted to confirm data saturation and to ensure that data was collected from all identified study sites. The researcher terminated the interviews at this point.

4.7 RECRUITMENT OF PARTICIPANTS

Before the study was conducted, ethics clearance was granted by the Institutional Research Ethics Committee (IREC Number: 031/20) (Appendix 1). Permission was thereafter sought and granted by the Department of Education (Appendices 2a and 2b) and school principals (Appendices 3a, 3b and 3c). A letter of information, which outlined the details of the study, was provided to the participants (Appendix 4a). Participants that were 18 years and older were requested to sign a consent form (Appendix 4b).

For the learners who are under the age of 18 years, approval was requested from parents or legal guardians and they gave assent to participate in the research study. Learners were requested to take home a letter of information and consent form. A letter of information was made available in two languages namely, English (Appendix 5a) and isiZulu (Appendix 5b) for the parents who had difficulties in understanding English. Parents or legal guardians of learners were thereafter requested to provide a signed consent (Appendices 5c and 5d). Learners 18 years and older who had signed consent and those with consent signed by their parents or legal guardians were considered for participation in the study.

4.8 DATA COLLECTION TOOL

Prior to commencement of the actual interviews, a demographic data guide was used to obtain the personal data of the participants (Appendix 6a). A semi-structured interview guide, consisting of open-ended questions, was used to collect data (Appendix 6b). A semi-structured interview is a meeting in which the interviewer does not strictly follow a formalized list of questions (Doyle 2018: 1). The semi-structured interview guide was helpful to keep the interview focused on exploring the psychosocial effects of teenage pregnancy in high school learners. The questions were informed by the objectives of the study.

4.9 DATA COLLECTION PROCESS

The venue for the interviews was identified by the principals of the high schools. A quiet room was selected, which was free from distractions. The interviews were conducted during the learners' free periods, lunch breaks and after school so that the learners gave the researchers their full attention. During data collection, the schools were labelled as School A and School B. Also, learners were assigned serial numbers to ensure anonymity. The schools' learner support personnel were invited to attend the first meeting in which the research process was discussed and to forestall any complications which may occur when probing learners to respond to personal questions that could trigger emotional discomfort. Furthermore, debriefing sessions were held after the

interviews to obtain feedback from participants about the interview process. They generally reported that the interview process was a positive experience. After the interviews, which lasted 10-15 minutes on average, no learners indicated the need for psychological support.

4.9.1 Adherence to COVID-19 rules and regulations during data collection

1. The researcher when he visited the schools, at the main gate he was screened and sanitized by personnel responsible for COVID-19 screening.
2. Social distancing and wearing of masks were compulsory in schools and no one was allowed to take off his/her mask during the interactions with school principals.
3. During data collection, the schools provided the researcher with quiet rooms where only him and participants were allowed to use these rooms.
4. These rooms were sanitized and at the door there were sanitizers.
5. The researcher ensured that during the interviews, participants and him maintained physical distance and learners were informed that they should not take off their masks.
6. Venues where interviews were conducted had open ventilation – opening of windows and after each interview, the door was left open until the new participant comes in and close the door to be interviewed.

4.10 DATA ANALYSIS

Data collected was analysed using Tesch's eight steps of thematic analysis as described in Creswell (2014: 186). Thematic analysis is a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set (Braun and Clerk 2012: 57, Joffe 2012). These steps involved:

- Reading through all transcripts to get a general impression of the data that was collected.
- Writing down in the margin any thoughts that emerged from the data.

- Making a list of topics. Similar topics were clustered together.
- Abbreviating the topics as codes were written next to the corresponding segments in the data. Any other topics or codes that emerged were written next to the appropriate segment of the text.
- The most descriptive wording for the topics were used and were turned into sub-categories.
- Grouping together of the related and emerging list of categories.
- Preliminary analysis of data by assembling data that belong to each category from any themes that emerged.
- Existing data was re-coded.

4.11 TRUSTWORTHINESS

As qualitative research has an element of subjectivity, and is open to criticism, it is important that the study and the findings provide evidence of validity and reliability (Polit and Beck 2012: 174). The researcher ensured trustworthiness throughout the study. Gunawan (2015: 4) define trustworthiness as the level of which the research study is worth giving attention, worth of taking notes of, and convincing other people that the findings are to be trusted. Trustworthiness in qualitative inquiry includes four criteria: credibility, dependability, confirmability and transferability (Lincoln and Guba 1985 cited in Polit and Beck 2012: 587). Authenticity, a fifth criterion for ensuring trustworthiness was further added (Guba and Lincoln 1994). These five criteria were used to ensure the trustworthiness of data in this research study.

4.11.1 Credibility

Credibility refers to the extent whereby a research account is believable and appropriate with the level of agreement between the participants and the researcher (McGinn 2012: 2). To ensure credibility in this study, personal notes were written during the interview. Audio recordings were also done. The researcher ensured creditability of the data by spending time in a field and developing a sense of trust with the participants during interviews. This was

achieved through a manner in which the researcher conducted himself through out the contact sessions with participants. The researcher used the same interview guide throughout the process of the research.

4.11.2 Dependability

Dependability refers to the stability of the data over time and conditions, which are changing (Lincoln and Guba 1985: 289). The researcher ensured that the same main and sub questions were used during the interviews. Moreover, an audit trail was maintained through safekeeping of raw data of each interview for future reference. Data is stored in a protected computer with a password and audiotapes are safely stored in an external hard drive. Only the researcher and supervisors have access to the audiotapes.

4.11.3 Confirmability

Confirmability refers to the potential for congruence within two or independent individuals about the accuracy of the data, relevance and meaning (Lincoln and Guba 1985: 289). Confirmability was achieved by associating objectives with the interview questions. Audio recordings were done to reflect the participant's views. Moreover, the credibility of the findings was ensured by sharing the data and the findings with the research supervisors who ensured that the data had been analysed accurately.

4.11.4 Transferability

Transferability refers as the generalisability of the data, which the findings could be transferred to have applicability in other group or settings (Lincoln and Guba 1985: 290). The readers can then correlate the findings of the study meaningfully, to compare with their own experiences (Brink, van der Walt and van Rensburg 2012:171). The researcher ensured transferability of the results of the study by providing the description of the research setting and research processes. This confirmed the transferability and authenticity of the study,

making it possible to build on findings during further research (Lincoln and Guba 1985: 290).

4.11.5 Authenticity

Polit and Beck (2012: 720) define authenticity as the extent to which the qualitative researchers fairly show different realities in the collection, analysis and interpretation of data. The researcher ensured authenticity by using direct narratives from the participants.

4.12 ETHICAL CONSIDERATIONS

Ethics refers to a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit and Beck 2012: 727). The researcher conducted the research study after receiving ethics clearance from the Institutional Research Ethics Committee (IREC) (Reference Number: 031/20). Data collection started only after the permission was granted by the Department of Education. The school principals were notified of the study and permission to meet with school learners was requested of them. Information letters were given to participants, which outlined the details of the study (Appendix 4a). Additionally, they were given consent forms, which outlined the roles and responsibilities of both the researcher and the research participants (Appendix 4b). For participants who were under the age of 18 years, consent was sought from their parents or guardians. Parents were also provided with letters of information, which outlined the details of the study. Thereafter, parents were requested to provide consent (Appendices 5a and 5b).

Any qualitative study, like all forms of research, is subject to Codes of Ethics and good practice for the protection of the participants (Polit and Beck 2012: 152). Ethical codes are based upon a few generally accepted moral values of respect for individual beneficence, respect for human dignity and justice. Certain ethical principles must be maintained to ensure that the rights of participants are upheld. Principles of ethics, which were observed in this study,

include autonomy, beneficence, self-determination, justice, right to privacy and confidentiality.

4.12.1 Autonomy

Respect for autonomy means that participants must make a free and informed choice to participate (Polit and Beck 2010: 93). All the participants in this study participated out of their own free will. The participants gave consent for the use of an audio recorder to be used for the recording of the interviews, for transcription purposes. Each participant had consent or signed assent forms before data collection commenced.

4.12.2 Beneficence

Beneficence means maximizing good outcomes for participants and minimizing harm (Holloway and Wheeler 2010: 52). One should not do any harm to any participant. To ensure beneficence, the researcher informed the participants that by participating in the study, there was no anticipated harm. Participants were also informed that psychological support in a form of counselling will be provided and referral to a school learner support agent would be done when necessary.

4.12.3 Self-determination

Flick (2009: 37) defines self-determination as an act of respecting the values and decisions of the research participants. The right to self-determination was maintained by informing participants that they had a right to ask questions, to refuse to give information and to withdraw from a study as indicated in the information letter and consent.

4.12.4 Justice

Justice is an equal treatment for all people (Flick 2009: 37). All participants were treated equally without discrimination. The researcher ensured justice by giving all the research participants equal treatment. Gender, race, colour, the level of

education and socio-economic status did not impact on the researcher's approach to the research participants.

4.12.5 Right to privacy and confidentiality

Privacy was ensured by conducting interviews during the learners' free periods, lunch breaks and after school at a venue identified by the principals of the high schools. Confidentiality requires that the participant's personal information and responses be kept private (Burkhardt and Nathaniel 2008: 309). During the interviews, school principals were not allowed to be in the venue where interviews were conducted. The responses of participants were not shared with them in a manner that could expose the identity of a participant. Therefore, confidentiality was maintained throughout the research process. Participants were assured that no information would be made accessible to any party not involved in the study. Pera and van Tonder (2011: 61) agree that no information should be given to a third party without consent. To ensure confidentiality, no names were linked with the interviews, and the participants were informed that while quotes would be included in the data presentation, there would be no association between the data and their names. The participants' names were replaced with numbers in the order in which they were interviewed for anonymity purposes.

4.13 SUMMARY OF THE CHAPTER

This chapter provided a discussion on the research design that was used to collect data, supported by the works of other distinguished researchers. Research paradigm, approach and design were described in detail and showed how the data was collected to achieve the aims mentioned in the introductory chapter. Moreover, in this chapter, the building blocks of the study were discussed, from the population, sample sampling procedures and recruitment strategy as well as the data collection, data analysis were explained including the ethical considerations. This gives an idea of the path and the guiding principles the study has followed thus assisting the researcher to plan

accordingly. The following chapter offers the presentation of findings and discussions thereof.

CHAPTER 5

PRESENTATION OF RESULTS

5.1 INTRODUCTION

The previous chapter outlined the research methodology that was used to collect the data from the research participants. This chapter focuses on the presentation of findings. The themes and sub-themes that emerged from the findings of the interviews conducted with high school learners who are currently pregnant and those who were previously pregnant are presented.

5.2 SAMPLE REALISATION

Two (2) schools were used and for the purpose of this study are referred to as School A and School B. Data was collected from the school learners who were previously pregnant and who were currently pregnant. The sample size was guided by data saturation. Eighteen (18) learners were interviewed of which seventeen (17) learners were previously pregnant and one (1) was pregnant at time of the interview. Data saturation was reached after thirteen (13) interviews were conducted and a further five (5) more interviews were conducted to confirm data saturation and to ensure that data was collected from all identified study sites. Table 5.1 represents the sample realisation for the current study.

Table 5.1: Sample realisation for the current study

DATA COLLECTION PHASE	School A	School B	Total
Number of learners	9	9	18

5.3 DEMOGRAPHIC DATA OF THE PARTICIPANTS

All learners that were interviewed were black and between the ages of 17 years and older. Most of the learners were once pregnant (17) and one (1) learner is currently pregnant. Furthermore, sixteen (16) learners are Christians, one (1) learner is a Nazareth and one (1) does not belong to any religious denomination. Fifteen (15) learners reside in urban areas and three (3) live in the rural area. Eleven (11) learners indicated that they live in nuclear families and seven (7) live with extended families. Table 5.2 presents the demographic data for all the participants who were interviewed during data collection.

Table 5.2: Demographic data for participants

Participant code	Study site	Grade	Race	Age	Religious denomination	Area of residence	Number of people in dwelling	Family unit
L1	A	12	Black	19	Other	Urban area	7	Nuclear family
L2	A	12	Black	20	Christian	Urban area	4	Nuclear family
L3	A	12	Black	18	Christian	Urban area	4	Extended family
L4	A	12	Black	18	Christian	Urban area	6	Extended family
L5	A	12	Black	19	Nazareth	Urban area	7	Extended family
L6	A	12	Black	17	Christian	Urban area	10	Extended family
L7	A	12	Black	21	Christian	Rural area	6	Extended family
L8	A	12	Black	20	Christian	Urban area	11	Nuclear family
L9	A	12	Black	19	Christian	Urban area	5	Nuclear family
L1	B	12	Black	22	Christian	Urban area	8	Nuclear family
L2	B	12	Black	21	Christian	Urban area	4	Nuclear family
L3	B	12	Black	19	Christian	Rural area	8	Nuclear family
L4	B	12	Black	20	Christian	Urban area	10	Extended family
L5	B	12	Black	18	Christian	Urban area	6	Nuclear family
L6	B	12	Black	19	Christian	Urban area	6	Nuclear family
L7	B	12	Black	17	Christian	Urban area	9	Extended family
L8	B	12	Black	21	Christian	Rural area	11	Nuclear family
L9	B	12	Black	18	Christian	Urban area	7	Nuclear family

5.4 THE RELATIONSHIP BETWEEN THE RESEARCH OBJECTIVES AND INTERVIEW QUESTIONS

Table 5.3 outlines the interview questions presented to the research participants. It reflects that the data collection met the objectives of the research study and assisted in achieving the main aim of the study.

Table 5.3 Objectives and interview questions

Objectives	Interview questions
The objectives of the study were to:	
1. Determine the psychosocial effects of teenage pregnancy on high school learners.	What are the psychosocial effects of teenage pregnancy? How did it affect you emotionally, socially and academically?
2. Explore psychosocial challenges that learners face regarding school teenage pregnancy.	What psychosocial challenges are you experiencing as a pregnant learner? Alternatively, what are the psychosocial challenges you experienced during the time you were pregnant?
3. Identify possible prevention and intervention strategies that can assist in addressing school teenage pregnancy.	In your own opinion, what are the possible prevention and intervention strategies/programmes that can assist in addressing school teenage pregnancy? Who should be involved?

5.5 THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA COLLECTION

During the process of the data analysis, audio recordings were transcribed. The data from both the interviewer notes and audio-recorded transcriptions were gathered and organised according to objectives of the study. The data were then analysed by the researcher to identify common ideologies, themes, sub-themes and patterns. Subsequently, the data was categorised and coded according to the themes identified. Coding is necessary as it assists in the analysis process by

linking the data collected with similar meanings and provides structure to the data set (Saunders et al. 2016:582). The themes, sub-themes and perceptions were analysed and interpreted by the researcher to draw conclusions and develop recommendations.

Themes and sub-themes are presented in Table 5.4 below.

Table 5.4 Emerged themes and sub-themes

THEMES	SUB-THEMES
1. Lack of support and stigma	1.1 Rejection and separation
	1.2 Stigmatization
2. Self-Judgement	2.1 Low self-esteem
	2.2 Feeling worthless
	2.3 Shameful
3. Mental health well-being	3.1 Depression
	3.2 Anxiety
	3.3 Suicidal thoughts
4. Physical health	4.1 Body changes
	4.2 Sickness and access to health care
5. Interruption of education	5.1 Temporarily school-drop out
	5.2 Poor academic performance
6. Resilience	6.1 Focus on one's self
	6.2 Seek help
7. Training, skills and support	7.1 Programmes related to teenage pregnancy
	7.2 Sex education
	7.3 Parental involvement and guidance
	7.4 Use of condom and family planning.

5.6 PRESENTATION OF STUDY FINDINGS

The study findings are presented according to the major themes and sub-themes.

5.6.1 Major theme 1: Lack of support and stigma

The participants indicated that their families and communities change the way they perceive them when they were pregnant and that the people that they trust and are close to them did not give them support. This was evident in the following statements made by the participants:

“...When I was pregnant, things changed at home because my family was disappointment that I was pregnant at a young age. The situation was very bad, no one took care of me because my mother was not supportive and every time, she would say words that are hurtful to me- what kind of a mother would do that to her child?” (L3; School A)

“... My family did not give me support because they were ashamed about my pregnancy. The people around my community were making statements that were hurtful about me which led for me to develop stress and depression. My mother decided to send me away from home to stay with my grandmother and I felt rejected by my own parent” (L5; School A)

“...The abuse you get from people close to you is unbearable, especially coming from your own family when they cannot even be there for you when you need them most. The nasty things they say to you when you are pregnant as a young girl are shocking. Hence, that is why some of us end up feeling neglected and stressed” (L4; School B)

The participants highlighted various reasons that caused them to lose support from family and community. These reasons resulted in them feeling rejected, stigmatized and having poor relationships with loved ones.

5.6.1.1 Sub-theme 1.1: Rejection and separation

Participants stated that their families, communities, rejected them and their loved ones distanced themselves because of their pregnancy. It appeared that parents felt humiliated and ashamed of their children's pregnancy while still at school. Participants said the following:

"...When my mother found out that I was pregnant, she said she want nothing to do with me because I am old enough to go around and make babies. Everyone at home was so ashamed of me and I could see that they were angry at me." (L6; School B)

"...The father of my child suggested that we break-up because he was not ready to be a father, it was a mistake that he slept with me. I was devastated and had many questions as to why would he leave me when I need him the most." (L3; School A)

"...I remember when I was walking with my neighbour's child; she called her and said 'hey! What are you doing with her; do you want her to teach you how to make babies?' That day I told myself that even people that I trusted have turned their backs on me." (L5; School A)

"...My dad chased me away to stay with my grandmother because he was not happy that I was pregnant." (L8; School B)

Participants revealed that, their families rejected them when they were pregnant. Some participants also indicated that their partners opted for separation because they were not ready for commitment and taking the responsibility of becoming a father.

5.6.1.2 Sub-theme 1.2: Stigmatization

Participants indicated that they have been labelled and called names because of their pregnancy. Learners did not enjoy going to school because of the

stigma and how they were viewed differently from other learners. Participants reflected below:

“...I remember when my friends found out that I was pregnant; they use to call me big-small mama. I did not like that name and when I told them that I don’t like to be called with that name, they told me that it is my name because I am a baby mama.” (L7; School B)

“...You are busy having sex with different men that what happen when you like to do things that are meant for adults. You are good for nothing but a shame in this family. Those are the words that my mother said to me.” (L1; School A)

“...Some old mothers in my neighbourhood asked me why I became pregnant because I am not married. They further said to me that I am not a good child but a disgrace.” (L3; School B)

“...Sometimes I would not enjoy going to school because some of the teachers would make examples about my pregnancy to other learners. I asked myself why always when they motivate learners and label me as if I am not a human being.” (L5; School B)

5.6.2 Major theme 2: Self-judgement

Participants highlighted that their pregnancy has made them to judge and see themselves differently. Moreover, they judge themselves about their pregnancies and that they wish they could have been able to change the situation they found themselves in, but unfortunately, they cannot. Participants expressed the following:

“...As I am pregnant, I feel like I have done something wrong and I am not happy that I have disappointed my family.” (L1; School B)

“...It did not make sense to me that I was pregnant and I asked myself how this did happen because I used protection during the sexual intercourse, I blame myself for that day and I will never forgive myself but I have accepted it.” (L3; School A)

“...There was a time where I felt like I want to run away from home because I think it was too early for me to get pregnant while still at school. If I knew better, I would have not gotten into bed with a boy.” (L8; School A)

5.6.2.1 Sub-theme 2.1: Low self-esteem

The majority of the participants indicated that they had a low self-esteem because they did not believe that they were pregnant and that they lost their identity. It also appeared that people who are close to them also caused this and it affected them negatively on their self-esteem. The following as stated by participants:

“...Everything changed, and I lost faith in me when I found out that I was pregnant. All of this had impacted badly on myself because I had doubt about capabilities of being a mother.” (L8; School A)

“...I had a lot of questions about my pregnancy because I had dreams and those dreams seemingly will not be achieved soon as expected. I don't think people have changed the way they looked at me while I was pregnant.” (L3; School B)

“...The way I was before being pregnant is not the same as I am now. I lost me, I lost myself and my self-esteem is weak.” (L1; School A)

5.6.2.2 Sub-theme 2.2: Feeling worthless

Participants highlighted that they were feeling worthless and unwanted by their family members. There were also cases whereby partners would leave them because they do not want to be with them anymore of which made them to feel

less than a human. The participants in the following statements below expressed this:

“...Every time when my mother gets a chance, she would remind me that I am good for nothing and that would make me feel bad because those words were not nice to hear.” (L1; School A)

“...When the father of my child left me for another woman, I felt worthless and I thought I was nothing but useless after everything we have been through together” (L7; School B)

“...It was not easy, I would feel lonely and think to myself that I am not valued in my own home by my family but then I understand why, it is because I was wrong for being pregnant at the young age” (L4; School B)

“...When I was told to move out at home, I felt like I was unwanted, and my life changed for the worse. It is not good to be told that you are a shame within the family.” (L6; School B)

5.6.2.3 Sub-theme 2.3: Shameful

Participants revealed that they were ashamed about their pregnancy as they are still teenagers who were trying to find themselves. They also indicated that they were embarrassed because their pregnancies were not planned. This is illustrated in the following statements:

“...Pregnancy is not a child’s play; it is like everyone see that you are now engaging into sexual activities and it is shameful.” (L4; School B)

“...When I came back from the clinic after getting results, I was so embarrassed, and I felt like I am an embarrassment because it was unplanned pregnancy. It came as a shock.” (L1; School A)

“...My head was all over the place because of how I humiliated myself from my family and school. I struggled with myself and to accept that I am pregnant and as much as my partner was trying to keep me calm, but I could not because of the shame I have brought to myself.” (L5; School B)

5.6.3 Major theme 3: Mental health well-being

Participants believed that their mental health well-being was affected by the experiences that they have gone through. This was caused by not receiving expected support from their families and the things that were said to them during their pregnancies. This is evident in the following statements that they made:

“...My mental health was challenged because I had so many negative thoughts about my pregnancy and the pressure from my family made it worse” (L3; School B)

“...When you don’t get support from your family and loved ones, things just become worse and worse. I was not able to look after myself because my mind was all over thinking about the situation.” (L1; School A)

“...There is nothing hurts like being ill-treated for being pregnant and that has contributed for my mental health to suffer. Things that people say to you and when they gossip about your situation is hardest to experience as a teenager.” (L2 School; B)

5.6.3.1 Sub-theme 3.1: Depression

Participants highlighted that they have experienced depression during their pregnancy because of the situations they have went through in their homes and how their relationships with their parents had been affected by being pregnant. These statements clearly indicate how they felt below:

“...I started losing interest from the things that I used to do daily because I was shocked about being pregnant.” (L6; School B)

“...The environment I was in, contributed for me to be depressed. My parents were judging me, and which made my other siblings to judge me because they were trying to portrait themselves holy to our parents.” (L5; School A)

“...The major thing that made me have depression was that I was not ready to be a parent and I had so many questions in my mind, that how I am going to take care of my baby because I do not have experience of looking after babies.” (L2; School A)

5.6.3.2 Sub-theme 3.2: Anxiety

Participants revealed that they had anxiety because they were not ready to be parents, and some struggled because of the thoughts they had about their partners leaving them. This is noted in the excerpts below:

“...I was so anxiety about my readiness of being a parent at a young age, when I was thinking about the responsibilities of being a mother; I just always had a panic attack” (L3; School A)

“...During the pregnancy, I was thinking about my baby if whether I will give birth to a healthy child or a child with complications. I was always praying not to give birth to a child that will suffer; hence, I was so anxious.” (L6; School B)

“...My mother used to tell me that my boyfriend will leave me because boys do not like to take responsibility when they have impregnated a girl and that would just make me worry if whether am I going still be good enough for him or not and ask questions if is he going to leave me. It is a feeling that you cannot control.” (L7; School B)

“...When I found out that I was pregnant, I chose to run away from home because I was scared, and I did not know how I am going to share this news to my family. When I was walking around, it was like they now see that I am pregnant which made me to be afraid and be anxious.” (L5; School A)

5.6.3.3 Sub-theme 3.3: Suicidal thoughts

Participants revealed that because of the challenges they faced, they had suicidal thoughts and regretfully, confessed that they attempted to commit suicide. The contributing factors to these kinds of thoughts were the family rejection and the rejection by the baby's father, loneliness and not receiving support from their loved ones. This was expressed as follows:

“... The way how my family reacted to me when they found out I was pregnant, I wanted to kill myself, but it failed. I had many thoughts of suicidal because I did not want to live the life I was living at that time.” (L7; School B)

“...When I realized that actually no one cares about how I am feeling but they only care about their image that has been affected about my pregnancy. I could not handle it because I was drowning in sadness and I thought I am not needed. I then attempted to commit suicide.” (L3; School A)

“...Rejection from my family and friends made me to feel lonely and I had suicidal thoughts because there was no one to talk to. For four months of pregnancy, I was alone, and the father of my child was not supportive too.” (L4; School B)

5.6.4 Major theme 4: Physical health

Some participants reported that they had health complications during their pregnancy. Some of the participants revealed that they would miss school due to health-related issues. The participants during the interviews said:

“...During my pregnancy I had a severe headache and nausea, sometimes I would not go to school because of this.” (L6; School B)

“...I had visual disturbances and I could not see clearly, sometimes I would feel pain all over my body and when I consult to the doctor, he would say he see nothing it just a pregnancy.” (L8; School A)

“...When I went for check-ups, the doctor found that I had high blood pressure and that was caused by a stress that I was going through because of the things that were happening in my life.” (L3; School A)

“...I had many health complications during my pregnancy, I think I slept several times in hospital before giving birth to my child and I was so scared that I would lose my child.” (L6; School B)

5.6.4.1 Sub-theme 4.1: Body changes

Participants indicated that they had body changes during their pregnancy and how it has affected them, as they still need to accept themselves and be comfortable in their own skin. Participants revealed this as follows:

“...I think I was 4 months pregnant when I noticed that my feet just grew bigger and I had to change shoe size from size 4 to size 6. It was a struggle but eventually I learned to be comfortable with it....” (L1; School B)

“...When I was pregnant my breasts were full and tender. I did not enjoy taking a bath because my nipples were sensitive to touch, but I bought myself a maternity bra....” (L3; School A)

“...I just gained weight and my belly was so big including my nose. I just caught me by surprise and unexpectedly.” (L6; School A)

5.6.4.2 Sub-theme 4. 2: Sickness and access to health care service

Some participants revealed that they have been sick during their pregnancy. This is evident in the statement reported by participants below:

“...I had uterine infection and the doctor told me that having this infection will harm the development of my baby, thus, I had to go in an early labour.” (L6; School B)

“...I think it was 6 weeks of pregnancy, I had a vaginal discharge, and I did not pay attention to it because I thought it was just happening because of pregnancy, it then continued to happen until I had abnormal pain when going to toilet.” (L3; School A)

“...Sometimes when I walked the long distance, I would have shortness of breath and struggle to breath. There is this one day where this happened, I fainted and woke up in the hospital bed.” (L5; School B)

Participants also stated that they had challenges in accessing health care services. The environment, the living conditions and the service they get from the clinics caused this. Participants indicated as following:

“...Because of the living conditions at home, I was unable to have best quality of health care services.” (L6; School A)

“...I was unable to seek medical attention because where I am staying it is far away from the clinic and we have transport issues.” (L4; School B)

“...The attitude that the health care workers give us as pregnant teenagers, made me to decide not to seek help from my local clinic.....” (L3; School A)

5.6.5 Major theme 5: Interruption of education

Participants revealed that their education was interrupted by the situations that they were experiencing at their homes. The absence or lack of support from their families contributed to them losing focus or not paying attention to their schoolwork. This was stated in following excerpts:

“...The social issues that we experience as learners have got negative impact on our education. My pregnancy has caused a major interruption on my education; hence, I am still here at this age.” (L5; School A)

“...I was unable to concentrate on my studies because I had to go to clinic for check-ups and I was not paying attention to my books because of laziness.” (L6; School B)

“...The fights that were happening at home because of me, I was not able to focus on my studies.” (L1; School B)

“...My mother lost her trust on me and she even discouraged me to continue with my studies because she had a view that I will fail. That made me not to believe in myself as a learner.” (L3; School A)

5.6.5.1 Sub-theme 5. 1: Temporary school drop-out

Participants highlighted that they had to leave school to look after their babies and the pressure from the family to dropout has played a role in them quitting school. This was expressed in the following statements:

“...After giving birth, I had to drop-out of school and look after my child. It was not an easy decision to take because my mother told me that she will not look after my baby.” (L3; School B)

“...I drop-out of school because I had to go for delivery. My grandmother suggested that I should not continue to go to school because the month of giving birth was approaching. I left school and I got back this year....” (L4; School A)

“...it was not easy to focus on school and my pregnancy. I had to choose between the two and I chose to stay at home until I gave birth....” (L5; School A)

5.6.5.2 Sub-theme 5.2: Poor academic performance

The majority of participants indicated that their academic performance was poor because they had to look after their children, and it was difficult to balance between responsibilities of being a mother and attending their schoolwork. Academic performance deteriorated resulting in the scoring of low marks in their subjects. They expressed this in the following statements:

“...Whenever we were given homework, I would not do it because when I am at home I had to look after my child.” (L3; School B)

“...I cannot do school related work at home or even study, when I try to study the child would cry the whole night and during the day, she would need my attention too. So, it is hard to balance between being a mother and a school learner at a same time.” (L3; School A)

“...When we had school work to submit, I used to submit late because I had no time at home to focus on my studies and I would not study when we had to write tests. That is why I failed that year” (L4; School B)

5.6.6 Major theme 6: Resilience

Participants reported that to deal with the issues that were affecting them during their pregnancy, they had to have a spirit of resilience, where they accepted

their circumstances and learnt to correct the mistakes that they made. This was evident in statements made by participants:

“...As much as I had to deal with many challenges, but I was able to accept things how they are. I told myself that I cannot change the situation but to motivate myself that after this I will bounce back and be stronger” (L8; School B)

“...Planning about my future was the main thing to do during that time. After having to go through tough situations, I decided to pay all of my attention to my academics. When I was home, I was reflecting on what to do the following year when I go back to school and I managed to achieve all my plans so far.” (L3; School A)

“...There is nothing like giving yourself encouragement to overcome situations. I grew strength repeatedly. I was able to manage the perceptions of people about me and to be honest I was not an easy exercise, but I had to do it.” (L5; School B)

“...You know there were times where I thought I am losing it now and things at school and home would be bad, but I had to have composure. Where I manage my emotions by being calm and regulate emotions.” (L2; School A)

5.6.6.1 Sub-theme 6.1: Focus on one's self

Participants indicated that they had to focus on themselves to address issues they have experienced during their pregnancy. This was done because they did not want to interact with people who would have negative thoughts about them and focusing also gave them the opportunity to accept the situation as part of life. Participants made the following statements:

“...I removed myself from people who were making fun of my pregnancy including my friends because I wanted to deal with my emotions in a proper way without having to fight with people.” (L1; School A)

“...I don’t show negativity as much as I may have made a mistake by falling pregnant, but I had to stand up and show people that I am a human being too. Hence, I decided to rebuild my life and forget about people who have no good intentions about me.” (L4; School B)

“...I asked myself if whether this is the end of me or what, but then the response was; it is not the end of me. That is why I had to accept myself first, so that I will be able to accept the circumstance.” (L6; School B)

5.6.6.2 Sub-theme 6.2: Seek help

Participants highlighted that in times of difficulties they had to seek help from people close to them, especially those with whom that they had trusting relationships. Participants revealed this in the following statements:

“...It is important to speak out when you are facing challenges because that helps you to heal quickly. I had to find someone I trust to talk to about the things I was going through, and it helped.” (L6; School B)

“...I used to consult with my school teachers when I was struggling with school work. One of the teachers helped with a schedule of doing work at home and it worked for me because after that, I passed with flying colours.” (L4; School A)

“...I spoke with my mother that I was struggling with depression and stress. She was so supportive and invited the pastor to pray for me. It is good to ask for help when you are in need.” (L3; School A)

5.6.7 Major theme 7: Training, skills and support

Participants suggested that training, skills and support is needed to address teenage pregnancy in schools. They also indicated that the support systems such as parental involvement and guidance would play a major role in preventing them from getting pregnant and to be knowledgeable about issues related to sexual activities. Participants supported the above statement by the following:

“...We need to be taught about the negative impact of teenage pregnancy at the young age, because I think having no knowledge about it, is the major influence that make us to engage into sexual activities at a young age.” (L8; School A)

“...I think having support from family and relatives play a good role in preventing teenagers to not get pregnant. When you have a full support from the environment, you are able to get help immediately.” (L3; School A)

“...We need skills on responsible sexual behaviour in order to promote sexual health and manage risks that are associated with sexual transmitted diseases and teenage pregnancy.” (L7; School B)

“...Our community need to understand that we do not plan to get pregnant as teenagers, I am not saying that because I want to shift the blame, but because they need to be taught about how to intervene in such cases if they arise within the society.” (L5; School A)

5.6.7.1 Sub-theme 7.1: Programmes related to teenage pregnancy

Participants highlighted that the school and the community need to develop programmes that will create awareness about teenage pregnancy and issues associated with it. Moreover, school educators should lead these projects, as they understand learner's situations. External stakeholders, with the correct training and experience and must be included in the delivery of programmes to

create awareness relating to teenage pregnancy. Participants recommended the following:

“...We must have programmes that will address teenage pregnancy in schools. These programmes must be coordinated by teachers who have the best interest of learners because they would make them be meaningful.” (L2; School B)

“...Platforms must be created whereby us as learners we have dialogues focusing on issues affecting learners, including teenage pregnancy. Teenage pregnancy is a huge problem during these days and that will help us to be conscious about such things” (L6; School B)

“...The school must invite social workers and health care workers to address us about teenage pregnancy. I think having them maybe twice a year could make a difference in our lives as learners” (L9; School A)

“...We must also have teenage awareness campaigns where the school and the community get involved and educate young people about teenage pregnancy and have knowledge that will last for the long-time” (L4; School B)

5.6.7.2 Sub-theme 7.2: Sex education

Participants suggested that sex education is needed in schools, as it will give them an opportunity to learn about sexual intercourse and the consequences thereof when one starts to engage in unprotected sexual activities. Participants stated the following:

“...I believe we need classes on sex education as learners because having no knowledge on risks associated with teenage pregnancy and doing sexual activities is not good for us but it is destroying our future” (L5; School A)

“...Sex education will encourage us to make good choices about sex and sexuality that is why it is important that it is implemented now as the cases of teenage pregnancy increases daily.” (L7; School B)

“...Since we do not pay attention much on issues related to sexual health and sexual activities, I would recommend that the school must teach us about sex issues. I know we have Life Orientation, but sex education will focus more on safe sexual practices.” (L1; School B)

5.6.7.3 Sub-theme 7.3: Parental involvement

Participants also stated that parents need to be involved in their lives to give support and guidance to hinder them from becoming pregnant at a young age. Furthermore, parents need to create safe environments whereby issues of sexuality are discussed without fear and a mind-set that will discourage learners from engaging in sexual activities. Participants expressed this in the following statements:

“...As teenagers we need the support of parents and involvement in our lives. When you have a person, who supports you in all areas of life, I don't think you may be able to engage yourself into things that are inappropriate....” (L3; School B)

“...Parents need to teach us about these things and not hide the truth from us, especially African parents. They do not like to discuss issues related to sexuality with us and that is why sometimes we do things in a wrong way because we do not know about life as teenagers.” (L9; School A)

“...Our parents are afraid to have discussions with us about sexual activity and they believe that if they do, they will be encouraging us to go and do sex. Thus, I think we need their guidance when we encounter situations and their presence in times of need.” (L4; School B)

5.6.7.4 Sub-theme 7.4: Use of condom and family planning

Participants highlighted that the use of condoms is important during sexual intercourse and that sometimes they do not get access to condoms, which is a risk factor of them practicing unprotected sex. Participants expressed this in the following excerpts:

“...When we go to the clinic and ask for free condoms, they do not give us because of our age, and we do not have money to buy condoms. That is why sometimes we do unprotected sex. Condoms must be available for anyone regardless of the age.” (L1; School A)

“...We need to be taught on how to use condoms during sex because we do not know how to use condom, you would think that your partner has put it correctly only to find out that it bursts and you become pregnant.” (L6; School B)

“...The availability of condoms in school premises is important because it minimizes the chances of us getting pregnant and protect us from getting many sexually transmitted infections.” (L3; School A)

“...Boys must be encouraged to use condoms during sex because some of them do not want to use condoms. They say they do not feel anything but because of love we end up as girls allow them not to use condoms when we do sex together.” (L8 School A)

Participants also highlighted the importance of family planning to avoid teenage pregnancy. However, they also mention that they have problems when it comes to receiving health services related to sexual activities because of their age and adults' perceptions of teenagers using family planning. Participants stated the following:

“...Teenage pregnancy will always remain a concern because we do not know anything about family planning as teenagers. We are not told about the importance of family planning not alone allowed to seek medical help with about doing family planning. We must have these services provide to us even here at school.” (L3; School A)

“...Department of Education must provide us with contraception as part of the awareness drive to minimize the rates of teenage pregnancy in schools and emphasize the importance of family planning.” (L7; School B)

“...if the health care workers, communities and our families can change their mind set about us teenagers when it comes to sexual activity issues, things could be better. They need to give us support and guidance in terms of family planning and abstaining from doing any sexual activities.” (L5; School B)

5.7 SUMMARY OF THE CHAPTER

This chapter presented the themes and sub themes that emerged from participant's responses. Verbatim quotes were provided to support the themes and authenticate the research. The next chapter will discuss the findings from the study and make recommendations for future studies.

CHAPTER 6

DISCUSSION OF RESULTS

6.1 INTRODUCTION

This chapter presents the discussion of the study findings that were reported during the presentation of results in the previous chapter. The study focused on (1) determining the psychosocial effects of teenage pregnancy on high school learners; (2) exploring psychosocial challenges that learners face regarding school teenage pregnancy; (3) identifying possible prevention and intervention strategies that can assist in addressing school teenage pregnancy.

The findings, in this study, showed that teenage pregnancy exposes learners to many challenges associated to psychosocial wellbeing. These challenges have a negative impact on the learners' lives and livelihoods. It is evident that during and after pregnancy, learners do not receive support and care from their families and school, which leads to feelings of isolation, rejection, depression, stress and anxiety. The rationale for this study being done was because teenage pregnancy in schools is growing at a high rate and that the study would assist in discovering possible ways to reduce the high rates of pregnancy. Furthermore, these findings will make a positive contribution to creating an awareness among learners of the negative consequences and psychosocial effects of pregnancy while they are still teenagers. It was, therefore, important to explore the psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KZN Province.

The literature used in the previous chapters as well as new relevant literature was integrated to contextualize the meaning of the themes and sub-themes that emerged from the data analysis of the study.

6.2 DISCUSSION OF RESULTS

The themes that emerged during the data collection were as follows:

- Lack of support and stigma
- Self-judgement
- Mental health well-being
- Physical health
- Interruption of education
- Resilience
- Training, skills and support

The above-mentioned themes emerged from the experiences and perceptions of school learners and further assisted the researcher to understand the psychosocial effects of teenage pregnancy on high school learners. In line with the objectives, the findings revealed that the psychosocial effects of teenage pregnancy on learners caused them to break relationships with their loved ones, including the family and friends. Learners depend on their families, friends and school to support them. According to Mangeli *et al.* (2017: 170), the lack of support creates problems for teenagers to take care of their babies. Sámano *et al.* (2017: 383) indicate that many problems experienced by teenagers are caused by lack of affection and support and that parents who use authoritarian rules influence teenagers to act inappropriately.

The findings of a study conducted by Chiazor (2017: 78) reveal that teenage pregnancy leads to social rejection. Their loved ones and friends reject teenagers because being pregnant at a young age is unacceptable in society. Teenage pregnancy is risky, because it could cause a teenager to become stigmatized and rejected by the family (Vincent and Alemu 2016: 30). It also emerged that stigmatization of learners when pregnant is a major problem. This contributed to some learners not attending school and the community had different views about them. McCammon *et al.* (2020:1) concur that teenage pregnancy leads to stigma and negative social evaluations. Female teenagers

who become pregnant are likely to be stigmatized, experience social isolation and abuse (Walker and Holtfreter 2019: 13).

It also appeared that learners blame themselves for being pregnant and feel like they have disappointed their families. This shows that learners have guilt feelings, which results in them to blaming themselves for every challenge that they encountered during their pregnancy. According to Fedorowicz *et al.* (2014: 133), teenagers who live in challenging social and physical environments often times are psychologically and cognitively affected, resulting in the feeling of low self-worth and hopelessness. Teenage pregnancy has many psychological disorders such as low self-esteem, disturbed body image, and poor cognitive development. (Mohamed and Mahmoud 2018: 93). It is clear that self-judgment led to learners losing their identity as individuals. They had feelings of worthlessness as they blamed themselves, which was further compounded by their partners rejecting them in their times of greatest need.

The study also revealed that learners had issues with their mental health well-being as they faced different challenges that led to them suffering from depression, anxiety and had suicidal thoughts. Participants indicated that having no support from the families, friends and school made them to lose hope about life and lose trust for people since they were judged, criticized and humiliated by people who should stand by them even in difficult times. Xavier, Benoit and Brown (2018: 451) highlight that teenage mothers are at a risk for adverse social outcomes and their pregnancy may have a long-term impact on mental health, which is poorly understood. This portrays society's ignorance and lack of understanding associated with mental health. The study revealed that learners did not receive any support or help from families or at home, which further contributed to their mental health well-being issues. Learners also expressed that they suffered from depression during pregnant. Teenage pregnancy exposes girls to adverse mental health and psychosocial adversities such as depression (Osok *et al.* 2018: 136). Other participants stated that being anxious or having anxiety made them to break down because of the fear of disclosing their pregnancy to their families.

A study conducted by Peter *et al.* (2017: 21), found that teenagers with anxiety reported to have no social support in all areas of life (affectionate, emotional, tangible, informational, and positive social interaction). Research indicates that anxiety is more prevalent among pregnant teenagers (Govender 2019:28). Moreover, participants reported that they had suicidal thoughts, and some have attempted suicide but failed, as they could not cope with psychosocial challenges that they were experiencing at that time. According to Sukhawaha, Arunpongpaisal and Rungreangkulkij (2016: 334), teenage pregnancy and suicidal behaviour share a common risk factor, and this may be caused by socioeconomic status, failing at school and tension from home. Musyimi *et al.* (2020:1) suggest that teenagers, who become pregnant outside marriage, consider suicide as a solution that will solve their problems.

The study found that learners, during pregnancy, experience health complications and some of them indicated that they had difficulties in accessing health care services, which were distant from their homes and financial issues. World Health Organization (2020:1) stresses that teenage pregnancy is a public health problem that is linked to poor health of the teenage mother and her newborn baby. Whitworth, Cockerill and Lamb (2017: 50) suggest that teenage mothers and their babies have poor access to maternity care, and they experience worse obstetric outcomes than adults do. Learners expressed that body changes were also a problem the time they were pregnant. They gained weight; feet grew bigger and experienced sensitivity of nipples. They were not comfortable with the changes but had to accept them. Physical changes during pregnancy prepare the mother for labour and delivery of the baby. Some of these changes in maternal physiology include increased maternal fat, blood volume and cardiac output (Soma-Pillay *et al.* 2016: 89). This emphasises that women go through physical transformation during pregnancy. This could be expansion of the belly, weight gain as mentioned above and morning sickness, which may make some women feel bad about their bodies that appear different.

Learners reported that they were not able to pay much attention to their academic work school because they had to focus on their pregnancy. Others stated that they had to look after their babies because no one was willing to babysit for them. Maemeko, Nkengbeza and Chokomosi (2018: 89) emphasize that female teenagers fail to finish schooling because they have the extra responsibility of being a parent first and a learner later. Hence, they expressed that they cannot study at home because the baby would cry at night when they were meant to study. Sometimes the child would need the attention of the mother and that is why they cannot commit themselves to school work. Teenage pregnancy is both a cause and a consequence of school dropout among learners (Stoner *et al.* 2019: 559).

Learners also indicated that they have been engaging in risky sexual intercourse with their partners, which led to their pregnancy. Baldwin and Edelman (2013: 48) emphasize that teenagers engage in early sexual activities and unprotected sex, which has a negative impact on their physical and mental health. The assumptions are that teenagers engage in such risky behaviour because of lack of skills to evaluate the risk (Mounts, Karre and Kim 2013: 322). Learners reported that they had sexually transmitted Infections (STI), as they did not use condoms for protection. Oharume (2020: 39) indicates that studies have found that varying levels of knowledge about STIs contribute to teenagers being vulnerable to acquiring the infections. In various parts of Sub-Saharan Africa, the spread of the HIV pandemic can be said to be fuelled by the lack of knowledge and available resources (Kwigizile *et al.* 2013: 38). It can be said that there is a lack of accurate information made available in an African context, on factors such as sexuality and sexual education (Kwigizile *et al.* 2013: 38).

Furthermore, learners stated that in order to deal with the psychosocial challenges they experienced they had to have a spirit of resilience. They expressed that as an individual it is good to learn to live with challenges and accept how things are, but also learn to address mistakes as a person. According to Harms *et al.* (2018: 1), resilience is the ability to bounce back or recover from traumatic or destructive experiences. When an individual has

resilience, they have the ability to access resources they need to adjust and cope. Moreover, they make choices that will help them to overcome any threat (Gyan *et al.* 2017: 335). Learners highlighted that being resilient has made them focus on themselves and not pay attention to what was being said about them. It also gave them the opportunity to seek help when they needed it.

Lastly, learners expressed their views on how teenage pregnancy can be addressed in schools. Programmes that create awareness about teenage pregnancy must be presented. In the study done by Radzilani-Makatu and Takalani (2016: 5), it was recommended that the Department of Education (DoE) in conjunction with Department of Health must create programmes that will focus on prevention of teenage pregnancy. Learners also suggested that sex education is needed in schools and it will play a major role in educating learners about issues related to sexuality. The goal of sex education is to empower young people to understand their sexuality and relationships (Leung *et al.* 2019: 2). Additionally, learners emphasized the need for parents to be involved in their lives as a strategy to prevent teenagers falling pregnant at a young age. Silk and Romero (2014: 1339) highlight that parental involvement is necessary in the prevention of teenage pregnancies and other teenage risk behaviours. Lastly, learners indicated the need for education on the usage of condoms and family planning. This will prevent unintended teenage pregnancies. However, it is important to educate teenagers about the negative consequences of early sexual activity. Premature sexual activity is now a norm in our society and results in teenage pregnancy and sexually transmitted diseases (STDs) (Mostert *et al.* 2020: 28).

6.3 RELATIONSHIP BETWEEN RESEARCH FINDINGS AND ECOLOGICAL SYSTEMS THEORY OF DEVELOPMENT

There is a relationship between the research findings and Bronfenbrenner's (1994) Ecological Systems Theory of development that was used to guide the study. The results of the study revealed that the environmental systems have power to influence behaviours of teenagers/learners (Farrow, Grolleau and

Ibanez 2017: 2). The findings of the study show that teenage pregnancy is unacceptable within families and communities. Teenage pregnancy breaks the relationships and interactions that teenagers have with their loved ones. This is because parents feel humiliated and are viewed as failures if their child becomes pregnant at an early age. As participants indicated, they were chased away from home so that their parents could avoid humiliation from the community. Learner's relationships and interactions with others not only became strained at home, but even at school. Learners stated that they lost their friends because of their pregnancy and did not get any support from the school or even back at home. Furthermore, results of the study indicate that there is no proper communication between the school and home of a learner when the learner becomes pregnant. Effective communication between the school and family can help the learner not to drop out of school because teachers and parent could give full support to the learner. The study also revealed that participants in communities were treated differently because of being pregnant at a young age. This shows that the society has its own views on how they girl child should behave and expected to grow with the society. Thus, teenagers who do not practice cultures, values and traditions of the society they live in, are always experiencing challenges in their society. It also appeared that participants had issues of accessing health care services which also had a negative impact to their physical health. Lastly, the study also found that environment of where a learner is growing has got an impact in her life. This was revealed by learners when they indicated that their parents are afraid to engage with them about sex related issues. Participants expressed that parental involvement would make a good impact upon their lives.

6.4 SUMMARY OF THE CHAPTER

This chapter focused on the discussion of findings of the research study, which was aided by the integration of the new relevant literature and the ones used in the previous chapters. The next chapter will present the summary of findings, limitations and recommendations of the study.

CHAPTER 7

SUMMARY, LIMITATIONS AND RECOMMENDATIONS AND CONCLUSION

7.1 INTRODUCTION

This chapter discusses the summary of findings, conclusions, limitations, and recommendations of this study.

7.2 SUMMARY OF THE STUDY

The information gathered from the research participants highlight that psychosocial effects of teenage pregnancy is common to teenagers during their pregnancy. Almost all learners revealed that being pregnant has affected their relationships with parents; hence, there was a lack of support from home. Learners also experienced criticism and stigmatization at school and within their communities. Furthermore, the harassment and insults that learners received from people they trusted made them to feel like they are a disgrace in their community and that they are worthless and not valuable. This has caused them to experience depression, have anxieties about whether they are ready to be parents or not and the responsibilities that come with being a parent. It also appeared that learners had feelings of anger, fear and their self-esteem plunged because of the challenges they encountered. It also emerged that teenage pregnancy has caused learners to lose their self-identity and self-love because of the guilt they were feeling. Moreover, their education was also interrupted because of the duties they had to fulfil at home which caused them to drop out of school and poor academic performance. Physical health was also a concern as they had to poor access health care services, of which to some it was difficult to seek because of the treatment they received from the clinic and their poor financial status. Parents, school and community need to play a major role in preventing and intervening to address the issue of teenage pregnancy by implementing awareness programmes on teenage pregnancy. Schools are

to provide sex education and learners should have free access to condoms and family planning.

7.3 LIMITATIONS OF THE STUDY

According to Ross and Zaidi (2019: 261) limitations represent weaknesses within the study that may influence outcomes and conclusions of the research. The research study was conducted with high school learners who were previously pregnant and currently pregnant - aimed to explore the psychosocial effects of teenage pregnancy. The study was done with learners from Grade 12 only, learners from other grades were not included because the study was conducted under the spectre of a devastating global pandemic, COVID-19 which limited the researcher to have access to these learners as they were not back on school at that time.

7.4 RECOMMENDATIONS OF THE STUDY

The recommendations are as following:

7.4.1 Policy implementation

The Department of Education and the schools need to readdress the need of policy implementation in schools and ensure that they are correctly implemented. This assist the DoE in identifying how, when and by whom implementation will be assessed. Furthermore, it will give an opportunity to schools to ensure that learners are given adequate psychosocial support in all areas prior to delivery and post-delivery. Implementation of policies must not be seen as punitive to a learner but to provide effective strategies to handle issues associated with pregnancy with care and dignity.

7.4.2 Adequate resources

It is advisable that schools have adequate psychosocial resources such as psychologists in schools who provide psychotherapy, counselling and psychological assessment for learners in schools. This will have a major

influence on learners on how they manage their stress, change of personality, develop active coping skills, create a sense of mastery, and increase their self-esteem and support.

7.4.3 Access to reproductive health care services

Learners are denied access to reproductive health care services because of their age. It is now evident that learners must have access to these services due to their sexual and reproductive health needs. When these services are provided to learners, they can reduce number of pregnancies in schools because learners would have information on how to use contraceptives, menstruation, pregnancy and STI treatment, counselling on health sexuality and sexual intercourse. The Department of Education must also ensure that these services are provided in schools.

7.4.4 Partnership with key stakeholders

The issue of teenage pregnancy amongst learners cannot be solved by schools only. Effective partnership with key stakeholders will give schools the opportunity to improve their innovations in dealing with pregnancies and strengthen support received from other stakeholders. Hence, Department of Education, Department of Social Development and Department of Health must work in collaboration to coordinate programmes based on sex education, psychosocial support and health care services.

7.5 FURTHER RESEARCH

Future research should focus on gaining insight from parents and educators on how to provide psychosocial support to learners who become pregnant while still in school and how both parties could effectively meet their needs.

7.6 FINAL CONCLUDING REMARKS

In general, teenage pregnancy is still a major issue in schools and a public health concern. Thus, the current study findings indicated teenage pregnancies

have negative consequences for learners, their families, communities, societies, schools and the country. Parents and schools should play a significant role in ensuring that learners are sufficiently enabled, empowered to change their behaviour, and are adequately informed about consequences associated with teenage pregnancy. However, parents should not be permissive or authoritarian because that could create a huge gap between the parent and teenager. It is encouraged that parents at home must develop effective relationships with teenagers so that they would have an open-honest communication between each other including issues related to dating, sexuality, and sex education.

A safe space must be created in schools that will include boys and girls to have conversations around teenage pregnancy with an aim of influencing positive behaviours in the matters of sexuality. This will make learners aware of the consequences of engaging in unprotected sex and how it could lead to sexual transmitted infections leading to health complications. The psychosocial effects of teenage pregnancy must be taken seriously at schools, home and community at large, as it poses high risks to learners such as mental health issues, poverty, isolation and rejection, feelings of worthless and unwanted, fear of being a parent and taking responsibility. The school must ensure that learners receive intensive support in terms of counselling and rehabilitation as part of psychosocial support intervention. This will minimize the risks that come with lack of psychosocial support from the environment.

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APPENDICES

Appendix 1: University ethics clearance certificate



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 2375
Email: lvishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

23 June 2020

Mr A S Masuku
P O Box 196
eMondlo
3105

Dear Mr Masuku

The psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KwaZulu-Natal
Ethical Clearance number IREC 031/20

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam
Chairperson: IREC

Appendix 2a: Letter of request of permission from the Department of Education

B2351 Zwane Street
eMondlo
3105
23 May 2020

Department of Education KwaZulu-Natal
Pietermaritzburg
Private Bag 9137
3200

Dear Sir

Request for Permission to Conduct Research

My name is Andile Samkele Masuku, currently registered for a Degree of Master of Health Sciences at the Durban University of Technology.

I hereby seeking your consent to get permission to conduct a research study with high school learners who are and previously pregnant. The title of the study: **The psychosocial effects of teenage pregnancy in high school learners in the Vryheid District, KwaZulu-Natal**. I am hereby seeking your consent to conduct the study at Mondlo Secondary School and Isolomuzi High School in eMondlo township.

I have provided you with a copy of my proposal, which includes copies of the data collection tools, consent form and information letter to be used in the research process, as well as a copy of the provisional approval letter, which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact my supervisor, Prof Sibiyi on 031-373 2704, or on email nokuthulas@dut.ac.za

Thank you for your time and consideration in this matter.

Yours sincerely,

Mr Andile Samkele Masuku (Masters Candidate)
Cell phone: 0737099877
E-mail: samkele70@gmail.com

Appendix 2b: Approval letter from the Department of Education



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma/Buyi Ntuli

Tel: 033 392 1063/51

Ref: 2/4/8/4119

Mr Andile Samkele Masuku
P.O. Box 196
EMONDLO
3105

Dear Mr Masuku

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"THE PSYCHOSOCIAL EFFECTS OF TEENAGE PREGNANCY ON HIGH SCHOOL LEARNERS IN THE VRYHEID DISTRICT"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 25 May 2020 to 10 January 2022.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma/Mrs Buyi Ntuli at the contact numbers above.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

Head of Department: Education

Date: 25 May 2020

...Leading Social Compact and Economic Emancipation
Through a Revolutionary Education for all...

KWAZULU-NATAL DEPARTMENT OF EDUCATION

Postal Address: Private Bag X9137 • Pietermaritzburg • 3200 • Republic of South Africa

Physical Address: 228 Pietermaritz Street • Ex-NED Building • Pietermaritzburg • 3201

Tel.: +27 33 3921063 • Fax: +27 033 3921203 • Email: Phindile.duma@kzndoe.gov.za • Web: www.kzndoe.gov.za

Facebook: KZNDOE... Twitter: @DBE_KZN... Instagram: kzn_education... Youtube: kzndoe

Appendix 3a: Letter of request of permission from the school principals

B2351 Zwane Street
eMondlo
3105
17 June 2020

School Principal
XXXX School
eMondlo
3105

Dear Sir/Madam

Request for Permission to Conduct Research

My name is Andile Samkele Masuku, currently registered for a Degree of Master of Health Sciences at the Durban University of Technology.

I hereby seeking your consent to get permission to conduct a research study with your school learners who are and previously pregnant. The title of the study: **The psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KwaZulu-Natal.**

I also request permission to conduct this study at your school. Please note that the study will not be conducted during the teaching periods. The researcher will do the interviews after school or during the free periods.

I have provided you with a copy of my proposal which includes copies of the data collection tools, consent form and information letter to be used in the research process, as well as a copy of the provisional approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact my supervisor, Prof Sibiba on 031-373 2704, or on email nokuthulas@dut.ac.za

Thank you for your time and consideration in this matter.

Yours sincerely,

Mr Andile Samkele Masuku (Masters Candidate)
Cell phone: 0737099877
E-mail: samkele70@gmail.com

Appendix 3b: Approval letter from the School Principal A



B2486
Emondlo
3105

SECONDARY SCHOOL

P. O Box 2198
Emondlo
3105

Tel: (034) 933 0990
Fax: (034) 933 1036
Cell: 073 005 3514

Email: ny@yahoo.com

ny@yahoo.com

Date: 22/06/2020



DEPARTMENT OF EDUCATION
KwaZulu-Natal Province

THE PSYCHOSOCIAL EFFECTS OF TEENAGE PREGNANCY ON HIGH SCHOOL LEARNERS IN THE VRYHEID DISTRICT, KWAZULU-NATAL.

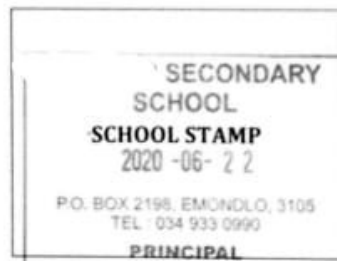
Dear Mr AS Masuku

Please be informed that your request to do research with our learners has been approved. Times and dates will be arranged with the school Principal.


Yours Faithfully

NGEMA DH

(PRINCIPAL)



Appendix 3c: Approval letter from the School Principal B



SENIOR SECONDARY SCHOOL

Tel: 071 697 7967 Fax: 071 659 5249 Physical Address: B856 / B57, eMondlo, 3105
Email: @gmail.com Postal Address: P.O. Box 222, eMondlo, 3105

Date: 18 June 2020 Enquires: LSS Xulu (Deputy Principal) 073 63 73 448

B 2351 Zwane Street
eMondlo
3105
18 June 2020
Mr AS Masuku

Subject: The psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KwaZulu –Natal.

The above matter has reference


1. The above mentioned candidate has been accepted in our school to conduct research
2. The time and dates has been discussed with our Learners Support Agent (LSA)


Inlight of the above points we, therefore accept Mr AS Masuku.

Should you have any queries, don't hesitate to contact us.

Yours faithfully

LSS Xulu (Deputy Principal)





Appendix 4a: Letter of information for learners



Dear participant,

I hope you are doing well. Please read the below information for your attention.

Title of the research study: The psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, KwaZulu-Natal.

Principal investigator/s/researcher: Mr A.S. Masuku (Master of Health Sciences Candidate)

Co-investigator/s/supervisor: Prof M.N. Sibiyi, D Tech: Nursing (Supervisor) and Ms R.T. Hlengwa, M Ed: Higher Education (Co-supervisor).

Brief introduction and purpose of the study: Teenage pregnancy is growing rapidly in South African schools. The statistics have shown that teenage pregnancy is one of the main issues amongst learners in various communities. There are number of factors which may contribute to school teenagers to fall pregnant early in age. Hence, the purpose of this study is to explore the effects of teenage pregnancy on high school learners.

Outline of the procedures: You are humbly requested to participate in the interview A place where there will be no noise, private and comfortable will be used for interviews. The interviews will be digitally recorded and transcribed. The session will between 30 to 45 minutes.

Risks or Discomforts to the participant: No risks to health or any discomfort is anticipated during data collection.

Benefits: The findings of the research will assist learners who are pregnant to address the challenges that they face at schools.

Reason/s why the Participant May be Withdrawn from the Study: Participants are free to withdraw from the study at any time that they wish to do so. Should you wish to withdraw there will be no adverse consequences as participation is voluntary.

Remuneration: You will not receive remuneration, as participation is voluntary.

Cost of the study: None.

Confidentiality: Your name will not be included in the final write up of the study; instead a code will be used. The interviews will be digitally recorded for the analysis purposes. Data will be stored in a protected computer with a password and audiotapes will be safely stored in an external hard drive. Only the researcher and supervisors will have access to the audiotapes. Electronic data will be deleted and hard copies will be shredded after 5 years.

Research-related injury: There is no anticipated injury for participating in the study.

Persons to contact in the event of any problem or Queries: Mr Andile Samkele Masuku on 073 709 9877 or samkele70@gmail.com, Prof M.N. Sibiya (Supervisor) 031-373 2284. Institutional Research Ethics Administrator on: 031-373 2900. Complaints can be reported to the DVC: Research, Innovation & Engagement Professor Sibusiso Moyo on 031-373 2576 or moyos@dut.ac.za

Appendix 4b: Consent for learners



Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mr A.S. Masuku about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	Date	Time	Signature / Right Thumbprint

I, Andile Samkele Masuku herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature

_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature

_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Signature

Appendix 5a: Letter of information for parents / Legal guardians (English)



Dear parent / legal guardian, thank you for your willingness to let your child participate in this study.

Please note the following:

The interviews will be digitally recorded for the analysis purposes. Please be informed that data will be stored in a protected computer with a password and audiotapes will be safely stored in a USB and kept safely from my supervisor's cupboard (in her office). There will be no one except my supervisor and I who would gain access to those recordings. The cupboard will always be locked for the security purposes and after 5 years they will be destroyed by the supervisor. At the end of the study, the findings will be shared to participants, schools and through paper publication and presentations not your child's personal demographic information.

Title of the research study: The psychosocial effects of teenage pregnancy on learners at high schools in Vryheid, KwaZulu-Natal Province.

Principal investigator/s/researcher: Mr A.S. Masuku (Master of Health Sciences Candidate).

Co-investigator/s/supervisor: Prof M.N. Sibiyi, D Tech: Nursing (Supervisor) and Ms R.T. Hlengwa, M Ed: Higher Education (Co-supervisor).

Brief introduction and purpose of the study: Teenage pregnancy is growing rapidly in South African schools. The statistics have shown that teenage pregnancy is one of the main issues amongst learners in various communities. There are number of factors, which may contribute to school teenagers to fall pregnant early in age. Hence, the purpose of this study is to explore the effects of teenage pregnancy on high school learners.

Outline of the procedures: Your child is humbly requested to participate in the interview. A comfortable, quiet and private place will be chosen to conduct the interviews. A place where there will be no noise, private and comfortable will be used for interviews. The interviews will be digitally recorded and later transcribed. The session will be between 30 to 45 minutes.

Risks or Discomforts to the participant: No risks to health or any discomfort is anticipated during data collection.

Benefits: The findings of the research will assist learners who are pregnant to address the challenges that they face at schools.

Reason/s why the Participant May be Withdrawn from the Study: Participants are free to withdraw from the study at any time that they wish to do so. Should you wish to withdraw there will be no adverse consequences as participation is voluntary.

Remuneration: Your child will not receive remuneration as participation is voluntary.

Cost of the study: None.

Confidentiality: Your child's name will not be included in the final write up of the study; instead, codes will be used.

Research-related injury: There is no anticipated injury to your child for participating in the study.

Persons to contact in the event of any problem or Queries: Mr Andile Samkele Masuku on 073 709 9877 or samkele70@gmail.com Prof M.N. Sibiya (Supervisor) 031-373 2704. Institutional Research Ethics Administrator on: 031-373 2900. Complaints can be reported to the DVC: Research, Innovation & Engagement Professor Sibusiso Moyo on 031-373 2576 or moyos@dut.ac.za

Appendix 5b: Letter of information for parents / Legal guardians (IsiZulu)



Mzali othandekayo / umnakekeli osemthethweni, siyabonga ngokuzimisela kwakho ukuvumela ingane yakho ukuthi ibambe iqhaza kulolu cwaningo.

Uyacelwa ukuthi uqaphele okulandelayo:

Izingxoxo kuzoqoshwa ngekhompiyutha ngezinhloso zokuhlaziywa. Uyacelwa ukuba wazi ukuthi imininingwane izogcinwa kwikhompiyutha evikelwe ene-password futhi ama-audiotapes azogcinwa ngokuphepha ku-usb futhi agcinwe ngokuphepha ekhabethe lenkampani yami (ehhovisi lakhe). Ngeke kube namuntu ngaphandle komphathi wami nami engizokwazi ukufinyelela kulawo aqoshwa. Ikhabethe lizohlala likhiyiwe ngezinhloso zokuphepha bese kuthi emuva kweminyaka engu-5 licekelwe phansi ngumphathi. Ekupheleni kocwaningo, okutholwayo kuzokwabelwa ababambiqhaza, izikole ngokushicilelwa kwamaphepha kanye nezethulo hhayi imininingwane yomuntu uqobo yengane yakho.

Isihloko socwaningo lokucwaninga: Ukuhlola imiphumela yengqondo nokukhulelwa kwentsha kwabafundi ezikoleni eziphakeme eVryheid, kwisifunda saKwaZulu-Natali.

Umphenyi / umphenyi oyinhloko: UMnuz A.S. Masuku (Umfundi weziqu seMastazi kumkhakha wezempilo).

Osizana nomphenyi wocwaningo: USolwazi uM.N. Sibiya (Iziqu zobudokotela kumkhakha wezobuhlangikazi) kanye noNksz R.T. Hlengwa (Iziqu zeMastazi kwezemfundo ephakeme).

Isingeniso esifushane nenhloso yocwaningo: Ukukhulelwa kwentsha kukhula ngokushesha ezikoleni zaseNingizimu Afrika. Izibalo zikhombisile ukuthi ukukhulelwa kwentsha kungenye yezinkinga eziphambili kubafundi emiphakathini eyehlukene. Kunezinto ezimbalwa ezingenza ukuthi intsha yesikole ikhulelwe isencane. Ngakho-ke, inhloso yalolu cwaningo ukuthola imiphumela yokukhulelwa kwentsha kubafundi bezikole eziphakeme.

Uhlaka lwezinqubo: Ingane yakho iyacelwa ngokuzithoba ukuthi ibambe iqhaza kwinhlolekhono. Indawo ekhululekile, ethule futhi eyimfihlo izokhethwa ukuthi yenze izingxoxo. Indawo lapho kungeke kube khona msindo, eyimfihlo nekhululekile izosetshenziselwa izingxoxo. Izingxoxo zizorekhodwa ngesikhangiso sedijithali kamuva. Iseshini izoba phakathi kwemizuzu engama-30 kuye kwengama-45.

Izingozi noma ukuphazamiseka komhlanganyeli: Azikho izingozi empilweni noma kunoma yikuphi ukukhathazeka okucatshangelwe ngesikhathi sokuqoqwa kwedatha.

Izinzuzo: Ukutholwa kwalolu cwaningo kuzosiza abafundi abakhulelwe ukubhekana nezinselelo abahlangabezana nazo ezikoleni.

Isizathu / ukuthi kungani umhlanganyeli angase aKhishwe eSifundweni:

Uma kwenzeka ufisa ukuhoxa ngeke kube nemiphumela emibi njengoba ukubamba iqhaza kungokuzithandela.

Imali: Ngeke umntwana wakho athole iholo ngoba ukubamba iqhaza kwakhe kungokuzithandela.

Izindleko zocwaningo: Azikho.

Ukuyimfihlo: Igama lomntwana wakho angeke lifakwe kumqulu wocwaningo; ikhodi iyosetshenziswa.

Ukulimala okuhlobene nocwaningo: Akukho ukulimala ookubhekeke ukuthi kwenzeke kumntwana wakho ngokubamba iqhaza kucwaningo.

Abantu abangaxhumana uma kwenzeka kuba nenkinga noma imibuzo: UMnuz Andile Samkele Masuku kulenombolo 073 709 9877 noma samkele70@gmail.com, USolwazi uM.N. Sibiya (Umqaphi wenhlololuvo) 031-373 2704. Isikhalazo singabikwa ku-031-373 2900. Izikhalazo zingabikwa kwiphini likampani wesikhungo: Ucwano, ubuchwepheshe kanye nokuzibandakanya, uSolwazi uSibusiso Moyo ku-031-373 2576 noma moyos@dut.ac.za

Appendix 5c: Consent letter for parents / Legal guardians (English)



Statement of Agreement to Participate in the Research Study:

- Mr Andile Samkele Masuku, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance
Number: _____,
- ☐ I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- ☐ I am aware that the results of the study, including personal details regarding my child's sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- ☐ In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- ☐ I may, at any stage, without prejudice, withdraw consent and participation of my child in the study.
- ☐ I have had sufficient opportunity to ask questions and (of my own free will) declare my child prepared to participate in the study.
- ☐ I understand that significant new findings developed during the course of this research which may relate to my child's participation will be made available to me.

_____	_____	_____	_____
Full Name of Legal Guardian	Date	Time	Signature / Right
Thumbprint			

I Andile Samkele Masuku herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature
_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature
_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Signature

Appendix 5d: Consent letter for parents / Legal guardians (IsiZulu)



Isitatimende sesivumelwane sokubamba iqhaza esifundweni sokucwaninga:

• Ngityaqinisekisa ukuthi ngitsheliwe umcwaningi, uMnuz Andile Samkele Masuku, mayelana nemvelo, ukuziphatha, izinzuzo kanye nezingozi zalolu cwaningo - Ukususwa Kwezimiso Zokucwaninga

Inombolo: _____,

• Ngiphinde ngithole, ngifunde futhi ngiyiqonde imininingwane ebhaliwe ngenhla mayelana nocwaningo.

• Ngiyazi ukuthi imiphumela yocwaningo, kufaka phakathi imininingwane yomntwana wami mayelana nobulili bami, ubudala, usuku lokuzalwa, ukuqala kanye nokuxilongwa kuyobekwa ngokungaziwa kumbiko wocwaningo.

• Ngokubheka izidingo zocwaningo, ngiyavuma ukuthi umbiko oqoqwe kumntwana wami ingacubungulwa ohlelweni lwekhompyutha ngumcwaningi.

• Ngingakwazi, nganoma yisiphi isigaba, ngaphandle kokubandlulula, ngihoxise imvume yomntwana wami ukuthi ahlanganyele kulolu cwaningo.

• Nginethuba elanele lokubuza imibuzo futhi (ngokuzithandela kwami) ngizibikezele ukuthi ngilungele ukuthi umntwana wami azibandakanye kulolu cwaningo.

• Ngityaqonda ukuthi ukutholakala okusha okuphawulekayo kuthuthukiswe phakathi nalolu cwaningo okungenzeka okuphathelene nokuhlanganyela komntwana wami kuzokwenziwa kimi.

Igama eliphelele lomhla wokubamba iqhaza Usuku Isikhathi

Isignesha / Kwesokudlal-Thumbprint

Mina, Andile Samkele Masuku lapha ukuqinisekisa ukuthi umhlanganyeli ngenhla ugcewele waziswa ngesimo, ukuziphatha nezingozi zesifundo esingenhla.

Igama eligcwele lomcwaningi Usuku Isignesha

Igama eliphelele loFakazi (uma likhona) Usuku Isignesha

Igama eligcwele longamele ingane ngokumthetho Usuku Isignesha

Appendix 6a: Demographic data for the interview participants

Participant code:

Date of interview:

Please answer the following questions in the spaces provided by placing X in the most appropriate option.

1. Grade _____

2. Race

Black	
White	
Indian	
Coloured	
Other specify	

3. Age

15-17 years	
18- upwards	

4. Religious denomination

Christian	
Muslim	
Nazareth	
Hindu	
Other	

5. Area of residence

Urban area	
Rural area	

6. Number of people in dwelling

7. Family unit

Nuclear family; with Mother, Father and siblings,	
Extended family with other family members such as a Grandmother, Aunt, Uncle, child headed household.	

Appendix 6b: Interview guide

1. As a pregnant learner/once pregnant, what are/were the psychosocial effects of teenage pregnancy? *Probing question:* How did it affect you, socially, emotionally, physically and academically?
2. What challenges are you experiencing as a pregnant learner? Or what are the challenges you experienced during the time you were pregnant?
3. How do you deal with these challenges / how did you deal with these challenges?
4. In your own opinion, what are the possible prevention and intervention strategies/programmes that can assist in addressing school teenage pregnancy? Who should be involved?

Thank you for your participation

Appendix 7: Transcription of an interview with learners

Participant Code	Study site	Grade	Race	Age	Date of the interview	Recorded information	Themes and sub-themes
L3	School A	12	Black	18	24/06/20	<p>As a learner who was once pregnant, what were the psychosocial effects of teenage pregnancy?</p> <p><i>It was 2018 when I became pregnant, I went through a lot because a lot changed at home because my family told me that they are disappointed about me being pregnant at a young age. Things were tense and the situation was not good but bad to the point whereby my mother decided not to look after me. Actually, the truth is no one took care of me. My mother was not supportive during that time and she would call names and things that made me feel so hurt. I would ask myself what kind of a mother she is to do these things to her only child.</i></p> <p>How did it affect you, socially, emotionally, academically and physically? And what were the psychosocial challenges your experienced?</p> <p><i>Because of the drama that was happening at home, it also affected my relationship with the father of my child. Things</i></p>	<p>Lack of support and stigma</p> <p>Rejection and separation</p>

					<p>went south with between us, to a point where he suggested that we break up because he is not ready to be a father and everything was a mistake that he slept with me. I felt so devastated as many questions were on my mind about him and that he leaves me when I need him than ever before.</p> <p>You know teenage pregnancy come with many problems. I had to deal with people from my community who would say things about me just In front of me and call me names. I remember this old woman who called me “Isifebe” and at home they would use those words which make you feel so small and it was hard.</p> <p>When I found out that I was pregnant, I was so shocked. My pregnancy that time did not make sense to me, I was confused because I thought I used protection when we were having sexual intercourse with my partner. When I think of that day, I blame myself and I will never forgive but I will try to accept what happened.</p> <p>Well, it is not nice to be pregnant at a young age where you still looking forward to life. Especially when you have friends who are serious about life. I was ashamed that time and I felt low because I was feeling like I do not belong to them, of which I think made me to have no self-confidence.</p> <p>Teenage pregnancy is hard, I think it comes with mix feelings of which are good at all for a teenager. I struggled mentally as there were many things going in my life that time. It was like I am going crazy.</p> <p>When you are not in a good space, emotionally and not getting the attention you need, you end up into depression. Everyone I trusted was against me because of my pregnancy. On the other side, I was anxious about being a mother to the child I was carrying and already I told myself</p>	<p>Stigmatization</p> <p>Self-judgement</p> <p>Low self-esteem</p> <p>Feeling worthless</p> <p>Shameful</p> <p>Mental Health Well-being</p> <p>Depression</p> <p>Anxiety</p>
--	--	--	--	--	--	--

					<p><i>that I will be a single parent because the father of my baby left me. So, all the thoughts that come with being a mother and responsibilities made me to have anxiety and to the panic attacks I had made me lose concentration because of the fear.</i></p> <p><i>It was said to actually realize that there is no one who is there for you, about how I am feeling and show you care but cared about their image that has been affected by me being pregnant. I felt like I could not handle everything that was going on because I was drowning in sadness and thought to myself that I am not needed here. That is when I tempted to do suicide.</i></p> <p><i>I usually had panics and shock unexpectedly, and my grandmother suggested that I must go see the doctor. When I went for check-ups that day, there was this kind doctor who examined me and I found that I had a high blood pressure and he told me that it is caused by the stress that I was going through and this was because of many things that were happening in my life that time</i></p> <p><i>when I was pregnant, I felt that's my breasts will like fool and tender which made me not to enjoy taking a bath because my nipples were very sensitive to touch but I bought myself a maternity bra</i></p> <p><i>Something happened to me when I was pregnant, and I think maybe it 6 weeks of pregnancy. I noticed that I had a vaginal discharge and of which I did not pay much attention to it because I thought maybe is happening of my pregnancy. Until then it continued to happen until I had this that is abnormal when I am going to toilet. I wanted to go to clinic but then I was afraid that the nurses at the clinic would make fun of me as they do to us teenagers who become</i></p>	<p>Suicidal thoughts</p> <p>Physical health</p> <p>Body changes</p> <p>Sickness and access to health care</p>
--	--	--	--	--	--	---

					<p><i>pregnant. The attitude that they give us pregnant teenagers made me not to go there for help.</i></p> <p><i>And then all these things that were happening in my life made a huge disturbance on my academics. My mother told me that she has no trust in me and she suggested that I should not continue with my studies because she thought I was going to fail. I will not lie, those words made me feel discouraged and not believing in myself as a learner. Things did not work out for me because I was unable to do all the school work that I was supposed to do and I had to drop-out of school to look after my baby because no one was going to do that for me. Besides, when I was at home, I cannot do schoolwork or let alone to study because the baby would cry for the whole night and during the day, she would need my attention too. So, it was extremely difficult for me to balance between my academic work and being a mother at a same time.</i></p> <p>As you have highlighted the psychosocial effects of teenage pregnancy and challenges you experienced. Can you tell me, how did you deal with these psychosocial challenges?</p> <p><i>So, when I decided to drop-out of school, I was just sitting at home and planning about my future that time was the main thing to do that time. You know after going through tough situations. I told myself that I should pay all my attention to my academic work and when I was home I got time to reflect on what to do the following year when time come to go back to school and I am proud to say that so far I have managed to achieve all of my plans. I can also assure you that difficult times need you to pay attention to what you want to change about your life and focus on your life and not other people. It is also important to speak out when you have issues that affecting you personally, that is why I took a</i></p>	<p>Interruption of education</p> <p>School drop-out</p> <p>Poor academic performance</p> <p>Resilience</p> <p>Focus on ones' self</p>
--	--	--	--	--	---	--

						<i>infections and we must be allowed to do family planning at clinics without being stigmatized by health care workers.</i>	
--	--	--	--	--	--	---	--

Appendix 8: Certificate from the professional editor

DR NELLIE NARANJEE: LECTURER

Doctorate Nursing, MBA, MCur (Health Sciences)
Freelance academic editor: Blackford Institute, UK

28 Protea Road
Kloof
3610

Contact details

Office : 031 3732036
After hours : 031 7643815
Mobile : 0825776126
Email naranjeen@gmail.com
NellieN1@dut.ac.za

EDITING / PROOFREADING CERTIFICATE

Re: **Mr Andile Masuku (21545552)**

Masters/Doctoral thesis: **The psychosocial effects of teenage pregnancy on high school learners in the Vryheid District, Kwazulu-Natal**

I confirm that I have edited this thesis for writing style, clarity, language, sentence structure and layout. The document is formatted according to the prescribed guidelines. I returned the document to the author with track changes. The author remains responsible for the correct application of the changes in the text and references.

I am a freelance editor specialising in proofreading and editing of academic documents. I have a Doctorate Degree in Nursing from Durban University of Technology. I have a Master's Degree in Business Administration (Public Health) and a Master's Degree in Health Sciences. I have a Diploma in Proofreading and Copy Editing with Distinction from the Blackford Institute, UK. I have supervised numerous Master's degree dissertations.

I wish Mr Masuku all the best.

DR NELLIE NARANJEE

24 August 2020
DATE

Appendix 9: Turnitin report

THE PSYCHOSOCIAL EFFECTS OF TEENAGE PREGNANCY ON
HIGH SCHOOL LEARNERS IN THE VRYHEID DISTRICT,
KWAZULU-NATAL

Andile Samkele Masuku (21545552)

Dissertation submitted in fulfilment of the requirements for the Master of Health
Sciences in the Faculty of Health Sciences at the Durban University of
Technology

Supervisor : Prof M.N. Sibiya

Match Overview

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Page: 1 of 137 Word Count: 30411 Text-only Report Turnitin Classic High Resolution On