

A qualitative study on the challenges associated with teenage pregnancy in a semi-urban community in South Africa

Noxolo Qebengu, Hlologelo Malatji & Thobeka Sweetness Nkomo

To cite this article: Noxolo Qebengu, Hlologelo Malatji & Thobeka Sweetness Nkomo (2025) A qualitative study on the challenges associated with teenage pregnancy in a semi-urban community in South Africa, Cogent Social Sciences, 11:1, 2472926, DOI: [10.1080/23311886.2025.2472926](https://doi.org/10.1080/23311886.2025.2472926)

To link to this article: <https://doi.org/10.1080/23311886.2025.2472926>



© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 10 Mar 2025.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

A qualitative study on the challenges associated with teenage pregnancy in a semi-urban community in South Africa

Noxolo Qebengu, Hlologelo Malatji  and Thobeka Sweetness Nkomo 

Department of Social Work, School of Human and Community Development, University of the Witwatersrand, Johannesburg, South Africa

ABSTRACT

Despite the availability of sex education and sexual and reproductive health services (SRHS), many girls continue to conceive before reaching the maturity age of 18 years. Studies have shown that unplanned pregnancies expose young girls to various social illnesses, health complications and economic hardships. Using qualitative methods, we explored teenage girls' experiences of unplanned pregnancies and motherhood in a semi-rural area of South Africa. A non-probability purposive sampling method was used to recruit teenage girls who were teenage mothers to participate in this study. Data were collected using in-depth one-on-one interviews, and thematic analysis was used to analyze the data. The findings revealed that the teenagers experienced a myriad of challenges, such as being shunned by family members, as they viewed unplanned pregnancy as evidence of promiscuous behavioral outcomes. Health service workers were also found to be judgmental towards teenage girls who visited health facilities for SRHS. Those still in school struggled to balance motherhood with academic responsibilities. As a result, most teenagers went through the period of pregnancy and motherhood alone or with minimal support from their significant others. A call is made to the government to strengthen support programs aimed at supporting affected teenagers at homes, in schools and within their communities.

ARTICLE HISTORY

Received 17 September 2024
Revised 27 January 2025
Accepted 24 February 2025

KEYWORDS

Teenager; pregnancy and motherhood; challenges; educators; South Africa


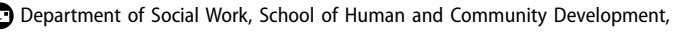
SUBJECTS

Social Work; Sociology; Gender & Development; Health & Development; Education - Social Sciences; Gender Studies - Soc Sci; Sociology & Social Policy

Introduction

According to the World Health Organization (WHO) (2020), approximately 12 million adolescent girls between the ages of 15 and 19 years in low- and middle-income countries (LMICs) give birth every year. More than 700,000 of these girls are under the age of 15 years (WHO, 2020). The number of pregnant teenage girls increased during the COVID-19 pandemic, which first emerged in 2019. Data released by the School of Public Health at Makerere University in Uganda showed the number of teenage pregnancies increased during the peak of COVID-19 in 2020. Similarly, Ghana reported 13 teenage pregnancy cases daily during the same period (Federation Atlantique des Agences de Presse Africaines (FAAPA), 2021). Early pregnancy presents several health, social and economic challenges to teenage girls. These challenges include a higher risk of eclampsia, education and economic deprivation as the majority of teenagers who fall pregnant while at school, often drop out as a result of pregnancy and motherhood-related challenges (Battle, 1995; Dzotsi et al., 2020; Panday et al., 2009). Ntshayintshayi et al. (2022) added that teenage girls experience stress and depression with some teenagers reporting suicidal thoughts after discovering their pregnancy status. These teenagers felt overwhelmed by their pregnancy mainly due to the stigma they experienced in their families and communities.

Similar to other countries such as Ghana and Kenya, teenage girls are also conceiving in numbers in South Africa (South African Department of Basic Education, 2022; Malatji et al., 2020). In the 2021/2022 financial year, the South African National Department of Basic Education reported that more than 90,000 teenage girls/learners were pregnant at various schools across the country (South African Department of Basic

CONTACT Hlologelo Malatji  Hlologelo.Malatji@wits.ac.za 

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

Education, 2022). Teenage girls reporting pregnancy experienced rejection, stigma and discrimination from their peers, family members, educators, and health workers (Malatji et al., 2020). Studies have shown in some health facilities, pregnant girls are refused access to sexual and reproductive health services by healthcare workers (Bwalya et al., 2018; Hikororo et al., 2015). Furthermore, some health workers remain conservative with regard to providing sexual and reproductive health services to young people (Ninsiima et al., 2021). Time also determines whether the teenagers utilize the services or not. The study by Abuosi and Anaba (2019) in Ghana showed health facilities operating hours were inconvenient to teenagers who wanted to access sexual and reproductive health services after school hours. The majority of health facilities operated between 8am and 4pm and were closed on weekends (Abuosi and Anaba, 2019). This means that school-going teenagers are unable to access the services due to time restrictions. Although many teenagers report challenges when seeking sexual and reproductive healthcare services (Ninsiima et al., 2021), some teenagers report positive experiences (Marais et al., 2022). Marais et al. (2022) evaluated youth-centered healthcare in Mangaung, South Africa. The teenagers who participated in the study by Marais et al reported that health workers provided them with contraceptives and education to prevent pregnancy and sexually transmitted diseases (Marais et al., 2022). The teenagers felt supported by these health workers.

Similarly, in education, pregnant students are often denied the opportunity to continue with their studies both during pregnancy and after childbirth (Chinkondenji, 2022; Jochim et al., 2023). A study in a South African township found that teenage girls who returned to school following pregnancy struggled to cope with their school work (Malatji et al., 2020; Malatji et al., 2023). The teenagers and learners experienced stigmatization and discrimination perpetuated by educators and fellow learners. Jochim et al. (2023) added that teenage mothers who pause their studies during pregnancy with the aim of returning to school after childbirth are often at a disadvantage because of overwhelming school work and the lack of childcare support.

To manage the complications of teenage pregnancy and motherhood, the South African government, through the Departments of Basic Education and Social Development, has introduced various legislative and policy frameworks to support affected teenagers (South African Department of Basic Education, 2007). The Social Assistance Act of No. 13 of 2004 makes provisions for the payment of child support grants to caregivers who are financially struggling to take care of their babies (Udjo, 2014). The availability of child support grants makes it possible for teenage girls from needy families to take care of their babies while continuing to attend school. Similarly, in 2007, the South African Department of Basic Education introduced the *Measures for the Prevention and Management of Learner Pregnancy Policy*, which aims to support pregnant learners in schools (South African Department of Basic Education, 2007). The policy makes provisions for educators to offer additional support to affected learners (e.g., allowing extended time to complete term work). In addition, the school curriculum integrates sexuality and reproductive health lessons through the life orientation subject (South African Department of Basic Education, 2007). However, despite the existence of policies and school curriculum designed to support and educate young girls and boys about their sexuality and sexually transmitted diseases, their adoption and implementation vary across the country (Twala et al., 2022). Anecdotal evidence shows that some educators and schools' management continues to unlawfully exclude pregnant learners and teenage mothers from school. Those who remain in the schools often get shunned by educators and fellow learners.

Study aim and objectives

The study aimed to explore the experiences and challenges of teenage girls during pregnancy and motherhood in a semi-rural area of South Africa. The study objectives were:

- To explore the experiences of teenage girls regarding pregnancy and motherhood.
- To explore teenage girls' challenges during pregnancy and post pregnancy.

Although the topic of teenage pregnancy and motherhood has been extensively studied in South Africa and beyond (Kassa et al., 2018; Yakubu and Salisu, 2018), we anticipated that our findings will be

valuable to social service practitioners, healthcare workers and educators who are entrusted with the responsibility of ensuring that the affected teenage girls receive social, education and health support.

Theoretical framework

The study was influenced by the ecological systems theory by Bronfenbrenner (Crawford, 2020). The theory recognizes the ecology of human development through the study of complex systems involving the individual, family, friends, institutions and communities (Crawford, 2020; Twintoh et al., 2021). Bronfenbrenner argued that human behavior and associated outcomes can be understood by understanding the different systems in the environment (Crawford, 2020). The theory differentiates between microsystems, exosystems and macrosystems. The individuals, in the current study (teenagers), regularly interacted with their immediate environment (microsystem), which includes caregivers, educators, relatives, and peers (Twintoh et al., 2021). The actors and institutions in the microsystem have a direct and indirect role to play in human behavior and development. For example, sufficient parental guidance could help teenagers navigate peer pressure and avoid falling pregnant before reaching maturity. The exosystem include other indirect influences on human development such as the accessibility of healthcare facilities, institutions of learning and the role of the media in society (Twintoh et al., 2021). These institutions, although distant from the individual, play a key role in behavioral outcomes. In communities where there is a shortage of healthcare facilities, many teenage girls fall victim to unintended pregnancies due to the unavailability of sexual and reproductive healthcare services. The macrosystem consist of the wider environment in which all other systems exist (Twintoh et al., 2021). The macrosystem is centered on dominant discourses, attitudes and cultural practices which the inhabitants practice or follow.

Over the years, the ecological systems theory has been used widely in the social sciences to understand various social, economic and health issues such as violence, substance abuse, teenage pregnancy and natural disasters (Flynn and Mathias, 2025; Shapoval et al., 2021; Twintoh et al., 2021). In the current study, the ecological theory enabled the researchers to explore the different systems present in teenage girls' lives (e.g., family, friends, educators and the general public), and how these systems shape the girls' experience of pregnancy and motherhood. Furthermore, the theory also guided the researchers to propose suitable interventions, which take the different systems into account.

Methods

Research design

This study employed phenomenological qualitative research design to explore the experiences and challenges of teenagers regarding teenage pregnancy and motherhood. According to Aspers and Corte (2019), the goal of phenomenological qualitative studies is to achieve an in-depth insight of a particular social phenomenon in its natural setting (e.g., teenage pregnancy). The application of this research design allowed teenage girls to share their unique experiences of unplanned pregnancy and motherhood in a semi-rural area of South Africa.

Study setting

The study was undertaken in Thabong Township, located in the Free State Province of South Africa. The township is situated near mining activities that attract both internal and external migrants from neighbouring countries, such as Zimbabwe and Lesotho, who come to work in the nearby mines (Statistics South Africa, 2023). Thabong has a population of approximately 200,000 residents, the majority of whom are black. The predominant languages spoken are Sesotho and Xhosa (Sewpaul et al., 2021). This setting was chosen because it reflects the social conditions prevalent in many South African townships, which are characterized by high levels of poverty, unemployment, and poor access to critical services such as education and healthcare.

Table 1. Participants' demographic profiles.

Pseudonym	Age	Occupation	No. of children
Thando	19	College student	1
Lebohang	19	College student	1
Samantha	18	High School learner	2
Nthabi	18	Unemployed	1
Lerato	17	Unemployed	1
Diketso	17	High School learner	1
Dani	16	High school learner	1

Sample and sampling method

The study focused on teenage girls' lived experiences of pregnancy and motherhood. The sample comprised seven black teenage girls' who had already given birth (Table 1). A non-probability purposive sampling technique was used to recruit the teenagers from a government organization that provides entrepreneurial and educational support to youths (Campbell et al., 2020). In line with purposive sampling technique, the participant recruitment and selection was based on the researchers' judgement of the sample (Campbell et al., 2020). When using this technique, researchers need to ensure that the selected sample reflects specific features or characteristics of interest to them (Creswell and Clark, 2004; Suri, 2011). The participants' inclusion criteria were as follows:

- Must be a black teenage girl aged between the ages of 15 to 19 years
- The teenager must have recently given birth
- The teenager must be attending school, working or a staying at home mother

Recruitment processes ceased after the seventh participant due to data saturation and the challenge of finding suitable teenagers willing to participate in the study. Similar to other contexts, most pregnant teenagers and teenage mothers in the South African communities face continuous stigma and discrimination (Naidoo et al., 2021; Sewpaul et al., 2021), as a result they are difficult to reach as they avoid participating in public engagements such as sports. This was evident in this study as it was difficult to access and recruit this cohort.

Data collection

Data were collected in November 2019 by the first author (NQ), who was a final-year Bachelor of Social Work (BSW) student at an urban university in South Africa. As a final-year BSW student, NQ was competent in qualitative research, individual interviews, research ethics, and data management.

Semi-structured one-on-one interviews were used to collect data (Kvale and Brinkmann, 2009). In the interviews, the participants were asked questions about their experiences of pregnancy, the challenges they encountered in schools during their pregnancy, and how they navigated motherhood responsibilities. This method allowed teenagers to share their subjective experiences of pregnancy and the strategies they used to cope with the pregnancy and motherhood responsibilities. All the interviews were conducted in English, and ranged from 25 mins to 45 mins in duration. All participants were comfortable to participate in the interviews using the English language. The interviews were carried out at a local youth development center, which attracted youths in search of developmental opportunities such as employment and learnerships. The interviews, with the permission of each participant, were audio-recorded to aid in the analysis described below.

Data analysis

The data were analyzed using a thematic analysis method as described by Braun and Clarke (2014). These authors present five steps, which qualitative researchers follow when analyzing qualitative data (Braun and Clarke, 2014). Below, the researchers present Braun and Clarke's model of data analysis and explain how the research data was analyzed.

Step 1: entail data familiarization. The first author (NQ) read the transcripts in order to immerse herself in the data, and also to address any gaps such as missing or misspelled words in the transcripts.

Table 2. Themes and subthemes.

Themes	Subthemes
Theme 1: Teenage girls experiences of pregnancy and motherhood	Subtheme 1.1: Societal and cultural norms Subtheme 1.2: Family members' judgmental attitudes Subtheme 1.3: Paternal absenteeism Subtheme 1.4: Educators' and health workers' judgmental attitudes
Theme 2: Challenges confronting teenage girls during pregnancy and motherhood	Subtheme 2.1: Shame and embarrassment Subtheme 2.2: Academic struggles Subtheme 2.3. Baby rearing knowledge

Step 2: initial codes generation. The codes were generated through rough reading of the transcripts. The researcher summarized or contained the participants' points using a few words. The codes used included 'challenges of teenage pregnancy' and the 'lack of support from loved ones'.

Step 3: search codes for emerging themes. This process entailed studying the coded data to identify some patterns or trends. For example, codes relating to teenage mothers and their challenges during pregnancy were grouped together.

Step 4: entail reviewing the generated themes for coherence with the entire dataset. To ensure that no data was omitted from the analysis process, NQ regularly presented the emerging themes to HM, the research supervisor. These engagements ensured that no important data was lost or omitted in the analysis.

Step 5: in this step, the themes are defined and named. In the current research, each theme was crafted to have a singular focus, for example, challenges faced by pregnant teenagers and teenage mothers, and the associated subthemes (see [Table 2](#)). According to Braun and Clarke (2014), themes should not be repetitive, they must address the research question(s) and tell a coherent story.

Ethical approval and considerations

Prior to data collection, ethical approval was granted by the University of the Witwatersrand HREC Non-Medical Committee (Reference Number: H19/09/45). The core principles of research were observed throughout the project. The teenagers were given consent forms to sign before they could be interviewed. As part of the interview consenting process, each teenager was informed that the data resulting from the research would be presented as a research report, book chapter or journal article. Although written consent to publish the data was granted, the data is anonymized. In places where direct quotations from participants are used, the researchers refer to the participants using pseudonyms ([Table 1](#)). For teenagers who were below the maturity age of 18, consent was obtained from parents/legal caregivers.

Findings

Participants' demographic profiles

The teenagers were black and aged between 16 and 19 years. Three of the teenagers were still high school learners, whereas two attended college. Two teenagers were unemployed. The majority of teenagers had one child each, except for one who had two children.

Theme 1: the experiences of teenage girls during and post-pregnancy

Four subthemes emerged from the data: societal and cultural norms, family members' judgements, paternal/father absenteeism, and educators' and health workers' judgmental attitudes. The subthemes are discussed below.

Subtheme 1.1: societal and cultural norms

The majority of the teenage girls reported negative experiences of pregnancy emanating from their immediate family members, friends and the community members. In some cultures, girls are expected

to be of a certain age and married before they can consider having a child. A teenager who does not conform to these cultural or societal expectations, is largely shunned and stigmatized by family members, friends, and community members.

"...when a teenage girl gets pregnant somehow everyone in the community thinks that you are a girl who sleeps around, and it makes the blow even harder if the person who is the father is not supportive because it appears as though you don't even know who the father is" (Nthabi, 18).

The teenagers were regularly accused of being irresponsible and sleeping around by family members, friends, and schoolmates. This subtheme was captured when one participant said:

"... a woman is expected to be married to have a child. This made me withdraw and seclude myself because even though I needed help, I was afraid to ask for it, and that kind of pushed away everyone who wanted to be there..." (Nthabi, 18)

The cultural and societal expectations of women to be married or be of a certain age to have a child contributed to the challenges the young girls experienced during their pregnancy and after giving birth. The teenagers explained they did not have support from loved ones as they were seen as cultural or social delinquents for falling pregnant at a young age and unmarried.

Subtheme 1.2: family members' judgmental attitudes

Since early age pregnancy is considered a taboo in most black communities, some of the teenagers expressed that their family members were judgmental and offered little support during and post pregnancy.

"Family members can be so judgmental, let's take my family for example; I was reminded everyday of how much of a disappointment and embarrassment I am. I was told that I am an attention seeker" (Lerato, 17)

"Families are also very judgmental and some even go to the extent of disowning their children for getting pregnant" (Diketso, 17)

The teenagers expressed that their caregivers felt disappointed, humiliated, and embarrassed by the pregnancy. However, they did not understand why emotions turned into unkind judgements and resentment. The teenagers felt isolated and unsupported during their pregnancy.

"I think more than anything is for families to avoid judging and I am not saying that they shouldn't be disappointed but they should try to find constructive ways of dealing with their disappointments" (Nthabi, 18)

These findings reveal that many families still struggle to accept cases of teenage pregnancy. In the current study, the parents/caregivers felt disrespected and embarrassed by cases of pregnancy from their children, and instead of providing emotional support to their children, they resorted to spewing judgements.

Subtheme 1.3: paternal absenteeism

Apart from coping with hostility in their families and communities, some teenage girls revealed their partners had also abandoned them during their pregnancy. The fathers blatantly denied paternity, disappeared, and cut off all avenues of communication. These events worsened the teenage girls' experiences of pregnancy and motherhood. This subtheme was captured when the teenagers said:

"I was still young. My boyfriend was an older guy, to be exact he was 6 years older than me. We met when I was 14 years old and we were happy together however everything changed when I told him that I was pregnant. He was happy when I told him but ka mora moo (shortly after that) he disappeared, and I never heard from him again. When I tried contacting him his numbers were no longer working" (Lebohang, 19).

During the pregnancy journey, teenagers had no present or supportive partner to walk the journey with them.

"Well, more than anything, I felt like I needed the father of my child to walk through this journey with me. I mean I was young and confused, and the boy I thought loved me wanted nothing but to walk out of the whole thing." (Lerato,17)

"I had challenges with the father of my child because he refused that he was the father and made it clear that he wants nothing to do with it" (Nthabi, 18)

The absence of biological fathers worsened the teenagers' experiences of pregnancy. These teenagers wanted someone to travel the pregnancy journey with them, especially after their parents or caregivers had expressed disappointment and disowned them. In response to the needs of pregnant teenagers and teenage mothers, there is a need to involve fathers/men in finding long-lasting solutions.

Subtheme 1.4: hostile educators and health workers

The teenagers who were still attending school felt unwelcome in the schools. The educators felt they were negative influences and repeatedly shunned them. This subtheme was captured when the teenagers said:

"... It is absolutely human and natural to be disappointed but I don't believe it is okay to call a pregnant learner names and tell them that they don't have a future. I was told by so many of my teachers that there was no hope for my future and that I am wasting my time coming to school...Many learners have dropped out of school because they felt discouraged and hopeless" (Dani, 16)

It is evident that teenage girls longed to be accepted and treated like any other learner in school. However, this was not the case as the educators struggled to accept and support these learners. These learners wanted the education system to provide them with extra support to compensate for any schoolwork they might have missed due to their pregnancy or motherhood induced absence from school. When this was not forthcoming, the teenagers felt unwanted and unsupported in schools. Thando aged 19years added:

"I think teachers need to treat teenage mothers with the same treatment that they give other learners...maybe provide extra lessons when they miss classes because of having to take the babies for monthly check-ups and immunisation" (Thando, 19)

It was evident the educators were not willing to associate themselves with pregnant learners.

In a similar vein, some teenagers expressed that they also encountered challenges when seeking sexual and reproductive healthcare at public healthcare facilities.

"My first visit at the clinic I was so embarrassed and the nurse who was helping me made me feel so uncomfortable by telling me that girls my age are busy with books and building their future and I am busy sleeping around making babies" (Dani, 16).

Healthcare workers used derogatory names and slandered them each time they required services. As a result, Lerato aged 17 resorted to skipping going to the clinic:

" I ended up skipping going to the clinic because I was tired of being told things that made me feel worse about myself. More than being tired, I had fear"

Furthermore, the teenagers reported that the local health facilities often lacked sufficient medication and equipment. As a result, they often had to return home without receiving the necessary health intervention. This was found to be a significant setback, as some of these teenagers were school learners with limited time to visit health facilities.

"More than once I have come home empty-handed from the clinic because I was told there were no supplements. I had to make a plan of buying them myself. The clinic also doesn't have the ultrasound machine, you have to go the hospital for that and the line is always long" (Diketso, 17).

Theme 2: the challenges confronting teenage girls during pregnancy and after childbirth

The teenage girls experienced several challenges during pregnancy and after childbirth. These challenges included feeling of shame and embarrassment, academic struggles and overwhelming childcare responsibilities.

Subtheme 2.1: shame and embarrassment

As described earlier, some teenage girls felt ashamed and embarrassed about being pregnant while in school. Parents, caregivers, educators and friends treated the teenagers differently because of their pregnancy status. The teenagers internalized these feelings, which led to struggles in maintaining or forming new bonds, friendships, and participating in community and school activities. Dani aged 16 years commented:

"...I also cut off my friends because of the embarrassment" (Dani, 16)

The teenagers felt unwelcome in their schools and communities.

"...I felt so embarrassed to even walk around in the streets or go anywhere because of being pregnant, and having people look at my growing stomach, that was just too much for me to deal with" (Thando, 17)

As a coping mechanism, some teenagers resorted to isolating themselves from other learners to cope with the embarrassment of being pregnant. Unfortunately, this had a detrimental impact on the teenagers' academic performance, as they could not reach out to parents and educators when they felt overwhelmed and in need of assistance.

Subtheme 2.2: academic struggles

The teenagers who were still in school expressed that they were not coping with their studies because of childcare responsibilities. The teenagers had limited time to rest after school as they had to immediately attend to their babies upon returning from school. Most of their evenings were spent looking after their babies, leaving them with little time to focus on their schoolwork. Samantha aged 18 years commented:

"I would be so exhausted when I come back from school, and I still need to take care of the child and finish my homework. On top, it wasn't easy to focus in class because I would think of my baby, and I just wanted the school to be out so that I could go home" (Samantha, 18).

Although it was evident that the teenagers wanted to be efficient with their time upon return to school following pregnancy, some were concerned that they spend little time with their babies.

"My biggest challenge as a mother is that I don't spend enough time with my baby because I am still at school and when I come back from school I still have to do homework and all that" (Thando, 17)

In the context of the study, school hours were from 7:30 to 14:30, with learners in advanced grades often remaining in school until 16:00 each day. This tight schedule means learners with children have limited time to spend with their babies and to visit health facilities for services.

Subtheme 2.3: baby-rearing knowledge

Raising a baby is a demanding and continuous responsibility. The teenagers explained that because of lack of childcare knowledge, this role was laborious for them. Diketso was grateful to her family members who assisted her in looking after her baby.

"... My grandmother supports me because she always tells me to focus on my schoolwork and she will take care of the baby. I don't know how to be a mother, I just avoid playing that role by hiding with school work because I'm scared to fail as a mother but I have already failed. I don't have any connection with my child" (Diketso, 17).

Some girls explained that they lacked patience because they did not know what to do when their babies started to cry hysterically and refused to sleep at night. Samantha aged 18 years explained she struggled to fulfil motherhood duties due to school work.

"Because I am in grade 12 and I always have schoolwork piling up, it's so hard to make time to just spend with my daughter..." (Samantha, 18)

It was also found that some teenagers have lost connection with their babies due to continued absence, lack of mothering experience, and demanding school workload. The following quote confirms this statement:

"Sometimes, when my son cries, I don't feel like holding him because something flips in my head. I always try my best to soothe him, but it never works and it makes me feel like I am a terrible mother so my attempt at fixing this, is to avoid picking him up and let my mother do it" (Lebohang, 19).

The data have shown the teenagers were concerned they don't have sufficient child-rearing experience. Parents/caregivers closed this gap by stepping in to assist the teenagers in looking after their babies. The involvement of the parents in attending to the babies' needs was beneficial to the teenagers as it enabled them to focus on their school work.

Discussion

This study focused on the experiences of teenage girls during pregnancy and post-pregnancy in a semi-rural area of South Africa. The teenage girls experienced a myriad of challenges within their families, schools and communities. The teenagers were found to be overwhelmed by family rejection, and childcare responsibilities, which needed to be balanced with school responsibilities. The teenagers who were still attending school felt isolated and unfairly treated by educators. Health workers were also reported to be unsupportive when the teenagers visited healthcare facilities to access sexual and reproductive health services. Furthermore, some of the teenagers had to care for their babies alone after their partners refused paternity.

Other studies within the South African context and beyond reported similar findings (Malatji et al., 2020; Nkosi and Pretorius, 2019). The Kotoh et al. (2022) study in Ghana found that pregnant adolescents thought their future was doomed after discovering that they were pregnant. Similarly, a study conducted by DUBY et al. (2021) found adolescent girls who conceived at young age reported being overly stressed and depressed. The fear of being kicked out of home and school contributed to the adolescents' high stress level (DUBY et al., 2021). Some even contemplated terminating their pregnancy or committing suicide after discovering they are pregnant. A study conducted in a diverse township in South Africa, found that unplanned teenage pregnancy has undesirable consequences for young girls still attending school (Nkosi and Pretorius, 2019). The study found that most teenage girls who conceive while in school hardly maintained satisfactory academic performance and ultimately dropped out of school. DUBY et al. (2021) state that the lack of emotional support, as also reported in the current research, have a considerable impact on the mental health and self-esteem of adolescents.

The study findings also showed that some of the young mothers were raising their babies alone, as their partners either rejected them during pregnancy or denied paternity after childbirth. The absence of fathers in child upbringing and development remains a major policy concern in South Africa (Mukuna, 2020; Ramatsetse and Ross, 2023). A study conducted in Cape Town, South Africa, found that while teenage boys might accept the idea of having a child at a tender age, they also fear the responsibilities that come with parenthood (Mukuna, 2020). They fear losing financial support from their parents or caregivers because they would now be considered old enough to be able to support their own families (Mukuna, 2020). As a result of these fears, upon discovery of pregnancy, some boys elect to end their relationship with their young partners.

Regrettably, overwhelming literature show that fathers' absence has negative ramifications for children and young mothers. The majority of the young mothers end up feeling stressed and depressed due to the lack of support from their partners. Smith et al. (2014) argued that fathers' absence and non-use of paternal surnames are associated with lower self-perceptions and a diminished sense of identity. Recently, Ramatsetse and Ross (2023) studied the psychosocial impact of paternal absence on young adult women in the Republic of South Africa. These researchers found that the father's absence negatively affected women's sense of identity, belonging and mental health (Ramatsetse & Ross, 2023). However, not all men/teenage boys shirk responsibility after discovering their partner's pregnancy status. The Hill et al. (2015) reported despite the stress and anxiety young adolescents face during pregnancy, some enjoy supportive relationships with their partners upon disclosing their pregnancy and HIV positive status. Considering the research findings and existing studies, there is an urgent need for governments to strengthen existing policies and legislation that aim to foster fathers' presence in child upbringing and development.

Furthermore, teenagers reported that they faced resistance when seeking sexual and reproductive health services at local health facilities. A systematic review of the factors influencing the utilization of

youth-friendly sexual and reproductive services in sub-Saharan Africa found socioeconomic, structural, cultural and individual factors to be playing a key role in the uptake of services (Ninsiima et al., 2021). Some participants in a study conducted in Mali highlighted their caregivers were against them receiving family planning services (Self et al., 2018). The participants were encouraged to forget about sexual education and focus on their education (Self et al., 2018). As found by this study, in many settings, culture and belief systems continue to play a key role in the delivery of sexual and reproductive healthcare services. A study in Lusaka, Zambia, investigated the experiences of pregnant adolescents accessing antenatal care services in clinics (Bwalya et al., 2018). Some of the adolescents felt that they were being treated unfairly because of their marital status and repeat pregnancy. Similarly, a study undertaken in Thailand found that youths were hesitant to seek sexual and reproductive health services because of health workers' attitudes (Wiwatkamonchai et al., 2023). The adolescents expressed that the workers gave them serious and uncomfortable looks when they asked for condoms.

Unfortunately, the exclusion of pregnant teenagers contradicts various legislative frameworks and policies aimed at protecting the rights and well-being of teenagers. Social norms and cultural beliefs continue to contribute to the negative experiences and challenges reported by pregnant and teenage mothers in different societies (Munea et al., 2022; Mwalabu et al., 2017). In response to the challenges and needs of teenagers, health authorities need to put in place measures to safeguard this group's right to sexual and reproductive health services. Within the South African context, the primary healthcare (PHC) re-engineering policy deploys community health workers (CHWs) to various communities and schools to provide antenatal and postnatal care services to adolescents (South African Department of Health, 2011). Schools reporting high cases of learner pregnancy can benefit from CHWs interventions. This will minimise the need for the learners to miss or leave school early in order to access the services at healthcare facilities. Furthermore, Ninsiima et al. (2021) argued to ensure adolescents access the required sexual and reproductive care, there is an urgent need to address individual barriers (e.g. strengthen educational and awareness campaigns), financial barriers (e.g. eliminate user-service fees) and the cultural barriers which sees many adolescents being denied services.

Conclusion

It is evident from the study that unplanned pregnancy and resultant motherhood present numerous challenges for teenage girls. Teenagers experienced social isolation: in schools, educators were unwilling to offer academic support, while healthcare workers displayed uncaring and judgmental attitudes when they visited healthcare facilities to seek sexual and reproductive healthcare services. These challenges appear exacerbated by cultural and religious belief systems which forbid young girls and boys from engaging in sexual activities. As a result, teenagers find it difficult to discuss issues pertaining to their sexuality or seek sexual and reproductive health services. If these challenges are not addressed, they are likely to contribute to the teenagers' decline in academic performance, social functioning, and overall quality of life. There is a need for the government and civil society to work together to address the stigma associated with teenage pregnancy. Relevant legislation and policies must be enforced in line with the needs of teenage girls.

Study limitations

The study experienced several limitations. Firstly, the study comprised a small sample of teenage girls recruited from a small area of the Free State Province. As a result, the findings cannot be generalized to other contexts. However, the researchers are of the view that the findings could serve as strong baseline data to introduce support programs for pregnant girls and young mothers in an area/context with similar characteristics. Secondly, the interviews were conducted in the English language, and this might have impacted how the participants understood and responded to the questions as English is not their mother tongue.

Author contributions

NQ and HM conceptualized and designed the study procedures. NQ was responsible for data collection activities, data management and analysis, and production of a research report. NQ, HM and TSN wrote and critically reviewed the manuscript. All the authors approved the manuscript as submitted.

Disclosure statement

No potential conflict of interests was reported by the authors.

Funding

The researchers received no funding for this research.

About the authors



Ms Noxolo Qebengu is a social worker serving multiple schools in Ventersburg and Hennenman, located in the Lejweleputswa District of the Free State Province. She is based in the Inclusive Education Division of the Free State Provincial Department of Education. Ms Qebengu holds a Master's degree in Social Work, and her research interests include the experiences of teenage mothers in receiving psychosocial support during and after pregnancy.



Hlologelo Malatji (PhD in Public Health) is a Lecturer in the Faculty of Humanities, School of Human and Community Development, University of the Witwatersrand, South Africa. His research interests are in health policy and systems, social development, human growth and development.



Thobeka Nkomo (PhD in Social Work) is a researcher, published author, and an academic at the University of the Witwatersrand, South Africa. Her research interests include spirituality and health concerns, forgiveness, gender issues, ethics, and values specifically related to cultural sensitivity, young women leadership, HIV/AIDS and sexual reproductive health and rights; and all matters pertaining to social work. She lectures at undergraduate and postgraduate levels and is actively involved in collaborative research projects with peers across the SADC region. She has been participating as the cross Faculty Postgraduate Symposium panellist for some time.

ORCID

Hlologelo Malatji  <http://orcid.org/0000-0002-0093-0879>

Thobeka Sweetness Nkomo  <http://orcid.org/0000-0002-0495-9521>

Data availability statement

Owing to the challenges of anonymizing qualitative data, the researchers cannot publicly share the data. Researchers interested in further analyzing the data can reach out to Dr Hlologelo Malatji, Telephone: +27 11 717 4992 or email: Hlologelo.Malatji@wits.ac.za

References

- Abuosi, A. A., & Anaba, E. A. (2019). Barriers on access to and use of adolescent health services in Ghana. *Journal of Health Research*, 33(3), 197–207. <https://doi.org/10.1108/JHR-10-2018-0119>
- Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative Sociology*, 42(2), 139–160. <https://doi.org/10.1007/s11133-019-9413-7>
- Battle, L. S. (1995). Teenage mother's narratives of self: An examination of risking the future. *Advances in Nursing Science*, 17(4), 22–36.
- Braun, V., & Clarke, V. (2014). What can "thematic analysis" offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-Being*, 9(1), 26152. <https://doi.org/10.3402/qhw.v9.26152>
- Bwalya, B. C., Sitali, D., Baboo, K. S., & Zulu, J. M. (2018). Experiences of antenatal care among pregnant adolescents at Kanyama and Matero clinics in Lusaka district, Zambia. *Reproductive Health*, 15(1), 124. <https://doi.org/10.1186/s12978-018-0565-9>

- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing: JRN*, 25(8), 652–661. <https://doi.org/10.1177/1744987120927206>
- Chinkondenji, P. (2022). Schoolgirl pregnancy, dropout or pushout?: An Ubuntu-centric re-construction of the education for student mothers in Malawi. *Gender and Education*, 34(6), 738–753. <https://doi.org/10.1080/09540253.2022.2061922>
- Crawford, M. (2020). *Ecological Systems theory: Exploring the development of the theoretical framework as conceived by Bronfenbrenner*. *Journal of Public Health Issues and Practices*, 4(2): p. 170.
- Creswell, J. W., & Clark, V. L. P. (2004). *Principles of qualitative research: Designing a qualitative study*. Office of Qualitative & Mixed Methods Research, University of Nebraska.
- Duby, Z., McClinton Appollis, T., Jonas, K., Maruping, K., Dietrich, J., LoVette, A., Kuo, C., Vanleeuw, L., & Mathews, C. (2021). “As a young pregnant girl... the challenges you face”: Exploring the intersection between mental health and sexual and reproductive health amongst adolescent girls and young women in South Africa. *AIDS and Behavior*, 25(2), 344–353. <https://doi.org/10.1007/s10461-020-02974-3>
- Dzotsi, H. T., Oppong Asante, K., & Osafo, J. (2020). *Challenges associated with teenage motherhood in Ghana: A qualitative study*. *Vulnerable Children and Youth Studies*, 15(1), 85–96. <https://doi.org/10.1080/17450128.2020.1719251>
- Federation Atlantique des Agences de Presse Africaines (FAAPA). (2021). *COVID-19 rising cases of teenage pregnancy in Ghana* (pp. 241–256).
- Flynn, K., & Mathias, B. (2025). “How Am I Supposed to Act?”: Adapting Bronfenbrenner’s Ecological Systems Theory to Understand the Developmental Impacts of Multiple Forms of Violence. *Journal of Adolescent Research*, 40(1), 192–225. <https://doi.org/10.1177/07435584231159674>
- Hill, L. M., Maman, S., Groves, A. K., & Moodley, D. (2015). Social support among HIV-positive and HIV-negative adolescents in Umlazi, South Africa: Changes in family and partner relationships during pregnancy and the postpartum period. *BMC Pregnancy and Childbirth*, 15(1), 117. <https://doi.org/10.1186/s12884-015-0542-z>
- Hokororo, A., Kihunrwa, A. F., Kalluvya, S., Changanlucha, J., Fitzgerald, D. W., & Downs, J. A. (2015). Barriers to access reproductive health care for pregnant adolescent girls: A qualitative study in Tanzania. *Acta Paediatrica (Oslo, Norway: 1992)*, 104(12), 1291–1297. <https://doi.org/10.1111/apa.12886>
- Jochim, J., Meinck, F., Toska, E., Roberts, K., Wittesaele, C., Langwenya, N., & Cluver, L. (2023). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global Public Health*, 18(1), 2049846. <https://doi.org/10.1080/17441692.2022.2049846>
- Kassa, G. M., Arowojolu, A. O., Odukogbe, A. A., & Yalew, A. W. (2018). Prevalence and determinants of adolescent pregnancy in Africa: A systematic review and meta-analysis. *Reproductive Health*, 15(1), 195. <https://doi.org/10.1186/s12978-018-0640-2>
- Kotoh, A. M., Sena Amekudzie, B., Opoku-Mensah, K., Baku, E. A., & Glozah, F. N. (2022). Pregnant adolescents’ lived experiences and coping strategies in peri-urban district in Southern Ghana. *BMC Public Health*, 22(1), 901. <https://doi.org/10.1186/s12889-022-13318-2>
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. Sage.
- Malatji, H., Dube, N., & Nkala-Dlamini, B. (2020). “Every time when I make a mistake in class, educators would say, you baby mama you must keep quiet:” Challenges confronting teenage mothers when re-engaging with secondary school education in a Johannesburg Secondary School, South Africa. *Journal of Human Behavior in the Social Environment*, 30(3), 306–318. <https://doi.org/10.1080/10911359.2019.1682100>
- Malatji, H., Dube, N., Nkala-Dlamini, B., & Shumba, K. (2023). Coping strategies and support provided by educational centres to teenage mothers re-engaging with education post-pregnancy: A case study of a township school in South Africa. *E-Bangi Journal of Social Science and Humanities*, 20(3), 241–256. <https://doi.org/10.17576/ebangi.2023.2003.20>
- Marais, L., Brown, J. L., Sharp, C., Sales, J. M., Lenka, M., Rani, K., & Cloete, J. (2022). Youth-centered clinics: The voices of adolescent Sesotho-speaking girls from Mangaung, South Africa. *Sage Open*, 12(2), 21582440221089969. <https://doi.org/10.1177/21582440221089969>
- Mukuna, R. K. (2020). Exploring Basotho teenage fathers’ experiences of early fatherhood at South African rural high schools. *Journal of Psychology in Africa*, 30(4), 348–353. <https://doi.org/10.1080/14330237.2020.1796031>
- Munea, A. M., Alene, G. D., Debelew, G. T., & Sibhat, K. A. (2022). Socio-cultural context of adolescent sexuality and youth friendly service intervention in West Gojjam Zone, Northwest Ethiopia: A qualitative study. *BMC Public Health*, 22(1), 281. <https://doi.org/10.1186/s12889-022-12699-8>
- Mwalabu, G., Evans, C., & Redsell, S. (2017). Factors influencing the experience of sexual and reproductive healthcare for female adolescents with perinatally-acquired HIV: A qualitative case study. *BMC Women’s Health*, 17(1), 125. <https://doi.org/10.1186/s12905-017-0485-9>
- Naidoo, J., Muthukrishna, N., & Nkabinde, R. (2021). The journey into motherhood and schooling: Narratives of teenage mothers in the South African context. *International Journal of Inclusive Education*, 25(10), 1125–1139. <https://doi.org/10.1080/13603116.2019.1600053>
- Ninsiima, L. R., Chiumia, I. K., & Ndejjo, R. (2021). Factors influencing access to and utilisation of youth-friendly sexual and reproductive health services in sub-Saharan Africa: A systematic review. *Reproductive Health*, 18(1), 135. <https://doi.org/10.1186/s12978-021-01183-y>

- Nkosi, N. N., & Pretorius, E. (2019). The influence of teenage pregnancy on education: Perceptions of educators at a secondary school in Tembisa, Gauteng. *Social Work*, 55(1), 108–116. <https://doi.org/10.15270/55-1-698>
- Ntshayintshayi, P. N., Sehularo, L. A., Mokgaola, I. O., & Sepeng, N. V. (2022). Exploring the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict. *Health SA=SA Gesondheid*, Online27, 1880. <https://doi.org/10.4102/hsag.v27i0.1880>
- Panday, S., et al. (2009). Teenage pregnancy in South Africa: With a specific focus on school-going learners.
- Ramatsetse, T. P., & Ross, E. (2023). Understanding the perceived psychosocial impact of father absence on adult women. *South African Journal of Psychology*, 53(2), 199–210. <https://doi.org/10.1177/00812463221130194>
- Self, A., Chipokosa, S., Misomali, A., Aung, T., Harvey, S. A., Chimchere, M., Chilembwe, J., Park, L., Chalimba, C., Monjeza, E., Kachale, F., Ndawala, J., & Marx, M. A. (2018). Youth accessing reproductive health services in Malawi: Drivers, barriers, and suggestions from the perspectives of youth and parents. *Reproductive Health*, 15(1), 108. <https://doi.org/10.1186/s12978-018-0549-9>
- Sewpaul, R., Crutzen, R., Dukhi, N., Sekgala, D., & Reddy, P. (2021). A mixed reception: Perceptions of pregnant adolescents' experiences with health care workers in Cape Town, South Africa. *Reproductive Health*, 18(1), 167. <https://doi.org/10.1186/s12978-021-01211-x>
- Shapoval, V., Häggglund, P., Pizam, A., Abraham, V., Carlback, M., Nygren, T., & Smith, R. M. (2021). The COVID-19 pandemic effects on the hospitality industry using social systems theory: A multi-country comparison. *International Journal of Hospitality Management*, 94, 102813. <https://doi.org/10.1016/j.ijhm.2020.102813>
- Smith, P., Khunou, G., & Nathane-Taulela, M. (2014). Are you your father's child? Social identity influences of father absence in a South African setting. *Journal of Psychology in Africa*, 24(5), 433–436. <https://doi.org/10.1080/14330237.2014.997013>
- South African Department of Basic Education. (2007). *The Measures for the Prevention and Management of Learner Pregnancy*. Government Press.
- South African Department of Basic Education. (2022). *Adolescent Pregnancy Crisis in South Africa*. Government Press.
- South African Department of Health. (2011). *Primary Health Care Re-engineering model*. Government Press.
- Statistics South Africa. (2023). *Statistics by Place*. Government Press.
- Suri, H. (2011). Purposeful Sampling in Qualitative Research Synthesis. *Qualitative Research Journal*, 11(2), 63–75. <https://doi.org/10.3316/QRJ1102063>
- Twala, P. P., Du Preez, A., & Rabie, T. (2022). Perceptions of secondary school management teams in managing pregnant learners in an urban context. *Health SA=SA Gesondheid*, Online, 27, 1945. <https://doi.org/10.4102/hsag.v27i0.1945>
- Twintoh, R. F., Anku, P. J., Amu, H., Darteh, E. K. M., & Korsah, K. K. (2021). Childcare practices among teenage mothers in Ghana: A qualitative study using the ecological systems theory. *BMC Public Health*, 21(1), 16. <https://doi.org/10.1186/s12889-020-09889-7>
- Udjo, E. O. (2014). The relationship between the Child Support Grant and teenage fertility in post-apartheid South Africa. *Social Policy and Society*, 13(4), 505–519. <https://doi.org/10.1017/S1474746413000390>
- Wiwatkamonchai, A., et al. (2023). Youths' perceptions regarding access to sexual and reproductive health services. *Pacific Rim International Journal of Nursing Research*, 27(1), 27–21.
- World Health Organization. (2020). *Adolescent Pregnancy: Fact Sheet*. World Health Organization Report.
- Yakubu, I., & Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: A systematic review. *Reproductive Health*, 15(1), 15. <https://doi.org/10.1186/s12978-018-0460-4>