

**LIVED EXPERIENCES OF PREGNANT
ADOLESCENTS WITHIN A DISTRICT OF THE
NORTHERN CAPE**

by

Relebohile Silvia Khara

Student number: 2010080279

Submitted in accordance with the requirements for the

Degree Master of Nursing (MNurs)

School of Nursing

Faculty of Health Sciences

University of the Free State

Supervisor: Dr M. R. Mpeli

Co-supervisor: Dr M. A. Shokane

November 2023

DECLARATION

I, Relebohile Silvia Khara, hereby declare that the dissertation hereby submitted for the degree Master of Nursing (MNurs) at the University of the Free State is my independent work and that it has not been previously submitted for a qualification at another university/faculty. All the sources that I used have been indicated and acknowledged by means of complete references.

Signature: _____

Date: 4 October 2023

S. Khara

ACKNOWLEDGEMENTS

I sincerely express my appreciation and gratitude to:

- My Heavenly Father, for knowledge and understanding to complete my research.
- My supervisor, Dr Moliehi Mpele, and co-supervisor, Dr Morogwana Shokane, for your patience, support and encouragement. I thank both of you for your guidance; may you continue to assist others.
- Mrs Nogabe, for assistance with data collection. I truly appreciate the support you gave me.
- Tjoetso Lehana, for assistance with coding of data.
- The University of the Free State, for the postgraduate fees bursary. I'm thankful for the funding as it assisted me to pursue my study.
- The University of the Free State School of Nursing, for the funding which assisted with payment for language editing.
- Mr Johan Odendaal, for assistance with the language editing of my dissertation.
- The study participants, for taking part in this study and opening up about your experiences.
- My mother, Molelekeng, for your endless support, guidance and encouragement. Thank you for the prayer you make for me each day, mme.
- My family, Malethola, Dorcas, Bokang, Rethabile and Mmahlalefo, for your support. I truly appreciate it!
- My colleagues, for your assistance, which I truly appreciate.

TABLE OF CONTENTS

DECLARATION ii

ACKNOWLEDGEMENTS iii

TABLE OF CONTENTS iv

LIST OF TABLES x

LIST OF FIGURES xi

CLARIFICATION AND APPLICATION OF CONCEPTS xii

ACRONYMS xiii

ABSTRACT..... xiv

1 OVERVIEW OF THE STUDY 1

1.1 INTRODUCTION AND BACKGROUND 1

1.1.1 Prevalence of adolescent pregnancy 1

1.1.2 Health challenges associated with adolescent pregnancy 2

1.1.3 Economic consequences..... 2

1.1.4 Social stigma..... 3

1.1.5 Lack of social support 3

1.1.6 Strategies for supporting pregnant adolescents..... 5

1.2 PROBLEM STATEMENT 6

1.3 PURPOSE OF THE STUDY 6

1.4 RESEARCH QUESTION 6

1.5 PARADIGMATIC PERSPECTIVE 6

1.5.1 Ontology..... 7

1.5.2 Epistemology	7
1.5.3 Methodology	8
1.5.4 Axiology	8
1.6 RESEARCH DESIGN.....	8
1.6.1 Qualitative research approach.....	8
1.6.2 Exploratory design	9
1.6.3 Descriptive design	10
1.6.4 Phenomenological design	10
1.7 RESEARCH METHOD / TECHNIQUES.....	11
1.8 POPULATION, UNIT OF ANALYSIS AND SAMPLING	12
1.9 EXPLORATIVE INTERVIEW	13
1.10 DATA COLLECTION.....	13
1.11 DATA ANALYSIS	15
1.12 TRUSTWORTHINESS.....	15
1.13 ETHICAL ISSUES.....	16
1.14 VALUE OF THE STUDY	16
1.15 OUTLINE OF THE STUDY	16
1.16 CONCLUSION.....	17
2 RESEARCH METHODOLOGY	18
2.1 INTRODUCTION.....	18
2.2 RESEARCH CONTEXT	18
2.3 RESEARCH PARADIGM	20
2.3.1 Interpretivist paradigm	20

2.4	RESEARCH DESIGN AND METHOD	23
2.4.1	Qualitative research approach.....	23
2.4.2	Exploratory design	24
2.4.3	Descriptive design	25
2.4.4	Phenomenological design	25
2.5	RESEARCH METHOD.....	26
2.5.1	Unstructured in-depth interviews.....	27
2.5.2	Field notes	28
2.5.2.1	Observational notes.....	28
2.5.2.2	Theoretical notes	29
2.5.2.3	Methodological notes.....	29
2.5.2.4	Personal notes.....	29
2.6	POPULATION, UNIT OF ANALYSIS AND SAMPLING	30
2.6.1	Population	30
2.6.2	Unit of analysis.....	30
2.6.3	Sampling methods/strategies	31
2.6.3.1	Sampling of research site	31
2.6.3.2	Sampling of participants	31
2.6.3.3	Inclusion and exclusion criteria.....	32
2.7	EXPLORATIVE INTERVIEW	33
2.8	PROCESS OF DATA COLLECTION.....	34
2.8.1	Data collection	34
2.8.2	The role of the researcher	37

2.8.3	The role of the interview facilitator	37
2.9	DATA MANAGEMENT AND ANALYSIS	37
2.10	TRUSTWORTHINESS.....	39
2.10.1	Credibility.....	39
2.10.2	Dependability.....	40
2.10.3	Confirmability.....	40
2.10.4	Transferability	40
2.10.5	Authenticity	41
2.11	ETHICAL CONSIDERATIONS.....	42
2.11.1	Respect for human dignity	42
2.11.2	Beneficence.....	43
2.11.3	Justice	43
2.12	CONCLUSION.....	45
3	PRESENTATION AND DESCRIPTION OF FINDINGS AND LITERATURE	
	CONTROL	46
3.1	INTRODUCTION.....	46
3.2	DATA MANAGEMENT AND ANALYSIS	46
3.3	PRESENTATION OF FINDINGS AND LITERATURE CONTROL.....	47
3.3.1	Demographic information of participants.....	47
3.3.2	Gestational age of the participants	48
3.3.3	Findings and literature control	49
3.3.3.1	Psychosocial challenges	49
3.3.3.2	Impressions of being pregnant	56

3.3.3.3	Emotions incurred.....	59
3.4	CONCLUSION.....	63
4	DISCUSSION, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS	65
4.1	INTRODUCTION.....	65
4.2	RESEARCH DESIGN AND METHODS.....	65
4.3	DISCUSSION OF FINDINGS.....	66
4.3.1	Contextual information about the participants	66
4.3.2	Psychosocial challenges.....	66
4.3.2.1	Loss of education	67
4.3.2.2	Impact on economy	68
4.3.2.3	Lack of support	68
4.3.2.4	Health-induced/-triggered challenges.....	69
4.3.3	Impressions of being pregnant	70
4.3.3.1	To the family	70
4.3.3.2	To the boyfriend.....	70
4.3.3.3	To friends	71
4.3.4	Emotions incurred.....	71
4.3.4.1	Acceptance	72
4.3.4.2	Happiness and satisfaction.....	72
4.3.4.3	Disbelief	72
4.3.4.4	Moodiness	72
4.4	CONCLUSIONS	73

4.5	RECOMMENDATIONS	73
4.5.1	Recommendations for nursing practice	74
4.5.2	Recommendations for nursing education.....	74
4.5.3	Recommendations for future research	74
4.6	LIMITATIONS	75
4.7	CONCLUSION.....	75
4.8	REFLECTION BY THE RESEARCHER	75
	LIST OF REFERENCES.....	77
	Addendum A: Ethical Approval	89
	Addendum B: Northern Cape Department of Health Approval.....	90
	Addendum C: Information Leaflet	92
	Addendum D: Informed Consent.....	98
	Addendum E: Minor Assent Form.....	101
	Addendum F: Interview Sample	104
	Addendum G: Declaration by Language Editor.....	108

LIST OF TABLES

Table 1.1: Inclusion and exclusion criteria.....13

Table 2.1: Advantages and disadvantages of unstructured in-depth interviews27

Table 3.1: Ages and ethnicities of participants48

Table 3.2: Gestational ages of the participants.....49

Table 3.3: Summary of participants’ psychosocial challenges.....50

Table 3.4: Summary of participants’ perceptions of impressions of being pregnant..57

Table 3.5: Summary of emotions incurred by participants60

LIST OF FIGURES

Figure 2.1: Map of the Northern Cape indicating all five districts.....19

CLARIFICATION AND APPLICATION OF CONCEPTS

The concepts identified in this study reflect the ideas, theoretical context and perspectives of the researcher (Brink et al., 2018:77). The researcher articulates on the concepts by defining them. The following concepts are used and described in this study.

Lived experiences

Lived experiences refer to human experiences of everyday life, as described by the people involved (Botma et al., 2010:190; Brink et al., 2018:105). For this study, lived experiences mean the description of pregnant adolescents' everyday lives.

Adolescent

An adolescent is an individual aged between 10 and 19 years (United Nations Population Fund, 2013:3). In this study, adolescent refers to pregnant adolescent between the ages of 15 and 19 and who attend a local antenatal clinic within the district under study.

Pregnancy

Pregnancy refers to the period of conception, when sperm fertilises the oocyte and implantation in the uterus takes place (Fraser et al., 2010:113–116). Pregnancy can last up to 40 weeks. For this study, only pregnant adolescents who attended a local antenatal clinic within the study district were included.

Northern Cape province

The Northern Cape is the largest province in South Africa and has five districts (Namaqualand, Pixley ka Seme, ZF Mgcawu, Frances Baard and John Taolo Gaetsewe) (Statistics South Africa, 2016:1). The capital city of the Northern Cape is Kimberley. Four dominant languages are spoken: Afrikaans, Tswana, Xhosa and English. For this study, only adolescents who attended the local clinics within one district of the Northern Cape participated in the study.

ACRONYMS

DBE	Department of Basic Education
HSREC	Health Sciences Research Ethics Committee
RMSH	Robert Mangaliso Sobukwe Hospital
UNFPA	United Nations Population Fund

ABSTRACT

Adolescent pregnancy is a significant issue in the world. According to the WHO (2020), globally, approximately 21 million adolescents between the ages of 15 and 19 in developing regions become pregnant annually, and 12 million of those adolescents give birth. Furthermore, 777 000 births occur among adolescents younger than 15 years from developing countries. The rate of adolescent pregnancy remains high in developing countries. In South Africa, birth rates among adolescents remain high in some of the provinces. Gaining insight into adolescents' experiences may clarify the escalation of adolescent pregnancy and other related factors in the Northern Cape. It is against this background that the purpose of the study was to explore and describe the lived experiences of pregnant adolescents within a district of the Northern Cape.

The study opted for a qualitative research approach to explore and describe the lived experiences of pregnant adolescents within a district of the Northern Cape. This study was further guided by an interpretivist paradigm, where phenomenology was chosen as tradition of inquiry. Unstructured in-depth interviews were conducted to gather data from nine purposively sampled pregnant adolescents who met the inclusion criteria. Empirical data were thematically analysed to construct comprehensible categories of meanings in relation to both the investigated problem and main purpose of the study.

The results of the study reveal that participants were confronted with myriads of challenges, such as psychosocial challenges, impressions of being pregnant and emotions incurred. Social support (family and partner) was viewed as a fundamental instrument which aided participants to pull through with their pregnancy.

As such, the key recommendation of the study addresses nursing education and practice, as well as future research.

Key words: Pregnant adolescent; lived experiences; pregnancy; Northern Cape

1 OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

This chapter presents an overview of the entire study. Following the introduction, the chapter further entails unit of analysis such as research problem, purpose of the study and research question, paradigmatic perspective, research design and method, data collection and analysis, sampling domain, ethical issues, scope of the study, chapter layout, and the conclusion of this chapter.

The period of adolescence is characterised by physical, physiological and behavioural changes (Kaye, 2008; Weiten, 2016:317). For adolescents who are pregnant, these changes are likely to complicate the physiological and psychological challenges of pregnancy. According to Bjelica et al. (2018:102), the social, cultural, religious and political dimensions of an environment affect these developmental changes. Indeed, pregnant adolescents' reality of being from diverse and complex backgrounds may contribute to their pregnancy experiences. A better understanding of their experiences may clarify the escalation of adolescent pregnancy and other related factors in the Northern Cape, South Africa, where this study was conducted. Their lived experiences may enlighten and mobilise coordinated support from diverse stakeholders concerned with adolescent affairs in the Northern Cape.

1.1.1 Prevalence of adolescent pregnancy

There is a high prevalence of adolescent pregnancy worldwide. According to the WHO (2020), globally, approximately 21 million adolescents between the ages of 15 and 19 in developing regions become pregnant annually, and 12 million of those adolescents give birth. Furthermore, 777 000 births occur among adolescents younger than 15 years from developing countries. According to Statistics South Africa (2018:26), high rates of adolescents give birth in some of the provinces in South Africa. Statistics from the census conducted in 2016 reveal that the areas with increased adolescent birth rates were the Eastern Cape (14.2%) and Northern Cape (14%), while Gauteng (8.1%) and the Western Cape (9.6%) recorded the lowest rates (Statistics South Africa, 2018:26).

During the adolescent stage, physiological developments occur, such as puberty, which is the landmark of sexuality (Akter, 2019:171). Different sources cite numerous factors contributing to the high pregnancy and birth rates among adolescents. Louw and Louw (2014:319) attribute this high pregnancy rate to poor sexual education and inadequate contraception information. According to Jonas et al. (2016:2), different factors contribute to adolescent pregnancy. These include poverty, gender inequalities, gender-based violence, substance abuse and limited adolescent-friendly healthcare workers and healthcare facilities.

1.1.2 Health challenges associated with adolescent pregnancy

Adolescent pregnancy can affect the health of both the adolescent mother and infant negatively. Hill et al. (2015) agree that adolescent pregnancy and birth are high-risk periods, while Akter (2019:172–173) states that adolescents' immature bodies predispose them to risks during pregnancy and childbirth. Pregnant adolescents may experience pregnancy risks such as anaemia; pregnancy-induced hypertension, which can lead to preeclampsia and maternal death as well as gestational diabetes; and premature labour (Akter, 2019:172–173). Obstructed labour and obstetric fistulae are likely to happen, including postpartum haemorrhage, and mental disorders such as depression (Bermea et al., 2018:424; Farg & Hassan, 2020:1). The risks for the adolescents' infants include low birth weight, respiratory distress syndrome, intrauterine foetal death and congenital abnormalities (Cinar & Menekse, 2017:20). Besides this, several challenges might occur during pregnancy, including psychosocial, economic and educational problems that can affect pregnant adolescents' health behaviour.

1.1.3 Economic consequences

According to Gselamu et al. (2019:116), economic challenges is a significant problem caused by adolescent pregnancy. Most pregnant adolescents do not complete secondary education, resulting in the family needing to provide financial support (Gselamu et al., 2019:116). According to Odu and Ayodele (2007:442–446), limited job opportunities and future choices and a high degree of dependency may have adverse social consequences for adolescent mothers. In addition, low-income families may not be able to provide financial support for the infant. Some adolescent mothers have

problems maintaining the child's basic needs and most depend on government social grants (Gselamu et al., 2019:116).

Birchall (2018:6) states that early marriages and poverty are reasons for school dropout by pregnant adolescents. While pregnant adolescents from low-income families have to assume childcare responsibility, others may battle to return to school due to poor performance associated with time management problems (Nkosi & Pretorius, 2019:110). Hartnack (2017:6) affirms that repeating grades is daunting, as the adolescent is likely to be older than her classmates.

1.1.4 Social stigma

Social stigma is discrimination against an individual based on perceived characteristics that differentiate them from the society (Moseson et al., 2019:2). A study done by Wiemann et al. (2005:352.e2) indicates that social stigmatisation due to pregnancy can lead to depression, social isolation, lowered self-esteem and low academic performance. Social stigma affects not only the pregnant adolescent but her family too. In a study done by Ellison (2003:330) in the United States, pregnant adolescents indicated that the social stigma regarding their pregnancies not only affected them but even threatened the social standing of their families.

Social stigma can also lead to early marriage. A study done by Levandowski et al. (2012:s168) indicates that many pregnant adolescents get married to save their own and their family's social status. In research done by Moseson et al. (2019:14), pregnant adolescents indicated that pregnancy stigma leads to reduced social support. In the Northern Cape, stigma due to adolescent pregnancy may occur, as parents in the community may not want their children to socialise with pregnant adolescents. Friendships become affected as these youngsters are seen as lacking in manners and being a bad influence on others. The social life of adolescents is affected once they become pregnant. Being pregnant might cause loneliness due to harsh criticism by family and friends, little participation in social activities, and stress (Gselamu et al. 2019:116–117).

1.1.5 Lack of social support

The support that a pregnant adolescent receives from the family and school is vital to their well-being. According to Turnage and Pharris (2013:74), the mother of the

pregnant adolescent is a source of direct support in developing a positive self-image and adapting to the parent role. Lack of social support for pregnant adolescents is associated with poor mental and physical health (Hill et al., 2015). Lack of parental support may compel pregnant adolescents to drop out of school due to the need to nurture their infants.

While parents' support is essential to pregnant adolescents, Willian (2013:45) and Matlala (2015:30) emphasise the importance of support from their teachers. Lack of teacher support may have negative effects on a pregnant adolescent, including interruption of school attendance. Assisting with a catch-up of missed school lessons plays a vital role in the lives of these pregnant adolescents (Willian, 2013:45; Matlala, 2015:30). Nonetheless, the study done by Bhana et al. (2010:874) reveals that some teachers viewed adolescent pregnancy and motherhood as moral problems and believed that pregnant adolescents should not be allowed to remain in or return to school as they would influence other girls. Furthermore, according to Nkani and Bhana (2010:11), some principals do not keep pregnant adolescents in school, as they are associated with absenteeism and adverse effects on their performance. Teachers and principals' responses are likely to bring shame that may often lead to school withdrawal. In a study done by Van Zyl et al. (2015:159), pregnant adolescents' parents reported facing adverse reactions such as mockery and judgment from the community and school. School dropout by pregnant adolescents inevitably increases the cycle of poverty, which also spirals down to their infants (Vincent & Thomson, 2008:371).

Adolescent pregnancy is associated with low school attendance and poor academic performance because some of these adolescents struggle with babysitting arrangements and the child's health issues (Nkosi & Pretorius, 2019:110–111). Having to juggle between going to school and being a mother seems overwhelming, and some adolescents end up dropping out of school. According to Maemeko et al. (2018:96), negative attitudes towards schoolwork and the fear of embarrassment by classmates lead to high numbers of school dropout by pregnant adolescents. While shame influences some to leave school, others are forced to drop out of the school system, regardless of the South African Department of Basic Education's (DBE) set policy on scholar pregnancy. According to Statistics South Africa (2018:31), early childbearing impacts school attendance, as only 51.1% of these adolescents return to school. These figures indicate that pregnant adolescents experience challenges to return to

school. Therefore, it is essential to explore the lived experiences of pregnant adolescents to better understand what impedes them from attending school and to determine their views on health professionals' support services.

1.1.6 Strategies for supporting pregnant adolescents

The policy of the DBE on the prevention and management of learner pregnancy in schools (South Africa. DBE, 2018:27) states that pregnant adolescents should continue and complete their education without stigmatisation or discrimination. The pregnant adolescent has a right to continue with her education during pregnancy and after birth without disruption of education (South Africa. DBE, 2018:23). The school, family and community of the pregnant adolescent must ensure that the adolescent has every opportunity to continue fundamental education (South Africa. DBE, 2018:23). The policy further explains that there should be no exclusion of pregnant adolescents from schools. They are to remain in school after providing a medical certificate of their pregnancy status and the expected date of birth (South Africa. DBE, 2018:33). The main aim of this policy was to enable the betterment of pregnant adolescents' lives.

Despite this policy having been in place for some years, Statistics South Africa (2018:31) reports that school dropout is still widespread in South Africa, as only 51.5% of pregnant adolescents attend school. Given the implications of pregnancy on adolescents' physiological, psychological and economic prospects, it becomes necessary to understand their lived experiences.

Since the implementation of the Integrated School Health Policy in 2012, school health services have been delivered by designated school health nurses. These services form part of the public healthcare system (South Africa. DBE, 2012). The Department of Health also offers a range of supporting services for pregnant adolescents, including child health services, family planning, counselling, and adoption services for the babies. However, there is limited information on how adolescent mothers perceive these services. According to Nkani and Bhana (2016:2–6), access to high-quality contraceptive assistance, comprehensive support in understanding sexual health, and gender and relationship dynamics have been the focus areas of the public support service. There are many parenting skill programmes earmarked for adolescent mothers. Nonetheless, these may not be accessible to everyone, especially in rural areas, and information regarding their sustainability and outreach remains limited to

the founders. There is also little information about adolescent mothers' expectations regarding healthcare-service support to improve their quality of life.

1.2 PROBLEM STATEMENT

As seen above, only half of the adolescents who fall pregnant will continue to attend school, while the other half will drop out (Statistic South Africa, 2018:31). Limited information is available about the lived experiences of pregnant adolescents in the Northern Cape who continue with their schooling, and this information may be a source of support for others. Omidvar et al. (2018) attest that weak social support and poor nutrition can lead to hurdles during pregnancy, such as increased or decreased weight, poor stress management and lower ability to be physically active. To avoid being judged, pregnant adolescents experiencing exclusion behaviour by others and guilty feelings as their pregnancy becomes evident may withdraw themselves socially (Ngabaza & Shefer, 2013:109). Faced with myriads of challenges, various means and efforts of support and care for them may remain marginalised or unidentified. Therefore, it is imperative to understand pregnant adolescents' lived experiences in the Northern Cape to formulate ways of coping with the problems and even decreasing pregnancy rates among adolescents.

1.3 PURPOSE OF THE STUDY

The study aimed to explore and describe the lived experiences of pregnant adolescents within a district of the Northern Cape.

1.4 RESEARCH QUESTION

- What are the lived experiences of pregnant adolescents in a specific district of the Northern Cape?

1.5 PARADIGMATIC PERSPECTIVE

A paradigm relates to how people view the world and respond to philosophical questions about it (Brink et al., 2018:19). A paradigm consists of different assumptions, namely ontology, epistemology and methodology. Philosophical assumptions are

critical in research, as they guide the researcher regarding how reality may be studied (Polit & Beck, 2017:9). In this study, an interpretivist paradigmatic perspective was envisaged. An interpretative paradigm relates to the individual's subjective experiences of the external world (Brink et al., 2018:19). As Patton (2015:574) explains, the interpretative worldview seeks to clarify the meaning, structure and essence of the lived experience of a phenomenon for a group of people. The researcher gathers information from the participants' experiences in respect of a phenomenon of interest. The philosophical assumptions (ontology, epistemology, methodology and axiology) regarding an interpretivist paradigm are described below.

1.5.1 Ontology

According to Botma et al. (2010:40), ontology relates to the nature of reality and the researcher's ideas about the nature and characteristics of the research. In interpretivist ontology, the reality is subjective and differs for each individual, while language shapes and moulds reality (Botma et al., 2010:44; Kivunja & Kuyini, 2017:27). Scotland (2012:9) states that researchers need to be aware of how things are and how they work in ontology. In this study, the nature of reality is subjective, as the research focuses on the lived experiences of young pregnant adolescents in the Northern Cape. Lived experiences are subjective and fluid, as, in the case of this study, pregnant adolescents are likely to share their personal opinions as they interact with others during their pregnancy.

1.5.2 Epistemology

Epistemology refers to the nature of knowledge and pays attention to the individual's knowledge rather than content (Botma et al., 2010:40; Al-Ababneh 2020:78). In interpretivist epistemology, knowledge is subjective and based on real-world phenomena (Botma et al., 2010:45; Kivunja & Kuyini, 2017:27). It is how people make meaning of their lives and what meaning they make (Botma et al., 2010:45). The researcher interacts with participants to obtain meaningful information about their personal experiences. Creswell (2007:18) advises that the researcher should conduct a study in the setting where the participants live and work to understand what they say. In this study, the researcher obtained knowledge regarding the challenges pregnant adolescents face by interacting with them at the clinic or their home.

1.5.3 Methodology

The methodology is concerned with the methods a researcher follows in obtaining knowledge in a study (Creswell, 2007:16; Botma et al., 2010:41). An interpretivist methodological assumption is concerned with understanding a phenomenon from an individual's viewpoint (Botma et al., 2010:47; Kivunja & Kuyini, 2017:28). In this study, the researcher conducted unstructured in-depth interviews to obtain data on pregnant adolescents' lived experiences.

1.5.4 Axiology

Axiology regards the role of values in a research study (Creswell, 2007:16; Shokhin, 2020:1370). Interpretivist axiology is the researcher's subjective values and intuition on social construction (Creswell, 2007:16). Ethical issues for this study include respect for privacy and the decision to withhold any information participants do not want to be publicly disclosed. The researcher remained truthful to the data interpretation and cross-checked with the participants to ensure that the data are accurate (Creswell, 2007:16). Collected data were only accessed by the stakeholders involved in the study. In this study, value application was essential, as was avoidance of prejudice (Creswell, 2007:16).

1.6 RESEARCH DESIGN

The research design is the plan for obtaining data for answering the research question (Polit & Beck, 2017:56). This study proposed exploratory, descriptive and phenomenological research designs within the qualitative research approach.

1.6.1 Qualitative research approach

Qualitative research involves a range of research designs and methods used to obtain knowledge about a phenomenon using open-ended conversational communication (Brink et al., 2018:104). In a qualitative research approach, an in-depth description and understanding of human experience is obtained from the participants' viewpoints and their particular social context (Brink et al., 2018:104). A qualitative research approach is inductive, as a new theory emerges from data as it is collected (Brink et al., 2018:104).

According to Rahman (2016:104), qualitative research has numerous advantages. It provides a detailed description of the participants' experiences, opinions and feelings. It is cost-effective, as it requires a smaller sample of participants than that used in quantitative research. Furthermore, it provides a flexible approach where the researcher can adapt questions or change settings to improve responses to capture useful insights. Lastly, it can capture changing attitudes within a targeted group (Rahman, 2016:104).

Conversely, qualitative research also has some disadvantages (Rahman, 2016:105). First, data collection and analysis may be more complex than that of quantitative research and take a considerable amount of time. In addition, data collection is dependent on the researcher's experience, meaning that the researcher must have good interviewing skills. It may also require follow-up or short interviews to clarify meaning (Rahman, 2016:105).

1.6.2 Exploratory design

The purpose of the exploratory research design is to study phenomena in depth to understand it better (Polit & Beck, 2017:15, Elman et al., 2020:7). In an exploratory research design, the researcher investigates a problem about which little is known or where there is no information about the phenomenon (Botma et al., 2010:185). According to Polit and Beck (2017:15), the exploratory design is essential when the researcher tries to gain new insight and more factors related to the problem in order to formulate an answer to a question (Polit & Beck, 2017:15).

In this study, the lived experiences of pregnant adolescents in the identified district of the Northern Cape were unknown, and there were no insights about them. Thus, the researcher collected data about the participants' experiences, which required descriptions based on intuition (Polit & Beck, 2017:530; Brink et al., 2018:180). In this regard, qualitative methods were useful for exploring the problem. Interviews were used to collect meaningful data and audio-recorded for the researcher to confirm information later (Brink et al., 2018:180). During the individual interviews, the participants in this study explained how they experienced their pregnancies.

1.6.3 Descriptive design

The descriptive research design is a method that describes a situation or phenomenon which requires information about its characteristics, trends, correlation and categories as it naturally occurs (Polit & Beck, 2017:206; Brink et al., 2018:96). As part of the descriptive research design, the researcher can obtain background information from the participants about the problem through various data collection methods, such as interviews in their natural environment (Brink et al., 2018:96). As stated, the descriptive research design describes a phenomenon as part of an answer to a research question (Brink et al., 2018:96). The design focuses on answering how, what, when and where questions regarding the research problem to portray a group's characteristics or phenomena (Akhtar, 2016:75).

1.6.4 Phenomenological design

Phenomenology is a formal inquiry used for describing lived experiences from the participants' perspectives, gaining insight into what is essential about subjective events, and exploring what the participants experienced. This is done while focusing on the identified problem (Brink et al., 2018:105). This study intended to draw on pregnant adolescents' intrinsic experiences within a district in the Northern Cape. No other approach would have suited this study better than phenomenology. According to Creswell (2014:14), phenomenological research seeks to grasp and elucidate the meaning, structure and essence of lived experiences for a person or group of people. Interpretive phenomenology, which is associated with qualitative study, was used in this research. An interpretative phenomenology relates to the individual's subjective experiences of the external world (Brink et al., 2018:19).

Phenomenology includes bracketing, intuition, analysing, and describing information (Botma et al., 2010:190). Bracketing is the process of suspending a researcher's judgment about the phenomenon under study during data collection (Polit & Beck, 2017:471). Intuition occurs when the researcher remains true to the essential meaning given to the phenomenon by those who have experienced it (Polit & Beck, 2017:471). Analysing entails contrasting and comparing data to extract statements, categorising and making sense of the meaning of the phenomenon (Brink et al., 2018:105; Polit & Beck, 2017:472). Lastly, describing which entails the ability of the researcher to understand and define the phenomenon (Brink et al., 2018:106; Polit & Beck,

2017:472). This method was appropriate for this study, as it allowed the researcher to explore and describe pregnant adolescents' lived experiences. See Chapter 2 for application in this study.

Phenomenology searches for various meanings featured in a phenomenon and provides a full description rather than an explanation (Ingham-Broomfield, 2015:36). The adolescent participants in this study described what happened in their lives regarding their pregnancy.

1.7 RESEARCH METHOD / TECHNIQUES

Research techniques are specific types of research tools or instruments that the researcher utilises for acquiring data of interest (De Vos et al., 2011:360). Lived experiences are intrinsic and are usually deep-seated within the emotional domain of an individual. Therefore, as the participants' experiences were likely to be accompanied by feelings, in-depth individual interviews were essential.

An in-depth interview is a dialogue between the researcher and participants or interviewees, aimed at attaining the study's primary and empirical objective (Rubin & Rubin, 2012:34). It involves asking open-ended questions in a conversational manner (Rubin & Rubin, 2012:34). The conversation is usually informal and topics are open for discussion. The researcher uses probing follow-up questions to clarify and expand on participants' responses and will be described in the next chapter (Brink et al., 2018:144). In this study, by using individual interviews, the researcher hoped to obtain insightful information about pregnant adolescents' lived experiences. An in-depth individual interview intends to elicit a clear description of the participant's perspective on the research topic and to get the participant to express their personal feelings and experiences (Milena et al., 2008:1279; Osborne & Grant-Smith, 2021:online).

When employing individual interviews, few participants are usually required, which is one of the benefits of this research method (Brink et al., 2018:139). The disadvantages of unstructured in-depth interviews are that they are time-consuming and that participants may feel intimidated to participate in the study or may be inattentive/divert from the subject (Brink et al., 2018:139). To manage the disadvantages of the interview method, the researcher should inquire about a convenient time for each participant's interview, pose questions relevant to the study, remain within the scheduled timeframe,

and not intimidate the participants. The participants should feel free to participate and may terminate participation at any given time. Most important is that the researcher should focus on reducing the chances of interviewees diverting from the study topic.

1.8 POPULATION, UNIT OF ANALYSIS AND SAMPLING

The population is the entire aggregate of cases with similar characteristics that the researcher desires to study (Botma et al., 2010:200) and usually includes members who are capable of describing their experiences and who know the phenomenon. In this study, the targeted population was pregnant adolescents between the ages of 15 and 19 and who attended local antenatal clinics within the study district.

The unit of analysis is the individuals, groups or artefacts about which the researcher gathers data (Botma et al., 2010:51, Jornet & Damsa, 2019:1). According to Polit and Beck (2017:491), the unit of analysis consists of individuals who have experienced a phenomenon under study. The researcher selects a sample based on the inclusion criteria to participate in the research and provide information-rich data. The intention was to involve 10 pregnant adolescents for interviews and to involve more until data saturation was reached. However, data saturation was reached with nine participants, and so data collection ended there.

Purposive sampling is based on the researcher's knowledge about the population and can be used to target sample members who are knowledgeable about the phenomenon under study (Botma et al., 2010:201). Purposive sampling is a selective or subjective sampling method that relies on the researcher's judgment when selecting participants (Polit & Beck, 2017:492). An advantage of purposive sampling is that it can be applied to explore the meaning of human experiences in individuals who share a set of characteristics (Brink et al., 2018:126). One of the disadvantages of purposive sampling is potential sampling bias due to sampling participants that do not represent the population, which allows the small possibility of generalisation of facts (Brink et al., 2018:126). The researcher would only purposefully select cases that will benefit the study and area of interest.

In this study, the researcher used purposive sampling to focus on pregnant adolescents attending local antenatal clinics within the study district. The researcher thus obtained meaningful information that is relevant to the study.

Table 1.1 presents the inclusion and exclusion criteria for participation in the study.

Table 1.1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Pregnant adolescent. • Between the ages of 15 and 19. • Willing to share lived experiences. • Attends local clinics at any randomly selected antenatal clinic within the study district. • Can communicate in either English, Sotho, Tswana or Afrikaans, as these are the commonly used and relevant languages in the Northern Cape. • Has signed an informed consent form, parental/guardian consent form, and assent form. 	<ul style="list-style-type: none"> • Diagnosed with a mental health disorder. • Does not attend a local clinic within the study district. • Attends the high-risk clinic.

1.9 EXPLORATIVE INTERVIEW

The explorative interview is a small-scale version of the interview that will be used for the main study and is used to assess the study’s feasibility and identify problems that may arise during data collection (Grove et al., 2015:45). For this study, to test whether the participants would clearly understand the interview questions, two pregnant adolescents who met the inclusion criteria were interviewed. If an interview question had to be changed after the explorative interview, then the data acquired would not be used as part of the research, and another explorative interview with new questions would be done. There was no need to adapt the interview questions after the explorative interviews, as the participants were able to provide clear answers to the questions. The data obtained from the explorative interviews formed part of the main study, as the interview questions did not need to be adapted. This data collection instrument was regarded as valid for its purpose in the main study as well with the nine participants.

1.10 DATA COLLECTION

First, the researcher had to submit a research proposal to the evaluation committee of the School of Nursing, University of the Free State. Once the proposal was approved, the researcher submitted it to the university’s Health Sciences Research Ethics Committee (HSREC) for ethical clearance (see Addendum A). The researcher then

requested permission to collect data at local clinics from the Department of Health, Northern Cape (Addendum B).

The researcher then recruited participants from the local clinics once permission was granted. The gatekeepers of the local clinics were either facility managers or professional nurses that assisted with identifying pregnant adolescents to participate in the study. The pregnant adolescents who were identified received an information leaflet about the study and could decide whether they wanted to participate (Addendum C). Those who were above 18 years also received a consent form (Addendum D). Those who wanted to participate and were under 18 years of age received a parent/guardian consent form (Addendum E). These participants took the consent form and information leaflets to their parent/guardian to grant them permission to participate in the study. The researcher asked for the pregnant adolescents' contact details to collect the consent forms at their homes or at a local clinic on their next follow-up visit. These participants sent a please call me SMS when their parent/guardian had signed the consent form, after which the researcher called back and asked when she could collect it. These participants signed the assent form only after having obtained signed consent from their parent/guardian.

An experienced facilitator fluent in English, Tswana and Afrikaans conducted the interviews. The criteria for selecting the interviewer included: must have prior experience of conducting interviews; must be fluent in English, Tswana and Afrikaans; and, lastly, must be a good listener. The researcher is fluent in speaking Sotho, Tswana and English. One of the dominant languages in the Northern Cape is Afrikaans, which the researcher is not fluent in speaking. The researcher took field notes during the interviews.

In-depth individual interviews that lasted between 30 and 60 minutes were conducted at the participants' homes or at the local clinic. The interviews were conducted in a safe and private area where the pregnant adolescents could feel free to express themselves. For interviews held at the participant's home, the researcher asked the family not to interrupt during the interview. For interviews conducted at the clinic and which were not a follow-up visit of the participant, the researcher was responsible for transportation.

All unstructured in-depth interviews were audio-recorded after voluntary consent had been obtained. The audio-recorded data were sent to an experienced transcriber for transcription. Data were manually analysed. According to Botma et al. (2010:207), the interview starts with a broad, open-ended question focusing on the experience of the study phenomenon. An interview should contain an introduction, a set of questions and closing comments (Boyce & Neale, 2006:12; Osborne & Grant-Smith, 2021:online).

The experienced facilitator asked one open-ended question and probing questions for clarification. The question posed to the participants was:

- Please tell me what it is like being pregnant?

Communication techniques such as listening, probing, and observing were also used to facilitate data collection. Closing of the interview included comments such as, “Is there anything more you would like to add?”, “Can I return if I need to verify or clarify the information?” and “Thank you for your time”.

The participants were asked if they minded being contacted for clarification purposes. The researcher used password-protected folders with two-factor authentication for storing raw data.

1.11 DATA ANALYSIS

Data analysis is the organisation and analysis of data to provide meaning and understanding (Creswell, 2014:224–225). The data are then coded into themes and represented in diagrams, figures, tables or discussions. According to Creswell (2014:224–225), data analysis starts during data collection and continues into the write-up of the findings. Data analysis in this study followed the general steps as described by Creswell (2014:224–225) for qualitative phenomenological study and will be described in the next chapter.

1.12 TRUSTWORTHINESS

Rigour in qualitative research is essential as it proves the integrity of the study (Polit & Beck, 2017:557). Establishing validity and reliability in qualitative research proves rigour by verifying the consistency and accuracy of the study findings (Botma et al., 2010:231). Trustworthiness demonstrates truth value, where the researcher shows

confidence in the truth of the findings. Trustworthiness was ensured in this study through credibility, dependability, confirmability, transferability and authenticity (Botma et al., 2010:233–234) refer to Chapter 2.

1.13 ETHICAL ISSUES

Ethical approval was obtained from the HSREC of the University of the Free State and from the Northern Cape Department of Health to ensure that the study adhered to ethical standards from inception. During the study, the researcher adhered to the three principles of the Belmont Report which guided the research process (Botma et al., 2010:3; Polit & Beck, 2017:139–142). The Belmont Report's ethical guidelines for involving human participants in a study include: 1) respect for human dignity; 2) beneficence and 3) justice (Botma et al., 2010:3; Polit & Beck, 2017:139–142). These principles are discussed in detail in Chapter 2.

1.14 VALUE OF THE STUDY

The set policy by the DBE regarding pregnant adolescents needs to be implemented thoroughly by schools to accommodate pregnant adolescents. Necessary support for continuation and completion of education for pregnant adolescents should be provided by schools. The Department of Health may use the recommendations of the study to improve healthcare systems by implementing ways to protect pregnant adolescents in schools and in the healthcare system. The findings of the study may also assist the schools' healthcare nurses and primary healthcare nurses at local clinics on how to support pregnant adolescents. It may also help them in giving more health talks to emphasise the importance of use of contraception methods, body orientation, puberty and changes accompanied by it and the importance of an antenatal clinic. The study's findings may further help to reduce the stigma around adolescent pregnancy and also decrease the volume of school dropout by pregnant adolescents.

1.15 OUTLINE OF THE STUDY

The chapters of this study are outlined as follows:

Chapter 1: Overview of the study

Chapter 2: Research methodology

Chapter 3: Presentation and description of findings and literature control

Chapter 4: Discussion, conclusions, recommendations and limitations

1.16 CONCLUSION

In this chapter, the introduction, problem statement, concept clarification and study aim were discussed. The chapter also covered the research methodology, ethical issues and chapter layout. The next chapter will discuss the research design and methods used in the study.

2 RESEARCH METHODOLOGY

2.1 INTRODUCTION

In the previous chapter, an overview of the study was outlined regarding the lived experiences of pregnant adolescents within a district of the Northern Cape. The current chapter presents the research methodological processes adopted in resolving the research problem and answering the significant research question in this study. An overview of the paradigm and philosophical assumptions of the study is also given. The chapter also summarises the context of the research and elaborates on the activities and procedures adopted for data collection and analysis. Furthermore, it discusses the study population and participant sampling, ethical considerations exercised, as well as the measures taken to ensure the study's trustworthiness.

2.2 RESEARCH CONTEXT

The Northern Cape is the largest province in South Africa and its capital city is Kimberley. It is divided into five municipal districts (Frances Baard, John Taolo Gaetsewe, Namakwa, Pixley ka Seme and ZF Mgcawu). Figure 2.1 displays a map showing all the districts in the Northern Cape.

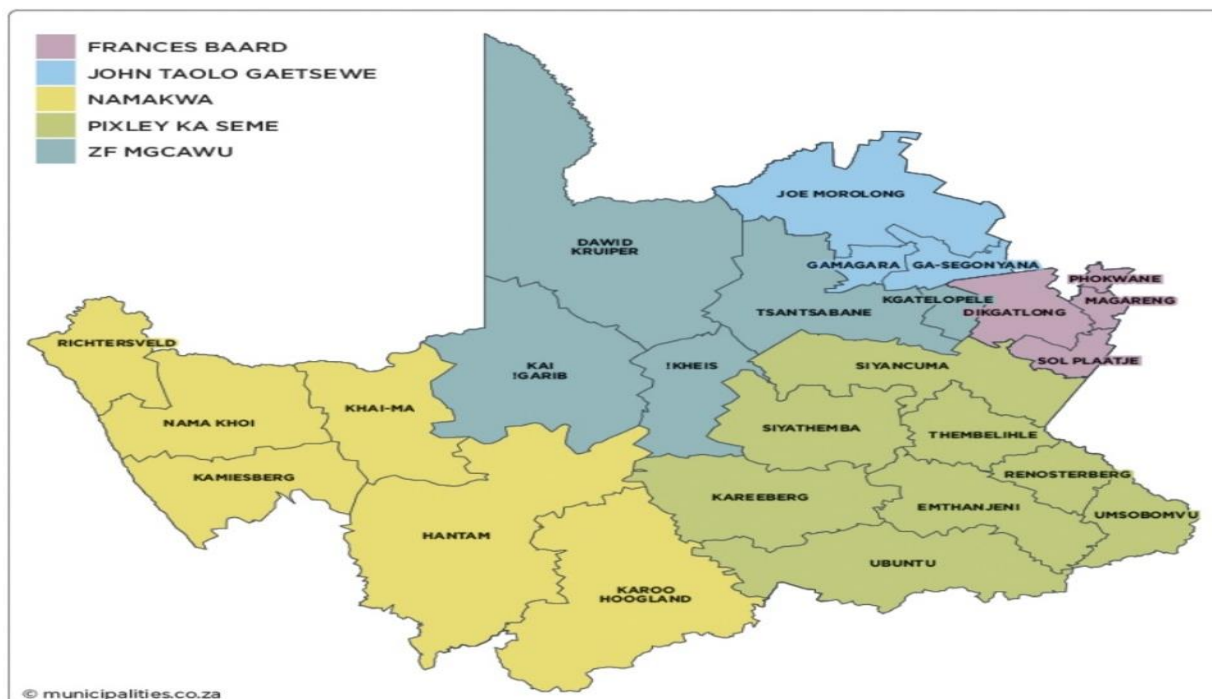


Figure 2.1: Map of the Northern Cape indicating all five districts

Source: Municipalities of South Africa (2023)

The Northern Cape province consists of a variety of ethnic groups and two dominant languages are spoken, namely Afrikaans and Tswana, as well as other languages. According to a 2011 Statistics South Africa census report, the total estimated population of the Northern Cape in 2010 was 1 145 861. The unemployment rate in the Northern Cape was 26.4% in quarter three of 2022 and decreased to 22.1% in quarter four of 2022, as stated by Statistics South Africa (2022) in the latest Quarterly Labour Force Survey. These statistics are likely to influence the experiences of pregnant adolescents. Even though a slight decline in unemployment is seen, some of the districts in the Northern Cape are still poverty-stricken. The community has access to both public and private healthcare institutions. As a result of unemployment, most members of the community utilise the free services rendered by the public healthcare institutions.

The use of public healthcare services is in great demand, as the majority of community members cannot afford private services. In most cases, these public facilities are overpopulated and as a result the amount of time taken to render services is prolonged and delays in referrals and follow-up visits can easily occur (Malakoane et al., 2020:8-9).

The Frances Baard district is overpopulated and some of the antenatal clinics in this district were the research sites for this study. There are 30 local antenatal clinics in the Frances Baard district that deliver healthcare services to the public. This includes satellite clinics and community health centres but excludes the high-risk clinic in Robert Mangaliso Sobukwe Hospital (RMSH). If pregnant adolescents attending local antenatal clinics require referral for further management, their healthcare provider will utilise the referral system to refer them to the high-risk clinic in RMSH.

2.3 RESEARCH PARADIGM

A paradigm refers to the way in which people perceive the world, through a cluster of beliefs and assumptions that provides structure for research (Polit & Beck, 2017:9–12; Du Plooy-Cilliers et al., 2021:23–28). The research paradigm provides the researcher with a way of examining the topic of interest by determining what questions are considered worthy of investigation and what processes are required to answer these questions (Du Plooy-Cilliers et al., 2021:23–28). Therefore, the research paradigm assists the researcher to adopt a particular way of studying phenomena pertinent to their study by following a set of rules when using recommended research methods to conduct a study (Adu, 2019:3–5).

2.3.1 Interpretivist paradigm

The interpretivist paradigm is a social science paradigm upholding that reality is subjective, emphasising that individuals seek understanding of the world in which they live and work (Brink et al., 2018:19–20; Creswell & Creswell, 2018:7–8). Interpretivists argue that human beings change all the time and construct meanings as they engage with the world they are interpreting (Creswell & Creswell, 2018:7–8; Du Plooy-Cilliers et al., 2021:34–35). Interpretivism was relevant for this study as it is concerned with understanding people's subjective perspective of their external world (Willis, 2007:online). It strives to understand phenomena through the meanings that people assign to them. According to Willis (2007), the beliefs of the interpretivist paradigm is that reality is socially constructed, which allows the researcher to view the world through the perceptions and experiences of the participants.

The fundamental focus of this study was to explore the lived experiences of pregnant adolescents through their daily interpretations of the world around them in their social

and cultural context. The lived experiences of the participating pregnant adolescents in this study are assumed to be instilled in their stories. It is thus in this regard that the study embraced the interpretivist paradigm in its research process and data collection and data analysis approaches.

Interpretivist philosophical assumptions were used to guide the study, which include ontology, epistemology, methodology and axiology.

Ontology is a branch of philosophy that deals with the nature of reality (Kivunja & Kuyini, 2017:27). Interpretivists believe that every individual has a varied description that they ascribe to their experiences and the meaning they make of it, which is influenced by their past and present experiences (Adu, 2019:3–5; Du Plooy-Cilliers et al., 2021:34–41). They believe that the social world is what individuals perceive it to be. Hlalele and Mashiya (2019:online) explain that realities are multiple and socially constructed, as perception of truth varies from person to person. People possess a sense of reality, hence they ascribe different meanings to their experiences and social interactions. Furthermore, interpretivists believe that people may or may not experience reality the same way depending on their experiences, culture and circumstances (Du Plooy-Cilliers et al., 2021:36). In this study, the same may be true with pregnant adolescents. Even though they are all pregnant minors, their lived experiences will vary as their interpretation of reality is unique and also influenced by their circumstances, which are constantly changing.

Epistemology is the study of knowledge (Polit & Beck, 2017:10). Knowledge can only be understood from the viewpoint of individuals who are directly involved in a phenomenon. Epistemology provides an explanation for the kinds of knowledge that are regarded reasonable and acceptable (Hlalele & Mashiya, 2019:online). Interpretivists believe that the source of information for understanding people is to grasp what they view as “common sense”, which guides their daily lives (Du Plooy-Cilliers et al., 2021:36). In this study, the pregnant adolescents lived experiences were articulated through their capacity to construct their own subjective experiences where they interact with others.

Methodology refers to methods/techniques followed to gain an in-depth understanding of a phenomenon (Alharahsheh & Pius, 2020:40; Du Plooy-Cilliers et al., 2021:37–38). It outlines the logical flow of the methodical approach followed in

conducting a research study to gain knowledge about a research problem (Kivunja & Kuyini, 2017:28). Research guided by interpretivism gathers information-rich data associated to individual experiences and could find application through phenomenology, hermeneutics or symbolic interaction (Alharahsheh & Pius, 2020:42). In this study, phenomenology was utilised as the tradition of inquiry to explore the lived experiences of pregnant adolescents (Kivunja & Kuyini, 2017:33; Alharahsheh & Pius, 2020:42).

Interpretivism concerns the understanding of social realities and engaging with participants in their natural environment to collect data using various methods, such as focus groups, in-depth interviews, ethnography and narrative inquiry (Kivunja & Kuyini, 2017:33; Du Plooy-Cilliers et al., 2021:37–38). In a qualitative study, the interpretivist researcher becomes the primary research instrument to acquire knowledge and the participants educate them about their daily lived experiences. In this study, the lived experiences of pregnant adolescents were explored through in-depth individual interviews that were conducted in clinics and participant homes. Field notes were made for the interviews to note observations and to reflect on the interviews as they are broader, analytic and interpretive than a mere listing of occurrences (Polit & Beck, 2017:521). The observational, theoretical, methodological and personal notes were compiled based on the researcher's experiences regarding the participant's actions and behaviour (Polit & Beck, 2017:521).

Axiology is the study of values and how these values come about in a society (Du Plooy-Cilliers et al., 2021:38). It incorporates ethical issues that need to be considered when planning research (Kivunja & Kuyini, 2017:28). Interpretivists value the complex understanding of unique realities, as they believe that they guide human behaviour (Kivunja & Kuyini, 2017:28; Du Plooy-Cilliers et al., 2021:38). Axiology is not only about the values of the participants but also about those of the researcher as they shape the research (Du Plooy-Cilliers et al., 2021:38).

Interpretivists demonstrate ethical conduct by substantiating an understanding of what is right and wrong behaviour when conducting research (Kivunja & Kuyini, 2017:28–29). In this study, the researcher showed ethical consideration by respecting the participants' privacy and their choices, treating them fairly with no discrimination.

2.4 RESEARCH DESIGN AND METHOD

A research design is a strategy used to conduct the research (Akhtar, 2016:68). The researcher specifies the research approach, population and methods of collecting and analysing data used in the research study (Brink et al., 2018:44–45). Furthermore, the researcher selects a research design that coincides with their research question and philosophical assumptions, producing data required to answer the research question. This research aimed to explore and describe the lived experiences of pregnant adolescents to improve their quality of life and formulate ways of coping with problems. The study followed a qualitative research approach, supported by exploratory, descriptive and phenomenological research designs.

2.4.1 Qualitative research approach

The qualitative research approach refers to a systemic inquiry used to study a social phenomenon in its natural setting (Teherani et al., 2015:669; Brink et al., 2018:104). It aims to gain insight by discovering meaning through holistic and in-depth investigations (Creswell, 2007:48). In addition, it describes contextual experiences and circumstances from the perspective of individuals in the situation and provides an interpretative logical extension of meaning-making (Grove & Gray, 2019:59–60). The researcher uses qualitative methods to examine the events the study participants went through and what it meant to them. Furthermore, the qualitative research approach is used to gather in-depth insight into a problem using aspects of meaning, experiences and understanding (Brink et al., 2018:104).

Qualitative research involves collecting and analysing words to find meaning and provide a description of the experiences (Grove & Gray, 2019:59–60). It is inductive, as it focuses on particular situations or individuals and gives prominence to words rather than numbers (Mohajan, 2018:2). Qualitative research therefore explores the meaning individuals ascribe to their lived experiences on a daily basis (Brink et al., 2018:105). In this study, pregnant adolescents shared their daily lived experiences from their point of view and understanding. Therefore, it was imperative to use the qualitative research approach to understand the lived experiences of pregnant adolescents.

Mohajan (2018:2) elucidates that qualitative research approaches involve exploratory research that collects and works with non-numerical data and seeks to interpret people's perception of different events in their natural setting. Researchers use a qualitative research approach due to its various advantages. First, it produces a rich and detailed description of participants' experiences and interprets the meaning of their actions (Mohajan, 2018:18). New evidence on critical incidents can be revealed during interviews with the study participants. Second, research is conducted in the natural environment where participants experience the issue under study, and not in a controlled setting (Mohajan, 2018:17). Qualitative research is versatile, as it can produce new information during data gathering (Polit & Beck, 2017:463). Furthermore, the researcher is involved in the research process by collecting data from the participants (Brink et al., 2018:133–135). Lastly, qualitative research is holistic, focused on understanding the findings in context (Brink et al., 2018:104).

Qualitative research with explorative and descriptive aspects is considered necessary in research where little information is known about the phenomenon, where there is a need to understand the phenomenon, and also where aspects of the phenomenon need to be described (Nieuwenhuis, 2020:60–61). Qualitative research also has disadvantages. It is time-consuming, as the researcher has to commit to extensive time in the field to collect data. However, this time is essential in yielding a comprehensive understanding of the phenomenon. Furthermore, data analysis is labour intensive, as transcripts are long and content is dense (Polit & Beck, 2017:530; Du Plooy-Cilliers et al., 2021:263). This is, however, also a strength of qualitative research, because the description of the phenomenon of interest has to provide a deep understanding.

The researcher in this study opted for qualitative research, as the advantages outweighed the disadvantages. Qualitative research generates knowledge which is more valuable than the time spent during data collection and analysis. Hence, it was deemed necessary to use these aspects of qualitative research to understand the lived experiences of pregnant adolescents.

2.4.2 Exploratory design

The exploratory design is used to investigate a phenomenon where little or no information is known (Polit & Beck, 2017:15). It is used to understand ways in which a phenomenon exhibits in a setting and factors related to it (Grove & Gray, 2019:73).

This design was appropriate to investigate the lived experiences of pregnant adolescents in the Northern Cape as there was limited knowledge about the phenomenon. Thus, these pregnant adolescents' circumstances and experiences needed to be explored in depth for better understanding. It was therefore necessary to utilise the exploratory design to fully understand the nature of this phenomenon.

Little is known about the lived experiences of pregnant adolescents in the Northern Cape. Literature in this domain in the Frances Baard district is inadequate. It is essential that light be shed on this phenomenon to understand the needs of pregnant adolescents, as some might feel trapped in vulnerable circumstances. The intention of this research study was to understand the lived experiences of pregnant adolescents and assist them to improve their quality of life through programmes, healthcare and education, and also by making necessary referrals to other healthcare providers.

2.4.3 Descriptive design

The descriptive design is used to describe, observe and document the characteristics of the population or phenomenon studied (Botma et al., 2010:110). It is expected to be accurate and precise rather than casual, as it portrays the characteristics of a person or group with which certain phenomena occur (Polit & Beck, 2017:206). Furthermore, it can be used to generate hypotheses to develop theory so as to establish what others are doing in similar situations (Botma et al., 2010:110; Polit & Beck, 2017:206). In this study, the researcher intended to provide an accurate and valid representation of day-to-day events of pregnant adolescents as they experienced them.

2.4.4 Phenomenological design

Guided by interpretivism, phenomenology originates from both philosophy and psychology, as it focuses on the meaning of individuals' lived experiences (Polit & Beck, 2017:465; Grove & Gray, 2019:64–65). It describes the lived experiences of individuals about a phenomenon and how they interpret those experiences (Brink et al., 2018:105). Phenomenologists view the person as essential to the environment, hence the question: What is the lived experience like? (Brink et al., 2018:105–106; Grove & Gray, 2019:64–65). Through a phenomenological study, the researcher collects data about the lived experiences of individuals and can therefore understand the concepts they make of those experiences. This study was about the lived

experiences of pregnant adolescents and how social, cultural, religious and political dimensions affect their developmental changes. The researcher collected narratives on the everyday lived experiences of pregnant adolescents to describe the meaning they assigned to those experiences through their perspectives. In phenomenological research, the researcher asks participants to voice their experiences to obtain information from their perspectives (Botma et al., 2010:190). In this study, the participating pregnant adolescents expressed their everyday lived experiences and the meaning they attributed to them. To explain the design further the researcher applied the phenomenological steps in this way:

- Bracketing is the process of identifying and setting aside beliefs and opinions about the phenomenon under study (Brink et al., 2018:105; Polit & Beck, 2017:471). The researcher in this study, confronted the data in pure form by bracketing aside preconceived ideas.
- Intuition occurs when the researcher remain open to understand the lived experiences (Brink et al., 2018:105; Polit & Beck, 2017:472). In this study the researcher remained open to understand the meaning attributed to the phenomenon by the participants.
- Analysing entails contrasting and comparing data to extract statements, categorising and making sense of the meanings of the phenomenon (Brink et al., 2018:105; Polit & Beck, 2017:472). The researcher in this study, analysed data by contrasting and comparing it to extract significant themes that emerged from data.
- Describing entails the ability of the researcher to understand and define the phenomenon (Brink et al., 2018:106; Polit & Beck, 2017:472). In this study the researcher paid attention to detail and provided full description of the findings.

2.5 RESEARCH METHOD

Research methods are strategies that researchers utilise to gather and analyse data to better understand the research question (Polit & Beck, 2017:11). In this study, the researcher used unstructured in-depth interviews to gather data.

2.5.1 Unstructured in-depth interviews

Unstructured in-depth interviews are open-ended interviews where the interviewer has no predetermined set of specific questions (Osborne & Grant-Smith, 2021:online). In this interview, the participant is encouraged to talk about particular areas that are of interest to the researcher and the questions asked are guided by the participant's responses. The participant in this interview gets to share their experiences on their own terms on how they perceive the world and worldviews. Unstructured in-depth interviews have essential advantages and disadvantages, of which some are listed in Table 2.1.

Table 2.1: Advantages and disadvantages of unstructured in-depth interviews

Unstructured individual interviews	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Encourages the participant to speak freely in detail, ensuring that the researcher obtains information-rich data. • The flexibility of the interviews allows the researcher to develop a rapport with the participants. Thus, it provides access to quality information and detailed experiences. • Minimises misinterpretation of the participant's responses, as the interviewer may clarify questions if they are misunderstood. • Establishes trust between the researcher and the participants. Interview flows like natural conversation, as the participant is comfortable and at ease sharing their personal experiences. 	<ul style="list-style-type: none"> • It is time-consuming in both the interview and analysis stage. The researcher needs time to gain trust, develop rapport and gain access to participants. • Requires a skilled interviewer. They need to be good communicators and have good facilitation skills, as they will need to ask and phrase questions appropriately.

Source: Polit and Beck (2017:515); Brink et al. (2018:139)

Table 2.1 shows that there are more advantages than disadvantages for unstructured in-depth interviews. A habitual disadvantage of unstructured individual interviews is that they take time to complete, which may discourage potential participants from taking part in the study. Among some of the advantages of unstructured individual interviews is that the researcher builds trust with the participants. This enables the interview to flow naturally and allows the researcher to identify the participants' perspective and meaning of the phenomenon from the provided information-rich data. Through this trust, participants are able to communicate freely, which is a positive

development for the study as data saturation of common themes is reached in the interviews (Grove & Gray, 2019:63).

Given the fact that pregnant adolescents form part of a vulnerable group, precautionary measures were taken to protect the rights of the participants (Polit & Beck, 2017:149–150). Pregnancy is a sensitive issue and is regarded as a taboo for adolescents (Panda et al., 2023:2–3). Therefore, the interviews in this study could not be conducted in a group, as participants would be uncomfortable and embarrassed to share information in front of others. For this reason, the researcher deemed it necessary to conduct unstructured individual interviews to ensure privacy and confidentiality of the participants (Grove & Gray, 2019:99–100; Du Plooy-Cilliers et al., 2021:305–306). Du Plooy-Cilliers et al. (2021:219) explain that unstructured in-depth interviews are appropriate if the researcher has limited information regarding the phenomenon of interest and aims to learn more about it. Interviews are a form of conversation, and when conducted correctly, the researcher can obtain rich information.

The purpose of this study was to obtain knowledge of adolescents with regard to their lived experiences as pregnant adolescents within a Northern Cape district. Unstructured in-depth interviews and various aspects of field notes were applied in this study to collect information-rich data.

2.5.2 Field notes

Field notes are described as detailed recordings of the thoughts and feelings that the researcher experienced during the course of the interviews (Botma et al., 2010:217; Du Plooy-Cilliers et al., 2021:213). In this study, the researcher compiled field notes immediately after completing the interviews, as to reflect on her emotions, personal opinions and ideas about the community to avoid forgetting and consequently misrepresenting what transpired. Four types of field notes were used in this study, namely observational, theoretical, methodological and personal notes (Polit & Beck, 2017:521–522).

2.5.2.1 Observational notes

Observational notes describe first-hand information noted by the researcher while engaging with the participants during the interviews (Polit & Beck, 2017:521; Grove &

Gray, 2019:81). In this study, the researcher took note of the surroundings of the participants, such as the area they live in and the distance they travel to attend their antenatal appointment. The researcher noted not only her emotions during the interviews but those of the participants too. The experienced facilitator made participants feel at ease for them to express their emotions and viewpoints; she used prompts to enhance communication during interviews.

2.5.2.2 Theoretical notes

Theoretical notes document the researcher's thoughts of their observation during the interviews and the meaning they make of it (Polit & Beck, 2017:522). In other words, the researcher attempts to make sense of what is happening by comparing what is seen and what is heard during the interview. In this study, the participants shared their experiences and viewpoints as pregnant adolescents and how the pregnancy itself affected their lives in the community and at school. This validated the importance of the lived experiences of participants and the meaning they attributed to them. The researcher in this study, took notes of the participant's expressions when narrating their lived experiences as pregnant adolescents.

2.5.2.3 Methodological notes

Methodological notes are reflections about observational strategies used to remind the researcher of their role in the execution of the study (Polit & Beck, 2017:522). In other words, the researcher documents strategies that worked for them and reminders of how other observations will be made. In this study, the researcher had to remind herself that she was a researcher and not a healthcare worker, despite her views on the danger or consequences of adolescent pregnancy seen in clinical practices. The researcher controlled her emotions and abstained from being biased to continue with the research.

2.5.2.4 Personal notes

Personal notes are notes on the researcher's feelings and emotions while collecting data in the research field (Polit & Beck, 2017:522). The researcher in this study noted her emotions during interviews. For example, she felt sympathy for some participants as they lost relationships due to their pregnancy:

But, now when others heard that I'm pregnant, others didn't want to go out with me. (Participant 3)

When I first fell pregnant, my boyfriend did not want the baby. So, I went to take a test, then told him about the pregnancy, but then he told me he doesn't want a child. (Participant 2)

It was evident that the participants experienced different circumstances in their pregnancy. The researcher also noted her own fatigue as she had to arrive early before all the interviews to ensure that everything was in place.

2.6 POPULATION, UNIT OF ANALYSIS AND SAMPLING

In this section, the population, unit of analysis and sampling method employed in this study are discussed in more detail.

2.6.1 Population

The research population is a group of individuals with similar characteristics of interest (Asiamah et al., 2017:1607). Such population in research is a main focus of scientific query from which the research is conducted (Grove & Gray, 2019:229). The population in this study consisted of pregnant adolescents attending local antenatal clinics within the study district.

2.6.2 Unit of analysis

The unit of analysis in a research study is the entity (person, group, geographic unit etc.) that the research wants to describe, analyse and draw inferences and generalisations from (Dolma, 2010:169; Jornet & Damsa, 2019:1). According to Botma et al. (2010:51), the unit of analysis is the individual, group or artefact about which the researcher gathers information-rich data. In this study, the unit of analysis was pregnant adolescents of any gestational age attending local antenatal clinics in the study district. This group of pregnant adolescents has information-rich data regarding their daily lived experiences, which can answer the research question. Whereas the study population is the entire group of individuals which meet the criteria of interest, the sample is a fraction of the population from which information is collected (Brink et al., 2018:117).

Polit and Beck (2017:491) affirm that in qualitative research, the aim is to understand a phenomenon of interest, not to generalise to a target population. In this study, the sample comprised nine pregnant adolescents who were interviewed. Saturation of data was reached after these nine, as no new information emerged in the ninth interview.

2.6.3 Sampling methods/strategies

Sampling is a method or strategy where participants with all the elements that meet the criteria of the targeted population are selected to participate in the study (Dolma, 2010:171; Brink et al., 2018:117). A sample is representative mainly when characteristics of elements selected are similar to those of the targeted population and inferences are drawn for the population. For the purpose of this study, the researcher sampled the participants from three selected local antenatal clinics. The settings (local antenatal clinics) were of vital importance, as the information required for the study were obtained from the selected sample who experienced the study phenomenon at the place of investigation.

2.6.3.1 Sampling of research site

There are 30 local antenatal clinics (including satellite clinics and community health centres) in the Frances Baard district that deliver healthcare services to the public. This excludes the high-risk clinic in RMSH. The simple random technique for selecting antenatal clinics was utilised to narrow down the numbers from 30 to 3 local antenatal clinics. The high-risk clinic was excluded as per the criteria of the study. The basic probability sampling technique was used to draw simple random samples (local antenatal clinics) which stood a chance of being included (Brink et al., 2018:119). The researcher had a list of all local antenatal clinics, from which three antenatal clinics were randomly selected and all the clinics stood a chance of being selected. After random sampling was utilised to select the three local antenatal clinics, purposive sampling was employed to select participants.

2.6.3.2 Sampling of participants

The researcher selected potential participants with in-depth understanding and knowledge of the phenomenon under study soon after sampling of the local antenatal clinics. In this case, the researcher used purposive/judgmental sampling for selecting participants who could provide relevant and detailed information about the

phenomenon studied (Brink et al., 2018:126–127). An advantage of purposive sampling is that the researcher can select participants who are knowledgeable, able to articulate and reflect on the phenomenon under study (Polit & Beck, 2017:495; Brink et al., 2018:126). Disadvantages are that it is prone to research bias and has limited ability for research findings to be generalised (Brink et al., 2018:126).

2.6.3.3 Inclusion and exclusion criteria

The inclusion and exclusion criteria set the stage for prospective participants who can participate in the study and also play a role in the feasibility of the study. Well-defined and effective criteria will enable the researcher to collect significant data, whereas narrow or broad criteria will hinder opportunity for gathering information-rich data (Brink et al., 2018:128). Only participants with the characteristics of interest were included in the study and those with none of the desired characteristics were excluded. The study inclusion criteria consisted of the following:

- Pregnant adolescent between the ages of 15 and 19.
- Pregnant adolescent who is willing to share her lived experiences.
- Pregnant adolescent attending any of the randomly selected local antenatal clinics within the study district.
- Pregnant adolescent who can communicate in either English, Sotho, Tswana or Afrikaans, as these are the commonly used and relevant languages in the Northern Cape.
- Pregnant adolescent who has signed an informed consent form or parental/guardian consent form and assent form.

The participants of this study belong to a vulnerable group and the researcher demonstrated respect by first informing prospective participants about the study by approaching them during their visit to the antenatal clinic and then allowing them to voluntarily choose to participate or not. Interested individuals who met the inclusion criteria were given information leaflet to read and decide at home if they wanted to participate, the researcher then informed them that follow-up will be made after two days. The participants had to provide informed consent before participating in the study and those below 18 years needed to provide both assent and parental consent.

Since the study population is a vulnerable group, not all members were considered for inclusion in the study. Those attending the high-risk clinic and who did not reside within the district were excluded from the study.

2.7 EXPLORATIVE INTERVIEW

An explorative interview is a pre-test version of a full trial of the research and is used to test the research instrument or measuring tool on a small group of participants (Polit & Beck, 2017:623-624; Du Plooy-Cilliers et al., 2021:18). The purpose of an explorative interview is to eliminate possible flaws of the instrument, to test the feasibility of the instrument, and to support refinements of the protocol, methods and procedures to be utilised on a larger scale (Polit & Beck, 2017:624; Grove & Gray, 2019:43).

Since one of the spoken languages in the Northern Cape is Afrikaans, and for effective communication with the participants, the researcher utilised the services of an experienced interviewer to conduct the unstructured in-depth interviews. The researcher was present during the whole interview process, observing non-verbal reactions of the participants and taking notes. The researcher then wrote detailed notes after the interview. The first two interview sessions served as explorative interviews. The participants met the inclusion criteria of the study, but did not form part of the actual investigation initially. As suggested in literature, data collected during this process are normally excluded in the actual findings, as information gained is used to improve the research instrument if necessary (Brink et al., 2018:161; Du Plooy-Cilliers et al., 2021:18). The participants were chosen on the basis that they were pregnant adolescents attending an antenatal clinic in one of the three randomly selected antenatal clinics within the study district in the Northern Cape.

The explorative interviews were conducted at the clinic, as preferred by the participants since they felt more comfortable to disclose information there than at home. There was no need to adapt the interview questions after the explorative interviews, as the participants were able to provide clear answers to the questions. Interview techniques such as probing, clarification and generation of follow-up questions were used by the experienced interviewer where applicable for the purpose of gaining more insight based on participant responses. The data obtained from the explorative interviews formed part of the main study, as the interview questions did not need to be adapted.

This data collection instrument was regarded as valid for its purpose in the main study as well with the nine participants.

2.8 PROCESS OF DATA COLLECTION

This section provides more details about the data collection done in the study.

2.8.1 Data collection

Data collection is a process of gathering information in an established systematic way for the research study that enables a researcher to answer formulated research questions and evaluate outcomes (Polit & Beck, 2017:506; Brink et al., 2018:133–134). Before actual data collection, the researcher obtained permission from the following gatekeepers to conduct the study:

- The Evaluation Committee of the School of Nursing as to ensure that the study is ethical and scientific rigor of the study is maintained.
- The HSREC for ethical clearance (refer to Addendum A for ethical clearance) (UFS-HSD2021/0005/2505).
- The Northern Cape Department of Health (refer to Addendum B).
- Managers of the selected clinics. The researcher made an appointment with the managers after obtaining permission from the Northern Cape Department of Health to explain the aim of the study and to obtain verbal consent to proceed with data collection.
- The participants aged between 15 years and 19 years. Those below the age of 18 signed an assent form and their parents/guardians signed a consent form before the study commenced, while those above 18 years signed a consent form. (Refer to Addenda C to E.)

After all the permission letters had been obtained from the relevant gatekeepers, the recruitment process was initiated. The researcher found eligible candidates by going to the antenatal clinics that were selected on Mondays, Tuesdays, Wednesdays and Fridays. The clinics offer the antenatal services from Monday to Friday and the researcher chose those days of the week, according to her availability, for the recruitment.

On arrival to the site during the chosen days, the clerk and professional nurse assisted with identification of potential participants and full disclosure of the study and its purpose was made clear to each. Interested individuals who met the inclusion criteria were provided with an information leaflet and consent form or assent form for those below the age of 18. Most of the participants above the age of 18 decided to read the leaflet while waiting to be attended by the professional nurse and signed the consent form thereafter. Those below 18 took the leaflet, assent form and consent form home to their guardians and provided the researcher with their contact details to follow up. The researcher also provided the participants with her contact details for them to send her a “call back” or message once the forms had been signed. Emphasis on voluntary participation was made throughout the recruitment process.

The researcher introduced the idea of an audio recorder during the recruitment process and its purpose to the participants, which was to ensure that no information was left out while the researcher was taking notes. The use of an audio recorder was also mentioned in the information leaflet given to the participants. After all the necessary permissions had been obtained from the gatekeepers, the researcher started with the interview process.

One interview was done at the participant’s home and eight at the clinics. These eight were conducted at the clinic as participants felt uncomfortable to disclose information in the surroundings close to their family members. The participant interviewed at home felt more comfortable in her natural environment than at the clinic.

The interviews were conducted in quiet rooms at the clinic and at home in order to ensure participants’ privacy. Interviews lasted between 30 and 45 minutes each and the researcher also informed the participants about the possibility of returning for clarifications. However, all the recordings were clear and the researcher did therefore not need to return for clarifications.

According to Botma et al. (2010:207), the interview starts with a broad, open-ended question, focusing on the experience of the study phenomenon. An interview should contain an introduction, a set of questions and closing comments (Boyce & Neale, 2006:12).

To introduce the topic of discussion, the experienced facilitator asked the participants the main interview question:

- Please tell me what it is like being pregnant?

The above question was accompanied by use of communication techniques such as probing, as directed by the participants' replies, for the purpose of clarification until saturation of data was reached (Brink et al., 2018:144). The experienced facilitator used communication techniques such as listening, probing and observing to facilitate data collection and enhance communication (Rubin & Rubin, 2012:6; Brink et al., 2018:144).

Specifically, the following techniques were used during the interviews:

- Probing: The experienced facilitator probed during the interviews to encourage the participants to elaborate more on the phenomenon of interest.
- Minimal verbal responses: The facilitator used minimal verbal responses such as nodding or saying "Mhmm" to assure the participants that she was listening, which encouraged the participants to continue.
- Listening: The facilitator listened attentively during the interviews to show interest. As the researcher was present during the interviews, she also listened attentively and minimised note-taking during the interviews to pay attention to the replies of the participants and to show engagement.
- Reflective summary: Participants' statements were summarised for reference and confirmation of shared understanding.
- Clarification: The experienced facilitator obtained clarity on the initial responses by using comments such as, "Could you explain further?" The participants would then elaborate and clarity would be obtained.
- Elaboration: For vague statements, the facilitator encouraged participants to continue replying until a common understanding was reached.

At the end of each unstructured interview, the experienced facilitator asked the participants if they had any questions or wanted to add something. The participants had no questions, only added that they were thankful for the opportunity. Then, both the facilitator and researcher thanked the participants for their engagement in the study. Refer to Addendum F for an example of the interview.

2.8.2 The role of the researcher

The researcher visited the rooms at the clinics where the interviews were to be held to ensure that the participants' confidentiality could be maintained and that everything that would be needed was in place. Outside noise was minimised by using a sign to indicate that interviews were in progress to allow the interviews to be audio-recorded. Furthermore, as data were collected during the COVID-19 pandemic June 2021 to July 2021, the researcher provided both the experienced facilitator and participants with a disposable face mask and their hands were sanitised before and after the interviews. The researcher ensured that the 1.5 m social distancing rule that was set by the government was adhered to and explained the process to the participants to clear any uncertainty. The researcher served as an observer to take notes of the proceedings while maintaining the confidentiality and comfort of the participants.

2.8.3 The role of the interview facilitator

The experienced facilitator was a trained qualitative interviewer nurse with effective communication and rapport-building skills. The facilitator possessed good listening skills and was familiar and comfortable with conducting individual interviews, which set participants at ease. Furthermore, she used prompts as a way of reassuring the participants that she was still paying attention to their responses.

2.9 DATA MANAGEMENT AND ANALYSIS

Data management is a process of collecting and storing acquired data prior to its conversion into comprehensive categories of evidence (Kanza & Knight, 2022:online). Qualitative data need to be adequately managed and organised in a form that can be analysed (Brink et al., 2018:180). Data management allows the researcher to acquire information in various forms for distinct research purposes, while sustaining the security of the data. Correspondingly, data analysis in qualitative research reduces the gathered information into manageable themes, patterns, trends and relationships to provide structure and elicit meaning from the data (Polit & Beck, 2017:530).

Data collection and data analysis often occur at the same time (Polit & Beck, 2017:530; Grove & Gray, 2019:84). Brink et al. (2018:180) explain that researchers can use the reflective process to manage data produced in qualitative research to better

systematise their data. This process involves interviews coinciding with note-taking, reflective journaling, and revising field notes and listening to audio recordings (Brink et al., 2018:180). The search for important themes and concepts is an ongoing process and begins from the moment data collection begins. The researcher translated English and Tswana interview recordings, while the experienced facilitator assisted with the Xhosa and Afrikaans translations. The participant who identified as Shona, spoke in English as a preferred language of communication and her interview recording was transcribed by the researcher. All the interviews recordings were translated to English. Once all the recordings had been transcribed verbatim, the transcriptions were sent to the study supervisors to verify accuracy. Only after all the interview translations had been verified for accuracy and also compared with the audio interviews were the transcripts sent to the co-coder.

Data analysis involves the organisation and analysis of data to provide meaning and understanding (Creswell, 2014:224–225). The data are then coded into themes and represented in diagrams, figures, tables or discussions. According to Creswell (2014:224–225), data analysis starts during data collection and continues into the write-up of the findings. Data analysis in this study followed the general steps as described by Creswell (2014:224–225).

Step 1: Organising and preparing data. Here, the goal is to obtain a general sense of the data (audio-recorded interviews) during transcription. The process is repeated by continuously re-reading through the transcriptions and writing down ideas as they develop.

Step 2: Developing a general sense of the data. This step involves making sense of the obtained information through identification of topics, and focusing on messages and writing notes in transcript margins. It also involves going through the interview transcripts repeatedly to acquire a sense of the meaning of the data.

Step 3: Coding data. Here, the transcripts are read through and phrases and sentences highlighted, while codes are identified to describe the content.

Step 4: Description of themes. In this step, the generated codes are looked at with the aim of identifying patterns in the codes. Emerging of themes follows as the codes are combined into more abstract phrases.

Step 5: Representing the findings. This step involves defining the themes and naming them. The process of defining themes involves precisely wording the themes so that each worded theme would assist in comprehending the data.

Step 6: Interpretation of data. Codes are converted into inter-related and alphabetic categories, and each category is checked and assembled in one place.

The researcher sent the transcripts of the interviews and field notes to an experienced co-coder in qualitative research. The role of a co-coder in qualitative research is to organise transcripts from interviews into themes and patterns for analysis. For this study, the co-coder converted the assigned codes and themes into smaller, more manageable data that were easily retrieved and would be described in the next chapter. The researcher then met with the supervisor to discuss the findings, and an agreement was reached that the findings and the process followed during analysis of data were valid and authentic.

2.10 TRUSTWORTHINESS

Grove and Gray (2019:86) claim that qualitative researchers employ scientific rigour through trustworthiness to ensure that the study findings are credible and of great worth. In pursuit of trustworthiness, the following five epistemological criteria serve as guidelines: credibility, dependability, confirmability, transferability and authenticity (Brink et al., 2018:158).

2.10.1 Credibility

Credibility refers to the confidence in the truth of data and interpretations made (Brink et al., 2018:158; Grove & Gray, 2019:86). To demonstrate credibility, the researcher stayed in the field until data saturation was reached. In addition, she was involved in all aspects, such as recording of interviews, writing of fields notes and transcribing of data, to show the link between the data and interpretations through data triangulation. The researcher engaged with the experienced facilitator and study supervisors for suggestions to enhance data collection. In addition, audio recordings and field notes captured adequate information relating to the interviews, which the researcher referred to for adequacy.

2.10.2 Dependability

Dependability refers to the stability of data over time as well as the research conditions (Brink et al., 2018:111). In other words, dependability requires the findings of the study to be reliable/consistent if the study were replicated by another researcher in a study with the same participants in a similar context. Furthermore, dependability involves transparently describing the audit trail, which is a detailed description of research steps taken, from data collection to reporting of the findings (Botma et al., 2010:233). The researcher in this study determined dependability through an inclusive description of the procedures used in collecting and analysing data. Audio recordings were used in this study, as they were a reliable method of data collection that allowed the researcher access to raw data in case any clarifications were required. A co-coder was used after compilation of data and transcriptions to code data independently to ensure trustworthiness.

2.10.3 Confirmability

Confirmability refers to the extent of neutrality reflected in the research findings (Brink et al., 2018:111). The researcher must be neutral in the research study and not biased (Botma et al., 2010:233; Brink et al., 2018:111). In other words, the researcher should not allow personal interests to influence the conduct of the study and its outcomes, but should rather reflect the participants' interpretations and conditions. In this study, the researcher reported an adequate audit trail (data collection, data analysis and interpretation of data) of the research findings and did not allow her own biases to influence the findings. Data were collected by means of individual interviews and field notes and transcription was verified by means of a literature control. Data analysis was done by the researcher and coding of data by an experienced independent coder.

2.10.4 Transferability

Transferability refers to the ability to demonstrate that research findings can be applied to other similar participants or in other contexts (Botma et al., 2010:233). In this study, the researcher ensured transferability using purposive sampling, thick description and data saturation.

2.10.4.1.1 Purposive sampling

Purposive sampling involves the researcher purposefully selecting the participants based on the knowledge of the phenomenon under study as well as the location (Brink et al., 2018:159–160). In this study, the researcher intentionally selected pregnant adolescents from the three selected antenatal clinics, as they were able to share their perspective on the topic of interest.

2.10.4.1.2 Thick description

According to Brink et al. (2018:159), thick description entails a detailed step-by-step description of data collection, data analysis and literature control within a given context and their reportage. In this study, a rich description of the study was compiled. This entailed the description of the research process, data collection and analysis and literature control, so that the reader can make a judgment about transferability.

2.10.4.1.3 Data saturation

Data saturation occurs when participants are no longer providing new information and repeat information that other participants have provided (Brink et al., 2018:160; Du Plooy-Cilliers et al., 2021:153). The interviews in this study were conducted until data saturation was reached and no new information was provided. The researcher and experienced facilitator came to a consensus that subsequent interviews would probably gather similar information.

2.10.5 Authenticity

Authenticity involves the researcher fairly and faithfully reflecting the range of realities that the participants describe (Botma et al., 2010:234). Botma et al. (2010:234) maintain that a text is authentic if it invites readers into the lived experiences of the participants and develops a heightened sensitivity to the issues depicted. In this study, the researcher provided findings that are credible and which portrayed the lived experiences of the participants.

2.11 ETHICAL CONSIDERATIONS

Ethical issues are ethical requirements that need to be maintained to protect the participants in the research study and the researcher's credibility. The researcher must be familiar with the ethical principles of conducting research on human subjects.

Ethical issues are reflected in the research process, and it is therefore essential to address them in the research plan. According to Creswell (2014:77), the researcher needs to obtain the necessary approvals to meet ethical requirements. These include approval from a research ethics committee of the university, government or organisation, and consent from participants and guardians in case of minors. In this study, the researcher sought permission to conduct the study from the HSREC (UFS-HSD2021/0005) (Addendum A) and the Northern Cape Department of Health Provincial Ethics Committee (NC_202102_005) (Addendum B). Approval was obtained from the involved committees and the researcher proceeded with data collection.

The Belmont Report ethical guidelines were used for involving human participants. These guidelines include respect for human dignity, beneficence and justice (Botma et al., 2010:3; Polit & Beck, 2017:139–142) and are subsequently explained.

2.11.1 Respect for human dignity

According to Brink et al. (2018:29), respect for human dignity involves acknowledging individuals as autonomous and capable of deciding whether to participate in a study or not without fear of being penalised. Respect for people is indicated by maintaining the confidentiality of the participants (Botma et al., 2010:17). In this study, the researcher emphasised voluntary participation and that the participants could withdraw from the research at any time. Furthermore, the researcher made participants aware that they could withhold any information which they were not comfortable sharing.

This principle of respect for human dignity includes the right to self-determination and the right to full disclosure (Polit & Beck, 2017:140). The right to self-determination means that participants will voluntarily take part in the study, withdraw from the study at any time, and freely ask questions. On the other hand, the right to full disclosure implies that the study's goals and procedures will be described fully to enable the participants to make informed decisions (Brink et al., 2018:29). Informed consent

(Addendum D) and assent (Addendum E) were obtained from the participant and/or parents/guardians before the study was conducted. When participants gave informed consent and assent, it indicated that they had received adequate information to decide whether they wanted to participate in the research or to decline (Botma et al., 2010:14). During this process, the researcher respected the participants who decided to withdraw from the study even after having consented to take part in the study.

2.11.2 Beneficence

As explained by Botma et al. (2010:20), beneficence means that the participant has to be protected from harm and discomfort by the researcher. Furthermore, it refers to doing good, above all, and not doing any harm (Grove & Gray, 2019:134).

Beneficence involves the participant's right to freedom from harm and discomfort. Studies with minimal risks are associated with temporary discomfort, which ceases when the interview or research is terminated (Botma et al., 2010:23). Participants in an interview are subjected to risks such as physical harm, including fatigue, as well as psychological harm, such as anxiety. In this study, the interviews were not longer than 45 minutes as to reduce exhaustion. At the end of each interview, the experienced facilitator and the researcher assessed the emotional state of each participant to see whether they needed referral to a social worker. None needed the referral, as they were emotionally stable to continue with their daily lives.

Beneficence also involves the right to protection from exploitation (Botma et al., 2010:20). No exploitation occurred, as the participants voluntarily participated in this study and the researcher provided complete information about the study in the information leaflet (Addendum C) and in person.

2.11.3 Justice

Justice in research means that all the participants should be treated with equal consideration (Botma et al., 2010:19). A principle of justice is the fair selection of participants in a study (Polit & Beck, 2017:141–142). For this study, each and every pregnant adolescent who visited the selected primary healthcare clinics had a chance of being recruited and selected for the study. The recruitment of participant was done in May 2021 to June 2021. In research, justice involves the right to fair treatment and the right to privacy and involves potential benefits and risks (Botma et al., 2010:19).

Regarding the right to fair treatment, the participants were all treated with respect throughout the research. They were able to access the researcher if they had a question or when clarity was needed, as the researcher's contact details had been made available.

Concerning the participants' right to privacy, the researcher conducted the interviews at local clinics and some in their homes for the comfort of the participant. The researcher ensured that no interruptions occurred and that the interview setting was private so that participants could feel free to communicate. Raw data obtained from the interviews are kept safely in password-protected folders with two-factor authentication on the researcher's computer. Furthermore, the researcher presented information in a way that the reader cannot deduce the identity of the participants.

Concerning potential risks and benefits, Brink et al. (2018:27) explain that any study has both potential risks and benefits but that the benefits must outweigh the risks. Participants in this study were from a vulnerable population and protection of their rights was of importance (Polit & Beck, 2017:149–150). In this study, the adolescents that participated were between the ages of 15 and 19 and the researcher obtained consent from the parent/guardian for those under the age of 18 years. For those below 18, assent was obtained after the parent/guardian had consented. In addition, since participants were pregnant adolescents, care was taken to ensure that they and the foetus were not exposed to any physical risk.

Regarding physical discomfort, interviews were kept between 30 and 45 minutes to avoid fatigue and boredom. Another potential risk was emotional distress, which may be caused by self-disclosure, as participants were to share their daily experiences. The researcher did a debriefing session after each interview to address any problems that were detected during the interview. The researcher was ready to refer the participants to a social worker if they were unable to continue with their daily lives after the interview.

In this study, the risk/benefit ratio was used to protect participants' rights to comfort and safety in the study by evaluating the values of the study. The risks of the study did not exceed its benefits (Polit & Beck, 2017:142).

2.12 CONCLUSION

This chapter detailed the research strategy and techniques used for conducting this research on the lived experiences of pregnant adolescents within a district in the Northern Cape. The phenomenological research approach was adopted for the qualitative, exploratory and descriptive orientation of the study, which employed unstructured individual interviews as method of data collection supported by field notes. Furthermore, the chapter outlined the setting of the study, population and sampling strategy employed. The ethical considerations taken for the study, as well as the measures taken to prevent bias, were outlined. In the next chapter, the outcomes of the collected data are presented in relation with a literature control.

3 PRESENTATION AND DESCRIPTION OF FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In the previous chapter, the methodology adopted in this research was discussed. The current chapter addresses the findings of the study and these are discussed in relation to the relevant literature which set the broad context of the study and provides the reader with an overall framework of the research. This chapter is organised in such a way to present a brief discussion of how data were managed and analysed and of the characteristics of the participants and the categorisation of the key findings.

3.2 DATA MANAGEMENT AND ANALYSIS

As stated in Chapter 2, the aim of data analysis is to systematically organise, provide structure to, and derive meaning from collected data (Polit & Beck, 2017:530). The audio-recorded interviews were transcribed into text, and these were re-identified into numbers in accordance with the principles of confidentiality. To enable tracking of documents and follow-up of information as needed, date, time and place where the interviews were conducted were noted down. All the interviews with participants were transcribed and extensive notes were taken during fieldwork. The researcher analysed the interview transcripts and field notes through iterative and repetitive reading. An independent co-coder was employed for data coding in the study. The co-coder was provided with the interview transcripts and field notes and both the researcher and co-coder analysed data independently as described by Creswell (2014:224–225).

Data analysis is the extraction of the pertinent and useful information from the collected data with a purpose of summarising and organising the data in such a way that it yields answers to the research questions (Ibrahim, 2015:99). In qualitative data analysis, the researcher breaks down data by managing and organising it to uncover and describe the essential nature of the lived experiences of participants through a systematic and reflective study. The researcher works inductively to generate new descriptions and conceptualisations (Brink et al., 2018:180). Data analysis was done by following the general steps described by Creswell (2014:224–225). The verbatim transcripts of the

interview recordings were coded and then themed to identify key words or phrases which retain participants' words (Polit & Beck, 2017:531). This process enabled the researcher to provide a detailed description of participants' words from the content of the transcripts. The coded data were re-analysed and broken down into sub-themes and illustrative responses.

The sub-themes were developed and organised based on the underlying meaning of participants' words. A sub-theme focuses on one specific element and shares the same central organising concept which captures the essence of a theme (Vaismoradi et al., 2016:102). Illustrative responses emerge when a researcher raises participants' point of view in a concept of conceptualisation and seeks the underlying meaning in the participants' words (Vaismoradi et al., 2016:102). Illustrative responses are the excerpts of the participants' words as drawn from the data. To ensure credibility and dependability of the study, the researcher obtained confirmation of content from the experienced facilitator who assisted with data collection. The facilitator ensured that no relevant data had been left out. This process ensured the stability of data during the analysis.

3.3 PRESENTATION OF FINDINGS AND LITERATURE CONTROL

In this section, the findings are presented by capturing the relevant demographic information of the participants as well as their gestational age and the themes that emerged from the data analysis.

Northern Cape recorded 2nd highest province with rates of adolescents who gave birth according to census conducted in 2016 (Statistics South Africa, 2018:26). The researcher deemed it necessary to conduct a study amongst pregnant adolescents to gain insight in their lived experiences. Frances Baard district have a variety of ethnic groups, with English, Afrikaans, Tswana and Xhosa languages being dominant. In every ethnic group, adolescent pregnancy is dealt with differently and the researcher sought to find those differences.

3.3.1 Demographic information of participants

The demographic information sought from participants in the study included their age and ethnicity. The table below indicated the dynamic of the 9 pregnant adolescents

participated in this study, which are categorised by criterion (age and ethnicity), category (ages 15-19 years and home languages) and frequency (number of participants in that age restriction and ethnicity) who are able to communicate in one of the dominant languages (English, Afrikaans, Tswana and Xhosa) in the Northern Cape. These details are presented in Table 3.1.

Table 3.1: Ages and ethnicities of participants

Criterion	Category	Frequency
Age	15 to 17 years	3
	18 to 19 years	6
Total		9
Ethnicity	Afrikaans	5
	Tswana	2
	Xhosa	1
	Shona	1
Total		9

Table 3.1 above shows that in relation to participants' age, most of the participants were in the age category 18 to 19 years, followed by the category 15 to 17 years. Regarding participants' ethnicity, most participants were Afrikaans-speaking, followed by Tswana, Xhosa and Shona. The data indicate that the Northern Cape has a high prevalence of Afrikaans speakers compared to other languages. Afrikaans is followed by Tswana. The participant with ethnicity of Shona was included in the study, as she was able to communicate in English which is one of the dominant languages in the Northern Cape.

3.3.2 Gestational age of the participants

Table 3.2 below indicates the gestational ages of the participants at the time of the study. The participants included in the study were of any gestational age and met the inclusion criteria, on account of their lived experiences and willingness to share those stories.

Table 3.2: Gestational ages of the participants

Criterion	Category	Frequency
Gestational age	0 to 12 weeks	1
	13 to 20 weeks	2
	21 to 28 weeks	3
	29 to 37 weeks	1
	38 to 41 weeks	2
Total		9

Table 3.2 above shows that regarding gestational age, most participants were in the 21 to 28 week category. This was followed by an equal number of participants in the gestational age of 13 to 20 weeks and 38 to 41 weeks. Lastly, there was an equal number of participants in the gestational age of 0 to 12 weeks and 29 to 37 weeks.

3.3.3 Findings and literature control

Adolescence is a transitional phase of physical, psychological, social and cultural aspects of maturation (Pringle et al., 2018:2). This transitioning requires adolescents to be prepared physically, psychologically, socially and cognitively as they need to deal with the demands of being an adult (Kotoh et al., 2022:1). It is within this transitioning period that the participants became pregnant and the ensuing discussion deals with their experiences reported in this study. Three themes were identified from the data related to their lived experiences. These are psychosocial challenges, impressions of being pregnant, and emotions incurred.

3.3.3.1 Psychosocial challenges

Adolescents are already faced with many challenges of transitioning from adolescence to adulthood and these become more complex as they fall pregnant. From the findings, psychological challenges can be defined as those that include loss of education, impact on economy, lack of support and health-induced challenges. These sub-categories are presented in Table 3.3 together with illustrative responses. According to Vannieuwenborg et al. (2015: 5), psychosocial problems include a broad spectrum of complaints which affect the client's functioning in daily life. The sub-categories relating to psychological challenges are discussed with literature to enhance understanding and make comparison with other studies.

Table 3.3: Summary of participants' psychosocial challenges

Category	Sub-category	Illustrative responses
PSYCHOSOCIAL CHALLENGES	Loss of education	<ul style="list-style-type: none"> • I dropped out without them knowing, but I sent a letter to them to keep space for me next year. • Oh, I am disappointed, first because I had to stop schooling. I am heartbroken (gebroke). • At school, I experienced that they are taking out the children that are pregnant. • I got my results late in 2020 and wanted to go to school in the second semester, but my mother said I should rather go next year.
	Impact on economy	<ul style="list-style-type: none"> • My boyfriend is unemployed and cannot provide support, but he is happy and is searching for work so as to help with the baby. • The father ... is fine. He is looking for work. He wrote test yesterday and he passed. • It's very difficult. Remember, when you do not have matric, one does not get work and you do not get support in most cases. Moreover, our parents are unemployed or do part-time work.
	Lack of support	<ul style="list-style-type: none"> • When I first fell pregnant, my boyfriend did not want the baby. So, I went to take a test, then told him about the pregnancy, but he told me he doesn't want a child. • But now, when others heard that I'm pregnant, others didn't want to go out with me. • Yes. When I told him, he broke up with me. • On the streets, people were judging me, saying I'm pregnant while still attending school, "She wants to be like her friends", things like that. • I don't have friends. It's just my boyfriend, my mother and my brother. • I talked with my mother and told her I don't have friends again and I'm pregnant, all that stuff. She told me that people will always be people only. They will always talk; if I don't have friends, it's ok. When I get healed, I will see them come again. I told her I don't want them again.

	<p>Health-induced/-triggered challenges</p>	<ul style="list-style-type: none"> • So, I felt the pain and I went to the hospital the weekend before Easter weekend. At the hospital, they saw the problem was my ovarian. One of them was damaged. So, the doctor told me that they have to remove it. • At that time, I was very scared, alone, depressed, afraid that maybe I can get a miscarriage, because they told me that the stuff they gonna give me is gonna be very affective to the baby. • I'm not getting periods. I'm getting very fat. • ... lately, I also get nauseous and do not eat all the food I used to. • To play with other children, to do things that I'm used to do, is not the same like before.
--	----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.3.3.1.1 Loss of education

Almost all the participants raised the issue of losing their education once they became pregnant. This loss of education happened in the face of the policy of the DBE (South I, 2018:23–27), which legislates that the pregnant adolescent has a right to continue with her education during pregnancy and after birth. This was reflected by the participants in this way:

I dropped out without them knowing, but I sent a letter to them to keep space for me next year. (Participant 5)

Oh, I am disappointed, first because I had to stop schooling. I am heartbroken (gebroke). (Participant 6)

At school, I experienced that they are taking out the children that are pregnant. (Participant 4)

The extracts above illustrate the challenges that the participants were faced with, as one indicated that she was heartbroken. However, another participant seemed to be proactive in securing space for the coming year. These two scenarios portray the outcome that normally follows when adolescents become pregnant. In the study done by Kotoh et al. (2022:6), the participants also confirmed stopping schooling due to pregnancy. Although one of the participants made an arrangement to continue with education in the coming year, Morgan et al. (2022:4) raise the issue of poor academic performance. Morgan et al. (2022:4) further indicate that school dropout is one of the

major effects of adolescent pregnancy, as some of these adolescents show little ambition and dedication, which restrict their progress in life. The concerns relating to pregnancy compelled participants in this study to attend to pregnancy matters first and that school is a second priority. The majority of the participants in this study discontinued schooling as soon as they found out that they were pregnant, as indicated in the following excerpt:

At school, I got my results late in 2020 and wanted to go to school in the second semester, but my mother said I should rather go next year.

(Participant 7)

The above statement indicates that the parents of the participant also had a role in her dropping out of the school, and this shows the extent of adolescent pregnancy and its effects on schooling. Even though policy is set in place, pregnant adolescents still experience stigmatisation and fear at school, as they are associated with early sexual intercourse activities. This stigma can lead to poor performance, as they feel rejected by peers and are isolated (Nkosi & Pretorius, 2019:110–111). Nkosi and Pretorius (2019:110–111) explain that school attendance is not only affected during pregnancy but also after birth, as the adolescent is disrupted by babysitting arrangements and the health of the child. This juggle between school and attending to the needs of the baby affects school attendance and mostly leads to school dropout as performance in class declines (Willan, 2013:37–38). Dropping out of school may have a long-term effect, as they will need to fend for themselves and their infants. The disruption of education was also coupled with challenges relating to lack of financial support.

3.3.3.1.2 Impact on economy

Pregnant adolescents need financial support to meet their basic daily needs (Wainaina et al., 2021:5). They are not yet financially stable and depend on their families and partners for financial support. Atuyambe et al. (2005:307) explain that the financial situation of pregnant adolescents depends on their circumstances of whether they are financially supported by their families or partner, as they do not yet have an income to support themselves.

The impact on economy was reflected by the participants in this manner:

My boyfriend is unemployed and cannot provide support, but he is happy and is searching for work so as to help with the baby. (Participant 8)

The father ... is fine. He is looking for work. He wrote test yesterday and he passed. (Participant 6)

It's very difficult. Remember, when you do not have matric, one does not get work and you do not get support in most cases. Moreover, our parents are unemployed or do part-time work. (Participant 8)

The quotations above indicate that some of the participants were from poor backgrounds as their partners were still looking for employment. Both these participants indicated being more dependent on their partners for financial support rather than their immediate families. This is an illustration of how some adolescents fall pregnant to escape poverty in their homes.

This concern of financial instability raises issues around not having enough money for food, shelter, transport and the health needs and care of their infants (Eastman et al., 2019:online). As previously stated, lack of educational aspiration due to repetition of grades leads to pregnant adolescents dropping out of school and as a result increases the circle of poverty. Neiterman (2012:28) indicates that the socioeconomic background of pregnant adolescents plays an important role, as adolescents from poor backgrounds have limited opportunities for better employment and are more likely to become pregnant.

Adolescents from families headed by a single parent are at more risk of falling pregnant, as they try to escape from poverty and lack adult supervision, as the single parent is the breadwinner and needs to provide in the needs of their family (Anyanwu et al., 2020:2). Parents from this type of family often do odd or part-time jobs to cater for their families. Pregnant adolescents from these families have limited educational prospects, as they lack resources and have limited guidance to persuade them to continue with schooling after birth (Nyangarika et al., 2020:159). Limited job opportunity as a result of poor educational attainment further places pregnant adolescents at risk of their children repeating the circle of poverty and of adolescent pregnancy (Yakubu & Salisu, 2018:2). In this study, as shown by the extracts above, the participants were from low-income families and this can deprive them of

opportunities to develop themselves and acquire better paying jobs in future. Lack of financial resources can lead pregnant adolescents to make decisions regarding their life necessities. These decisions may include dropping out of school to provide for their infants, which will further put them in the marginal lines of poverty. This is an indication that the circumstances of pregnant adolescents can further precipitate the cycle of poverty if there is no positive change.

Pregnancy affects adolescents not only economically but also socially, as some experience lack of support from both their families and partners. The aspect of lack of support is explored in detail to understand its impact on the pregnant adolescent.

3.3.3.1.3 Lack of support

Pregnant adolescents need support during and after pregnancy. The form of support can be emotional, financial or cognitive and can be provided by family, partner, friends, neighbours or teachers. Lack of support can impact negatively on the health of pregnant adolescents, as they need to adapt to the transition to motherhood. Mangeli et al. (2017:170–171) attest that lack of support can have detrimental effects on adapting to motherhood, as pregnant adolescents have new roles and responsibilities to adapt to. Pregnant adolescents may face rejection from peers and community, as they may be associated with bad influence. Below are some excerpts indicating some of the rejections participants in this study endured:

But now, when others heard that I'm pregnant, others didn't want to go out with me. (Participant 3)

On the streets, people were judging me, saying I'm pregnant while still attending school, "She wants to be like her friends", things like that. (Participant 5)

I don't have friends. It's just my boyfriend, my mother and my brother. (Participant 7)

The quotations above demonstrate how some of the participants in this study were rejected by friends and the community once their pregnancy became evident. Pregnant adolescents with inadequate support and increased prenatal and parenting stress are at risk of emotional distress (Van Zyl et al., 2015:158). They depend on their families

and partners for support. In this study, participants felt unsupported, as some relationships with partners ended once they disclosed their pregnancy status. Below are some related narratives:

Yes. When I told him, he broke up with me. (Participant 3)

When I first fell pregnant, my boyfriend did not want the baby. So, I went to take a test, then told him about the pregnancy, but then he told me he doesn't want a child. (Participant 2)

A study done by Shah et al. (2014:14–15) shows that lack of support during pregnancy leads to anxiety and depression, which contribute to premature birth. Participants in this study perceived friendships differently, as they received no support from their friends during their pregnancy, as indicated below:

I talked with my mother and told her I don't have friends again and I'm pregnant, all that stuff. She told me that people will always be people only. They will always talk; if I don't have friends, it's ok. When I get healed, I will see them come again. I told her I don't want them again. (Participant 3)

The above portrays a society where partners, friends and community members disassociate themselves from pregnant adolescents and regard their pregnancy as taboo. Pregnant adolescents further experience negative remarks and shame from the community. This lack of support can lead to anxiety and depression in pregnant adolescents. The health challenges endured by participants are further explained next.

3.3.3.1.4 Health-induced/-triggered challenges

Adolescents from low socioeconomic status, as previously stated, are likely to engage in sexual activities and fall pregnant at an early age, as they might have little information on sexual and reproductive healthcare. The lack of knowledge imposes health risks on them, as they engage immaturely in sexual activities with little or no information, which may lead to adverse maternal and infant outcomes (Obwoye et al., 2019:36). Participants spoke about some of the health challenges they encountered during pregnancy. One participant noted:

So, I felt the pain and I went to the hospital the weekend before Easter weekend. At the hospital, they saw the problem was my ovarian. One of them was damaged. So, the doctor told me that they have to remove it. (Participant 2)

At that time, I was very scared, alone, depressed, afraid that maybe I can get a miscarriage, because they told me that the stuff they gonna give me is gonna be very affective to the baby. (Participant 2)

Another participant stated:

I'm not getting periods. I'm getting very fat. (Participant 1)

Participants also indicated lifestyle changes during pregnancy:

... lately, I also get nauseous and do not eat all the food I used to. (Participant 6)

To play with other children, to do things that I'm used to do, is not the same like before. (Participant 3)

Pregnant adolescents are prone to health challenges and it is no different for participants in this study. As indicated above in the interview extracts, the participants of this study mentioned some of the health challenges they experienced during the course of their pregnancy. Lack of access to reproductive and sexual education predisposes girls to adolescent pregnancy. Participants experienced physical changes and emotional and mental distress. The support that pregnant adolescents receive plays an important role in their transitioning into motherhood. The next section discusses impressions of being pregnant.

3.3.3.2 Impressions of being pregnant

Adolescent pregnancy impacts everyone associated with the adolescent either positively or negatively. The reactions of relatives, the boyfriend and friends may differ on initially receiving news about the pregnancy. A well-established relationship between the adolescent and their relatives, partner and friends is of great importance during their pregnancy. Table 3.4 illustrates the sub-categories and illustrative responses under this category.

Table 3.4: Summary of participants' perceptions of impressions of being pregnant

Category	Sub-category	Illustrative responses
IMPRESSIONS OF BEING PREGNANT	To the family	<ul style="list-style-type: none"> • My mom is always there and encouraging and stuff. • At home is also well, because my mother treats me well. Yeah, and also gives me love and the things that I want. • When I told my mother, she was angry, but a little afterwards she forgave me. • My parents are heartbroken and disappointed, especially because I had to stop schooling.
	To the boyfriend	<ul style="list-style-type: none"> • My boyfriend also treats me well. • My boyfriend also, he is supportive. • My boyfriend is ok, he is happy.
	To friends	<ul style="list-style-type: none"> • My friends are supportive. • My friends always tell me when the baby is coming, things like that. They also treat me well.

3.3.3.2.1 To the family

Adolescent pregnancy may lead to family conflicts, as it is unplanned and this may result in relatives being aggressive by humiliating and ridiculing the adolescent. Maranhao et al. (2017:841) attest that families may react negatively towards adolescent pregnancy, as it interferes with the well-being and future aspirations of the adolescent. Participants in this study explained the reactions of their families to the news of their pregnancy in this manner:

When I told my mother, she was angry, but a little afterwards she forgave me. (Participant 3)

My parents are heartbroken and disappointed, especially because I had to stop schooling. (Participant 6)

According to Samano et al. (2017:14), family form an integral part of the adolescent's life and are of great importance in their development and emotional well-being. Participants in this study expressed the following sentiments in this regard:

My mom is always there and encouraging and stuff. (Participant 2)

At home is also well, because my mother treats me well. Yeah, and also gives me love and the things that I want. (Participant 4)

The above extracts are a clear indication of how family members felt on the disclosure of pregnancy by the participant. Adolescents with dysfunctional families may find it hard to adjust to pregnancy and its stressors due to lack of support from home. Conversely, those with a solid foundation of relationship at home may navigate their pregnancy smoothly. According to Mumah et al. (2020:6), parental support is of great importance, as it shields the adolescent from early and unplanned pregnancy.

3.3.3.2.2 To the boyfriend

Pregnant adolescents with well-established relationships with their partner are able to disclose their pregnancy with no fear of negative effects. Participants in this study expressed that the disclosure of their pregnancy impacted their relationship positively, as their partners were caring and supportive. One participant said:

My boyfriend also treats me well. (Participant 4)

Other participants confirmed this notion:

My boyfriend also, he is supportive. (Participant 5)

My boyfriend is also ok, he is happy. (Participant 7)

According to Govender et al. (2020:16), the partner's reaction to the pregnancy could be diverse, as some relationships may be strained due to the pregnancy and others may be welcoming. Participants in this study indicated varied impacts on their relationship with their partner upon becoming pregnant. Some indicated that their partner was caring and supportive, while others indicated that their relationship ended or became strained. Shah et al. (2014:2) argue that the partner's support may alleviate the stress of pregnancy and improve the chances of a good pregnancy outcome. The involvement of the partner during pregnancy is of importance, as they assist with maternal emotional distress and increase the livelihood of the pregnant adolescent as they will support them financially.

3.3.3.2.3 To friends

Maranhao et al. (2018:845–846) attest that the support of friends is important in acknowledging the pregnancy, as adolescents may view it as a positive event. Participants in this study reported that their friends assisted them to adapt to their new

role by providing them with necessary information, as indicated below by one participant:

My friends always tell me when the baby is coming, things like that. They also treat me well. (Participant 4)

Another participant indicated support received from friends in this manner:

My friends are supportive. (Participant 5)

Participants indicated that their friends acted the same towards them like before the pregnancy, as they were caring, supportive and informative. Friends of pregnant adolescents assist them to adapt this transitioning stage in their daily lives. According to Gbogbo (2020:9), even though the pregnant adolescent might undergo challenges during their pregnancy, the social support they receive from friends is important. This will encourage them on how to tackle some challenges and cope in this situation.

3.3.3.3 Emotions incurred

The participants deemed acceptance, happiness and satisfaction, disbelief and being moody as some of the experiences that marked being pregnant as an adolescent. Adolescence may come with mixed emotions for some and the individual needs to understand the changes that their body undergoes. This developmental stage of adolescence is important to an adolescent, as their cognitive, emotional, psychological and social skills mature. The transitioning of the pregnant adolescent is affected by the pregnancy itself, as they now need to adapt to transitioning to motherhood while still developing in this stage. Pregnant adolescents still need to maintain their social life during pregnancy with their boyfriend, friends and family. Since pregnancy may come with a rollercoaster of emotions and may trigger stressors, the pregnant adolescent needs emotional and psychological support to have conversations about those emotions. Istiqomah (2021:30–33) suggests that emotions, either negative or positive, may have an impact on the health of both the adolescent and their unborn child. The sub-categories identified under this category are acceptance, happiness and satisfaction, disbelief and moodiness. These are summarised in Table 3.5 together with their illustrative responses.

Table 3.5: Summary of emotions incurred by participants

Category	Sub-category	Illustrative responses
EMOTIONS INCURRED	Acceptance	<ul style="list-style-type: none"> • So, I told him (boyfriend), “I can do nothing about it, I’m already pregnant. But if you are willing to support me, it’s up to you, but if not, its fine. I’ll raise the child on my own.” • I just pray that I give safe birth to this baby and everything works out the way I really want it to work out. • I am now used to staying at home. • My sister wanted me to do abortion, but I did not want to; I told her that this is my baby. • Yes, my family wrote his parents a letter and they indicated that they accept the pregnancy. • Myself, initially, I was disappointed, because it was not part of my plans, but I’ve made peace with it.
	Happiness and satisfaction	<ul style="list-style-type: none"> • I’m very happy, because there is no stress. My husband is going to give me a baby. • I am excited about the baby. • I think I’m feeling better. I talked to someone about my feeling, because I’m usually a person who keeps things to myself.
	Disbelief	<ul style="list-style-type: none"> • Myself, I can still not believe that there’s a person growing inside my body. • She did not believe that I am pregnant, because I’m attending school, and all the time, I’m home. She did not expect me to be pregnant while I’m still at school.
	Moodiness	<ul style="list-style-type: none"> • I started getting moody and shouting with my mother.

3.3.3.3.1 Acceptance

Participants indicated that they acknowledged their pregnancy regardless of the indifferences between them and their family, boyfriend and friends. Each participant experienced a certain range of emotions which identified how they felt about the pregnancy and how they came to terms with it. The participants in this study showed acceptance of their pregnancy, even though some were at risk of losing relationships, as indicated below:

So, I told him (boyfriend), “I can do nothing about it, I’m already pregnant. But if you are willing to support me, it’s up to you, but if not, its fine. I’ll raise the child on my own.” (Participant 2)

My sister wanted me to do abortion, but I did not want to; I told her that this is my baby. (Participant 5)

Other participants also showed calmness by embracing their pregnancy:

I am now used to staying at home. (Participant 3)

I just pray that I give safe birth to this baby and everything works out the way I really want it to work out. (Participant 2)

Myself, initially, I was disappointed, because it was not part of my plans, but I've made peace with it. (Participant 7)

The following participant quote affirms how the partner's family members came to accept her pregnancy:

Yes, my family wrote his parents a letter and they indicated that they accept the pregnancy. (Participant 9)

It became clear based on the findings that some family members and partners did not accept the adolescent pregnancy. This was characterised by family members suggesting termination of the pregnancy and by partners ending the relationship soon after pregnancy disclosure. Even though that was the outcome, the participants still remained positive during their pregnancy. For some participants, an agreement was reached in writing by the two families indicating their acceptance of the pregnancy. Acknowledgement of paternity is an indication that the partner's family will assume responsibility by caring for the child financially and also provide the necessary support (Kaufman et al., 2001:152). Family intervention and acceptance of the adolescent pregnancy will aid in the well-being of the adolescent and increase chances of a positive pregnancy outcome.

3.3.3.3.2 Happiness and satisfaction

Participants expressed that accepting their pregnancy brought about emotions of happiness and satisfaction. These emotions create a purposeful and motivated life with positive prospects of motherhood. Nordin et al. (2012:701–702) attest that a reflection of good psychological well-being is exhibited by happiness and satisfaction, which form part of general positive affect. An expression of happiness and satisfaction by pregnant

adolescents on a daily basis improves their wellness, increases quality of life and makes life worth living, since they exhibit strengths of positive affect. Participants in this study showed emotions of positive affect thus:

I'm very happy, because there is no stress. My husband is going to give me a baby. (Participant 1)

I am excited about the baby. (Participant 6)

Another participant expressed her emotions in this way:

I think I'm feeling better. I talked to someone about my feeling, because I'm usually a person who keeps things to myself. (Participant 2)

The quotes reflect the feelings of happiness and satisfaction experienced by the participants. For the married participant, the experience of pregnancy appears to have made her regard life as fulfilling and full of joy, as she received social support from her husband. Positive interactions with partner, family and friends during adolescent pregnancy are associated with happiness and life satisfaction (Battulga et al., 2021:13). Adolescents who receive social support seem to overcome life stressors and enjoy their pregnancy.

3.3.3.3 Disbelief

Pregnancy may come with feelings of shock and disbelief for adolescents as for the majority of them, their pregnancy is not planned. A turmoil of emotions may be exhibited by these adolescents, as some did not plan to fall pregnant as part of their future prospects and they now need to accept it as part of their life. Due to the unplanned pregnancy, some adolescents might be unprepared to take on and accept their responsibilities, as pregnancy is perceived as being challenging. Moridi et al. (2019:10) maintain that, initially, news of pregnancy may come with emotions of shock and confusion for some adolescents. This was indicated by the following participant:

Myself, I can still not believe that there's a person growing inside my body. (Participant 8)

Another participant indicated that her pregnancy disclosure to the family came as a shock, since she was not expected to be pregnant while still at school:

She did not believe that I am pregnant, because I'm attending school, and all the time, I'm home. She did not expect me to be pregnant while I'm still at school. (Participant 5)

These narratives clearly indicate shock and confusion brought about by news of the pregnancy, not only for the participants but for their families as well. Pregnancy comes with lot of expectations and adolescents may have conflicting feelings as they may feel that they are inexperienced and will not know how to deal with maternal challenges in future.

3.3.3.3.4 Moodiness

Hormonal changes during pregnancy may cause mood swings, which adolescents may manifest by being irritable and angry at times. According to Pieta et al. (2014:661), pregnancy and the perinatal period, accompanied by hormonal and mood changes, expose pregnant adolescents to the risk of psychological disorders such as depression. This becomes a concern for the health of the adolescent and her baby. If mood changes are prolonged for a long period of time during pregnancy, it increases the chances of contracting a mental health disorder. One participant in this study explained her experience with mood changes:

I started getting moody and shouting with my mother. (Participant 4)

The extract indicates changes in mood of the participant. Adolescence is a developmental stage that is associated with hormonal changes and, therefore, pregnancy together with life stressors can exacerbate mental health issues (Mutahi et al., 2022:2). These hormonal changes can cause the pregnant adolescent to become irritated over the slightest things at home and this can be seen by her relatives.

3.4 CONCLUSION

In this chapter, the researcher attempted to untangle the complexity of the data regarding the lived experiences of pregnant adolescents within a district of the Northern Cape. The demographic information of the participants contributed to unfolding the phenomenon under study. The findings were categorised into psychosocial challenges, impressions of being pregnant, and emotions incurred. Throughout the process of data analysis, the findings of the study revealed that

pregnant adolescents are faced with myriads of challenges in their daily lives. These experiences are of vital importance, as it is indicative of what most pregnant adolescents go through in their daily lives. In the next chapter, discussion of the main findings, as well as limitations and recommendations, is presented.

4 DISCUSSION, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 INTRODUCTION

The previous chapter presented and described the findings of the study, substantiated with relevant literature. This chapter contains a summary of the main findings, conclusions, recommendations and limitations of the study.

Pregnant adolescents are faced with a myriad challenges which can be emotionally and physically draining. Factors relating to adolescent pregnancy, such as psychosocial challenges, impressions of being pregnant, and emotions incurred, were uncovered during the study and validated by relevant literature. The researcher sought to understand the lived experiences of pregnant adolescents in their natural environment. A phenomenological inquiry was undertaken, guided by the research question:

- What are the lived experiences of pregnant adolescents in a specific district of the Northern Cape?

Information-rich data were obtained, which helped the researcher to reveal the complexity of the lived experiences of pregnant adolescents.

4.2 RESEARCH DESIGN AND METHODS

To investigate the lived experiences of pregnant adolescents required an interpretivist paradigm, whose philosophical assumptions are constructed and interpreted on the basis of everyday experiences that are influenced by culture, religion and sociopolitical factors. The lived experiences of pregnant adolescents were investigated using qualitative research methods. The qualitative approach served as cornerstone of the research study, with phenomenology as tradition of inquiry. The researcher engaged with the participants to explore the realities they experienced as pregnant adolescents within the study district. These detailed experiences were captured through means of exploratory, descriptive and phenomenological research designs using unstructured in-depth interviews. To capture the essence, the participants were asked what it is like

being pregnant, and this question produced information-rich data, as the participants elaborated their daily struggles and challenges.

The researcher obtained the necessary permissions from the HSREC and the gatekeepers of the Northern Cape Department of Health to conduct the study. The simple random sampling technique was used to select antenatal clinics where recruitment of participants took place. Nine participants who met the inclusion criteria were selected using purposive sampling. The participants were pregnant adolescents between the ages of 15 and 19, with various gestational ages and from different ethnicities. Utilisation of an audio recorder came in handy, as the researcher managed to capture the deeper meaning the participants gave to their lived experiences as pregnant adolescents. The information-rich data that emerged from the participants' stories are further discussed below.

4.3 DISCUSSION OF FINDINGS

The results emerging from the participants' stories were presented related to how they perceived their lived experiences as pregnant adolescents on a daily basis. The contextual information about the participants and main themes of psychosocial change, impressions of being pregnant, and emotions incurred are discussed briefly below.

4.3.1 Contextual information about the participants

This study was conducted with nine pregnant adolescents of different ages and ethnicity. Demographic information in this study included age and ethnicity. The participant's ages ranged from 15-19 years. There were 3 participants of the ages 15-17 years and 6 participants of ages 18-19 years.

There were 5 participants whom their home language was Afrikaans, 2 tswana, 1 Xhosa and 1 Shona. The participants decided on language to communicate with during the interviews. The participant who identified as Shona, preferred to speak in English.

4.3.2 Psychosocial challenges

The results reveal various psychosocial problems that affected the daily functioning of participants. Pregnant adolescents are a vulnerable group who are still transitioning from adolescence to adulthood. Pregnancy adds more strain, as it comes with

uncertainties and new challenges brought by motherhood; therefore, it makes them more prone to vulnerability. Gselamu et al. (2019:116) affirm that unplanned pregnancy is associated with many negative factors, such as disruption in education and life plans, being unprepared for motherhood, and financial instability, with all these factors contributing to increased stress levels in adolescents. The four main factors associated with psychosocial challenges, as identified from data analysis, include loss of education, impact on economy, lack of support and health challenges.

4.3.2.1 Loss of education

The results pertaining to loss of education indicate that once participants became aware of their pregnancy, even before it was evident to others, they dropped out of school due to fear of being humiliated by the community, teachers and peers. The findings reveal that the participants dropped out of school as soon as their pregnancy was confirmed. One of the reasons cited by the participants for dropping out of school was the knowledge that other learners had been expelled from school due to pregnancy. For some participants, parents stopped them from continuing their schooling after they broke news of their pregnancy. Nkosi and Pretorius (2019:111) attest that pregnant adolescents delay completing their education instead of dropping out of school completely. For some, this delay has negative effects, as it reduces the likelihood of returning to further their education, with poor academic performance being noted for those who decide to return. Some of the participants in this study reported that they secured space for the upcoming year by writing a letter to the school asking for readmission for the next academic year. In a study done by Okine and Dako-Gyeke (2020:874), it is indicated that some adolescent mothers did not complete their formal education, while others obtained only a senior level as their highest qualification.

The results further reveal that adolescent pregnancy can also affect future generations, as it is improbable for pregnant adolescents to continue with their education. This prevents them from realising their capabilities and finding better economic opportunities. Maemeko et al. (2018:92) explain that adolescent pregnancy is a cause and effect of school dropout, leading to low academic attainment and decreased work opportunities. The children of adolescent mothers will also be at risk of falling pregnant as adolescents, perpetuating intergenerational cycles of poverty. According to Jonas et al. (2016:2), pregnant adolescents are prone to adverse pregnancy outcomes, which

limit life chances and further exacerbate poverty, resulting in a generational cycle of poverty that becomes difficult to break.

It is apparent that adolescent pregnancy does affect education, as elaborated by the participants in their stories. Some participants managed to secure space in school for the upcoming year, thus indicating that they still wanted to continue with their education even after giving birth.

4.3.2.2 *Impact on economy*

It is apparent from the results that adolescent pregnancy further affected financial stability in the participants' homes, as they were from poverty-stricken areas. The financial status of the pregnant adolescent's family plays an important role, as pregnant adolescents are unemployed and depend on their partner and parent's financial support. Some of the participants raised the issue that their partner and parents were unemployed. Therefore, pregnancy put more strain on their households as there would now be an additional member whose basic needs had to be met. According to Gselamu et al. (2019:116), pregnant adolescents are faced with financial hardships, as they depend on their families to meet their basic needs and are at risk of being subjected to low income during their lifetime due to low educational attainment.

Low educational attainment is associated with unemployment, as pregnant adolescents lack skills to be competent in the workplace. Gbogbo (2020:1) maintains that adolescent pregnancy is associated with socioeconomic difficulties, as they drop out of school and have few employment opportunities. The results from the stories reveal that pregnant adolescents are dependent on their families and partner for financial support as they are unemployed and that affects their lived experiences on a daily basis.

4.3.2.3 *Lack of support*

The results are indicative of the fact that adolescent pregnancy can be strenuous on relationships. Participants received inadequate support, as the findings reveal that some lost some relationships once they disclosed their pregnancy. In Govender et al.'s (2020:16) study, partners reacted differently after becoming aware of the pregnancy, with some denying and rejecting the pregnancy and others being welcoming of it. This serves as an indication that not only the participants in this study faced rejection by

being pregnant but that other pregnant adolescents have experienced similar reactions.

In this study, participants faced rejection mostly from their partner, friends and the community. Although parents were not fully supportive at the beginning, they welcomed the idea as time passed. Primary support is of great importance, as rejection from outside can cause anxiety and depression. According to Nkosi and Pretorius (2019:112), pregnant adolescents rely on their mothers for support, and lack of it affects their emotional well-being and further hampers them from returning to school. The results further reveal that some of the participants in this study received emotional support from their mothers when they were faced with rejection from their partner and friends.

Furthermore, the findings of this study reveal that some participants were ridiculed by community members, as they were regarded as immoral and deviant when their pregnancy became evident. Pregnant adolescents are stigmatised by the community, as they are associated with deviation from the societal expectations of waiting until later to have children (Dowden et al., 2018). Lack of support is a frustrating experience, as pregnant adolescents are persecuted, shamed and rejected by the community, as expressed by the participant in this study.

In this study, the researcher noticed that participants were faced with lack of support and mostly had to depend on their family for emotional and financial support.

4.3.2.4 Health-induced/-triggered challenges

The results pertaining to health-induced/-triggered challenges reveal that pregnant adolescents are prone to health challenges. Their bodies are still developing physically and are not matured to handle physiological and psychological changes associated with pregnancy. Gselamu et al. (2019:115) and Panda et al. (2023:2) reveal that pregnant adolescents are more at risk than mature mothers, as they are associated with health risks such as hyperemesis gravidarum, which can be aggravated by psychological factors. In this study, the findings confirm that the participants experienced physiological changes such as nausea, loss of appetite and missed menstrual periods, which made them wonder what was wrong with their bodies.

This further concurs with the findings of the study on psychological changes where participants highlighted the fact that they felt alone and depressed. Ntshayintshayi et al. (2022:1) attest that adolescent pregnancy is a notable predictor of depression as adolescents are not prepared to face the challenges that come with pregnancy and parenthood. Pregnant adolescents are still navigating through their developmental stage and pregnancy comes with its own risks and demands which can have a profound impact on mental health (Tebb & Brindis, 2022:107).

4.3.3 Impressions of being pregnant

The results reveal that adolescent pregnancy impacts everyone associated with the pregnant adolescent. The participants indicated that their pregnancy came as a huge surprise to their families as they were not expecting them to be pregnant. The reactions of the families differed, as some displayed emotions of anger and disappointment, while others accepted the pregnancy.

4.3.3.1 To the family

The results reveal that each family reacted differently to the news of the pregnancy. Some families accepted the pregnancy quickly, and for other participants, it was different, as their parents were angry, heartbroken and disappointed. Ayamolowo et al. (2019:1–3) explain that social support is of great importance to pregnant adolescents, as it reduces risk of depression, improves quality of pregnancy and delivery, and provides reassurance, while mitigating the negative effects of adolescent pregnancy.

Some of the participants indicated that their primary support was their mother, who provided them with emotional and financial support. Samano et al. (2017:14) attest that family is a foundation for the improved developmental and emotional well-being of adolescents.

4.3.3.2 To the boyfriend

The results reveal that some participants did receive support from their boyfriend, as they were accepting of the news of the pregnancy. The partner's support is of importance, as it improves the quality of the pregnancy and its outcome and reduces stress (Shah et al., 2014:2).

The pregnancy outcomes of pregnant adolescents with support from the partner are likely to be different than those without support. This was indicated by the participants in this study, as they mentioned that they were treated well and supported. Less stressful events in pregnant adolescents' lives ensure higher chances of positive pregnancy and birth outcomes. Cheng et al. (2016:677–678) claim that partner support influences the pregnancy outcomes, as antenatal clinics will be attended in the first trimester of the pregnancy, and decreased depressive symptoms have been observed during and after pregnancy.

4.3.3.3 To friends

The results reveal that some of the participants did receive support from their friends. The inclusion by their friends created an immense difference, as it prevented them from self-isolating and helped them to overcome stigma associated with adolescent pregnancy. In their study, Jantacumma et al. (2018:31–32) indicate that lack of social support is associated with depression, as pregnancy is a stressful event and increases the risk of psychological problems. Furthermore, a study done by Humberstone (2019:524–525) indicates that adolescent pregnancy may hinder social interactions with peers due to decreased energy levels, absenteeism at school to attend antenatal appointments and lack of understanding of life changes that come with pregnancy.

4.3.4 Emotions incurred

The results of the study are indicative of the fact that the participants experienced various emotions during the course of their pregnancy. Pregnant adolescents are confronted with floods of emotions and, as well known, they are still developing physically, mentally and emotionally. This rollercoaster of emotions may affect their quality of life and psychological well-being. Participants of this study were no different in this regard, as they also experienced different emotions, such as acceptance, happiness and satisfaction, disbelief and being moody.

These findings are supported by the study done by Moridi et al. (2019:9), where pregnant adolescents indicated that they experienced a whirlpool of emotions, such as happiness and satisfaction, shock and regret towards their pregnancy. For the majority of pregnant adolescents, their pregnancy was unplanned and they were not prepared

to assume responsibility for another life. This comes with mixed emotions, as they are uncertain about their future and how they will navigate parenthood.

4.3.4.1 Acceptance

The results reveal that the participants accepted their pregnancy, even though some were initially in disbelief and disappointed. Acceptance came through the support they received from family and friends, even though for others, it was minimal, to the extent that they lost their relationship with their partner. In a study done by Crooks et al. (2022:12), participating pregnant adolescents indicated that the support they received from their family made it easy to accept their pregnancy.

4.3.4.2 Happiness and satisfaction

It is apparent from the results that with acceptance comes happiness and satisfaction. Participants who accepted their pregnancy indicated that they were happy about the baby. According to Battulga et al. (2021:13), impactful relationships are associated with happiness and life satisfaction.

4.3.4.3 Disbelief

The results reveal that news of pregnancy came with mixed emotions, as the participants were shocked and in disbelief. Most of the participants' pregnancy was not part of their future plans, as they were focused on completing their schooling first before becoming parents. Moridi et al. (2019:10) affirm that hearing about pregnancy may result in confusion and shock.

4.3.4.4 Moodiness

The results reveal that turmoil of hormonal changes occurs during pregnancy and this was exhibited by the participants in this study. Participants indicated that they had hormonal changes by confirming that they were moody during their pregnancy. Pieta et al. (2014:661) affirm that pregnancy is accompanied by hormonal changes and mood changes.

4.4 CONCLUSIONS

The aim of the study was to explore the lived experiences of pregnant adolescents within a district in the Northern Cape.

Although adolescent pregnancy is not an uncommon occurrence, the study revealed that it can still have negative consequences. The results of the study reveal that participants did not have a say in certain matters regarding their life and the pregnancy. For example, they had to stop schooling, a decision taken by their families, which delayed their progress in achieving a higher certificate. Even though policy by the DBE (South Africa. DBE, 2018:23) is in place to protect pregnant adolescents, some participants indicated that some learners in their schools were taken out of school once their pregnancy had become evident. Based on this, the participants opted to stop schooling before they could be taken out.

The participants were socially excluded, as they were not working and lived in a poverty-stricken district. All the participants in this study were dependent on their family for emotional and financial support, and some indicated that their partner and parents were unemployed. For some participants, their pregnancy became a burden in their homes, as the family now had to plan on how they would meet the basic needs of the child.

The results further reveal that participants were not affected in their homes only but in the community as a whole also. The participants revealed that they were judged by the community for being pregnant and some even lost friendships.

Most participants indicated feeling heartbroken, sad and disappointed once they became aware of their pregnancy. Their experiences show the need for increased support from their homes, the government and community as a whole.

4.5 RECOMMENDATIONS

It is recommended that the following strategies be implemented to reduce adolescent pregnancy and to support those affected by it in the Northern Cape. The recommendations emanating from the results include recommendation for nursing practice, recommendation for nursing education and recommendation for future research.

4.5.1 Recommendations for nursing practice

First, counselling services must be made available that render multifaceted social support. These services will be rendered to the family of the pregnant adolescent and the boyfriend in order to address the emotions that accompany the news of the pregnancy.

For the pregnant adolescent to receive support at home, the family needs to be counselled and their feelings need to be heard in order to provide full support to the pregnant adolescent. These services will create a platform for effective communication between parents and the adolescent.

The services also need to be offered or made available to the boyfriend, as hearing news of the pregnancy could be stressful. These services will assist the boyfriend to inform their family about the pregnancy.

Second, school health services in government schools need to be resuscitated. The government needs to allocate a professional nurse to each school, who will render primary health services to the learners. This will include family planning and other emergency services, since some schools are situated far from clinics.

The life orientation classes or natural sciences subjects include the reproductive system as topic to be taught. For these classes, a professional nurse allocated to the school should be invited to deliver a health talk about sex education, contraceptive use and adolescent pregnancy and its consequences.

4.5.2 Recommendations for nursing education

Given the challenges of adolescent pregnancy, it is recommended that nursing education institutions should develop a short learning programme as a speciality course on dealing with adolescent pregnancy for nurses.

4.5.3 Recommendations for future research

Future research should focus on support structures that pregnant adolescents can utilise during and after pregnancy, since the results of the study show participants had lack of support and limited ways of coping with daily challenges.

4.6 LIMITATIONS

The study had several limitations. First, it focused on pregnant adolescents within one specific district. It thus excluded pregnant adolescents in rural areas of the Northern Cape from participating who could have otherwise provided rich data. Therefore, the findings of the study cannot be generalised.

Furthermore, the study made use of a qualitative approach using a small number of participants. In a quantitative study, a survey method may be used with a larger sample.

Lastly, the study was conducted during the COVID-19 pandemic. Data collection was difficult due to the pandemic and participants would cancel appointments at the last minute due to relocating to other family members for the duration of the pregnancy. Some participants used a family member's cell phone since they did not own a phone and it became difficult to get a hold of them. Others withdrew for unmentioned reasons. The researcher thus had to re-recruit other participants and reschedule the appointments.

The researcher was responsible for funding of the study. She had to pay for her own transportation fees and also for the experienced interviewer. The cost of transportation affected the researcher. Some of the participants were unreliable, as they did not come on the day of appointment and without providing any explanation, even though the researcher did follow up to check on their availability.

4.7 CONCLUSION

In this chapter, the findings of the study were discussed and conclusions of the study were drawn. Based on the conclusions, the researcher made recommendations for nursing practice and education as well future research. The limitations of the study were also discussed.

4.8 REFLECTION BY THE RESEARCHER

The study was conducted during the COVID-19 pandemic and the researcher had to abide by the rules set to protect all parties, namely the participants, the experienced

interviewer and the researcher. The researcher had to re-recruit participants a few times, as some were unreliable. This was perhaps due to fear of the pandemic, even though the researcher emphasised protecting everyone involved in the study by providing face masks and hand sanitiser.

Adolescent pregnancy is not uncommon, but the effects of it on all the parties involved still remain harsh. The participants of this study are still faced with discrimination, as adolescent pregnancy is regarded as a taboo. However, communities are taking no action to address the issue, but instead cause those who are pregnant to self-isolate and to end up being depressed. Effective communication in adolescent homes is needed to create a platform where adolescents can openly talk about sexual and reproductive health without being judged for engaging in sexual activities.

The researcher provided transportation for herself and for the experienced interviewer. The participants mentioned that they lived around the clinic area and there was no need for a transportation fee, as the researcher had offered since they were coming in their own time and not on their antenatal visit day.

The experienced interviewer had to come several times due to the mentioned circumstances. Her patience in assisting the researcher with the interviews was remarkable and aided the researcher to not give up during the process. Both the supervisor and co-supervisor were exceptional, as they assisted the researcher throughout the study and made it possible to complete it.

LIST OF REFERENCES

- Adu, P. 2019. *A step-by-step guide to qualitative data coding*. New York: Routledge.
- Akhtar, I. 2016. Research design. In *Research in social science: Interdisciplinary perspectives* (pp. 68–84). Kanpur, India: Social Research Foundation. Available at: <https://www.researchgate.net/publications/308915548>. Date of access: 01 Sep. 2020.
- Akter, M. 2019. Physical and psychological vulnerability of adolescents during pregnancy period as well as post traumatic stress and depression after child birth. *Open Journal of Social Sciences*, 7:170–177.
- Al-Ababneh, M.M. 2020. Linking ontology, epistemology and research methodology. *Science and philosophy*, 8(1):75-91.
- Alharahsheh, H.H. & Pius, A. 2020. A review of key paradigms: Positivism vs interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3):39–43.
- Anyanwu, F.C., Akinsola, H.A., Tugli, A.K. & Obisie-Nmehielle, N.A. 2020. A qualitative assessment of the influence of family dynamics on adolescents' sexual risk behaviour in a migration-affected community. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1):1717322.
- Asiamah, N., Mensah, H.K. & Oteng-Abayie, E.F. 2017. General, target, and accessible population: Demystifying the concepts for effective sampling. *The Qualitative Report*, 22(6):1607–1621.
- Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E.K. & Faxelid, E. 2005. Experiences of pregnant adolescents: Voices from Wakiso district, Uganda. *African Health Sciences*, 5(4):304–309.
- Ayamolowo, S.J., Olajubu, A.O. & Akintola, E. 2019. Perceived social support and depression among pregnant and child-rearing teenagers in Ile-Ife, southwest Nigeria. *African Journal of Midwifery and Women's Health*, 13(4):1–11.

- Battulga, B., Benjamin, M.R., Chen, H. & Bat-Enkh, E. 2021. The impact of social support and pregnancy on subjective well-being: A systematic review. *Frontiers in Psychology*, 2:1–21.
- Bermea, A.M., Toews, M.L. & Wood, L.G. 2018. “Students getting pregnant are not gonna go nowhere”: Manifestations of stigma in adolescent mothers’ educational environment. *Youth and Society*, 5(3):423–436.
- Bhana, D., Morrel, R., Shefer, T. & Ngabaza, S. 2010. South African teachers’ response to teenage pregnancy and teenage mothers in schools. *Culture, Health and Sexuality*, 12(8):871–883.
- Birchall, J. 2018. *Early marriage, pregnancy and girl child school dropout*. K4D Helpdesk report. Brington, UK: Institute of Development Studies.
- Bjelica, A., Cetkovic, N., Trninic-Pjevic, A. & Mladenovic-Segedi, L. 2018. The phenomenon of pregnancy: A psychological view. *Ginekologia Polska*, 89(2):102–106.
- Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. *Research in health sciences*. Cape Town: Pearson.
- Boyce, C. & Neale, P. 2006. *Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input*. Available at: http://www2.pathfinder.org/site/DocServer/m_e_tool_series_indepth_interview_s.pdf. Date of access: 01 Jul. 2020.
- Brink, H., Van der Walt, C. & Rensburg, G. 2018. *Fundamentals of research methodology for healthcare professionals*. 4th ed. Cape Town: Juta.
- Cheng, E.R., Rifas-Shiman, S.L., Perkins, M.E., Rich-Edwards, J.W., Gillman, M.W., Wright, R. & Taveras, E.M. 2016. The influence of antenatal partner support on pregnancy outcomes. *Journal of Women’s Health*, 25(7):672–679.
- Cinar, N. & Menekse, D. 2017. Affects of adolescent pregnancy on health of baby. *Open Journal of Paediatrics & Neonatal Care*, 2(1):020–022. <https://www.researchgate.net/publication/328282399>.
- Creswell, J.W. 2007. *Qualitative Inquiry and Research Design: Choosing among five approaches*. 2nd ed. California: Sage.

- Creswell, J.W. 2014. *Research designs: Qualitative, quantitative and mixed methods approaches*. 4th ed. California: Sage.
- Creswell, J.W. & Creswell, J.D. 2018. *Research design: Qualitative, quantitative & mixed methods approaches*. 5th ed. London: Sage.
- Crooks, R., Bedwell, C. & Lavender, T. 2022. Adolescent experiences of pregnancy in low- and middle-income countries: A meta-synthesis of qualitative studies. *BMC Pregnancy and Childbirth*, 22:1–18.
- De Vos, A., Strydom, H., Fouche, C. & Delport, C. 2011. *Research at grass roots for social sciences and human services professions*. Pretoria: Van Schaik.
- Dolma, S. 2010. The central role of the unit of analysis concept in research design. *Istanbul University Journal of the School of Business Administration*, 39(1):169–174.
- Dowden, A.R., Gray, K., White, N., Ethridge, G., Spencer, N. & Boston, Q. 2018. A phenomenological analysis of the impact of teen pregnancy on education attainment: Implications for school counsellors. *Journal of School Counselling*, 16(8):1–25.
- Du Plooy-Cilliers, F., Davis, C. & Bezuidenhout, R. Eds. 2021. *Research matters*. 2nd ed. Claremont: Juta & Company.
- Eastman, A.L., Palmer, L. & Ahn, E. 2019. Pregnant and parenting youth in care and their children: A literature review. *Child and Adolescent Social Work Journal*, 36:571–581. <https://doi.org/10.1007/s10560-019-00598-8>
- Ellison, M.A. 2003. Authoritative knowledge and single women's unintentional pregnancies, abortions, adoption, and single motherhood: Social stigma and structural violence. *Medical Anthropology Quarterly*, 17(3):322–347.
- Elman, C., Gerring, J. & Mahoney, J., eds. 2020. *The production of knowledge: enhancing progress in social science*. Cambridge: University Press.
- Farg, D.S.S. & Hassan, H.E. 2020. Obstetric outcomes for teenage and adult pregnancy: A comparative study. *Nursing & Care Open Access Journal*, 7(1):1–10.

- Fraser, D.M., Cooper, M.A. & Nolte, A.G.W. 2010. *Myles textbook for midwives*. 2nd ed. London: Elsevier Health Science.
- Gbogbo, S. 2020. Early motherhood: Voices from female adolescents in the Hoehoe Municipality, Ghana: A qualitative study utilizing Schlossberg's transition theory. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1):1716620.
- Govender, D., Naidoo, S. & Taylor, M. 2020. "I have to provide for another life emotionally, physically and financially": Understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South Africa. *BMC Pregnancy and Childbirth*, 20:1–21.
- Grove, S., Burns, N. & Gray, J. 2015. *The practice of nursing research: Appraisal, synthesis and generation of evidence*. 7th ed. St Louis: Elsevier.
- Grove, S.K. & Gray, J.R. 2019. *Understanding nursing research: Building an evidence-based practice*. 7th ed. Missouri: Elsevier.
- Gselamu, L., Dagne, Y., Gebreyohannes, M. & Kelebe, A. 2019. Psychosocial effects of teenage pregnancy: Systematic analysis. *Psychology and Behavioural Sciences*, 8(5):115–118.
- Hartnack, A. 2017. *Background document and review of key South African and international literature on school dropout*. Available at: <http://www.semanticscholar.org/paper/Background-document-and-review-of-key-South-Africa-Hartnack/f276486a0f84ec4468a735778eeb591de0dc2787>. Date of access: 15 Jun. 2019.
- Hill, L.M., Maman, S., Groves, A.K. & Moodley, D. 2015. Social support among HIV-positive and HIV-negative adolescents in Umlazi, South Africa: Changes in family and partner relationships during pregnancy and the postpartum period. *BMC Pregnancy and Childbirth*, 15(117). <http://doi.org/10.1186/s12884-015-0542-z>.
- Hlalele, D. & Mashiya, N. 2019. Understanding women teacher transnational migration: A narrative inquiry from Southern Africa. *Sage Open*, 9(3). <https://doi.org/10.1177/2158244019865366>. Date of access: 13 Sep. 2023.

- Humberstone, E. 2019. Friendship networks and adolescent pregnancy: Examining the potential stigmatization of pregnant teens. *Network Science*, 7(4):523–540.
- Ibrahim, M. 2015. The art of data analysis. *Journal of Allied Health Sciences*, 1(1):98–104.
- Ingham-Broomfield, R. 2015. A nurses' guide to qualitative research. *Australian Journal of Advanced Nursing*, 32(3):34–40.
- Istiqomah, I. 2021. Positive negative affect and teen pregnancy. *Proceedings Series on Social Sciences & Humanities*, 2:29–34.
- Jantacumma, N., Powwattana, A., Lagampan, S. & Chansatitporn, N. 2018. Predictive model of quality of life among Thai pregnant teenagers. *Pacific Rim International Journal of Nursing*, 22(1):30–42.
- Jonas, K., Crutzen, R., Van den Borne, B., Sewpaul, R. & Reddy, P. 2016. Teenage pregnancy rates and associations with other health risk behaviours: A three-wave cross-sectional study among South African school-going adolescents. *Reproductive Health*, 13:50. <http://doi.org/10.1186/s12978-016-0170-8>.
- Jornet, A. & Damsa, C. 2019. Unit of analysis from an ecology perspective: Beyond the individual/social dichotomy. *Learning, culture and social interaction*, 31:1-10.
- Kanza, S. & Knight, N. 2022. Behind every great research project is great data management. *BMC Research Notes*, 15:20. <https://doi.org/10.1186/s13104-022-05908-5>.
- Kaufman, C.E., De Wet, T. & Stadler, J. 2001. Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2):147–160.
- Kaye, D.K. 2008. Negotiating the transition from adolescence to motherhood: Coping with prenatal and parenting stress in teenage mothers in Mulagos Hospital, Uganda. *BMC Public Health*, 8(83). <http://www.biomedcentral.com/1471-2458/8/83>.
- Kivunja, C. & Kuyini, A.B. 2017. Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5):26–41.

- Kotoh, A.M., Amekudzie, B.S., Opoku-Mensah, K., Baku, E.A. & Glozah, F.N. 2022. Pregnant adolescents' lived experiences and coping strategies in peri-urban district in Southern Ghana. *BMC Public Health*, 22:901.
- Levandowski, B.A., Kililani-Phiri, L., Kachale, F., Awah, P., Kangaude, G. & Mhango, C. 2012. Investigating social consequences of unwanted pregnancy and unsafe abortion in Malawi: The role of stigma. *International Journal of Gynaecology and Obstetrics*, 118(2):s167–s171.
- Louw, D.A. & Louw, A.E. 2014. *Child and adolescent development*. 2nd ed. Bloemfontein: Psychology Publications.
- Maemeko, E.L., Nkengbeza, D. & Chokomosi, T.M. 2018. The impact of teenage pregnancy on academic performance of Grade 7 learners at a school in the Zambezi region. *Open Journal of Social Science*, 6:88–100.
- Malakoane, B., Heunis, J.C., Chikobvu, P., Kigozi, N.G. & Kruger, W.H. 2020. Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening. *BMC Health Services Research*, 20(58):1-14.
- Mangeli, M., Rayyani, M., Cheraghi, M.A. & Tirgari, B. 2017. Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: A qualitative study. *Journal of Family and Reproductive Health*, 11(3):165–173.
- Maranhao, T.A., Sales, S.S., Peereira, M.L.D., Cordeiro, L.I. & Sousa, C.S.P. 2018. Family and social attitudes and reactions before pregnancy in adolescence. *Journal of Nursing*, 12(4):840–848.
- Matlala, S.F. 2015. It is not good for a pregnant person and it has never been and it will never be: Experience of parents whose daughters became pregnant while attending secondary schools in Limpopo province, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, 1:22–36.
- Milena, Z.R., Dainora, G. & Alin, S. 2008. Qualitative research methods: A comparison between focus-group and in-depth interview. *Annals of Faculty of Economics*, 4:1279–1283.

- Mohajan, H.K. 2018. Qualitative research methodology in social sciences and related subjects. *Journal of Economics Development, Environment and People*, 7:1–29.
- Morgan, A.K., Agyemang, S., Dogbey, E., Arimiyaw, A.W. & Owusu, A.F.S. 2022. “We were girls but suddenly became mothers”: Evaluating the effects of teenage motherhood on girl’s educational attainment in the Volta region. *Cogent Social Sciences*, 8:2036312.
- Moridi, M., Shokravi, F.A. & Ahmadi, F. 2019. The paradox of acceptance: A content analysis of Iranian married female adolescent in confronting pregnancy. *Plos One*, 14(5):e0216649. <https://doi.org/10.1371/journal.pone.0216649>.
- Moseson, H., Mahanaimy, M., Dehlendorf, C. & Gerdtz, C. 2019. “...Society is, at the end of the day, still going to stigmatize you no matter which way”: A qualitative study of the impact of stigma on social support during unintended pregnancy in early adulthood. *Plos One*, 14(5):e0217308. <http://doi.org/10.1371/journal.pone.0217308>.
- Mumah, J.N., Mulupi, S., Wado, Y.D., Ushie, B.A., Nai, D., Kabiru, C.W. & Izugbara, C.O. 2020. Adolescents’ narratives of coping with unintended pregnancy in Nairobi’s informal settlements. *Plos One*, 15(10):e0240797.
- Municipalities of South Africa. 2023. *Northern Cape municipalities*. Available at: <https://municipalities.co.za/provinces/view/7/northern-cape>. Date of access: 05 Oct. 2023.
- Mutahi, J., Larsen, A., Cuijpers, P., Peterson, S.S., Unutzer, J., McKay, M., John-Stewart, G., Jewell, T., Kinuthia, J., Gohar, F., Lai, J., Wamalwa, D., Gachuno, O. & Kumar, M. 2022. Mental health problems and service gaps experienced by pregnant adolescents and young women in sub-Saharan Africa: A systemic review. *eClinical Medicine*, 44:101289.
- Neiterman, E. 2012. Constructing and deconstructing teen pregnancy as a social problem. *Qualitative Sociology Review*, 8(3):24–47.
- Ngabaza, S. & Shefer, T. 2013. Policy commitment vs. lived realities of young pregnant women and mothers in school, Western Cape, South Africa.

Reproductive Health Matters, 21(41):106–113.

<https://www.jstor.org/stable/43288966>.

- Nieuwenhuis, J. 2020. Qualitative research designs and data-gathering techniques. In K. Maree (Ed.), *First steps in research* (pp. 60–61). Pretoria: Van Schaik.
- Nkani, F.N. & Bhana, D. 2010. No to bulging stomachs: Male principals talk about teenage pregnancy at schools in Inanda, Durban. *Agenda: Empowering Women for Gender Equity*, 83:107–113. <http://www.jstor.org/stable/27917340>.
- Nkani, N. & Bhana, D. 2016. Sexual and reproductive well-being of teenage mothers in a South African township school. *South African Journal of Education*, 36(2):1181.
- Nkosi, N.N. & Pretorius, E. 2019. The influence of teenage pregnancy on education: Perception of educators at a secondary school in Thembisa, Gauteng. *Social Work*, 55(1):108–116.
- Nordin, N., Wahab, R.A. & Yunus, F.W. 2012. Psychological well-being of young unwed pregnant women: Implications for extension education and programs. *Procedia – Social and Behavioural Sciences*, 68:700–709.
- Ntshayintshayi, P.N., Sehularo, L.A., Mokgaola, I.O. & Sepeng, N.V. 2022. Exploring the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict. *Health SA Gesondheid*, 27:1–8.
- Nyengarika, A., Nombo, N.M. & Mtani, M. 2020. Teen pregnancies among day government secondary school students in Ruvuma region Tanzania. *International Journal of Advance Research and Innovative Ideas in Education*, 6(4):157–166.
- Obwoge, R.O., Okere, A., Nduku, C., Koech, H., Muruthi, C., Kyalo, N., Wanjala, K. & Lulu, R. 2019. Health related challenges among pregnant teenagers attending Narok County Hospital, Narok County. *International Journal of Gastroenterology*, 3(2):35–40.
- Odu, B.K., & Ayodele, C.J. 2007. Teenage vulnerability to parenthood and interplay of influences: A case study in Ekiti State. *The Social Sciences*, 2(4):442–448.

- Okine, L. & Dako-Gyeke, M. 2020. Drivers of repeat pregnancy among teenage mothers in Accra, Ghana. *Children and Youth Services Review*, 113:105002.
- Omidvar, S., Faramarzi, M., Hajian-Tilaki, K. & Nasiri, A.F. 2018. Associations of psychosocial factors with pregnancy healthy life styles. *Plos One*, 13(1):e0191723. <http://doi.org/10.1371/journal.pone.0191723>.
- Osborne, N. & Grant-Smith, D. 2021. In-depth interview. In S. Baum (Ed.), *Methods in urban analysis* (pp. 105–125). Singapore: Springer. Available at: https://doi.org/10.1007/978-981-16-1677-8_7. Date of access: 27 Apr. 2023.
- Panda, A., Parida, J., Jena, S., Pradhan, A., Pati, S., Kaur, H. & Acharya, S.K. 2023. Perception, practices, and understanding related to teenage pregnancy among the adolescent girls in India: A scoping review. *Reproductive Health*, 20:93.
- Patton, M.Q. 2015. *Qualitative evaluation and research methods*. Thousand Oaks, CA: Sage.
- Pieta, B., Jurczyk, M.U., Wszolek, K. & Opala, T. 2014. Emotional changes occurring in women in pregnancy, parturition and lying-in period according to factors exerting an effect on a woman during the peripartum period. *Annals of Agricultural and Environmental Medicine*, 21(3):661–665.
- Polit, D.F. & Beck, C.T. 2017. *Nursing research: Generating and assessing evidence for nursing practice*. 10th ed. Philadelphia: Wolters Kluwer.
- Pringle, J., Doi, L., Jindal-Snape, D., Jepson, R. & McAteer, J. 2018. Adolescents and health-related behaviour: Using a framework to develop interventions to support positive behaviours. *Pilot and Feasibility Studies*, 4:69.
- Rahman, M.S. 2016. The advantages and disadvantages of using qualitative and quantitative approaches and methods in language “testing and assessment” research: A literature review. *Journal of Education and Learning*, 6(1):102–108. <https://www.researchgate.net/publication/309889936>.
- Rubin, H.J. & Rubin, I.S. 2012. *Qualitative interviewing: The art of hearing data*. 3rd ed. Thousand Oaks: Sage.
- Samano, R., Martinez-Rojano, H., Robichaux, D., Rodriguez-Venture, A.L., Sanchez-Jimenez, B., Hoyuela, M.L. Godinez, E. & Segovia, S. 2017. Family context

- and individual situation of teens before, during and after pregnancy in Mexico City. *BMC Pregnancy and Childbirth*, 17(1):382.
- Scotland, J. 2012. Exploring the philosophical underpinning of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretative, and critical research paradigm. *English Language Teaching*, 5(9):9–16.
- Shah, M.K., Gee, R.E. & Theall, K.P. 2014. Partner support and impact on birth outcomes among teen pregnancies in the United States. *Journal of Pediatric and Adolescent Gynecology*, 27(1):14–19.
- Shokin, V.K. 2020. Axiology and Agathology. *Journal of Siberian Federal University: Humanities and Social Science*, 13(8):1370-1383.
- South Africa. DBE (Department of Basic Education). 2012. *Integrated School Health Policy*. Pretoria: Government Printer.
- South Africa. DBE (Department of Basic Education). 2018. *Policy on the prevention and management of learner pregnancy in schools*. Pretoria: Government Printer.
- Statistics South Africa. 2011. *Mid-year population estimates*. Available at: <https://www.statssa.gov.za/publications/P0302/P03022011.pdf.pdf>. Date of access: 10 Sep. 2023.
- Statistics South Africa. 2016. *Provincial profile: Northern Cape Community Survey 2016*. Available at: <http://cs2016.statssa.gov.za/wp-content/uploads/2018/07/NorthernCape.pdf>. Date of access: 13 Dec. 2020.
- Statistics South Africa. 2018. *Demographic profile of adolescents in South Africa*. Available at: <http://www.statssa.gov.za/publications/Report%2003-00-10/Report%2003-00-102016.pdf>. Date of access: 15 Jun. 2019.
- Statistics South Africa. 2022. *Quarterly Labour Force Survey*. Available at: <https://www.statssa.gov.za/publications/P0211/P02114thQuarter2022.pdf>. Date of access: 13 Sep. 2023.

- Tebb, K.P. & Brindis, C.D. 2022. Understanding the psychological impacts of teenage pregnancy through a socio-ecological framework and life course approach. *Seminars in Reproductive Medicine*, 40(1):107–115.
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A. & Varpio, L. 2015. Choosing a qualitative research approach. *Journal of Graduate Medical Education*, 7(4):669–670.
- Turnage, B.F. & Pharris, A.D. 2013. Supporting the pregnant adolescent. *International Journal of Childbirth Education*, 28(4):72–76.
- UNFPA (United Nations Population Fund). 2013. *Adolescent pregnancy: A review of the evidence*. New York. UNFPA
- Vaismoradi, M., Jones, J., Turunen, H. & Snelgrove, S. 2016. Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice*, 6(5):100–110.
- Van Zyl, L., Van der Merwe, M. & Chigeza, S. 2015. Adolescents' lived experiences of their pregnancy and parenting in a semi-rural community in the Western Cape. *Social Work*, 50(2):151–173.
- Vannieuwenborg, L., Buntinx, F. & De Lepeleire, J. 2015. Presenting prevalence and management of psychosocial problems in primary care in Flanders. *Archives of Public Health*, 73:10.
- Vincent, K. & Thomson, P. 2008. 'Slappers like you don't belong in this school': The educational inclusion / exclusion of pregnant schoolgirls. *International Journal of Inclusion Education*, 14(4):371–385.
- Wainaina, C.W., Sidze, E.M., Maina, B.W., Badillo-Amberg, I., Anyango, H.O., Kathoka, F., Khasowa, D. & Okoror, C.E.M. 2021. Psychosocial challenges and individual strategies for coping with mental stress among pregnant and postpartum adolescents in Nairobi informal settlements: A qualitative investigation. *BMC Pregnancy and Childbirth*, 21(1):661.
- Weiten, W. & Hassim, J. Ed. 2016. *Psychology: Themes and variations*. 2nd ed. Andover, Hampshire: Cengage Learning.

- WHO (World Health Organisation). 2020. *Adolescent pregnancy: WHO fact sheet on adolescent pregnancy*. Available at: <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>. Date of access: 1 Aug. 2019.
- Wiemann, C.M., Rickert, V.I., Berenson, A.B. & Volk, R.J. 2005. Are pregnant adolescents stigmatised by pregnancy? *Journal of Adolescent Health*, 36(4):352e1–352.e7.
- Willian, S. 2013. *A review of teenage pregnancy in South Africa: Experience of schooling, knowledge and access to sexual and reproductive health services*. Partners in Sexual Health. Available at: <https://www.hst.org.za/publications/NonHST%20Publications/Teenage%20Pregnancy%20in%20South%20Africa%20Final%2010%20May%202013.pdf>. Date of access: 05 Oct. 2023.
- Willis, J.W. 2007. *Foundation of qualitative research*. London: Sage. Available at: <https://doi.org/10.4135/9781452230108>. Date of access: 12 Sep. 2023.
- Yakubu, I. & Salisu, W.J. 2018. Determinants of adolescent pregnancy in sub-Saharan Africa: A systematic review. *Reproductive Health*, 15(1):15.

Addendum A: Ethical Approval



Health Sciences Research Ethics Committee

14-Aug-2021

Dear Miss Relebohile Khara

Ethics Clearance: Lived experiences of pregnant adolescents within a district of the Northern Cape

Principal Investigator: Miss Relebohile Khara

Department: School of Nursing Department (Bloemfontein Campus)

[Submission Page](#)

APPLICATION APPROVED

Please ensure that you read the whole document

With reference to your application for ethical clearance with the Faculty of Health Sciences, I am pleased to inform you on behalf of the Health Sciences Research Ethics Committee that you have been granted ethical clearance for your project.

Your ethical clearance number, to be used in all correspondence is **UFS-HSD2021/0005/2505**

The ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the HSREC for approval to ensure we are kept up to date with your progress and any ethical implications that may arise. This includes any serious adverse events and/or termination of the study.

A progress report should be submitted within one year of approval, and annually for long term studies. A final report should be submitted at the completion of the study.

The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act No. 61 of 2003, Ethics in Health Research: Principles, Structures and Processes (2015), SA GCP(2006), Declaration of Helsinki, The Belmont Report, The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health and Human Services- (HHS), 21 CFR 50, 21 CFR 56, CIOMS, ICH-GCP-E6 Sections 1-4, International Council for Harmonisation (ICH) Harmonised Guideline, Integrated Addendum to ICH E6(R1), Guideline for Good Clinical Practice (GCP) E6(R2), 2016, SAHPRA Guidelines as well as Laws and Regulations with regard to the Control of Medicines, Constitution of the HSREC of the Faculty of Health Sciences.

For any questions or concerns, please feel free to contact HSREC Administration: 051-4017794/5 or email EthicsFHS@ufs.ac.za.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours Sincerely

Prof. A. Sherriff

Chairperson: Health Sciences Research Ethics Committee

Health Sciences Research Ethics Committee

Office of the Dean: Health Sciences

T: +27 (0)51 401 7794/7794 | E: ethicsfhs@ufs.ac.za

IRB 00011592; REC 230403-011; IORG 0010086; PWA 00027947



Addendum B: Northern Cape Department of Health Approval



DEPARTMENT OF HEALTH

LEFAPHA LA BOPHELO BO BOTLE

DEPARTEMENT VAN GESONDHEID

ISEBE LEZEMPILO

OFFICE OF THE HOD

Executive Offices

Northern Cape Department of Health

Private Bag X5049

KIMBERLEY, 8300

Tel: 053 830 2134

Email: BMashute@ncpg.gov.za

Enquiries:
Dipattisiso: Mr. B Mashute
Imibuzo:
Navrae:

Date:
Leshupelo: 15 April 2021
Umhla:
Datum:

Reference:
Tshupelo:
Isalathiso: NC_202102_005
Verwysing:

Ms. Relebohile Silvia Khara
University of the Free State
Faculty of Health Sciences
School of Nursing
Bloemfontein
9300

Project Title: Lived Experiences of Pregnant Adolescents within a District of the Northern Cape.

Dear Ms. Khara

The application for gate-keeper's permission to conduct the above-mentioned research at Kimberley City clinic, Beaconsfield clinic and Greenpoint clinic was received and has been reviewed by the Northern Cape Department of Health.

Decision: Approval is hereby granted to conduct the above-mentioned study at the following clinics with the Sol Plaatje Sub-district:

- Kimberley city clinic
- Beaconsfield clinic
- Greenpoint clinic




Your Provincial Ethics Reference Number is **NC_202102_005**, kindly use that reference number in correspondence with the Provincial Health Research Coordinator.

Please note the following:

1. This approval is valid for a period of one year from the date of approval.
2. The researcher must make all necessary arrangement with each facility manager, before visiting each facility, thus to ensure that the provision of healthcare services is not affected when the project is being conducted.

Please note the following conditions:

1. This research project must be conducted at no cost to the Northern Cape Department of Health.
2. The approval is limited to the research proposal as submitted on the application.
3. There must be no modification or amendments on the research project.
4. The Research Unit may monitor this research project at any time.
5. At the completion of this research project, a copy of the final report must be submitted to the Research Unit.
6. The Northern Cape Department of Health Senior Management must be briefed on the outcome of the study prior publishing.


Mr. Riaan Strydom
Acting Head of Department
Northern Cape Province
Department of Health

25/4/2021
Date

Addendum C: Information Leaflet

STUDY TITLE: Lived experiences of pregnant adolescents within a district of the Northern Cape.

Researcher's name: Relebohile Silvia Khara

Research supervisor's name: Ms M Mpeli

Dear participant

You are invited to participate in a research study about the lived experiences of pregnant adolescents within a district of the Northern Cape. This information leaflet will help you decide whether you want to take part in this study. Before you agree to participate, you should fully understand what is involved. You may contact the researcher Relebohile Khara (078 1910 290) afterwards if you have further questions.

Purpose of research

The purpose of the study is to explore the lived experiences (experienced daily life) of pregnant adolescents in the Northern Cape by conducting interviews, with the aim of making recommendations to the public service providers' that assist adolescents.

Explanation of the procedures to be followed

This study involves taking part in an interview where the researcher will ask questions about your lived experiences as a pregnant adolescent, for example what is like being pregnant.

Risk and harm involved

There are no known possible risks and harm associated with the study. Some of the questions the researcher will ask may make you feel a bit uncomfortable, but you need not answer them if you don't want to. The interview will take 30 minutes to 1 hour of your time, and may be followed up by short interviews for clearing up possible uncertainties. The interview will be audio-recorded for analysis by the researcher, and only persons involved in the study will have access to the record, and your name will not be used on it.

Due to the COVID 19 pandemic, the researcher will take precautionary measures for the participants' safety and the interviewer by providing sanitizer and facemask.

Possible benefits of this study

You will be able to relieve your emotions by disclosing during the interview. The study results will enable us to make recommendations to Public Service Providers for the improvement of public health, and also determine what other services are likely to be required during adolescent pregnancy.

Your rights as a participant

Your participation in this study is voluntary. You can refuse to participate or withdraw from the study at any time without giving a reason. Your withdrawal will not affect you or your access to the health service at the clinic in any way.

Ethical approval

This study has received written approval from the Health Science Research Ethics Committee (HSREC) of the University of the Free State, telephone number 051 401 7794.

Compensation

Your participation is voluntary. No compensation will be given for your participation.

Confidentiality

All information that you share will be kept strictly confidential. Once all the information is analysed, no one will be able to identify you as your name will not be made known. Research reports and articles in scientific journals will not include any information that may identify you or your clinic.

Addendum C: Inligtingsbladsy

STUDIETITEL: LEWENS ERVARING VAN 'N SWANGER ADOLESENTE BINNE 'N DISTRIK VAN DIE NOORD-KAAP

Navorser: Relebohile Silvia Khara

Navorsingstoeshouer se naam: Ms M Mpeli

Beste deelnemer

U word uitgenooi om deel te neem aan 'n navorsingstudie oor die ervarings van swanger adolessente in 'n distrik van die Noord-Kaap. Hierdie inligtingstuk sal u help om te besluit of u aan hierdie studie wil deelneem. Voordat u instem om deel te neem, moet u goed verstaan wat daarby betrokke is. U kan daarna die navorser Relebohile Khara (078 1910 290) kontak as u verdere vrae het.

Doel van navorsing

Die doel van die studie is om die lewens ervarings (daaglikse lewens ervaar) van swanger adolessente in die Noord-Kaap te ondersoek deur onderhoude te voer met die doel om aanbevelings aan die openbare diensverskaffers te gee wat adolessente help. Verduideliking van die prosedures wat gevolg moet word Hierdie studie behels die deelname aan 'n onderhoud waarin die navorser vrae sal stel oor u ervarings as swanger adolessent, byvoorbeeld hoe dit voel om swanger te wees.

Risiko en skade betrokke

Daar is geen bekende moontlike risiko's en skade verbonde aan die studie nie. Sommige van die vrae wat die navorser sal vra, kan u 'n bietjie ongemaklik laat voel, maar u hoef dit nie te beantwoord as u nie wil nie. Die onderhoud duur 30 minute tot 1 uur van u tyd en kan gevolg word deur kort onderhoude om moontlike onsekerhede op te klaar. Die onderhoud sal deur die navorser op klank opgeneem word vir analisering, en slegs persone wat by die studie betrokke is, het toegang tot die opname, en u naam word nie daarop gebruik nie.

As gevolg van die COVID 19-pandemie, sal die navorser voorsorgmaatreëls tref vir die veiligheid van die deelnemer en die onderhoudvoerder deur ontsmettingsmiddel en gesigmasker te verskaf.

Moontlike voordele van hierdie studie

U kan u emosies verlig deur dit tydens die onderhoud bekend te maak. Die studieresultate sal ons in staat stel om aanbevelings aan staatsdiensverskaffers te maak vir die verbetering van openbare gesondheid, en ook te bepaal watter ander dienste waarskynlik benodig word tydens adolessente swangerskap.

U regte as deelnemer

U deelname aan hierdie studie is vrywillig. U kan te enige tyd weier om deel te neem of u aan die studie onttrek sonder om 'n rede daarvoor te gee. U onttrekking sal u en u toegang tot die gesondheidsdiens by die kliniek op geen manier beïnvloed nie.

Etiese goedkeuring

Hierdie studie is skriftelik goedgekeur deur die Gesondheidswetenskaplike Navorsingsetiekkomitee (HSREC) van die Universiteit van die Vrystaat, telefoonnommer 051 401 7794.

Vergoeding

U deelname is vrywillig. Geen vergoeding word vir u deelname gegee nie.

Vertroulikheid

Alle inligting wat u deel, sal streng vertroulik gehou word. Sodra al die inligting ontleed is, sal niemand u kan identifiseer nie, aangesien u naam nie bekend gemaak sal word nie. Navorsingsverslae en artikels in wetenskaplike tydskrifte bevat geen inligting wat u of u kliniek kan identifiseer nie.

Addendum C: Bukana ya Tshodimosetso

SETHLOGO: Kitso ka go ima ga basha mo seterekeng sa Kapa Bokone.

Mmatlisisa: Relebohile Silvia Khara

Mookamedi wa mmatlisisa: M Mpeli

Madume monkakarolo

O lalediwa go tsa karolo phuputsong e mabapi le kitso ka go ima ga basha seterekeng sa Kapa Bokone. Bukana e na ya tshodimosetso e tla go thusa go tsaya tshwetso ya gore a o batla go tsaya karolo thutong ee. Pele o dumela go tsaya karolo, o tshwanetse go tlhaloganya botlalo se o se tsenelang. O ka ikopantsha le mmatlisisa/mofuputsi ka morago ha e le gore o na le dipotso tse dingwe.

Merero ya dipatlisiso

Moreo wa boithuto ke go lokola diphithle tse phelang (bophelo bo nang le boiphitlelo jwa letsatsi le letsatsi) ba batsha ba baimana mo kapa bokone ka go dira dikhotaletso go bane ba ditshebeletso tsa setshaba tse di thusang batsha go tlhalosa mekgwa e e tshwanetseng go latelwa. Boithuti bona bo tsenelela go tsaya karolo dipuisanong mo mofuputsi a tla botsa dipotso ka boiphithlelo jwa gago ha o le moimana.

Kotsi le kotsi e amegang

Ga go na dikotsi tse di itsagalang tse amanyang le thuto. Tse dingwe tsa dipotso tseo mofuputsi a tla di botsang di ka dira gore o ikutlwe o sa phuthuloga, hela ha o tshwanetse go di araba haeba o sa batla. Puisano e tla tsaya metsotso e le 30 goisa go hura ya nako ya gago. Mme e tla latelwa ke dipuisano tse khutswane bakeng sa go tlhakola dipelaelo tse kanang teng. Puisano e tla rekotelwa modumo wa mofuputsi gore a e tlhatlobe, mme ke motho hela ya amegang thutong e tla fumanang rekotong eo. Mme lebitso la gago le k eke la sebedisiwa go ne.

Ka lebaka la COVID 19, mobatlisi o tla nka megaton ya boitshireletso bakeng sa polokelo ya mofani wa karolo le mobatlisi ka go nela ka botlhweki le dimaske tsa sefahlego.

Molemo e tla bang teng ya thuto ena

O tla kgona go thusa maikutlo a gago ka go senola nakong ya dipotso.diphetho tsa boithuto di tla rethusa go dira dikgothaletso setshaba bakeng sa ntlhafatso ya bophelo bo bottle ba setshaba, gape re bona gore na ke ditshebeletso dife tde di tla tlhokang nako ya bokgatshane jo botsha.

Tokelo ya gago jaaka monkakarolo

Go tsaya karolo mothutong ena ke ka boithatelo. O ka gana go tsaya karolo gotsa go ikgoga patlisisong nako ngwe le ngwe kwantle le go neela ka lebaka. Go ikgoga ga gago ga nkitla go go am aka sepe kgotsa phitlhelong ya gago ga o fumane ditshebeletso tsa bophelo ditliniking ka tsela epe.

Kamogelo ya boitshwaro

Thuto e na e fumane tumelo e kwadilweng go tswa go komiti ya molao ya boitshwarelo jwa dipatlisiso tsa matlhale a botshelo jo bottle (HSREC) jwa universiting ya naga e lokologileng (Free State), nomoro ya mogala 051 401 7794.

Puseletso

Go tsaya karolo ga gago ke go ithaopa. Ga gona puseletso e o tla neiwang ka go tsaya karolo.

Sephiri

Dintlha tsotlhe tse o di arolelang di tla patwa e le sephiri. Ga tlhaiso-leseding lotlhe e se e tlhatlhabiwa, ga go motho yo o tla itsing go goring leina la gago le seka la itsagala. Ditlalego tsa dipatlisiso tse di kwadilweng koranteng ya matlhale di se ka di a tsengwa tlhaiso-leseding e tla kgetholang kapa tliniking ya gago.

Addendum D: Informed Consent

STUDY TITLE: LIVED EXPERIENCES OF PREGNANT ADOLESCENTS WITHIN A DISTRICT OF THE NORTHERN CAPE

Researcher: Relebohile Silvia Khara

I, _____, confirm that Ms R.S Khara, Masters student in School of Nursing at the University of the Free State, asking my consent to take part in this research has told me about the nature, procedure, potential risk and benefits of participation.

I have read and understood the study as explained in the information leaflet. I understand that my participation in this study is voluntary and that I can withdraw at any time without penalty. I am aware that the research findings will be anonymously published into research reports or journal publications. I have received a copy of the informed consent agreement.

I am informed that for more information I may contact the researcher on cell phone number (078 1910 290) or Health Sciences Research Ethics Committee phone number (051 401 7794) of the university.

_____	_____	_____
Full name of participant	Signature of participant	Date
_____	_____	_____
Full name of researcher	Signature of researcher	Date
_____	_____	_____
Full name of parent	Signature of parent	Date

Addendum D: Ingeligte Toestemming

STUDIETITEL: LEWENS ERVARING VAN 'N SWANGER ADOLESENTE BINNE 'N DISTRIK VAN DIE NOORD-KAAP

Navorser: Relebohile Silvia Khara

Ek, _____, bevestig dat me RS Khara, Meestersstudent aan die Skool vir Verpleegkunde aan die Universiteit van die Vrystaat, my toestemming gevra het om aan hierdie navorsing deel te neem, sy het my vertel van die aard, prosedure, potensiele risiko's en voordele van deelname. Ek het die studie gelees en verstaan, soos uiteengesit in die inligtingstuk. Ek verstaan dat my deelname aan hierdie studie vrywillig is en dat ek enige tyd kan onttrek sonder boete. Ek is bewus daarvan dat die navorsingsbevindinge anoniem in navorsingsverslae of tydskrifpublikasies gepubliseer sal word. Ek het 'n afskrif van die ingeligte toestemmingsooreenkoms ontvang.

Ek is bewus dat ek, vir meer inligting, die navorser kan kontak op telefoon nommers (078 191 0290) of die navorsingsetiekkomitee vir gesondheidswetenskappe (051 401 7794) van die universiteit.

_____	_____	_____
Volle naam van die deelnemer	Handtekening van deelnemer	Datum
_____	_____	_____
Volle naam van die navorser	Handtekening van navorser	Datum
_____	_____	_____
Volle naam ouers	Handtekening van ouers	Datum

Addendum D: Tumalano ya Kitso

SETLHOGO: KITSO KA GO IMA GA BASHA MO DISTRICTING YA KAPA BOKONE

Mmatlisise: Relebohile Silvia Khara

Nna, _____ ke netefatsa gore moithuti R.S Khara, ke moithuti sekolong sa booki univesiting ya naga e lokologileng, ka go kopa tumello ya ka go tsaya karolo patlisisong ena o mpoleletse ka sa sebopego, tsebetso, kotsi e ka bang teng le melemo ya go tsaya karolo.

Ke badile mm eke utlwisisa thuto jaaka e tshalositswe bukaneng ya tlhagiso leseding. Ke a utlwisisa go re go tsaya karolo thutong e ke go ithhaopa lo gore nka tswa nako engwe le engwe kwantle le kotlhao. Ke a itse gore diphetho tsa dipatlisiso di tla phatlhalatsa ya koranta. Ke thotse kopi ya tumelano e na le ketsiso.

Ke itsisitswe gore bakeng sa tlhagiso leseding e batsi nka ikopanya le mobatlisisi dinomorong (078 191 0290) kapa komiti ya melao ya botswaro ya dipatlisiso ya matlhale dinomorong (051 401 7794) tsa univesiti.

.....
Leina la motsaya karolo	Mosaeno wa motsaya karolo	Letlha
.....
Leina la mmatlisi	Mosaeno wa mmatlisi	Letlha
.....
Leina la motsadi	Mosaeno wa motsadi	Letlha

Addendum E: Minor Assent Form

You are being asked to participate in a research study done by Relebohile Khara, a student in a Master's degree Nursing programme, studying at the University of the Free State.

In this study, I am interested to know about your everyday experiences as a pregnant adolescent. Your parent or guardian will also be requested to permit you to take part in the study.

If you choose to participate in the study, an interview with you will be conducted at the clinic or in your home, whatever is more comfortable for you. The interview will take about 30-60 minutes, and a follow-up may be done if clarity on some questions is needed. Everything will remain confidential and private. You don't have to share any of your answers in the interview with anybody else.

By signing this form, you show that you understand what will be done and have asked any questions you may have about the research. You can also ask questions later if you cannot think of them now. Signing this form does not mean that you have to stay in the study; you can pull out at any time without having to explain why, or be penalised.

I, the undersigned, agree to participate in the study, and have had the process explained to me.

Adolescent's signature

Date

Addendum E: Klein Vergunningsvorm

Hiermee u word gevra om deel te neem aan 'n navorsingstudie wat gedoen is deur Relebohile Khara, 'n student in 'n meestersgraad verpleegprogram, studeer aan die Universiteit van die Vrystaat.

In hierdie studie stel ek belang om u daaglikse ervarings as swanger adolessent te leer ken. U ouer of voog sal ook versoek word om u toe te laat om aan die studie deel te neem.

As u verkies om aan die studie deel te neem, sal 'n onderhoud met u in die kliniek of in u huis gevoer word, wat ook al gemakliker vir u is. Die onderhoud duur ongeveer 30-60 minute, en 'n opvolg kan gedoen word indien duidelikheid oor sommige vrae nodig is. Alles sal vertroulik en privaat bly. U hoef nie u antwoorde in die onderhoud met iemand anders te deel nie.

Deur hierdie vorm te onderteken, toon u aan dat u verstaan wat gedoen sal word en het u enige vrae oor die navorsing gestel. U kan ook later vrae vra as u nie nou daaraan kan dink nie. Die ondertekening van hierdie vorm beteken nie dat u in die studie moet bly nie; u kan te enige tyd ontrek sonder om te hoef te verduidelik of gestraf word.

Ek, die ondergetekende, stem in om aan die studie deel te neem en die proses is aan my verduidelik.

Adolessent se handtekening

Datum

Addendum E: Foromo ya Tumelano ya Bonyenyane

O kopilwe go tsaya karolo mo patlisisong ya thuto e e diriwang ke Relebohile Khara, moithuti mo serutweng sa “Master’s degree Nursing course”, o a ithutang ko University ya Free State.

Mo dithutong tse, ken ale kgatlego go ka itsi ka go ima ga basha tsatsi le letsatsi. Motsadi kgotsa motlhokomedi a ka kopiwa go go fa tetla go tsaya karolo mo thutong e.

Ha o tlhopa go tsaya karolo mo thutong, puisano le wena e tla diriwa ko kliniking kgotsa go ga lona, ka moo wena o ka itumelang ka teng. Puisano e tla tsaya metsotso e le 30 go ya go ele 60, go tla salwa morago ga go siamisa fa e le gore dipotso di a tlhokagala. Se sengwe le se sengwe e tla nna sephiri. Ga go tlhokagale go ka arogana dikarabo tsa gago mo puisanong le ope.

Ka go saena foromo, o bontsa o tlhalooganya se se ka diragalang le se se boditsweng ka ga patlisiso. O ka nna wa botsa dipotso morago ga nakwana fa e le gore ga kgone go nagana ka tsone jaanong. Go saena ga foromo ga go raye gore o kanna wa dula mo dithutong. O ka nna wa ikgogela morago nako enngwe le nngwe ntle le go tlhalosa mabaka kgotsa ga ka atholwa.

Nna yo ke saenileng, ke dumalatsana go tsaya karolo mo dithutong le go ka tswelera ka tsone.

.....

Mosaeno wa mosha

.....

Letlha

Addendum F: Interview Sample

Interview 2

Facilitator: I just want you to tell us about your experiences now that you are pregnant, what did you experience?

Participant: During this pregnancy I really experienced a lot of things.

Facilitator: Mhmm...

Participant: Because when I first fall pregnant my boyfriend did not want the baby.

Facilitator: Ok...

Participant: Because we had problems in our relationship. Because he had...Last year he made other girl pregnant. But...so I took things a bit hard on myself. I started lying on depression as a person and early on this year I found out...last year I overcome my depression. I was on medication and I overcome it and earlier this year I seem to see that I am not ok. I started feeling nauseous.

Facilitator: Mhmm...

Participant: So I went to take a test then told him about the pregnancy. But then he told me he doesn't want a child. So I told him I can do nothing about it, I'm already pregnant. But if you are willing to support me it's up to you, but if not its fine. I'll raise a child on my own. But before Easter weekend, I felt I had a pain. So it was about, say a month ago that I came to book.

Facilitator: Mhmm...

Participant: So I was... I'm actually early in pregnancy that time. So I felt the pain and I went to the hospital the weekend before Easter weekend. At the hospital they saw the problem was my ovarian. One of them were damaged. So the doctor told me that they have to remove it. I was very scared, alone, depressed, but I pray to God that He help me through it. So during that time, I was...I was alone, scared afraid that maybe I can get a miscarriage. Because they told me that the stuff they gonna give me is gonna be very affective to the baby. But thankful to God I went through the operation, they removed it and the baby was fine. And I just wanna say, it's not easy for me but

I'm getting through it and I'm thankful to both of you for being there, to be able to speak to someone because I... I really need someone to speak to

Facilitator: Ok...Alright you have us my dear. You have us my darling to talk to.

Participant: I'm sorry for crying..

Facilitator: No no no, we are at liberty, these are the very experiences we...she wants to know about. These are the very experience my darling. I can see you very upset and I understand from what you told me. How do you feel now after all this? Do you feel better or do you feel worse?

Participant: I think I'm feeling better. I talked to someone about my feeling, because I'm usually a person who keeps things to myself.

Facilitator: Ok. If I may come in, I heard you saying you don't have anybody to talk to. Your parents or your siblings?

Participant: The thing is...Me and my mother, we...we don't really have that... I really don't have that conversation, like the ability to talk to her. I usually talk to my... my aunt but she's no more there.

Facilitator: Ok...

Participant: So, for me is difficult to talk to my mother because I don't really have that ability to talk to her. Not there is something wrong with her but is just I never had that bond to talk, like be open to her.

Facilitator: Alright.

Participant: Like to talk to her. But I will try to manage to talk to her. But its difficult because we never had that bond. I usually had that bond with my aunt.

Facilitator: Ok. Alright. Any other thing you would like to tell me? Other experiences, around the pregnancy?

Participant: On this stage, I don't think there's anything else. I just pray that I give safe birth to this baby and everything works out the way I really want it to work out. I don't wanna go through more problems because I feel like I have experienced enough in my life this past few years that past. I just pray for the better to come.

Facilitator: Ok. Experience?

Participant: Such as, I lost my aunt when I was in matric. So it was bit difficult to see how she was going, passing away. How she suffered before dying. So I really actually didn't have someone to talk it out to.

Facilitator: Alright.

Participant: they didn't know how I felt about it. How it was really affecting me, because she was mostly like a mother to me.

Facilitator: Alright.

Participant: To see her in that condition and I couldn't do anything about it, was really difficult.

Facilitator: Ok. Between you and mom how do you think the pregnancy influences the situation?

Participant: my mother was actually very disappointed. Because this pregnancy happened with the same guy that broke my heart.

Facilitator: Ok.

Participant: Disappointed me, because while he was with me, he was with another girl as well. So he cheated on me which was wrong.

Facilitator: Mhmm.

Participant: and there is another child in the picture, so it's difficult.

Facilitator: Ok.

Participant: because this girl also have a child and he has to give attention to her and to me as well and to my child as well. So it did affect my mother's relationship with me because at that time she didn't really want to be a part of it. She doesn't want him to be a part in my life but I decided that anyone in this life makes mistakes, we should forgive each other and I can't keep him away from the child because it's his child.

Facilitator: Can I verify, is this your second pregnancy?

Participant: Yes.

Facilitator: And how old is the first child?

Participant: She's now three years.

Facilitator: Alright.

Participant: she's three year.

Facilitator: Ok.

Participant: So I felt that I can't push him away from her. Because she's already into him. She knows is her father and all that stuff. But all this time I'm just praying for the best and I... My relationship with my mother is progressing because during this situation I went through she was really disappointed.

Facilitator: Ok.

Participant: That I fell pregnant. When I came out of the hospital she was very supportive

Facilitator: Ok.

Participant: She's always there and encouraging and stuff.

Facilitator: Ok.

Participant: But I'm feeling happy.

Facilitator: Thank you so much.

Participant: Thank you

Facilitator: Thank you so much. Could that be all?

Participant: Yes.

Addendum G: Declaration by Language Editor



17 Fallopius Street, Bloemfontein

+(27) 076 081 0730

info@rephraseit.co.za



11 November 2023

Student: RS Khara
Student number: 2010080279

I declare that I language edited the master's dissertation titled, *Lived Experiences of Pregnant Adolescents within a District of the Northern Cape*

During the editing process, I looked for and corrected spelling, grammar, punctuation, paragraph and syntax errors. Where I noticed inconsistencies or unclarity in the text, I made comments to draw the author's attention to the inconsistency or unclarity. I also made suggestions where changes could be made. Lastly, I double-checked the references in-text and in the reference list to make sure that they are consistent throughout. Where sources or source information were still missing, I indicated such to the author so that she could locate and add the missing information.

Disclaimer: The ultimate responsibility for accepting or rejecting the changes and recommendations rests with the student and I cannot be held responsible for any layout or language issues that might have emerged as a result of subsequent amendments to the text.

Yours sincerely

Johannes Pieter Odendaal

A handwritten signature in black ink, appearing to read "J Odendaal".

