

Factors that Contribute to the High Rate of Teenage Pregnancy and its Reduction in a High-Risk Area in North West, South Africa

Kebitsamang Elizabeth Medupe

<https://orcid.org/0000-0001-9226-3024>
North-West University, South Africa
kmedupe5@nwu.ac.za

Leepile Alfred Sehularo

<https://orcid.org/0000-0003-4286-6761>
North-West University, South Africa
Leepile.Sehularo@nwu.ac.za

Omphemetse Felicia Meno

<https://orcid.org/0000-0003-3163-3217>
North-West University, South Africa
Omphemetse.Meno@nwu.ac.za

Abstract

Teenage pregnancy is a global concern, and is associated with high levels of sociomedical morbidity. However, no studies have been conducted on this topic at a high-risk area in the North West province of South Africa. The aim of this study was to explore and describe the factors that contribute to the high rate of teenage pregnancy and its reduction in a high-risk area in North West. A qualitative, exploratory, descriptive and contextual research design was used to achieve the aim of the study. A non-probability purposive sampling method was used to select 15 teenage girls aged between 13 and 19 years. A total of 15 semi-structured individual interviews were used to collect data from the teenagers. Tech's open-coding method of qualitative data analysis was used separately by the researcher and the co-coder to analyse the data. Two themes emerged, namely, contributory factors of teenage pregnancies and factors that could help to reduce teenage pregnancies. The findings of the study indicate that to effectively reduce teenage pregnancies in the high-risk area in North West, the teenagers, friends, parents, families, tavern owners and health professionals must adopt a collaborative approach to work together to fight this problem. Recommendations were made to reduce teenage pregnancies in the high-risk area in North West.

Keywords: contributing factors, high-risk area, teenager, teenage pregnancy



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Introduction and Background

Teenage pregnancy is a global concern, and is associated with high levels of sociomedical morbidity (Ross, Baird, and Porter 2014, 266). For instance, Whitworth, Cockerill and Lamb (2017, 50) indicate that worldwide, around 50 000 teenage girls die each year during pregnancy and childbirth. Daniels (2015, 1495) adds that teenage pregnancy remains a major contributor to maternal and child mortality in the world and to the cycle of ill health. Internationally, 13 million children are born to women under 20 every year, and more than 90 per cent of these children are in developing countries (Ross, Baird, and Porter 2014, 266). In South Africa, a total of 160 754 teenage pregnancies were recorded between 2010 and 2011 (Kanku and Mash 2010, 563). Farrer (2009, 32) adds that an estimated 12 per cent of South African teenagers have been pregnant in their lives. According to Taunyane (2016), more than 2 000 teenager girls are dropping out of school due to early pregnancy in the high-risk area where this study was conducted.

The above information shows that teenage pregnancy is also a serious challenge in the high-risk area in North West where this study was conducted. Cook and Cameron (2015, 243) add that children born to teenage mothers are more likely to be born into poverty and become teenage parents themselves. Furthermore, the World Health Statistics of 2014 show that the average global birth rate among 15- to 19-year-olds is 49 per 1 000 girls and this pattern is associated with the lack of sex education and contraceptive use (Cook and Cameron 2015, 243). Teenage pregnancy has a negative impact on the health of the teenager, her social circumstances, pregnancy outcomes, and the long-term development of the child (Whitworth and Lamb 2017, 50).

Cook and Cameron (2015, 243) state that a number of adverse social outcomes are associated with teenage motherhood, including being more likely to live in poverty, being unemployed or having lower salaries and lessened educational achievement than their peers. Whitworth and Cockerill (2010, 23), and Whitworth and Lamb (2017, 50) reported that teenagers have poorer access to maternity services. Consequently, their pregnancies are associated with increased adverse outcomes. For example, some of these teenage girls drop out of school due to pregnancy, and this also puts the health of both the teenage mother and child at risk (Daniels 2015, 1496).

Based on the above concerns, the World Health Organization (WHO) has developed guidelines that deal with the areas of preventing teenage pregnancy, which include preventing early marriage, advocating the use of contraceptives, reducing coerced sex, preventing unsafe abortions, preventing early pregnancy through sex education opportunities, and economic and social support programmes, increasing the use of safe prenatal care, childbirth, and postpartum care (Chandra-Mouli, Camacho, and Michaud 2013, 3517). South Africa is a developing country and is also faced with high incidents of teenage pregnancy. It has a strategy in place for the reduction of teenage pregnancies. Policies were formulated by which teenage pregnancy was incorporated in Life Orientation as a subject taught in schools.

The school health policy was as a result of the foundation that was laid by the WHO (National Department of Health 2012, 31). One other strategy for the reduction of teenage pregnancy was the enhancement of contraception services which resulted in significant success in some countries (Ross, Baird, and Porter 2014, 266). However, Daniels (2015, 1495) reported that the reduced effectiveness of contraception as a strategy for preventing teenage pregnancy was because teenagers have the choice to exercise their rights. He argues that the lack of education is a constraint. The Ratlou local municipality in North West where the research was conducted has a high rate of teenage pregnancy. Based on the above challenges, the researcher deemed it necessary to explore and describe the factors that contribute to the high rate of teenage pregnancy and its reduction in the high-risk area in North West.

Problem Statement

Teenage pregnancy remains a worldwide concern. Whitworth and Lamb (2017, 50) indicate that globally, around 50 000 teenage girls die each year during pregnancy and childbirth. One high-risk area in North West was identified to conduct this study, specifically because teenage pregnancy poses serious health, social and financial problems as the teenagers are forced to take on parental roles and responsibilities when they are still in need of their parental care. According to Taunyane (2016), more than 2 000 teenagers are dropping out of school due to early pregnancy in the Ratlou Local municipality. However, from the literature reviewed, it is apparent that no studies have been conducted on factors that contribute to the high rate of teenage pregnancy and its reduction in a high-risk area in North West. The present study intended to contribute to a deeper understanding of the way in which teenage pregnancies could be reduced in this high-risk area in North West. This background indicates the gap for which the researcher deemed it necessary to explore and describe the factors that contribute to the high rate of teenage pregnancy and its reduction in a high-risk area in North West.

Aim of the Study

The aim of the study was to explore and describe the factors that contribute to the high rate of teenage pregnancy and its reduction in a high-risk area in North West.

Research Methodology

Research Design

A qualitative, exploratory, descriptive and contextual research design was used to explore and describe the factors that contribute to the high rate of teenage pregnancy and its reduction in a high-risk area in North West. This research design determined the methodology used to obtain the relevant information by collecting and analysing data and also interpreting the findings (Brink, Van der Walt, and Van Rensburg 2016, 96).

Population

The target population in the study was all the pregnant teenage girls aged between 13 and 19 years in the high-risk area in North West.

Sampling Method

A non-probability purposive sampling method was used to select 15 teenage girls aged between 13 and 19 years who were willing to share their perceptions regarding the factors that contribute to the high rate of teenage pregnancy and its reduction in a high-risk area in North West.

Data Collection

A total of 15 semi-structured individual interviews were used to collect data in the form of participant responses from the teenagers. The researcher collected the data between February and March 2019. Brink, Van der Walt, and Van Rensburg (2016, 157) describe an interview as a data collection method in which an interviewer obtains responses from the participant in a face-to-face encounter. The researcher asked the teenagers to respond to the following questions during the data collection:

- What factors contribute to the high rate of teenage pregnancy in a high-risk area in the North West province?
- What could be done to reduce the teenage pregnancies in a high-risk area in the North West province?

Data Analysis Method

The researcher and the co-coder separately used Tech's open-coding method of qualitative data analysis (Creswell 2014, 248). The process involved reading all the semi-structured individual interviews to understand what was happening during the data collection. The researcher jotted down ideas that came to mind, put together topics that were similar, and formulated the categories by searching for appropriate words. Categories were identified and the patterns were clustered together. Two themes emerged during the data analysis, namely, contributory factors of teenage pregnancy and decreasing factors of teenage pregnancy.

Ethical Considerations

Before conducting the study, approval was obtained from the School of Nursing Science, the Faculty of Agriculture, the Science and Technology Research Ethics Committee, and the institutional office of the North-West University (Reference Number: NWU-00231-18-A9). Approval was also obtained from the North West Department of Health, and the district and operational manager of the clinic where the data were collected. The parents or guardians of the pregnant teenagers gave permission for the teenagers to be approached for invitation to participate in the study. The teenagers also signed consent forms indicating their voluntary participation in the study.

The participants' rights to protection from discomfort and harm, fair treatment, anonymity and confidentiality, privacy and self-determination were respected from the beginning of the study until the publication of this article.

Trustworthiness

Trustworthiness was achieved by focusing on credibility, dependability, confirmability and transferability (Brink, Van der Walt, and Van Rensburg 2016, 171–173). Credibility was ensured by spending more time with the participants during the data collection. The semi-structured individual interviews were facilitated with the participants until data saturation was reached. Each interview lasted between 45 minutes and one hour. This was done to ensure prolonged engagement with the participants. Dependability was ensured by repeating the data collection with an independent competent interviewer. Confirmability was ensured through involving the co-coder during the data analysis. Both the researcher and the co-coder analysed the data of the present study independently by following Tesch's open-coding method of qualitative data analysis. Transferability was ensured by selecting the participants of the study purposively. The findings of this qualitative study could be applied in other contexts as another way of ensuring transferability.

Results and Discussion

Demographic Information

A total of 15 pregnant teenage girls aged between 13 and 19 years participated in the study. All the participants were in school, either in basic or in higher education. Two participants were in tertiary institutions and 13 participants were in basic education schools. The educational levels of the participants ranged between grade 6 and tertiary education. This shows that the majority of the participants are still in basic education. The demographic information of the participants is given in Table 1.

Table 1: Demographic information of participants

Participants	Age	Educational level
Participant 1	18	Grade 11
Participant 2	17	Grade 11
Participant 3	18	Grade 12
Participant 4	18	Grade 11
Participant 5	16	Grade 10
Participant 6	18	Grade 12
Participant 7	19	NQF Level 5 Certificate
Participant 8	15	Grade 9
Participant 9	15	Grade 10
Participant 10	13	Grade 6
Participant 11	16	Grade 10

Participants	Age	Educational level
Participant 12	19	Second-year BSc student
Participant 13	19	Grade 12
Participant 14	14	Grade 7
Participant 15	13	Grade 6

Two main themes emerged from the findings of the study, namely, contributory factors of teenage pregnancy and factors that could help to reduce teenage pregnancy. Table 2 depicts the themes and subthemes that emerged from the findings of the study.

Table 2: Themes and subthemes from the findings of the study

Themes	Subthemes
Contributory factors of teenage pregnancy	Engagement in sexual activities at a young age Multiple sexual partners Non-use of contraceptives Low socio-economic status Substance use Peer pressure Nurses' negative attitudes
Factors that could help to reduce teenage pregnancies	Continuous use of condoms Parental involvement Engagement in recreational activities Peer education Awareness campaigns Health educational activities Availability of contraceptives Stringent laws at taverns

Theme 1: Contributory Factors of Teenage Pregnancy

The first theme that emerged from the results of the study was the contributory factors of teenage pregnancy. The subthemes for contributory factors of teenage pregnancy comprise engagement in sexual activities at a young age, multiple sexual partners, non-use of contraceptives, low socio-economic status, substance use, peer pressure, and nurses' negative attitudes.

Engagement in Sexual Activities at a Young Age

The participants reported that they engaged in sexual activities at a very young age. This was owing to the low socio-economic contexts and environment that they find themselves in. The participants also reported that they engaged in sexual activities at a young age to provide for their families. Some of the participants mentioned alcohol as

a driver of their engagement in sexual activities at a young age. These results are supported by the following quotations:

There are a lot of things, sometimes because of the situations we find ourselves in. A young person like myself will go and sleep with an old man who is having money, which is why we sleep with these people while we are still young.

Some of us started having sex when we were very young, I started when I was 14 years old . . . [laughing]

Netshisaulu et al. (2014, 75) confirm that poor and ineffective communication between parents and their teenagers and also the lack of knowledge led to the early engagement in unprotected sex resulting in unwanted pregnancy which ended in termination. In addition, e Silva et al. (2016, 11) submit that the only physical activity that was a significant predictor of early sexual intercourse initiation was sports club memberships. They believe that adolescent boys and girls who were members of a sports club were more likely to have had early sexual intercourse.

Multiple Sexual Partners

Most of the participants said they had multiple sexual partners as these partners constituted a source of income. Often the sex encounters were essentially a once-off relationship. The participants reported that sometimes they meet their partners at taverns and have fun or they are coerced by boys at night. This is highlighted in the following statements:

We find different men and boys at the taverns, many of them. Some are even older than us, they use us and later deny paternity, and they will not care.

I remember my friend telling me that she doesn't know the father of the child because she was sleeping with different men, and I know she is not the only one . . .

The findings of this study concur with Teitelman et al. (2013, 309) who mentioned that from having multiple sex partners, the teenagers become pregnant, contract sexually transmitted infections and HIV. Odimegwu, Amoo and De Wet (2018, 544) also indicated that engaging in multiple sexual partnerships increases the vulnerability of young people to sexually transmitted infections or teenage pregnancies.

Non-use of Contraceptives

Participants reported that they do not use contraceptives, especially condoms, because their boyfriends are against it. They also said they adhere to their boyfriends' instructions because they are afraid of losing them to other girls who do not use the condoms. The result is confirmed as follows:

We do not use condoms most of the time because your boyfriend may be having someone outside who is not using the condom and you may end up losing your boyfriend.

I don't use condom because I develop rush, there is nothing I can do because at the same time I have to satisfy my boyfriend.

According to Miriri, Ramathuba and Mangena-Netshikweta (2014, 130), there was a significant 41 per cent of the teenagers who never used contraceptives, who engaged in risky sexual practices and who did not receive the relevant sex information. Mshweshwe-Pakela, Matlakala and Mbengo (2017, 170) added that there is a lack of knowledge regarding the use of contraceptives, and the mechanisms of action by teenagers.

Low Socio-economic Status

The participants in this study mentioned that they struggle financially. They are forced to assume parental roles by providing for their families, and consequently they engage in sexual activities with older working men for these needs. They reported that they even went to the extent of engaging in sex with foreigners for the sake of an income. The result is embedded in the following quotations:

When there is no income in our families, the grants are assisting us. Having a child is going to benefit the whole family because you will use the grants for the family. They assist in buying food, paying for the funeral policies etc.

I want to have at least five children because with the child support grants I will be able to help my family.

This finding concurs with that of Mbulaheni et al. (2014, 64) who mentioned that teenage girls engage in unprotected sex to become pregnant because they then have the prospect of a child support grant. These researchers further reported that some teenage girls admire their peers who earn child support grants and therefore engage in unprotected sex in the hope of getting pregnant. Mbulaheni et al. (2014, 64) added that child support grants ironically promote teenage pregnancy, which is reported to be commonplace in rural secondary schools.

Substance Use

The participants indicated that they fell pregnant while they were under the influence of substances such as alcohol and marijuana. The participants mentioned that when they are under the influence of a substance, they do not care who they have intimate sex with. They formed a habit of going out to the taverns at night even if they do not have money to buy alcohol for themselves. They usually meet men there who after buying alcohol for them demand to sleep with them. This finding is confirmed by the following quotations:

Yes, alcohol is also contributing to our pregnancies. At the end he will tell you that he is going to buy you two-three courts and after that you must go with him. You agree. On arrival you have sex with him and later you are pregnant.

I met with my boyfriend at the tavern and we were drinking on that night, and we ended up sleeping together without a condom, but I don't regret because he is taking care of the first born.

Summers, Lee and Lee (2017, 120) found that substance use, including alcohol, was identified as a contributing factor to teenage pregnancy among African-American adolescents. Yakubu and Salisu (2018, 15) also identified the excessive use of alcohol as a contributory factor towards teenage pregnancy in a study that was conducted in sub-Saharan Africa. Alcohol and being “in the moment” are key factors which lessen the likelihood of contraceptive use (Brown and Guthrie 2010, 197).

Peer Pressure

The participants reported that they admire their friends. They want to dress like them but because they cannot afford to do so, they look for older employed men who give them money. They have sex with them for the sake of money and they end up being pregnant at a very young age. This phenomenon is confirmed by the following quotations:

Sometimes we are under pressure from our friends because of lot of things. We get involved with older men because in some families they do not afford. You will be looking at the other youth who dress nicely and you envy that. You end up looking for an older man who is working so that he can assist you with money to buy yourself clothes.

I got pregnant because I was the only one in our group who did not have a child.

This finding concurs with that of a study by Molokoane (2018, 24) who found that the cause of teenage pregnancy is peer pressure to engage in sexual activities. Mbulaheni et al. (2014, 64) also added that some teenage girls admire their peers who get child support grants or any form of assistance and they therefore engage in unprotected sex hoping to get pregnant.

Nurses' Negative Attitudes

Some of the participants reported that they do not go to the clinic for family planning because of the nurses' negative attitude towards them. Some mentioned that they witnessed negative attitudes of the nurses towards older people seeking medical help at the clinic. The participants further elaborated that they are also afraid of going through the humiliation. Consequently they choose to stay at home instead of using contraceptives. This finding is confirmed by the following quotations:

[With a soft voice] In the clinic we are afraid of nurses. Nurses are shouting at us. They will say things like ‘Why are you injecting yourself at this age, you are young, are you having sex?’

Nurses are very rude here, please don’t tell them [laughing] they don’t care whether you have rights or not, they just talk to you the way they like.

Attitude refers to a predisposition or a tendency to respond negatively or positively towards a certain idea, person, object or situation (Abugri and Jarvis 2018, 2). The finding is similar to that of Haskins et al. (2014, 33) which showed that nurses’ negative attitudes affect care with older patients and other vulnerable patients. These authors mention that all nurses need to have positive attitudes towards their patients and patient care. It is important for the nurses to have a positive attitude towards patient care if good quality care is to be provided.

Theme 2: Factors that could Help to Reduce Teenage Pregnancies

Factors that could help to reduce teenage pregnancies were the second theme that emerged from the findings of the study. The subthemes included the continuous use of condoms, parental involvement, engagement in recreational activities, peer education, awareness campaigns, health education activities, availability of contraceptives, and stringent laws at taverns.

Continuous Use of Condoms

The participants mentioned that there is a need for the continuous use of condoms. They indicated that they are aware of condom use even though they do not use condoms. They said that males should be involved in condom education because they are the ones who refuse to use this protective measure. This result is confirmed by the following quotations:

What can be done is to teach youth how to use the condoms nonstop and to get used to it without any complaints like . . . Hehe this condom is smelling bad blahblahblah.

Adolescents must use condoms every time they have sex, myself included, end of the story.

Nika, Goon and Bereda-Thakhati (2015, 95) argue that there is a lack of knowledge concerning condom use despite the fact that the majority (96.1%) of teenagers know about condoms and that 66.7 per cent use condoms but still become pregnant. However, Ntsoane et al. (2015, 1) concur with the finding of this study that health education must be strengthened regarding the different types of contraceptive, including the use of condoms, and that it should be emphasised that it is the responsibility of both partners to prevent pregnancy, not only the females. This observation shows that more research should be done on the prevention or the reduction of teenage pregnancies and that such research should include male participants.

Parental Involvement

The majority of the participants mentioned that there is a need for their parents to be actively involved in the fight against teenage pregnancy. They further indicated that there is no open communication regarding sex between their parents and themselves. However, there were few participants who reported that their parents warn them not to go out to taverns at night but that they do not listen to them. These statements are supported by the following quotations:

Other children are pregnant because they wanted social grants so that they can help their families, this is not right. Parents should do what they are supposed to do, raise their children well without putting them under pressure.

Parents should take their responsibilities. They should take care of their children. They should not dodge their responsibilities and push the children to take their roles.

Masemola-Yende and Mataboge (2015, 2) add that female teenagers should use their families as a primary source of information for reproductive health and that educational institutions should build on this to aid the prevention of teenage pregnancies. Miriri, Ramathuba and Mangena-Netshikweta (2014, 130) also recommend that adults be involved and they further suggest communication programmes as well as parents' involvement in the sex education of their girl children. Netshisaulu et al. (2014, 75) add that children should receive reproductive health education from as early as 9 or 10 years, at home and from schools. The study results further advocate that parents should be the first to be equipped with knowledge of teenage pregnancy prevention.

Engagement in Recreational Activities

The participants reported that they entertain themselves by going to the taverns. They recommended that recreational activities provide better opportunities and also keep them busy rather than going to the taverns and engaging in sexual activities at a young age. The result is proved by the following quotations:

We need to be engaged in recreational activities in our own community. We should have grounds for sports, we should recruit one another, we should reduce brewery . . .

Some youths are pregnant because there is nothing that they are doing here, we need something to keep them busy.

The findings of this study concur with those of Gaoaketse (2013, 1254) who mentioned that learners must be engaged in extramural activities to keep them busy. This could distract teenagers from engaging in sexual activities which culminate in teenage pregnancies. Akpor, Thupayagale-Tshweneagae, and Mmusi-Phetoe (2017, 15) recommend that the problem of teenage pregnancy be solved in the individuals, families, and the communities. Community partnership and collaboration of resources are required to reduce the pregnancies in the communities.

Peer Education

The participants reported that there is a need for peer education to reduce teenage pregnancies. The participants believe that if the youth can be given opportunities to teach one another, it might have many positive impacts, and it would be seen as an information-sharing opportunity. This recommendation is confirmed by the following quotations:

We need to teach, and to teach each other, not because you are *tsibinki*, I also have knowledge that I obtained from others, so we have to learn more from each other about this thing of teenage pregnancy. Parents alone won't help, as teenagers we also have to educate our peers.

As youth we must talk about pregnancies everywhere, some people don't even know how they fell pregnant.

Miriri, Ramathuba and Mangena-Netshikweta (2014, 139) concur and recommend a multidisciplinary approach in the prevention of teenage pregnancies through sex education by peers, teachers and parents in collaboration with both the departments of education and health. However, Cook and Cameron (2015, 327) suggest that strategies to tackle social issues associated with teenage pregnancy need to involve concurrent interventions, including education, and skills building.

Awareness Campaigns

The participants believe that awareness campaigns are needed in their community to reduce teenage pregnancies. The participants mentioned that awareness campaigns are needed in which the youth are gathered at a place, have fun, sit under the trees, and have informal teaching sessions. Engaging in physical activities could help to reduce teenage pregnancies by keeping teenagers busy and focusing their attention away from taverns and sexual activities. This recommendation is verified by the following quotations:

People with knowledge can do awareness campaigns here; they can talk about it in clinics and in schools, everywhere.

We need something like awareness campaign in [name of their community]. I think the centre can also be erected whereby girls and boys can be taught about teenage pregnancy, boys also should be taught on how to use condoms when they are intimate with girls.

Odimegwu, Amoo and De Wet (2018, 544) concur with the findings of the study and pointed out the initiatives to create awareness among South African youths regarding the consequences of sexual behaviour, with a specific focus on dealing with young men's involvement in teenage pregnancies. Manyathi (2014, 1367) adds that there is a need for the implementation of awareness campaigns and school visits to supply contraceptive services by health professionals.

Health Educational Activities

The participants mentioned that there is a need to strengthen health education activities in their communities. These health educational activities should be enacted by the professionals. The participants observed that some people do not even know the way in which to use condoms. The participants emphasised that males also need to be taught about condom use to prevent teenage pregnancies. These recommendations are verified by the following extract:

If we can be taught about teenage pregnancy and we should also practice what was taught . . . If one can make a practical example, some of the youths are not using the condoms even older men, some who use them don't use them correctly, hence people are getting pregnant even when they used condoms. Something needs to be done before all youth of our community are pregnant [laughing].

Moult and Müller (2016, 2226) indicate that there is a need to reinforce health education on family planning and counselling to clients for better choices of contraceptive methods including dual protection in order to prevent pregnancy, sexually transmitted infections, HIV infections and AIDS. Masemola-Yende and Mataboge (2015, 8) in their recommendations mention that education on reproductive and sexual health should be provided before female teenagers become sexually active, with the involvement of both male and female teenagers.

Availability of Contraceptives

The participants recommended that contraceptives always be available when they need them to prevent teenage pregnancies. Some of the participants mentioned that they go to the clinics for family planning monthly but sometimes they do not get the specific contraceptives they are looking for. To support this finding two of the participants said:

It happened twice with me, I went to the clinic for nurosterate only to find that it is not available, what is that, it means these people want us to be pregnant while we are young.

Many times I came here for my contraceptives and I didn't get anything, we need them. Government must do something, otherwise all of us are going to be pregnant here [laughing].

Coetzer (2011, 24) mentions that increasing access to and the use of effective contraceptives is essential to preventing unintended pregnancies. Farrer (2009, 18) adds that the availability of contraceptives postpones or prevents teenage pregnancies. The author further indicates that in ancient times contraceptives were not as readily available as they are now. This shows that if contraceptives were always available, teenage pregnancies would be reduced among teenagers.

Stringent Laws at Taverns

The majority of the participants reported that teenage pregnancy is influenced by substances such as alcohol and marijuana. The participants mentioned that taverns are their recreational facilities. A tavern refers to a licensed premise where liquor is sold for on-site consumption purposes only (Lekgau and Roelofse 2018, 685). This means that no liquor should be allowed to leave the tavern. The participants indicated that they go to the taverns even if they do not have money. They meet men or boys there who will buy them alcohol in exchange for sex. These participants suggested that stringent laws should be crafted and enacted. They want to be supported in their attempt to quit alcohol. This result is supported by the following quotations:

Tavern owners or government should be strict for them to assist teenagers with pregnancy issues. If there could be boards which prohibit youth from entering the taverns or securities to restrict entry, I think that can help majority of the children who are still growing.

There must be people on the door, who are checking the underage people at the taverns. Taverns are killing us. We also get other drugs there. It's not only pregnancy that you can get at the tavern.

Tavern owners have the responsibility to ensure compliance with the conditions of the Liquor Act (South Africa 1989, section 114). Mnisi (2019, 36–67) noted that there is a need for stringent laws at taverns. The author adds that the village leaders, community policing forums as well as the South African Police Service should cooperate to ensure that owners of taverns and nightclubs abide by the regulations imposed on them. This suggests that laws be enforced to ensure that illegal nightclubs and taverns are shut down if a reduction in alcohol-related ills is sought. This shows that all stakeholders should be actively involved in the fight against all alcohol-related ills such as teenage pregnancy.

Limitations

The small sample size of 15 teenage girls aged between 13 and 19 years is a serious limitation of the study. This means that the findings of this study cannot be generalised to other contexts. Some of the participants were not relaxed during the data collection owing to the sensitivity of the topic even though the researcher explained that their participation was totally voluntary and that they had the right to stop participating if they felt uncomfortable with the study. For example, two of the participants postponed their interviews because they said they were not prepared to continue with the interviews. However, the researcher conducted debriefing on the spot and gave them her contact numbers in case they wanted to talk to her. Again, the researcher also advised them to go to the clinic or hospital when they do not feel well as a result of the study. Even after the data collection, the researcher checked on all the participants to ensure that they are fine.

Recommendations

The findings of this study should be shared with the nursing education institutions in North West. This will help student nurses to be equipped with recent information that can be used to reduce the high rate of teenage pregnancy in the high-risk area in North West. The North West provincial Department of Health should construct youth-friendly facilities that will enable teenagers to access healthcare and family planning services. Young nurses should be working at youth centres because they understand the teenagers better. There is a need for more research on the development of a programme or guidelines for the prevention of teenage pregnancies in the high-risk area in North West.

Conclusions

Two themes emerged from the findings of the study, namely, contributory factors of teenage pregnancy and factors that could help to reduce teenage pregnancies. The findings of the study indicate that to effectively reduce the teenage pregnancies in the high-risk area in North West, the teenagers, friends, parents, families, tavern owners and health professionals must adopt a collaborative approach to work together to fight this problem. Recreational activities, awareness campaigns, health educational activities, and family planning services should also be included in the fight against teenage pregnancies in the high-risk area in North West.

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