THE EFFECTS OF TEENAGE PREGNANCY ON TEENAGE MOTHERS: A CASE

STUDY OF HA RATSIU AND LITHABANENG IN BEREA, LESOTHO

BY

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DECLARATION

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I declare that the study entitled: "The effects of teenage pregnancy on teenage mothers: A case study of Ha Ratsiu and Lithabaneng in Berea, Lesotho" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references

J. Phoobane   07/06/2022

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Signature   Date

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ABSTRACT

The study explores the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea. The study is deemed significant in that it may raise awareness on the psychosocial effects of teenage pregnancy on teenage mothers, thus, assisting the government and relevant stakeholders to recognise the need to enact policies to reduce effects of teenage pregnancy in Lesotho. The study examines the psychological effects, and discover social effects as well as interventions to reduce the psychosocial effects of teenage pregnancy. Qualitative research and phenomenology design was undertaken to assist the researcher to gather natural data, understand and interpret meanings. The study established that teenage mothers face financial difficulties, rejections from partners, as such, lack of family support led them to having feelings of depression, poor self-image, stress and suicidal thoughts. The findings also revealed that teenage mothers drop out of school due to parents not being able to pay for their fees while providing for their babies' needs too; and others are expelled from school due to pregnancy. Apart from that, teenage pregnancy and motherhood result in deteriorating relationships with both parents and friends. The study shows that there are various measures to reduce the psychosocial effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng, Berea, Lesotho. Such measures include, amongst others, financial support from the government in the form of scholarships and grants as well as teenage mothers support groups. The study concludes that teenage pregnancy has psychological and negative social effects on teenage mothers such as depression and dropping out of school; and lack of social support makes normal functioning increasingly difficult for teenage mothers as they face new roles and responsibilities. The recommendations include the formulation of abortion policies to provide pregnant teenagers with safe termination of pregnancy and reduction of abortion-related deaths. In addition, forming teenage mothers support groups within communities for teenage mothers to draw strength and support from members who share similar experiences and challenges in Lesotho.

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LIST OF ABBREVIATIONS

DHS   Demographic Health Survey

HRW   Human Rights Watch

LMIC   Low-and Middle-income Countries

LPPA   Lesotho Planned Parenthood Association

MOHSW   Ministry of Health and Social Welfare

NCSL   National Conference of State Legislatures

NGOs   Non-Governmental Organisations

NICHHD   National Institute of Children Health and Human Development

SDGs   Sustainable Development Goals

SSA   Sub Saharan Africa

STDs   Sexually Transmitted Diseases

UNESCO   United Nations Education Scientific and Cultural Organization

UNICEF   United Nations Children Fund

UNFPA   United Nations Population Fund

USAID   United States Agency for International Development

WHO   World Health Organization

CHAPTER ONE

GENERAL OVERVIEW OF THE STUDY

1.0 INTRODUCTION

Teenage pregnancy is a major public health problem with lasting repercussions for teenage mothers. As such, the study examines the effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng areas of Berea in Lesotho. In the process, the study introduces the chapter by providing the background of the study, statement of the problem and the purpose of the study. The chapter further presents the research objectives and research questions, significance of the study, definition of concepts, the study limitations and concludes by giving an overview of the study by outlining the chapters that constitute the study.

1.1 BACKGROUND TO THE STUDY

Teenage pregnancy is when teenage girls from the ages of 13 to 19 become pregnant, and they are at the vulnerable phase as they transition from childhood to physical, psychological, and social maturity (UNCF, 2020). During this period, teenagers learn; and develop knowledge and skills to deal with critical aspects of their health and development while their bodies mature (WHO, 2017). Physical, psychological and social changes happening in the adolescent stage can expose young people to risky situations; and teenage pregnancy is one of the situations that most adolescent girls find themselves in (Paredes and Santa-Cruz-Epinoza, 2021).

Globally, teenage pregnancy has become a major problem occurring in high, middle, and low-income countries. Marginalized, poverty-driven societies with a lack of education and lack of work opportunities are the most affected by teenage pregnancy (Franjic', 2018). Additionally, teenage pregnancy has a negative impact on the social and health of teenage girls with 95% occurring in developing countries (Che Chi, Ochen and Lawoko, 2019). Teenage girls aged 15-19 years are twice more likely to die during pregnancy and childbirth compared to women in their twenties whereas those under the age of 15 years are five times more likely to die (Che Chi *et al*., 2019).

Teenage girls are particularly vulnerable because they face the risks of premature pregnancy and childbirth (WHO, 2017). Global maternal conditions such as hypertensive disorders of pregnancy, hemorrhage and per partum sepsis are the top causes of high numbers of death amongst girls aged 15-19 (Neal, Mahendra, Bose, Camacho, Mathai, Nove, Santana and Mathews, 2016). In 2018, the estimated adolescent birth rate was 44 births per 1,000 girls aged 15 to 19 worldwide; with figures being 115 births in West and Central Africa, and these regions have the highest rates in the world (WHO, 2017).

The main determinants of teenage pregnancy in Sub-Saharan African (SSA) countries are education and socio-economic status (UNFPA cited by Kassa, Arowogulu, Odukogbe and Valew, 2018). Moving on, Kassa *et al*., (2018) noted that the proportion of births that take place during adolescence is about 2 percent in China, 18 percent in Latin America and the Caribbean, and more than 50 percent in

Sub-Saharan Africa. Moreover, the United Nations Population Fund (UNFPA) report on adolescent pregnancy also showed that the percentage of adolescent pregnancy would increase globally by 2030, particularly in the Sub-Saharan African countries (Kassa *et al.,* 2018).

Most of the adolescent girls who live in Asia, the Pacific and sub-Saharan Africa, will face significantly higher risks of pregnancy compared to their counterparts in other regions (UNPF, 2013). The magnitude of the issue of adolescent pregnancy can be better understood by looking at evidence from household surveys such as the demographic health survey on the percentage of women aged 20 to 24 who had a live birth by age 15 or 18 (UNPF, 2013).

Sub-Saharan Africa had the highest number of adolescent fertilities in the world in 2013. According to Kirchengast (2016), Niger, Liberia, Mali, Chad, Afghanistan, Uganda, Malawi, Guinea, Mozambique and Central African Republic are the leading countries with high teenage pregnancy. The majority of countries with adolescent fertility levels above 30% occur in the sub-Saharan Africa. Despite several progresses made by governmental and non-governmental organisations, the global rate of adolescent pregnancy and birth rate is still high (UNFPA cited by Kassa *et al.*, 2018).

In the 1970s, most traditional societies including Lesotho did not support premarital sexual behaviour (Malibo, 2021). In fact, in Lesotho, the Sesotho tradition considers it an abomination for anyone to have a premarital birth (Malibo, 2021). However, due to urbanisation and modernisation, cultural values and beliefs have changed; and

teenage pregnancy is not seen as an abomination anymore. As a result, teenagers engage in premarital sex due to changes brought about by urbanisation and modernisation. Lesotho as one of the Sub-Saharan countries is no exception to this situation (MOHSW, 2013). According to Molupe (2018), teenage pregnancy has become a concern for Lesotho because of the increasing number of teenagers dropping out of school to care for their new babies. Additionally, the Lesotho Demographic Health Survey, (2014) indicates that the rates of teenage pregnancy in the country is at 19 percent.

Lesotho is amongst the countries with high percentage rate of unwanted pregnancy amongst the adolescents. To support this, the United Nations Education, Science and Cultural Organizations listed Lesotho as one of the leading countries in early and unintended pregnancy in the 2017 report (UNFPA, 2021). Six out of 10 girls (60 percent) aged 15 to 19 are mothers or pregnant with their first child, which places Lesotho on the second position to Namibia with seven out of 10 girls pregnant with their first child thus signifying high rates of unintended pregnancy among the East and Southern African countries (UNFPA, 2021).

Nineteen percent, of women, aged 15-19 have begun childbearing in Lesotho and 15% have given birth while 4% are pregnant with their first child (DHS, 2014). Teenage childbearing has been steady over the last decade and the proportion of teenagers who have a child or who are pregnant was 20% in 2004 and 2009 compared with 19% in 2014 (DHS, 2014).

Teenagers living in rural areas begin childbearing earlier than their counterpart teenagers in urban areas do and 23% of rural teenagers have a live birth or are pregnant while 12% are urban teenagers (DHS, 2014). Some districts have much higher rates of teenage childbearing than others do with Butha-Buthe having 25% of pregnant teenagers who had children compared to 14% in Maseru (DHS, 2014). Teenage childbearing is less common amongst young women in the wealthiest households and teenagers in the lowest wealth quintile are about five times as likely to have started childbearing by age 19 as those in the highest quintile (28% versus 6%) (DHS, 2014).

Lesotho Planned Parenthood Association (LPPA) states that the age of sexual debut in Lesotho is as low as 10 years for both males and females. Even though the rate of sexual activity amongst the adolescents is high, contraception use for both sexes is at 16.3% (Malibo, 2021). According to Malibo (2021), the rates indicate that there is a high rate of pre-marital and unsafe sexual behaviours amongst adolescents, and the figures raise a concern about issues of sexual and reproductive health problems amongst the Basotho teenagers. Research carried out by the Ministry of Education in 2012 attributes the high rates in part to early sexual debut, characterized by forced and unprotected sex (Malibo, 2021).

Furthermore, with 25% of people being HIV-positive, Lesotho adolescents do not have parents to educate them on issues regarding sexual and reproductive health; as such, Lesotho girls have become susceptible to early marriages and teenage. According to Herbert (2018), while teenage pregnancies are still escalating, there

has been limited support, knowledge, and resources to assist these teenage mothers to live healthy lives with their babies.

Of all pregnancy in Lesotho, 55% are amongst adolescent girls and young women (20.7% among 15–19-year-olds and 34.3% amongst 20-24-year-olds) (Herbert, 2018). Of the adolescent girls in the age group of 15–19-year-olds in Lesotho, 45.9% have had sexual intercourse, of whom one in three has an unmet need for a modern contraceptive method (Herbert, 2018). Herbert further states that districts such as Butha-Buthe and Thaba-Tseka have the highest teenage childbearing rates of 25% and 21% respectively with the lowest use of modern contraception.

Molupe (2018), mentions that several programmes have been employed in the effort of reducing teenage pregnancy in Lesotho, and they include Comprehensive Sexual Education in and out of school. In 2005, the Ministry of Education and Training introduced sexual education in Lesotho schools as a measure to fight against the increasing rate of teenage pregnancy in the country (Molupe, 2018). Reaching out to schools was a reasonable and seemingly effective way of meeting the intended group of adolescents because schools have the potential for reaching a large and critical sector of the population with new skills and knowledge. Schools are also suitable and effective places for changing and or challenging sexual practices of adolescents (Malibo, 2021).

Furthermore, Lesotho introduced the Anti-Child Marriage Campaign Outreach Programme to scale up family planning services for adolescents and young people. In addition, there are adolescent health corners established in all public hospitals in

the country (Molupe, 2018). Additionally, Herbert (2018) pointed out that Help Lesotho developed programmes like Young Mother Support Programme to provide support and information to pregnant or breastfeeding new mothers as young as 14 years. Adolescent mothers participate in a bi-weekly support group in their community to learn about pre-and-post-natal care, basic parenting skills, contraceptives, early child development, hygiene, gardening, nutrition, and prevention of HIV mother-to-child transmission, particularly through childbirth and nursing (Herbert, 2018).

The programmes introduced by the government and non-government organizations in Lesotho are meant to empower these teenage mothers to make healthy choices for themselves and their babies, tools to boost their self-esteem as well as learn to access local resources so that they no longer feel isolated and alone (Molupe, 2018). Despite educating teenagers on the risks of early sex behaviours and designed programmes for teenagers, an incidence of teenage pregnancy and childbearing had not declined. In light of this, Mabeleng (2019), highlighted that in Lesotho, many women begin childbearing in their adolescence; and teenage pregnancy and early motherhood are most common amongst teenage girls from poorer families as well as in rural areas. Overall, 23% of women aged 15-19 years are pregnant or already have children (DHS, 2014).

The Government and non-governmental organisations (NGOs) have attempted to address this issue through the implementation of different policies and other initiatives. With these huge efforts, adolescent pregnancy continues to reach crisis

proportions in most African countries including Lesotho (Mabaleng, 2019). Therefore, this calls for further investigation to be undertaken.

The increased rate of teenage motherhood denies girls the opportunity to complete their education and acquire the skills that are critical for gainful employment in the labour market and decision-making about key issues of development (Mwandingi and Pazvakawambwa, 2019). Chiazor, Ozoya, Idowu, Udume and Osagide (2017), indicate that most of the time, teenage mothers do not continue their studies because they are required to care for their babies while some teenagers drop out of school due to their parents' refusal to pay their fees because they are perceived to have committed delinquent acts and adult crimes.

Teenage mothers experience additional challenges because they not only need to adapt to the role of being a new mother, but also continue to develop through the transitional stages of adolescence. Furthermore, Chiazor *et al.*, (2017) state that teenage pregnancy affects teenagers' psychosocial process of development with some teenagers having low self-esteem while others suffer a high rate of abuse and neglect. Parenting teenagers have not had time to resolve their stages of role identity and intimacy.

As noted, earlier that teenage motherhood usually occurs in teenage girls from poverty-stricken families, Mwandingi and Pazvakawambwa (2019), point out that this becomes a hindrance in achieving the sustainable development goals (SDGs) because it results in vicious cycle of poverty. Additionally, it perpetuates a lack of

opportunities, risks of infant malnutrition and increased incidence of infant morbidity and mortality (Mwandingi and Pazvakawambwa, 2019).

The study area is Berea private clinic in the Berea district. The DHS (2014), indicates that amongst urban districts of Lesotho, Berea has the highest percentage (23%) of teenagers between the ages of 15-19 who have begun childbearing. Additionally, UNFPA (2004), shows that enrolled girls are more likely than non-students of the same to have had sex. If girls enrolled in school are sexually active, they are more likely to use contraceptives. Berea district is the second highest urban district that has a high rate (48.8%) of adolescent girls not in school; meaning that, teenage girls in Berea are most likely to engage in premarital sex without the use of contraceptives leading to unplanned pregnancies. Furthermore, Berea private clinic was chosen as a study area due to easy accessibility to participants.

The study is, therefore, meant to explore the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in the Berea district of Lesotho. To this effect, the study also examines the psychological effects and discovers the social effects of teenage pregnancy as well as mitigating against the psychosocial effects of teenage pregnancy in Lesotho in general and Berea district in particular.

1.2 STATEMENT OF THE PROBLEM

Delaying teenage pregnancy is a pressing priority for those working to support children's protection and well-being in Lesotho. The efforts of the government and non-government organizations (NGOs) have been directed towards raising

awareness at the community level about the risks and consequences of becoming a parent at an early age, and ensuring a holistic response to addressing teenagers' sexual and reproductive health needs (UNICEF, 2021). As such, the government of Lesotho has established adolescent health corners in hospitals across the country. The Ministry of Health advocates for social behavioural change messages and condom distribution by civil society organizations. Furthermore, the Ministry has introduced different programmes such as the Comprehensive Sexual Education in and out of school and the Anti-Child Marriage Campaign Outreach Programme to scale up family planning services for adolescents (Molupe, 2020).

The city of Tshwane reported high rates of teenage pregnancy as public health facilities recorded nearly 10,000 births to young mothers in two years. With 9,922 births by teenagers between July 2019 and June 2021 and of those, 674 girls were between the age of 10 to 14 and 9, 248 girls were between 15 and 19 (Sunday Times, 2022). A report by UNFPA (2021) indicates that the Lesotho government hospitals admit pregnant teenagers more than women of childbearing to the maternity wards. Furthermore, 87% of those who seek antenatal care services at hospital antenatal clinics are teenagers between 13 and 19 (UNFPA, 2021).

Therefore, this study seeks to explore the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea district with the aim of examining psychological effects and discovering social effects of teenage pregnancy. Additionally, to inform gaps as well as reducing the psycho-social effects of teenage pregnancy with an effort to establish ongoing support for teenage mothers, and to improve their lives and those of their children to live meaningful lives in Lesotho.

1.3. PURPOSE OF THE STUDY

The purpose of this study is to explore the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea by examining the psychological effects and discover the social effects as well as interventions to reduce the psychosocial effects of teenage pregnancy.

1.4 RESEARCH AIM AND OBJECTIVES

This section presents the research aim and the specific objectives of the study.

1.4.1 Research Aim

The aim of the study is to explore the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea, Lesotho.

1.4.2 Research Specific Objectives

The aim of this research is achieved through the following specific objectives, which will help to answer the research questions:

i. To examine the psychological effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng, Berea.

ii. To analyse the social effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng, Berea.

iii.   To evaluate possible mitigation measures against the psychosocial effects of teenage pregnancy in Ha Ratsiu and Lithabaneng, Berea.

1.5 RESEARCH QUESTIONS

Based on the statement of the problem in the previous section, the research will attempt to answer the following research questions:

i.   What are the psychological effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng, Berea?

ii.   What are the social effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng, Berea?

iii.   What are the possible mitigation measures against the psychosocial effects of teenage pregnancy in Ha Ratsiu and Lithabaneng, Berea?

1.6 SIGNIFICANCE OF THE STUDY

The results of this study may assist the Ministry of Social Development in providing necessary support to teenage mothers through the provision of cash transfers to help improve their lives and those of their babies. In addition, the study is anticipated to assist the government of Lesotho to strengthen measures meant to empower and support teenage mothers to continue their education for the betterment of their lives and their children's future, ending the vicious cycles of poverty. The study further contributes to an increased understanding of the effects of teenage pregnancy on teenage mothers in Lesotho. Moreover, this study may help teenagers to understand

the effects that pregnancy in the teenage years has on their lives, families, babies, community as well as the whole country. Additionally, the study may help in sensitizing parents and communities about the importance of appropriate open communication concerning sexual and reproductive health to their children.

The policymakers may have a new perspective on teenage pregnancy, and this may complement the existing efforts that have been put in by the government and non-governmental organizations in addressing the teenage pregnancy. Furthermore, the study is anticipated to contribute to the available literature so that those who want to research more can know the existing facts and the current situation of teenage mothers.

Additionally, one of the key functions of social work is to enhance the well-being of people by raising awareness to the people. Therefore, the study may help social workers to understand issues that teenage mothers are confronted with that will enable them to respond positively and effectively towards helping them and strengthen existing measures to curb teenage pregnancy.

1.7 DEFINITION AND MEASUREMENTS OF TERMS

The section focuses on the definition and operationalisation of key terms that are used in the study. Amongst these terms are teenager, teenage pregnancy, teenage mother, pregnancy, psychological distress and social effects.

1.7.1 Teenager

A teenager is a person between the ages of 13 and 19, and this age group is referred to as adolescence (WHO, 2017). Additionally, it is the time when an individual starts to develop knowledge and skills, learns to manage emotions and relationships, and acquire attributes and abilities that are important in assuming the different roles of adulthood (WHO, 2017).

1.7.2 Teenage Pregnancy

Teenage pregnancy is a period in which, a teenage girl from the ages of 13 to 19 becomes pregnant and have not reached legal adulthood (WHO, 2017). To this effect, the UNCF (2008), defines teenage pregnancy as "a teenage girl, usually within the age range between 13 and 19 becoming pregnant and refers to girls who have reached adulthood, which varies across the world". In this study teenage pregnancy implies falling pregnant and parenting of young girls aged 13-18.

1.7.3 Teenage Mothers

A teenage mother refers to teenage female parents of a child who are between the ages of 13 and 19 years (Simelane, 2019). Additionally, Nwaqboso (2018) indicates that a teenage mother is a parent who has given birth while still in their teens and being between the ages of 13 and 19 years.

1.7.4 Pregnancy

Pregnancy is the period whereby a foetus grows inside a woman's womb or uterus and it normally lasts about 40 weeks or just over 9 months (NICHHD, 2017).

1.7.5 Psychological Distress

Psychological distress is the state of emotional suffering characterized by symptoms of depression and social isolation, that is, psychological distress occurs when an individual is exposed to stressful events that threaten the physical or mental health and inability to cope effectively with stress (Beaulieu-Prevost *et al.*, 2012). Therefore, in this study, psychological distress is the unpleasant feelings and emotions that affect the functioning of teenage mothers; meaning that, it is concerned on how the effects of the teenage pregnancy have on a teenager mother's mood, emotions, feelings, and behaviour.

1.7.6 Social Effects

Social effect is the impact caused by teenage pregnancy on the social aspects of teenage mothers such as education and relationships (de Oliveira *et al.*, 2013).

1.8 LIMITATIONS OF THE STUDY

In order to tackle teenage pregnancy, multiple aspects need to be considered, and as such, more studies need to be conducted to investigate such factors. Moreover, for a broader understanding of the effects of teen pregnancy on teenage mothers in

Lesotho, the study area could be increased to cover more areas, especially the rural ones that are highly affected such as Butha-Buthe and/or Thaba-Tseka.

Additionally, due to the sensitivity of the research topic, some of the targeted participants were not comfortable providing an in-depth information. Consequently, the researcher ensured such participants that their information will be kept confidential and no one will be able to identify or link their information to them. Moreover, the study collected data from teenage mothers at a private clinic, who could have different experiences to those going to a public clinic as such experiences of teenage mothers from public clinic need to be covered.

1.9 ORGANISATION OF THE STUDY

The study is organized into five chapters and these are as follows:

Chapter One: General overview of the study

This is the introductory chapter which covers the introduction, the background to the study, the statement of the problem, the objectives of the study, the research questions the significance of the study, the definition and measurements of terms, the limitation of the study, overview of the chapters as well as chapter summary.

Chapter Two: Literature Review

The chapter extends the discussion on the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea. Themes covered by the review of the literature include psychological effects, social effects of teenage pregnancy on teenage mothers and establishing possible mitigations against psychosocial effects

of teenage pregnancy. The last part of the chapter discusses the theoretical literature that underpins the study, the gaps in the literature as well as conclusion from the reviewed literature.

Chapter Three: Methodology

This chapter covers the philosophical underpinnings, research approach and research design to be used, study site, population, sampling and sampling procedures, data collection methods, data analysis, ethical considerations as well as the trustworthiness of the research.

Chapter Four: Presentation of Findings and Discussions

This chapter highlights the findings and discussions of the study. The chapter presents the research findings and, in the process, it answers and fulfils the research questions and research objectives respectively. The chapter proffers a critical analysis and discussion of the research findings.

Chapter Five: Summary, Conclusion and Recommendation

This chapter focuses on the presentation of the summary of the findings, conclusion and feasible recommendations for intervention in order to address the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea.

1.10 CHAPTER SUMMARY

This being the introductory chapter provided a general overview of the study on the effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng

areas in the Berea district of Lesotho. The chapter covered the introduction, the background to the study, statement of the problem, objectives of the study, research questions and significance of the study, definition and measurement of terms as well as limitation of the study and an overview of the chapters in the study. The next chapter covers the review of the literature on effects of teenage pregnancy on teenage mothers.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter presents the literature review and provides some light on the effects of teenage pregnancy on teenage mothers. In light of this, the chapter focuses on the empirical literature concerning the study research questions and theoretical literature. The themes covered by the review of the literature include the psychological and social effects of teenage pregnancy on teenage mothers as well as mitigating against the psychosocial effects of teenage pregnancy.

2.1 EMPIRICAL LITERATURE

The term empirical involves collecting data based on experiences, observations or experimental research; and in empirical research, knowledge is developed from factual experiences as opposed to theoretical assumption and usually involves the use of data sources like fieldwork (Njuku, 2017). Testing hypothesis or answering defined questions is a primary feature of empirical research (Njoku, 2017).

2.1.1 Overview of Teenage Pregnancy

Teenage pregnancy is the occurrence of pregnancy in teenage girls aged 13 to 19 and it mostly happens in disadvantaged populations, frequently motivated by poverty, lack of education and work opportunities (Kassa *et al.*, 2018). Globally,

about 11% of all births worldwide are of girls aged 15-19 years and World Health Statistics (2014) showed that the average global birth rate amongst the 15-19 years olds is 49 per 1000 girls (Kirchengast, 2016). Hamilton (2020), indicates that the United States (US) birth rates for white teenagers aged 15-19 declined by 8% between 2017 and 2018 from 13.2 births per 1000 females to 12.1 births per 1000 females while for black teenager from 2017 and 2018, birth rates declined by 4% from 27.5 births per 1000 females aged 15-19 to 26.3%.

Moreover, Hispanic teenagers' birth rates declined by 8% to 26.7 births per 1000 females in 2018 from 28.9 in 2017. Contrarily, in the Philippines, 14% of teenage girls between the ages of 15-19 were reported for the first time to be already mothers or have several children in the 2014 survey of young fertility and sexual participation as compared to the 8% of the 2002 survey (Salvado, Sauce, Alvarez and Rosario, 2016).

Additionally, Fantaye, Gunawardena and Yaya (2019) indicated that the Sub-Saharan Africa had the highest prevalence of teenage pregnancy, and half of all births that happened in the region were to teenage mothers with an estimated 101 births per 1000, women aged 15-19, almost double the global average. Globally, 15 countries had young women aged 20 to 24 who gave birth before the ages of 18, and out those countries 14 were from the Sub-Saharan Africa and these countries include Cameroon, Malawi, Mozambique, Niger and Uganda (Fantaye, Gunawardena and Yaya, 2019).

Similarly, Odimengwu and Mkwananzi (2016), point out that level of teenage pregnancy in the Sub-Saharan Africa in three regions show that the Southern Africa had the lowest level of teenage pregnancy in 1992, but in 2011 had the highest compared to East and West Africa. In East Africa, the percentage of teenage pregnancy was the highest in 1992 yet by 2011 it had halved to 16.3%. Additionally, in West Africa, levels of teenage pregnancy had remained constant over time at over 25% (Odimengwu and Mkwananzi, 2016). To this effect, teenage girls who had ever been pregnant had an average age of 18 years across the entire region and those who were mainly ever married in West (83%) and East Africa (65%) yet mostly never married in Southern Africa (Odimengwu and Mkwananzi, 2016).

Approximately 90% of teenage pregnancy in developing countries are married girls, and these are due to exposure to sex and pressure to have babies quickly after marriage; meaning that 75% of married teenage pregnancy are planned. Contributing factors to increasing teenage pregnancy in the Sub-Saharan African countries include but not limited to risky sexual behaviours, child marriages, peer pressure, child-headed families and low socio-economic status (Kassa *et al.*, 2018). Pregnancy at a young age can lead to very destructive consequences because motherhood at adolescent age entails difficulties during pregnancy and delivery since these teenagers are not physically and mentally ready for pregnancy and childbirth.

WHO (2017) states that girls under 15 years of age can have greater health complications due to an underdeveloped pelvis that can result in difficulties in birth and obstructed labour which is normally dealt with by caesarean section in

developed countries. Nevertheless, in developing countries, health complications can lead to eclampsia, obstetric fistula, infant mortality, and maternal death because of the unavailability of medical services; meaning that, there are higher levels of morbidity and mortality for both teenagers and their babies (Mwandingi and Pazvakawambwa, 2019).

Kassa *et al.*, (2018) indicate that the increasing prevalence of adolescent pregnancy in Africa is one of the reasons for the high rate of maternal, and child morbidity and mortality on the continent. Moreover, 99% of maternal deaths of women aged 15 to 19 years occur in low and middle-income countries, particularly in the Sub-Saharan African countries. Adolescent pregnancy is also a major contributor to a vicious cycle of poverty and poor health outcomes (Kassa *et al.*, 2018). Furthermore, Chiazor *et al.*, (2017) mention that health effects on babies born to teenage mothers include a 50% increased risk of stillbirths and neonatal deaths, low birth weight, preterm deliveries, birth asphyxia, and its corresponding long-term sequela.

Several Sub-Saharan African countries have taken different measures to deal with the issue of teenage pregnancy and a slight reduction of teenage pregnancy have been recorded; for instance, Kenya reduced school dropout of teenage girls after the introduction of programmes training teachers on HIV and providing girls with education subsidies (Human Rights Watch, 2018). Cameroon used peer education programmes to educate girls on diseases, pregnancy, sexuality, peer pressure and dating to empower young women to make the right choices while in 2021, Madagascar introduced youth-friendly clinics, which provide low cost and confidential access to contraceptives, counselling and diagnosis of sexually transmitted

infections (HRW, 2018). Additionally, Lesotho introduced comprehensive sexual education in schools as well as established adolescent health corners in hospitals across the country to address issues related to sexual and reproductive health as measures to tackle teenage pregnancy.

Despite such measures taken by several governments to reduce the phenomenon of adolescent pregnancy in their countries, girls falling pregnant during their teenage years continue to be a cause of concern in the Sub-Saharan Africa (Fantaye, Gunawardena and Yaya, 2019). Kassa *et al.*, (2018) highlight that the Sub-Saharan African countries' teenage pregnancy prevalence is 19.3% higher than the overall prevalence of adolescent pregnancy in Africa (18.8%). As a result, the UNESCO (2017) noted that Lesotho is the second leading country on early and unintended pregnancy with 6 out of 10 girls (60%) aged 15 to 19 being mother or pregnant with their first child.

2.1.2 Psychological Effects of Teenage Pregnancy on Teenage Mothers

Teenage pregnancy has various psychological effects on teenage mothers relating to childbirth and the subsequent transition to motherhood. In this study, the following major sub-themes were reviewed: depression, suicide attempts, stress, emotional challenges, poor self-image, and lack of attachment to the child**.**

2.1.2.1 Depression

A serious psychological effect that teenage mothers face is depression. Depression, as noted by WHO (2017), is a mental disorder that negatively affects how an individual feels, thinks and acts. It is characterized by feelings of sadness, loss of interest or pleasure in activities that a person once enjoyed, decreased energy, feelings of guilt, or low self-esteem. These problems can become chronic or recurrent and lead to substantial impairment in a person's ability to take care of their everyday responsibilities.

Boobpamala, Kongvattananon, and Samprasert (2019), state that family care is very important from antenatal until the postnatal period for the pregnant teenagers because with a lack of support, they feel more pressured and have feelings of despair and sadness resulting in depression. Additionally, factors such as alcohol use, physical, and sexual abuse and a history of depression in pregnant teenagers can be risk factors to the development of depression. Boobpamala, Kongvattananon, and Samprasert (2019), reported that in Mexico, 32.3% of depressive symptoms in pregnant teenagers occurred during the first trimester and 24.2% during delivery while in the United States, out of 400,000 births happening each year, 25-30% of them have experienced postpartum depression.

Furthermore, Olajubu, Olajubu, Olowokere and Omoloye (2021), mentioned that the teenagers need the social support to cope with motherhood because pregnancy, as well as childrearing, can expose them to depression. Olajubu *et al.*, (2021), indicated that pregnant teenagers are vulnerable to depression due to stress and

psychological difficulties they are exposed to during pregnancy, and perinatal depression is more common amongst pregnant and nursing teenagers than older women are. Similarly, during and after pregnancy, depression affects mothers and infants. Antenatal depression is linked with preterm labour, spontaneous abortions, low birth weight and intrauterine growth restrictions. About 27.3% of participants experienced high rates of depression and anxiety during pregnancy (Olajubu *et al.*, 2021).

Postpartum depression is an outcome of stress that develops due to failure to cope with stressors and an individual with postpartum depression has feelings of worthlessness, lack of interest in pleasurable activities, suicidal thoughts and the sleeping disruption that begins within four weeks of birth and extends to six months. Parenting stress and low self-esteem lead to the development of postpartum depression in adolescent mothers. Most teenage mothers are not prepared for motherhood and do not have knowledge as well as skills of parenting which makes transition to motherhood difficult intensifying anxiety and depression (Sunthorn, Thapinta, Panuthai and Piyanut, 2020). For instance, lack of care and necessary support increase the risk of postpartum depression for pregnant teenagers.

Moreover, low self-esteem causes teenage mothers to be defensive and have negative perceptions of themselves that lead to postpartum depression. Motherhood demands leave little to no time for teenage mothers to connect with friends and feelings of isolation and having low self-esteem, which develop into postpartum depression (Sunthorn *et al.*, 2020). The study conducted in South Africa indicated that the prevalence of antenatal depression was 15.9% while postpartum depression

was 8.8 amongst pregnant teenage (Govender, Naidoo and Taylor, 2020). These issues suggest that teenage mothers demand higher levels of support in order to cope well.

2.1.2.2 Suicide Attempts

Studies point out that teenage pregnancy is a risk factor for suicide as pregnant teenagers fail to cope with their situation and consider suicide as a solution. Li, Imam, Jing, Wang and Zhou (2021) point out that women are more likely to commit suicide than men, so unplanned pregnancy further increases the risks because adolescents are vulnerable to rapid changes in their bodies and pregnancy is a stressful time rather than a happy time for them. In addition, situations where pregnant girls are forced into marriage increase the chances of attempting suicide. A study by Pinheiro, Coelho, Da Silva, Quevedo, Souza, Castelli, Matos and Pinheiro (2012), indicate that in Brazil, suicidal behaviour is common in teenage pregnancy with a prevalence rate of 13.3%.

Suicidal behaviour is common amongst pregnant adolescents. Rejection from parents and isolation by peers at school as well as being pregnant out of wedlock put the teenagers at high risk of committing suicide. According to Musyimi, Ebuenyi, Mutiso, Ndetei and Nyamai (2020), due to unplanned pregnancy, the teenagers are rejected by family members and are constantly criticized. As a result, they contemplate suicide. In their study, it was revealed that one of the participants in the study mentioned not talking as well as not relating well with her parents and that has affected her peace of mind to the point of thinking about ending her life.

Pregnant teenagers experience mockery from their peers and community. That results in feelings of shame, isolation and worthlessness that lead to suicidal thoughts. Furthermore, most pregnant teenagers live with parents who are not financially stable, and had to discontinue their education; consequently, they struggle financially because they are employed in low-paying jobs. Others rely on their family members for support and are sometimes viewed as burdensome; thus, they become stressed and prone to feelings of neglect leading to suicidal behaviours (Musyimi *et al.*, 2020). The authors further stated that when teenagers are diagnosed with a chronic illness like HIV during antenatal care, they become hopeless and suicidal. Musyimi *et al.* reported that 55% of pregnancy-related suicides are because of lack of family support and violence during pregnancy amongst the teenage mothers. Additionally, according to Makofane and Skobi (2017), rejection of the baby and lack of support by the boyfriend, or partners of the teenage girls lead to thoughts of committing suicide because of the betrayal they feel.

2.1.2.3 Stress

Teenage mothers are susceptible to health problems because of the stress they experience during and after pregnancy. A study conducted in Bangladesh by Akter (2019), showed that sometimes the responsibilities of parenthood become a burden to them and they fail to cope with the new situation, and that type of stress may create many mental or psychological problems amongst the teenage mothers. Hondgkinson, Beers, Southammakosane and Lewin (2014), indicate that the stressors of caring for an infant exacerbate the psychological distress experienced

by teenage mothers; and teenage mothers are at high risk of having post-traumatic stress disorder due to community and interpersonal exposure to violence.

A study on the mental health of adolescent parents in the USA by Leplatte, Rosenblum, Stanton, Miller and Muzik (2012), show that 50% of teenage mothers experienced post-traumatic stress because of various factors such as serious money problems as reflected by 72% of the respondents and 43% of the teenage mothers are being neglected. Musyimi *et al.*, (2020), state that lack of support for teenage mothers and negative societal attitude result in postpartum stress and disorder amongst the teenage mothers. Postpartum stress and disorder arise because of negative attitude from the society, and most teenagers do not have proper care or support from their family. Furthermore, they suffer from a financial crisis. Additionally, the responsibility of parenting and early childbearing may often increase stress (Musyimi *et al.*, 2020).

Moreover, pregnant teenagers from resources deprived households, which have high food insecurity and a lack of other basic needs, are mostly vulnerable to stress because they worry about their pregnancy, childrearing and additional adjustment that their situation brings to their families. Their main concern is on the preparation for the arrival of the new babies and care for their children such as getting clothes and food for their children when not having enough themselves. Therefore, constant worry about how the needs of their children will be met leads to stress (Haung *et al.*, 2017). Stress, as noted by Olajubu *et al.*, (2021) is a risk factor to the physical and psychological health of pregnant women and stress as well as anxiety disorders during pregnancy negatively affect the progression of pregnancy. However, the

impact can be intense and harmful for both the mother and the child amongst the pregnant teenagers.

Most pregnant teenagers live with guilt and feelings of self-condemnation and disappointment to their parents who may eventually take the responsibility of caring for their babies, and this pose a heavy psychological burden on pregnant teenagers. The resultant effect on their physical and mental health is due to the absence of the capability to cope with the unexpected life events experienced by pregnant teenagers (Olajubu *et al.*, 2021). The study on stress and resilience amongst the pregnant teenagers in Ile-Ife, in Nigeria by Olajubu *et al.*, (2021) indicate a high prevalence of pregnant-related stress due to difficulties in coping with the social and economic demands that come with motherhood and navigating the development of challenges associated with adolescence. Most teenage pregnancy are unplanned and out of wedlock resulting in feelings of shame, guilt, and stigmatisation in communities, thus increasing the level of stress among teenagers. A majority of respondents (80.5%) in the Olajubu *et al.*'s study had moderate level of perceived stress.

Likewise, a study on adolescent perceived stress and health outcomes amongst adolescent mothers and their infants in Lesotho by Yako (2007), demonstrated that married and unmarried teenage mothers had high-stress levels. For unmarried teenage mothers, the stress is due to difficulties in coping with the demands of growing up, and having to deal with pregnancy and parenting at the same time while for married teenage mothers the stress is also due to the demands of extended families (Yako, 2007). This, therefore, spelled out the need for families to be

sensitised about stress related issues resulting from teenage girls having children. Teenage mothers experience violence in communities and with their partners. This implies that they became susceptible to post-traumatic stress disorder. Leplatte *et al.*, (2014) indicated that on average, the teenage mothers had experienced traumatic events including physical attacks by a partner and neglect; and abuse by a parent.

2.1.2.4 Poor Self-Image

A good self-image is very important for every person as teenagers are normally seeking approval from others that they are special. Therefore, changes happening to their bodies during pregnancy result in feelings of bulkiness, ugliness and unattractiveness that reduces their self-confidence and self-esteem. This means that, since the teenage girls are sensitive about their bodies, their self-esteem may be reduced due to changes in their body images such as gaining weight and skin changes (Inanir *et al.*, 2015).

Ngozi (2013), asserts that being pregnant as teenager is often associated with shame. Consequently, it is possible that the emotional evaluation the teenagers make about themselves could be of disapproval; and parents often worsen it by making pregnant teenagers feel incapable, insignificant, unsuccessful, and unworthy which lead to the development of low self-esteem. Similarly, Simelane (2019), postulates that a teenage girl's image is tarnished when she falls pregnant because the public perceives her as a disgrace. She is then marginalised and stigmatised by peers, teachers and the community. Teenage pregnancy deprives teenage girls of

participating in social activities, which could in turn, affect the way they feel about themselves and affect their self-esteem; and reduced self-esteem affect the bond between mother and child (Simelane, 2019).

Furthermore, Hadebe (2017), notes that a teenage pregnancy is responsible for the poor development of a teenager's mental capacity, that is, a girl's brain does not reach full maturity until the mid-20s. As a result, when the teenagers become pregnant, the front lobe of the brain responsible for decision-making gets affected. This makes young people poor decision makers on important issues including practicing safe sex and using contraceptives. This leads to repeated pregnancy and the spread of sexually transmitted diseases (STDs).

2.1.3 Social Effects of Teenage Pregnancy on Teenage Mothers

Teenage pregnancy has negative social effects on teenage mothers. It drastically affects their quality of functioning. In the social context, teenage mothers face myriad social effects such as rejection and marginalisation. In addition, they are also exposed to dropping out of school, poor relationships with parents and guardians, poor relationships with peers, lack of support and social stigma.

2.1.3.1 Rejection and Marginalization

Pregnant teenagers experience rejection, discrimination and stigmatization from their peers, families as well as community members; and girls who become pregnant before the ages of 18 are more likely to experience violence within marriages and

partnerships (WHO, 2020). In the United States, the teenage mothers are a group that is stigmatized because they did not delay childbirth to focus on starting their careers. To this effect, Buckner (2016), mentioned that the teenage mothers usually receive disapproving looks and negative comments from the public. For instance, participants in Buckner's study stated that people always assume that they are on welfare and receive sexual comments from older men (Buckner, 2016).

The negative stigma associated with teenage pregnancy is internalized by teenage mothers, resulting in self-judgment and threatening self-identity (Korving, 2020). Korving further points out that, the teenage mothers experience harsh stigmatization, discrimination and public shaming in schools when pregnant. Some schools in South Africa perceive public shaming of pregnant teenagers as a warning or a lesson to other girls of deviant behaviour.

A study conducted in Lesotho by Thekiso (2016), pointed out that teachers and other students marginalized the teenage mothers and treated them differently, and that led to them dropping out of school. The school-going mothers feel marginalized by other students when they avoid working with them in group discussions. This adversely affects their studies because they do not benefit from the group discussions as one of the encouraged teaching and learning methods. In this vein, the teenage mothers miss the opportunity of learning from their peers and feel excluded in the learning process. They feel uncomfortable when their peers talk about their pregnancy behind their back; and therefore, decide to drop out of school to hide their pregnancy. Moreover, teenage mothers are marginalized through language and labelling by the teachers. One of the teenage mothers pointed out that the teachers called her

motsoetse 'mother' (Thekiso, 2016). Consequently, the study calls for understanding, acceptance and societal attitudinal change towards teenage mothers.

Furthermore, most pregnant girls face rejection from their boyfriends once they have disclosed their pregnancy status. Mahaeaj and Ngubane (2018), mentioned that during pregnancy and childbirth, the teenage mothers need emotional and financial support from their partners, but unfortunately, they are rejected and abandoned.

2.1.3.2 Dropping out of School

Teenage pregnancy affects teenage girls' right to education as some pregnant teenagers continue with their education, and often results in most pregnant and teenage mothers dropping out of school. Bermea *et al.*, (2018) stated that adolescent pregnancy brings with it many responsibilities and challenges known to affect regular school attendance such as morning sickness and doctor's appointments.

Accordingly, access to education for teenage mothers is an issue in Jamaica as the mothers are expelled from school when pregnant, and are not allowed to return after birth (Kennedy, 2017). This is due to religious values upheld by some schools while other schools as way of preserving morality, are safeguarding other girls from possible negative influence from teenage mothers. Kennedy further indicated that the lack of assistance with the child and financial means contribute to most teenage mothers discontinuing their education. This therefore indicates the need for economic aids to be provided and channeled to teenage mothers and for the

government to ensure that pregnant teenagers are free from any form of discrimination in accessing education especially in church owned schools.

Teenage pregnancy and parenting were cited as the main cause of high schools drop outs among teenage girls with 30% of White teenage girls, 36% of Hispanic/Latino girls and 38% of African American girls who dropped out of school (National Conference of State Legislature, 2016). Educational attainment for pregnant and parenting teenage girls are affected due to the high risks of school drop outs meaning that, the chances of the teenage mothers completing their high school and going to tertiary institutions are very slim because of the challenges they face being a teenage mother as well as a student.

Similarly, Nkosi (2019) reports that teenage motherhood affects school attendance because most teenage mothers have to juggle between being a student and a mother since in many cases, they do not have anyone to look after the child. Findings in Chokomosi, indicated that school performance of the teenage mothers is generally poor as compared to their performance before falling pregnant, and it is attributed to lack of parental support, poor health status, stigma in and out of school, high-stress levels and lack of experience in motherhood (Mamaeko and Nkengbeza, 2018). Furthermore, Chokomosi *et al.*, (2018), pointed out that teachers reported a huge difference in academic performance of learners before and after pregnancy because when they are pregnant, they miss a lot of school work such as lessons, home works, tests and they are tired particularly when the girls are about to give birth.

Chokomosi *et al.*, (2018) asserted that the teenage mothers also develop a negative attitude towards their schoolwork due to the new responsibilities associated with the upkeep of their kids. Similarly, expecting teenage mothers will be behind with their schoolwork by the time they are on maternity leave and some end up dropping out of school because of the fear of stigmatization and embarrassment from fellow students.

In Okumu's (2020) study, 82.2% of the participants indicated that pregnancy affected their school performance because it minimized their time of study while 17.2% indicated that their level of grasping information declined after their pregnancy and some ended up dropping out of school. Molupe (2018), indicated that pregnant teenagers in Lesotho are forced to drop out of school to care for and raise their children. According to Motsopa (2020), one of the high schools principals in Lesotho stated that they had five cases of pregnant students and only one of those students agreed to continue with their studies.

Some teenagers drop out of school because they see pregnancy as a better choice than continuing with their education in their situation, and others drop out due to pregnancy or early marriage (Raj and Boehmer, 2013). In some countries, an estimated 5% to 33% of girls aged 15 to 24 years drop out of school because of early pregnancy or marriage (Raj and Boehmer, 2013). Therefore, this, indicate how the girl child in such instances view it prudent for them to drop out of school than continuing with their studies.

2.1.3.3 Poor relationship with Parents and Guardians

Falling pregnant can negatively affect relationships between the parents or guardian and the teenage girls, as parents feel disappointed that the teenager has shamed and disgraced their family. In this scenario, Musese (2018), showed that after pregnant teenagers disclosed their status, the emotional relationship between them and their parents changed and are only characterized by constant verbal arguments, disagreements and poor communication. Furthermore, participants in Musese's study mentioned that the parents' attitudes, affection and attention towards them changed after they learnt of their pregnancy.

Additionally, Simelane (2019), indicated that the teenage pregnancy is perceived as morally wrong or a disgrace and is stigmatized in some communities in South Africa. Parents become disappointed, angry and embarrassed once they learn that their teenage girls are pregnant. For example, in white and Indian cultures, teenage pregnancy is perceived as taboo by most parents (Simelane, 2019). If a teenage girl becomes pregnant, she is reprimanded by her parents and is considered to have acted in a disgraceful or improper manner, and sometimes they are pushed out of the family (Simelane, 2019). This shows that families with pregnant teenagers need family counselling to minimize instability and efforts should be intensified to discourage teenage girls from being pushed out of the families.

2.1.3.4 Poor relationships with Peers

Pregnancy takes time, energy and resources such as going to the doctors, morning sickness, tiredness and money, which all affect the social life of a teenager. The demands that come with being pregnant reduce the opportunities for pregnant teenagers to spend time with friends. Furthermore, friends of the pregnant may not understand or even accept the life changes that come with pregnancy and leaving the friendship of pregnant teenagers more susceptible to change (Humberstone, 2018).

Pregnancy may physically displace teenagers from their usual social environment. It is a concern as proximity and shared context are important factors in sustaining the relationship. For instance, because of morning sickness and doctors' appointments and recovery following the childbirth, the pregnant teenager may not attend school or other social activities; and this may affect her relationship with friends (Humberstone, 2018).

Teenagers may also reconsider their current relationships and social activities following pregnancy because of reduced participation in risky social activities, and this indicates that pregnant teenagers may have few and different types of friends. Additionally, stigma may alter friendship networks for pregnant teenagers; meaning that, due to the stigma attached to the teenage pregnancy, old friends may hesitate or discontinue their friendship with a pregnant teenager for fear of stigmatization by association (Humberstone, 2018).

Apart from the teenage pregnancy reducing teenage social networks, it may alter the types of friends with whom the pregnant teenager becomes friends with, that is, there are teenagers with certain characteristics or backgrounds that may be more accepting of being pregnant, and thus be more agreeable to become friends with a pregnant teenager. For instance, Humberstone (2018), indicates that peers that may befriend a pregnant teenager are low achieving or delinquent peers because they are less concerned about the consequences of pregnancy or they are used to pregnancy occurrences. Pregnant teenagers may seek more understanding or less judgmental peers like befriending other pregnant teenagers following pregnancy.

Teenage pregnancy poorly affects the relationship between a teenager and their peers because non-pregnant peers always undermine them since the non-pregnant peers believe that they are fortunate not to fall into the trap. Furthermore, other peers tend to gossip about pregnant teenagers, which causes them to be reserved and not willing to associate with their peers. To this effect, pregnant teenagers suffer from an inferiority complex, lack of confidence and have a problem of low self-esteem.

Likewise, a study on the psychosocial consequences of teenage pregnancy by Simelane (2019), indicates that the teenage motherhood and pregnancy increase the chance of difficulty in maintaining friendships because of the lifestyle changes needed during pregnancy. Such activities like drinking alcohol, smoking and partying are no longer an option and extra rest needed in pregnancy cut back available time spent with friends.

2.1.3.5 Lack of Social Support

Social support systems are all forms of voluntary interpersonal relationships geared towards providing financial, emotional and cognitive aid (Yurdakul, 2018). Teenage mothers need social support from families, friends and community members because they are faced with new roles, increased responsibilities, health problems, financial difficulties and knowledge deficit, so without enough support, they encounter serious problems in adapting to motherhood (Cheragh, 2017). Lack of support creates problems in caring for and upbringing the child for teenage mothers. Since the teenage mothers lack knowledge and skills for successful maternal roles, an inadequate support hinders their ability to care for their children (Cheragh, 2017). For instance, a teenage mother may lack knowledge on breastfeeding, so without the much-needed support from the family members especially their mother, it will be difficult to adequately feed the child with proper nutrition.

Attom and Quaye (2019), concurred that teenage motherhood negatively affects teenagers' education, especially in the case where there is a lack of support from parents and family members. The reason being, these teenagers have to assume the adult role by working to care for themselves and their children; and some even have to pay for their school fees. For instance, participants in Attom and Quaye's (2019) research asserted that they often arrive late at school because they had to feed and bathe their children before attending school, and this affects their learning. Also, the responsibility of caring for their children with little assistance sometimes affects their school in that they are unable to do the homework because they have to care for their children (Attom and Quaye, 2019).

Moreover, some teenage girls could not continue with their education because they are forced to look for a job to support themselves, which result in school dropouts (Maharaj and Ngubane, 2018). After disclosing their pregnant status, other pregnant teenage girls were disowned by their families, so they had to fend for themselves. One participant mentioned that after disclosure, she found herself alone with nowhere to stay and having to fend for herself. Her father refused to pay for her school fees and other essentials such as school uniforms (Maharaj and Ngubane, 2018). Parents' response to their children's pregnancy plays an important role in educational attainment because pregnant girls who have parents' support can continue their studies more than their counterparts (Carbajal, Mohr and Sharma, 2019).

Additionally, pregnant teenagers do not receive support from their teachers. When they missed classes, they do not get extra tuition. Furthermore, Adams *et al.*, (2014) indicate that teachers do not support teenage mothers when they miss school due to their appointments for their babies such as taking the baby to the hospital. In that case, teenage mothers do not get the opportunity to recover what they have missed out. Additionally, teenage mothers have to get information from other students and the students are sometimes unable to explain the lessons to teenage mothers because they did not understand the lesson themselves or feel that it is not their responsibility to teach teenage mothers. Therefore, it is crucial for schools to have formal or effective mechanisms in plan to offer adequate chances for teenage mothers to catch up with missed work.

UNICEF (2008), states that access to education for all girls is an important goal for developing countries as it was advocated at the World Conference on Education for All in 1990, which led to the objective of universal primary education as one of the 2000 Millennium Development Goals and 2016 Sustainable Development Goals. In this context, many developing countries have abolished school fees to promote schooling under the name of the Universal (or Free) Primary Education (UPE) policy (UNICEF, 2008).

HRW (2018) indicated that all girls have the right to education regardless of their pregnancy and the AU has adopted a legal framework that protects the rights of all girls to education. All but seven African countries have ratified the African Charter on the Rights and Welfare of the Girl Child, which compels governments to take special measures to ensure equal access to education for girls and raise the age of marriage to 18 (HRW, 2018). Also, for the government to take all appropriate measures to ensure that, pregnant girls complete their education.

Nkosi (2019) reported that in most African countries, the teenage pregnancy results in teenage mothers discontinuing their schooling. Sobngwi-Tambekou, Tsague-Agnouz and Fezeu (2022), show that in Cameroon, 54% of girls had to drop out of school for some time due to pregnancy and childbirth while 46.1% dropped out of school permanently. Similarly, in the Zimbabwe Education Ministry Statistics indicated that in 2018, 12.5% of the country's school-going girls stopped attending classes due to pregnancy or marriage reasons (Matashe, 2020). Lesotho like most African countries has policies that allow pregnant girls to continue their education

(HRW, 2018). The dropping out of school rate because of pregnancy in 2015 in Lesotho was at 37.3% (UNFPA, 2021).

2.1.4 Possible Mitigation Measures against the Psychosocial Effects of Teenage Pregnancy

Effective and efficient measures are needed to help teenage mothers to lessen the psychosocial effects of pregnancy and such measures may include, teenage mothers' support groups, youth social development programmes, flexible learning programmes, availability of school counsellors and social workers within school premises; and family and community involvement.

2.1.4.1 Teenage Mothers Support Groups in Schools and Communities

Support minimises a burden and the psychological distress experienced by teenage mothers; as such, supportive structures such as teenage mothers' support groups can help reduce the psychological effects of teenage pregnancy. In these support groups, voluntary teenage mothers can all get together to discuss and share experiences promoting openness, identification with one another and the creation of a sense of belonging. These support groups can be used to empower teenage mothers through psycho-education on preventative measures, health-related topics, and ongoing motivation and encouragement (Musese, 2018).

Rick (2016), indicates that for some teenage girls, teenage pregnancy results in isolation due to prior peers moving on and change in their focus on life, and teenage

mothers face many challenges as those support groups provide them with an opportunity to learn to better cope with their situations. Additionally, support groups provide them with motivation and social support that can lead to empowerment. Support groups provide teenage mothers with knowledge and information about resources to improve their lives. In Lesotho, the Help Lesotho (2017) has developed support groups in communities that educate teenage mothers about pre-and post-natal depression, basic parenting skills, nutrition, gardening and prevention of HIV mother-to-child transmission (Help Lesotho, 2017). This support group empowers teenage mothers to make healthy choices for themselves and their children, and they learn to access local resources; so that they no longer feel isolated and alone (Help Lesotho, 2017).

2.1.4.2 Youth Social Development Programmes

Youth social development programmes that target social and psychological skills, which are necessary to avoid high-risk behaviours, include early sexual activity, which encourages teenagers to delay sexual activities. The programmes have high educational aspirations, peers with similar norms and parent-child relationships characterised by supervision, support and open communication (As-Sannie, Gantt and Rosenthal, 2004). The USAID (2017), indicates that youth development programmes help young people to navigate adolescence healthily and prepare them for their future by fostering their positive development.

Simelane (2019), observes that it is the most important thing for the teenage girls to be equipped with knowledge regarding sexual and reproductive health. This means

that they should be taught what is right and wrong and be taught about the effects of teenage pregnancy to make decisions whether to engage in sexual activities or not. This may facilitate reducing the psychosocial effects of teenage pregnancy, which affect the lives of these teenagers negatively (Simelane, 2019).

The USAID (2017), mentions that youth development programmes showed improved knowledge, attitudes and behaviour related to sexual and reproductive health in low and middle-income countries. The programmes increased health services utilisation, increased contraceptive use, improved the economic and social empowerment of young women, and reduced gender-based violence in low and middle-income countries (USAID, 2017).

2.1.4.3 Flexible Learning Programmes

The implementation of a flexible learning programme for teenage mothers through financial assistance and government day-care facilities in school and/or in communities can reduce worry and stress about the childrens' needs because worry and financial burdens affect their attention, concentration and performance in school which results in increased failure rates and school dropouts. That is, kindergarten or crèches linked to schools where teenage mothers who are schooled should assist these mothers in unburdening them and taking responsibility to take care of the baby or take it to a nanny (Simelane, 2019).

Wiggins (2013), indicates that schools offer day-care programmes to prevent teenage mothers from leaving school to care for babies. On the other hand, these

same schools offer their children early childhood development. The author shows that high schools across the Washington DC region have nursery programmes that care for the teenage mothers' children while they attend class to help them graduate from high school and the programme has a 95% graduation rate.

2.1.4.4 Availability of School Counsellors and Social Workers within the School Premises

The Ministry of Education should ensure that nurses and social workers are available on school premises for easy access to health services for learners and the support for pregnant teenagers and teenage mothers (Chokomosi *et al*., 2018). Additionally, the availability and accessibility to psychotherapy and counselling services to assist teenage mothers address and manage their psychological and social needs and setbacks (Musese, 2018). Meaning that, school-going teenage mothers should receive counselling in school to assist them to cope with the psychosocial effects of teenage pregnancy they face.

Pelt (2012), shows that in one of the schools in California, a school social worker works with youth mothers to prevent school dropout by focusing on addressing their social and emotional learning needs. The social worker identifies their strengths and goals, discusses the importance of completing their secondary education, and identify career paths that will maximize their ability to function independently as young parents (Pelt, 2012).

The social worker collaborates with the teenage mothers and their families, school, and community members to facilitate open communication and ensure that teenage mothers have an advocate to help them access necessary school and community resources (Pelt, 2012). Additionally, in another schools, social workers address school attendance for teenage mothers. The social workers determine the reason for non-medical absences for the teenage mothers and improve attendance by addressing outside barriers to school attendance. Furthermore, Pelt showed that the social worker collaborates with relevant staff and outside resources to solve problems a teenage mother is facing.

2.1.4.5 Families and Community Involvement

Hanning, Nabugoomu, and Seruwagi (2020) indicate that the involvement of the parents and community in openly talking about sexual reproductive health could contribute to reducing teenage pregnancy; meaning that, parents should openly advise their children and not shy away when it comes to sexual matters such as effects of pre-marital sex and early pregnancy. Additionally, Hadebe (2017), asserts that the parents need to monitor what their children access on the internet using their phones because through phones, adolescents have access to pornography and other sexual content and after watching the videos; they try out the sex scenes which put them vulnerable to teenage pregnancy.

As-sannie *et al.*, (2004) assert that it is important for family members to be actively involved in sex education efforts because an adolescent's values and sense of sexual responsibility are influenced by family norms and expectations. Also, through

attitude change, the health care professionals can play an important role in reducing teenage pregnancy as they help in the improvement of contraceptive use and knowledge about the sexually transmitted diseases because teenagers will not be discouraged to visit health care centres to get contraceptives. The success in this regard could have a profound impact on teenage pregnancy rates (As-sannie *et al.*, 2004).

Maley and Powers (2014), show that children's Aid Society-Carrera programme includes a parent family life and sexual education programme that facilitates parents' or adults' ability to communicate more effectively with the youth about important family life and sexuality issues. This programme was a success because the teenage girls' participation in the intervention were less likely to report having been pregnant or being sexually active after three years, the program started.

2.2 Theoretical Framework

Theories are formulated to explain, predict and understand phenomena and in many cases to challenge and extend existing knowledge within the limits of critical bounding assumptions (Abend, 2008). The theoretical framework is the structure that can support a theory of a research study; it introduces and describes the theory that explains why the research problem under study exists (Abend, 2008).

In addition, Nwagboso (2018), explains that a theoretical framework gives research a strong scientific foundation, which provides support to the research process. The theoretical framework shows key variables and how they might differ in a given

circumstance and it concerns itself with theories and ideas, which exist concerning a given subject. It gives the research direction while at the same time providing scientific justification (Nwagboso, 2018). In this study, the Crisis Theory by Caplan (1964) is used as a theoretical lens.

2.2.1 Crisis Theory

This study is informed and underpinned by the Crisis Theory by Caplan (1964). Caplan based their theory on a premise that teenage pregnancy is a crisis and the application of positive measures can result in the integrity of the pregnant teenagers (James and Gilliland, 2016). This implies that when appropriate measures are used to tackle teenage pregnancy, negative effects of adolescent pregnancy can be reduced and can improve the lives of teenage mothers, in turn, be productive members of the community.

A crisis arises out of some change in a person's life space that produces a modification of his or her relationship with others and/ or perceptions of the self (James and Gilliland, 2016). Such a change may come about relatively slowly as a result of rather normal and inevitable experience of growing and developing physically and socially. Sometimes such a change may occur rapidly because of some unforeseen and traumatic events. Based on this explanation of a crisis, teenage pregnancy could be perceived as an experience that leads to rapid physical, psychological, emotional, and social changes that are usually unforeseen by pregnant teenagers (James and Gilliland, 2016).

Furthermore, the crisis theory revolves around the challenges which James and Gilliland (2016) allude that they affect an individual in a personalised manner, and it looks into an area that is likely to trigger a crisis in a person's life. A crisis involves a series of events that lead an individual from the normal functioning to a state of disequilibrium and back again, and this sequence generally involves five components:

I. **The Hazardous Event**

A hazardous event is a stressful circumstance that starts the chain of reactions which lead to a crisis and the hazardous event may be anticipated or unanticipated (Poal, 1990). In the case of teenage pregnancy, it is a hazardous event because it negatively affects the stability and all aspects of a teenager's life.

II. **The Vulnerable State**

A hazardous event is seen as either a threat, a loss, or a challenge (Poal, 1990). The vulnerable state is characterized by an increase in tension, which the individual attempts to alleviate by using one or more of his or her usual coping strategies. If these strategies are unsuccessful, the individual's tension continues to increase; as a result, they eventually become unable to function effectively. Similarly, teenage pregnancy is perceived as a threat to the teenager's future, so a pregnant teenager may be overwhelmed by pregnancy to the point of feeling helpless and hopeless; and end up turning to unpleasant measures such as the illegal abortion to resolve the issue.

III. The Precipitating Factor

The precipitation factor is the event that converts a vulnerable state into a crisis state. In some situations, the hazardous event and precipitating factor are identical; in other situations, the precipitating factor follows the hazardous event that is, the precipitating factor acts as the last straw (Poal, 1990). The precipitating factor may produce a variety of responses including suicide attempts or more constructively, a desire to seek help (Poal, 1990). This means that, for some teenagers, pregnancy can be so overwhelming to the point of committing suicide

IV. Active Crisis State

The active crisis state is characterized by disequilibrium and normally involves the following: physical and psychological agitation such as disturbed appetite and/or sleep, impaired concentration and problem-solving ability, anxiety or depression (Poal, 1990). According to Poal (1990), during the active crisis stage, an individual ordinarily recognises that their usual coping mechanisms are inadequate and thus, is usually highly motivated to seek and accept outside help. In the case of teenage pregnancy, it can result in mental problems like depression and stress.

V. Reintegration

Successful reintegration (restoration of equilibrium) is dependent on several factors including the individual's ability to objectively evaluate the crisis, develop, and use

effective coping strategies (Poal, 1990). Therefore, for teenage mothers to cope successfully with their situation, they have to employ effective coping mechanism. The Crisis Theory goes beyond analysing crisis in teenagers who fall pregnant. It goes further to emphasise those intervention strategies by stakeholders that may assist to ameliorate the crisis.

The Crisis Theory is relevant to this study as it allows a holistic approach to teenage mothers' pregnancy; firstly, as a crisis in which the young mothers go through different phases. Secondly, the theory is supported by empirical evidence that when relevant support systems are put into practice, the crisis that teenage mothers experience may be averted or at least ameliorated. Viewing teenage pregnancy challenges through the Crisis Theory as a lens offers the promise of understanding the challenges the teenage mothers encounter such as psychological and social effects. On the other hand, the Crisis Theory allows for solutions that society may offer to these challenges.

2.2.2 Adopting Theory to the Study

Adopting the theoretical framework to the study provides a basis within which the problem under investigation is understood; helps to shape research questions; and links the study to a broader body of literature (Bryman, 2012).

2.2.2.1 Psychological Effects of Pregnancy on Teenage Mothers

Reviewed literature shows that the pregnant teenagers are vulnerable to mental health problems such as depression, stress, anxiety and suicidal ideation; that is,

mental strains of pregnancy and childbearing contribute to the development of depression amongst teenage mothers (Olajubu *et al.*, 2021). Additionally, Olajubu *et al.*, (2021) argue that the teenage mothers or pregnant teenagers become prone to stress because they are unable to cope with motherhood demands as well as navigating challenges associated with the adolescence stage. Most teenage pregnancies are out of wedlock and unplanned resulting in feelings of shame, guilt and stigmatisation in communities, thus increasing the level of stress amongst teenagers (Olajubu *et al.*, 2021).

The Crisis Theory indicates that due to the intensity of the problem an individual is facing, the crisis fails to reduce the anxiety in the expected time such that the person will experience some degree of helplessness, frustration, inadequacy and depression (James and Gilliland, 2016). This shows that pregnancy can be overwhelming for teenage girls because of rapid changes in their bodies, responsibilities and demands of caring for another life. These expose pregnant teenagers to mental health problems including stress, anxiety and depression, which can have negative effects on their health and that of the infant. This corresponds to the first objective of the study: to examine the psychological effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng. Based on this objective, the following research question was formulated, what are the psychological effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng?

Furthermore, because of the intensity of the situation that pregnant teenagers find themselves being constantly criticised by families, and mockery from peers and

community members; they develop feelings of shame, worthlessness and isolation that lead to suicidal thoughts or even the actual acts of committing suicide.

2.2.2.2 Crisis Theory as the Lens on the Social effects of Teenage Pregnancy on Teenage Mothers

The reviewed literature demonstrates that teenage pregnancies negatively affect the relationship between pregnant teenagers and parents because the teenage pregnancy is perceived to be a taboo and morally wrong. As a result, the parents feel embarrassed and disgraced by their pregnant daughter and end up disowning their teenage daughter (James *et al.*, 2011).

Individuals in such a crisis experience disequilibrium and symptoms of this disequilibrium experienced by those in crisis include exhaustion and reduction in functioning of relationships; this means that, being in a crisis affects an individual's social and family relationships (Tendric and Morris, 2011). The theory in turn relates to the study in that, the teenage pregnancy as a crisis affects teenage relationships with family and friends because friends may be reluctant to continue their relationship with a pregnant teenager due to fear of being stigmatised as well, and because pregnant teenagers may not participate in the same social activities they previously did. Parents also feel disappointed with the teenager, so their attitudes change towards their pregnant daughters, which in turn affect their relationship.

The reduction of functioning may affect areas that have previously served as coping mechanisms or support for the individuals and leave them with a breakdown in

coping. This implies that a reduction in family and social relationships leaves the pregnant teenagers without the emotional and social support that they greatly need to successfully transition to motherhood. Reduction in functioning also leave them without the financial support needed to raise a child since it is economically high to raise a baby, especially when most of these pregnant teenagers are employed in low-paying jobs and some are struggling to find employment due to not completing their education and lack of skills. This correlates with the second objective of the study: to analyse the social effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng. Based on this objective, the following research question was formulated: what are the social effects of teenage pregnancy on teenage mothers in Ha Ratsiu and Lithabaneng?

2.2.2.3 Possible Mitigation Measures against the Psychosocial Effects of Teenage Pregnancy

The literature reviewed indicate that for teenage pregnancy to decline or reduce, family and community involvement is very important, that is, family and community should work hand in hand to impart knowledge about the effects of engaging in sexual activities at an early age or stage. Additionally, support groups for teenage mothers can help in reducing the psychosocial effects of teenage pregnancy because the teenage mothers will have a platform to freely express their challenges and receive support from other teenage mothers experiencing the same problems (Musese, 2018).

Crisis interventions enable or help an individual experiencing a crisis to cope with a problem or situation. Theory interventions help to successfully resolve specific tasks or issues that pose a problem/challenge. It emphasises the development of problem-solving strategies and coping skills (Tendric and Morris, 2011). Crisis intervention provides an opportunity for individuals to learn coping skills and through problem solving; the individual will release tension and increase emotional insight, which helps them to cope with stress resulting from the crisis. Support groups for the teenage mothers can equip them with coping skills and problem-solving skills, which will help in dealing with psychological and social effects they come across. The crisis is usually also experienced to some extent by the family and social network of the pregnant teenager. Therefore, the involvement of the family and community is important not only to the resolution of the crisis, but also the post-crisis adaptation of the individual (Tendric and Morris, 2011).

These crisis interventions correspond to the third objective of the study: to evaluate possible mitigation measures against the psychosocial effects of teenage pregnancy in Ha Ratsiu and Lithabaneng. Based on this objective, the following research question was formulated: What are the possible mitigation measures against the psychosocial effects of teenage pregnancy in Ha Ratsiu and Lithabaneng?

2.3 Conclusion of the Reviewed Literature

Childbearing is an important phase of human development; however, for the teenage mothers, it has long-lasting harmful consequences on the girl's psychological and social status. According to Alemayehu, Assefa and Menmur (2021), teenage pregnancies hinder teenagers from reaching their full potential and enjoying their

rights. It also affects their capacity to support themselves in the future because it restricts the skills they acquire for the workforce. The negative effects can carry on throughout the life of the teenage mothers and pass on to the next generation (Alemayehu *et al.*, 2021).

Due to teenage pregnancy, the teenage girls become vulnerable to depression, stress and suicidal ideation; meaning that, the transition to motherhood especially for the teenagers requires social support from families and friends to cope successfully. Nonetheless, most teenagers lack support, and are rejected, criticized by families and isolated by friends, which put them under stress and depression, which may lead to suicidal thoughts and behaviours. Additionally, teenage pregnancies tend to tarnish teenage girls' image because the public perceives them as immoral and irresponsible; as such, they are stigmatised, and that affects the way they feel about themselves. Additionally, the body and skin changes due to pregnancy affect their self-image and reduce their self-esteem.

Pregnant teenagers are subjected to rejection, discrimination and stigmatization from peers, families and community members especially when pregnancy happened out of wedlock. Consequently, they feel lonely, isolated and alienated. Rejection by parents and partners leaves the pregnant teenagers without sufficient emotional support, which is greatly needed during pregnancy, delivery and the postnatal period (Apolot *et al.*, 2010). In light of this, teenage pregnancy affects parent-child relationships as well as relationships with peers. Once a pregnant teenager discloses her pregnancy status, parents' attitude, affection and attention change. Demands of pregnancy reduce time to spend with friends that affects the social life

of a teenager; and due to the stigma associated with teenage pregnancy, friends may discontinue their friendship with the pregnant teenager.

Teenage pregnancy negatively affects the schooling of the teenage girls, that is, it affects their school attendance as they experience morning sickness and they have to follow doctors' appointments. All these may lead to pregnant teenagers missing school, which affects their school performance because of missed lessons, homework, and tests. As a result, the school performance of pregnant teenagers declines and these teenagers have to spend more years in school. Additionally, teenage pregnancy leads to school dropouts for some teenage girls, as families tend to disown them due to pregnancy. Consequently, they have to find work to support themselves and their children while others are forced to drop out because parents do not pay for school fees and school essentials.

The availability of school nurses and social workers is very essential in reducing the effects of teenage pregnancy because there will be availability and accessibility of counselling services in schools for the teenage mothers to address and manage psychosocial problems. Additionally, financial assistance and government day-care facilities in schools or communities can lessen the worry and stress regarding child needs. This means that the teenage mothers can focus more on their education, which in turn will reduce school dropouts for them as well as lessens dependency on others thus ending intergenerational cycles of poverty.

2. 4 Gaps in Literature

Even though there are several literature reporting on the effects of teenage pregnancy on teenage mothers, these studies have been conducted mostly in the parts of Sub-Saharan African (SSA) countries with little focus on Lesotho. Additionally, there are few recent studies reporting on the effects of teenage pregnancy on teenage mothers in Lesotho. Therefore, following that, exploring the effects of teenage pregnancy on teenage mothers in the Lesotho context may bring new insights that may be essential in combating teenage pregnancy because the study focused on psychological and social effects of teenage pregnancy.

2.5 Chapter Summary

This chapter has examined literature on the effects of teenage pregnancy on teenage mothers and themes covered by the review of the literature include: factors leading to teenage pregnancy, psychological, educational, health risks social and economic effects of teenage pregnancy on teenage mothers. the chapter also examined strategies to reduce teenage pregnancy, the theoretical framework underpinning the study, conclusion from the reviewed literature as well as gaps in the literature. The next chapter presents the research methodology, which was followed in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

Research methodology is a research strategy that outlines the way in which research is undertaken and identify methods used in it (Mohajan, 2017). Research methodology entails the procedures that the researcher follows to find answers to the research problem they identified, that is, it entails the process of investigating specific events, occurrences or phenomena in the social world of people who are of particular interest to the researchers. Research methodology is thus a systematic way of gathering data from a given population to understand a phenomenon and generalised facts obtained from a larger population (Cohen, Manion and Morrison, 2000).

This chapter presents a detailed description of the research methodology that was used in the study and the chapter is organised into several sections that provide a framework within which describe the research procedures. The chapter begins with outlining the philosophical underpinnings of the study, the research approach and design, the study site, population, sampling procedures, data collection and analysis techniques and reviewing ethical considerations.

3.1 THE PHILOSOPHICAL UNDERPINNINGS OF THE STUDY

Philosophical assumptions or paradigms are clusters of beliefs that dictate what should be studied, how the research is done and how the results are interpreted (Boru, 2018). Additionally, a paradigm contains the researcher's assumption about the manner in which an investigation is performed as well as their definition about the truth and reality; and how the investigator comes to know that truth or reality (Boru, 2018). The study adopted an interpretive philosophical underpinning because it allowed the researcher to understand the effects of teenage pregnancy on teenage mothers.

3.1.1 Interpretive Paradigm

The interpretive paradigm is concerned with understanding the subjective world of human experiences. This approach makes an effort to get in the head of the subjects being studied in order to speak, understand and interpret what the subject is thinking; or the meaning the subject is making of the context (Kivunja and Kuyini, 2017). Every effort is made to try to understand the view point of the subject being observed, rather than the view point the researcher and emphasis is placed on understanding the individual as well as their interpretation of the world around them (Kivunja and Kuyini, 2017).

The interpretive paradigm tries to understand phenomena through the meaning people assign to them and is concerned with understanding the world as it is from the subjective experiences of individuals (Levers, 2013). The interpretive paradigm

has a relative ontology with a subjective epistemology and in the interpretive paradigm; knowledge is relative to particular circumstances, history and culture. This paradigm accepts multiple meanings and ways of knowing and knowledge, and it focuses primarily on recognising and narrating the meaning of human experiences and actions (Levers, 2013). The interpretive paradigm is relevant to the present 6study since it allowed the researcher to understand how people experience and perceive the world around them in their natural settings.

3.1.2 Interpretive Ontology

Ontology is concerned with an assumption that researchers make in order to believe that something makes sense or is real or nature of the social phenomenon being investigated (Scotland, 2012). Interpretive ontology believes that reality can be explored and constructed through human interactions and meaningful actions; and that many social realities exist due to varying human experiences including people's knowledge, views, interpretations and experiences (Scotland, 2012). This paradigm is relevant since it allowed the researcher to discover how teenage mothers make sense of their social worlds in a natural setting by means of daily routines, conversations and writings while interacting with others around them.

3.1.3 Interpretive Epistemology

Epistemology is concerned with how a researcher is aiming to uncover knowledge to reach reality. This implies that it is concerned with nature and forms of knowledge. It is concerned with how knowledge can be created, acquired and communicated

(Scotland, 2012). Epistemology assumes that events are understood through the mental process of interpretation that is influenced by interaction with social contexts and that those active in the research process socially construct knowledge by experiencing the real life or natural settings (Scotland, 2012). This is relevant since the effects of teenage pregnancy on teenage mothers were established and understood through the researcher's interaction with the teenage mothers and were interpreted in this study.

3.1.4 Interpretive Paradigm's Methodology

Interpretive methodology is understanding phenomena from an individual's perspective, investigating interactions amongst individuals as well as historical and cultural contexts which people inhabit (Scotland, 2012). The interpretive researchers implement a methodology that allows the researcher to conduct a study in its natural settings. This paradigm is relevant because it allows the researcher to obtain personal contact with the group being studied in order to attain an insider's view, and having an insider insight can lead to deeper understanding of the phenomenon under study (Scotland, 2012).

3.1.5 Interpretive Methods

Interpretive methods yield insight and understanding of behaviour, explain actions from the participant's perspective (Scotland, 2012). Interpretivists collect qualitative data through different methods and the most popular method of the interpretive approach is the interview. This is relevant to this study since the researcher collected

data through in-depth interviews and the interviews allowed the researcher to probe the participants in order to get an in-depth information.

3.2 RESEARCH APPROACH

Qualitative research is a type of social science research that collects and analyses non-numerical data such as texts, videos or audios; and seeks to interpret meaning from these data that help the researcher to understand opinions or experiences through the study of targeted populations (Crossman, 2017). In this scenario, Mohajan (2018) also states that qualitative research is the way people interpret and make sense of their experiences to understand the social reality of individuals. It enables the researcher to understand fully the participant's feelings, opinions, and experiences and interprets the meaning of their actions.

Moving on, qualitative research helps the researcher to understand phenomena by observing or interacting with the participants of the study. This means that qualitative researchers are able to explore phenomena as they occur in their natural settings and they make sense of phenomena in terms of the meaning people bring to them (Boru, 2018). This is because the researcher wants the participants to speak for themselves, to provide their insight perspectives in words and other actions. Therefore, this study used qualitative research approach because the researcher wanted to see the world through the eyes of the teenage mothers within their natural environment.

The qualitative approach aims to interpret how the social world is experienced and understood by individuals within their social context; meaning that, qualitative researchers immerse themselves in the natural settings to gather thick descriptions of teenage mothers' feelings, opinions and experiences in relation to the psychosocial effects of teenage pregnancy (Dooly and Moore, 2017). The research then attempts to make sense of observed phenomena through the meanings people bring to them (Dooly and Moore, 2017). This approach is relevant for the study because it allowed the researcher to get an in-depth understanding of the lived psychological and social effects of the teenage pregnancy on the teenage mothers through observation and interacting with them.

3.3 RESEARCH DESIGN

The research design refers to the overall strategy that the researcher chooses to integrate the components of the study in a coherent and logical way, thereby ensuring that the researcher will effectively address the research problem (Barbara, 2006). Boru (2018) indicates that a research design is the overall plan or the set of procedure on the required data. The methods used to collect and analyze the data are going to assist the researcher to answer the research question. The research design is the use of evidence-based procedures, protocols and guidelines that provide the tools and framework for conducting a research study, and it is a consequence of the research question, research objectives and phenomena of interest, population and sampling strategies (Majid, 2018).

This study adopted the phenomenological research design, which is a design whereby the researcher describes the lived experiences of individuals about a phenomenon as described by the participants, and the description culminates in essence of experiences for several individuals who have experienced the phenomenon (Asenahabi, 2019). Phenomenological research focuses on the study of individuals' lived experiences within the world; its goal is to describe the meaning of these experiences, both in terms of what is experienced, and how it was experienced (Neubauer, Witkop and Varpio, 2019). According to Qutoshi (2018), phenomenology is a philosophy that provides a theoretical guideline to researchers to understand phenomena at the level of subjective reality and the philosophical theory has an important role in understanding the participant or the subject regarding a particular event or a phenomenon relating to his or her life. Furthermore, within a phenomenological method of inquiry, the researcher can use interviews, observations and discussions to collect rich information and representing it from the perspective of the research participants, so phenomenology has both philosophical and methodological stances.

This design is relevant because it helped the researcher attain rich information straight from the participants and the researcher has an understanding of the reality of the teenage mothers from an insider perspective. This means that it enabled the researcher to understand the experiences and opinions of teenage mothers from their point of view.

3.4 THE STUDY SITE

A study site is defined by Johnson *et al.*, (2018) as a place where research is conducted. As for this study, the research was conducted at Berea private clinic, and this study site was chosen because teenage mothers go there for check-up visits in numbers. Furthermore, it is because Berea district is reported to have the highest percentage of adolescents between the ages of 15-19 who have begun childbearing amongst the urban districts of Lesotho (DHS, 2014) and for easy accessibility of research participants. Berea private clinic is located in Teyateyaneng, Berea district in Lesotho. The study focused on Ha Ratsiu and Lithabeneng areas within the Berea district. The teenage mothers who came to Berea private clinic were drawn from Ha Ratsiu and Lithabaneng.

3.5 POPULATION

The population comprises individuals, groups, organizations or other entities a researcher seeks to understand and to whom or to what the study results may be generalized (Bridier and Casteel, 2021). Moreover, Majid (2018), indicates that population is the group of interest which the researcher intends to study, and where the sample is drawn from. The population of this study was all teenage mothers from Berea Private Clinic who reside at Ha Ratsiu and Lithabaneng in Berea and nurses as key informants.

3.6 SAMPLING AND SAMPLING PROCEDURE

A sample is a subset or part of the population that represents the characteristics of the population while sampling is the method of selecting a representative subset of the population called sample (Kabir, 2016). Sampling is a process of selecting participants who are representatives of the entire population in which particular researchers are interested to obtain relevant and detailed information concerning to a particular research topic (Chivanga and Monyai, 2021). In addition, Majid (2018), asserts that sampling is the process of selecting a statistically representative sample of individuals of interest. According to Majid (2018), a good sample is a statistical representation of the population of interest and it is large enough to answer the research question. This suggests that, since population is large to include all participants in the study, sampling is crucial because it allows the researcher to select a sub-section of the population that will represent the whole population to get information concerning the phenomenon of interest (Majid, 2018).

This study employed non-probability sampling which is a sampling approach where each member of the population does not have a known non-zero probability or an equal chance of selection in the sample (Bhardwaj, 2019). The sample size was eight teenage mothers from Berea private clinic and two nurses as the key informants who interact directly with teenage mothers. The sample size depended on data saturation principles and the willingness of teenage mothers to participate in the study. In this study, teenage mothers who were available and showed interest and wiliness to participate were considered. Moreover, teenage mothers who were pregnant while attending school and were between the ages of 13 and 19

participated in the study. Additionally, both married and unmarried teenage mothers were considered.

This study used purposive sampling which is a non-probability sample that is selected based on characteristics of a population and the objective of the study (Patton, 2002). This involved identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Paton, 2002). This type of sampling can be very useful in situations when one needs to reach a targeted sample quickly, and where sampling for proportionality is not the main concern (Patton, 2002). Purposive sampling, also known as judgmental sampling, is the intentional selection of a participant because of the characteristics and qualities they possess. This means that each individual is selected because that they are known to have specific qualities that are of interest to the researcher (Bridier and Casteel, 2021).

The sampling design is based on the judgment of the research as to who will provide the best information to attain the objectives of the study, and the researcher focuses on people with the same opinion for the required information (Etikan and Bala, 2017). This means that the researcher selects the sample based purely on their knowledge and credibility, that is, the researchers choose only those participants whom they deem fit to participate in the research study.

This sampling technique (purposive sampling technique) was adopted in this study because it saves time, and it is cost effective since the researcher depends on their knowledge to choose best-fit participants. In this scenario, purposive sampling allows

the researcher to gather qualitative responses that lead to better insights and more precise research results. Because information is collected from the best-fit participants, the results are relevant to the research context.

3.6.1 Inclusion Criteria

Participants who were included in the study were those who met the inclusion requirements. The inclusion criteria are as follows:

➢ They should be teenage mothers,

➢ They should be from Ha Ratsiu and Lithabaneng in Berea,

➢ Be from the ages of 13 to 18 years old,

➢ Be willing to participate voluntarily in the study.

➢ Be nurses working directly with the teenage mothers.

3.6.2 Exclusion Criteria

Participants who were excluded in the study were those who failed to meet the requirements. The exclusion criteria are as follows:

➢ Those who are above 18 years old,

➢ Those who are not willing to participate in the study.

3.7 Method of Data Collection

Data in this study was collected from Berea Private Clinic, and this study used semi-structured interviews as a method of collecting data and audio recording for data recording. In order to recruit participants for the study, the researcher sought permission from the Berea Private Clinic authorities to interview the willing and interested teenage mothers. The participants were recruited during their check-ups at clinic.

Interviews

An interview is an important qualitative research method in which the researcher collects data directly from participants. Interviews are significant in unfolding opinions, experiences, values and various aspect of the population under study (Showkat and Parveen, 2017). According to Babbie and Mouton (2007), a qualitative interview is an interaction between the interviewer and a participant in which the interviewer has a general plan of inquiry but no specific set of questions that must be asked in particular words and in a particular order. Moreover, the qualitative interview is a data collection tool that is useful in a range of methodological approaches, and therefore, it is applied to address number of research questions (McGrath, Palmgren and Lijedahl, 2019). Qualitative research interviews are preferable when the researcher strives to understand the interview's subjective perspective of the phenomenon rather than generating generalizable understandings of large groups of people (McGrath *et al.*, 2019).

3.7.1 Semi-Structured Interviews

A semi-structured interview is an in-depth interview and a qualitative data collection method in which the researcher asks participants a series of pre-determined but open-ended questions; and the researcher has more control over the topics of the interview than the unstructured interview (Dejonckheere and Vaughn, 2019). The method allows the researcher to explore participants' thoughts, feelings and beliefs about a particular topic and delve deeply into personal and sometimes sensitive issues (Dejonckheere and Vaughn, 2019).

Semi-structured, in-depth interviews are employed extensively with individuals or sometimes with a group and generally takes 30 minutes to more than an hour. Semi-structured interviews are based on semi-structured guides that provide a clear set of instructions for interviewers, and can provide reliable and comparable qualitative data. This means that the semi-structured interviews are characterized by open-ended questions and the use of interview guides in which the broad areas of interest, sometimes including sub-questions are defined. To achieve the optimum use of interview time, interview guides serve the useful purpose of exploring many participants more systematically and comprehensively. In addition, to keep the interview focused on the desired line of action, interview guides help to guide the conversation (Jamshed, 2014).

The flexibility of asking questions helps the researcher to discuss in depth about particular topics. It is relevant because the researcher can establish a rapport with participants to make them feel comfortable. This can generate more insightful

responses especially to sensitive issues and allows the researcher to probe for additional information. Semi-structured interviews were selected in this study because they enabled the researcher to build the rapport with the interviewees. In addition, the researcher was able to probe teenage mothers to gather in-depth information as well as to observe or pick visual cues and body gestures to understand their emotional reactions. In addition, it enabled the researcher to probe key informants to gather in-depth expert knowledge regarding the effects of the teenage pregnancy on the teenage mothers.

Audio recordings were used during interviews since the semi-structured interviews often contain open-ended questions and discussions may diverge from the interview guide. The researcher used the tape-recorder to capture the interviews and later on transcribed these tapes for analysis because it was difficult to focus on conducting an interview and jotting notes. The recording of the interview allowed the researcher to concentrate on the interview rather than writing notes, which can act as a distraction to both the interviewee and the researcher. This often leads to disjointed interview where key information can be overlooked, forgotten and missed.

Furthermore, recording interviews allowed the researcher and participants to develop a better relationship and the rapport during proceedings, which led the respondents to disclose more detailed and in-depth information. Additionally, fostering a more positive, interactive and informative dialogue with the participants, audio recording improved the quality and transparency of the information provided because with note taking, there is often an increase of the researcher being subjective or misinterpreting the information provided to them by the participants.

An audio recording, therefore, provided an unbiased and true presentation of the interview, which provides greater context and a holistic picture of the situation (Sullivan, 2010). Audio recordings freed the research from taking notes, thus allowing the researcher to concentrate on the interview. This also allowed the researcher to listen to what the participants were saying, as well as prompting them for further responses where appropriate; and observing facial expressions and gestures.

3.8 DATA ANALYSIS TECHNIQUES

Data analysis is the process of systematically searching for, compiling data obtained from interviews, the list field, questionnaires and other materials making it easy to understand, as well as the findings communicated to others (Umanailo, 2019). On the other hand, Dooly and Moore (2017) noted that data analysis is a systematic search for meaning, that is, it is a way to process qualitative data so that what is learned can be communicated to others. They further state that data analysis means organizing and interrogating data in ways that allow the researchers to see patterns, identify themes, discover relationships, develop explanations and make interpretations of the findings (Dooly and Moore). This study analyzed data using thematic analysis.

The researcher used thematic analysis, which is a method for analyzing qualitative data that involves searching across the data sets to identify and report repeated patterns (themes). This allowed the researcher to see and make sense of collective

or shared data sets (Braun and Clarke, 2006). The thematic technique organized and described data sets in rich detail and it was appropriate and powerful to use as the researcher sought to understand a set of experiences, thoughts or behaviour across data sets. Additionally, with thematic analysis, the researcher constructed themes to reframe, re-interpret and connect elements of the data (Braun and Clarke, 2006).

While the process of thematic analysis helped the researcher to develop organizational and classification labels to describe data, thematic analysis went further into interpretation and transformation processes (Braun and Clarke, 2012). By using thematic analysis, the researcher was able to examine perspectives of the teenage mothers, and highlight similarities and differences to understand the set of experiences and thoughts in relation to psychosocial effects of teenage pregnancy. Additionally, thematic analysis was useful for summarizing the key features of a larger data set, as it forced the researcher to take a well-structured approach to handle data, and it helped produce a clear and organized final report (Nowell *et al*., 2017).

Thematic analysis is a flexible method because it allowed the researcher to focus on the data in numerous different ways; meaning that the researcher analyzed meaning across the entire data set or examine one particular aspect of a phenomenon in detailed (Braun and Clarke, 2012). Thematic analysis is accessible and flexible. It also provided an entry into a way of doing research that otherwise could be vague, mystifying, conceptually challenging and overly complex. It offered a way into qualitative research that teaches the mechanic of coding and analyzing qualitative

data systematically, which can be linked to broader conceptual issues (Braun and Clarke 2012).

Thematic analysis offered a way of separating qualitative research out of these broader debates, where appropriate and made qualitative research results accessible to larger audience. In light of this, Braun and Clarke (2012) argued that due to its accessibility thematic analysis suits multi-methods research being conducted by the research teams where not everyone is a qualitative expert.

Thematic analysis involves six stages of data analysis, so the researcher went through all the stages to analyze and understand the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea. These stages included familiarization, generating initial codes, searching and identifying themes, reviewing themes, defining and naming themes as well as producing the report.

Following data collection, since the data collected was in Sesotho, data were transcribed and translated into English. During the stage of data familiarization, the researcher was immersed in the data by reading and re-reading the transcripts; and listening to the interview recordings of the teenage mothers. This meant that the researcher went through the entire data to get to know it. Also, the researcher made notes on the transcripts because at this stage, making notes was observational and casual. In the second stage, which is generating initial codes, the researcher assigned codes to the data to describe the content; meaning that, the researcher highlighted phrases and sentences that have common themes and gave them codes to describe the content.

The third stage was searching for themes, where the researcher analyzed the data coded and divided it into broader categories known as themes. The fourth stage involved reviewing, modifying and developing themes identified in the third stage. This is where the researcher read the data extracts or data associated with each theme and considered whether data really supported them or not. The fifth stage is the one where the researcher identified the essence of what each theme was about. This suggests that the researcher stated what was unique and specific about each theme and what each theme meant as well as having understandable names for each theme. The last stage was report writing, which involved a researcher writing a clear document about what the research study had accomplished and the analysis process.

3.9 ETHICAL CONSIDERATIONS

Ethics is a branch of philosophy that deals with the conduct of people. In light of this, ethics guide the norms or standards of behaviour of people and relationships with each other (Akaranga and Makau, 2016). Arifin (2018) states that ethical principles are important in any research study for the protection of human subjects (participants). In the qualitative study, ethical considerations have a particular reason due to the in-depth nature of the study process and the concern of ethical issues becomes more salient when conducting face-to-face interviews with vulnerable participants because they may become stressed when expressing their feelings during the interview sessions (Arifin, 2018). The following ethical considerations were outlined and applied during the study:

3.9.1 Confidentiality and Anonymity

Confidentiality and anonymity are ethical practices designed to protect the privacy of the participants in the research while collecting, analyzing and reporting data. Confidentiality, as noted by Babbie (2007) refers to the condition in which the researcher knows the identity of the participants but takes steps to protect that identity from being discovered by other people meaning that confidentiality is an important measure to ensure the protection of private information.

Babbie (2007) highlights that a research project guarantees confidentiality when the researcher can identify a given persons response, but essentially promises not to do so publicly. It is the responsibility of the researcher to tell the respondents that their information will be secured, and that proper safeguards are put in place to protect the privacy of the participants and their information from unauthorized access, use, disclosure, modification, loss and theft.

Anonymity is the protection of the participants in a study so that even the researchers cannot link the subject with the information provided, that is, the researcher could not identify a given response with a given participant (Babbie, 2007). The researcher ensured that the participants' identity remained anonymous; the information collected did not have any identifiable information by assigning alphabets (pseudonyms) to disguise the names of the participants. In addition, to keep participants' identity confidential, the records were secured using password protected files. The researcher assured that the data collected from participants would not be shared with anyone except with the research supervisor.

3.9.2 Voluntary Participation

Voluntary participation means that the participants made a free choice to be involved in the study. This indicates that no one should be forced to participate in the study (Babbie and Mouton, 2007). Furthermore, the participants are free to withdraw their participation any time; all information gathered would be deleted, and no one will be coerced to participate. In this study, participants were not forced to participate, they were informed about the purpose of the study and all the facets underpinning the study so that they were fully informed to choose whether to participate or not do.

3.9.3 No Harm to Participants

It is essential that no harm must come to participants because of their participation in the research. This means that the participants must not be exposed to pain or danger in the course of the research, but also that there must be no adverse consequences to a person as a result of their participation (Vanclay, Baines and Taylor, 2013). Babbie and Mouton, (2007) further state that social research should never injure the people being studied, regardless of whether they volunteer for the study or not. For instance, the study should not give out details of the participant information that would embarrass them or endanger their lives, friendships and jobs. In this vein, the researcher looked for the subtlest dangers and guarded against them. The protection of the participants was assured in the study by limiting sensitive questions to avoid emotional distress.

3.9.4 Informed Consent

Participation should be a voluntary choice of the participants. It should be based on sufficient information and adequate understanding of the research and consequences of their participation, meaning that the researcher must disclose all relevant information and any possible risks of participation especially any issues around what will happen to data obtained (Vanclay, Baines and Taylor, 2013). Apart from that, Day, Bayusari, Carland, Leow, Stocker and Xu, (2020) state that informed consent is a voluntary choice to participate in the research based on sufficient information and fully understanding of both proposed research and the implication of participating in it. To this effect, the researcher obtained a signature from the participants on a written informed consent document. An informed consent agreement was signed by participants to fully participate and co-operate in this research study.

3.9.5 Deceiving Participants

Deception occurs when a researcher gives false information to the participants or intentionally misleading them about some key aspects of the research (Boynton, 2013). This could include feedback to subjects that involves creating false beliefs about one's self and one's relationship. Incomplete disclosure is type of deception that involves withholding some information about the real purpose of the study or the nature of the research procedures. There was no deception of the participants because participants were informed about the purpose of the study (Boynton, 2013).

3.10 TRUSTWORTHNESS OF THE RESEARCH

Trustworthiness of the study refers to the degree of confidence in data, interpretation and methods used to ensure the quality of the study (Pilot and Beck, 2014). Additionally, trustworthiness in research makes it rational for people to accept research findings, to build future research upon those findings and to use them to inform public policies.

3.10.1 Confirmability

Confirmability is ensuring that the findings of the research are a direct product of the ideas and experiences of the participants rather than the characteristics and preferences of the researcher (Kennedy-Clark, 2012). Additionally, to achieve confirmability, the researcher must demonstrate that the results are clearly connected to the conclusion in a way that can be followed and as a process, replicated. By providing a detailed methodological description, the researcher enables the reader to determine confirmability, showing how the data, constructs and theories emerging from it can be accepted (Moon, Brewer, Januchowski, Adams and Blackman, 2016).

The interpretation should not be based on the researcher's preferences and viewpoint, but needs to be grounded in the data (derived from the data); and the focus in confirmability is the interpretation process embedded in the process of analysis (Korstjens and Moser, 2018). In this study, confirmability was ensured by

checking the transcripts to make sure that the findings were of the participants. This ensured that the findings were from data and not from researcher's viewpoint.

3.10.2 Dependability

Dependability refers to reliability of the research findings. This means that if the research is repeated in the same context with similar methods and participants, the findings and results would be similar (Kennedy-Clark, 2021). According to Korstjens and Moser (2018), dependability includes the aspects of consistency: the stability of findings over time. Dependability involves the participants' evaluation of the findings, interpretation and recommendations of the study such that all are supported by data as received from the participants of the study. The researcher examined the process of data collection, data analysis and the results of the study to ensure dependability.

3.10.3 Credibility

Credibility is concerned with the confidence that can be placed in the truth of the research findings. It establishes whether the research findings represent plausible information drawn from the participant's original data and is a correct interpretation of the participant's original views (Korstjens and Moser, 2018). Additionally, Moon *et al.*, (2016) state that credibility is the degree to which the research represents the actual meanings of the research participants or true value. Credibility can be demonstrated using multiple sources of data and methods (data and methods triangulation) and returning findings to the participants to determine if the findings reflect their experiences. To ensure credibility in this study, the researcher used data

triangulation, that is, the researcher collected data using different methods including semi-structured interviews and audio recording. In addition, member checks were made by going to the source of the information and checking both data and the interpretation, and the aim is to assess the intentionality of the participants to correct for obvious errors (Babbie and Mounton, 2007).

3.10.4 Transferability

Transferability refers to the extent to which the results of qualitative research can be applied to other contexts or settings with other participants and the researcher facilitates the transferability judgement by a potential user through thick description (Korstjens and Moser, 2018). Apart from that, Moon *et al.*, (2016) explain transferability as the degree to which the phenomenon or research findings described in the study are applicable or useful to the theory, practice and future research, that is, the transferability of the research findings to other contexts. To ensure transferability in this study, the researcher collected detailed descriptions of data in the context and reported them with sufficient detail and precision to allow judgments about transferability to be made by the reader. Additionally, the study ensured transferability by using purposive sampling where the researcher sought to maximize the range of specific information that was obtained from and about context, by purposely selecting locations and informants that differ from one another.

3.10.5 Reflexivity

Reflexivity, as indicated by, Korstjen and Moser (2018), is the process of critical self-self-reflection about oneself as a researcher. This implies that the reflection of the

researcher's own biases, preferences and preconception as well as the research relationship, that is, the relationship to the participants and how they affect the participant's answers to questions. Personal reflexivity involves the researcher looking inwards to see how they have informed the research. Therefore, it suggests that the researcher looks at how their personal circumstances, privileges, facets of identity and experiences have informed the research (Riggs and Treharne, 2015).

3.11 Chapter Summary

This chapter presented the methodology and procedures used to discover experiences of teenage pregnancy on teenage mothers. The chapter outlined the philosophical underpinnings of the study, the research approach and design, the study site, population, sampling procedures, data collection and analysis techniques, ethical considerations and concluded with the trustworthiness of research. The following chapter covers the results, which involves the presentation and analysis of the research findings.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSIONS

4.0 INTRODUCTION

The chapter highlights the findings and discussions attained in the study. The present study aimed to explore the effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng at Berea Private Clinic in Berea district. Firstly, this chapter summarises the demographic information of the participants and presents the findings of the study. The data are presented in line with the three main study objectives as the main themes under which the emerging sub-themes are also highlighted. Additionally, direct quotes from the participants were presented. Furthermore, the chapter provides a discussion of the findings of the study.

Data was collected from the teenage mothers who were purposively selected at Berea Private Clinic using individual interviews. In this scenario, individual interviews were used to collect data from the participants, and audio recording was used during the interviews. Eight interviews were conducted with the teenage mothers from Berea Private Clinic and two interviews were conducted with the key informants being a nurse from Berea Private Clinic and a nurse from Berea Hospital.

Data were analysed using thematic analysis (Braun and Clarke, 2012; Nowell *et al.*, 2017). After data was collected, it was transcribed and translated from Sesotho to English. During data familiarisation, the researcher read and re-read the transcripts and listened to interview audio recordings to understand the data fully. In the second

stage, the researcher highlighted phases and sentences; and gave them codes to describe the content. In the third stage, the themes were constructed from study objectives and sub-themes were identified and guided by data and chosen theoretical framework. The fourth stage involved the researcher re-visiting the data extracts or data associated with each theme and considering whether the data support them or not. In the fifth stage, themes were defined and rephrased. The stage entailed what aspects of data each theme captured. The final stage involved reporting findings and the discussion as guided by the theoretical framework in the study.

4.1 PRESENTATION OF FINDINGS

The section presents the findings of the study during data analysis. It shows the demographic characteristics of participants as well as the major themes that emerged from the analysis. These themes include the following: psychological effects of the teenage pregnancy on teenage mothers, social effects of teenage pregnancy on teenage mothers and possible mitigation measures against psycho-social effects of teenage pregnancy.

4.1.1 DEMOGRAPHIC PROFILES OF PARTICIPANTS

This section presents the demographic data of the teenage mothers at Ha Ratsiu and Lithabaneng in Berea, and eight participants took part in this study. The presentation of the participants' place of residence, age, educational level, marital status at the time of pregnancy and after the pregnancy are shown in a table. Table

4.1 below presents the age and place of residence of the teenage mothers. Out of eight teenage mothers who participated in the study, four were 18 years of age; two were 17 of age and the other two were 16 years of age. Five participants reside at Ha Ratsiu while three participants reside at Lithabaneng in Berea. The marital status of the participants at the time of pregnancy showed that all participants were not married.

The educational levels of the participants were also presented. Three participants were in grade 10, two of them were in grade 12, the other two were in grade 11 and one of them was in grade 7. Finally, the marital status of participants after pregnancy was classified using categories: married and not married. In the study, five were married and three were not married.

Table 4.1 Demographic profile of the participants

Participant	1	2	3	4	5	6	7	8
Age	18	18	16	17	16	18	18	17
Place of Residence	Lithabaneng	Lithabaneng	Ha Ratsiu	Ha Ratsiu	Ha Ratsiu	Lithabaneng	Ha Ratsiu	Ha Ratsiu
Marital Status at the time of pregnancy	Not Married	Not married	Not married	Not married	Not married	Not married	Not married	Not married
Educational level	Grade 12	Grade 11	Grade 10	Grade 7	Grade 10	Grade 10	Grade 12	Grade 11
Age at the time of pregnancy	17	17	15	16	15	17	17	16
Marital Status after pregnancy	Married	Not married	Not married	Married	Married	Married	Not married	Married

Source: Author's construction.

4.2 EMPIRICAL FINDINGS

This section presents the themes and sub-themes that emerged during data analysis. The three key themes emerged from the data, are guided by both the study objectives, statement of the problem, and the adopted theoretical framework. The

section further outlines the themes and sub-themes by providing quotations from the transcribed interviews.

4.2.1 Theme One: Psychological Effects of Teenage Pregnancy on Teenage Mothers

The psychological effects of the teenage pregnancy were examined to find the participants' views on how this phenomenon affected them. The findings established that the teenage mothers were confronted with depression, suicidal attempts, stress, and poor self-image.

4.2.1.1 Depression

Participants indicated that they had feelings of guilt, sadness and regret for being pregnant and having children. Additionally, they showed that motherhood is difficult, especially without family support. They explained:

> "It is very difficult to be a teenage mother since I do not have family support and I become depressed, sad and guilty because my mother had a stroke and passed on due to my situation (Participant, 8)."

The other point was raised as follows:

> "I sometimes feel guilty and stupid that I became a teenage mother. I sometimes condemn myself that I can reverse the time' (Participant, 3)."

4.2.1.2 Suicidal Attempt

For most of the participants, the idea of committing suicide and aborting the child came to mind during pregnancy. For some, it was due to rejection from their partners, but they were scared of harming the child or themselves as well as disappointing their parents even more. Teenage mothers had the following comments:

"… I was scared and the first thing that came to my mind was to abort the child or end my life. The rejection from my boyfriend intensified the idea, but I did not want to hurt my mother (Participant, 5)."

Some participants reported that the support they received from their family members assisted in cushioning them from having suicidal thoughts or trying to commit suicide. One of the participants emphasised:

"When I found out that I was pregnant, I thought of killing myself or aborting the child, but my mother talked to me and encouraged me to accept the child because they are a blessing (Participant, 7)."

4.2.1.3 Stress

For most of the participants, the children's health and being unable to provide for their needs seemed to be overwhelming, stressful and worrisome for them; as a result, they had to mature quickly. The comments were as follows:

"Being a teenage mother is overwhelming because after birth, my baby had health problems, and I constantly worry about her. Sometimes I

am unable to buy enough milk and diapers for the child (Participant, 3*)."*

4.2.1.4 Poor Self-Image

Most participants indicated that changes that happened on their bodies during pregnancy made them feel insecure about their bodies. They did not feel comfortable and good about their bodies and themselves, which in turn affected their self-esteem. The following illustrates the participants' comments:

"I was not comfortable with the changes happening on my body, and it affected my self-esteem because I felt fat and ugly. That did not make me feel good about my body and myself (Participant 5).*"*

Moreover, the other comment was as follows:

"Seeing my body become something totally different to what I used to be before really made me feel so insecure, I do not feel pretty anymore. During pregnancy, the skin colour on my neck became darker, and did not feel comfortable walking around like that. (Participant, 8)*."*

A different view from one teenage mother indicated that she felt ashamed of herself because she had a child out of wedlock. This point was raised as thus:

"I felt ashamed that I became pregnant at a young age while attending school and out of wedlock. I felt like I have disappointed my family and shamed them' (Participant, 3)"

4.2.2 Theme Two: The Social Effects of Teenage Pregnancy on Teenage Mothers

Participants were asked how teenage pregnancy affected them socially, and the teenage mothers' views on social effects of teenage pregnancy were classified into rejection, discrimination and stigmatisation; dropping out of school, poor relationships with parents and guardians; poor relationship with friends as well as lack of support.

4.2.2.1 Rejection, discrimination and stigmatization

Participants reported that they suffer from being judged, stigmatised as well as receiving disapproving looks from the community members. Moreover, they reported that parents did not allow children to associate with them. The comments were as follows:

"Community members were gossiping and talking about me behind my back, and it hurts when people judge you; but I had to be strong to avoid being stressed or depressed … (Participant, 1)."

The other comment was as follows:

"Some of my friends were from my community, so when I became pregnant, their parents did not allow them to be friends with me because they believe I will influence them to fall pregnant too (Participant, 6)."

Other participants showed that other students mocked, teased and laughed at them while at school. They explained:

"*The community members did not treat me badly, but I had a problem at school. My peers would laugh and gossip about me indicating that I caused them to sleep during classes* (Participant, 5)."

4.2.2.2 Dropping out of School

Teenage pregnancy seems to result in teenage mothers not completing their education as one of the participants indicated that she was unable to continue with her education because her parents were unable to pay for her fees anymore while also taking care for her baby's needs.

"*My mother was the one paying for my school necessities; so, when I fell pregnant, she refused to pay for my school fees, so I had to discontinue with my education because she had to take care of the child's needs and couldn't afford to care for me and my child. Consequently, when I raise the idea of going back to school my mother told me to forget about school* (Participant, 1)."

Three teenage mothers indicated that the fear of being judged by teachers and other students perpetuated them to drop out of school. Participants were afraid that the teachers would perceive them as a bad influence to other students. Teenage mothers put forth the following comments:

> *"I dropped out of school when I discovered that I was pregnant because I was scared of what the teachers and students will say about me; as such, I had to repeat a grade* (Participant, 2)."

For some participants, teenage pregnancy and motherhood did not necessarily mean the end of their education; nevertheless, they encountered some challenges in the process. This means that the teenage mothers struggle to balance school and personal responsibilities. The following comments illustrated some of the teenage mothers' experiences:

> *"I continued with my studies when pregnant even though I was always tired and had problems with concentrating in class. However, I was still able to do my assignments. I had to drop out of school to give birth* (Participant, 5).*"*

Another participant was of the view that dropping out of school was not a choice, but the school did not permit pregnant girls to attend class and the issue was presented as follows:

> *"I had no choice but to drop out of school because the school I used to attend did not allow pregnant girls to continue with their education'* (Participant, 6)."

4.2.2.3 Poor Relationships with Parents and Guardians

Most participants reported that being pregnant during their teenage years negatively affected their relationship with their parents since other parents were disappointed, angry and upset. Moreover, the participants indicated that parents would constantly curse them and tell them hurtful words. Additionally, one participant reported that her pregnancy affected her parents' relationship because they would regularly argue. The comments were as follows:

> *"I had a good relationship with my mother, but after my pregnancy, mom was very disappointed with me and ended up cursing me. In addition, my parents (step-dad) started arguing about my situation, and I was sent to live with my grandmother* (Participant, 2)."

For some teenage mothers, parents were furious and did not speak to them for some time. They were viewed to have embarrassed the family; but eventually, they received the needed support and care from their parents.

> *"Upon hearing about my pregnancy, my mother was furious, and it affected her very much for the first few beginning days. She refused to speak to me, but she later accepted my pregnancy and took good care of me. My brother also supported me* (Participant, 4)."

In addition, the other comment was as follows:

> *"When I told my mother about my pregnancy, she was angry for a short period of time; thereafter, everything was fine. She supported me emotionally and cared for me during my pregnancy. For instance, she made sure that I received prenatal care* (Participant. 5)."

4.2.2.4 Poor Relationships with Friends

Participants reported that their friends were supportive during pregnancy and accepted their pregnancy status without any judgment, yet they reported not having enough time to spend with friends:

> *"... My friends accepted me and were not judgemental, but emotionally supported me during my pregnancy. It is just that I no longer had enough time to spend with them or do the things that we usually enjoyed together because I now spend most of the time caring for my child and had to think of my baby before doing anything* (Participant, 2)".

However, some teenage mothers indicated that their new roles and responsibilities had affected their relationships with friends while other friends did not want to be associated with them. The comments were as follows:

> "*My relationship with my friends is estranged because I do not meet them regularly anymore, and I think it is because I do not attend school anymore, and I am always exhausted from taking care of my baby. Also, being a daughter-in-law, I have other responsibilities such as cleaning and cooking for the whole family, and that contributed to my exhaustion* (Participant, 8)."

4.2.2.5 Lack of Social Support

One of the participants indicated that they lack knowledge on how to take care of the child and did not receive enough support from their in-laws regarding childcare:

"I did not know much about taking care of a child, like how to hold the child when feeding her, so I expected my mother-in-law to guide me since my mother had passed on. However, I only received minimal support from her concerning the taking care of the child (Participant, 8)."

However, some teenage mothers showed that they receive financial as well as emotional support from the family members and their partner's family:

"My grandmother is supportive. I can freely share my problems with her and she cares for the baby when I am at school. Even my boyfriend's family supports me with food and clothes for the baby. I can concentrate more on my studies because I know my child is properly taken care of (Participant, 5)."

4.2.3 Theme three: Possible Mitigation Measures against Psycho-Social Effects of Teenage Pregnancy

Possible measures to reduce the psychosocial effects of teenage pregnancy on teenage mothers were established; and subsequently, the following measures were discussed: teenage mother support groups, youth social development programmes, family and community involvement, counselling for teenage mothers, and government and non-profit organizations support.

4.2.3.1 Teenage Mothers Support Groups

Most participants expounded that they sometimes feel alone without anyone to talk to, and support from other teenage mothers is important to overcome challenges that come from being a teenage mother. The comments were as follows:

> *"I think support is very important during pregnancy especially for us, teenage mothers because we encounter many problems that we did not anticipate, so talking to other teenage mothers who have gone through the same challenges would be very helpful to tackle such problems* (Participant, 2)."

While the other comment was as follows:

> *"Since my relationship with my family is not great, I feel that I am alone and I do not have anyone to confide in, so I think meeting with other teenage mothers who are feeling the same as I do and sharing our feelings can be helpful* (Participant, 3)*."*

4.2.3.2 Youth Social Development Programmes

One of the key informants indicated that they raise awareness amongst the teenagers about teenage pregnancy, contraceptives and the consequences of unprotected sex. She had this to say:

> *"The hospital mobilises the community to encourage the teenagers to come to the adolescent health corner so that we can educate them about pregnancy; teach them what being a teenage mother entails; and ways of avoiding being*

teenage mothers. This means that they are taught different ways to avoid teenage pregnancy such as using contraceptives, always have protected sex or abstain. Additionally, the clinic raises awareness about the consequences of unprotected sex such as unplanned pregnancy and sexually transmitted diseases. They are also sensitised about PREP and ART (K. I, 1)."

4.2.3.3 Family and Community Involvement

One of the key informants indicated that parents should be encouraged to communicate with their teenagers about sexual and reproductive health since some teenagers engage in sex without much knowledge.

> *"Basotho parents shy away from talking about sex issues with their children because they believe that talking about sex encourages children to have sex; as a result, children engage in sexual activities without adequate knowledge about the consequences and effects of teenage pregnancy. As such, the government and non-governmental organisations concerned with the well-being of teenagers should frequently hold community gatherings or pass messages on radios encouraging or raising awareness of the importance of parent-child communication about sex since parents can strongly influence their children's decisions (K.I, 2)."*

4.2.3.4 Counselling for Teenage Mothers

Key informants indicated that the teenage mothers are provided with counselling services with health care facilities as a way of assisting them in tackling the psychological distress they encounter. The comment was as follows:

"*Teenage mothers with stress-related problems are linked with social workers and psychologists available within the hospital to receive counselling'* (K.I, 2)."

4.2.3.5 Social Support from Government and Non-Profitable Organizations

Almost all participants stressed the need for financial assistance for them to continue with their studies and meet the basic needs of their children. The following comments illustrate teenage mothers' views:

"Most teenage mothers drop out of school when pregnant, and are unable to return due to financial difficulties; so, if we can get sponsorships from the government or from any organisation, it will be helpful. In addition, if the government can give the teenage mothers child grants, those can make a difference in their lives because some of us do not have family support and some come from poor families. As a result, we are unable to care for our childrens' needs (Participant, 1)."

Moreover, the other participants were of the view that:

"… The government should provide teenage mothers with money on a monthly basis because sometimes the child will not have enough diapers,

clothes and milk. There is also need for the establishment of vocational schools where teenage mothers can attend without paying school fees since most of us do not work but want to go back to school (Participant, 6)."

One of the key informants indicated that they work with youths at the community level who provide emotional support to teenage mothers:

"Having a child as a teenager can create conflicts in families and the hospital works with youth ambassadors to mediate between teenage mothers and their families where there are some conflicts, contradictions and misunderstandings for reconciliation (K.I, 1)."

The key informant highlighted that youth ambassadors link teenage mothers with appropriate resources depending on their needs and they had this to say:

"The youth ambassadors provide health talk services every morning and they identify teenage mothers who are really in need of social support through hygiene and clothing of the child or mother and link them with the Ministry of Social Development for kind assistance and cash assistance per individual needs. Those with stress or related problems are linked with the hospital psychologist (K.I, 2)*."*

4.3 DISCUSSION OF THE FINDINGS

This section provides a discussion of the following themes and sub-themes: psychological effects of teenage pregnancy on teenage mothers, social effects of teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea and

possible mitigation measures against the psychosocial effects of teenage pregnancy on teenage mothers.

4.3.1 Psychological Effects of Teenage Pregnancy on Teenage Mothers

Teenage mothers encounter problems as they transition to motherhood, which often results in mental health problems. The following sub-themes were discussed: depression, suicidal attempts, stress, and poor self-image.

4.3.1.1 Depression

Some of the participants from the study were of the view that they had feelings of guilt, sadness and regret having children as teenagers. In line with the findings of the study, WHO (2017) shows that depression is often associated with feelings of guilt, sadness and loss of interest or pleasure in activities a person once enjoyed. Boobpamala *et al.*, (2019) support the findings, showing that family care is important from the antenatal until the postnatal period for the teenage mothers because lack of support make them feel more pressured and have feelings of despair and sadness causing depression.

This insinuated that teenage girls suffer most from the emotional burden of being pregnant or having a child and meeting the demands of motherhood lead to psychological effects on still developing teenagers especially with lack of family support (Simelane, 2019). Furthermore, Olajubu *et al.*, (2021) agrees with the findings of the study, showing that during pregnancy, the teenage mothers encounter

psychological problems and the mental strain of childrearing exposes them to feelings of depression. Musese (2018) further states that 56.7% of teenage mothers in her study experienced extremely severe levels of depression.

4.3.1.2 Suicidal Attempts

From the findings, teenage mothers highlighted that they had thoughts of committing suicide and aborting their children because they were scared and rejected by their partners. What was pointed out by the teenage mothers in the present study were consistent with the findings of Li *et al*. (2021) who pointed out that unplanned pregnancies increase the risk of committing suicide for teenagers because they are vulnerable to rapid changes in their bodies, so it is stressful for them not to lead a happy moment. Makofane and Skobi (2017) also support the findings of the study, indicating that the reason teenage girls thought of committing suicide maybe because of the betrayal they feel from lack of support or rejection of the baby from their boyfriends.

However, for some participants, emotional support from family members was very beneficial in helping them from having suicidal thoughts or trying to kill themselves. The findings were consistent with those of Maqwabeni (2017) who indicated that support for young mothers gives them a push upward and gives them a fresh start in life. This means that emotional support for the teenage mothers gave them the desire to continue with life rather than thinking of ending it. Therefore, it can be argued that the thoughts of committing suicides and aborting children reported by

teenage mothers stemmed from lack of support from family members and rejections from boyfriends.

4.3.1.3 Stress

Teenage mothers express stress and worry centred on the well-being of their children and lack of financial support to meet their childrens' basic needs. The study's findings reflect those of Haung *et al.*, (2017) who found that the teenage mothers from households with high food insecurities and other basic needs are mostly susceptive to stress as they worry about childrearing and additional adjustments their situation brought to the families. The teenage mothers worry about the care of their children such as getting clothes and food for their children. They constantly worry about how their childrens' needs will be met, and this leads to stress.

Furthermore, the findings of Akter (2019) show that sometimes the responsibilities of parenthood become a burden to the teenage mothers, and they are unable to cope with the new situation which leads to a number of mental problems amongst teenage mothers. Similarly, the findings of Musyimi *et al.*, (2020) affirmed that having a child in the teenage years, coupled with parenting responsibilities, often increases teenage mothers' stress. The present study reveals that the participants are overwhelmed by the responsibilities of motherhood, and this shows that they are struggling to adapt to the demands of parenting. This further proves and concurs with the above literature that teenage motherhood is associated with stress.

4.3.1.4 Poor Self-Image

For most participants, changes happening to their bodies during pregnancy lead to insecurities about their bodies, which resulted in reduced self-esteem. Still, on the same sub-theme, it emerged from the study that the teenage mothers had feelings of shame for having children out of wedlock. These findings are consistent with those of Inanir *et al.*, (2015) who pointed out that the teenage girls are sensitive about their bodies, and that reduce their self-esteem due to changes caused by pregnancy, like gaining weight and skin changes. The teenage mothers feel ugly, bulk and unattractive. Ngozi's (2013) findings align with the present study's findings as the author indicates that being pregnant as a teenager is often associated with shame. Additionally, Ngozi shows that the emotional evaluation the teenagers make about themselves could be of disapproval and parents often worsen it by making pregnant teenagers feel incapable, insignificant, unsuccessful and unworthy, which leads to the development of low self-esteem.

4.3.2 Social Effects of Teenage Pregnancy on Teenage Mothers

Teenage pregnancy seems to result in negative social effects on teenage mothers that significantly affect the quality of their lives and social functioning. The following sub-themes emerged: rejection, discrimination, stigmatisation, dropping out of school, poor relationships with parents and guardians, poor relationships with friends and lack of support.

4.3.2.1 Rejection, Discrimination and Stigmatization

Most of the teenage mothers in the study reported that friends reject them, they judged and are stigmatised by the community members. The following findings are consistent with Korwing (2019) who reports that young mothers feel judged by others due to their pregnancy. Furthermore, adolescent mothers experienced negative stigmatisation by others in some form resulting in self-judgement. The findings similarly affirmed those of Buckner (2016) who found that the teenage mothers usually receive disapproving looks and negative comments from the public, people in the medical field and family members.

Still under the same sub-theme, the findings indicated that the teenage mothers tend to be mocked and laughed at by their peers at school, which, affect their school attendance. The findings concurred with Musese (2018) who found that after falling pregnant, the teenage mothers are faced with mockery and teasing from peers and educators. All these have emotional devastating consequences on the teenage mothers such as withdrawal or termination of education. Furthermore, the findings tally with those of Thekiso's (2016) which depict that the school-going mothers in Lesotho feel marginalized by other students when they avoid working with them in-group discussions. This contributes to poor performance in their studies because they do not benefit from the group discussions. As a result, the teenage mothers miss the opportunity of learning from their peers and feel excluded in the learning process. They feel uncomfortable when their peers talk about their pregnancy behind their back; therefore, decide to drop out of school to hide their pregnancy.

4.3.2.2 Dropping out of School

Dropping out of school is a concern for the teenage mothers because it results in failure to gain personal, financial and social empowerment, which provide them with the foundation to improve their life for themselves and their children. Kennedy (2017) reports that access to education for the teenage mothers is an issue as the mothers are expelled from schools when pregnant and are not allowed to return after birth. This is due to religious values upheld by some schools while in other schools; it is a way of morally safeguarding other girls from possible negative influence from the teenage mothers. Apparently, some schools in Berea still force pregnant girls to leave school and this has led to the disruption of teenage girls' education. Some participants in the study indicated that the attitude of some teachers and community members influenced them to drop out of school.

For some participants' lack of financial support from parents, has hindered them from continuing with their education. The participants' view is consistent with those of Kennedy (2017) who indicates that lack of assistance with the child and financial means contribute to most teenage mothers discontinuing their education. Similarly, Chiazor *et al.*, (2017) indicate that most of the time, the teenage mothers do not continue their studies because they are required to take care of their babies while some teenagers drop out of school due to their parents' refusal to pay their fees. The reason being, they are perceived to have committed delinquent acts and adult crimes.

From the findings, some participants, however, highlighted that they continue with their school despite the challenges they faced when pregnant and as teenage mothers. Similarly, Nkosi (2019) supports the study's findings by indicating that the teenage motherhood affects school attendance because most teenage mothers have to juggle between being a student and a mother. Moreover, Carbajal *et al.*'s (2019) findings found that parents' response to their children's pregnancy plays an important role in educational attainment because pregnant girls who have parents' support are able to continue their studies than their counterparts.

4.3.2.3 Poor Relationship with Parents and Guardian

The relationship between pregnant or teenage mothers and others is very important because it can help pregnant teenagers as well as the teenage mothers to face or overcome the effects of teenage pregnancy. From the findings, the relationship between teenage mothers and their parents has changed and this is reflected in the reported attitudes and behaviours of their parents. Musese (2018) observes that after pregnant teenagers disclose their status, the emotional relationship between them and their parents' changes, and are only characterized by constant verbal arguments, disagreements and poor communication.

The findings also tallied with those of Simelane (2019) which suggest that teenage pregnancy is perceived as morally wrong or a disgrace and it is stigmatized in some communities in South Africa. The author shows that the parents become disappointed, angry and embarrassed when they learn of their teenage girl's pregnancy. This concurred with the findings of the present study, which indicated

that the deteriorating relationship between teenage mothers and their parents divulges that the parents were disappointed that their daughters were pregnant in their teenage years.

4.3.2.4 Poor Relationship with Friends

From the findings, most participants showed that relationships with friends are also affected greatly by the new demands and responsibilities of motherhood. In line with the findings, Humberstone (2018) avers that pregnancy takes time, energy and resources such as going to the doctors, morning sickness, tiredness and money, which all affect the social life of a teenager. Furthermore, Humberstone (2018) indicates that the demands that come with being pregnant and being a teenage mother reduce the opportunities for pregnant teenagers to spend time with friends.

Friends of the pregnant teenage mother may not understand or even accept the life changes that comes with pregnancy thereby leaving the friendship of pregnant teenagers more susceptible to change. This is because the teenage mothers in the study revealed that they do not meet regularly with friends, as they do not attend school anymore. This is in line with the Crisis theory, which shows that there is a reduction in the functioning of relationships when an individual is in a crisis.

Similarly, Similane (2019) affirms that the consequences of the teenage pregnancy increase the likelihood of having greater difficulty in forming and maintaining stable relationships with others because lifestyle changes during pregnancy and motherhood requires cutting back on available time spent with friends. Contrary to

the above findings, some teenage mothers noted that their friends supported and accepted them when they were pregnant. These findings were consistent with those of Maqwabeni (2017) who found that even though some friends reject the teenage mothers, some have friends who are always there for them and are supportive.

4.3.2.5 Lack of Social Support

One of the participants in the study indicated that they lack knowledge regarding childcare and support from family members. The findings of this study align with the literature below which has established that for teenage mothers, social support from families, friends and community members is very important since they are faced with new roles, responsibilities, financial difficulties and lack of knowledge; so, without support it will be a challenge for them to adapt to motherhood (Cheragh, 2017). Moreover, Cheragh points out that lack of support creates problems in the caring and upbringing of the child, so inadequate support hinders their ability to care for their children.

The findings from Attom and Quaye (2019) demonstrate that the teenage motherhood negatively affects teenagers' education, especially in the case where there is a lack of support from parents and family members. Since these teenagers have to assume the adult role by working to care for themselves and their children, some have to pay for their school fees. Attom and Quaye (2019) assert that they often arrive late to school because they had to feed and bathe their children before attending school, and this affects their learning. In addition, the responsibility of taking care of their children with little assistance sometimes affects their school in

that they are unable to do their homework because they have to care for their children (Attom and Quaye, 2019). On the contrary, the findings of the present study show that the participants receive financial and emotional support from the families, which helped them to continue with their studies, and focus more on their education.

4.3.3 Possible Mitigation Measures against Psychosocial Effects of Teenage Pregnancy

The Crisis Theory interventions help individuals experiencing a crisis to cope with the problems, and it provides the opportunity for individuals to learn coping skills through problem solving. The individual will release tension and increase emotional insight that help in coping with the stress resulting from the crisis. As such, the teenage pregnancy is a crisis that the teenage mothers find themselves in. When appropriate measures are applied, they can lead to the reduction of psychological and social effects of the teenage pregnancy on teenage mothers. The following sub-themes emerged, teenage mothers' support groups, youth development programmes, family and community involvement, and social support from the government and non-governmental organisations.

4.3.3.1 Teenage Mothers Support Groups

Most participants showed from the findings the importance and need for support from other teenage mothers who are faced or had encountered the same challenges as them. In agreement with the findings, Musese (2018) indicated that support reduces the burden and psychological distress of teenage mothers. Musese further

indicates that support groups empower teenage mothers with ongoing motivation and encouragement.

4.3.3.2 Youth Development Programmes

Simelane (2019) asserts that teenage girls should be equipped with knowledge regarding sexual and reproductive health; meaning that, they should be taught what is right and wrong and about the effects of teenage pregnancy to make decisions whether to engage in sexual activities or not. This may facilitate reducing the psychosocial effects of the teenage pregnancy, which affect the lives of these teenagers negatively. Simelane further showed that teenagers should be involved in campaigns that raise awareness about sexual matters and the consequences because they are likely to avoid becoming victims of teenage pregnancy.

The findings of the study agree with the above literature, showing that raising awareness to teenagers about teenage pregnancy, contraceptives, and psychosocial effects of teenage pregnancy and consequences of unprotected sex would discourage young girls from engaging in sexual activities at an early age, which in turn will reduce the effects of teenage pregnancy.

4.3.3.3 Family and Community Involvement

The findings of the present study reveal the importance of communication between parents and children regarding sexual and reproductive health issues in order to prevent teenage pregnancy. Which in turn will reduce the psychosocial effects of

teenage pregnancy. In line with the findings of the study, As-sannie *et al*., (2004) show that family members should also be actively involved in sex education efforts because an adolescent's values and sense of sexual responsibility are influenced by family norms and expectations. According to Hanning *et al*., (2020), parents and community involvement to openly talk about sexual and reproductive health issues could contribute in reducing teenage pregnancy. This indicates that parents should openly advise their children and not shy away when it comes to sexual matters such as effects of pre-marital sex and early pregnancy.

4.3.3.4 Counselling for Teenage Mothers

From the findings, key informants indicated that the teenage mothers are linked with social workers and psychologists within the health facilities to provide counselling to them to lessen the psychological distress of the teenage pregnancy. In line with the findings in the current study, Simelane (2019) connotes that professional counselling assists pregnant teenagers and teenage mothers to cope with the various challenges they are facing.

4.3.3.5 Social Support from Government and Non-profitable Organizations

The findings of the study show that financial assistance from the government and non-profitable organisations will aid the teenage mothers to continue with their schooling. Consequently, financial assistance can help teenage mothers to provide for their children's basic needs. Furthermore, one of the key informants illustrates that Berea Hospital, as a government hospital, has youth ambassadors who mediate

between the teenage mothers and their families where conflicts have risen due to teenage pregnancy to bring reconciliation and forgiveness.

Mqali (2020) supports the findings, indicating that many teenage mothers gained respect from their children and the community because the child support grant gave them some financial independence since they can provide for their children and their own needs. The results revealed that the child support grant effectively provides an economic safety net. In Malawi, cash transfer programmes help girls not to depend on men because they use the money to meet their basic needs. While in Lesotho cash transfer assists with the childrens' needs, such as, food, clothes, school uniforms and related expenses. It means that the grant helps the teenage mothers to provide the basic needs for their children (Mqali, 2020).

This study brings some contribution because the effects of teenage pregnancy on teenage mothers were unknown in the area that is in Berea district. The study investigated and brought these effects up even though they coincide with other studies conducted in some countries or areas, meaning that these effects could have not been known in Berea if this study did not investigate.

4.4 Application of the Theory to the Study

The Crisis Theory, as postulated by James and Gilliland (2016), applies when the individual faces a situation that threatens and challenges their manner of coping as such the teenage pregnancy is a crisis whose positive resolution leads to the fundamental integrity of the pregnant teenager. James and Gilliland (2016) mention that the crisis theory revolves around challenges that affect an individual in a

personalised manner and it involves a sequence of events that lead an individual from equilibrium to disequilibrium. The study drew its theoretical framework from the Crisis Theory to understand how teenage pregnancy could result in psychological and social effects that are unexpected by teenage mothers.

The following components of crisis are related to the findings of the study: the active crisis state demonstrates that the teenage pregnancy can result in mental problems because this state is characterised by disequilibrium involving physical and psychological agitation. The vulnerable state shows that teenage pregnancy are a threat to the teenagers' future as pregnant teenagers are overwhelmed by pregnancy to the point of feeling helpless and hopeless. This reduces their functioning in relationships. The reduction of functioning affects areas that have previously served as support systems for teenage mothers and leave them with breakdowns in coping. Reintegration shows that for the teenage mothers to cope successfully with their situations they have to employ effective coping strategies, that is, by putting relevant support systems, the crisis teenage mothers experience may be lessened.

Table 4.2 Components, Themes and Possible Measures against Teenage Pregnancy

Components of Crisis theory	**Active Crisis State**	**Vulnerable State**	**Reintegration**
Themes in the	Psychological	Social effects of	Possible mitigation

study	effects of teenage pregnancy on teenage mothers	teenage pregnancy on teenage mothers	measures against psychosocial effects of teenage pregnancy
	Constant worry about childrearing and health of the children results in stress for teenage mothers. Feelings of guilt, regret, shame and lack of support during pregnancy and after birth lead to depression. Rejection of the baby by boyfriends create stress, which lead to suicidal thoughts.	Teenage pregnancy is a threat to teenage mothers' future as they are forced to drop out of school and some are expelled from schools. Relationships with parents and friends deteriorate due to parents' anger and disappointment while friends disassociate themselves with teenage mothers. Due to deteriorating relationships	Teenage mothers support groups enable teenage mothers to share their challenges and coping strategies from other teenage mothers. They also form friendships with other teenage mothers which help in providing support that will aid in reducing psychosocial distress Government financial support help teenagers to return to school and provide for the needs of their babies. Counselling that the teenage mothers receive from health facilities aid reducing

		teenage mothers lose emotional support.	psychological distress of teenage pregnancy.
		Due to deteriorating relationships, teenage mothers lose emotional support they previously had from parents and friends in order to properly transit to motherhood.	Distress of teenage mothers due to teenage pregnancy.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 INTRODUCTION

The study explored the effects of teenage pregnancy on the teenage mothers at Ha Ratsiu and Lithabaneng in Berea district. The chapter summarises the findings made and presents the conclusions about the psychological and social effects of teenage pregnancy on teenage mothers found in this research. Moreover, the chapter provides recommendations on how the psychosocial effects of teenage pregnancy can be lessened.

5.1 Summary of the Findings

This section provides the summary of the research findings on the psychological and social effects of teenage pregnancy, and possible mitigation measures against the psychosocial effects of the teenage pregnancy on teenage mothers at Ha Ratsiu and Lithabaneng in Berea.

The findings established the psychological effects of teenage pregnancy on teenage mothers. In this study, it was found that the teenage mothers are susceptible to depression since they are burdened with the feeling of guilt, sadness and regret for being teenage mothers. The transition to motherhood had become difficult for them

due to lack of support from family members. The findings indicate that the teenage mothers constantly worry about their children's well-being and the financial difficulties they encounter which lead to the development of stress.

In addition, the findings show that the rejection of their babies by their partners and being scared after discovering their pregnancy status, result in abortion and suicidal thoughts. Nonetheless, they never went through with the ideal due to the fear of hurting the babies especially when abortion is illegal and not wanting to disappoint parents even more. The findings reveal that changes happening in the teenage mothers' bodies during pregnancy and after birth have psychological effects on the teenage mothers since they feel shame for having babies out of wedlock. They also feel ugly and uncomfortable, which reduces their self-esteem.

The study established the social effects of the teenage pregnancy on the teenage mothers, which include, rejection, discrimination, stigmatisation, dropping out of school, poor relationships with friends, peers, parents and guardians as well as lack of support. It surfaced from the study that the teenage mothers are judged and receive disapproving looks from the community members for being pregnant as teenagers, and some parents did not allow their children to associate with the teenage mothers. Moreover, the teenage mothers who were attending school were subjected to mockery, teasing as well as being laughed at by their peers, and these affected their school attendance.

Additionally, the findings presented that the teenage mothers face challenges, which perpetuate them to discontinue their schooling. Lack of financial support from their

families, fear of being perceived as a bad influence on their peers and schools that do not allow pregnant girls to attend classes caused the teenage mothers to drop out of school. However, some teenage mothers continue with school regardless of being pregnant and being teenage mothers even though they come across some challenges in the process. For example, some participants reported that they missed lessons, as it is their responsibility to take their children to the clinic when they are sick and for immunisation.

The results reveal that the teenage pregnancy create a rift in parent-child relationships to the extent that the parents no longer communicate with their children and this is because the parents become angry, embarrassed and disappointed that their teenage girls are pregnant at a young age. Some parents did not want their children to be friends with teenage mothers. Moreover, the results of the study reveal that the responsibilities and demands of motherhood cause estranged relationships with friends, as teenage mothers do not have enough time to spend with friends. Despite some difficulties in maintaining friendships, some teenage mothers reported that they have received great support and acceptance from their friends; meaning that, their pregnancy did not negatively affect their relationships.

Additionally, the findings show that the teenage mothers had inadequate knowledge on caring for babies and regardless of that fact, they still did not receive any support from their families. However, the findings also show that the participants had financial and emotional support from families, which assisted in continuing with their education were well able to concentrate on their schooling. For instance, some participants reported that their grandmothers take care of the children when they

attend school, and this helps them to focus more on their studies knowing that their babies are properly taken care of.

The study further highlights the possible mitigating measures against the psychosocial effects of teenage pregnancy on teenage mothers. It is suggested that the teenage mothers' support groups are needed to reduce the psychosocial effects of teenage pregnancy since the teenage mothers indicated that support from other teenage mothers who have experienced or are experiencing the same challenges as them would help them overcome the problems. Additionally, the effects of teenage pregnancy can be reduced if the teenagers can take part in campaigns that raise awareness about teenage pregnancy and contraceptives. Psychosocial effects of the teenage pregnancy and consequences of unprotected sex could discourage them from engaging in sexual activities.

Furthermore, the findings show that the parents should freely talk about sexual and reproductive health matters with the teenage children because the parents can influence the children's decisions and prevent early and unplanned pregnancy. Moreover, the findings present that the professional counselling from social workers and psychologists within health centres can help lessen psychological distress.

In addition, the findings show that the teenage mothers face financial challenges that hinder them from providing for the basic needs of their children as well as to pursue with their education, so the government and the NGOs' financial aid and scholarships could be of great importance for them. The findings indicated that mediation between families and the teenage mother is very important in bringing

about forgiveness and reconciliation as the teenage pregnancy creates conflicts in some families.

5.2 Conclusions

Teenage pregnancies negatively affect the teenage mothers' normal functioning and welfare at Ha Ratsiu and Lithabaneng in Berea because the effects of pregnancy affect the psychological and social aspects of the teenage mothers. Therefore, appropriate measures are needed to mitigate these effects. The following conclusions are, therefore, reached by the study.

Firstly, having a child as a teenager comes with feelings of guilt, sadness and regret for the teenage mothers worry about the well-being of their children, and financial difficulties they face that affect their normal functioning. Furthermore, body changes that happen during pregnancy as well as rejection from boyfriends, affect their welfare. Consequently, lack of support from their families leads to feelings of depression, poor self-image, stress and thoughts of suicide. The study concludes that the teenage pregnancy has psychological effects on the teenage mothers such as stress, feelings of depression, poor self-image, and suicidal thoughts.

Secondly, the study concludes that teenage pregnancy socially affects the teenage mothers since they are judged, rejected and they drop out of school. All these result in deteriorating relationships with parents as well as friends, and a lack of social support. The teenage mothers perceived themselves as being judged and receiving disapproving looks from the community members. They face mockery and teasing

from peers at school, which affects their school attendance. Apart from that, the teenage mothers drop out of school for a variety of reasons such as parents not being able to pay fees and some schools not allowing pregnant girls to attend school. These factors deny the teenage mothers the opportunity to acquire skills critical to getting employment in the labour market in future. The study found that social support is very important for the teenage mothers to continue with their education despite motherhood difficulties.

Moreover, teenage pregnancy result in deteriorating relationships with both parents, peers and friends as parents are disappointed with their teenage girls falling pregnant. This leads to breakdown in communication, and the relationship with friends is affected mostly by the teenage mothers not having enough time to spend with friends due to the demands of motherhood. The study concludes that lack of social support made normal functioning increasingly difficult for the teenage mothers as they face new roles and responsibilities. However, those who received emotional and financial support were able to continue with school as family members looked after their children.

Thirdly, the study concludes that there are various measures to reduce the psychosocial effects of teenage pregnancy on teenage mothers. Such measures include, amongst others, the teenage mothers support groups for the teenage mothers to share their problems and interact with other teenage mothers for support and raising awareness about teenage pregnancy, psychosocial effects of teenage pregnancy and contraceptives. In addition, family involvement in talking about sexual and reproductive health matters with children as well as teenage mothers to receive

counselling from social workers and psychologists within health facilities. There is need for financial assistance from the government and non-governmental organizations to aid teenage mothers to return to school and be able to provide for their children.

The study concludes that the effects of teenage pregnancy on the teenage mothers at Ha Ratsiu and Lithabeng in Berea were psychological and social, that is, the teenage mothers experienced stress, depression, had to drop out of school and lacked support during and after the pregnancy.

5.3 Challenges Encountered

The following challenges were met while conducting the study, and they are, therefore, put forth. Firstly, this study initially intended to collect data from Berea Private Clinic and Berea Hospital, but the process of applying for clearance at Berea Hospital was a long one, which would have not been possible to collect data on time. Therefore, the researcher opted to collect data only at Berea Private Clinic.

Secondly, some of the participants did not want to be audio recorded during the interview process, and it became very challenging for the researcher to write the conversation while trying to observe facial expressions and postures as well as trying to concentrate on the conversation and probe the interviewees. Therefore, the researcher wrote the important information in a point form.

5.4 Recommendations

The following recommendations are put forward to guide social work practice and welfare policies in Lesotho to promote the functioning and well-being of the teenage mothers at Ha Ratsiu and Lithabaneng in Berea.

5.4.1 Specific Agencies

5.4.1.1 Lesotho Good Shepherd Centre for Teenage Mothers

- The centre offers help to pregnant and teenage mothers from poor families with a safe and supportive place to live and to become physically, emotionally and spiritually self-reliant by providing them with two years of vocational training in areas such as decoration and catering as well as tailoring. At the end of their training, the teenage mother will be lacking the much-needed capital to start their business, so their training does not benefit them.

- The centre should seek funds or donations from local businesses such as Econet and Basotho Enterprise Development Corporation in the country to help these young mothers with capital to start businesses to improve their lives and help in the reduction of the effects of teenage pregnancy.

- The centre should collaborate with the government to increase its availability in other districts especially those with high prevalence of childbearing like Thaba-Tseka and Butha-Buthe.

5.4.1.2 Mothers to Mothers

- Mothers to mothers programme through its nurses and mentor mothers' works with communities to prevent mother to child transmission. The organisation goes from door to door in rural areas to offer antenatal and postnatal services to pregnant and breastfeeding mothers living with HIV. The recommendation is that the agency should work with the social workers to provide counselling for the young mothers.

5.4.2 Recommendation for Social Work Practice

Social work practice aims to enhance the well-being of vulnerable people within communities by assisting with the difficulties they encounter and promoting human rights.

5.4.2.1 Community Teenage Mothers Groups

- Teenage mothers face a variety of problems from the moment they realise that they are pregnant, so support groups can be formed within communities to allow the teenage mothers to draw strength and support from the members who share similar experiences and challenges. Sharing their problems and feelings with people facing common issues may help the teenage mothers to vent their feelings and realise that they are not the only ones going through the same problem.
- Support groups will provide them with the emotional and social support and help them develop knowledge to adjust to their new situation.

- The auxiliary social workers can manage these support groups to ensure that they succeed and achieve the intended purpose.

5.4.2.2 Community Sensitisation and Awareness Campaigns

- Most teenagers are not aware of the effects of the teenage pregnancy, so these campaigns would specifically target the teenage girls teaching them about the harmful effects of the teenage pregnancy. The teenage mothers within communities can form groups that raise awareness about what it entails to be a young mother because the teenage girls can better understand and realise the negative effects of the teenage pregnancy from those who have experienced them. This will raise awareness amongst the teenagers about the challenges and difficulties of raising a baby and the negative effects that pregnancy at the adolescent age cause on both the mother's and the children's lives, and other aspects of their lives such as education.

- Social workers can collaborate with the government and non-government organisations concerned with the well-being of the teenagers to frequently hold community gatherings or disseminate information on radios and televisions to encourage or raise awareness on the importance of parent-child communication about sex since the parents can strongly influence their children's decisions.

- As the Basotho parents do not talk about sex issues with their children because they believe that talking about sex encourages the children to have sex, the children engage in sexual activities without adequate knowledge about the consequences and effects of the teenage pregnancy. Hence it is also imperative that the Basotho parents should be encouraged to teach their children about life issues (sexual and reproductive health matters) in a much more decent way so that they are at least empowered to know and understand and handle the downsides of teenage pregnancy.

5.4.3 Policy Implication

Influencing policy formulation and review are ways of enhancing the well-being and functioning of the pregnant teenagers and teenage mothers.

5.4.3.1 Formulations of Abortion Policy

- Presently, there is no specific policy on abortion in Lesotho. As a result, many teenage girls resort to illegal abortion procedures such as turning to social media in search of abortion services. Some have had health complications and even died because of unsafe abortions. In addition, the teenage girls are forced to keep the child regardless of the effects that it will have on their lives. Therefore, the formulation of the abortion policy in Lesotho is important, as the policy will serve to provide the teenage girls and women with safe termination of the pregnancy upon request. This will reduce abortion-related

deaths and help the teenagers to avoid negative effects of teenage pregnancy.

5.4.3.2 Formulation of School Pregnancy Policy

- The Ministry of Education and Training should implement school pregnancy policies as some schools still expel pregnant teenage girls from school, going against the Lesotho Education Act of 2010 section 4. The Act indicates that,

  The minister, principal secretary, teaching service commission, proprietors of schools, teachers and school boards shall promote the education of the people of Lesotho and in particular-ensure that the learner is free from any form of discrimination in accessing education and is availed the education opportunity provided.

  This means that the pregnant girls and school-going mothers should continue with their education.

5.4.3.2 Formulation of Teenage Mother's Policy

- The teenage mothers face financial challenges regardless of the availability of the child support grants in Lesotho. The eligibility of the child support grants is based on the vulnerability of the mothers. This means that only people meeting the criteria will be the ones receiving the grant. As such, policies should be formulated specifically dealing with the teenage mothers. The policy

provides financial aid to the teenage mothers to continue with their education and provide for the needs of their children.

5.4.4 Recommendation for Future Research

The psychological and social effects of the teenage pregnancy on the teenage mothers have been highlighted and there are still gaps in the study; therefore, the following recommendations are made for further research.

- The research study failed to conduct the study in Butha-Buthe and Thaba-Tseka districts, which were reported to have the highest childbearing rates and the lowest use of modern contraceptives. There is thus need for further research in these districts.

- The research also focused on the psychosocial effects of the teenage pregnancy, so further researches in Lesotho should focus on the health and economic effects of the teenage pregnancy on the teenage mothers.

5.5 Chapter summary

The chapter presented the summary of the findings, the conclusion reached and the challenges encountered when conducting the study. Recommendations for specific agencies were suggested to address the effects of teenage pregnancy on teenage mothers, and suggestions for further research were also discussed.

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APPENDIX 1: IN-DEPTH INTERVIEW GUIDE FOR PARTICIPANTS (Teenage mothers)

RESEARCH TOPIC: *The effects of teenage pregnancy on teenage mothers: A case of study of Ha Ratsiu and Lithabaneng in Berea*

Name: ……………………………………………………………………………………

Place of residence: …………………………………………………………………

Age: …………………………………………………………………………………..

Marital status at the time of pregnancy: …………………………………………

Educational level: Grade: …………………………………………………………….

Age at the time of pregnancy: ……………………………………………………..

1. How do you feel to be a teenage mother?

2. What influenced your decision on whether to commit suicide or not when pregnant?

3. How did falling pregnant as a teenage influence the way you perceive yourself?

4. How can you describe the attitude of your peers, family and community members to wards you?

5. What motivated you not to terminate your pregnancy?

6 How can you describe your relationship with your parents/ guardians, family and friends after disclosure of your pregnancy?

7 How did becoming pregnant affect your studies?

8 What kind of assistance if any did/do you receive with the child from your family members and friends when attending school?

9 What kind of support would you like to receive from the structures or individual in the community as teenage mother?

10 In your own opinion, do think government day care facilities in school and communities will help teenage mothers to continue with their studies?

11 What do you think can be done to reduce psychosocial effects of teenage pregnancy?

APPENDIX 2: INTERVIEW GUIDE FOR KEY INFORMANTS (Nurses)

RESEARCH TOPIC: *The effects of teenage pregnancy on teenage mothers: A case study of Ha Ratsiu and Lithabaneng in Berea*

Demographic Information

Name: ……………………………………………………………………………

Place of work: ………………………………………………………………

Profession: ……………………………………………………………………

1. What kind of social support does the hospital/ clinic offer to teenage mothers?

2. From your interaction with teenage mothers, how do you think pregnancy affected the way they perceive themselves?

3. What do you recommend to be done to mitigate psychosocial effects of teenage pregnancy?

APPENDIX 3: Letter of informed consent requesting teenage mothers' participation in the study

LETTER OF CONSENT FORM REQUESTING TEENAGE MOTHERS TO PARTICIPATE IN THE STUDY

My name is Jabolina Phoobane. I am a Master of Clinical Social Work student at the National University of Lesotho. I am working on a dissertation entitled "Effects of teenage pregnancy on teenage mothers: A case of Ha Ratsiu and Lithabaneng in Berea" in partial fulfilment towards obtaining a master's degree in Clinical Social Work. Therefore, I humbly request you to participate in this study and share you knowledge and experiences on effects of teenage pregnancy.

The study will investigate the effects of teenage pregnancy in your life such as psychological and social effects brought about by teenage pregnancy. Furthermore, the study will look at the interventions to reduce psychosocial effects of teenage pregnancy. The aim of the study is to contribute to an increased understanding of effects of teenage pregnancy on teenage mothers and assists in helping teenage mothers to be provided with necessary support by the government for the betterment of their lives.

It will also aid in helping policymakers to have a new perspective on teenage pregnancy, and this will complement the existing efforts that have been put in by the government and non-governmental organizations in addressing teenage pregnancy. Furthermore, the study will contribute to the available literature so that those who want to research more can know the existing facts and current situation of teenage

mothers. The study will use face-to-face in-depth interviews to collect this information and humbly request for your permission to audio record our conversation.

The data provided by the participant will be considered strictly confidential, your identity and information gathered will be protected. The records of this study will be kept private and deleted after the completion of the study and there will be no identifiers linking you to this study. Participation in this study is voluntary and you have the right to discontinue or decline the participation in the research anytime you feel to do so.

You are sincerely asked to sign a consent form indicating that you agreed to participate in the study and answer the questions

Participant declaration: I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I agree to participate in the interview and for the result to be published for sensitise teenage girls.
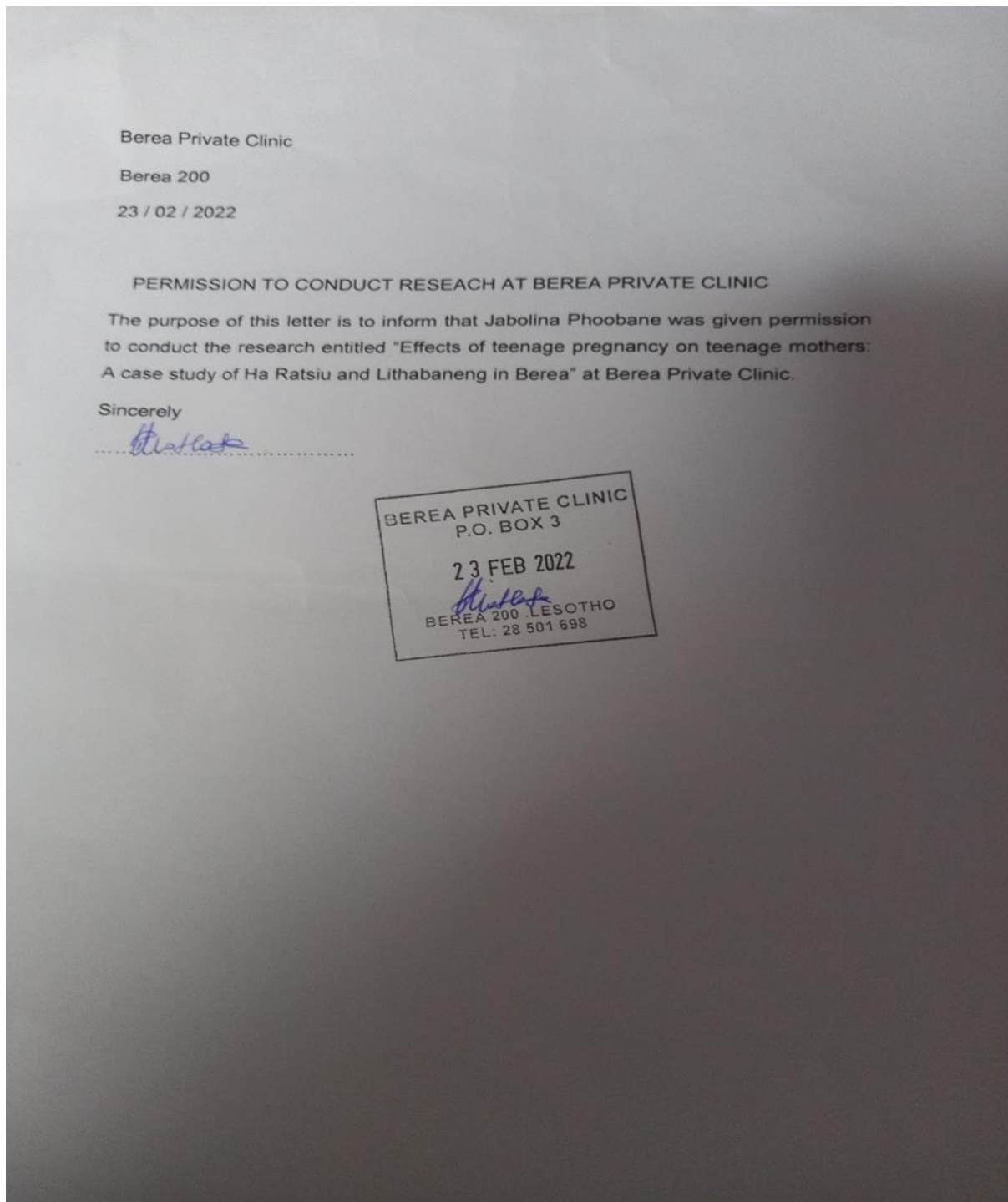
Signature of the participant …………………………………..

Signature of the researcher……………………………………

Date …………………………………………………………..

Research site……………………………………………………

APPENDIX 4: Letter of approval to conduct research, from Berea Private Clinic in Berea District

Berea Private Clinic

Berea 200

23 / 02 / 2022

PERMISSION TO CONDUCT RESEACH AT BEREA PRIVATE CLINIC

The purpose of this letter is to inform that Jabolina Phoobane was given permission to conduct the research entitled "Effects of teenage pregnancy on teenage mothers: A case study of Ha Ratsiu and Lithabaneng in Berea" at Berea Private Clinic.

Sincerely

BEREA PRIVATE CLINIC
P.O. BOX 3

2 3 FEB 2022

BEREA 200 .LESOTHO
TEL: 28 501 698

APPENDIX 5: ANTIPLAGIARISM TEST

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