ORIGINAL RESEARCH ARTICLE

Views of teenagers towards teenage pregnancy in the Capricorn district, Limpopo Province

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Abstract

Teenage pregnancy occurring in girls aged 10-19 years remains a serious worldwide health problem. Stillbirths and newborn deaths are 50% higher among infants born to adolescent mothers than among those born to mothers aged 20-29 years, which contributes to the increased deliveries of newborn babies among females aged 10 to 19 years. The aim of the study was to gain understanding of the views of teenagers towards teenage pregnancy in the Capricorn district, Limpopo province. A qualitative, explorative, and descriptive study was adopted. The target population constituted 15 purposively selected male and female teenagers aged between 13 and 19 years, from three secondary schools. Data were collected using in-depth interviews and analysed using the thematic approach. An inductive thematic approach was used to identify common and recurring themes. Four themes emerged during data collection namely: essentially, optionally, socio-cultural, and economic motivated influences. The findings showed that peer pressure, lack of knowledge on sexual issues, social media, inadequate parental guidance and support, poor access to health facilities, awkward operating hours, bad attitudes of nurses, and absence of youth-friendly services space contribute to the increased number of teenage pregnancies. *(Afr J Reprod Health 2023; 27 [10]: 46-56).*

Keywords: Adolescence, contraception, family planning, sexual reproductive health, teenage pregnancy, views

Résumé

Les grossesses adolescentes survenant chez les filles âgées de 10 à 19 ans restent un grave problème de santé mondial. Les mortinaissances et les décès de nouveau-nés sont 50 % plus élevés chez les nourrissons nés de mères adolescentes que chez ceux nés de mères âgées de 20 à 29 ans, ce qui contribue à l'augmentation des accouchements de nouveau-nés chez les femmes âgées de 10 à 19 ans. Le but de l'étude était de mieux comprendre les opinions des adolescentes à l'égard de la grossesse précoce dans le district du Capricorne, province du Limpopo. Une étude qualitative, exploratoire et descriptive a été adoptée. La population cible était constituée de 15 adolescents et adolescentes sélectionnés à dessein, âgés de 13 à 19 ans, issus de trois écoles secondaires. Les données ont été collectées à l'aide d'entretiens approfondis et analysées selon l'approche thématique. Une approche thématique inductive a été utilisée pour identifier des thèmes communs et récurrents. Quatre thèmes ont émergé lors de la collecte des données, à savoir : essentiellement, facultativement, les influences socioculturelles et économiques. Les résultats ont montré que la pression des pairs, le manque de connaissances sur les questions sexuelles, les médias sociaux, l'encadrement et le soutien parental inadéquats, le faible accès aux établissements de santé, les horaires d'ouverture difficiles, les mauvaises attitudes des infirmières et l'absence d'espace de services adaptés aux jeunes contribuent à l'augmentation de la population. nombre de grossesses chez les adolescents. *(Afr J Reprod Health 2023; 27 [10]: 46-56).*

Mots-clés: Adolescence, contraception, planification familiale, santé sexuelle et reproductive, grossesse chez les adolescentes, opinions

Introduction

Teenage pregnancy is a challenge both in developed and developing nations[1]. Moreover, in developing countries, about 7.3 million girls under the age of 18 years give birth annually, out of which girls under the age of 15 years account for 2 million births[1]. Teenage pregnancy is a worldwide problem with its incidence highest in Sub-Saharan Africa[2]. Globally, an estimated 16 million girls and young women aged 15 to 19 years and 12 million girls under the age of 15 give birth every year, and 1 in 5 girls give birth by the age of 18[2]. Additionally, achieving good reproductive health remains a far-off goal in many parts of the world countries[20]. Over and above that, the influence of conservative cultural beliefs on health professionals tends to hinder them in the provision of sexual and reproductive health information[16]. Many scholars echoed the same challenge that teenage pregnancy is a serious public

health and social problem globally[24]. Furthermore, factors that contribute to teenage pregnancy are multifactorial, ranging from individual behaviour, traditional, and socio-cultural to religious in nature.

The prevalence of teenage pregnancy also varies in Africa, for instance, in Nigeria; it ranged from 6.2% in the Niger Delta state to 49% in Abia State[13]. Moreover, the rate of teenage pregnancy has declined substantially over the past decades, and the pregnancy rate among girls between 15 to 19 years of age remained a persistent public health problem in Sub-Saharan Africa[13]. The highest rate of teenage pregnancy in the world was of women under the age of 20 and more than 90% were women in the developing countries[14]. The highest rate of teenage pregnancy is in Sub-Saharan Africa, where girls tend to marry at an early age. In South Africa, East Africa, the Democratic Republic of Congo and Sudan, it ranges from 2.3% to 19.2%, 31%, 20.4%, and 31% respectively[14].

South African adolescent birth rate is high, with 49 per 1000 births[11]. Despite the availability of reproductive health services in all health facilities, Capricorn district recorded a 10 to 19 years old delivery facility rate of 12,5% against the target of 11% in the 2019/20 reporting year[10]. Over and above maternal complications are the second leading cause of death amongst adolescent girls, and they also face a higher risk of complications and death from pregnancy and childbirth than older women[11]. South African government policies including the Children's Act 41 of 2007 do not make clear if all learners will have access to condoms in schools and how condoms are to be distributed[28]. However, owing to contradictory government policies and public pronouncements regarding the provision of condoms in South African public schools, few schools are providing condoms in South Africa[4]. Therefore, the research gap in this paper is that there is a need to link and promote the provision of Sexual Reproductive Health (SRH) services by the Departments of Education and Health.

The Department of Basic Education created an enabling environment for the implementation of a sustainable response to reduce the incidence of unintended early pregnancy[8]. Moreover, there is a strong need for South African healthcare workers to adhere to the National Guidelines for administering adolescent pregnancy services[8]. Additionally, regular walkarounds by the leadership of both the Departments of Basic Education and Health to monitor and evaluate healthcare workers' service provision to adolescents should be conducted to reduce the rate of teenage pregnancy.

According to Govender *et al.*[17] pregnant adolescents explained that the complexities of an adolescent pregnancy included dealing with an unplanned pregnancy, being compelled to fall pregnant, their partners' negative reaction to their pregnancy, the family's reaction to the pregnancy and psychological issues. It was found that unplanned pregnancies impacted their lives quite drastically. Prior studies also noted that many adolescent pregnancies were unintended. Similar to the views expressed by adolescent mothers in Uganda, all the participants emphasised their need for financial support, independence and educational attainment[34].

Methods

Study design

Qualitative, explorative, and descriptive study design using in-depth interviews was employed to explore and describe the views of teenagers regarding teenage pregnancy in the Capricorn district of the Limpopo province, South Africa[14].

Study setting and population

The study was conducted in three purposively selected secondary schools situated within the Polokwane municipality of the Capricorn district. Capricorn district is in the central part of the Limpopo province. It shared borders with four other districts in the province. Polokwane municipality was chosen because of the high rate of teenage pregnancy despite the availability of contraceptives in all health facilities[13]. The purposeful selected Polokwane municipality recorded 13.1% delivery among 10 to 19 years in facility rate against the target of 12.5%[10]. The accessible population for this study constituted both male and female teenagers from the three selected secondary schools in the Capricorn district, Limpopo province. The targeted population for the study were both male and female teenagers who met the inclusion criteria and were willing to participate in the study.

Selection of study participants

A purposive sampling technique was adopted for the study, both male and female teenagers were chosen to participate because the researcher perceived them as richly knowledgeable and experienced about teenage pregnancy.

Data collection

An in-depth interview format was used to collect data from individual participants. In addition, the interview guide with probing questions was also used to ascertain more information from participants. Detailed information about the study was explained to the participants. The in-depth interviews with teenagers were conducted in a private room with minimal disturbance and the time was convenient for the interviewees. All interviews were audio-recorded, and each interview lasted for about 30 to 40 minutes to avoid lots of questions. Three teenagers selected from each secondary school were used to conduct the pilot study and those teenagers were not part of the whole study.

Data management and analysis

Data analysis to identify common and recurring themes from the interviews was conducted employing the thematic approach of some authors[9]. The researchers transcribed and analysed all the interviews. All transcripts were read and re-read for an overall understanding and to familiarize with the participants' views on teenage pregnancy. Each transcript was read twice, and this enabled the researchers to gain an understanding of the teenagers' views towards teenage pregnancy. Notes of interesting issues about participants' stories were noted. Themes that reflect the meaning of participants' views to examine the themes and identified associations among them were developed. A master table for each transcript was established, and combined data contained into a single master table of themes were examined.

Measures to ensure trustworthiness

Trustworthiness or truth value of qualitative research and transparency of the conduct of the study are crucial to the usefulness and integrity of findings[6]. The investigators were bound to establish trustworthiness with research participants before their interviews and start with an introduction of themselves as the interviewers for building relationships with the participants and explaining the objectives of the interviews[15]. Credibility was also maintained in this study by means of extended engagements with participants, as well as peer debriefing[20]. The researchers spent a prolonged time in the field to gain an in-depth understanding of the phenomenon under study and detail about the site and the people that lends credibility to the narrative account[3]. Dependability was ensured by member checking, audio-recording the interviews, verbatim transcription, audit trail and the provision of a detailed research report that includes the experiences of the participants in relation to the study[23]. The researchers used raw data (filed notes, audio- recordings) to uphold the criterion of confirmability[21]. Some transcripts were clarified by few participants to check whether aspects of the transcripts were a true reflection of the stories narrated. Transferability was safeguarded by the provision of a detailed research report that contains the stages of the research process and excerpts from the participants' narratives[23].

Results

Demographics of study participants

The sample size of the study was 15 teenagers, which was determined by saturation, six were males and nine females, with eight aged 13 to 17 years and the remaining seven were 18 to 19 years old. Learners were from all grades of the schools. Table 1 displays the demographics of the study participants. The theme merged with five (5) sub-themes. In the aggravating factors to teenage pregnancy, two (2) sub-themes emerged: essentially; and optionally motivated influences. The sub-themes relate to the factors influencing teenagers who fall pregnant before reaching maturity.

Theme 1: Essentially motivated influences

Essentially motivated influences such as peer pressure, social media, alcohol abuse, inadequate sexual knowledge and lack of information on family planning are the common causes of teenage pregnancy.

Category 1.1: Peer pressure influence

Some insinuated that peer pressure was a major influence on teenage pregnancy. Most of the

Table 1: Demographic characteristics of participants

Participants (n=15)	Chronological age	Gender	Grade
P1	18-19	Female	12
P2	13-17	Female	8
P3	18-19	Male	11
P4	18-19	Male	12
P5	13-17	Female	10
P6	13-17	Male	8
P7	13-17	Female	9
P8	18-19	Female	11
P9	18-19	Male	11
P10	13-17	Female	11
P11	13-17	Male	11
P12	18-19	Female	8
P13	13-17	Male	8
P14	13-17	Female	9
P15	18-19	Female	11

Table 2: Sub-theme and categories of the views of teenagers

Sub-theme	Category
1. Essentially motivated influences	Peer pressure influence
	Social media influence
	Alcohol abuse
	Inadequate sexual knowledge
	Lack of information on family planning
2. Optionally motivated influences	Lack of parental guidance and support
	Poor access to health clinics
	Awkward operating hours
	Bad attitudes of nurses
	Lack of youth-friendly services space

participants indicated that teenage girls influence each other, and most are persuaded by their mates to be engaged in imminence sexual behaviour with the mind that their facial skin will glow. Participants indicated that girls were pressurized by their boyfriends to have unprotected sex with them and at the end the teenage girls fall pregnant, and their boyfriends continue attending school. The participants also raised that teenage girls are pressurized by their peers, and they end up copying from one another because when one is pregnant in a group of friends, later, the other one follows, it is like they are in a competition. The responses below strongly indicated that peer pressure is one of the most contributory factors to teenage pregnancies:

"Teenage girls get pregnant because they are pressurized by their friends, telling them if they do not have sex, they will get sick. So, they end up having unprotected sex and they get pregnant" (S3; P11).

"Male teenagers in most cases pressurized girls to have unprotected sex with them to prove that they really love them and later one dropout from school due to pregnancy whereas her boyfriend continues to attend school without any interruption and without experiencing any consequences of teenage pregnancy" (S3: P12).

"In most cases teenager girls pressurized each other to have unprotected sex with a myth that their facial skin will glow" (S3; P15).

"You see, teenage girls get pregnant because of being pressurized by their boyfriends. They tell them that it is long that they have been in the relationship, now the boyfriend wants to have unprotected sex with her, and then they have sex, and the result of the unprotected sex will be a baby" (S3; P14).

"We teenagers also compete with boyfriends and even with falling pregnant" (S2; P8).

Category 1.2: Social media influence

Most of the participants articulated that social media such as WhatsApp, pornography and television had a negative influence on teenage pregnancy.

Easy access to cell phones, television and the internet increase communication among teenage boys, and girls are contributing to the surge in teenage pregnancies. Furthermore, the easy availability of free Wi-Fi at schools makes teenagers view sexual-related movies. Participants' expressions showed that modern technology for example Televisions, cell phones and WhatsApp are some of the aggravating factors in the high number of teenage pregnancies. Below were the responses from most of the participants.

"I think the easy availability and access to free Wi-Fi at schools is the most cause of the high number of teenage pregnancies because teenage boys and girls are able to share and view their naked pictures. Some teenagers are even sharing their videos taken when they were engaged in sexual acts" (S3; P15).

"Another thing that I think influences teenage pregnancy is television (TV). We, teenage girls, watch sexual-related movies and dramas shown on the television and end up imitating what we have seen on TV" (S2; P6).

Participants suggested that teenagers should take responsibility to reduce the high number of teenage pregnancies by creating WhatsApp groups and Facebook where they will share information on Sexual Reproductive Health (SRH) and should refrain from watching pornography by blocking access from their cell phones and computers.

Category 1.3: Alcohol abuse

Alcohol abuse was reflected as one of the factors which contribute to teenage pregnancy. Most of the participants uttered that girls become pregnant as they were visiting shebeens and taverns to meet old men who in turn buy them alcohol. Participants indicated that teenage girls are selling their bodies in shebeens and taverns to earn money. Some participants mentioned that teenage girls are mostly pressurized by old men to have unprotected sex with them with the promise that they will be spoiled with expensive gifts and money.

In addition, participants mentioned that teenage girls drink too much and end up sleeping with sugar daddies for money and then later end up pregnant and having no clue on how it happened and who is the father of the innocent child. Participants indicated that lack of entertainment and social infrastructure made shebeens and taverns a part of teenage social life. The following were their responses:

"During visit to the taverns teenage girls drink too much alcohol until they become drunk, and they end up having unprotected sex with old men and the unprotected sex result into a pregnancy, without an idea on how it happened or who is responsible for the pregnancy" (S3; P13).

"You know what mam … old men buy alcohol for teenage girls, and they sleep with them when they are drunk and at the end, they make them pregnant, and the sugar daddies do not take responsibility of the pregnancy and the born child" (S1; P3).

The above findings also affirm that shebeens owners use beautiful girls as a marketing technique to grow their business[5]. Moreover, this is done by offering teenage girls free alcohol with the aim that they will attract more customers especially old men who later have unprotected sex which results in unwanted pregnancy. This also emanates from the inadequate sexual knowledge among teenagers and that will be discussed in the next subtheme.

Category 1.4: Inadequate sexual knowledge

Most teenagers indicated that they lack knowledge of sexual information and on different types of contraceptive methods available. Participants uttered that there were no learner-pregnancy-related programs in their schools. Participants indicated that educators were putting more effort on HIV/AIDS than on sex education. Below are their quotes:

"We lack information on sexual knowledge because teachers put more effort on HIV/AIDS than on sex education. Our teachers are shy to teach learners sexual reproductive health issues" (S3; P14).

"We lack information on sex issues, for example, things that happen to both teenage boys and girls when they reach puberty. Our teachers are shy to teach learners sexual reproductive health issues" (S3; P15).

The above expressions show that there is a strong need for sex education at schools. In the study on exploring the impact of teenage pregnancy on disadvantaged adolescents in Mpumalanga, it was emphasized that the implementation of school health programmes directed specifically at pregnant teenagers are needed to provide sex education and to cater psychological support to pregnant[22].

Category 1.5: Lack of information on family planning

Participants indicated the absence of information on family planning as one of the major causes of teenage pregnancy. Most participants indicated that they lack information on family planning because nurses were no more visiting schools to provide school health services. Some participants mentioned that they use to see school health teams visiting schools to educate and conduct awareness on family planning, but they did not see them lately. Most participants indicated that they lacked information on the specifics of contraceptive methods, as

attested by the below-cited excerpts from the participants' responses.

"We lack information on family planning because nurses are no more visiting schools to educate and conduct awareness on family planning." (P12).

"We lack information of different family panning methods. Girls only know that pills prevent pregnancy, but they do not know other methods of contraceptives. Boys only know that condoms prevent sexual transmitted infections (STIs) and they mention that having sex while using condoms is not real sex. They say they do not enjoy sex and the condoms can be uncomfortable." (P15).

The assertion was supported by other scholars, that the accurate and comprehensive information on family planning remains limited in many contexts. Thus, the information gap may result in lack of understanding of and low or no-use of the different contraceptive methods[26].

Theme 2: Optionally motivated influences

This category focuses on a variety of causative factors of teenage pregnancy that are not generated by teenagers. In this sub-theme, optionally motivated factors, three sub-themes emerged: lack of parental guidance and support, lack of access to health facilities, bad attitude of nurses and lack of youth-friendly services spaces.

Category 2.1: Lack of parental guidance and support

Teenagers mentioned that lack of adequate sexual information from their parents led them to make improper decision regarding their sexual reproductive health. Most participants uttered that, parents are reluctant and shy to discuss and supervise their teenage sons and daughters on sexual reproductive health issues. Below are their expressions:

"We do not get adequate support and sufficient information from our parents on sexual health related issues because our parents are shy to discuss sexual health related issues with us" (S1; P4)

"Our parents are reluctant and afraid to tell us about sex and the consequences of having sex before reaching maturity" (S3; P15).

The expressions above are supported by other researchers who mentioned that discussing sex-related issues with adolescents was considered a taboo in society[5]. Furthermore, the access to health clinic aggravated the lack of guidance and support.

Category 2.2: Poor access to health clinics

Most participants strongly indicated that clinics were situated far away from their respective communities. Participants mentioned that they were reluctant to seek contraceptives at clinics because of the long waiting hours in queues for family planning due to lack of services from mobile and school health services to render health services.

"I think another problem that make us teenagers fall pregnant is that clinics are situated far away from our communities and mobile clinics are not operating during weekends" (PS1; 5).

"We are unable to practice family planning because mobile clinics and school health teams are no more visiting schools" (S3; P11).

"We are reluctant to go and seek contraceptives in the clinics because of the long waiting hours in queues for family planning" (S2; P7).

The above responses show a significant association between teenage pregnancies and lack of access to quality health care facilities, and this could make teenage girls make uninformed sexual and reproductive health decisions and consequently increase their chance of falling pregnant. Awkward operating hours and lack of 24-hour services make teenage girls not gain access to health facilities and these could lead to unintended pregnancies.

Category 2.3: Awkward operating hours

Teenage girls uttered that their dissatisfaction was mainly centred on awkward operating days and hours for the clinics, which in essence, discouraged them from accessing contraceptives at the clinics. Based on that, the teenagers were unable to visit the clinics after working hours and even at night. The sub-theme is supported by the quote below:

"I think another problem that make us teenagers fall pregnant is that some of the clinics do not operate after working hours and even on weekends" (S2; P8).

Other researchers revealed that nurses felt strongly that the operating clinic hours were not suitable for the adolescents and therefore need to be extended by at least 30 minutes to an hour to accommodate the adolescents that finish school at 3 pm and must travel to the clinic to seek contraceptives[21].

Category 2.4: Bad attitudes of nurses

Most participants denoted that they were considerably unhappy about the negative behaviour of nurses, who victimized teenage girls whenever seeking contraceptives at the clinics. Furthermore, teenagers were affrighted and uncomfortable seeking family planning because of the bad behaviour and negative attitudes of nurses towards them. Below are their expressions:

"Nurses are "rude", "judgemental", and "insensitive" towards teenage girls seeking contraceptives" (S2; P9).

"Nurses are not supportive to us teenage girls seeking family planning, we are scolded. Nurses are heartless, rude towards us and they call teenagers seeking contraceptives prostitutes" (S2; P6).

"Teenage girls get pregnant before maturity because of the bad behaviour of nurses. Nurses shout at us, asking us why we are seeking contraceptives before reaching maturity" (S3; P12).

The above responses indicated that mobile clinics and school health teams should visit schools to provide family planning, educate and conduct awareness on sex issues among teenagers.

Category 2.5: Lack of youth-friendly services space

Many participants stated that the lack of youth-friendly consulting rooms for teenagers seeking contraceptives was mentioned as one of the contributory factors to teenage pregnancies. Additionally, lack of private space in public health facilities made adolescents not to seek family planning because they were afraid of being seen by their friends, relatives and other community members.

The following were their narrations:

"There are no rooms for teenagers seeking family planning. We are mixed with older people. Teenagers do not like this arrangement because there is no privacy" (S3; P12).

"We teenagers are reluctant to seek contraceptives in public clinics because there are no special consulting rooms for teenagers seeking family planning" (S3; P15).

In addition, to the atmosphere at the clinics, most participants felt that adolescents needed their own physical space, where they should be able to visit without being seen by family relatives, other adults or by neighbours, who would likely tell their parents.

Discussion

The study explored and described the views of teenagers towards teenage pregnancy in the Capricorn district, Limpopo province. The study revealed that factors aggravating the increased rate of teenage pregnancy are multifactorial, ranging from essentially and optionally motivated influences, despite the availability of reproductive health services in all health facilities[32]. The study found that teenage girls were pressurized by their boyfriends to have unprotected sex and at the same time peers who had unprotected sex influenced other teenage girls to have unprotected sex. Young people were not involved in their own interactive peer education to develop their empowerment and long positive behaviours in sexual health. Teenagers take the decision to have unprotected sex because they want to impress their peers and to fit in with the group, they associate with[27]. In addition, teenage girls get pregnant because of peer pressure and poor guidance from boyfriends[27]. Many teenage boys feel that having unprotected sex like their peers enabled them to impregnate girls and thereby demonstrate their masculine identity[34].

Social networking and media were regarded to instigate sexual intimacy to happen on a first date. WhatsApp, pornography, and television were mentioned as the tools of social networking and media influence on teenage pregnancy. Posting nude and 'muscly' pictures of their partners and watching sexual-related movies and dramas were found to make them end up imitating what they have seen. The use of social networking and media was also found to influence how teenagers develop sexual awareness and this can contribute to early sexual intimacy.

The factor that educators were putting more effort into HIV and AIDS than on sex education was established to be the cause of early sexual relationships. The findings of this study concurred with previous study findings that showed that lack of sexual knowledge had a big impact on teenagers' engagement in early sexuality[22]. Furthermore, one author emphasised that the implementation of school health programmes directed specifically at pregnant teenagers is needed to provide sex education and to cater for the psychological support, pregnant teenagers need to finish school and become more engaged in school activities[25].

Lack of parental guidance and support from parents was found to lead teenagers to engage in early sexual activities which result in early pregnancies. Moreover, their parents were reluctant and afraid to tell them about sex and the consequences of having sex at an early age. The extract above is also supported by other authors who mentioned that discussing sex-related issues with adolescents was considered taboo in society[5]. In a Ghanaian study, it was shown that young girls mentioned that vulnerability to involvement in sexual relations with men arises from the context of child-headed families[15]. According to[4], a disconnect within the family was engendered by the culture of silence between parents and their children. Such silence is attributable to misbehaviour among children, particularly girls, to be resolved by punishment and austerity by parents[12].

Poor access to health facilities was found to be some of the factors that hindered teenagers from accessing family planning. The above findings are in line with those of a study conducted in Hillbrow, South Africa which also identified a lack of access to SRHs from government health facilities[32]. A study by[35] shows a significant association between teenage pregnancies and no access to quality healthcare facilities, and further mentions that awkward operating hours and absence of 24-hour services can also make teenage girls not gain access to health facilities and these could lead to unintended pregnancies. In their study emphasised that long waiting times and no privacy at public health facilities that discourage teenagers from visiting clinics should be improved[32].

Participants' dissatisfactions were mainly centred on awkward operating days and hours for the clinics, which in essence, discouraged them from accessing contraceptives. Teenagers are unable to visit the clinics after working hours and even at night[16]. This expression is supported by a study conducted by other authors in Cape Town, South Africa who revealed that nurses felt strongly that the operating clinic hours were not suitable for the adolescents and therefore need to be extended by at least 30 minutes to an hour to accommodate the adolescents that finish school at 3 pm and have to travel to seek contraceptives[33].

Negative attitudes and bad behaviour of nurses towards teenagers, who apparently victimized them whenever they went to seek contraceptives make them affrighted and uncomfortable. The findings are similar to a study by one of the authors in Cape Town, South Africa who revealed that many pregnant adolescents felt that they were treated unfairly when they visit the health facilities and their visit felt unpleasant because healthcare workers behaved more rudely and offensive towards them, they mistreat, and shout at them[33]. A similar study outcome was observed by other authors in Southern Ethiopia, who strongly agreed with the fact that healthcare providers' attitudes may likely discourage young people from seeking contraceptive methods in Primary Health Care (PHC) clinics, for fear of being judged or dissuaded from receiving their preferred contraceptive method[17]. Other authors indicated that teenagers are afraid to speak to nurses because they are unwilling to listen to the side of their stories[23].

The lack of youth-friendly rooms for teenagers seeking contraceptives was mentioned as a serious challenge. Moreover, participants prefer to seek contraceptives in private clinics because of the lack of youth-friendly service space in public clinics. Over and above that participants alluded that all people from the community were treated in one room in public clinics. The lack of private space in PHC clinics and hospitals made adolescents not to seek family planning because they fear being seen by their friends, relatives and other community members[20]. In a study conducted in Cape Town, South Africa participants indicated that the atmosphere at the clinic is an important factor affecting adolescent girls' access and utilisation of SRH services[24].

The implications of teenage pregnancy have a bearing on public health as it undermines the vision and mandates of the National Department of Health and that of Basic Education[13]. Teenage mothers suffer socio-economic and psychological

setbacks and as such put the burden on the government fiscal. The physiological, emotional, and cognitive changes that happen during pregnancy predispose them to the "crisis of adolescence and crisis of pregnancy". Furthermore, these physical and mental changes affect teenage mothers' health state[22]. Thus, expanding the health-seeking behaviours of teenagers and their babies on public health at the community level and its impact on the health of girls. Additionally, pregnancy interrupts the schooling process as teenage mothers need to take care of their babies, thus exposing them to further poverty due to a lack of education, eventually becoming dependent on governmental social support grants[23].

Development and implementation of evidence-based interventions that incorporate social, behavioural, and economic components should address the needs of pregnant adolescents. Furthermore, the interventions should be culturally sensitive, and embedded within the local system to highlight social roles and family order, leadership, and policy gaps, as well as the communication flow between different stakeholders[27].

The findings of the study cannot be generalised, it has several limitations. The study focused only on teenagers attending school in the three selected secondary schools situated in the Polokwane municipality, therefore, the findings cannot be generalised to all municipalities within Capricorn district, Limpopo province. Secondly, the study was only conducted in the Capricorn district, and it used a criterion purposive sampling approach to identify and recruit suitable participants. The other four districts in Limpopo province, namely Mopani, Sekhukhune, Vhembe and Waterberg were excluded. Therefore, the findings cannot be generalised to the other four districts within Limpopo province. Only teenagers aged 13 to 19 years were selected as participants, whereas sexually active teenagers aged below 12 years were excluded from the study.

Ethical considerations

The ethical clearance certificate (HSHDC/1011/2020) for the study was obtained from the University of South Africa (Unisa) Ethical Review Committee and a letter of permission was sought from the Limpopo Department of Education. An informed written consent was obtained from either parents and/ or guardians for teenagers who were below 18 years of age, and all participants voluntarily participated in the study.

Conclusion

In the aggravating factors of teenage pregnancy participants shared several factors perceived to aggravate teenage pregnancies. In argumentation, the participants shared perceived strategies to reduce the high number of teenage pregnancies. Aggravating factors such as essentially and optionally make teenagers to be engaged in early sexual relations, which resulted in teenage pregnancies. However, implementing the current policies and programmes on teenage pregnancy and even the availability of all methods of contraceptives in health facilities seem to be failing in the district as an escalated number of teenage pregnancies is still reported.

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Author's contribution

CM conducted the study and NLN and DSKH provided comprehensive scientific guidance in drafting the manuscript. All authors approved the submission of this manuscript.

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