FACTORS CONTRIBUTING TO THE RISE OF TEENAGE PREGNANCY IN SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE

by

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DEDICATION

I dedicate this study to my parents, children, husband, siblings and my supervisor, Prof Risenga for their support and encouragement, this study would not have been possible without them.

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Title**:** Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

DECLARATION

I declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originally checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other education institution.

26/10/2021

SEKOPA RAGOSEBO PORTIA **DATE**

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FACTORS CONTRIBUTING TO THE RISE OF TEENAGE PREGNANCY IN SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE

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ABSTRACT

The purpose of this study was to explore factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province. The study was conducted in Tshehlwaneng clinic, Selala Clinic and Dilokong Gateway. A qualitative, exploratory, descriptive and contextual design was followed. The target population were pregnant teenage girls aged between 13-19 years attending antenatal/mother and child services in Sekhukhune clinics and those who brought their babies for well-baby clinic. Purposive sampling was used to recruit teenagers at the three clinics in Sekhukhune District. Participants were purposively selected as they come to the clinic for antenatal/mother and child services as well as those who brought their babies for well-baby clinic because were seen as knowledgeable on the issues related to teenage pregnancy. The selection of participants was made after teenagers have received the services they came for. The information sheets for parents and participants were discussed during recruitment and prior interview. The information sheets, informed consent, assent and parents' permission letters were issued to the potential participants. Appointments were scheduled in correspondence with clinic return dates to reduce cost of transport. Convenience sampling was used to select the three clinics in Sekhukhune District. Face-to-face individual interviews, digital voice recorder and field notes were used to collect data. COVID-19 principles were followed during data collection. Interviews lasted no more than 20 minutes. Eighteen (18) participants were interviewed and informed consent, assent and parents' permission letters to participate were signed. Data was analysed by means of Tesch's inductive, descriptive coding method. Eight (8) themes and twenty-three (23) subthemes emerged from the collected data. The study findings revealed that teenagers realized that they are pregnant only after specific physiological and

emotional changes related to pregnancy were noticed. The study findings also revealed that carelessness, peer pressure, uncertainty, choice, lack of contraceptive usage and lack of family affection are aggravating factors to the rise of teenage pregnancy in Sekhukhune District. Family and partner support was viewed as issues which helped participants to pull through with teenage pregnancy. Strategies to reduce teenage pregnancy were proposed by the study emanating from schools, home and the government. Parental involvement in sex education and support to teenagers were viewed as a key strategy. The use of contraceptives should be emphasised and schools as well as government to be involved in the fight to reduce teenage pregnancy.

KEY CONCEPTS

Factor, teenager, pregnancy, teenage pregnancy.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CDC	Centres for Disease Control and Prevention
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
NAFCI	National Adolescent-Friendly Clinic Initiative
PHC	Primary Health Care
STI	Sexually Transmitted Infections
UNIFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

CHAPTER 1

ORIENTATION TO THE RESEARCH STUDY

1.1 INTRODUCTION

Adolescent pregnancy is a significant problem in the world. Major health consequences are common amongst adolescents due to early pregnancies. The babies born to these young adolescent mothers also experience consequences which affect their well-being. The leading cause of death among girls between the ages of 15 and 19 years globally has been linked to pregnancy and childbirth. Globally, the maternal deaths of women between the ages of 15 – 49 years have accounted for 99% in low and middle-income countries (WHO 2020:1). Medical and public health concerns arise among adolescents due to pregnancy which leads to significantly dire effects socially and physically in terms of the development of the adolescent mother and the reproductive quality within the given society (Papri, Khanam, Ara & Panna 2016:55).

Teenage fertility is highest among teenagers from the poorest households and early marriages also play a significant role in the occurrence of teenage pregnancy (Ajala 2014:68). A lot of effort is being put in order to reduce adolescent pregnancies by empowering youth through education, community, economic and policy intervention (Nkhoma, Lin, Katenyeza, Soko, Estinfort, Wang, Juan, Jian & Igbal 2020:11). According to the United Nation (2020:5), adolescent fertility was still relatively high from 2015 to 2020 and accounted for 80 births or more per 1000 adolescent girls between the ages of 15 – 19 years in 34 countries of which 29 of those countries are in Africa. For some of those countries, the rate exceeded 140 per 1 000 including six in Africa, four in Latin America and the Caribbean and one in Asia.

According to research conducted in Canada, 1080 of the 25 263 pregnant women were teenagers aged 19 or younger. Around 18 percent of adolescent mothers lived in a low-income neighbourhood, compared to 11 percent of mothers aged 20-24 and 9 percent of women aged 35 or older. (Wong & Seabrook 2020:153).

Idongo (2020:4) indicated that 20.4% of Namibian teenagers experience teenage pregnancy which is a 4% increase since 2006-2007 and poverty may be the contributory factor but for only teenagers from the richest quintile households who are significantly less likely to be currently pregnant. According to Laldas (2018) on news24, girls between the ages of 15- and 19-years account for 11% of births worldwide. Of this

11%, almost all the births which account to 95% are in the low and middle-income countries, including South Africa. The South African government has come up with many strategies such as ensuring access to contraception and drafting a basic education policy to curb teenage pregnancy and STIs.

According to Chapter 8 of the South Africa's Children Act no 38 of 2005, Section 134, sub-section 2 states that “a child can be given other forms of contraception other than condoms on request without the consent of the parent or caregiver provided that the child: is at least 12 years of age, is given proper medical advice, and a medical examination is done by the health care professional in order to determine if there are any contraceptives that should not be given to the child”.

"A child is entitled to secrecy on the basis that they acquired contraceptives, contraceptive counsel, and condoms," as stated in section 134, paragraph 3 of South Africa's Children Act number 38 of 2005.

In 2018, the National Policy was developed in order to be of assistance in terms of guiding the officials, principals, management teams of the schools and educators in response to the pregnancies of the learners. In addition, the policy also aims to manage and prevent the pregnancies of learners at schools. In addition, the policy addresses the high rate of pregnancy amongst learners together with the familial and social context within which this occurs which refers to: options that are available to reduce unwanted and unintended pregnancies; how prenatal and postnatal complications can be managed; how stigma associated with pregnancy and discrimination can be limited; and more importantly, how to retain and re-enrol the affected learner in school (Department of Basic Education 2018:6).

The Department of Health in Limpopo Province at Sekhukhune District provides different methods of supporting teenagers against STIs and unwanted pregnancies. Programmes such as HIV/AIDS awareness campaigns, Love life programmes such as education, issuing of free condoms and contraceptives and HCT programmes are accessible and available for communities.

Despite these programmes, statistics for Fetakgomo/Tubatse clinics shows that STIs and pregnancy are high amongst teenagers. The researcher hopes to understand factors that contribute to the rise of teenage pregnancy in Sekhukhune District of Limpopo Province.

1.2 BACKGROUND OF THE RESEARCH PROBLEM

The researcher observed an increase in teenage pregnancy as documented by the Department of Health Fetakgomo/Tubatse Statistic Report (2019), which shows that there is a 5% monthly increase of teenage pregnancy and 3% monthly increase of STI's amongst teenagers. Studies have been conducted around the world including the South African country with regard to teenage pregnancy. Measures have been suggested by some of these studies in order to reduce the problem. This raises a question that, what causes the rise of teenage pregnancy in Sekhukhune District, Limpopo Province? The researcher believes that there are more other than factors which left unattended by previous studies which need to be known so that awareness of such factors can be raised among Sekhukhune District in order to reduce teenage pregnancy. By exploring and describing these factors that contribute to the rise of teenage pregnancy in Sekhukhune District, might help to improve present strategies to reduce teenage pregnancy and also help teenagers to live a positive lifestyle because they would have gained more information regarding the prevention of pregnancy and thus improve health status of the Sekhukhune communities. The background to the research problem was discussed in terms of the source of the research which is teenage pregnancy and how it affects other countries.

1.2.1 The source of the research problem

1.2.1.1 Teenage pregnancy

Teenage pregnancy is defined as pregnancy in women under the age of 20 years (Ghose & John 2017:4197). According to UNICEF (2016:3), teenage pregnancy is when a girl who is usually within the ages of 13-19 years becomes pregnant. Neupane, Bhandari and Kaphle (2019:26) indicated that teenage pregnancy is associated with disadvantaged ethnicity, agriculture and labour source of income, lower education, unplanned pregnancy, incomplete immunization and preterm gestation age. Teenagers, according to Carey and Seladi-Schuman (2018:1), have a higher risk of pregnancy difficulties due to high blood pressure (pre-eclampsia) than average-age mothers. Low birth weight and early birth are possible risks for the baby. Pre-eclampsia can damage the kidneys or even kill the adolescent woman and her unborn child. Pregnant teenagers are also more likely to become anaemic.

1.2.2 Background to the research problem

1.2.2.1 Teenage pregnancy in developing and developed countries

According to WHO (2020:1), approximately 21 million girls in developing countries between the ages of 15 – 19 years become pregnant and of that 21 million, 12 million girls give birth with at least 777,000 thousand births occur to adolescent girls who are younger than 15 years. UNFPA (2020:1) reported that, every day in developing countries, 20 000 thousand girls under the age of 18 years give birth and this amounts to 7,3 million births per year. The latest available data shows that Arkansas was the state with the highest teenage pregnancy rate in the United States (45.9%), followed by New Mexico with 44,6% and Messissipi with 44,2% (Eflein 2020:1). In Sri Lanka, teenage pregnancies are unique as compared to other countries as they did not appear to be related to ethnicity and had a goal of social support (Ekanayake, Tennakoon & Hemapriyas 2015:47).

Between 1991 and 2005, teen birth roles in the United States dropped consistently across racial and ethnic groups (Chacko 2021). It climbed briefly between 2005 and 2007 before dropping to historic lows between 2007 and 2019, owing to increased contraceptive use and the use of highly effective contraceptive techniques. New Mexico Department of Health (2019), revealed that nearly all teen pregnancies are unplanned and poverty is one of the most important contributing factors. It has been observed that each year, 210 000 teenage girls give birth which is 20 births per 1000 teenage girls. In Thailand, about 1,5 million were born to teenage mothers between the year 2000 and 2014. In 2016 alone, nearly 14% of all pregnancies were among adolescents (UNFPA 2018). The adolescent pregnancy rate in Russia has been falling over the last decade (Usynina, Postoev Odland, and Grjiboski 2018:261). In 1990, 1995, 2000, and 2016, the annual number of births per 1000 women aged 15-19 was 55.0, 44.8, 27.4, and 21.5, respectively.

1.2.2.2 Teenage pregnancy in Africa

Nearly one-fifth of adolescents become pregnant in Africa and several socio-demographic factors like residence, mental status, educational status of the adolescents and their parents were found associated with adolescent pregnancy (Kassa, Arowojolu,

Odukogbe and Yalew 2018:1). UNICEF (2020:1) also indicated that the highest rate of early childbearing are found in Sub-Saharan African countries, whereby in 2018, the estimated adolescent birth rate globally was 44 births per 1 000 girls aged 15-19 years and with the West and Central Africa, the figure stood at 115 births per 1 000 girls which is the highest regional rate in the world.

The study conducted in Nigeria by Achema, Emmanuel and Moses (2015:50) highlighted that teenage pregnancy is becoming a global public health issue that must be dealt with sensibly and carefully; as a result, these adolescents are experiencing a crisis of identity, and parents, teachers, and health care workers must be educated on how to deal with adolescents' sex together in order to prevent the adolescents from falling pregnant and encountering complications of teenage pregnancy.

According to Mahir, Carbajal, and Sharma (2019:19), increasing educational attainment has been shown to reduce teenage pregnancy in low and lower-middle income countries, so social work policies and programs should focus on increasing educational attainment and school retention as a deterrent to teenage pregnancy. According to Hguyen, Shiu and Farber (2016:1), the prevalence of pregnancy among Vietnamese teenagers was stable at 4% or 40 pregnancies per 1 000 adolescent girls aged 14-19 years. According to Maly, McClendon, Baumgarter, Nankyanjo, Ddaaki, Serwadda, Nalugoda, Wawer, Bonnevie and Wagman (2017:8), the structural factors and cultural norms are important in shaping Ugandan girls' perception of adolescent pregnancy and the suggestion of widespread norm is that adolescents are expected to marry and become pregnant around the age of 18 years. There is a high prevalence of teenage pregnancy which is statistically significantly associated with increased age, rural residence, contraceptive non-use and parental marital status (Habitu, Yalew & Bistegn 2018:6).

According to World Vision (2020), Sub-Saharan Africa has the highest prevalence of adolescent pregnancy in the world, making the region exceptionally challenged in negotiating and accommodating pregnancies and moms at school. A study conducted by World Vision (2020) revealed that almost one million girls in Sub-Saharan Africa may not be allowed to return to school solely because they became pregnant during the COVID-19 school closure. COVID-19's impacts resulted in school closures, raising the risk of adolescent pregnancy; however, Sub-Saharan Africa is on the verge of another crisis in girls' education unless governments and partners act quickly (World Vision 2020).

Since COVID-19 lockdown which led to schools being shut in Kenya, teenage pregnancy among clients of the International Rescue Committee aid group nearly tripled to 625 in June-August in 2020 as compared with 226 in the same period year earlier in the far northern town of Lodwar (Mersie 2020). Adolescent pregnancies at the adjacent refugee camp of Kakuma increased to 51 in the March-August 2020 period, compared to 15 in the same time in 2019 (Mersie 2020). This article shows that COVID-19 restrictions had an influence on teenage pregnancy in Kenya.

1.2.2.3 Teenage pregnancy in South Africa

According to Galal (2021:1) figures, around 5% of females aged 14 to 19 years in South Africa said that they were in various stages of pregnancy in the previous 12 months in 2019. Pregnancy rates rose as people got older. In addition, 0,4% of young women aged 14 years stated that they were pregnant, and the 19 years old pregnant women was 32 times higher than that of 14 years old women. Furthermore, between 2018 and 2019, there was a 2,8 percent increase in pregnancy among women aged 19 and up. Teenage pregnancy among South African high school girls is influenced by external factors such as community, household, and individual factors rather than internal factors such as teacher behavior and peer pressure (Mgudlwa 2014:4).

Brahmbhatt, Kagesten, Emerson, Decker, Olumide, Lou, Sonenstein, Blum and Delany-Moretlwe (2014:555) confirm that school dropout, being raised by a single parent, high level of substance abuse, early sexual debut, lack of contraceptives at first sex, neighbourhood crime and violence are determinants of adolescent pregnancy in South Africa. According to a study performed by Thobejane (2017:1), most teens become pregnant between the ages of 16 and 19, as a result of peer pressure, lack of knowledge about contraception, and parental supervision and role models.

1.2.2.4 Teenage pregnancy in Limpopo province

According to the 2018 Citizen news, Limpopo Province recorded 20% in pupil pregnancies between 2014 and 2016. An estimated 663 pregnancy cases were reported in 2014, 909 in 2015 and 803 in 2016 and the districts such as Mopani, Vhembe and Capricorn have the highest figures as compared to other districts such as Sekhukhune and Waterberg (Letaba 2018). In 2018, BBC News reported that a total number of 16 238 children were born to teenagers in Limpopo Province's state owned hospital between April 2017 and March 2020. Of these children, 378 were born to 10-14 year old teenagers while the remaining 158 were born to 15-19 year olds (Fihlani 2018).

1.2.2.5 Teenage pregnancy in Sekhukhune District

In 2019, Sekhukhune District Municipality launched its women's month programme, the adoption of teenage pregnancy school intervention at Tlhako secondary school in Dennilton, Moteti. The decision to launch the programme in Moutse came after Tlhako and Dithamaga secondary schools in the area were listed by the Premier Chupu Mathabatha's office as the worst hit by the scourge of teenage pregnancy in the Sekhukhune District (Motseo 2019:1).

The study conducted in Sekhukhune on learners' perceptions on teenage pregnancy indicated that knowledge on contraceptives is poor amongst learners and that they continue not using contraceptives whilst they are sexually active (Ntsoane, Mamogobo, Mothiba & Lekhuleni 2015:1).

1.2.2.6 Legislation

A law or collection of laws proposed by a government and made official by a parliament is referred to as legislation (Cambridge English Dictionary 2021, sv "legislation"). Legislation is the exercise of the power and function of making regulations (such as laws) that have legal effect because they are promulgated by a state or other organization's official organ (Merriam-Webster's Unabridged Dictionary 2021, sv "legislation"). The following legislations are relevant to this study since it included minor pregnant teenagers (below 18 years of age).

The Constitution of Republic of South Africa Act no 108 of 1996

Everyone has the right to bodily and psychological integrity, according to chapter 2, section 12 (2), which includes the right to make reproductive decisions, to security in and control over their bodies, and not to be subjected to medical or scientific experimentation without their informed agreement.

South African Criminal Law (sexual offences and related matters) Amendment Act no 32 0f 2007

According to chapter 3, section 15 (1), a person who commits an act of sexual penetration with a child who is 12 years of age or older but under the age of 16 years, despite the consent of the child to the commission of such an act, is guilty of the offence of having committed an act of consensual sexual penetration with a child, unless a person at the time of alleged commission of such act was: 12 years of age or older but under the age of 16 years; or either 16 years or 17 years of age and the age difference

between the person and the child was not more than two years. This act is relevant to this study since it involves pregnant teenagers from age 13 years or below 18 years and some of them are impregnated by older people.

South African's Children Act no 38 of 2005

According to Section 134, sub-section 2 of Chapter 8 of South Africa's Children Act no 38 of 2005, "contraceptives other than condoms may be provided to a child on request by the child without the consent of the child's parent or caregiver if: the child is at least 12 years of age; proper medical advice is given, a medical examination is carried out on the child to determine whether there are reasons why a specific contraceptive should not be provided". Section 134, subsection 3 of South Africa's Children Act no 38 of 2005 also states that "a child who obtains condoms, contraceptives or contraceptive advice in terms of this Act is entitled to confidentiality".

Choice of Termination of Pregnancy Act no 92 of 1996

According to section 5(1) and (3), a woman who is pregnant needs to give an informed consent in order for termination of pregnancy to take place. In the event that the pregnant woman is a minor, a medical practitioner or a registered nurse needs to advise the minor to consult their parents, guardian, friends or family members provided that the termination of pregnancy will not be denied if those individuals are not consulted. This act is relevant to this study since some pregnant teenagers might choose to terminate their pregnancy.

African Charter on the rights and welfare of the child, 1990

Article 11(6) states that *"State Parties shall take reasonable steps to ensure that minors who get pregnant before completing their education have an opportunity to continue their education on the basis of their individual aptitude".*

Department of Basic Education Policy

The Department of Basic Education published a nationwide strategy on teen pregnancy prevention and management in schools in 2018. When a student becomes pregnant, the school will handle the issue by respecting the learner's right to education and providing access to care, counselling, and support through the Integrated School Health Policy (ISHP). Educators and other designated workers will be educated to provide comprehensive sexuality education, information on pregnancy and motherhood, and a

friendly environment for pregnant students, including care, counselling, and support, according to the policy (Department of Basic Education 2018:15).

1.3 RESEARCH PROBLEM

The researcher observed an increase in teenage pregnancy as documented by the Department of Health Fetakgomo/Tubatse Statistic Report (2019), which shows that there is a 5% monthly increase of teenage pregnancy and 3% monthly increase of STIs amongst teenagers. A study conducted in Limpopo Province, shows that many learners are highly susceptible to teenage pregnancies and sexually transmitted infections and unsafe abortion practices because they are living with at least one of the parents and they are lacking essential information regarding reproductive health.

The study also shows that parents in Limpopo Province were not actively involved in providing reproductive health education to their children (Netshikweta, Olany & Tshitangano 2018:327). In December 2019 during parliamentary questioning, the minister of basic education Angie Motshekga revealed that girls from the age of 10-19 years have fallen pregnant and that the province of KwaZulu-Natal, Eastern Cape, Limpopo and Gauteng lead with high numbers of pregnancies. Motshekga revealed that KwaZulu-Natal recorded the highest number of pregnancies among girls aged 15-19 years with a total of 34 482 pregnancies, followed by the Eastern Cape with 16 742 pregnancies, Limpopo with 16210 pregnancies and Gauteng with 14501 pregnancies.

For teenagers aged 10-14 years, KwaZulu-Natal topped the list with 989 pregnancies, the Eastern Cape with 425 pregnancies, Limpopo with 377 pregnancies and Gauteng being the lowest with 41 pregnancies (Maghina 2019). Regardless of the Department of health's programmes such as HIV/AIDS awareness campaigns, Love life programmes such as education, issuing of free condoms and contraceptives and HCT programmes, statistics reported by Dr Dhlomo shows that teenage pregnancy accounts for about 8% to 10% of all deliveries in South Africa which is about a million deliveries per year (Africa Check 2019).

This raises a question, what causes the rise of teenage pregnancy in Sekhukhune District, Limpopo Province? The researcher believes that there are more other factors which are left unattended by previous studies which need to be known so that

awareness of such factors can be raised among Sekhukhune District in order to reduce teenage pregnancy.

1.4 AIM/PURPOSE OF THE STUDY

1.4.1 Research aim/purpose

The purpose of the study was to explore factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

1.4.2 Research objectives

The objectives of the study were to:

- Explore and describe factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.
- Describe the support system needed by the pregnant teenagers within the family and community as a whole.

1.4.3 Research questions and/or hypothesis

Research question1: What are factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province?

Research question 2: What kind of support system do pregnant teenagers need within family and the community as a whole?

1.5 SIGNIFICANCE OF THE STUDY

The study might help to curb the rise of pregnancy amongst teenagers and reduce complications related to teenage pregnancy and early childbearing. The study might help teenage girls to live a positive lifestyle because they would have gained information regarding the prevention of pregnancy and thus improve the health status of the Sekhukhune communities. The study might also help to improve the present used strategies to curb teenage pregnancy.

1.6 DEFINITION OF KEY TERMS

1.6.1 A FACTOR is an element or cause that contributes to a result (Collins English Dictionary 2020, sv “factor”). In this study, a factor refers to an element or cause that contributes to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

1.6.2 TEENAGER/ADOLESCENT is a young person whose age falls within a range of 13-19 years of age (Kiddle Encyclopedia 2020:1). In this study, a teenager/adolescent is a person aged between 13-19 years living in Sekhukhune and utilising Sekhukhune clinics for antenatal/mother and child services.

1.6.3 PREGNANCY is the term used to describe the period in which a foetus develops inside the woman’s uterus (Shriver 2017:1). In this study, pregnancy refers to the state whereby a teenager is carrying an embryo or foetus inside the uterus.

1.6.4 TEENAGE/ADOLESCENT PREGNANCY is when a girl who is usually within the ages of 13-19 becomes pregnant (UNICEF 2016:3). In this study, teenage pregnancy refers to the pregnancy of a teenager who is between 13-19 years of age.

1.7 THEORETICAL FOUNDATIONS OF THE STUDY

1.7.1 Research paradigm

A research paradigm is a model or framework for observation and understanding, which shapes both what we see and how we understand it (Babbie & Mouton 2015:645). In this study, the constructivism paradigm was followed to guide the qualitative research method.

Constructivism paradigm

Constructivism paradigm is a paradigm that assumes that reality is not fixed but is rather a construction of the human mind (Pilot & Beck 2017:60). The purpose of a constructivist worldview, according to Creswell (2014:8), is to rely as much as possible on the participant’s perspective of the event being examined. Constructivist research focuses on gaining a better understanding of human experience as it is lived, usually through the meticulous gathering and study of narrative and subjective qualitative data. (Pilot & Beck 2017:46). According to social constructivists, individuals want comprehension of the world in which they live and work. Individuals form subjective interpretations of their experiences, which are frequently negotiated socially and historically. (Creswell 2014:8).

The following assumptions were identified in discussing constructivism cited by Creswell (2014:37-38):

1. Human beings construct meaning as they engage with the world they are interpreting. Open-ended questions are frequently used by qualitative researchers to allow participants to express their opinions. In this study, the researcher ensured that she posed open-ended questions during the interview so that teenagers would be able to share their views on factors that contribute to the rise of pregnancy amongst them.
2. Humans interact with their environment and make meaning of it from a historical and social standpoint. Qualitative researchers strive to understand the participants' context by personally visiting it and gathering information. They also interpret what they discover, which is influenced by the researchers' personal experiences and backgrounds. The study was conducted in three clinics in Sekhukhune, whereby the researcher met with the participants. Data was collected through individual interviews and analysed in the form of Tesch's inductive, descriptive coding method.
3. The fundamental creation of meaning is always social, emerging in and out of human interaction. The inductive nature of qualitative research means that the researcher creates meaning from data gathered in the field. In this study, the researcher generated meaning from data collected during interviews at the field sites.

Constructivism assumptions

- **The ontological assumptions**

  The ontological assumption relates to the nature of reality and its characteristics. According to Pilot and Beck (2017:44), naturalistic inquiry assumes that reality is not a fixed entity but rather the construction of individuals participating in the research. Also, that reality exists within context and many constructions are possible.

  The study took place in three Sekhukhune clinics, whereby the researcher interviewed 18 pregnant teenage girls regarding the factors that contribute to the rise of pregnancy among them.

- **The epistemological assumption**

The epistemological assumption relates to how things can be known, how truths or facts or physical laws if they exist, can be discovered and disclosed (Maree 2016:67). The more open-ended questioning, the better as the constructivist inquirer listens carefully to what people say or do in their life settings (Creswell 2014:8).

In this study, the researcher ensured that open-closed questions were posed during the interview in order to explore and describe factors that contribute to the rise of pregnancy amongst teenage girls.

- **The axiological assumption**

  The axiological assumptions concern the role of the values, whereby the inquirers admit the value-laden nature of the study and actively report their values and biases as well as the value-laden nature of information gathered from the field. The researcher openly discussed the values that shape the narrative and include his or her own interpretation in conjunction with those of the participants (Creswell & Poth 2018:20). In this study, the researcher considered ethics throughout the study, permission to access the field and to conduct the study was requested, informed consent was obtained, privacy and confidentiality was assured, justice and beneficence and non-maleficence issues were covered.

- **The methodological assumptions**

  The methodological assumption is characterized as inductive, emerging and shaped by the researcher's experience in collecting and analysing the data, therefore the qualitative research method was followed. The researcher worked with particulars before generalizations, described in detail the context of the study and continually revised the questions from experiences in the field (Creswell & Poth 2018:20).

The researcher believed that qualitative research methods was a suitable choice to describe and explore factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province because it is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell 2014:4).

1.7.2 Theoretical framework

Theoretical framework is the structure that can hold or support a theory of the research study. It presents and summarizes the hypothesis that explains why the research is being conducted (Sacred Heart University 2020:1). The study adopted the Bronfenbrenner's Bioecological Model to describe and explore factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

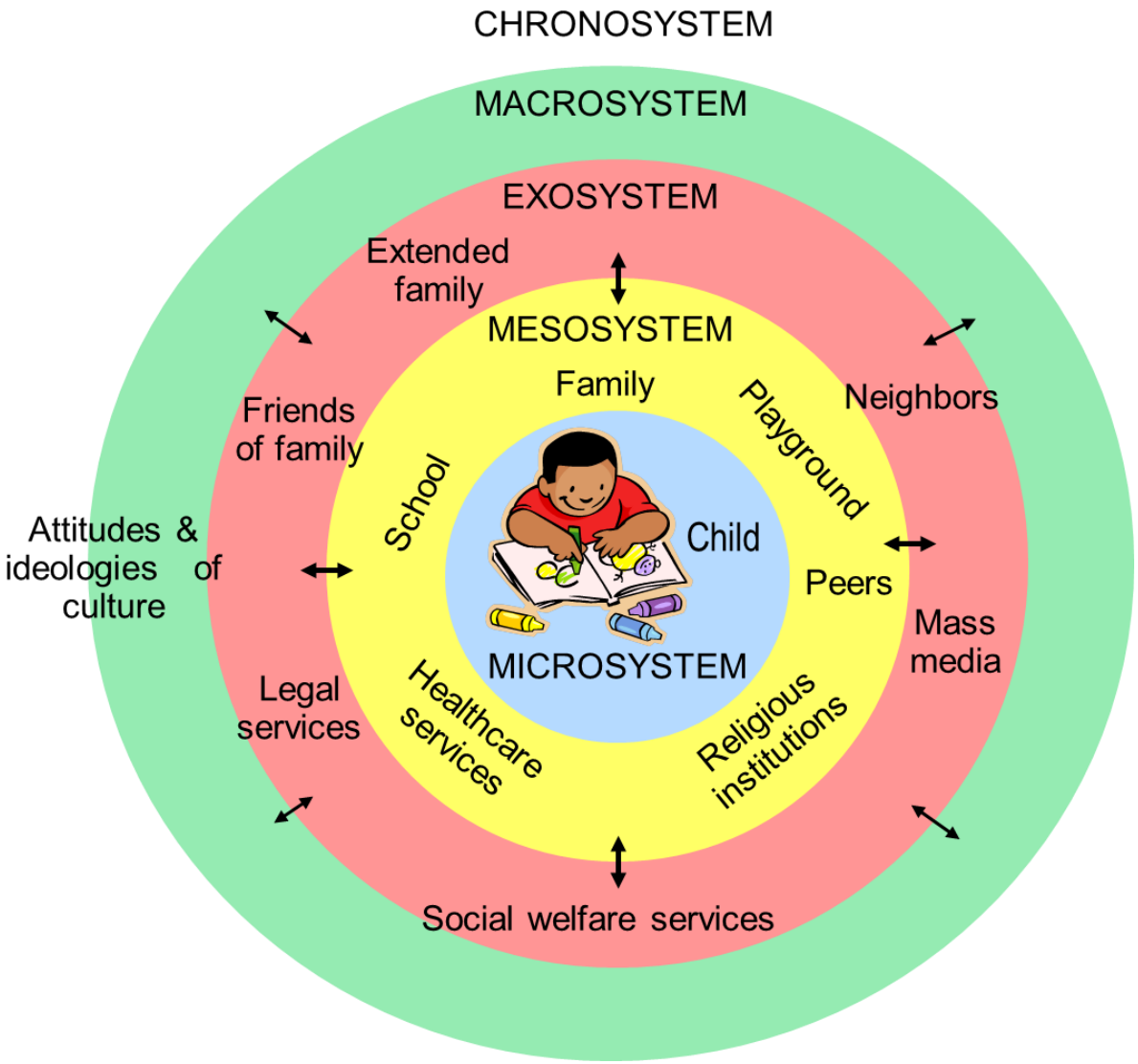

Figure 1.1: The diagram of Bronfenbrenner 's Bioecological Model

(Adapted from https://www.simplypsychology.org).

Child development is viewed by Bronfenbrenner's ecological theory as a complex system of relationships influenced by several layers of the surrounding environment, ranging from immediate family and school settings to broad societal values, laws, and practices (Guy-Evans 2020). This theory also explains why we behave differently when

we are in the presence of our family versus when we are at school or at work (Knapp, Lasert, Malmrose, Mullins & Newman 2020:1)

According to Guy-Evans (2020), Bronfenbrenner‘s ecological theory divided the person‘s environment into five different systems, namely, the microsystem, mesosystem, exosystem, macrosystem and chronosystem.

The microsystem

The microsystem is the initial level of Bronfenbrenner’s ecological theory, and it includes items like parents, siblings, teachers, and school peers who have direct interaction with the child in their immediate environment. The child can be influenced by others in their environment at this level, and is also capable of affecting other people’s views and actions (Guy-Evans 2020).

The mesosystem

The mesosystem is the system that provides the connection between the structures of the child’s microsystem, such as the interactions between the child’s parents and teachers, or between school peers and siblings (Knapp et al 2020).

The exosystem

The exosystem is the system that incorporates other formal and informal structures which do not themselves contain the child but indirectly influence them as they grow, for example neighbourhood, parents’ workplace and the mass media (Guy-Evans 2020).

The macrosystem

The macrosystem is concerned with how socioeconomic class, wealth, poverty, and ethnicity influence a child’s development. Individuals’ views and perceptions regarding life events may be influenced by the culture in which they are raised. (Guy-Evans 2020).

The chronosystem

The chronosystem is a system that records a person’s cumulative experiences throughout their lifespan. External factors, such as the time of a parent’s death, or internal factors, such as physiological changes that occur as a child grows older, can all play a role in this system. (Knapp et al 2020).

Bronfenbrenner's ecological system theory was appropriate for this study because it helped the researcher understand the factors that contribute to the rise in teenage pregnancy in Sekhukhune District, and that a teenager's attitude toward pregnancy is influenced by their knowledge, values, and attitudes, as well as social influences such as the people they associate with, the community in which they live, and the organizations to which they belong.

1.8 RESEARCH METHODOLOGY AND RESEARCH DESIGN

Research approach/method is a technique that researchers use to structure a study and to gather and analyse information relevant to the research question (Pilot & Beck 2017:44). The qualitative research method was used in this study. Qualitative research is an inquiry process of understanding where a researcher develops a complex, holistic picture, analyses words, reports detailed views of participants and conducts the study in a natural setting as cited in Maree (2016:309). Creswell (2014:4) described qualitative research as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. Therefore, the researcher chose this method in order to explore and describe factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province. The qualitative design used is exploratory, descriptive and contextual in nature.

Research design is a plan or strategy that moves from the underlying philosophical assumptions to specifying the selection of participants, the data gathering methods to be used and the data analysis to be done (Maree 2016:72). According to Pilot and Beck (2017:120), research design indicates how often data will be collected, what types of comparisons will be made and where the study will take place.

Exploratory, descriptive and contextual designs were used to explore and describe factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

Exploratory studies explore those situations in which the intervention being evaluated has no clear, single set of outcomes (Maree 2016: 82). According to Pratap (2019:1), exploratory research is used to select respondents, setting priority issues, framing and asking questions as well as setting time and place for the respondents. In this study, exploratory studies helped the researcher to ask probing questions based on the

interview guide to explore factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

Descriptive studies describe an intervention or phenomenon and the real-life context in which it occurred (Maree 2016:2). According to Pilot and Beck (2017:374), the descriptive design aimed to observe, describe and document aspects of the situation as it naturally occurs and sometimes serves as a starting point for hypothesis generation or theory development. This study was descriptive because the researcher collected data in the form of words which were recorded during the interview.

Contextual design is a user-centred design process that uses in-depth field research to drive an innovative design. It is a step by step process for collecting field data and using it to design any sort of technical products (Holtzblatt & Beyer 2014:1). According to Holloway & Galvin (2017:4), contextual designs are adopted and described when the research takes place within a specific organisation or setting.

This study adopted contextual design because it was conducted in a natural setting in three of Sekhukhune clinics in Limpopo Province. The detailed information regarding methodology has been discussed in detail in chapter three of this study.

1.9 SCOPE OF THE STUDY

The study was limited to Sekhukhune clinics which provide youth-friendly services, mother and child services, and acute and chronic illness. Only pregnant teenagers aged 13-19 years who utilise Sekhukhune clinics for antenatal/mother and child services, were used as participants in this study.

1.10 STRUCTURE OF THE STUDY

In this chapter, the researcher discussed the introduction of the study and the background information about the research problem. Description of the research problem, aim/purpose of the study, significance of the study and definition of key terms were done. Theoretical foundations of the study, research methodology and design and scope of the study were explained in detail.

Chapter 2 discusses literature review for the study.

Chapter 3 describe the research design and method.

Chapter 4 focuses on analysis, presentation and description of the research findings.

Chapter 5 presents conclusions about the study and makes recommendations based on the study findings.

1.11 SUMMARY

This chapter 1 focused on introduction and background information about the research problem, research problem, explained the aim/purpose of the study, significance of the study, definitions of key terms, theoretical foundations of the study, research methodology and research design and scope of the study. Chapter 2 will dwell much on the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A research literature review is a written summary of evidence on a research problem (Pilot & Beck 2017:217). According to Creswell (2014:57), literature review helps the researcher to determine whether their chosen topic is worth studying and it provides insight into ways in which the researcher can place emphasis and limit the scope to needed areas of inquiry. This chapter focuses on the literature reviewed on teenagers, pregnancy and teenage pregnancy.

2.2 TEENAGER/ADOLESCENT

WHO (2014:1), defines adolescence as a period of life with specific health and developmental needs. During this stage, an individual develops certain skills together with knowledge, learn how they can manage their emotions, and acquire abilities and attributes that are of importance in assuming adult roles and enjoying the adolescent years. Adolescent is a person aged between 10-19 years (WHO 2014:1). Adolescence is the period when many risk behaviours start or are consolidated, which may have a major impact on health as an adult (WHO 2017).

2.2.1 The concept teenager

Teenage/adolescence is a transitory period of an individual's life (Gongaza, Garcia and Lopa 2018:71032). According to Kassa, Arowojula and Yelew (2018:1), adolescence is the period between 10 and 19 years with peculiar physical, social, psychological and reproductive health characteristics. WHO (2020:1) defined teenage pregnancy as a global problem occurring in high, middle and low-income countries.

2.2.2 Risky behaviours related to teenagers

According to Taylor (2018:1), an individual who is growing to an adult may make certain choices that can lead to their health and well-being being at risk.

These risky behaviours include, engaging in sexual activity, smoking cigarettes, substance abuse and preventable injuries and violence including self-harm. According to Connery, Albright and Rodolico (2015), the use of substance among adolescents

leads to an increase in unplanned pregnancies which in turn leads to the risk of fatal exposure to teratogenic substances that are addictive. Being sexually active and using substances as adolescents can lead to unintended pregnancy and/or a repeat of unplanned pregnancies for multiple reasons.

They further stressed that teens that use tobacco, alcohol, marijuana or other drugs are more likely to be sexually active, to engage in risky sexual behaviour and to experience the consequences of risky sex, including unintended pregnancy compared with peers who do not use substances. Jonas, Crutzen, Van der Borne, Sewpaul and Reddy (2016:14) indicated that girls who never use alcohol before sex, not practising binge drinking, who do not smoke cigarettes and do not use mandrax were likely to fall pregnant as teenagers. Study conducted by CDC (2011:1) shows that almost half (47.4%) of high school students have had sexual intercourse and 22% of sexually active high school students reported having used alcohol or other drugs before their last sexual experience (26% of boys and 18% of girls).

This study shows that alcohol or substance abuse play a major role in risky behaviour associated with teenage pregnancy. Alcohol use is a drive to risky sexual behaviours such as having unprotected sex which consequently can lead to unwanted pregnancy (Qolesa 2017:410).

2.3 PREGNANCY

2.3.1 The concept pregnancy

Pregnancy is the term used to describe the period in which a foetus develops inside the woman's uterus and it usually lasts about 40 weeks or just over 9 months as measured from the last menstrual period to delivery (Shriver 2017:1).

2.3.2 Signs and symptoms of pregnancy

According to Stopoler (2020:1), pregnancy has the following signs and symptoms, but not all women experience the same symptoms when they are pregnant:

Early signs and symptoms:

- Absence of menstruation and weight gain are common to all pregnancies
- Mood changes
- Increased urination
- Headache

- Low back pain
- Sore breasts
- Darkened areolas
- Tiredness
- Nausea often referred to as “morning sickness”
- Implantation bleeding

Late signs and symptoms:

- Swelling of the legs
- Backache
- Heartburn
- Leakage of urine
- Shortness of breath
- Braxton-Hicks contractions

2.3.3 How does pregnancy occur?

According to Cherney, Watson and Lamorevx (2019:1), pregnancy occurs when a sperm fertilises an egg after it is released from the ovary during ovulation. Then the fertilised egg travels down into the uterus, where implantation occurs. A successful implantation results in pregnancy.

2.3.4 Complications related to pregnancy

According to Shriver (2017:1), pregnancy can lead to complications such as high blood pressure (pre-eclampsia), gestational diabetes, infections, preterm labour, pregnancy loss/miscarriage, stillbirth, severe persistent nausea and vomiting and iron deficiency (anaemia).

The study conducted by Fitie, Jember, Reda and Wake (2020:1) also shows that adverse obstetric and perinatal outcome were significantly associated with teenage mothers than adult mothers and these outcomes include pregnancy-induced hypertension and episiotomy, low birth weight, preterm delivery and severe neonatal conditions. WHO (2020) noted that complications during pregnancy and childbirth are the second highest cause of death for 15-19 year girls globally and that adolescent mothers aged 10-19 years face a higher risk of eclampsia, puerperal endometritis and systemic infections than women aged 20-24 years.

2.3.5 Prevention of pregnancy

Measures to prevent pregnancy should include use of permanent birth control. Most effective birth control is sterilisation through vasectomy or tubal ligation. Trying to use long-acting reversible contraceptives, for example, implants and intrauterine devices.

Putting on condoms correctly, choosing the right condom and using the condom correctly. Avoid skipping a dose of your birth control pill. Knowing the dos and the don'ts of your diaphragm. Keeping emergency contraceptive on hand and tracking your ovulation (Jonson 2021:1). According to WHO and UNFPA (2020:1), early pregnancy can be prevented by reducing marriage of teenagers before the age of 18 years, creating understanding and support to teenagers before reaching the age of 20 years, increasing the use of contraception by adolescents at risk of unintended pregnancy, reducing coerced sex among adolescent and also by preventing adverse reproductive outcomes.

Kwa-Zulu Natal Department of Health (2020:1), also noted that teenage pregnancy can be prevented through abstinence whereby a teenager can decide not to have sex until they are married, delaying sex whereby teenagers can delay having sex until they are older, more responsible, or in a stable relationship with one partner, having a job or have become independent and by using contraceptives which include mechanical or chemical methods.

2.4 TEENAGE/ADOLESCENT PREGNANCY

2.4.1 The concept teenage pregnancy

Teenage pregnancy is defined as females between the ages of 13-19 years who engage in sexual activity and become pregnant either intentionally or unintentionally (University of British, 2018). Teenage pregnancy is defined as pregnancy in women under the age of 20 years (Ghose & John 2017:4197). According to UNICEF (2016:3), teenage pregnancy is a girl usually within the ages of 13-19 years, becoming pregnant while adolescent pregnancy refers to the same age group, therefore these two terms were used interchangeably in this study.

2.4.2 Factors contributing to teenage pregnancy

Factors contributing to teenage pregnancy were discussed in terms of its country of origin namely; worldwide, Africa, South Africa and Limpopo.

2.4.2.1 Factors contributing to teenage pregnancy worldwide

WHO (2020:1) noted that several factors contribute to pregnancy and births amongst adolescent because teenage girls are under pressure to get married and bear children while they are still young. In addition, some teenagers choose to fall pregnant because they have limited educational and employment prospects where the best available options for them is motherhood and marriage because of how the societies value marriage and motherhood.

WHO (2020), also stressed that there are certain barriers that can lead to adolescents not being able to access contraceptives which include the policies that have been put in place regarding the provision of contraceptives based on marital status and/or age, restrictive laws, health worker bias and lack of willingness to acknowledge ones inability to access contraceptives because of knowledge, financial constraints and transportation. Sexual violence and adolescent's lack of agency or autonomy to ensure the correct and consistent use of contraceptive methods (WHO 2020).

2.4.2.2 Factors contributing to teenage pregnancy in Africa

According to Odejimi and Bellingham-Young (2016:16), there are several social and economic factors associated with teenage pregnancy in Africa and the correlation analysis revealed that in countries with low literacy rate, contraceptive prevalence rate and life expectancy, the teenage pregnancy rate is high and in countries with high labour participation rate, the teenage pregnancy rate is also high. Sexual coercion or pressure from male partners, low or incorrect use of contraceptives, lack of parental communication and support, and poor parenting are common predictors of teenage pregnancy in Sub-Saharan Africa (Gunawardena, Fantaye & Yaya 2019:1).

Yakubu and Salisu (2018:1), divided factors influencing teenage pregnancy in Sub-Saharan into sociocultural, environmental and economic factors, individual factors and health-related factors. Sociocultural, environmental and economic factors include peer influence, unwanted sexual advances from adult males, coercive sexual relations, unequal gender power relations, poverty, religion, early marriage, lack of parental counselling and guidance, parental neglect, absence of affordable or free education, lack of comprehensive sexual education, non-use of contraceptives, male's responsibility to buy condoms, early sexual debut and inappropriate forms of recreation.

Individual factors include excessive use of alcohol, substance abuse, educational status, low self-esteem and inability to resist sexual temptation, curiosity and cell phone

usage. Health service-related factors include cost of contraceptives, inadequate and unskilled health workers, long waiting time and lack of privacy at clinics, lack of comprehensive sexuality education, misconceptions about contraceptives and non-friendly adolescent reproductive services (Yakubu & Salisu 2018:3).

2.4.2.3 Factors affecting teenage pregnancy in South Africa

The study conducted by the Department of Social Development (2014:4) established that little or inadequate knowledge about pregnancy, contraception and sexual rights as well as psychological factors such as low self-esteem and seeking love, lack of parental supervision are associated with the incidences of teenage pregnancy.

Teenage pregnancy in South Africa is a multifaceted problem with many contributory factors such as poverty, gender inequalities, gender-based violence, substance use, poor access to contraceptives and issues with termination of pregnancy; low, inconsistent and incorrect use of contraceptives, limited number of healthcare facilities, poor healthcare worker‘s attitudes and behaviours and inadequate sexual and reproductive health information (Jonas, Crutzen, Van de Borne, Sewpaul & Reddy 2016:2).

2.4.2.4 Factors contributing to teenage pregnancy in Limpopo

The study conducted in Greater Giyani Municipality of Limpopo Province by Mushwana, Monareng, Ritchter and Muller (2015:17), revealed that some of psychological factors, health services that are delivered inadequately both at the clinics and at schools as well as poor relationship of healthcare providers with adolescents contribute to teenage pregnancy.

Findings of the study conducted by Limpopo Provincial Government (2012:17), revealed that exposure to sex at an early age, cultural practices, psycho-social factors including peer pressure, family pressure, family love, alcohol abuse and incest; economic factor and household factor are associated with teenage pregnancy in Limpopo Province.

2.4.3 Risks related to teenage pregnancy

Teenage pregnancy outcomes might be influenced by factors like education, family, peers and social support categorized at the mesosystem of the Bronfenbrenner‘s ecological model hence this model was identified as suitable to understand factors contributing to teenage pregnancy in Sekhukhune District, Limpopo Province.

According to Jonson (2020:5), pregnant teens and their unborn babies have unique medical risks which include lack of parental care, high blood pressure, premature birth, low-birth-weight babies, sexually transmitted diseases, postpartum depression, risks to teenage boys and feeling alone and isolated.

Lack of parental support

The lack of parental support to pregnant adolescents leads to the adolescents being at risk of not getting the right prenatal care. The first few months of pregnancy are critical and so is prenatal care at that stage. Prenatal care is important because it looks for medical problems in both mother and baby, monitoring of the baby's growth and ensures that any complications that may rise are dealt with quickly.

Birth defects such as neural tube defects can be prevented by taking prenatal vitamins which contain folic acid and are ideally taken before getting pregnant (Jonson 2020:5). According to Dowshen (2016), teenagers who take proper care of themselves and receive proper medical care are most likely to have health babies where the earlier the teenager gets antenatal care, the better their chances of a healthy pregnancy. Study conducted in Russia by Usynina, Postoev, Odland and Grjiboski (2018:261), revealed that there is a significantly lower prevalence of folic and multivitamin intake in pregnant adolescents as compared to adult women.

High blood pressure

Pregnant teens have a higher risk of getting high blood pressure, called pregnancy-induced hypertension than pregnant women in their 20s or 30s. They also have a higher risk of preeclampsia. This is a dangerous medical condition that combines high blood pressure with excess protein in the urine, swelling of a mother's hands and face, and organ damage.

The pregnant teenager that is affected by the medical risks needs to take medications in order to control the symptoms; however, the medications can disrupt the growth of the baby and further lead to pregnancy complications such as premature birth (Jonson 2020:5). According to Carey and Seladi-Schuman (2018:1), teens are at higher risk of pregnancy related to high blood pressure (pre-eclampsia), and its complications than average age mothers. Risks for the baby include premature birth and low birth weight. Pre-eclampsia can also harm the kidneys or even be fatal for mother or baby.

Premature birth

A full-term pregnancy lasts about 40 weeks. A baby that is delivered before 37 weeks is referred to as a premature baby, or "preemie." In certain instances, premature labour can begin in the early stages of the pregnancy; however, certain medications can be utilized to stop premature labour. In addition, babies can be delivered early in order to protect the health of the mother and the baby/infant. A child that is born early has more risks to digestive, vision, respiratory, cognitive and other problems (Jonson 2020:5).

According to Carey and Seladi-Schuman (2018:1), teen mothers are more likely to give birth to premature babies, which sometimes lack complete development in their bodies and brains. Premature babies also tend to be underweight.

Low-birth-weight baby

Teens are at higher risk of having low-birth-weight babies. Premature babies are more likely to weigh less than they should. In part, that’s because they've had less time in the womb to grow. A low-birth-weight baby weighs only 3.3 to 5.5 pounds. A very-low-birth-weight baby weighs less than 3.3 pounds. Babies that are small may need to be put on a ventilator in a hospital's neonatal care unit for help with breathing after birth (Jonson 2020:5).

Study conducted in Russia by Usynina, Postoev, Odland and Grjiboski (2018:261) found that infants born to adolescents are more likely to have low birth weight and require more frequent transfer to higher level hospitals than infants born to adult women. According to Carey and Seladi-Schuman (2018:1), being underweight affects brain development and babies born underweight have been observed to have learning difficulties and are also more susceptible to diseases such as diabetes and heart diseases.

Sexual transmitted diseases

For teens that have sex during pregnancy, STDs such as chlamydia and HIV are a major concern. Using a latex condom during intercourse may help prevent STDs, which can infect the uterus and growing baby. Mann, Bateson and Black (2020), reported that STIs are an important consideration in teenage pregnancies because of higher

incidences of STIs among young women when compared to pregnant women over the age of 25 years (Jonson 2020:5).

Study conducted in Russia by Usynina, Postoev, Odland and Grjiboski (2018:261) revealed that the prevalence of genital tract infections in adolescents was 50% higher than in adult women.

Postpartum depression

Pregnant teens may be at higher risk of postpartum depression (depression that starts after delivering a baby), according to the CDC. Girls who feel down and sad, either while pregnant or after the birth, should talk openly with their doctors or someone else they trust. Depression can interfere with taking good care of a new-born and with healthy teenage development but it can be treated (Jonson 2020:5).

According to Mena (2016), teen mothers are twice as likely to experience postpartum depression as adult counterparts. Postpartum depression symptoms may include difficulty in bonding with your baby, overwhelming fatigue, feeling worthless, anxiety, panic attacks, thinking of harming yourself or your baby and difficulty in enjoying activities you once did (Mena 2016).

Risks to teenage boys

Teen fathers are up to 30% less likely to finish high school than other teenage boys. Worries about their partners' health, limited money, educational challenges, and other stresses can take a mental, physical, and financial toll on some would-be teen fathers (Jonson 2020:5). According to Greenwood (2011), teenage fathers face a range of life consequences as compared with their peers who do not have children which include decreased educational achievements and increased likelihood of early marriage or cohabitation.

Feeling Alone and Isolated

Especially for teens who think they can't tell their parents they're pregnant, feeling scared, isolated, and alone can be a real problem. Without the support of family or other adults, pregnant teens are less likely to eat well, exercise, or get plenty of rest.

And they are less likely to get to their regular prenatal visits. Having at least one trusted, supportive adult, someone nearby in the community, if not a family member is invaluable in helping them get the prenatal care and emotional support they need to stay healthy during this time (Johnson 2020:5). Educators in the study conducted by Malahlela (2012) revealed that pregnant learners usually suffer from inferiority complex, lack of confidence as they are thinking that others are laughing or gossiping about them and they also have a problem of low self-esteem. Other educators also observed that pregnant learners are showing reserved behavior or are not willing to associate with their peers anymore.

2.4.4 Options that pregnant teenager have regarding the unborn child

According to Carey and Seladi-Schulman (2018:1), pregnant teenagers have the following options regarding their unborn children:

- **Abortion** which refers to ending of the pregnancy. Some pregnant teenagers might consider terminating the pregnancy. Termination of pregnancy is legal in South Africa and is protected by Choice of Termination of Pregnancy Act no 92 of 1996. Counselling which includes institutions providing such services, emotional and risks should be given to such teenagers.
- **Adoption** which means giving birth and legally permitting someone else to raise your child. Some pregnant teenagers might consider giving their children for adoption. Adoption is legal in South Africa and it is protected by section 230(3) of Children‘s Act no 38 of 2005. Counselling should be provided for such teenagers.
- **Giving birth and raising the child by themselves**. Some teenagers might consider giving birth and raising the child on their own and it is their right to do so according to The Constitution of Republic of South Africa, Act no 108 of 1996. Such teenagers should be given counselling with regard to challenges and responsibilities involved in childbirth and raising a child as teenagers.

2.5 SUMMARY

This chapter discussed literature based on the research topic, whereby literature search is done on a teenager/adolescent, pregnancy, teenage pregnancy and the factors contributing to teenage pregnancy around the world, Africa, South Africa, Limpopo and Sekhukhune . Chapter 3 will describe the research design and method

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

The research designs and methodology used in this study are discussed in this chapter. Gray, Grove, and Sutherland (2017) define research design as "a plan for implementing a study that is chosen to answer a specific research question," whereas research methods are "techniques researchers use to structure a study and gather and analyse information relevant to the research question" (Gray, Grove, and Sutherland 2017:106). (Pilot & Beck 2017:44). This chapter discusses the qualitative approach, as well as the explorative, descriptive, and contextual designs that were employed to achieve the study's goals. Researchers ensured that all research techniques were valid and reliable, as well as that the study's ethical difficulties were addressed.

3.2 RESEARCH APPROACH

The research approach/method is a step, procedure and strategy for gathering and analysing data in a study (Pilot & Beck 2017:1283). Qualitative research is a method of investigating and comprehending the meaning that individuals or groups attach to a social or human issue (Creswell 2014:4). As a result, the researcher used this approach to investigate and characterize the elements that lead to the rise in teenage pregnancy in Limpopo Province Sekhukhune District. As mentioned by Maree (2016:309), “qualitative research is an understanding inquiry process in which a researcher produces a comprehensive, holistic image, analyses language, offers specific viewpoints of participants, and conducts the study in a natural context."

Creswell (2014:233) identified the following as characteristics of qualitative research:

Researcher as a key instrument: Qualitative researchers get information by analysing documents, observing behaviours, and interviewing persons. The researcher gathered data in this study through face-to-face individual interviews.

Multiple sources of data: Rather than relying on a single data source, qualitative researchers often collect many types of data, such as interviews, observations, documents, and audio-visual material. Data was collected using semi-structured interviews, field notes, a digital voice recorder, and the researcher's cellular phone in this study.

Inductive and deductive data analysis: From the bottom up, qualitative researchers create patterns, categories, and themes by arranging data into increasingly abstract pieces of information. The collected data yielded eight main themes and twenty-three sub topics for this study.

Participants' meaning: The researcher focuses on discovering the meaning that participants have about the problem or subject throughout the qualitative research process, rather than the meaning that the researcher brings to the research or that writers express in the literature.

Emergent design: For qualitative researchers, the research process is emergent. This means that the study strategy cannot be rigidly established at the outset, and that any or all aspects of the process may vary or shift once the researcher enters the field and begins collecting data. Because the COVID-19 outbreak disrupted the data collection procedure in this study, participants were recruited again and appointments were rescheduled.

Reflexivity: In qualitative research, the researcher considers how their involvement in the study, as well as their personal, cultural, and life experiences, can influence their interpretations, such as the themes they promote and the meaning they assign to data.

Holistic account: Qualitative researchers attempt to create a multidimensional picture of the topic under investigation. A detailed picture of the factors contributing to the surge in teenage pregnancy has been produced in this study. According to Gaille (2018:1), qualitative research also has the following advantages and disadvantages:

TABLE 3.1: ADVANTAGES AND DISADVANTAGES OF QUALITATIVE RESEARCH

Advantages of qualitative research	Disadvantages of qualitative research
1. It becomes possible to understand attitudes.	1. It is not a statistically representative form of data collection.
2. It is a content generator.	2. It relies upon the experience of the researcher.
3. It saves money.	3. It can lose data.

4. It can provide insights that are specific to an industry.	4. It may require multiple sessions.
5. It allows creativity to be a driving force.	5. It can be difficult to replicate results.
6. It is a process that is always open-ended.	6. It can create misleading conclusions.
7. It incorporates the human experience.	7. It can be influenced by researcher bias.
8. It has flexibility.	8. It may not be accepted.
9. It offers predictive qualities.	9. It creates data that is difficult to present.
10. It allows for human instinct to play a role.	10. It creates data with questionable value.
11. It can be based on available data, incoming data, or other data formats.	11. It can be time consuming.
12. It allows for detail-orientated data to be collected	12. It has no rigidity.
	13. It lessens the value of data mining.

3.3 RESEARCH DESIGN AND METHODS

A research design is a plan or strategy that specifies the selection of participants, the data collection methods to be employed, and the data analysis to be performed, starting with the underlying philosophical assumptions (Maree 2016:72). Pilot and Beck (2017:120) define research design as the frequency with which data will be gathered, the types of comparisons that will be done, and the location of the study. The factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province, were explored and described using exploratory, descriptive, and contextual approaches.

Exploratory design

Exploratory studies look into circumstances when there is no defined set of outcomes for the intervention being tested (Maree 2016: 82). Exploratory research is used to select respondents, identify priority topics, frame and ask questions, as well as set time and place for the respondents (Pratap 2019:1). This design assisted the researcher in asking probing questions based on the interview guide in order to investigate factors that contribute to the rise in teenage pregnancy in the Sekhukhune District of Limpopo Province.

Descriptive design

Descriptive studies describe a phenomenon or intervention, as well as the context in which it occurred (Maree 2016:2). According to Pilot and Beck (2017:374), the descriptive design sought to observe, describe, and document features of the scenario as they naturally occur, and it can sometimes be used as a starting point for hypothesis creation or theory construction. Because the researcher collected data in the form of words that were recorded during the interview, this study is descriptive.

Contextual design

Contextual design is a user-centered design technique that incorporates extensive field research to create a unique product. It's a step-by-step method for gathering field data and applying it to create technical goods of any kind (Holtzblatt & Beyer 2014:1). Contextual designs are used and discussed when research is conducted within a certain organization or area (Holloway & Galvin 2017:4). This study adopted contextual design because it was conducted in a natural setting in three of Sekhukhune clinics in Limpopo Province.

3.4 SETTING

Natural setting has been identified as one of the characteristics of qualitative researchers which tend to collect data in the field at the site where participants experience the issue or problem under the study. Setting is the location for conducting research (Gray 2017:1089). The study was conducted in two Sekhukhune sub-districts namely, Fetakgomo/Tubatse and Makhuduthamaga. Sekhukhune is a rural area and one of the five districts of Limpopo Province of South Africa. Sekhukhune has about 1 077 million people and most of its inhabitants speak Sepedi. Sekhukhune District has four local municipalities, 83 clinics, 4 community health centres and 5 hospitals. Dilokong gateway, Selala and Tshehlwaneng clinics were utilised as settings of the study. These clinics were conveniently selected on the basis of accessibility and type of services offered, which are youth-friendly services, mother and child services, acute and chronic illness.

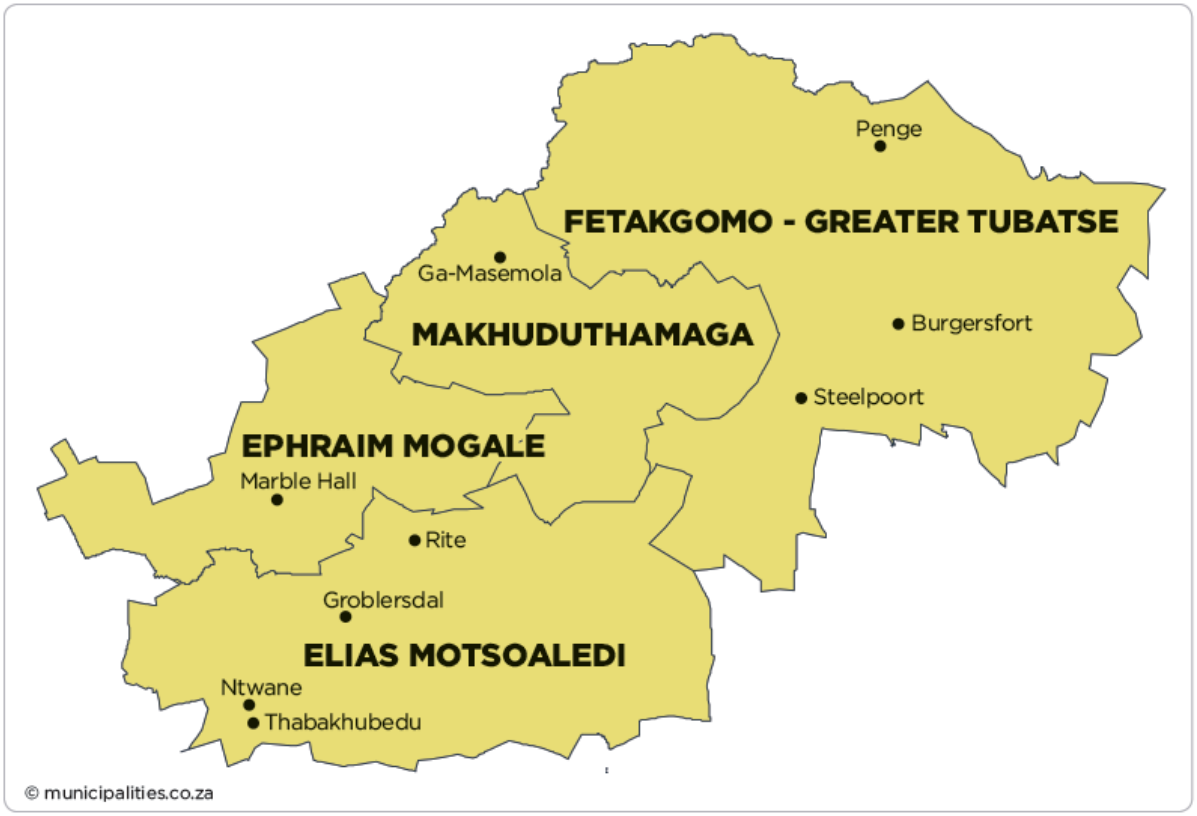

Figure 3.1: The map of Sekhukhune District

3.5 POPULATION

Population is a complete combination of cases in which the researcher is interested (Pilot & Beck 2017:249). Gray et al (2017:1076), also define population as the particular group of elements (individuals, objects, events or substances) that is the focus of the study. Target population are all elements (individuals, objects, events or substances) that meet the sampling criteria for inclusion in a study, and to which the study findings will be generalised (Gray et al 2017:1092). In this study, the target population refers to pregnant teenage girls aged between 13-19 years living in Sekhukhune District, Limpopo Province and using Sekhukhune District clinics for antenatal/mother and child services and those who brought their babies for well-baby clinic.

3.6 SAMPLING

The method of picking a subset of the population to represent the entire population is known as sampling (Pilot & Beck 2017:743). Gray et al (2017:1087) define sampling as the selection of a group of people, events, behaviors, or other components to conduct a study with. Nonprobability sampling was utilized in this study.

Nonprobability sampling is the method of sampling whereby elements are selected non-random, meaning that there is no way to estimate that each element has a chance of being included in the sample. Nonprobability sampling includes convenience, quota, consecutive and purposive sampling (Pilot & Beck 2017:464). In this study, convenience sampling was used to select three clinics and purposive sampling was used to recruit participants.

Sampling of the clinics

Convenience sampling entails using the most conveniently available people as participants (Pilot & Beck 2017:461). According to Pilot and Beck (2017:868), convenience sampling is easy, efficient and works well with participants who need to be recruited from a particular setting. In this study, the clinics were conveniently selected on the basis of accessibility and type of services offered, which are youth-friendly services, mother and child services, and acute and chronic illness services.

Sampling of the participants

Purposive sampling is whereby the researcher purposely selects participants based on a judgement that participants are knowledgeable about the study issues (Pilot & Beck 2017:464). In this study, the researcher applied purposive sampling by selecting only pregnant teenagers aged 13-19 years who came for antenatal/mother and child services because they are seen as knowledgeable on the issues related to teenage pregnancy. These participants had characteristics that were essential for membership in the sample, such as 13-19 years pregnant teenagers, residing in Sekhukhune and utilising Sekhukhune clinics for antenatal/mother and child services. The selection of potential participants was made after the teenagers have received the antenatal/mother and child services so that appointment dates were arranged based on the facility review dates. As a result, there was much time to ask permission from parents/legal guardians for teenagers below 18 years of age and at the same time money for transport was saved because it was a single trip for both clinic review and interview schedule. The interview was conducted before receiving ante-natal/mother and child services to avoid distractions.

Eligibility criteria

According to Pilot and Beck (2017:484), eligibility criteria are used to establish population characteristics and to determine who can participate.

Criteria of inclusion

- Pregnant teenage girls aged 13-19 years
- Living in Sekhukhune district, utilising Sekhukhune clinics for antenatal/mother and child health services, and those who brought babies for well-baby clinic.

Criteria of exclusion

- Any teenager below 13 years or above 19 years of age
- All non-pregnant teenage girls aged 13-19 years
- All teenage girls not living in Sekhukhune District and not utilising Sekhukhune clinics for antenatal/mother and child services.

3.6.1 Sample

According to Pilot and Beck (2017:878), there is no fixed rule for sample size in qualitative research, the sample size is guided by the saturation of data, whereby there is no new information obtained despite the addition of new participants. Data saturation was deemed to have been reached when no new information was obtained. In this study, 20 interviews were conducted, whereby two of them were for a pilot study in which their outcome was not included in the main study.

Therefore a total number of 18 interviews were conducted, whereby each clinic provided 6 pregnant teenagers. Holloway and Gavin (2017:152) indicated that data saturation is attained when any further sampling produces information that is deemed to be superfluous, whereas theoretical sampling is indicative of no new ideas or scopes for categories.

3.6.2 Ethical clearance and permission

Ethical clearance was obtained from the University of South Africa, CREC. Permission to conduct the study was obtained from the Department of Health Limpopo, primary health care office in Sekhukhune District and Provincial office and operational managers of the three selected Sekhukhune clinics.

Permission for teenagers under the age of 18 years to participate in the study was obtained from parents/legal guardians. Assent (for teenagers below 18 years) and

informed consent (for teenagers above 18 years) were obtained from all participants of the study.

BENEFICENCE AND NON-MALEFICENCE

The ethical concept of beneficence requires researchers to minimize damage and maximize benefits. The right to be free from damage and pain, as well as the right to be protected against exploitation, are both covered by this principle (Pilot & Beck 2017:258).

The right to freedom from harm and discomfort

This aspect was covered through a principle of **non-maleficence**, which is an obligation of researchers to avoid, prevent or minimise harm in studies with humans.

The researcher ensured that the interview focuses only on teenage pregnancy and nothing else in order to avoid emotional harm. The researcher ensured that she disclosed all data collection tools in a manner which data was going to be collected to make the participants feel comfortable during the interview. Screening for signs and symptoms of COVID-19 prior to interviews was done to avoid the spread of the virus. A well ventilated private room was requested to hold interviews and also a distance of 2 meters was maintained during the interview. The researcher ensured that masks are covering the nose and mouth of the participants, because COVID-19 spreads through droplets that come out from the mouth and nose. The researcher ensured that there is clean water, soap and sanitizer for hand cleaning.

The right to protection from exploitation

The researcher ensured that participants are assured that information provided by them during the interview would not be used against them in order to protect their rights from exploitation. The researcher also informed participants that their participation is voluntary and that they have a right to withdraw whenever they feel like. The researcher ensured that participants are informed about the purpose, methods and procedures of the study.

The researcher ensured that all participants sign consent forms and a permission from the parents/legal guardian for teenagers below 18 years of age as well as the teenager’s assent was as well obtained.

RESPECT FOR HUMAN DIGNITY

The ethical principle of respect for human dignity comprises the right to self-determination and the right to full transparency (Pilot & Beck 2017:260).

The right to self-determination

Self-determination means that prospective participants can voluntarily decide whether to take part in a study without risk of prejudicial treatment (Pilot & Beck 2017:261). The researcher ensured that participants are not coerced into agreeing to participate in the study. There were no remunerations for participating in the study.

The right to full disclosure

Full disclosure means that the researcher has fully described the study; the person's right to refuse participation, the researcher's responsibilities and likely risks and benefits (Pilot & Beck 2017:261). The researcher established rapport by introducing herself to the participants. The researcher ensured that participants are informed about the purpose of the study as well as methods to be used and procedure. The use of cellular phone, digital recorder and writing of field notes during an interview was disclosed. The researcher also informed the participants about the duration of the interview, what to expect during the interview and their contribution as well as benefits, if they agree to participate.

JUSTICE

Justice is the ethical principle which includes participants 'right to fair treatment and their right to privacy (Pilot & Beck 2017:262).

Participants 'right to fair treatment

The researcher ensured that participants were treated equally and that there were no discriminations against them based on gender, race, disability nor socio-economic status. The researcher refrained from probing into certain topics which makes participants uncomfortable, should any incident occur, the researcher ensured that a referral to the government is made. The researcher ensured that she treats teenagers who refrain from participating in the study without any prejudice.

Right to privacy

According to Pilot and Beck (2017:263), participants have the right to assume that their data would be held in utmost confidence. The right to privacy refers to an individual's ability to choose when, how, and under what conditions personal information is shared with or withheld from others (Gray et al 2017:281). The researcher informed the participants about the involvement of the independent co-coder who assisted the researcher with transcribing information and also assured the participant that the co-coder would sign the confidentiality agreement form to protect unintended disclosure of participants' information.

ANONYMITY AND CONFIDENTIALITY

Anonymity is when the researcher cannot link a subject's identity to that subject's individual response (Gray et al 2017:286). The researcher's management of private information supplied by participants that must not be shared with others without the participants' permission is referred to as confidentiality (Gray et al 2017:286). The researcher ensured that the interview is conducted in the private room and that participants are assured that information provided would not be possible to relate to any participant. Codes were used instead of real names. All data collected during the study and participant information would be treated as confidential. A digital recorder and transcripts would be kept under lock and key for about 5 years or until the research purpose has been fulfilled. Access to information would be denied, except for those who are directly involved with gathering and analysing data.

AUTONOMY

Autonomy allows the client to select what is best for his or her own interests (Brink, Van der Walt & Van Rensburg 2018:29). The researcher ensured that potential participants understand their right to decide whether or not to participate in the study project and that declining from participating in the study would not affect them to access health care services in the clinic.

3.7 DATA COLLECTION

Data collection is a process of selecting subjects and gathering data from them (Gray, Grove & Sutherland 2017:768).

Data was collected by the researcher. Face-to-face, individual and semi-structured interview methods were used to collect data.

3.7.1 Data collection approach and method

Face-to-face, individual semi-structured interviews were used to collect data.

Face-to-face interview

A face-to-face interview is a data gathering method in which the interviewer talks directly with respondents in line with a questionnaire that has been developed (Spinter research 2020:1).

According to Marshall (2016:1) face-to-face interview has the following advantages:

- Allow more in-depth data collection and comprehensive understanding.
- Body language and facial expressions are more clearly identified.
- The interview can probe for explanation of responses.
- Stimulus material and visual aids can be used to support the interview.
- Interview's length can be considerably longer since participation has greater commitment to participation.

In this study, the researcher communicated with individual teenagers directly so that body languages and facial expressions in response to questions posed were clearly observed and noted.

Individual interview

An individual interview is a two-way conversation between the interviewer and the respondent that takes place face to face (Parmar 2016:2). According to Parmar (2016:4), individual interview has the following advantages:

- Interviews use the participants' own words, views, experiences, feelings and thoughts.
- It is possible to use probes during the interview to explore any issues that have been raised by the interviewee.
- Interviews may reveal issues that previously were thought to be unimportant, or not even considered by the researcher.
- Interviews can take place at a convenient time and place.

In this study, an individual interview was used to obtain individual views of each teenager with the expectations that she would reply freely and extensively as she wishes.

Semi-structured interview

The researcher sets the agenda in terms of the topic, but the interviewee's responses dictate the types of information provided about the issue and the relative value of each of them, in a semi-structured interview (Green & Thorogood 2014:96). Semi-structured interview using interview guide was used to collect data where the researcher ensured that the question is the starting point of the interview followed by probing questions. The researcher can collect open-ended data in a semi-structured interview to delve deeply into personal and often sensitive matters and to study participant's ideas, feelings, and opinions about a specific topic. Semi-structured interviews are used to collect information from key informants who have personal experience, attitudes, perceptions, and beliefs about the issue of interest (Dejonckheere & Vaughn 2019:1).

In this study, semi-structured interviews were used to gather information from each pregnant teenager. The interview guide was used as an orientation plan to control the interview session.

3.7.2 Development and testing of the data collection instrument

The researcher prepared a written topic guide in which it has a list of questions to be covered with each participant in English and Sepedi language.

The interview guide consisted of two sections whereby section A covered demographic data and section B covered interview questions. A pilot study was conducted in order to test a data collection instrument.

Pilot study

Pilot study is a trial run designed to test planned data collection methods and procedures (Pilot & Beck 2017:328). The study was piloted at Matšageng clinic of Sekhukhune District. Two pregnant teenage girls were interviewed to assess and refine the data collection and analysis methods. According to Pilot and Beck (2017:330), pilot studies are used to evaluate and enhance data collection methods and procedures, examine recruitment strategies and criteria used to select participants, assess the acceptability of screening and outcome measures, and gather data for enhancing the intervention. A pilot study allowed the researcher to familiarise herself with the interview

schedule and the process of the interview. It also provided the researcher with the opportunity to practice the use of digital voice recorder and taking of field notes. The data obtained from the pilot study participants was not included in the main study.

3.7.3 Characteristics of the data collection instrument

In this study, digital voice recorders and field notes were used as data collection instruments.

A digital recorder is a device that converts audio signals into a series of pulses that correspond to binary digit patterns and records them on the surface of a magnetic tape or optical disc (Encyclopaedia Britannica 2021, sv “digital recorder”).

Characteristics of digital voice recorder

Digital voice recorders are small and light, and they can record hundreds (even thousands) of hours of high-quality digital audio that may be quickly downloaded to a personal computer for permanent storage and/or transcription using a USB connection (Ward 2018:1).

Field notes are notes that represent the participant observer’s effort to record information, synthesize and understand data (Pilot & Beck 2017:917).

According to Pilot and Beck (2017:917), field notes have the following characteristics:

- They are broad, more analytic and more interpretive.
- They are usually lengthy and time-consuming to prepare.
- They are both descriptive and reflective. Descriptive/observational notes are objective descriptions, observed events and conversations; information about actions, dialogue and context are recorded as completely and objectively as possible. Reflective notes document the researcher’s personal experiences, reflections and progress while in the field.

3.7.4 Data collection process

Preparation of the field

The request letter was written to the operational manager of the three selected Sekhukhune clinics to request a visit to interview clients. A copy of the ethical clearance certificate and authorization letter from the University of South Africa was attached. A private room which is well ventilated was requested. Two chairs and a table to place

recordings and for writing were requested. Chairs were placed in such a way that there is a distance of 2 meters between the researcher and the participant, to avoid the spread of Coronavirus (COVID-19). According to Merriam-Webster (2020:1), COVID-19 is a mild to severe respiratory illness that is caused by coronavirus and is transmitted by contact with infectious material such as respiratory droplets or objects contaminated with the causative virus.

Informed consent, assent and parental permission were obtained from parents and participants to take part in the study. Arrangements in terms of time and date were made with recruited participants beforehand. The researcher ensured that she arrived as early as possible to ensure proper cleaning using sanitizers (amid COVID-19).

The researcher ensured that there were enough stationery, pens, assent forms, consent forms, information sheets and enough sanitizer for hand cleaning. The researcher ensured that every participant was screened for Coronavirus signs and symptoms before entering the interview room.

The researcher ensured that there was enough clean water for drinking and provided her own alcohol-based sanitizer for hand cleaning.

Data gathering

Data were collected at Dilokong gateway, Selala and Tshehlwaneng clinics. Data collection took place in March 2021 until May 2021. The research ensured that masks are properly worn throughout the interview to prevent the spread of Coronavirus. Audibility was encouraged throughout the interview, as masks might prevent voices from being audible. The researcher ensured that assent forms and consent forms are signed before the interview starts.

Face-to-face interviews were conducted to gather data because it has the advantage that the researcher can observe and assess participants' level of understanding, degree of cooperativeness and can also yield additional data through observation. According to Holloway and Galvin (2017:104), personal interviews allow both open and close-ended questions to be asked and also give the researcher the opportunity to elaborate on questions that are not understood. The interview lasted no more than 20 minutes. The researcher prepared an interview guide in which it has a list of questions to be covered with each participant in English and Sepedi language. The interview guide consisted of two sections whereby section A covered demographic data and section B covered

interview questions. The researcher familiarised herself with interview questions to ensure a proper conversational interview. Open ended questions were posed in line with the objectives of the study. The following questions were asked and all participants responded freely:

- How did you find out that you are pregnant? How did you feel?
- In your opinion, what are the main causes that led you to become pregnant?
- Did you tell your partner about the pregnancy? If yes, what was his reaction? If no, why did you not tell him?
- What are the challenges you faced as a pregnant teenager?
- Do you have someone in your life that provides support during this pregnancy? If yes, what types of things do they do to feel that you are supported?
- Where do you get information about pregnancy? How useful is this information to you as a teenager?
- What do you think can be done to reduce teenage pregnancy in your community?

A digital recorder was used to ensure that the researcher has access to all information obtained during the interview. The researcher‘s personal cellular phone was used to record the interview in order to back-up the digital recorder. The researcher ensured that the cellular phone and tape recorder are fully charged and tested prior to the interview to ensure proper working condition of devices

Field notes were written to note verbal and non-verbal cues of the participants. The researcher bracketed all conceived ideas about the phenomenon being studied to minimise bias. The researcher wrote field notes in conjunction with digital recording to enable her to recall what she heard and saw. At the end of the interview, the digital and cellular records were downloaded to the researcher’s personal computer for safety purposes.

3.7.5 Data analysis

Qualitative data analysis is both the code and the thought processes that go behind assigning meaning to data (Gray et al 2017:430). The researcher commenced with data analysis using her personal cellular phone and a digital voice recorder to ensure that all information stored is retrieved accurately. The field notes and the recordings were analysed together with the aim of searching words, phrases, descriptions and terms that are similar to the title of the study. All information obtained during interviews was

transcribed verbatim, which were later translated into English since the interviews were conducted in Sepedi. The field notes and verbatim transcriptions were sent to the independent coder to analyse data separately. After analysing data, the researcher and the independent coder came together to discuss coded data and reach consensus about it.

Data was analysed by means of Tesch`s inductive, descriptive coding method as cited in Creswell (2014:198). The method involves the following steps:

- The researcher obtained the sense of the whole by reading all the transcripts carefully. The ideas that came to mind were jotted down.
- The researcher selected one interview, for example the shortest one and went through it asking: “What is this about?”
- The researcher completed this task for several participants; a list was made of all the topics. Similar topics were clustered together and formed into columns that might be arranged into major topics, unique topics and leftovers.
- The researcher took the list of topics and returned to the data. The topics were then abbreviated as codes and the codes were written next to the appropriate segments of the text. The researcher tried this preliminary organising scheme to see whether new categories and codes emerge.
- The researcher found the most descriptive wording for the topics and turned them into categories.
- The researcher endeavoured to reduce the total list of categories by grouping together topics that are related to each other. Lines were drawn between categories to show interrelationships.
- The researcher made the final decision on the abbreviations for each category and alphabetized the codes.
- The researcher assembled data material belonging to each category in one place and performed a preliminary analysis.
- The researcher recorded the existing data and organized it in themes and sub-themes (Creswell 2014:198).

3.8 RIGOUR OF THE STUDY: TRUSTWORTHINESS

Trustworthiness

According to Maree (2016:123), assessing trustworthiness is the acid test of your data analysis, findings and conclusions. In this study, trustworthiness was ensured through transparency in all activities performed during the study. The researcher informed the readers of the study about the authorization letter she obtained from the University of South Africa CREC and the permission letter from Limpopo Department of Health Ethics Committee. The researcher also informed the readers of the study on how she had gained access to facilities and participants, method of recruiting participants, the procedures followed when interviewing the participants, data collection approach and methods used, and the data analysis method and transcriptions. The participants of the study were asked to be sincere and truthful about all the information they provided. Four criteria as proposed by Guba (1981), that he believes should be considered by qualitative researchers in pursuit of a trustworthy study: credibility, transferability, dependability and confirmability (Maree 2016:123).

Credibility

Credibility is an assurance in the truth of data and interpretation thereof (Pilot & Beck 2017:982). In this study, credibility was ensured by conducting the study in a way that makes it more believable and by taking steps to reach findings.

The researcher continuously reflected on the findings throughout the study as evidence and also created awareness of the study background, person centred values and professional identity which may be affected in the research process. The researcher also declared bias as part of reflectivity in this study (Pilot & Beck 2017:894). The verbatim quotes of the participants also demonstrated the credibility of the themes and each theme; category and sub-category were linked to data acquired during the study.

Dependability

Dependability refers to the reliability of data over a period of time and circumstances which indicates whether the findings of the study will be the same if it were to be repeated with similar participants and similar context (Pilot & Beck 2017:982). In this study, dependability was ensured through careful documentation and by keeping an audit trail.

According to Pilot and Beck (2017:989), an audit trail refers to the collection of documents that will allow an independent person to reach the same conclusions about the data. Records of raw data and the questionnaire developed were kept.

Confirmability

Confirmability is concerned with the possibility of similarity between two or more independent people about the data's accuracy, relevance or meaning (Pilot & Beck 2017:983). In this study, confirmability was ensured through careful documentation (Pilot & Beck 2017:989). The reader of the study was provided with a comprehensive description of the process followed during data collection and data analysis. Digital recorders and field notes were used as evidence. The researcher gave an independent co-coder the verbatim transcripts and field notes to analyse data separately, after which they meet to discuss and reach consensus about the coding of data.

Transferability

Transferability refers to the extent to which the findings can be applied in other settings or groups (Pilot & Beck 2017:983). Transferability was ensured through thick and contextualised description. The researcher provided readers of the study with the thick and contextualised description of the methodology and the research context to make an informed decision on the generalizability of the findings (Pilot & Beck 2017:562). Direct quotes from participants and field notes were provided.

Authenticity

Authenticity refers to the extent to which researchers fairly and faithfully show a range of realities (Pilot & Beck 2017:983). Authenticity was ensured through the use of direct quotes from participants and thick description of the context.

3.9 SUMMARY

This chapter introduced and explained the research design and method, sampling, data collection and data analysis were described. Trustworthiness as rigour of the study was explained.

Chapter 4 will dwell much on data analysis, presentation and description of the research findings.

CHAPTER FOUR

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 Introduction

This chapter discusses the data analysis and findings from 18 participants of pregnant teenage girls aged between 13-19 years, living in Sekhukhune and utilising Sekhukhune clinics for antenatal/mother and child health services. The purpose of this study was to explore factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

The objectives of the study were to:

- Explore and describe factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.
- Describe the support system needed by the pregnant teenagers within the family and community as a whole.

4.2 DATA MANAGEMENT AND ANALYSIS

According to Pilot and Beck (2017:942), **data analysis** in qualitative is a construction: it involves putting segments together into meaning conceptual patterns. It also entails fitting segments together to form meaningful conceptual patterns. It also entails using an inductive technique to identify widespread ideas and search for general concepts.. The researcher commenced with data analysis using her personal cellular phone and a digital voice recorder to ensure that all information stored is retrieved accurately. The field notes and the recordings were analysed together with the aim of searching words, phrases, descriptions and terms that are similar to the title of the study. All information obtained during interviews was transcribed verbatim, which were later translated into English since the interviews were conducted in Sepedi. The field notes and verbatim transcriptions were sent to the independent coder to analyse data separately. After analysing data, the researcher and the independent coder came together to discuss coded data and reach consensus about it.

Data was analysed by means of Tesch’s inductive, descriptive coding method as cited in Creswell (2014:198).

Data management in qualitative research is reductionist: it involves converting masses of data into smaller manageable segments (Pilot & Beck 2017:2019). All data collected during the study and participant information would be treated as confidential.

All recordings and verbatim transcripts were saved under strong password on the researcher's personal laptop. A digital recorder, field notes, hard copies of transcripts, consent forms, assent forms, COVID-19 screening tools would be kept under lock and key for about 5 years or until the research purpose has been fulfilled. Access to information would be denied, except for those who are directly involved with gathering and analysing data.

4.3 RESEARCH RESULTS

4.3.1 CHARACTERISTICS OF PARTICIPANTS

A total number of 18 participants were interviewed. These participants are between the age of 16 to 19 years and all had teenage pregnancy and are mothers and what has been presented includes their real-life experiences. Table 4.1 represents age of participants, pregnancy status and the educational level.

TABLE 4.1: CHARACTERISTICS OF PARTICIPANTS

AGE OF PARTICIPANTS	STATUS OF PREGNANCY	LEVEL OF EDUCATION
1. 18 years	Teenage mother of 1	Grade 11
2. 19 years	Teenage mother of 2	Grade 12
3. 19 years	Teenage mother of 1	Grade 12
4. 19 years	Teenage mother of 1	Post matric
5. 19 years	Teenage mother of 1	Failed Grade 12
6. 18 years	Teenage mother of 1	Grade 11
7. 19 years	Teenage mother of 1	Passed Grade 12
8. 19 years	Teenage mother of 1	Passed Grade 12

9. 19 years	Teenage mother of 1	Grade 12
10. 19 years	Teenage mother of 1	Failed Grade 12
11. 19 years	Teenage mother of 1	Passed Grade 12
12. 17 years	Teenage mother of 1	Grade 12
13. 17 years	Teenage mother of 1	Grade 11
14. 19 years	Teenage mother of 1	College
15. 17 years	Teenage mother of 1	Grade 10
16. 18 years	Teenage mother of 1	Grade 11
17. 19 years	Teenage mother of 1	Grade 11
18. 16 years	Teenage mother of 1	Grade 9

4.4 PRESENTATION OF FINDINGS

After data analysis, eight themes and twenty-three sub themes emerged from the data. Table 4.2 represent themes and subthemes.

TABLE 4.2: THEMES AND SUBTHEMES

THEMES	**SUB-THEMES**
THEME 1: TEENAGERS REALISATION OF OWN PREGNANCY	1.1 Physiological and emotional changes related to pregnancy
	1.2 Positive pregnancy test results
THEME 2: REACTIONS OF TEENAGERS UPON DISCOVERY OF PREGNANCY	2.1 Feelings of shame and disgrace: a mother at my age
	2.2 Shocked and Disappointed
	2.3 Mixed feelings of happiness and anger of being a mother
THEME 3: SHARING PREGNANCY INFORMATION WITH THE PARTNER	3.1 Positive responses and acceptance of pregnancy by partner
	3.2 Rejection of pregnancy by partner
THEME 4: CHALLENGES RELATED TO	4.1 Feelings of tiredness and regrets

PREGNANCY	
	4.2 Isolation from peers
	4.3 Financial problems
	4.4 No problems experienced
THEME 5: SOURCES OF TEENAGE PREGNANCY INFORMATION TO TEENAGERS	5.1 Family as a source of information
	5.2 School and teenage pregnancy information
	5.3 Health institutions and teenage pregnancy information
THEME 6: RECOMMENDATIONS TO REDUCE TEENAGE PREGNANCY	6.1 Teenagers to use contraceptives
	6.2 School health services
	6.3 Home environment and parental love
	6.4 Governmental exclusion of child support grant to teenage mother
THEME 7: AGGRAVATING FACTORS TO TEENAGE PREGNANCY	7.1 Carelessness and peer pressure
	7.2 Lack of family affection
	7.3 Uncertainty and choice
THEME 8: ISSUES WHICH HELPED TEENAGERS TO PULL THROUGH WITH TEENAGE PREGNANCY	8.1 Family support
	8.2 Support from partner

THEMES AND SUBTHEMES

Presentation of the themes and subthemes has been done underneath. Each theme has been outlined together with subthemes followed by quotations. Literature control has been done to support the findings of the study.

4.4.1 THEME 1: TEENAGERS REALISATION OF OWN PREGNANCY

Participants seemed to be eager to talk about their experiences regarding realization of their pregnancy. Two subthemes emerged namely: physiological and emotional changes related to pregnancy and positive pregnancy test. Each subtheme has been followed by relevant quotations.

4.4.1.1 Physiological and emotional changes related to pregnancy

Participants indicated that they experienced physiological and emotional changes which made them wonder what could be wrong with their bodies. Physiological body changes included vomiting, loss of appetite, dizziness, funny smells, diarrhoea, abdominal pains

as well as missing amenorrhea. Emotional changes experienced included mood swings. Eight participants had physiological changes related to pregnancy as outlined above and had this to say:

"I saw some changes; I was vomiting food, having loss of appetite and mood swings.". T1P1
"I missed one-month period, then I went to the clinic and the nurse at the clinic told me that I am pregnant.". T2P2
"I was not feeling well. I experienced abdominal pains which I never felt before. I missed a one-month period, then I found that I was pregnant". T4P4

"I was vomiting, smelling funny smells of food and discovering that I am pregnant". T6P6

"I was vomiting and feeling dizzy and later found out I am pregnant.". T7P7
"I was vomiting, and I missed two periods, then I went to the clinic to confirm the pregnancy." T15P15

"I was vomiting and having diarrhoea, and then I bought a pregnancy test to confirm my pregnancy". T16P16

"I was vomiting, and I missed three months' periods and then I bought a pregnancy test to confirm". T17P17

All participants missed menstrual periods for a month and beyond, one went up to more than five months and said:

"I missed five months periods and I was weak and had a painful body". T18P18

"I missed one-month period of menstruation" T8P8

"I missed a one-month period and I was afraid and suspecting that I might be pregnant, I then talked to my mother who advised me to go to the clinic." T9P9
"I *missed three months periods and went to the clinic to confirm the pregnancy*." *T12P12*

"I missed the one-month period and I bought a pregnancy test to confirm." T13P13

4.4.1.2 Nurses diagnosis and positive pregnancy test results

Most participants alluded that after the experience of physiological and emotional changes as well as missing menstrual periods, they visited a clinic to confirm pregnancy while others used pregnancy tests. Quotations below support this subtheme.

"I missed a one-month period, then I went to the clinic and the nurse at the clinic told me that I am pregnant. ". T2P2 ; T10P10 ; T11P11 ; T12P12; T18P18

" After missing one-month period, I bought a pregnancy test to confirm." T3P3; T13P13

" After feeling very strange I bought a pregnancy test to confirm. Then I found out that I am pregnant". T4P4

"I was vomiting, smelling funny smells of food, I then bought a pregnancy test to confirm". T6P6 ; T15P15 ; T16P16 ;T17P17

"I used to buy pregnancy test every time after a week of having sex ('ge ke fetša go seleka', she was even showing me with her hands). Then in December I did a test and it was indicating two lines.". T14P14

4.4.2 THEME 2: REACTIONS OF TEENAGERS UPON DISCOVERY OF PREGNANCY

Participants displayed different reactions upon discovering the pregnancy from feelings of shame, disgrace, shock, disappointment, as well as mixed feelings of happiness and anger. While few were happy about teenage pregnancy. Quotations presented below support the subthemes. Each subtheme has been presented underneath.

4.4.2.1 Feelings of shame and disgrace: a mother at my age

Three participants revealed that they felt bad upon discovery of pregnancy and others are still experiencing the same now. A feeling of regret was also presented and identified teenage pregnancy as a mistake of a lifetime.

"I felt bad because I fell pregnant while my parents were not at home and I feel I made a terrible mistake for them". T16P16

"I felt bad because I became pregnant while I am still a school kid". T17P17

"I was not happy because I did not think that one day I will fall pregnant". T6P6

"I was unhappy because I did not expect that I could fall pregnant at such a young age". T10P10

4.4.2.2 Shocked and disappointed

Other participants highlighted that the pregnancy results made them feel shocked and disappointed at themselves. While others had to drop out of school. Teenage pregnancy was a sign of shame to teenagers and being a mother below the age of 19 was viewed as a disgrace.

"I was shocked when I found out that I am pregnant, and I told my grandmother who told me that my boyfriend should take responsibility for the pregnancy". T1P1
"I was shocked when I found out that I am pregnant". T3P3

"I felt disappointed after confirming my pregnancy because I was not supposed to fall pregnant at this age". T9P9
"I felt so disappointed when I found out that I am pregnant because I did not know how I am going to explain the situation to my sister and also because I became pregnant at a young age while I am supposed to have used contraceptives". T12P12

"I felt disappointed because I became pregnant at a young age". T13P13

" I felt bad and I am still feeling bad". T15P15

"I was shocked when I learnt that I was pregnant". T18P18

One participant indicated that she cried upon discovering that she was pregnant and said: *" I cried and felt so disappointed when I found that I am pregnant because I was furthering my studies at the college, so I was forced to drop out of the college". T8P8*

4.4.2.3 Mixed feelings of happiness and anger of being a mother

Some participants experienced mixed feelings upon discovery of teenage pregnancy because of the presence of different emotional reactions such as happiness and sadness at the same time related to pregnancy. These quotations are in line with the subtheme.

"I was happy because a child is a blessing which brings happiness and I was also sad because I am still young to have two kids". T2P2

“I was neither excited nor happy because I have been trying to have a baby since 2019 but never conceived”. T4P4

“I was confused at the beginning when I found out that I am pregnant, but I ended up accepting the situation because I did not want to terminate the pregnancy”. T5P5

“I was happy when I found out that I am pregnant because I always wanted to have a child and I really love children”. T11P11

4.4.3 THEME 3: SHARING PREGNANCY INFORMATION WITH THE PARTNER

Participants indicated that after identification of pregnancy status, the news was shared with their partners. Majority received positive responses while a few have been rejected by the partners. The subthemes and their quotations have been presented below.

4.4.3.1 Positive responses and acceptance of pregnancy by partner

Sixteen teenagers out of 18 had received positive responses from their partners after announcing the pregnancy. Others indicated that their partners were elated about the pregnancy news. However, one teenager indicated that even though the partner was fine with the pregnancy status, his mother was not happy at all. The following quotations support the subtheme.

“Yes. He was happy because he always wanted to have a child”. T1P1

“Yes, he agrees that this child is his because he knew he had unprotected sex and he knew that I do not use any form of contraceptives”. T2P2

“Yes, he then told her mother and she is unhappy about it”. T3P3

“Yes, he was very happy because he always wanted to have a child”. T4P4

One participant indicated that the partner was shocked about the news because they were condomising.

“Yes, he did not deny the pregnancy, but he was also surprised because he knew that we were using condoms”. T5P5

“Yes, he accepted the pregnancy”. T6P6

“Yes, he was not happy at the beginning but now he has accepted the pregnancy”. T8P8

"Yes, he accepted the pregnancy and even told me that I should not terminate the pregnancy as he will take full responsibility for it". T9P9

The other participant said the partner said teenage pregnancy is not a good thing; however, discouraged the pregnant teenager to terminate the pregnancy and said:
"Yes, he said it is not a good thing and to terminate the pregnancy is not a good thing. He then told me to keep the pregnancy". T10P10

Other participants explained that their partners promised to take of the baby as well and had this to say:

"Yes, he promised to take full responsibility for the pregnancy". T7P7

"Yes, he said he will take care of the child". T11P11
"Yes, he promised to take responsibility for the pregnancy". T12P12
"Yes, he promised to take responsibility for the pregnancy and he told me that he does not want me to abort the child". T14P14
"Yes, he told me that what is done is done and he promised to take care of the child". T16P16
"Yes, he said he knows that he is the father and he will take care of the child". T17P17

4.4.3.2 Rejection of pregnancy by partner

Three participants alluded that immediately after communicating the pregnancy status to their partners, the relationship ended and there is no communication between them any longer. The quotations below support the subtheme.
"Yes, he dropped the phone and he is now ignoring me and no longer talking to me". T13P13
"Yes, he said that he does not want anything to do with me and he is now ignoring me and my phone calls". T18P18
"My boyfriend chased me away at his place at night and he told me to abort the child". T18P18

4.4.4 THEME 4: CHALLENGES RELATED TO PREGNANCY

Participants were requested to reflect on the challenges experienced related to pregnancy. Majority indicated that they did not have any challenges at all however,

others had feelings of stress and regression. Others felt pregnancy made them isolate themselves from their peers because of lack of belonging.

4.4.4.1 Feelings of tiredness and regrets

The participants presented challenges experienced such as tiredness and feelings of regret. This has been supported by the following quotations:

"I am full of regrets". (She was facing down and playing with her fingers). T9P9
"My boyfriend chased me away at his place at night and he told me to abort the child". (She looks so stressed when explaining this). T18P18
"I am always tired, especially in the morning when I am supposed to go to school". T3P3

4.4.4.2 Isolation from peers

One participant highlighted that pregnancy made her feel shy and thus felt as if she did not belong to the group of her peers. This made her to isolate herself and said:
"It is not easy because I am shy to live with other peers because I have a feeling that I am no longer suiting their standard. At the same time you must stay home and take care of yourself". T4P4

4.4.4.3 Financial problems

Some participants pointed out that teenage pregnancy created financial challenges in their lives, because they needed money to go to the hospital. One explained that she had to drop out of college due to financial problems. The quotations below are in line with the subtheme.

"Most of the time when I need money for transport to hospital, I struggle to get that money. I do not have any illness". T5P5
"I dropped out of college. I do not have a mother to assist or support me in this situation.
"My sister is available, but her financial support is not enough because she has her own kids to take care of". T8P8

4.4.4.4 No problems experienced

Twelve out of the 18 participants did not have challenges and few quotations below represent the subtheme.
"I have no challenges". T1P1
"I have no challenges". T2P2

4.4.5 THEME 5 SOURCES OF TEENAGE PREGNANCY INFORMATION TO TEENAGERS

Participants identified different areas where information related to teenage pregnancy is being shared and communicated to teenagers who are pregnant such as at home, school and health institutions.

4.4.5.1 Family as a source of information

The participants mentioned that while they were pregnant, their families were also one of the sources regarding advice related to how they should take care of themselves.

"My aunt gives me advice. They are very useful because I live a healthy life and I am stress free". T1P1

"My parents give me information regarding pregnancy and this information is important". T4P4

"At home I am told how to take care of myself and to prevent future pregnancies. And now I have all the information about teenage pregnancy". T9P9

"My parents give me information regarding pregnancy such as how to behave as a pregnant woman, what to do and what to eat. The information is important because I have not had any illness since I fell pregnant". T7P7

"My family teaches me how to behave as a pregnant mother". T18P18

4.4.5.2 School and teenage pregnancy information

Participants who went to school during pregnancy highlighted that they have received information on how to live properly as a pregnant teenager and the information is said to be more valuable. Quotations below support this subtheme. *"At school. This information is useful because I know what to do and what not to do as a pregnant teenager". T2P2*

"At school we were encouraged not to fall pregnant at a young age. The information is helpful because as children we become pregnant at young ages and we become a burden to our parents". T6P6

"At school we were taught several things related to teenage pregnancy. I now know how to take care of myself and how to prevent future pregnancies". T9P9

"At school. Nurses sometimes visit our school and give us information regarding pregnancy. The information is important because I can also use it to advise other young girls not to fall pregnant at a young age". T12P12

“At school. They are important because they guide us not to indulge in sexual activities because we will fall pregnant”. T15P15

4.4.5.3 Health institutions and teenage pregnancy information

Some of the participants who have booked for antenatal care services in health institutions indicated that they were given pregnancy related information in mom connect. These quotations support the subtheme.

“I was connected to mom connect at the clinic. The information is useful because I know how to take care of myself as a pregnant teenager”. T3P3

“I was connected to mom connect at the clinic. The information helps me to understand the stages of pregnancy and how to take care of you as a pregnant mother. These messages also are helpful not only for me but also for other pregnant teenagers out there”. T5P5

“At the clinic, I was mom connected. The information is useful because I know what to expect through all stages of pregnancy”. T8P8

“At the clinic we are given information on how to live positively with the pregnancy. The information is important because some people do not take their medications, so when you have information you will take your medications well because you know the benefits of taking them”. T10P10

“At the clinic, they told me not to eat soil and not to drink cold water because I will have problems during delivery of my baby. They also told me to eat healthy food so that I can have a healthy child”. T11P11

“At the clinic, on social media and Google. They are very important because they teach about pregnancy and how to behave as a pregnant mother”. T16P16

4.4.6 THEME 6 RECOMMENDATIONS TO REDUCE TEENAGE PREGNANCY

Participants indicated that teenage pregnancy can be controlled and proposed that different strategies be implemented by teenagers, schools, home and government. This theme has four subthemes as outlined underneath.

4.4.6.1 Teenagers to use contraceptives

Most of the participants revealed that the use of contraceptives by teenagers will help in curbing teenage pregnancy. However, the specific contraceptive method clearly known

is a condom as well as injection and the rest were not specified. Quotations below support the subtheme.

"Teenagers should use contraceptives and also avoid peer pressure because some fall pregnant because their friends are pregnant". T1P1

"Young girls should take care of themselves and visit clinics regularly for check-ups. They must use condoms and follow measures of condom use. They must not have a child because of peer pressure or because they have no parents nor lack family support". T4P4

"Teenagers must use injections and condoms to reduce pregnancy" T6P6

"Teenagers should visit clinics regularly, listen to parents when they advise us and also use protections in order to reduce pregnancy". T9P9
"Also parents should be friendly when discussing such issues with their children". T10P10

"Teenagers must condomise and listen to their parents at home". T11P11
"Teenage girls must use contraceptives and condoms in order to reduce pregnancy". T15P15
"Teenagers should be advised to visit clinics and also to use contraceptives". T16P16

"Young girls from age 12 years should be advised to visit clinics and get contraceptives regardless of whether they are sexually active or not". T17P17
"Teenagers must use contraceptives and condoms". T18P18

4.4.6.2 School health services

Participants emphasized that availability of school health services in schools might help in lowering teenage pregnancy. Proposed methods include nurses visiting schools on specified days to give contraceptives to teenagers or having schools with clinics which are housed within. Participants also highlighted teenage pregnancy education sessions should be offered from primary schools. Quotations below are in line with the subtheme.

"Nurses should visit schools to give contraceptives to school children and also teach them about teenage pregnancy and condoms". T2P2

"The Department of Health should visit schools including primary schools and also invite parents to schools where they will give health advice and where possible give contraceptives in the presence of parents". T5P5

"If schools can have clinics inside the school premises, it will be easy for children to access health services because clinics are far away from some communities". T7P7

"Primary schools must teach about pregnancy because this kind of education starts in grade 10 and it affects them because they do not understand. So if this education can start at primary schools, children will be able to ask parents what they have been taught at school and as a result understanding will be improved". T10P10

"Nurses should visit schools to give injections to school children in order to reduce teenage pregnancy". T12P12
"Nurses should visit schools to give advice to school children about pregnancy and contraceptives". T13P13

"Primary and high school children should be taught about family planning in order to reduce teenage pregnancy". T14P14

4.4.6.3 Home environment and parental love

Two participants alluded that the home environment full of love and support to teenagers can also be very useful in teenage pregnancy reduction. The quotations below are in line with the subtheme.

"If home situations can be fixed, whereby parents give their children necessary support and love, teenage pregnancy will be reduced because children will not have to go outside home to seek love from other people". T3P3

"Home environment coupled with parental support and love for teenagers as members of the family can be used to reduce teenage pregnancy". T1P1

4.4.6.4 Governmental exclusion of child support grant to teenage mothers

Participants also showed that another measure to reduce teenage pregnancy can be the use of denying teenage mothers child support grants. The quotation below supports the subtheme.

"Maybe if the government can tell teenagers between 13-19 years who fall pregnant, they will not get child support grants because some of us fall pregnant because we need child support grants". T8P8

4.4.7 THEME 7: AGGRAVATING FACTORS TO TEENAGE PREGNANCY

The participants have revealed aggravating factors fuelling teenage pregnancy such as carelessness, peer pressure, uncertainty, choice, lack of contraceptive usage and lack of family affection. This theme has three subthemes

4.4.7.1 Carelessness and peer pressure

Participants reported that carelessness and pressure are some of the aggravating factors to teenage pregnancy. Amongst the carelessness, the following were mentioned; failure to use protection such as condoms, missing contraceptive injection date as well as stopping contraceptive use, excitement of indulging in sexual intercourse, and failure to listen to parents advises regarding having sex at the teenage age. The quotations presented below support the subtheme.

"Carelessness and taking things lightly. I was told about condoms and contraceptives but I did not have time to come to the clinic because I was always at school or had school work to do". T2P2

(Teenager was shaking, looking down and playing with her fingers). "I was running after boys without using protection". T6P6

"I did not use protection". T7P7

"I was excited and taken by feelings, so I ended up indulging in sexual intercourse without using any protection". T12P12

"Peer pressure. I did fall pregnant because my friend was pregnant and she is now having a child". T13P13

"I missed the appointment date for the injection at the clinic". T15P15

"I was not listening to my mother when she advised me and told me not to go out with boys especially at night. I was using contraceptives sometimes". T17P17

"I did not use contraceptives. I stopped using contraceptives in 2018 because of continuous vaginal bleeding whenever I use contraceptives". T1P1

"I stopped using contraceptives because I was having three menstrual cycles per month when I used them". T8P8

"I was not using contraceptives". T9P9

"When you are doing something but you are not ready for the outcome of what you are doing. I was not using contraceptives but indulging in sexual intercourse". T10P10

“I was not using contraceptives and I had not enough information about them nor bother to know about them”. T16P16

“I just saw menstruation stopped. I did not use contraceptives because my boyfriend does not want them”. T18P18

4.4.7.2 Lack of family affection

One participant explained that lack of family affection such as maternal love resulted in getting pregnant because she ran out of her home to stay with the boyfriend seeking for love which was no longer available at home. The intrusion of a stepfather in the family took away all the love the mother had from her children to the new stepdad. The quotation supports the subtheme**.** *“When you lack family love, you go out with the aim of finding love outside home. My family used to be a happy family until in 2019 when my mother marries my stepfather and brings him home, then their marriage changed everything in our home, so I ran out of home to stay with my boyfriend whom I feel loved when I am with him rather than with my family”. (She was facing down and looking sad when answering this question). T3P3*

4.4.7.3 Uncertainty and choice

Three participants were not actually certain about what happened because the two used protection, but still fell pregnant and the other one it was the boyfriend’s idea. The last participant wanted a child hence fell pregnant. See quotations below.

“I wanted to have a baby but also felt that I am not ready to have a child. It was my boyfriend’s idea which I did not support at the beginning”. T4P4

“I do not know what happened because I was always using condoms when I indulge in sexual activity”. T5P5

“I do not know”. (She was smiling and facing down). T14P15

“I fell pregnant because I wanted to have a child”. (She was busy mumbling and signing with hands telling that she has already answered the question T11P11

4.4.8 THEME 8: ISSUES WHICH HELPED TEENAGERS TO PULL THROUGH WITH TEENAGE PREGNANCY

Participants pointed out the mode of support which helped them pull through with the teenage pregnancy from family and partners. This theme had two subthemes as outlined in the information underneath.

4.4.8.1 Family support

Most of the participants indicated that family support from mothers, grandparents, aunts as well as friends helped them to continue with teenage pregnancy with fewer challenges. The quotations are in support of the subtheme.

"Yes, my mother, grandmother and aunts. They do things for me, if I want something they provide". T1P1

"Yes, my parents and grandmother. My grandmother gives me money every time after getting her SASSA grant. They give me emotional support and also encourage me to do my school work as now I am in matric and I want to pass my matric and go to work so that I will be able to support my children". T2P2

"Yes, my mother gives me support. They always ask if I take my medication well. They give me money when I need it and they always ask if I am ok". T4P4

"Yes. My family gives me support and money whenever I need it. They are also patient with me because sometimes I do have mood swings". T5P5

"Yes, my mother encourages me to take care of myself in order to protect my unborn child". T7P7

"Yes, my grandmother and sister give her advice regarding pregnancy". T8P8

"Yes, my mother gives me support. She told me that I am not the first person to become pregnant at this age". T9P9

"Yes, my aunt gives me advice and encourages me not to give up in life. She also gives me money when I need it". T10P10

"Yes, my mother, father and grandmother provide me with whatever I need, for example food, clothes and money". T11P11

"Yes, my sister and friends. My sister accepted that I am pregnant and she even promised to take care of me and the child". T12P12

"Yes, my parents. They give me money for transport and also encourage me to take my medication and to eat healthy foods". T13P13

"Yes, my mother, aunt, grandmother and my mother's church mates give me support and they do not want me to feel welcomed because I am pregnant". T14P14
"Yes, my family because they buy me everything that I need". T15P15
"Yes, my parents give me advice about pregnancy; what to do and what I am not supposed to do. They are also giving me money". T16P16

"Yes, my sister and mother give me support and money when I need it". T17P17

"Yes, my mother and friends advised me to break up with him and focus on taking care of myself and to avoid stress". T18P18

4.4.8.2 Support from partner

Support from the partners was also mentioned as one of the pillars that helped teenagers to remain standing with teenage pregnancy. This subtheme has been supported by the following quotations.

"Yes, my partner gave me emotional support and also encouraged me to do my school work as now I am in matric and I want to pass my matric and go to work so that I will be able to support my children". T2P2
"Yes, my boyfriend. I am living in a quarter's room which is being paid by my boyfriend. He also buys food and gives me money when I go to school". (She was smiling when talking about her boyfriend). T3P3

"Yes, boyfriend gives me support. He always asks if I have taken my medication well. He also always asks if I am ok". T4P4

"Yes. My boyfriend gives me support". T6P6

"Yes partner gives me support and he doesn't want me to feel unwelcomed because I am pregnant". T14P14
"My boyfriend promised to take care of the child; he is a university student not working currently". T6P6

4.5 DISCUSSION OF RESEARCH FINDINGS

4.5.1 THEME 1: TEENAGERS REALISATION OF OWN PREGNANCY

The findings showed that participants only realized their pregnancy after specific physiological and emotional changes related to pregnancy were noticed. The study

findings presented the presence of physiological symptoms of pregnancy such as vomiting, loss of appetite, dizziness, funny smells, diarrhoea, abdominal pains as well as missing amenorrhea.

Emotional changes experienced included mood swings. To confirm the pregnancy, a pregnancy test was taken, and positive pregnancy test results were observed. Those failing to access pregnancy tests visited the clinic to consult and professional nurses confirmed the presence of pregnancy.

The study findings were supported by the study conducted by Weigel and Weigel (1989:1312) which also confirmed that nausea and vomiting are some of the signs and symptoms associated with early pregnancy. Amasha and Heeba (2013:39) reported that more than one symptom was present by the study participants as being normal during pregnancy.

The symptoms presented by the participants in this study included nausea and vomiting, back pain, heartburn, varicose veins, constipation and fatigue. According to McWeeney (2019:1), most individuals notice the symptoms of pregnancy about two weeks after conception, a couple of days after the missed period or when there is a positive pregnancy test and these presumptive signs include amenorrhoea, breast enlargement and tenderness, fatigue, poor sleep, back pains, constipation, food cravings and aversions, mood changes, heartburn, nasal congestions, shortness of breath, light headedness, elevated basal temperature, spider veins and reddening of palms.

The study elaborated on availability of early physiological signs of pregnancy which is not unique to this study hence it was also described by other studies as outlined above and they were used as a true confirmation of pregnancy. These physiological signs such as nausea and vomiting were experienced by most of the participants in this study. After experiencing the signs of pregnancy follows reactions upon discovery of pregnancy as presented underneath in the following theme.

4.5.2 THEME 2: REACTIONS OF TEENAGERS UPON DISCOVERY OF PREGNANCY

The study findings portrayed a picture regarding the different reactions from participants upon discovering the pregnancy. One participant cried while trying to reflect on the

reactions related to pregnancy confirmation. The reactions mentioned include feelings of shame, disgrace, shock, disappointment, as well as mixed feelings of happiness and anger. While few were happy about teenage pregnancy.

Ngabasa (2011:3) in a study titled positively pregnant alluded that many teenagers upon discovering their pregnancy experience different reactions, first ones being shock and disbelief. This concurs with findings of this study. Ngabasa (2011:42) also indicated that negative construction of teenage pregnancy worsens how teenagers react upon discovery of teenage pregnancy. Hence some of the overall reactions of teenagers were uncertainty, fear and anxiety at sharing their pregnancy and resolving it. This is aggravated by the responsibilities that teenagers have regarding breaking the news to the family (Ngabasa 2011:42).

According to a study conducted by Wilson-Mitchelle, Bennett and Stenett (2014:4729) in the study titled Psychological Health and Life Experiences of Pregnant Adolescent Mothers in Jamaica indicated that out of 30 participants, seven (23%) experienced psychological distress or suicidal ideation after discovering that they were pregnant. This is also in line with the findings of the study as adolescent girls showed that they were also angry, though none of them alluded to suicidal thoughts related to teenage pregnancy.

The findings of this study reiterated how teenagers reacted due to teenage pregnancy regretting motherhood at their age. However, few wanted to be mothers and pregnancy status made them feel elated because they were looking forward to having babies of their own. Discovery of pregnancy was a crucial step in the life of an adolescent girl to be shared with partners as discussed underneath.

4.5.3 THEME 3: SHARING PREGNANCY INFORMATION WITH THE PARTNER

The study findings alluded that all participants shared the pregnancy results immediately after confirmation. However, the majority of participants received positive responses from partners who indicated that they will be available to take care of their babies financially. Few participants explained that sharing of pregnancy results created serious challenges between them and their partners who are even now not communicating with them and a sign of rejection.

Pregnancy requires involvement of both parents in making several critical decisions, such as booking for antenatal care, attending clinic appointments as well as determining how to feed the infant. Availability of a male partner as the father makes the whole process easy but if the father does not want to come on board it creates more challenges (Matseke, Ruiter, Barylski, Rodriguez, Jones, Weiss, Peltzer, Setswe & Sifunda 2017:220).

A man's role is viewed as that of a financial provider, which is impacted by traditional society ideas and standards, as well as their motivation to adhere to such traditions. Men have traditionally been the (financial) providers in most ethnic groups in South Africa, therefore it would appear culturally inappropriate to involve men in family caring tasks (Matseke, Ruiter, Barylski, Rodriguez, Jones, Weiss, Peltzer, Setswe & Sifunda 2017:221). These studies are in support of this study findings because partners of participants showed interest in supporting their partners emotionally and financially as a masculine role.

All the participants saw the need to communicate their pregnancy status with their partners in anticipation of positive response and preparation for support as well as availability of the partner in raising the baby together.

Hence those who got positive support were satisfied unlike those who were rejected by their partners and left to suffer alone. Sharing information with partners was coupled with different challenges experienced by teenagers and theme four presents the information related to pregnancy.

4.5.4 THEME 4: CHALLENGES RELATED TO PREGNANCY

Participant’s findings revealed that different challenges were experienced by teenagers due to teenage pregnancy from physical problems such as tiredness, to economical and emotional as well as social problems. Others had financial problems while some were isolated from friends due to teenage pregnancy which made them lose a feeling of belonging. According to a study done by Govender, Naidoo, and Taylor (2020:1), some of the adolescents' mothers face psychological concerns such as suicidal ideation, guilt, loneliness, anxiety, and stress, as well as financial restrictions, difficulty returning to school, and social stigmatization.

Kumar, Huang, Othieno, Wamalwa, Mdeghe, Osok, Kahonge, Nato and McKay (2017:12), highlighted that pregnant and parenting adolescents are faced with several adversities such as social stigma, lack of emotional support, poor healthcare access and stresses around new life adjustment.

A study conducted by Mohammandi, Montazeri, Alaghbandrad, Aadabili and Gharacheh (2015:303) identified that unprepared pregnancy simply implies that the participants were not physically, psychologically, emotionally and economically ready to become pregnant because they were young and did not have adequate experience.

Another study found that unexpected pregnancy has had disastrous implications for adolescent moms, compromising their physical, psychological, and socioeconomic well-being, as well as that of their families and society at large. The findings indicate that a multi-sectoral approach is required to address the problem of adolescent pregnancy in this district, and likely throughout Malawi (Kaphagawani & Kalipeni 2017:704). This concurs with the findings of the study where participants highlighted the presence of tiredness and financial problems related to teenage pregnancy. Teenagers indicated that there are different sources for teenage pregnancy information and the theme below illustrates the relevant places.

4.5.5 THEME 5: SOURCES OF TEENAGE PREGNANCY INFORMATION TO TEENAGERS

Study findings identified that home, school and health institutions are key areas where information related to teenage pregnancy is being shared and communicated to teenagers who are pregnant. These findings are supported by the study conducted by Natividad (2013) regarding teenage pregnancy in the Philippines. According to the findings, sexuality education in school-based interventions should take into account the fact that adolescent pregnancy is highest among those with the least education, particularly those with a primary or secondary education. The report went on to say that age-appropriate sexuality education should begin before teenagers leave school in the pre-adolescent years (Natividad 2013). Respondents of the study conducted by Skinner, Delobelle, Pappin, Pieterse, Esteerhuizen, Barron and Dudley (2017:3) were highly appreciative of MomConnect. They reported the feeling of being empowered to manage their pregnancy and child rearing better and also spoke directly about the assistance that they felt the MomConnect system had provided in terms of their own

health and that of their babies. The study also revealed that respondents wanted to receive the information they missed on a few occasions when they lost contact with the services and many of them actually wanted the services to be extended (Skinner et al 2017:3). Willan (2013:4) found that many learners were informed about family planning services, protection from unplanned pregnancies, sexual transmitted infections and HIV/AIDS which are covered within the life orientation syllabus. This finding supports the findings of the current study which pointed out school as a source of teenage pregnancy information.

In this study, mothers, aunts and grandparents were identified as people who played a crucial role in supporting teenagers when pregnant by providing information in relation to how a pregnant person should take care of themselves.

The school environment was mentioned as an area where teenagers who continued schooling while they were pregnant were given more information related to teenage pregnancy. Health institutions provided teenagers who went to book for antenatal care services with access to pregnancy information under MomConnect. All the information received from different sources was seen as very important by teenagers during their pregnancy. Teenagers presented several recommendations to be utilised in addressing teenage pregnancy as outlined in the next theme.

4.5.6 THEME 6: RECOMMENDATIONS TO REDUCE TEENAGE PREGNANCY

Different strategies to reduce teenage pregnancy were proposed in the findings of this study emanating from schools, home and government. Participants emphasized that parental involvement in sex education and support to teenagers is also key. The use of contraceptives by teenagers was highlighted. Involvement of schools and government was also mentioned.

These study findings are supported by the study conducted by Baird and Porter (2011:151) which identified key factors for reducing teenage pregnancy such as inclusion of active engagement of the youth through health, education, social services, youth support services, and the voluntary sector. This should include the use of different organisations in schools, health institutions to publicize contraceptive and sexual health advice. According to a study performed by Qolesa (2017:43), there is a pressing need to promote parent-child communication by holding seminars in schools, which the

Departments of Health, Social Development, and Education may facilitate. The goal of this intersectoral approach is to encourage and empower parents and children to establish good communication methods so that they can work together to solve challenges that teenagers encounter, such as sexual and reproductive health. Budiharjo, Theresia and Widyasih (2018:127) emphasized the need of parents providing their children with reproductive knowledge, including sexuality education. They also emphasize that providing sexuality education to children at a young age is not a taboo, but rather serves as a preventative measure against early sexual behavior that leads to pregnancy in teens.

Participants also showed that other measures to reduce teenage pregnancy can be the use of denying teenage mothers child support grants. Kubheka (2013:47) in the study titled the relationship between child support grant and teenage pregnancy identified that 52% of the participants showed that there is a close relationship. Which denotes that doing away with the child support might gradually contribute positively in the reduction of teenage pregnancy.

4.5.7 THEME 7: AGGRAVATING FACTORS TO TEENAGE PREGNANCY

Findings of this study highlighted that there are factors aggravating teenage pregnancy such as carelessness, peer pressure, uncertainty, choice, lack of contraceptive usage and lack of family affection. Participants indicated that they had teenage pregnancy due to the factors mentioned above.

These findings were supported by the results of the study conducted by Maemeko, Nkengbeza and Chokomosi (2018:94) which indicated that parental relationship and atmosphere within their homes pushes teenagers to seek for love and care from their male counterparts which always make them engage in insensible sex which may consequently lead to teenage pregnancy. Some of the issues identified leading to increased teenage pregnancy included carelessness in sexual activities that usually happens amongst the youth. Another point which was reported was poor relationship between parents and their teenage children as well as alcohol and drug use (Maemeko, Nkengbeza and Chokomosi 2018:95).

According to Macleod (1999), reproductive ignorance, early menarche, risk-taking behavior, psychological issues, peer pressure, coercive sexual relations, dysfunctional

family patterns, poor health services, socioeconomic status, the breakdown of cultural traditions, and the cultural value placed on children have all been identified as contributing factors to teenage pregnancy in South Africa.

The study conducted by Willan (2013:4) revealed that teenage pregnancy is driven by many factors which include poor access to contraceptives, inaccurate and inconsistent use of contraceptives, termination of pregnancy, gender inequalities, gendered expectations of how teenage boys and girls should act, sexual taboos (girls) and sexual permissiveness (boys), poverty, judgemental attitudes of many health care workers, high levels of gender based violence and poor sex education. The studies presented above are in support of the findings of this study regarding aggravated factors such as poverty, lack of contraceptives as well as peer pressure.

4.5.8 THEME 8: ISSUES WHICH HELPED TEENAGERS TO PULL THROUGH WITH TEENAGE PREGNANCY

Participants in this study revealed that they have received support which helped them pull through with the teenage pregnancy from family and partners. Kirchengast (2016:14) pointed out the visibility of teenage pregnancy has become a call for concern.

According to the survey, more young girls with teenage pregnancies are receiving greater support and encouragement from family, friends, and strangers to carry on with their life, eradicating misconceptions and exposing obstacles associated with adolescent pregnancy. Govender, Naidoo and Taylo (2020:10) revealed that some teenage mothers receive emotional and financial support from their biological mothers, grandmothers and partners. Watts, Liamputtong and Mcmichael (2015:1) revealed that young mothers received good support from their mothers, siblings and close friends.

The study conducted by Willan (2013:5) revealed that in South Africa, after pregnancy, most critical factors emerged in supporting mothers to return to school depending on whether she has the support of her mother, both support to care for the baby and emotional support. The study further revealed that factors that supported teenage mothers to return to school were whether the family had resources to support her baby and her school performance.

The study also shows that fewer respondents that lived with their boyfriends or his family felt that they were better supported (Willan 2013:20). This is in support of the

findings of this study where participants indicated that they have received support from family and their partners.

4.6 CONCLUSION

Data analysis, presentation and description of the research findings were discussed in this chapter. Chapter 5 will interpret the findings and describe recommendations.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

This chapter discusses the research findings followed by literature control to support the findings. The research design and method, contributions and limitations of the study was also discussed. Recommendations and conclusion remarks were made based on research findings.

5.2 RESEARCH DESIGN AND METHODS

The detailed methodology and research design has been discussed in chapter three. Qualitative, explorative, descriptive and contextual design was used to explore and describe factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province. The study was conducted in Dilokong gateway, Selala and Tshehlwaneng clinics. Sample of the study included 13-19 years pregnant teenagers, living in Sekhukhune District, utilizing Sekhukhune clinics for antenatal/mother and child health services. Face-to-face, individual interviews were conducted using semi-structured interview guides, field notes and digital voice recorders to collect data. Sepedi was used as the communal medium of communication since most of Sekhukhune inhabitants speak Sepedi. All participant ages participated in the study ranges from 16-19 years.

A research design is a plan or strategy that specifies the selection of participants, the data collection methods to be employed, and the data analysis to be performed, starting with the underlying philosophical assumptions (Maree 2016:72). According to Pilot and Beck (2017:120), research design indicates how often data will be collected, what types of comparisons will be made and where the study will take place.

5.3 SUMMARY OF THE RESEARCH FINDINGS

Data was analysed by means of Tesch's inductive, descriptive coding method with the assistance of independent coders. Eighteen pregnant teenagers between ages of 16 to

19 years were interviewed. These participants were characterized according to their age, status of pregnancy and their level of education.

After data analysis, eight themes and twenty-three subthemes emerged from the data (see Table 4.2).

Theme 1: Teenagers realization of own pregnancy

The study findings pointed out that participants only realized teenage pregnancy after specific physiological and emotional changes related to pregnancy. Most study participants visited clinics while others used pregnancy tests to confirm pregnancy.

Theme 2: Reactions of teenagers upon discovery of pregnancy

The study findings revealed that fewer participants wanted to be mothers and are looking forward to having babies of their own, while others are regretting motherhood at their age.

Theme 3: Sharing pregnancy information with the partner

The study findings revealed that all participants of the study shared the pregnancy immediately after confirmation with partners; however, the majority of them received a positive response while fewer participants received a negative response.

Theme 4: Challenges related to pregnancy

The study findings pointed out physical problems such as tiredness, economical and emotional problems, social problems as well as financial problems were challenges experienced by the participants.

Theme 5: Sources of teenage pregnancy information to teenagers

The study findings pointed to home, school, and health institutions as key areas where teenage pregnancy related information related is communicated. Participants of the study also acknowledged that their aunts, mothers and grandmothers played crucial roles in supporting them by providing information related to pregnancy.

Theme 6: Recommendations to reduce teenage pregnancy

The use of contraceptives, involvement of parents, schools and government in sex education and support were highlighted as measures to reduce teenage pregnancy.

Other participants of the study pointed out that denying teenage mothers the child support grant would also help in reducing teenage pregnancy.

Theme 7: Aggravating factors to teenage pregnancy

Carelessness, peer pressure, uncertainty, choice, lack of contraceptive usage and lack of family affection were highlighted by study findings as factors which aggravate teenage pregnancy in Sekhukhune District.

Theme 8: Issues which helped teenagers to pull through with teenage pregnancy

Support received from family and partners were pointed out by participants of the study which helped them to pull through their teenage pregnancy.

5.4 RECOMMENDATIONS

It recommended that the following strategies should be implemented in order to reduce the rise of teenage pregnancy in Sekhukhune District, Limpopo Province:

- Parents should be motivated to be involved in sex education and support for their teenagers.
- Teenagers from 12 years of age should be taught and encouraged to use contraceptives regardless of sexual activity or not.
- Sex education and the use of contraceptives should be taught starting from grade 5 with non-selective curriculum content of subjects such as natural science and life orientation since these subjects have reproductive system chapters.
- Department of social services to review methods of paying social grants to teenagers. It is recommended that vouchers instead of cash be used, which is to be guided by the child's age. All pregnant teenagers to be referred to social workers for counselling and arrangement of social grant.
- Department of Health Limpopo to ensure timeous delivery of contraceptives to healthcare facilities. There must be enough budgets for Department of Health purchase medication from suppliers in time.
- Department of education to have daily access of health services inside the school premises which will allow school children including primary schools to access certain services such as family planning and other emergency services since other schools or communities are far away from clinics/healthcare facilities. More budgets to be given to Department of Health, so that it builds small clinics inside school facilities, which will also be equipped with health personnel and medications. These facilities will help to prevent injuries, care for minor and

emergency illness amongst school personnel and children, at the same time thereby reducing overcrowding in community clinics.

Nursing Practice

Community engagement forums should be developed and Primary Health Care (PHC) practitioners should assume responsibility to assess and monitor the development of such forums.

Community involvement, according to Population Health Management (2019:2), is a process of building relationships in order to collaborate on health-related issues and promote well-being in order to generate positive health impacts and results. It also plays a crucial role in the development and delivery of person-centered and health-related services. Stakeholders should come from a variety of groups, including residents, patients, health professionals, policymakers, and others. Provision of health education on contraceptives on a daily basis in PHC facilities and timeous ordering of contraceptives is recommended.

Nursing Education/Administration

All PHC facilities comply with the National Adolescent-Friendly Clinic initiative (NAFCI). NAFCI is an accreditation program aimed at enhancing the public sector's ability to respond to adolescent health needs and improving the quality of adolescent health services at the primary care level. The program's main goals are to make health services more accessible and acceptable to teenagers, as well as to develop national standards and requirements for adolescent health care providers in order to offer high-quality care (Dickson-Tetteh, Pettifor & Moleko 2001:160).

Future Research

Future research should focus on determining the knowledge gap on the use of different types of contraceptives since the result of the study showed that only injections and condoms were known by teenagers. Future research should also focus on investigating the teaching method of the reproductive system curriculum especially in primary school.

5.5 CONTRIBUTIONS OF THE STUDY

By exploring and describing the factors contributing to the rise of teenage pregnancy in Sekhukhune District, the following will be achieved by Sekhukhune communities:

- The study might help to curb the rise of pregnancy amongst teenagers and reduce complications related to teenage pregnancy and early childbearing.
- The study might help teenage girls to live a positive lifestyle because they would have gained information regarding the prevention of pregnancy and thus improve the health status of the Sekhukhune communities.
- The study might also help to improve the present used strategies to curb teenage pregnancy.

5.6 LIMITATIONS OF THE STUDY

The study was conducted in only two Sekhukhune Sub-districts, Fetakgomo Tubatse and Makhuduthamaga, therefore the results of the study cannot be generalised.

Data collection was too difficult due to the COVID-19 pandemic and cancellation of appointments at the last minute by the participants due to school commitments and other unmentioned reasons which made the researcher to re-recruit other participants and reschedule the appointments.

Since the study was not funded, cost of transport was affecting the researcher because of unreliable participants who withdrew from participating or rather not pitching on the site without any explanation on the day of appointment, as a result, re-recruiting of other participants and rescheduling of appointments occurred.

5.7 CONCLUDING REMARKS

The focus of the study was on factors that contributed to the rise of teenage pregnancy in Sekhukhune District, Limpopo. The objectives of the study were met through the in-depth research study that generated themes and subthemes from the data collected from participants.

The findings of the study revealed that the rise of teenage pregnancy in Sekhukhune District is aggravated by carelessness, peer pressure, uncertainty, and choice, lack of contraceptives usage and lack of family affection. The study revealed that the support from family and partner helped teenagers to pull through teenage pregnancy. The use of contraceptives, involvement of schools and government and also the parental

involvement in sex education and support was strategies proposed by the study to reduce teenage in Sekhukhune District, Limpopo Province.

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ANNEXURES

ANNEXURE A: ETHICAL CLEARANCE

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

14 December 2020

NHREC Registration # :
Rec-240816-052
CREC Reference # :
2020-CHS -60756349

Dear Miss Ragosebo Portia Sekopa

Decision:
Ethics Approval from 14 December 2020 to 31 November 2023

Researcher(s): Miss Ragosebo Portia Sekopa **(60756349@mylife.unisa.ac.za)**

Supervisor: Professor PR Risenga **(0124296769)**

Title: ***Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province***

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The ***medium risk application*** *was* ***reviewed*** by College of Human Sciences Research Ethics Committee, on **14 December 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(31 November 2023).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **2020-CHS-60756349** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature : 

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature : PP 

Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298

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ANNEXURE B: DEPARTMENT OF HEALTH LIMPOPO PERMISSION LETTER

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

Ref : LP_2021-01-008
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Phoebe.Mahlokwane@dhsd.limpopo.gov.za

Ragosebo Portia Sekopa

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below**;**

Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
    a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
    b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
    c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    e. The approval is only valid for a 1-year period.
    f. If the proposal has been amended, a new approval should be sought from the Department of Health
    g. Kindly note that, the Department can withdraw the approval at any time.

    Your cooperation will be highly appreciated

pp **Head of Department** **Date** 16/03/2021

ANNEXURE C: PERMISSION LETTER (SEKHUKHUNE PRIMARY HEALTH CARE)

PERMISSION LETTERS

PO BOX 3271
BURGERSFORT
1150
20 JUNE 2020

FOR ATTENTION: SEKHUKHUNE PRIMARY HEALTH CARE
OPERATIONAL MANAGERS

Dear sir/madam

I, Sekopa Ragosebo Portia, a student at the University of South Africa studying towards a master's qualification in Nursing Science would like to schedule an appointment with you in order to discuss the possibility of conducting my study in your facility. The aim of the study is to explore and describe factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province. The findings of the study will provide a complete picture of factors that contribute to the rise of teenage pregnancy in Sekhukhune.

Pregnant teenage girls between 13-19 years of age who reside in Sekhukhune district will be included. The interview will last approximately between 20 and 45 minutes. Confidentiality will be strictly adhered to. The researcher will also ensure that rules and regulations of COVID-19 are followed. All data collected will be kept safe under lock and key.

I will appreciate it if you discuss my request with your staff, as they will be of assistance in terms of identifying potential participants.

Yours faithfully
Sekopa RP
065 3773 938
Email: portiasekopa@gmail.com

ANNEXURE D: REQUEST FOR PERMISSION TO CONDUCT RESEARCH 1

PO BOX 3271
BURGERSFORT
1150
20 JUNE 2020

FOR ATTENTION: DEPARTMENT OF HEALTH
SEKHUKHUNE PRIMARY HEALTH CARE
PRIVATE BAG X 04
CHUENESPOORT
0745

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I, Sekopa Ragosebo Portia, a registered professional nurse for the past 9 years up to date at the Matšageng clinic of Sekhukhune District and student at the University of South Africa hereby request permission to conduct my study. The study is titled “Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province”. The aim of the study is to explore and describe factors that contribute to the rise of teenage pregnancy.

I am requesting permission to complete the data collection process of the study in three of Sekhukhune primary health care facilities, with the consent from female teenagers (13-19 years of age) attending your facilities. The interview will last approximately between 20 and 45 minutes. The researcher will ensure that rules and regulations of Covid-19 are adhered to throughout the data collection process. The copy of the research proposal will be sent to you for review as soon as the Department of Health Studies Ethics Committee of University of South Africa has approved it.
I will appreciate it if my request will be granted. Should you require any additional information regarding my request, please do not hesitate to call me.

Yours faithfully
Sekopa Ragosebo Portia
065 3773 938
Email: portiasekopa@gmail.com

ANNEXURE E: REQUEST FOR PERMISSION TO CONDUCT RRSEARCH 2

PO BOX 3271
BURGERSFORT
1150
20 JUNE 2020

FOR ATTENTION: LIMPOPO DEPARTMENT OF HEALTH
LIMPOPO PRIMARY HEALTH CARE
PRIVATE BAG X 9302
POLOKWANE
0700

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I, Sekopa Ragosebo Portia, a registered professional nurse for the past 9 years up to date at the Matšageng clinic of Sekhukhune District and student at the University of South Africa hereby request permission to conduct my study. The study is titled “Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province”. The aim of the study is to explore and describe factors that contribute to the rise of teenage pregnancy.

I am requesting permission to complete the data collection process of the study in three of Sekhukhune primary health care facilities, with the consent from female teenagers (13-19 years) attending your facilities. The interview will last approximately between 20 and 45 minutes. The researcher will ensure that rules and regulations of Covid-19 are adhered to throughout the data collection process. The copy of the research proposal will be sent to you for review as soon as the Department of Health Studies Ethics Committee of University of South Africa has approved it.
I will appreciate it if my request will be granted. Should you require any additional information regarding my request, please do not hesitate to call me.

Yours faithfully
Sekopa Ragosebo Portia
065 3773 938
Email: portiasekopa@gmail.com

ANNEXURE F: ASSENT FORM

ASSENT FORM

ADOLESCENT (AGES 13-18 YEARS) ASSENT TO PARTICIPATE IN RESEARCH

Study title: Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province

You are asked to participate in a research study conducted by Sekopa Ragosebo Portia, a student studying towards a master's qualification in Nursing Science at the University of South Africa, Pretoria. You were selected as a possible candidate in this study because you are a pregnant teenager below 18 years of age, residing in Sekhukhune and using Sekhukhune clinics for antenatal/mother and child services. Your participation in this research study is voluntary.

Why is this study being done?

The purpose of this study is to explore factors that contribute to the rise of teenagers being pregnant in Sekhukhune District, Limpopo Province.

What will happen if I take part in this research study?

Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still ask if you can do this.

If you volunteer to participate in this study, the researcher will ask you to do the following:

- Respond to questions about yourself and teenage pregnancy

How long will I be in the research study?

Participation in the study may last approximately between 20 and 45 minutes. We may follow up with a question later to seek further clarification.

Are there any potential risks or discomforts that I can expect from this study?

There are no anticipated risks or discomforts in this research, but should there be any, let the researcher know so that the approach may be changed to suit your circumstances. The researcher will ensure that rules and regulations of Covid-19 are adhered to throughout the study, to avoid the spread of coronavirus.

Are there any potential benefits if I participate?

You will not directly benefit from the research, but the results of the study may be used to improve strategies used to reduce teenage pregnancy.

Will I receive any payment if I participate in this study?

You will receive no payment for your participation in the study.

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and the identity of those who participated remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping the tape recorder and transcripts kept under lock and key, whereby access will be denied to unauthorised people.

Withdrawal of participation by the investigator

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. If you feel too tired or exhausted but would like to continue. The investigator will make the decision and let you know if it is possible for you to continue. The decision may be made to protect your health and to ensure that the responses reflect the true practices you embrace.

What are my rights if I take part in this study?

You may withdraw your assent at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled.

You can choose whether or not you want to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can answer questions I might have about this study?

If you have any questions, comments or concerns about the research, you can talk to the researcher. For any information, please contact the following:

1. Principal investigator: Sekopa Ragosebo Portia, cell: 065 377 3938, Email: portiasekopa@gmail.com
2. Department of Health Studies' Research Ethics Committees, Tel: 012429-6338

SIGNATURE OF STUDY PARTICIPANTS

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Name of participant

_____ _____

Signature of participant Date

SIGNATURE OF PERSON OBTAINING ASSENT

In my judgement the participant is voluntarily and knowingly agreeing to participate in this research study.

_____ _____

Name of the person obtaining assent Contact numbers

_____ _____

Signature of person obtaining assent Date

ANNEXURE G: PERMISSION LETTER FOR TEENAGERS BELOW 18 YEARS OF AGE

PARENT/GUARDIAN PERMISSION LETTER FOR TEENAGERS BELOW 18 YEARS OF AGE

TITLE OF THE STUDY: Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

Your child is under no obligation to participate in this study. If he/she agrees to participate, but at a later stage feels the need to withdraw, he/she is free to do so. It will not affect him/her.

Please answer all of the following (tick in the appropriate box)

INFORMATION	**YES**	**NO**
I have read and understood the subject information sheet.		
I understand what the project is about and what the results will be used for.		
I am fully aware of all of the procedures involving my child and of any risks and benefits associated with the study.		
I know that my child's participation is voluntary and that I can withdraw from the project at any time without giving any reason.		
I am aware that my child's results will be kept anonymous		
I agree for my child to participate in the above study		

---------- ----------

Parent/Guardian's signature Date

---------- ----------

Researcher's signature Date

ANNEXURE H: PARENT/GUARDIAN INFORMATION SHEET FOR TEENAGERS BELOW 18 YEARS OF AGE

UNIVERSITY OF SOUTH AFRICA, PRETORIA
PARENT/GUARDIAN INFORMATION SHEET FOR TEENAGERS BELOW 18 YEARS OF AGE

TITLE OF THE STUDY: Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

Dear parent/legal guardian

I am carrying out research in the Sekhukhune primary health care facilities as part of my course. I am inviting you to this study project because you are the parent/legal guardian of a pregnant teenager below the age of 18 years who was selected as a possible participant in this study. Her participation in this research is voluntary.

Why is this study being done?
The purpose of this project is to explore factors that contribute to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

What will happen if she takes part in this research study?
If she volunteers to participate in this study, the researcher will ask her to do the following:

- Respond to questions about her and teenage pregnancy.

How long will she be in this research study?
The interview may last approximately between 20 and 45 minutes.

Will information about her and her participation be kept confidential?
The information gathered will be treated with privacy and anonymity. No information regarding your child will be revealed in the research. Information will be stored safely with only available access to the research team and the examiners and will be destroyed after 5 years or when the purpose of the research has been fulfilled. The anonymised results from the study will be included in the thesis and may be discussed at conferences or published in a book or journal.

Are there any potential risks or discomforts that I can expect from this study?

There are no anticipated risks or discomforts in this research, but should there be any, let the researcher know so that the approach may be changed to suit her circumstances. The researcher will ensure that rules and regulations of Covid-19 are adhered to throughout the study, to avoid the spread of coronavirus.

Are there any potential benefits if I participate?

She will not directly benefit from the researcher, but the results of the study may be used to improve strategies used to reduce teenage pregnancy.

Will I receive any payment if I participate in this study?

She will receive no payment for her participation in the study.

Withdrawal of participation by the investigator

The investigator may withdraw her from participating in this research, if circumstances arise which warrant doing so. If she feels too tired or exhausted but would like to continue, the investigator will make the decision and let her know if it is possible for you to continue. The decision may be made to protect her health and to ensure that the responses reflect the true practices she embraces.

What are my rights if I take part in this study?

She may withdraw her assent at any time and discontinue participation without penalty or loss of benefits to which she was otherwise entitled.

She may choose whether or not she wants to be in this study, she may leave the study at any time without consequences of any kind. She will not be waiving any of her legal rights if she chooses to be in this research. She may refuse to answer any questions that she does not want to answer and still remain in the study.

Who can answer questions I might have about this study?

If you have any questions, comments, or concerns about the research, you can talk to the researcher. For any information, please contact the following:

1. Principal investigator: Sekopa Ragosebo Portia, cell: 065 377 3938, Email: portiasekopa@gmail.com
2. Department of Health Studies' Research Ethics Committees, Tel: 012429-6338

Thank you for taking time to read this.

ANNEXURE I: CONSENT FORM

UNIVERSITY OF SOUTH AFRICA, PRETORIA

TEENAGE (18-19) CONSENT TO PARTICIPATE IN RESEARCH

Study title: Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province

You are asked to participate in a research study conducted by Sekopa Ragosebo Portia, student for master's in Nursing Sciences at University of South Africa, Pretoria. You were selected as a possible participant in this study because you are a pregnant teenager aged 13-19 years, residing in Sekhukhune and using Sekhukhune clinics for ante-natal/mother and child services.

Why is this study being done?

The purpose of this study is to explore factors that contribute to the rise of teenagers in Sekhukhune District, Limpopo Province.

What will happen if I take part in this research study?

If you volunteer to participate in this study, the researcher will ask you to do the following:

- Respond to questions about yourself and teenage pregnancy

How long will I be in the research study?

Participation in the study may last approximately between 20 and 45 minutes. We may follow up with a question later to seek further clarification.

Are there any potential risks or discomforts that I can expect from this study?

There are no anticipated risks or discomforts in this research, but should there be any, let the researcher know so that the approach may be changed to suit your circumstances.

Are there any potential benefits if I participate?

You will not directly benefit from the researcher, but the results of the study may be used to improve strategies used to reduce teenage pregnancy.

Will I receive any payment if I participate in this study?

You will receive no payment for your participation in the study.

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and the identity of you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping the tape recorder and transcripts kept under lock and key, whereby access will be denied to unauthorised people.

Withdrawal of participation by the investigator

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. If you feel too tired or exhausted but would like to continue. The investigator will make the decision and let you know if it is possible for you to continue. The decision may be made to protect your health and to ensure that the responses reflect the true practices you embrace.

What are my rights if I take part in this study?

You may withdraw your consent at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled.

You can choose whether or not you want to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can answer questions I might have about this study?

If you have any questions, comments, or concerns about the research, you can talk to the researcher. For any information, please contact the following:

1. Principal investigator: Sekopa Ragosebo Portia, cell: 065 377 3938, Email: portiasekopa@gmail.com
2. Department of Health Studies' Research Ethics Committees, Tel: 012429-6338

SIGNATURE OF STUDY PARTICIPANTS

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Name of participant

_____ _____

Signature of participant Date

SIGNATURE OF PERSON OBTAINING CONSENT

In my judgement the participant is voluntarily and knowingly agreeing to participate in this research study.

_____ _____

Name of the person obtaining consent Contact numbers

_____ _____

Signature of person obtaining consent Date

ANNEXURE J: INFORMATION SHEET FOR TEENAGERS ABOVE 18 YEARS OF AGE

UNIVERSITY OF SOUTH AFRICA, PRETORIA
INFORMATION SHEET FOR TEENAGERS ABOVE 18 YEARS OF AGE

TITLE OF THE STUDY: Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

RESEARCHER: Sekopa Ragosebo Portia
SUPERVISOR: Professor Patrone Rebecca Risenga
INDEPENDENT CO-CODER: An expert in qualitative research data analysis

THIS INFORMATION NEED TO BE READ TO PARTICIPANTS BEFORE AN INTERVIEW SESSION

Dear participants

I am carrying out research in the Sekhukhune primary health care facilities as part of my course. I am inviting you to this study project because you are a pregnant teenager aged 18-19 years and utilising Sekhukhune clinics for antenatal/mother and child services.

Why is this study being done?
The purpose of this study is to explore factors that contribute to the rise of teenagers being pregnant in Sekhukhune District, Limpopo Province.

What will happen if I take part in this research study?
If you volunteer to participate in this study, the researcher will ask you to do the following:

- Respond to questions about yourself and teenage pregnancy

How long will I be in the research study?
Participation in the study may last approximately between 20 and 45 minutes. We may follow up with a question later to seek further clarification.

Will my participation in this study be kept confidential?
Any information that is obtained in connection with this study and the identity of you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping the tape recorder and transcripts

kept under lock and key, whereby access will be denied to unauthorised people. The researcher will also engage with an independent co-coder to assist me with data analysis. The co-coder will sign confidential agreements to prevent unintended disclosure of participants' information.

Are there any potential risks or discomforts that I can expect from this study?

There are no anticipated risks or discomforts in this research, but should there be any, let the researcher know so that the approach may be changed to suit your circumstances. The researcher will ensure that rules and regulations of Covid-19 are adhered to throughout the study, to avoid the spread of coronavirus.

Are there any potential benefits if I participate?

You will not directly benefit from the researcher, but the results of the study may be used to improve strategies used to reduce teenage pregnancy.

Will I receive any payment if I participate in this study?

You will receive no payment for your participation in the study.

Withdrawal of participation by the investigator

The investigator may withdraw you from participating in this research, if circumstances arise which warrant doing so. If you feel too tired or exhausted but would like to continue. The investigator will make the decision and let you know if it is possible for you to continue. The decision may be made to protect your health and to ensure that the responses reflect the true practices you embrace.

What are my rights if I take part in this study?

You may withdraw your consent at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled.

You can choose whether or not you want to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can answer questions I might have about this study?

If you have any questions, comments, or concerns about the research, you can talk to the researcher. For any information, please contact the following:

1. Principal investigator: Sekopa Ragosebo Portia, cell: 065 377 3938, Email: portiasekopa@gmail.com
2. Department of Health Studies' Research Ethics Committees, Tel: 012429-6338

Thank you for taking time to read this.

ANNEXURE K: CONFIDENTIALITY AGREEMENT

CONFIDENTIAL AGREEMENT WITH REGARDS TO INDEPENDENT CODING OF THE COLLECTED DATA

1. I understand that the identities of all participants are personal and confidential and may not be revealed to any person.
2. I understand that all materials received for coding is personal and confidential.
3. I understand that the research method and design of this study are intellectual property of the researcher.
4. I undertake herewith to treat the following information with almost professional confidentiality:
   a. The name of each participant
   b. Material received
   c. Content of the information received
   d. Content of the research method and design

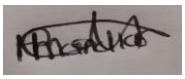
NAME OF THE RESEARCHER: SEKOPA RP

SIGNATURE: 

DATE: 14/09/2020

NAME OF CO-CODER……

SIGNATURE: …… DATE: …….

WITNESS: 

DATE: 14/9/2020 PLACE…….

ANNEXURE L: SEMI-STRUCTURED INTERVIEW GUIDE (ENGLISH)

SEMI-STRUCTURED INTERVIEW GUIDE: ENGLISH

TITTLE: FACTORS CONTRIBUTING TO THE RISE OF TEENAGE PREGNANCY IN SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE.

SECTION A: DEMOGRAPHIC DATA

AGE: 13-15 □ 15-17 □ 17-19 □

NUMBER OF CHILDREN: _____

AGE OF THE PARTNER: 10-19 □ 20-39 □ 40 and above □

MARITAL STATUS: Single □ Married □

LEVEL OF QUALIFICATION: Primary □ Secondary □ None □

RELIGION AFFILIATION: _____

HOUSEHOLD ECONOMICAL STATUS: Low class □ Middle class □ High class □

RESIDENCE: Rural □ Suburban □ Urban □

FAMILY HISTORY OF TEENAGE PREGNANCY: Mother □ Sister □ Relative □

Unsure □

WITH WHOM DO YOU LIVE? Both parents □ Mother □ Father □ Relatives □ Friends □

SECTION B: SEMI-STRUCTURED INTERVIEW

1. How did you find out that you are pregnant? How did you feel?
2. In your opinion, what are the main causes that led you to become pregnant?
3. Did you tell your partner about the pregnancy? If yes, what was his reaction? If no, why did you not tell him?
4. What are the challenges you faced as a pregnant teenager?
5. Do you have someone in your life that provides support during this pregnancy? If yes, what type of things do they do to feel that you are supported?
6. Where do you get information about pregnancy? How useful is this information to you as a teenager?
7. What do you think can be done to reduce teenage pregnancy in your community?

ANNEXURE M: SEMI-STRUCTURED INTERVIEW GUIDE (SEPEDI)

LENANEGO LA DIPOTšišO: SEPEDI

HLOGO YA TABA: DILO TšEO DI HLOLAGO GO OKETSEGA GA BOIMANA BASWENG BA SEKHKHUNE DISTRICT, LIMPOPO PROVINCE.

MENGWAGA:13-15 □ 15-17 □ 17-19 □

NOMORO YA BANA BA GAGO: _____

MENGWAGA YA MOLEKANE: 10-19 □ 20-39 □ 40 and above □

MAEMO A LENYALO: Go nyalwa □ Go se nyalwe □

MAEMO A THUTO: Sekolo sa tlase □ Sekolo se phagamego □ Ga se tsene sekolo □

BODUMEDI: _____

MAEMO A LEHUMO A KA LAPENG: Mohloki □ Mohloki wa magareng □ Mohumi □

BODULO: Motse se gae □ Magaeng a gare □ Motse sekgowa □

GO KILE GWA BA LE EMONGWE LAPENG LA GENO WA GO IMA E SALE MOSWA: Mma □ Sesi □ Moloko □ Ga gona bohlatse □

LE DULA LE MANG KA LAPENG: Batswadi ka moka□ Motswadi wa mosadi□ Motswadi wa monna □ Moloko □ Bagwera □

1. Naa le tsebile bjang gore le mmeleng? Le ile la ikwa bjang morago ga go tseba gore le mmeleng?
2. Go ya ka kakanyo ya gago, ke eng se segolo se sediregilego gore ofetše ole mmeleng?
3. Naa oile wa tsebiša molekane ka taba ya goima ga gago? Oile a ikarabela ka goreng tabeng ye? Geo se wa mo tsebiša, gobaneng osa mo tsebiše?
4. Naa ke dihlotlo dife tšeo o kopanago le tsona bjalo ka moimana wa moswa?
5. Naa o na le motho o a go fago thekgo, ka gare ga seemo se olego go sona?Ke eng se ba se dirago seo se go kgodišago gore o fiwa thekgo?
6. Naa le hwetša kae melaetša ya mabapi le boimana? Naa melaetša yeo ego tšwela mohola ka mokgwa ofe bjalo ka moswa?
7. Go ya ka kgopolo ya gago, ke eng seo se ka dirwago go fokotša go ima ga baswa mo nageng ya geno?

ANNEXURE N: COVID-19 MEASURES

COVID-19 MEASURES

The researcher will adhere to the following safety and protocol guideline with human participant contact as documented in the University of South Africa Covid-19 guidelines issue by (Meyiwa 2020:4-5):

- The researcher will not proceed with the intended contact data collection visit or meeting if researcher or participant is feeling unwell.
- The researcher will contact telephonic pre-screening before the visit and also ensure that a register of participants who were involved in face-to-face contact data collection is kept.
- The researcher will be screened for signs and symptoms before any contact with any human participant. Evidence of screening data will be signed by a witness and kept safe for record.
- If there is any concern, Covid-19 guidance on the Department of Health WhatsApp group will be contacted on 060 012 3456.
- The following procedures will be mindful if the visit can go ahead:
    a. Wearing an appropriate cloth mask. Do not touch your face and participants will be advised to do the same.
    b. The researcher will ensure that the research team and participants have a mask and sanitizer.
    c. The researcher will ensure that extra cloth masks and sanitizer to hand-out to the participants if the need arises.
    d. The researcher will do a pre-screening by means of measuring the participants' temperature and herself, and also ask questions that were not included in the telephonic pre-screening.
    e. Physical distance of 2 meters will be kept.
    f. Sanitize hands with 70% alcohol-based sanitizer or wash hands with soap and water for at least 40 seconds before commencing any activities.
    g. Sanitize all surfaces before commencing activities and again before leaving.

h. Avoid the exchange of paper between participants and the researcher, unless the use of paper is ethically or scientifically justified.

i. Use disposable gloves with the handling of hard copies of documents, put it in a paper envelope and store it away. The researcher and participants remove the gloves or sanitize your hands since the novel coronavirus can reside on a paper for up to 3days.

j. Store documents for a minimum of 3 days before taking them out.

k. Digital devices, smart phones and pens will be cleaned as they have the risk of contagion.

l. No food may be shared. Pre-packed, sanitizer items such as chips water that could be handed out if necessary.

Signature of the investigator: 

Date: 01/11/2020

ANNEXURE O: CURRICULUM VITAE

CURRICULUM VITAE
OF
SEKOPA RAGOSEBO PORTIA

PERSONAL DETAILS

SURNAME: SEKOPA
FIRST NAMES: RAGOSEBO PORTIA
DATE OF BIRTH: 10 OCTOBER 1984
IDENTITY NUMBER: 8410100498081
NATIONALITY: SOUTH AFRICAN
GENDER: FEMALE
MARITAL STATUS: SINGLE
HOME LANGUAGE: SEPEDI

OTHER LANGUAGES

LANGUAGE	SPEAK	READ	WRITE
ENGLISH	GOOD	GOOD	GOOD
TSWANA	GOOD	GOOD	GOOD
TSONGA	GOOD	FAIR	POOR

HEALTH STATUS: GOOD
CRIMINAL RECORDS: NONE
PHYSICAL ADDRESS: STAND NO 175D
GA-RIBA VILLAGE
DRIEKOP
POSTAL ADDRESS: PO BOX 3271
BURGERSFORT
1150

CONTACT NUMBERS: 0653773938 / 0784572082

EDUCATIONAL QUALIFICATIONS

NAME OF SCHOOL: LETAU HIGH SCHOOL
HIGHEST GRADE PASSED: GRADE 12
YEAR: 2003

SUBJECTS PASSED: SEPEDI

ENGLISH

AFRIKAANS

MATHEMATICS

PHYSICAL SCIENCE

BIOLOGY

AGRICULTURE

OTHER QUALIFICATIONS

NAME OF INSTITUTION	**DEGREE/DIPLOMA**	**YEAR OF COMPLETION**
UNIVERSITY OF LIMPOPO	BCUR	NOT COMPLETED DUE TO FINANCIAL REASONS
LIMPOPO COLLEGE OF NURSING	DIPLOMA IN NURSING (GENERAL, PSYCHIATRY & COMMUNITY) AND MIDWIFERY	2010
UNIVERSITY OF LIMPOPO	POSTGRADUATE DIPLOMA IN PRIMARY HEALTH CARE	2014
UNIVERSITY OF SOUTH AFRICA	BACHELOR OF ARTS IN NURSING SCIENCE	2019

WORK EXPERIENCE

COMPANY	**POSITION**	**YEAR**	**REASON FOR LEAVING**	**REFERENCES**
DEPARTMENT OF HEALTH (PENGE HEALTH CENTRE)	PROFESSIONAL NURSE (COMMUNITY SERVICE)	2011	TO EXPLORE AND LEARN MORE	MOSOANA M (OPM) 013 216 2900

DEPARTMENT OF HEALTH (MATSAGENG CLINIC)	CLINICAL NURSE PRACTITIONER	2012	STILL WORKING	MOHLALA MA (OPM) O13214 9904

ANNEXURE P: LETTER FROM DATA CODER

ROSEMARY'S PROOFREADING
& EDITING SERVICES

+27 83 215 6445
Rosemarys.pes@gmail.com
1 Richards drive
Midrand, 1684

15 JANUARY 2021

To Whom It May Concern:

RE: DATA CODING

This letter serves as confirmation that data coding was conducted by Rosemary's Proofreading and Editing Services. Further details of the study and the researcher have been provided below.

TITLE OF THE STUDY: FACTORS CONTRIBUTING TO THE RISE OF TEENAGE PREGNANCY IN SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE.

Researcher: SEKOPA RAGOSEBO PORTIA

Student number: 60756348

Kind Regards

R MALULEKE (CODER & LANGUAGE EDITOR)

ANNEXURE Q: CONFIDENTIALITY AGREEMENT FROM CODER

ROSEMARY'S PROOFREADING
& EDITING SERVICES

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Rosemarys.pes@gmail.com
1 Richards drive
Midrand, 1684

Confidentiality Agreement

Title of the study: Factors contributing to the rise of teenage pregnancy in Sekhukhune District, Limpopo Province.

Researcher: SEKOPA RAGOSEBO PORTIA

Student number: 60756348

The Research Ethics Review Committee stipulates that access to data and input by participants during the research study needs to be kept confidential as much as possible. In addition, the editor and coder need to commit her/himself that once the information obtained during the study has been analyzed, no one must be able to identify, including research reports and articles in scientific journals will not have any information that can identify you or the institution that you work for. Therefore, the editor and coder must commit self to ensure maintaining confidentiality by signing the confidentiality agreement.

I hereby, commit myself to keep all the information confidential during the course of the qualitative study for the already mentioned study.

Kind Regards

R MALULEKE (CODER & LANGUAGE EDITOR)

ANNEXURE R: LETTER FROM LANGUAGE EDITOR

ROSEMARY'S PROOFREADING
& EDITING SERVICES

+27 83 215 6445
Rosemarys.pes@gmail.com
1 Richards drive
Midrand, 1684

15 OCTOBER 2021

To Whom It May Concern:

RE: LANGUAGE EDITING

This letter serves as confirmation that language and technical editing was conducted by Rosemary's Proofreading and Editing Services. Further details of the study and the researcher have been provided below.

TITLE OF THE STUDY: FACTORS CONTRIBUTING TO THE RISE OF TEENAGE PREGNANCY IN SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE.

Researcher: SEKOPA RAGOSEBO PORTIA

Student number: 60756349

Kind Regards

R MALULEKE (CODER & LANGUAGE EDITOR)

ANNEXURE S: TURNITIN DIGITAL RECEIPT

turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author:	Ragosebo Portia Sekopa
Assignment title:	Activation submission
Submission title:	Factors contributing to the rise of teenage pregnancy in Sek...
File name:	Sekopa_draft_29072021_60756349_-_for_submission.docx
File size:	405.88K
Page count:	110
Word count:	27,564
Character count:	159,265
Submission date:	24-Sep-2021 08:23AM (UTC+0200)
Submission ID:	1656281330