



EVALUATING PERCEPTIONS AND IMPLICATIONS OF TEENAGE PREGNANCIES IN A RURAL SCHOOL WITHIN UMKHANYAKUDE DISTRICT, KZN, SA

by

Happiness Thulubheke Zwane

Student Number: Reg1204343

Supervisor: Dr Sipho Ncongwane

June 2024

This mini-dissertation is submitted to Regenesys Business School in partial fulfillment of the requirement for the award of the degree of Master of Business Administration.

Abstract

The study seeks to evaluating perceptions and implications of teenage pregnancies in a rural school within uMkhanyakude District, KZN, SA. The study was conducted following the identification of challenges associated with teenage pregnancy in a rural school. An exploratory research study was conducted using face-to face interview to ten purposely selected participants. A Semi-structured interviews with educators, healthcare professionals, community leaders, and adolescent parents were carefully gathered and processed for this study.

Commented [DES1]: To evaluate...

Commented [DES2]: Only 10 (Ten) participants?

The purpose was to uncover the multifaceted perceptions and impacts of adolescent pregnancy on persons and society and to evaluate current assistance available for teenagers. The discussions aim to close policy and practice gaps and show how cultural, economic, and educational factors impact young mothers. The study is essential to understand rural teenage pregnancies' complex dynamics.

The research findings confirmed that adolescent pregnancies trigger a chain of negative socioeconomic impacts, financial stress that affect family connections, contributing to poverty and social instability. The study also confirmed that teenage dropout rates interrupt young mothers' educational pathways. The study found out that there is a significant discrepancy in provision of healthcare and counselling for young mothers in a rural area. The study found that cultural norms, economic situations, and social stigmas affect how adolescent mothers receive help.

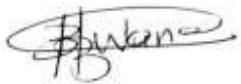
In addressing these issues, it requires a multifaceted approach where all sectors of the society work together to combat teenage pregnancy, all stakeholders across all domains work together to help adolescent mothers through education and community participation. This plan should involve legislative measures to strengthen school support systems including onsite nursery, flexible study schedules, and extensive counselling.

Key words: Teenager pregnancy, adolescent, perceptions, implications, socioeconomic impact, and educational pathways.

Dedication of the original work

I Happiness Thulubheke Zwane declares that this mini dissertation report is my unique original work. It is submitted as the requirement for Master of Public Management degree at Regenesys School of Public Management, Sandton, South Africa. It has not been previously submitted before for an examination at any educational institution.

1. This report is not based on other people's writings, unless explicitly stated or specifically acknowledged as being sourced from other researchers. Where other sources have been quoted:
 - General information attributed to them has been referenced, while their precise words have been rewritten in quote marks and cited.
2. This report does not include any copied and pasted text or graphs from internet unless specifically acknowledged and the source being detailed in the dissertation and the reference.



Miss H T Zwane

Student Number: reg 120 43 43

14 June 2024

Supervisor's statement

This dissertation is submitted with my approval.

A handwritten signature in black ink, appearing to read 'A. Long' followed by a stylized flourish.

10 JUNE 2024

Dedication

I wish to dedicate this work to my Child Bonisiwe Sithole (Mamgobhozi) and to my Grandson Siyabonga Mathenjwa (Mjuneni) for ensuring that I always have time to study and for the love care and support they always give me. Thank you, NGIYABONGA

Acknowledgement

Throughout this dissertation journey I received support and assistance from various people.

First and foremost, I thank God Almighty for ensuring that I completed this mini dissertation despite the hurdles that I met along the road.

I want to thank my supervisor, Dr Sipho Ncongwana, for his unique skills in helping me to progress academically. Dr S Ncongwane you have been an excellent teacher; your patience and enthusiasm took me through this dissertation. I am now counted amongst many who have completed their master's degree. As the result of the assistance and encouragement you provided. I am grateful for Dr S Ncongwanes 's professionalism as my supervisor.

A special thanks to my Comrade Nomarashiya Caluza, the Provincial Secretary of South African Democratic Union: KZN for her encouragement and positively influence me toward my upward academic growth.

I wish to express my gratitude to My admin Clerk Miss Mpumi Khumalo for her encouraging words throughout the journey of my study and daughter support she always gives me.

Lastly, a big thank you goes to my entire family, my ancestors, my comrades, and my colleagues from Nkombose High School for their support. May the love of God be with you all.

TABLE OF CONTENTS

Abstract	1i
Dedication of the original work	2ii
Supervisor's statement.....	3iii
Dedication	4iv
Acknowledgement	5v
List of Tables.....	11x
List of figures.....	12xi
1. CHAPTER ONE	134
1.1 INTRODUCTION	134
1.2 BACKGROUND	134
1.3 PROBLEM STATEMENT.....	153
1.4 RESEARCH OBJECTIVES	164
1.5 RESEARCH QUESTIONS	164
1.6 RATIONALE FOR THE STUDY	175
1.7 SIGNIFICANCE OF THE STUDY	186
1.8 ASSUMPTIONS OF THE STUDY	197
1.9 DELIMITATIONS OF THE STUDY	197
1.10 THEORETICAL FRAMEWORK	197
1.11 PROPOSED CHAPTERS LAYOUT	197
1.11.1 Chapter 1: Introduction	208
1.11.2 Chapter 2: Literature Review	208
1.11.3 Chapter 3: Research Methodology	208
1.11.4 Chapter 4: Data Analysis	219
1.11.5 Chapter 5: Discussions	219
1.11.6 Chapter 6: Summary & Recommendations.....	219
1.12 CONCLUSION	219
CHAPTER 2: LITERATURE REVIEW	2240
2.1 INTRODUCTION	2240
2.2 GLOBAL CONTEXT OF TEENAGE PREGNANCY	2241
2.2.1 Prevalence and Trends in Teenage Pregnancy Worldwide	2241

2.2.2 Sociocultural, Economic, and Health Implications of Teenage Pregnancy	2342
Teen pregnancy affects society and business beyond health. Adolescent women, their children, families, communities, and society are impacted.....	2342
2.2.3 Comparative Analysis of Teenage Pregnancy in Developed vs. Developing Countries	2413
2.3 TEENAGE PREGNANCY IN AFRICA.....	2644
2.3.1 Overview of Teenage Pregnancy Rates Across the African Continent	2644
2.3.2 Factors Contributing to Teenage Pregnancy in African Contexts.....	2745
2.3.3 Consequences of Teenage Pregnancy in African Societies	2948
2.4 TEENAGE PREGNANCY IN SOUTH AFRICA: A NATIONAL OVERVIEW.....	3149
2.4.1 Statistical Trends in Teenage Pregnancy in South Africa	3149
2.4.2 Policy and Legal Framework Addressing Teenage Pregnancy	3220
2.4.3 Programs and Interventions Aimed at Reducing Teenage Pregnancy Rates	3221
2.5 RURAL VERSUS URBAN DISPARITIES	3322
2.5.1 Comparison of Teenage Pregnancy Rates in Rural vs. Urban Areas in South Africa	3322
2.5.2 Socioeconomic and Cultural Dynamics Influencing Teenage Pregnancy in Rural Areas	3423
2.5.3 Access to Education and Sexual Health Services in Rural vs. Urban Settings	3524
2.6 PERCEPTIONS AND ATTITUDES TOWARD TEENAGE PREGNANCY	3624
2.6.1 Societal Attitudes and Perceptions Towards Teenage Pregnancy in South Africa	3624
2.6.2 The Stigma Associated with Teenage Pregnancy and Its Psychosocial Impact	3726
2.6.3 The Role of Community and Family in Shaping Perceptions of Teenage Pregnancy	3827
2.7 THE ROLE OF EDUCATION IN SHAPING PERCEPTIONS OF TEENAGE PREGNANCY	3928
2.7.1 Sexual Education in South African Schools: Policies, Curricula, and Effectiveness.....	3928
2.7.2 Teachers' and Students' Attitudes Towards Sexual Education	4129
2.7.3 The Impact of Education on Teenage Pregnancy Rates	4130

2.8 CASE STUDIES AND QUALITATIVE INSIGHTS FROM RURAL SOUTH AFRICA	4234
2.8.1 Personal Narratives and Case Studies of Teenage Pregnancy in Rural Settings	4234
2.8.2 Community and School-Based Interventions: Successes and Challenges	4332
2.8.3 Role of Traditional Leadership and Community Structures in Addressing Teenage Pregnancy.	4534
2.9 THEORETICAL FRAMEWORK: SOCIAL ECOLOGICAL MODEL (SEM)	4534
2.10 CONCLUSION	4635
3. CHAPTER 3: RESEARCH METHODOLOGY & DESIGN	4736
3.1 INTRODUCTION	4736
3.2 RESEARCH PARADIGM	4736
3.3 RESEARCH APPROACH	4938
3.4 RESEARCH DESIGN	5140
3.5 TARGET POPULATION	5241
3.6 SAMPLING	5341
3.7 DATA COLLECTION INSTRUMENTS	5442
3.8 DATA ANALYSIS	5443
3.9 TRUSTWORTHINESS OF THE STUDY	5544
CHAPTER 4: DATA ANALYSIS	5745
4.1 INTRODUCTION	5745
4.2 DEMOGRAPHICS OF THE PARTICIPANTS	5745
4.3 PRESENTATION OF DATA COLLECTED.	6048
4.3.1 Major Theme 1: Perceptions of Teenage Pregnancy	Error! Bookmark not defined.49
4.3.1 Examining perceptions of teenage pregnancy in the community and how teenage pregnancy is viewed and understood within the community.	6049
4.3.2 Major Theme 2: Socioeconomic Impacts	Error! Bookmark not defined.55
4.3.3 Major Theme 3: Educational Impact	Error! Bookmark not defined.64
4.3.4 Major Theme 4: Support Networks	Error! Bookmark not defined.66
4.3.5 Major Theme 3: Role of Educational Institutions	Error! Bookmark not defined.70
4.3.5 Practical policy changes and support systems should the school have/....	8170
adopt to mitigate the implications of teenage pregnancy.	8170

4.4 CONCLUSION	8473
CHAPTER 5: DISCUSSION OF THE FINDINGS	8474
5.1 INTRODUCTION	8474
5.2. DISCUSSION OF FINDINGS ON CULTURAL AND SOCIAL STIGMA.....	8574
5.2.1 Lack of education and awareness	8675
5.2.2 Support versus isolation.....	8776
5.3 DISCUSSION OF FINDINGS ON SOCIOECONOMIC IMPACTS	8877
5.3.1 Economic Burden and Poverty	8878
5.3.2 Impact on Education and Employment.....	8979
5.4 DISCUSSION OF FINDINGS ON EDUCATIONAL IMPACT	9282
5.4.1 Barriers to Continuing Education	9282
5.4.2 School Dropout Rates	9383
5.4.3 Support Systems in Education	9484
5.5 DISCUSSION OF FINDINGS ON SUPPORT NETWORKS	9585
5.5.1 Community and Family Support	9585
5.5.2 Access to Healthcare and Counselling	9786
5.5.3 Role of Educational Institutions	9887
5.6 CONCLUSION	9988
CHAPTER 6: CONCLUSIONS & RECOMMENDATIONS	10089
6.1 INTRODUCTION	10089
6.2 SUMMARY OF THE FINDINGS	10089
6.2.1 Perceptions of Teenage Pregnancy in the Community	10089
6.2.2 Socioeconomic Impacts of Teenage Pregnancies	10190
6.2.3 Impact on Education.....	10190
6.2.4 Existing Support Networks.....	10190
6.3 CONCLUSIONS OF THE STUDY	10291
6.3.1 Community Perceptions of Teenage Pregnancy	10291
6.3.2 Socioeconomic Impact of Teenage Pregnancies	10291
6.3.3 Impact on Educational Attainment	10392
6.3.4 Existing Support Networks for Teenage Mothers	10392
6.4 RECOMMENDATIONS OF THE STUDY	10392
6.4.1 Improving Community Perceptions	10392

6.4.2 Addressing Socioeconomic Impacts	10493
6.4.3. Enhancing Educational Outcomes	10493
6.4.4 Strengthening Support Networks	10493
6.5 SUGGESTIONS FOR FUTURE STUDIES.....	10594
6.6 CONCLUSION	10695
Refencing	10796
Ethical Approval letter	118106
(Appendix A)	119108
(Appendix B)	120109
Appendix C	121110

List of Tables

Table 3.1 illustration of research approaches	51
Table 3.2 illustration of research participants	54
Table 4.1 illustration of participants categories and pseudonyms	59.
Table 4.2 Community perceptions of teenage pregnancy	60
Table 4.3 Socioeconomic implications of teenage pregnancy.....	65
Table 4.4 Educational challenges experienced by teenage mothers	72.
Table 4.5 Addressing perceptions and implications of teenage pregnancy	76.
Table 4.6 Policy changes and support systems for schools	80.

List of figures

Figure 4.1 illustration of participants' age groups	57
Figure 4.2 Participants' level of education.....	58

CHAPTER ONE

1.1 INTRODUCTION

The chapter will cover introduction, the background of study will be highlighted, that will be followed by the research problems statements, study objectives, research questions, research design, significance of the study, delimitations, chapters layout and the conclusion.

1.2 BACKGROUND

Teenage pregnancy is a worldwide issue that affects mostly developing countries especially African countries. Govender, Taylor and Naidoo (2020), argues that South Africa has the highest teenage pregnancies rate in the sub-Saharan African continent, which has drawn attention from around the world. The effects of teenage pregnancy are affecting not just the individual but also the community in terms of socio-economic and educational perspectives.

The shockingly high incidence of adolescent pregnancy in South Africa contributes to a large share of births rate in the country. According to a World Bank data from (2018), 16% of South African women gave birth before turning 18 years. This concerning rate is more than just a figure, it reflects actual life paths that have been changed and may be blocked. In addition to the obvious health risks, teen pregnancies can have a wide range of negative socio-economic and educational implications.

Teenage pregnancy has complex consequences. Many teenage mothers drop out of school because they cannot balance their academic obligations with those of raising their children (Mann, Bateson and Black, 2020). These mothers often have modest incomes and depend heavily on community support and family support meanwhile the costs of living in South African is particularly increasing.

There are clear negative effects of teenage pregnancies from an educational standpoint. When faced with the burden of raising children, young mothers are more likely to abandon their education. Only one-third of teenage mothers go back to school after giving birth, which raises dropout rates and lowers educational attainment, (Govender, Taylor and Naidoo, 2020). The economic limitations that these young women experiences are inevitably exacerbated by the lack of educational options.

It is impossible to overlook the contribution by social component on teenage pregnancy especially in South African rural areas. Teenage pregnancies frequently take place within the context of societal norms and cultural practises. Some rural South African traditions continue to value early pregnancy and associate it with a woman's maturity or value (Jochim, 2021).

KwaZulu Natal (KZN) uMkhanyakude District school provides an insightful case study, especially in its rural areas where the interaction of culture, poverty, and education presents specific difficulties and results. Several problems seem to exist in the correlation between teenage pregnancies, educational attainment, and economic outcomes in rural. There is agreement on the fact that having a child while still a teenager is challenging, but there is less agreement on the root reasons, the community relationships, and implications.

This research intends to fill these knowledge gaps by exploring the interconnectedness of teenage pregnancy, its socio-economic and educational implications in rural a school. The goal of this research is to analyse the complex network of causes, effects, and interactions that characterise the consequences of pregnancies in rural school. By concentrating on the educational and socioeconomic aspects, the study aims to offer a thorough knowledge that can guide future interventions and policies.

Some academics contend that under some circumstances, the cause-and-effect connection could be inverted. For example, Maharaj (2022), suggest that restricted access to education and economic possibilities may be the consequence rather than the cause of pregnancy for certain teenagers in rural communities. On the other hand, Govender, Taylor and Naidoo, (2020) present a different viewpoint, suggesting that the shortage of economic and educational possibilities in rural regions may cause teenage

pregnancy. According to later perspectives, the risk of adolescent pregnancies is predetermined by the socioeconomic and educational context.

The study is aimed at Evaluating perceptions and implications of teenage pregnancies in rural school within uMkhanyakude District, KZN, SA. focusing at Nkombose high school. Considering the structural exclusion and marginalization of rural schools especially public schools, this study is key in evaluating the socioeconomic and educational impact on teenage pregnancy. The study findings are expected to solve the challenges associated with teenage pregnancy, learner dropouts, unemployment, school attendance and economic limitations that these young women experiences. According to consulted literature these challenges are regarded as the source of youth poverty and impoverished rural communities.

1.3 PROBLEM STATEMENT

Rural areas seem to be more severely affected by teenage pregnancy because of their unique cultural, educational, and economic characteristics. According to Mkwanaenzi, Lebelo, Mashinini, Ngake, Paledi and Thwala, (2022) rural areas have a greater rate of teen pregnancies (4.57%) than urban areas (3.43%). The financial consequences that come with teenage pregnancy are one obvious worry. Teenage mothers frequently experience financial disadvantage because of their age and the ensuing limitations on their schooling.

Teenage pregnancies, according to Mann, Bateson and Black (2020), are associated with a greater need on family and social assistance systems. This point of view is consistent with research by Erasmus, Knight, and Dutton, (2020) which showed a correlation between adolescent pregnancy and a greater need for child support funds. On the other hand, Maharaj (2022), argue that although child mothers may have financial difficulties at first, a long-term examination does not always indicate ongoing poverty.

The problem gets more complicated when viewed from an academic perspective. Teenage mothers frequently face obstacles in their educational paths, and many of them drop out of school. As to the Department of Basic Education's report from 2017, less than

thirty percent of young mothers in South Africa resume their education after giving birth. Studies like those by Jochim, Cluver and Meinck, (2021), which indicate a significant relationship between adolescent pregnancy and high school dropout rates, lend more credence to this.

The difficulties associated with teenage pregnancies are exacerbated by the social structure of rural South African communities. In many rural contexts, prevalent cultural norms and societal ideals tend to support early childbirth, or at the absolute least, tolerate it passively. Maharaj (2022) explores the cultural factors and argues that the difficulty is exacerbated by social ideas that link having children early to improving one's status or demonstrating fruitfulness.

1.4 RESEARCH OBJECTIVES

The objective of study are as follows:

- To assess the perceptions of community member towards teenage pregnancy in a rural uMkhanyakude District school.
- To assess how teenage pregnancies affect the socioeconomic situation in a rural uMkhanyakude District school.
- To evaluate the impact of teenage pregnancies on education in a rural uMkhanyakude District school.
- To investigate the child mothers' existing support networks in a rural uMkhanyakude District school.

1.5 RESEARCH QUESTIONS

The research questions will be as follows:

- What are the perceptions of community members towards teenage pregnancy in uMkhanyakude District school?
- How do teenage pregnancies affect the socioeconomic situation in a rural uMkhanyakude District school?

- What are the effects of teenage pregnancies on education in a rural uMkhanyakude District school?
- How successful are the current support systems for teenage mothers in a rural uMkhanyakude District school?
- Insert Line Spacing

1.6 RATIONALE FOR THE STUDY

The alarming prevalence of teenage pregnancies in South Africa, particularly in rural areas, demands a thorough investigation to comprehend their implications.

[repercussions (Erasmus, Knight and Dutton, 2020)]. The phenomena do not exist in isolation, but rather connects with wider socioeconomic and educational processes, directly impacting on rural areas economic growth.

Rural communities in South Africa experience socioeconomic issues, such as inequities in accessing health facilities, quality education, and employment possibilities (Mkwananzi et al, 2022). Teenage pregnancies significantly complicate an already complex terrain in such situations. Mann, Bateson and Black (2020) contends that early childbirth generally exacerbates the financial burden on rural households, mirroring the wider theme of economic fragility.

On the contrary, Jochim, Cluver and Meinck (2021), argue that, while teenage pregnancies may be a symptom of these issues, they may not be the major cause of prolonged economic difficulties. This contrast emphasises the importance of delving deeper into the underlying nature of the problem.

Education, which is frequently lauded as a transforming instrument, plays an important part in this debate. It is critical to study the role of education as both a cause and a result of adolescent childbearing holistically. Furthermore, the cultural fabric of rural South Africa plays an important role in creating the discourse around adolescent pregnancy. Individual behaviours and decisions are significantly influenced by cultural norms, traditions, and societal judgements (Mann, Bateson and Black, 2020).

Finally, the current policy environment deserves close examination. While various policies and initiative are aimed at preventing teenage pregnancy, but their effectiveness,

Formatted: Indent: Left: 1,11 cm, No bullets or numbering

Commented [DES3]: ????

particularly in rural areas, is debatable. The Department of Basic Education (2017) describes programmes to help young mothers reintegrate into the educational system. However, proof of their effectiveness or failure in rural regions is limited. This study will attempt to close the information gap.

1.7 SIGNIFICANCE OF THE STUDY

The persistent worry over adolescent pregnancies, particularly in South Africa's rural areas, highlights the urgent need for detailed investigation. Evaluating its implications provides a dual emphasis on investigating both socioeconomic and educational elements. This research is significant because it provides insights that may shape policy, lead actions, and serve as a platform for future research. Leading research that thoroughly assesses these impacts can help shed light on the bigger implications.

Maharaj (2022) emphasises the immediate socioeconomic consequences of adolescent pregnancy, such as increased healthcare needs and dependence ratios. Mann, Bateson and Black (2020), on the other hand, believe that infants born to adolescent mothers may experience developmental delays because of the socioeconomic situation. This study tries to give a more comprehensive viewpoint by juxtaposing these points of view, so increasing its relevance.

Education is a critical component of society growth, and its interaction with teen pregnancy necessitates careful consideration. Early pregnancy has repeatedly been connected to interruptions in educational trajectories (Jochim, 2021). This disturbance has far-reaching consequences, affecting not just the mother's educational performance but also the nation's human capital.

Finally, the importance of this research is highlighted by the policy implications it can provide. Multiple programmes targeting adolescent pregnancies have been implemented in South Africa, but their effectiveness, particularly in rural areas, has been questioned (Department of Basic Education, 2017). This study can help refine these interventions, making them more focused and powerful, by giving insight on the long-term implications and their underlying causes.

1.8 ASSUMPTIONS OF THE STUDY

The assumption that underlies this study is that restricted access to education and economic possibilities may be the consequence of teenage pregnancy rather than being the cause of teenage pregnancy in rural communities. It is assumed that there are conflicting roles, duties and responsibilities of parents, education authorities, traditional leaders, community in implementing policies aiming at reducing teenage pregnancy in rural areas. In many rural contexts, it is also assumed that early childbirth improves one's status or it demonstrate an ability to produce an abundance of offspring.

1.9 DELIMITATIONS OF THE STUDY

Even though the school community is composed of parents, teachers, learners, SGB, community leaders and business leaders. The researcher has excluded religious leadership and business leaders. This exclusion was done because of the long process to be followed to solicit their permission and business leaders benefit from cheap labour that is provided by school dropout teenage mothers.

1.10 THEORETICAL FRAMEWORK

The Socio-Ecological Model (SEM) has served as the main theoretical foundation for this investigation. Given the socioeconomic and pedagogical complexities of adolescent pregnancy in rural schools, SEM appears as an appropriate paradigm. Its multi-level approach enables a thorough comprehension of the many variables at work. The SEM provides a multifaceted approach that emphasises the interaction of social, relational, community, and individual issues.

Rural populations may lack readily available healthcare services, limiting access to contraception and reproductive health treatments. Furthermore, the school environment, including curriculum, teacher attitudes, and peer dynamics, may either reduce or increase the likelihood of adolescent pregnancy (Hallman et al., 2015).

[Insert Line Spacing](#)

1.11 PROPOSED CHAPTERS LAYOUT

The following chapters will be included in the study:

[Insert line spacing](#)

1.11.1 Chapter 1: Introduction

The introduction is setting the tone of the entire [learning](#). [Its outlining](#) the background of the study, problem statement, objectives and questions of the study are outlined, significance of the study, rationale of the study and emphasising the need of knowing the implications of teenage pregnancy, particularly in rural uMkhanyakude District school. The chapter explain the relevance of the research emphasising its potential contributions to both academic discourse and policy development.

[Insert line spacing](#)

1.11.2 Chapter 2: Literature Review

In the literature review, the researcher will examine some of the scholarly works that have been written about the topic at hand. Research on teen pregnancies is first analysed in depth, with a special emphasis on research conducted in South Africa. The literature will be explored to get an understanding of the financial, employment, and welfare implications of teen pregnancy. Dropout rates, academic performance, and future opportunities in the classroom will all be examined as a result. By the end of this chapter, the voids in the prior literature that this investigation seeks to fill will have been established.

[Insert line spacing](#)

1.11.3 Chapter 3: Research Methodology

It is a crucial chapter that gives a full explanation of the methodologies used in the study. Starting with the research paradigm, the applicability of the interpretivist method for this research is discussed in depth, the chapter explains the research design, target population, and sample procedures, defending the decisions chosen. Following that, the qualitative research approach is expounded on, demonstrating its suitability for this topic. In-depth descriptions of data collecting equipment, notably semi-structured interviews, are followed by an in-depth discussion of the thematic data analysis technique used. The

Commented [DES4]: Investigation / research / evaluation?

Commented [DES5]: Please correct grammar...

Formatted: Font: Not Bold

chapter finishes by describing the steps used to assure the study's credibility and emphasising the ethical issues that were respected throughout the research process.

[Insert Line Spacing](#)

1.11.4 Chapter 4: Data Analysis

The obtained data is presented, analysed, and discussed in this section. The chapter begins with a display of raw data from semi-structured interviews. Themes and patterns emerging from the data are recognised and analysed using thematic analysis. Each issue is then critically analysed considering existing literature, weaving together the voices of participants and academic publications to offer a full picture of the long-term repercussions of adolescent pregnancies in the study environment. The chapter's goal is not only to answer the research questions, but also to generate fresh ideas and views on the subject.

[Insert line spacing](#)

1.11.5 Chapter 5: Discussions

The findings of chapter 4 are discussed and interpreted in alignment with the research objectives and research questions. The discussion will entail the findings of each theme, which is confirmed by the literature, or which contradicts the existing literature.

[Insert line spacing](#)

1.11.6 Chapter 6: Summary & Recommendations

The study's principal findings are summarised in the last chapter. It returns to the study objectives and questions, describing how each has been handled and the ramifications of doing so. Conclusions concerning the socioeconomic and educational effects of adolescent pregnancies in rural South African schools are reached based on the data and conversations. The chapter then moves on to suggestions, providing tangible methods for stakeholders such as educators, legislators, and community leaders to lessen the negative impacts of adolescent pregnancy.

1.12 CONCLUSION

The study covered introduction, the background of —the study, followed by the research problems statements, study objectives, research questions, research design, significance of the study, delimitations and chapters layout and conclusion. The next chapter will focus on the literature review.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter the —researcher examines some scholarly works that have been written about teenage pregnancy. It examines theories, and empirical evidence on teenage pregnancy's views, effects, and implications in a rural school. The literature review begins with worldwide teenage pregnancy [views](#) and then focuses on South Africa. Socio-cultural and economic variables impact teenage pregnancy rates, and education affects perspectives and consequences. This chapter critically reviews the literature to identify gaps and situate current research with the teenage pregnancy discourse.

2.2 GLOBAL CONTEXT OF TEENAGE PREGNANCY

2.2.1 Prevalence and Trends in Teenage Pregnancy Worldwide

Teen pregnancy is a worldwide health issue. In impoverished countries, 21 million 15–19-year-olds become pregnant annually (WHO, 2020). Đorđević & Rakić, (2020), adolescent birth rates are falling globally but rising in sub-Saharan Africa and South Asia. These numbers show how culture, education, social position, and reproductive health care affect teenage pregnancy.

Regional teen pregnancy rates vary substantially. Teenage birth rates in Latin America, the Caribbean, and sub-Saharan Africa remain high despite sexual education and contraceptive services decreasing them in North America and Western Europe, according to Agyemang et al. (2019) The imbalance is driven by poverty, inadequate education, and cultural norms that encourage early marriage and children (Sharma et al., 2020). Regional differences show how socioeconomic and cultural variables affect teen pregnancy.

Some countries have decreased teenage pregnancy with greater sexual education and contraception programmes. Adbale & H, (2022) observed that delayed sexual engagement and greater contraceptive use among US sexually active teens reduced adolescent pregnancy rates. Baxter et al., (2021) concur that school-based health interventions teach teens about sexual and reproductive health. These data show that adolescent-specific interventions may reduce teenage pregnancy.

Teen pregnancy generates long-term health and economic problems. (Nemlioglu, 2019), teenage parents are more likely to live in poverty, drop out of school, and have limited job options, continuing a cycle of disadvantage. Health, early childhood development, and academic performance are also worse for teenage women's children (Lubis et al., 2022). These long-term impacts highlight the need for comprehensive teenage pregnancy prevention and mother-child support treatments.

The study found that socioeconomic position, cultural norms, and access to education and health care complicate teenage pregnancy. Adolescent pregnancy rates have decreased in certain locations, while others need context-specific therapies. Education, healthcare, and social aid must be united to end teenage pregnancy worldwide.

2.2.2 Sociocultural, Economic, and Health Implications of Teenage Pregnancy

Teen pregnancy affects society and business beyond health. Adolescent women, their children, families, communities, and society are impacted.

Teen pregnancy frequently promotes social shame and isolation. Bhatti, (2023) underlines the negative social stigma of teenage pregnancy in many cultures, which may marginalise and isolate young mothers. This stigma harms these teenagers' mental health, social integration, and support networks. Riyanti et al., (2023) propose that early

childbirth may be normalised in certain cultures, particularly those with high adolescent pregnancy rates, which may lessen shame yet prolong the cycle.

Teen pregnancy typically harms the mother and **kid** financially. Gautam, (2020) revealed that adolescent moms are more likely to struggle economically and stay in lower socioeconomic classes. Job uncertainty and education disruptions promote poverty. Thomas (2019) found that children of teenage mothers are more likely to suffer economically and intellectually, prolonging poverty.

Commented [DES6]: child

Teen pregnancy is harmful to mother and **kid**. Kgosiemang & Motzafi-Haller (2021) link teen pregnancy to preterm delivery and poor birth weight, which increase infant mortality. According to Carmona et al. (2020), teenage moms are more prone to suffer anxiety and sadness, which may harm both mother and child.

Commented [DES7]: Please correct

Socioeconomic and health issues interact complexly and contextually. In some cultures, accepting teenage pregnancy may reduce psychological pain but not economic hardship. Adolescent mothers in stigmatised communities may suffer financially and physically due to social isolation.

Synthesising viewpoints shows that adolescent pregnancy's effects are interconnected and cannot be handled separately. The social norms that stigmatise and normalise teenage pregnancy, the economic barriers that restrict young mothers' chances, and the health difficulties connected with adolescent delivery must be addressed comprehensively to find answers. An all-encompassing approach is needed to stop adolescent pregnancy and its effects.

2.2.3 Comparative Analysis of Teenage Pregnancy in Developed vs. Developing Countries

Socioeconomic, cultural, and health factors affect adolescent pregnancy in developed and developing nations. Understanding these differences is essential to creating tailored programmes to suit teens' particular needs.

Sex education, readily accessible contraceptives, and social shifts towards later childbearing have reduced adolescent pregnancy rates in industrialised nations for decades. These trends are due to better contraception and sexual health education,

according to Mohr et al. (2019). Family planning and education activities for teenagers have reduced US teen pregnancies (Adhena & Fikre, 2023) Cultural traditions, education, and poverty remain relevant in many nations due to racial and social inequalities. (2022, Saani).

Early marriage, limited sexual and reproductive healthcare, lesser female education, and strongly ingrained socio-cultural norms increase adolescent pregnancy rates in some underdeveloped nations. According to Wulandari et al. (2023), sub-Saharan Africa's cultural support of early marriage and motherhood increases teenage pregnancy rates. According to Nkosi & Pretorius (2019), poverty, inadequate education, and limited contraceptive availability increase the likelihood of adolescent pregnancies, trapping young women and their children in a cycle of poverty and limited life prospects.

Poor and rich nations have varied adolescent pregnancy health implications. Researcher's Đorđević and Rakić (2020) found that teens in developing countries are more likely to have maternal problems like pre-eclampsia, eclampsia, and systemic illnesses because their countries don't have as good of healthcare facilities. But developed countries with better health care systems can control the health risks of teen pregnancies, which lowers the death and illness rates of both mothers and babies (Sharma et al., 2020).

Economic and educational factors separate established and rising environments. Social safety nets and support systems may assist industrialised teenage parents overcome economic and educational challenges. (Adbale & H, 2022) examine interventions that enable teen mother's complete education and find jobs. Many impoverished nations lack or severely limit such support mechanisms, leaving young women with little options to overcome early pregnancy's economic and educational disadvantages (Baxter et al., 2021).

A country's socio-economic, cultural, health, and education systems affect teenage pregnancy, according to this comparative study. Though wealthier nations have reduced teenage pregnancy, developing countries have a variety of challenges that need comprehensive, culturally appropriate, and lasting solutions. Sharing knowledge, best

practices, and resources to aid teenagers in different cultures and locations must narrow this gap internationally.

2.3 TEENAGE PREGNANCY IN AFRICA

2.3.1 Overview of Teenage Pregnancy Rates Across the African Continent

Teen pregnancy is a serious public health concern in Africa, differing by region and nation. Cultural norms, education, reproductive health care, and socioeconomic status all influence this diversity.

Nemlioglu (2019) found significant teenage pregnancy rates in Sub-Saharan Africa. Lubis et al. (2022) concur that early marriage, sexual assault, and lack of contraception increase teenage pregnancy rates. Bhatti (2023) investigates individual African nations and finds that although some have decreased adolescent pregnancy rates via focused measures, others struggle owing to cultural norms and poor health care.

African adolescents' pregnancy rates depend on family income. Poor locations have less schools and jobs, thus young females are more likely to become pregnant, report Riyanti et al. (2023). Gautam (2020) believes low-income teenagers and young people are more likely to get pregnant.

Cultural norms impact European teen pregnancy rates. Thomas (2019) believes sexually and reproductive health taboos in many African nations make it tougher for youth to receive aid and understanding. According to Kgosiemang and Motzafi-Haller (2021), this culture promotes early marriage and delivery, which keeps teenagers pregnant.

Several studies show that education reduces adolescent pregnancy. Carmona et al. (2020) found a substantial negative association between educational attainment and adolescent pregnancies, indicating that education enables young women to make educated reproductive decisions. According to Mohr et al. (2019), school-based sexual and reproductive health education may reduce teenage pregnancies.

Equally important is reproductive health care accessibility. Lack of qualified health professionals, privacy and confidentiality issues, and contraceptive supplies make adolescent-friendly health care problematic in many African nations (Adhena & Fikre,

2023). These obstacles must be removed to assist youth choose sexual health and reduce adolescent pregnancy.

2.3.2 Factors Contributing to Teenage Pregnancy in African Contexts

2.3.2.1 Cultural Practices and Beliefs

Cultural norms strongly influence African teen pregnancy. In many African nations, cultural norms and traditional habits affect youth' sexuality and reproductive health. Introduction events may educate kids about sexuality, but they can also promote misinformation that might lead to dangerous sexual activity, according to Gautam (2020). Indongo (2020) states that certain cultures encourage early sexual connections, which increases adolescent pregnancy.

African nations' tradition of child marriage and engagement before marriage also increases adolescent pregnancy. According to Sholihah et al. (2021), Ethiopian females marry early for cultural and economic reasons. Thus, many females become mothers before they turn 18. Thawal et al. (2021) observed that cultural norms that emphasise family status and money above girls' health and safety may lead to early marriage and adolescent pregnancy.

Gender and power relations affect partnerships. Many African nations don't provide girls and women sexual health rights. Madzamba (2022) states that patriarchal norms that favour male demands and authority may lead to coerced sexual practices and restricted birth control usage, which increases the chance of unwanted births in young women.

Cultural norms and ideas might be challenging, but they can also shift. According to Beyene et al. (2022), education, economic growth, and globalisation may modify cultural norms. Adaptability illustrates that African teenage pregnancy prevention strategies can empower young women and enhance their reproductive health knowledge and services within cultural contexts.

2.3.2.2 Educational Barriers

African teenage pregnancy is also caused by educational barriers. Lack of access, low quality education, and school dropout due to pregnancy continue the cycle of education and adolescent pregnancy.

High adolescent pregnancy rates are linked to poor education, particularly for rural and underprivileged females. As Pickard, (2019) note, low educational chances reduce young women's economic prospects and make them more prone to early motherhood, which is typically seen as a last resort in the lack of other employment options. Beyene et al., (2022) agree, arguing that education delays sexual beginning and improves teenage contraception understanding and usage.

School sexual and reproductive health education quality and content are very important. Madzamba, (2022) note that sexual education in many African nations is poor or moralistic, failing to meet teenagers' practical requirements. According to Thawal et al., (2021), this inadequacy and cultural taboos for sexuality talks leave many young people unable to make educated sexual health choices.

Teen pregnancy stigma leads to dropout, prolonging poverty and limiting young parents' life opportunities. According to Beyene et al. (2022), teenage pregnancy-related school dropout has long-term impacts on the child's well-being and the mother's education and economic prospects.

2.3.2.3 Economic Challenges

Teen pregnancy in Africa is driven by poverty, which increases the risk of early delivery. Economic disparity and lack of opportunity exacerbate teen pregnancy. Pickard (2019) states that economic inequality impacts education and health care, which influence teenage pregnancy rates. According to Beyene et al. (2022), low-income youths may use transactional sex to survive, increasing their chance of early pregnancy.

Madzamba (2022) suggests that cultural incentives like bride price may encourage early marriage and children in many African cultures. Rural places with little economic possibilities and traditions emphasise this economic factor. Thwala et al. (2021) report that teenage parents drop out of school and have limited economic prospects, perpetuating poverty.

Adolescent pregnancy economic issues need education, social protection, and economic empowerment beyond health. These programmes must educate and train youth,

particularly females, to avoid early marriage and childbirth and enhance economic prospects.

2.3.2.4 Health Care Access and Quality

Quality and accessibility of health care are crucial to minimising teenage pregnancy in Africa. Access to teen-friendly reproductive health care may help teenagers prevent unexpected births. (Sholihah et al., 2021) claim embarrassment, a lack of privacy, and clinicians who don't like youth having sexual interactions prevent many African teens from accessing reproductive health treatments. Structure problems like the distance to health facilities, the cost of services, and the lack of services specifically made for young people make these problems even worse.

Health care quality matters too. Indongo, (2020) claim youths typically get poor health care when they can. Teens may not have access to birth control or accurate information. This issue is worse in isolated areas with few health facilities and workers. Gautam, (2020) found that teenagers require easy-to-access health care that recognise and respect their rights and needs.

We must address practical and emotional barriers to adolescent healthcare to improve access. This involves training healthcare personnel how to give non-judgmental, private treatments, providing multiple birth control options, and welcoming young people seeking reproductive health services.

2.3.3 Consequences of Teenage Pregnancy in African Societies

Teenage pregnancy has a major and complicated influence on African communities and cultures, not simply young women, and their offspring. Health, economics, education, and society are all affected, with each aspect amplifying the others.

Teenage mothers and their children might suffer immediate and severe health implications. Teenage women are more prone than older mothers to experience eclampsia, puerperal endometritis, and systemic infections, according to Saani (2022). These issues may raise maternal mortality. Teenage moms are more likely to have preterm birth, low birth weight, and neonatal difficulties, according to Thawal et al. (2021).

Children born to adolescent moms had higher mortality and worse development rates, according to Anayochukwu (2022).

Teen pregnancy hurts the economy and fosters poverty. According to Myra et al. (2023), young parents face significant challenges, such as dropping out of school, which may hinder their ability to find job and become economically independent. The youngster and family's economic disadvantage strains their resources and limits their economic potential.

Educational implications of teen pregnancy affect the economy. Teen pregnancy causes many African school dropouts. In 2023, Adhena and Fikre emphasise the long-term repercussions on their personal and economic success. Lack of education hinders the young mother's job and community development.

Research shows that teenage pregnancy causes shame, marginalisation, and social capital loss for the young mother. Social stigma makes young parents feel lonely, alone, and scared, according to Gorry (2019). This stigma prevents the young mother from seeking social support and community services, limiting her rehabilitation and personal growth.

Teen pregnancy affects society greatly. It strains health and social services and hinders national development objectives. Teenage pregnancy contributes to population growth challenges, which impact resource allocation and service delivery across sectors. Beyene et al., (2022) say that the issues described may significantly affect national attempts to eliminate poverty, provide education, and enhance health outcomes, as indicated in many development agendas.

These perspectives show that adolescent pregnancy in African communities has far-reaching and linked repercussions. An integrated, multi-sectoral strategy is needed to address this problem. Interventions should help adolescent moms and their children as well as avoid underage pregnancies. This technique may reduce negative effects and break the cycle of poverty and disadvantage.

2.4 TEENAGE PREGNANCY IN SOUTH AFRICA: A NATIONAL OVERVIEW

2.4.1 Statistical Trends in Teenage Pregnancy in South Africa

Statistics on teen pregnancy in South Africa reveal both good and negative trends. Wealth, education, and healthcare access vary throughout the nation, influencing these trends.

According to Sibusiso, (2023), adolescent pregnancies have fluctuated but remained high. About 16% of 15–19-year-old South African women have children, according to this poll. The research identified considerable differences in childbearing rates by province, urban/rural location, and socioeconomic class. Ramulumo & Netshitangani, (2019) show that rural and disadvantaged communities had greater rates of adolescent pregnancies than urban and affluent populations. This highlights socioeconomic variables' importance.

Gorry, (2019) examine how education and reproductive health services impact adolescent pregnancy rates. Higher education is highly connected with lower teenage pregnancy rates, underlining the need for education intervention.

Additionally, Adhena & Fikre (2023) explored gender dynamics, sexual assault, and teenage pregnancy rates. Teenage pregnancy is often caused by sexual relations that were pushed or not agreed upon by both parties. This shows how important it is to stop abuse against women and help girls handle their sexuality.

When thinking about teen pregnancy in South Africa, you should think about HIV/AIDS. Myra et al. (2023) say that the HIV outbreak and teen pregnancy make things harder because young moms are more likely to get HIV. At this junction, HIV prevention and treatment are promoted to help stop teen pregnancy.

Even with these problems, South Africa has cut down on teen births. Programmes for teens that teach them about contraception, sexuality, and health care have had varying degrees of success. Anayochukwu (2022) advocates examining adolescent pregnancy from several perspectives to address poverty, inequality, and gender roles.

These studies indicate that education level, family income, health care, and gender affect South African adolescent pregnancy. A comprehensive approach should encourage

Commented [DES8]: Is this statement factually correct/fair/ undiscriminatory?

sexual health and address the social and economic reasons that cause high adolescent pregnancy rates. Adolescent pregnancy studies and trends inform South Africa's adolescent pregnancy policies, practices, and treatments.

2.4.2 Policy and Legal Framework Addressing Teenage Pregnancy

Teen birth is governed under South African reproductive health and rights laws. Women of all ages may obtain legal and safe abortions under the 1996 Choice Act. It gives young women greater control over their sexual health, according to Doghor et al. (2020).

Commented [DE59]: Kindly cite correctly, as follows:
Choice on Termination of Pregnancy Act 92 of 1996

The National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (2015–2020) shows South Africa's dedication to adolescent rights. Sibusiso (2023) suggests comprehensive sexuality education (CSE) and improved teen healthcare to reduce adolescent pregnancies.

National Health Insurance relies on the Integrated School Health Programme (ISHP). The goal is complete school health care, including sexual and reproductive health. The goal is to help teens get health information and services according to Ramulumo and Netshitangani (2019).

Despite strong frameworks, implementation remains difficult. Despite their good intentions, Gorry (2019) found that policies typically face barriers that hinder their effectiveness. The challenges include societal stigma, resource limits, and community service inequities.

2.4.3 Programs and Interventions Aimed at Reducing Teenage Pregnancy Rates

National teen pregnancy prevention initiatives is one of South Africa's major HIV prevention programmes. Love Life targets adolescent pregnancy via mass media and community involvement. South African teenagers are more aware of sexual health issues because to the programme (Doghor et al., 2020).

Soul Buddies Clubs in schools and communities teach 8-14-year-olds life skills and promote healthy lives. The programme teaches pre-adolescents good values and behaviour before sexual involvement (Ramulumo & Netshitangani, 2019).

The Department of Basic Education's 2012–2016 Integrated Strategy on HIV, STIs, and TB integrates sexual and reproductive health education into the curriculum. The approach emphasises life skills-based education to help youth make informed sexual health choices (Sibusiso, 2023).

These programmes have improved awareness and some good behavioural changes, but reached vulnerable people and turned information into action are still difficult. To be successful, (Gorry, 2019) recommend culturally specific treatments that target socio-economic issues that lead to adolescent pregnancy.

Evaluation of these policies and programmes shows that South Africa has achieved substantial progress in combating adolescent pregnancy using a comprehensive strategy. However, ongoing teenage pregnancy rates suggest deficiencies in implementation, accessibility, and maybe intervention alignment with South African teenagers' lived realities. These policies and programmes must be monitored, evaluated, and adapted to satisfy youth needs and reduce teenage pregnancy rates.

2.5 RURAL VERSUS URBAN DISPARITIES

2.5.1 Comparison of Teenage Pregnancy Rates in Rural Areas and Urban Areas in South Africa

Rural and urban South African youth pregnancy rates vary by socioeconomic and cultural factors. Geography, education, healthcare, and social norms and beliefs impact diversity.

Urban South African adolescents have lower pregnancy rates than rural teens. Poor education, sexual and reproductive health care, and cultural norms that promote early marriage and motherhood may cause this propensity. Rural adolescent pregnancy rates rose due to a lack of contraception and sexual health services, according to Adhena & Fikre, (2023).

Teen pregnancy rates are lower in cities. Improvements in education, health care, sexual and reproductive health knowledge, and contraception create this gap. Better birth control resources were available to urban youths. (Myra et al., 2023). Poor healthcare and education in rural locations increase adolescent pregnancy risk, according to

Anayochukwu, (2022) found reduced adolescent pregnancy rates in metropolitan areas with better services.

Urban regions lower adolescent pregnancy rates, but not everywhere. Service quality and socioeconomic status vary greatly across cities and villages. Thawal et al., (2021) observe that metropolitan regions with low education and health services may have high adolescent pregnancy rates like rural ones. Socioeconomic variables and adolescent services affect rural-urban teen pregnancy rates.

Additionally, social norms and attitudes affect adolescent pregnancy rates. (Saani, 2022) examine rural South African youths' marriage and reproduction aspirations and early childbirth.

Take rural-to-urban migration into account. Pickard, (2019) says young individuals, especially women, who move from rural to urban regions for school and job may have unwanted pregnancies. Young migrants are vulnerable to sexual activity risks during this transition without family and community assistance.

Access to services, socioeconomic circumstances, and culture impact the rural-urban South African adolescent pregnancy rate gap. Solving this disparity requires tailored programmes for rural and urban teens. Context-specific efforts to lower adolescent pregnancy rates must address rural teenagers' higher rates and urban teens' vulnerabilities.

2.5.2 Socioeconomic and Cultural Dynamics Influencing Teenage Pregnancy in Rural Areas

Rural South African adolescent pregnancy rates and perception depend on socioeconomic and cultural factors. In these areas, poverty, cultural norms, and inadequate aid boost adolescent pregnancy rates.

Rural adolescent pregnancy rates depend on money. Young women in poverty and with few job options may consider early pregnancy an economic necessity. Hunter (2010) suggests that bride wealth and family support may impact early sexual activity and contraception usage. Early marriages and relationships in rural South Africa are founded in culture and economic survival, according to Beyene et al., (2022).

Rural values may impact teenage pregnancy beliefs. According to Madzamba, (2022), rural societies value fertility and children, therefore early pregnancy may fit social and cultural expectations. Birde abduction (Ukuthwala), which is illegal but nevertheless done in certain rural areas, may lead to early, non-consensual marriages and pregnancies (Thawal et al., 2021).

Socioeconomic and cultural issues complicate rural teenage pregnancy prevention. Sholihah et al., (2021) argue that interventions must embrace these contextual features to succeed, suggesting that urban or developed approaches may not work in rural contexts.

2.5.3 Access to Education and Sexual Health Services in Rural vs. Urban Settings

Teen pregnancy rates in South Africa are heavily influenced by rural-urban schooling and sexual health disparities. Rural adolescents struggle to get sexual and reproductive health services due to distance, transportation, and infrastructure.

Education in remote areas is tough due to few schools, extensive travel times, and limited resources. Teen dropouts and low academic achievement are usually induced by these factors. According to Indongo (2020), lower education levels increase teenage pregnancy rates. Education gives young people knowledge and options to postpone parenthood. Gautam (2020) says education prevents early pregnancy. To minimise teen pregnancies, they emphasise rural education.

Urban sexual health services are more abundant than rural ones. Rural healthcare facilities sometimes lack resources and qualified people to provide complete sexual and reproductive health treatments, such as contraception and counselling (Đorđević & Rakić, 2020). Culture and community may limit rural youths' treatment. Secrecy and stigma may hamper therapy (Sharma et al., 2020).

Targeted activities are needed since urban and rural populations have distinct education and health services. South African teenage pregnancy policies and interventions must meet rural adolescents' concerns, according to Adbale & H (2022). More infrastructure, service delivery, and cultural norms may limit education and health.

To minimise teenage pregnancy in South Africa, understand rural youth's social and cultural obstacles. Improving education and healthcare requires focus. Adapt interventions to rural communities' needs and challenges to reduce adolescent pregnancies and increase youth well-being.

2.6 PERCEPTIONS AND ATTITUDES TOWARD TEENAGE PREGNANCY

2.6.1 Societal Attitudes and Perceptions Towards Teenage Pregnancy in South Africa.

Understanding cultural, historical, and socio-economic issues is key to understanding South African adolescent pregnancy views. Traditional beliefs, colonial history, and current social dynamics shape sentiments among communities, ethnic groups, and socioeconomic classes.

Many rural South Africans attribute adolescent pregnancy to cultural norms. According to Baxter et al., (2021), certain South African cultures value fertility and childbirth, hence adolescent pregnancy may not be as stigmatised as in Western cultures.

Historical patterns of early pregnancy within marriage shaped this image. We now see adolescent pregnancy differently due to contemporary society, according to Nemlioglu, (2019). It is become a societal issue, particularly outside of marriage.

Teen pregnancy stigma is especially strong in metropolitan and peri-urban regions. These communities value contemporary education and economic aspirations due to Western influence. Teenage pregnancy is typically seen as a barrier to educational and financial independence for young women, their families, and communities, according to Lubis et al., (2022). Teen pregnancy is often seen as a deviation from the usual route of school, career, and family.

Education greatly influences society views on adolescent pregnancy. According to Bhatti, (2023), higher-educated communities and families see adolescent pregnancy more negatively. Education is seen as a road to social improvement. However, in lower-educated regions, adolescent pregnancy may not be recognised as a big issue for young women.

Cultural beliefs influence teenage pregnancy education. Riyanti et al. (2023) study pregnant teenagers' educational struggles. These concerns include discrimination and a lack of laws to assist young women study. Cultural beliefs and institutional reactions worsen teenage parenting stigma and problems.

Media coverage of teenage pregnancy in South Africa shape's public opinion. Adolescent pregnancy is typically linked to poverty, HIV/AIDS, and moral deterioration in the media, according to Gautam (2020). Adolescent pregnancy is stigmatised by this image, which impacts public opinion and policy.

Race, class, and gender complicate teenage pregnancy views. Apartheid and economic inequality still affect teenage pregnancy beliefs, especially in black South African communities, according to Thomas (2019). Teen pregnancy is linked to racial and economic inequality, generating empathy, criticism, and resignation.

These perspectives suggest that cultural, economic, and historical factors affect South African adolescent pregnancy. Teen pregnancy must be handled considering cultural and social factors and society's perspectives. Policies and initiatives must actively confront harmful stereotypes and public criticism while helping pregnant teenagers and young parents.

2.6.2 The Stigma Associated with Teenage Pregnancy and Its Psychosocial Impact

Teen pregnancy is a major issue in South Africa, yet societal prejudice prevents its prevention and has devastating psychological implications. Public perception caused by stigma impairs teenage mothers' mental health. Macleod found in 2003 that negative views of teenage pregnancy might lead to social isolation, which impairs young mothers' mental health. Healthcare experts, instructors, and peers may criticise, causing guilt and isolation.

Stigma's multifaceted repercussions on South African groups and cultures are examined by Kgosiemang & Motzafi-Haller (2021). Sometimes the stigma is connected to the young woman's moral shortcomings, other times to financial and societal issues. Social guilt may cause depression and anxiety in teenage mothers. Social stigma and early parenting challenge young mothers.

Commented [DES10]: You might want use a different word, i.e. halts

Stigma also influences healthcare and social service utilisation, according to Carmona et al. (2020). Young mothers may avoid prenatal and postnatal treatment for fear of stigma, which may harm their health and that of their children. The stigma also affects schooling, since pregnant teens and young moms may face classroom prejudice. Discrimination may cause students to quit out and limit their potential.

The psychological effects of stigma influence the family. Mohr et al., (2019) showed how social criticism may cause family disputes and weaken relationships. Increasing the young mother's isolation from her support network might increase the psychological issues of adolescent pregnancy.

2.6.3 The Role of Community and Family in Shaping Perceptions of Teenage Pregnancy

Community and family shape adolescent pregnancy beliefs in South Africa, which affects reaction and consequences. According to Adhena & Fikre, (2023), family and community support may help adolescent moms and reduce pregnancy risks in several South African cultures. This may involve childcare and education for the young mother.

This assistance may vary in quality and breadth. According to Saani (2022), societal and family responses to young pregnancy may stigmatise. Instead of helping the young mother, family and community shame prevails. Cultural ideas on sexuality, marriage, and motherhood affect this response.

Family and group acts can change how people think about teen pregnancy and help those who are affected. There may be less shame and more help for young parents if community leaders and family members teach them about sexual and reproductive health.

The family is very important for mental and physical help. According to Nkosi and Pretorius (2019), having family support is good for the mental health of young moms. This tool helps with problems that come up when you become a mother. Teenage pregnancy may be less common if parents and guardians talk to their kids about sexual and reproductive health through educational programmes.

These numbers show that the shame, neighbourhood, and family effects on teen pregnancy in South Africa are very important to understand and fix. To stop teens from getting pregnant, we need to understand how social rules, neighbourhood views, and family ties all affect each other. Teenage parents need help, and the beliefs and stereotypes that make teen birth hard on their mental health should be changed. Health, schooling, social services, and neighbourhood groups must work together to give young women more power and improve things for them and their children.

[Insert line spacing](#)

2.7 THE ROLE OF EDUCATION IN SHAPING PERCEPTIONS OF TEENAGE PREGNANCY

2.7.1 Sexual Education in South African Schools: Policies, Curricula, and Effectiveness

Policy goals, curriculum content, and sexual education programme impact are challenging in South African schools. Teen pregnancy and HIV/AIDS may be prevented by sexual education hence the South African government has legislation and curricula to educate teenagers about sexual and reproductive health.

The South African Department of Basic Education requires sexual education in the Life Orientation (LO) curriculum from early grades to Grade 12. (Doghor et al., 2020) states that the LO curriculum covers human sexuality, personal well-being, and social responsibility. This combination gives students the information and tools to make healthy and relationship choices.

Despite regulatory changes, sexual education in South African schools remains controversial. (Ramulumo & Netshitangani, 2019) examined sexual education delivery and efficacy issues. Cultural sensitivity, teacher readiness, and resource constraints are issues. Sexuality and contraception are difficult issues for instructors to discuss. Sibusiso, (2023) cite personal convictions, lack of training, and community reaction as contributing causes to these issues.

More than that, there are big differences in how the material is taught in different schools. This means that there are differences in how much and how well sexuality and reproductive health issues are covered. It was said by Gorry, (2019) that different schools teach about sexuality in different ways. The amount of information given can be affected by things like the school's finances, its location, and how the controlling body feels about sexuality education.

Different things have happened when sexual education has been used to lower the number of teen pregnancies in South Africa. Adhena & Fikre (2023) found that sexual education has raised youth awareness of sexual health and contraception. This knowledge is tricky to use to modify people's behaviour since many locations still have high adolescent pregnancy rates.

Myra et al. (2023) found it difficult to evaluate sexual education. It emphasises that social and economic variables typically influence sexual health choices more than knowledge. Sexual education courses must be situational and integrated with other social initiatives.

Peer education and life skills courses may supplement school-taught sexual education. LoveLife and Soul Buddyz employ peer trainers who can connect with young people to relate what individuals know with how they behave. According to Anayochukwu, (2022), these shows can teach you useful things about health and sexual interactions. However, they may not be as useful or last if they would like.

When looking at the current state of sexual education in South African schools, many things affect how well programmes can deal with important problems like teen pregnancy. There are policies and lessons in place, but their effects depend on many things. Some things to think about are how ready the teachers are, how cultural and community norms affect the class, and how sexual education fits in with other health and social services. To really make sexual education better in South Africa, we need to take a broad approach that addresses the problems that are already there and creates a space where young people can easily get the information and support, they need to make smart decisions about their sexual and reproductive health.

2.7.2 Teachers' and Students' Attitudes Towards Sexual Education

Students' and teachers' perspectives on sexual education in South African schools impact its effectiveness. Teachers are essential to sexual education. Personal beliefs, social norms, and professional training may influence opinions.

Thawal et al. (2021) found that educators disagree on how sexual education might prevent adolescent pregnancy and HIV. Some instructors value sexuality, while others may be uncomfortable discussing it for personal or cultural reasons. According to Saani, (2022), inadequate sexual education may cause this pain. Mpanza emphasises the need of comprehensive professional development initiatives that provide teachers with sexual education knowledge and skills.

Sexual education efficacy depends on students' attitudes. Pickard, (2019) found that South African students want a more thorough and relevant sexual education. They want a curriculum that explores sexuality's social and emotional components. The way sexual education is given, and its perceived importance might affect students' involvement and interest in these classes.

According to Beyene et al., (2022), South African culture shapes sexuality and sexual education. Discussing sex and relationships in class may be awkward.

2.7.3 The Impact of Education on Teenage Pregnancy Rates

Education prevents early pregnancy yet affects it, complicating the link. Comprehensive sexual education courses may lower teenage pregnancy rates by training teens to make informed sexual health choices.

Madzamba, (2022) showed that excellent sexual education may reduce teenage pregnancy rates by improving contraception awareness and sexual safety. According to Thawal et al., (2021), changing behaviour with knowledge is challenging.

Adolescent sexuality and pregnancy rates are also affected by social position, cultural norms, and healthcare availability.

Beyond sexual education, education has big impacts that Includes students' entire academic achievements. Higher education reduces teenage pregnancy rates, says

Sholihah et al., (2021). Education may give teens more options and reduce early childbearing. Supportive schools for pregnant and parenting teenagers may also lessen the scholastic effects of adolescent pregnancy. Young parents may study and enhance their prospects.

Teen pregnancies stigma in schools causes bias and high dropout rates for pregnant and young parents. School rules that encourage help are stressed by (Indongo, 2020). These rules aim to support pregnant and parenting students and remove stigma around teenage pregnancy.

These data demonstrate that South Africans must consider teachers' and students' attitudes on sexual education and its effects on teenage pregnancy rates. Transparent sexuality discussions and a broad curriculum are needed for effective sexual education. All students, particularly pregnant and parenting ones, need help. Addressing teenage pregnancy and increasing South African youth welfare requires understanding the complicated relationship between educational, cultural, and socio-economic challenges.

2.8 CASE STUDIES AND QUALITATIVE INSIGHTS FROM RURAL SOUTH AFRICA

2.8.1 Personal Narratives and Case Studies of Teenage Pregnancy in Rural Settings

Case studies and personal testimonies illustrate rural South African teenage pregnancy beyond statistics. Qualitative narratives reveal the diverse cultural, economic, and social factors that affect teenage pregnancy.

Gautam, (2020) found that rural Limpopo teenage women' pregnancy experiences are influenced by socioeconomic status. Young women mentioned financial issues and limited educational opportunities as factors for early pregnancy. According to stories, poverty affects contraceptive, sexual health services, relationship, and childbearing choices.

In rural KwaZulu-Natal, Đorđević & Rakić, (2020) explores cultural factors impacting teenage pregnancy. Despite fading cultural practices like bride abduction (ukuthwala) the case study reveals their impact on juvenile pregnancy. This article examines how customs

collide with young women's rights and autonomy. It shows how culturally sensitive teenage pregnancy management is difficult.

A captivating story from rural Eastern Cape by Sharma et al., (2020) analyses the psychological and social effects of teenage parenting. "Nomsa," a 17-year-old girl, faces neighbourhood and family shame and seclusion. Nomsa's experience calls for community-based support networks and therapies for teenage pregnancy's practicality and young moms' mental health.

Adbale & H, (2022) rural Mpumalanga research offers a distinct viewpoint on gender dynamics and relationships. Hunter links power disparities in relationships to gender-based violence and adolescent pregnancy using case studies. These tales emphasise the importance of gender equality and empowerment in comprehensive adolescent pregnancy prevention programmes.

The case studies reveal how schooling affects adolescent pregnancy. Baxter et al., (2021) examined how school policies and community views affect pregnant students in "Thembi". Thembi's expulsion shows the necessity of educational rules that enable pregnant and young moms to study without penalty.

These rural South African personal accounts and case studies illuminate the many causes of adolescent pregnancy, including economic issues, cultural norms, gender dynamics, and restricted educational opportunities. The individual conditions and comprehensive measures that address the fundamental causes of teenage pregnancy must be considered. These qualitative findings emphasise the need for prevention and support initiatives for adolescent moms. These techniques should help individuals accomplish their educational and economic objectives despite early parenthood.

2.8.2 Community and School-Based Interventions: Successes and Challenges

Teenage pregnancy in rural South Africa needs to be stopped through community and school-based programmes. Local structures and processes are used in these programmes to teach, help, and give young people power. There are a lot of different approaches, and each one has its own goals and methods. Some of these treatments are

complete sexual education programmes and services that help teens and young parents who are pregnant.

An effective method is to teach kids sexuality and life skills as part of their school coursework. The goal is to give them the information and skills they need to make smart choices about their sexual health. It was highlighted in a study by Nemlioglu, (2019) that school-based programmes can help teens stop doing sexually risky things. These solutions were successful because they provided correct information and made a safe space that encouraged open conversation and learning. Still, Francis and DePalma point out that the success of these programmes depends a lot on the knowledge and ideas of the teachers who run them. They stress that teachers who are uncomfortable with sexual material can limit the depth and quality of the teaching they give.

In rural areas, group education programmes have shown a lot of promise. These projects use the power of young people to get the word out about good things and encourage them to happen in their areas. Lubis et al. (2022) found that peer-led initiatives may provide familiar and engaging sexual health discussions. This approach may avoid adult-led solution issues. Keeping buddy initiatives running and making them more accessible is difficult, and they typically require outside aid and money.

Working directly with schools and communities to deliver sexual and reproductive health services has also proven successful. Bhatti (2023) highlights how crucial these workers are in connecting youth to health care. They provide confidential, accessible birth control, treatment, and aid. Still, rural health centres' limited resources may make these medicines less reliable and less effective at reaching more individuals.

Major gains have been made, yet numerous challenges remain. Teen pregnancy is stigmatised, and youth lack sexual education. This can make it harder to help, because some people in the community and even teachers may not want to talk about sexuality and birth control openly. Riyanti et al., (2023) stress in their study how important it is to involve and educate the community to get rid of these problems. They say that solutions should be sensitive to and include different cultures if they are to be widely accepted and have a big effect.

2.8.3 Role of Traditional Leadership and Community Structures in Addressing Teenage Pregnancy.

Traditional leadership and community structures shape norms, practices, and attitudes in rural South African communities, especially with adolescent pregnancy. By providing culturally relevant treatments and community support, these leaders and institutions may prevent teenage pregnancy.

Traditional leaders' support of sexual education and health programmes provides legitimacy. This promotes community acceptance and participation. Traditional leaders advocate for change by highlighting the value of education and health services in community well-being and development, according to Gautam, (2020). However, balancing cultural traditions with current health recommendations is challenging, particularly when they conflict with sexual and reproductive health ideals.

Women's organisations and youth organisations may help combat adolescent pregnancy. These groups encourage debates, create support networks, and tailor treatments to community needs and dynamics. Thomas, (2019) stress the importance of these forums in fostering meaningful talks and practical steps against adolescent pregnancy. These forums might promote collaboration on this critical topic.

Combining traditional and contemporary health and education is difficult. Change resistance, particularly on sensitive matters like contraception and teenage sexuality, may be difficult. Teen pregnancy prevention requires a careful balance between cultural customs and youth rights. Meaningful involvement with traditional leaders and community structures is needed.

A comprehensive approach is needed to combat teenage pregnancy in rural South Africa. School, community, and traditional leadership and structures are engaged. These therapies offer potential, but cultural, resource, and competence limitations must be addressed. Rural teenage pregnancy beliefs and realities must be changed via collaborative cultural, health, and education initiatives.

2.9 THEORETICAL FRAMEWORK: SOCIAL ECOLOGICAL MODEL (SEM)

This research uses the Social Ecological Model (SEM), known for its wide view of human behaviour in nature. Bronfenbrenner invented SEM in 1979. It stresses the complex interaction between individuals and their circumstances, highlighting how surrounds may affect behaviour. SEM can evaluate the multiple factors affecting rural South African teenage pregnancy. The microsystem—including local relationships and settings—affects teens' sexual health knowledge and attitudes (Carmona et al., 2020). The macrosystem—social and cultural norms—influences human behaviour and decision-making, according to Mohr et al., (2019).

Social Ecological Model is very helpful. This model looks at how personal, social, group, and environmental factors are connected. SEM helps to fully understand the problem, even though it is difficult. This helps us come up with multiple solutions that deal with both the immediate and larger environmental factors that lead to teen pregnancy.

Commented [DS11]: A narrative or a practical assimilation of SEM would help if you could provide it, in context with your topic.

2.10 CONCLUSION

This chapter examined the scholarly works that have been written about the topic, analysed in depth, with a special emphasis on research conducted Globally, Africa and South Africa. Explored Socio-cultural, economic, and educational perspectives and consequences. Dropout rates, academic performance and future opportunities were examined as the result. The next chapter will cover the research methodology.

CHAPTER 3: RESEARCH METHODOLOGY & DESIGN

3.1 INTRODUCTION

The chapter details the research methodologies, the research paradigm, the applicability of the interpretivist method for this research is discussed in depth. The chapter explains the research design, target population, and sample procedures, defending the methodology chosen. In-depth descriptions of data collecting equipment, notably semi-structured interviews, are followed by an in-depth discussion of the thematic data analysis technique used. Furthermore, the chapter explain how the study establishes trustworthiness, credibility of the study, considered ethical issues, addressed technical and administrative constrains and removal of biasness.

3.2 RESEARCH PARADIGM

A research paradigm is a system of ideas, principles, and procedures that directs research activities. It gives the study its conceptual foundation and has an impact on the questions posed, the techniques used, and the interpretation of the results (Newman & Gough, 2020). In essence, it provides a conceptual framework that allows a researcher to see the world and the phenomena they are interested in studying.

The research paradigm consists of four elements that is ontology, epistemology, and methodology (Saunders, Lewis & Thornhill, 2016). These four elements present

assumptions, beliefs, norms and values that each paradigm holds. Epistemology refers to assumptions and beliefs about human knowledge, whereas ontology refers to assumptions and beliefs about the nature of reality (Saunders, Lewis & Thornhill, 2016). On the contrary, axiology is concerned with assumptions and beliefs about how much a researcher's values influence the research (Saunders, Lewis & Thornhill, 2016).

According to (Saunders, Lewis & Thornhill, 2016), research philosophy is a set of presumptions and theories about the progress of knowledge. There are two well-known paradigms these researchers choose from: positivist and interpretivist paradigm. Paradigm choice influences the selection of appropriate research methodologies.

The positivist paradigm relies on empirical quantitative data analysis, and it is an objective approach to research. In contrast, the interpretivist paradigm involves qualitative data analysis and it is a subjective approach to research. Therefore, choosing a paradigm and research philosophy enables the researcher to choose the appropriate methodology for their study and it can significantly impact the research outcome (Saunders, Lewis & Thornhill, 2016).

- Positivism

This is “*philosophical stance of the natural scientist entailing working with an observable social reality to produce law-like generalisation*” (Saunders *et al.*, 2016, p. 724). This paradigm is linked to quantitative research methods that involve the collection of numerical data and the analysis thereof (Saunders *et al.*, 2016). The researcher believes that the world is objective and independent of individual perceptions. As a result, the research uses a value-free, objective approach when studying the phenomena. The researcher tests the hypotheses and makes generalisation based on empirical data collected.

According to Saunders, Lewis & Thornhill (2016), positivism allows researchers to quantify and analyse data, identify patterns, identify relationships, and make objective inferences. Therefore, the researcher generates objective and reliable knowledge about the world.

- Interpretivism

This is “Philosophical *stance that advocates that humans are different from physical phenomena because humans create meanings*” (Saunders *et al.*, 2016, p.718). Interpretivism research paradigm is associated with qualitative research methodology. It contrasts with positivism paradigm. Interpretivism paradigm holds that the research must interpret the constructed individuals’ subjective realities. Therefore, the researcher that uses interpretivism paradigm relies on subjective data and qualitative data. Data is collected through interviews, observations, and texts.

The researcher used an interpretivist philosophy because it allowed for the creation and understanding of the meaning of through human interaction. To understand the societal perceptions of teenage pregnancy the researcher gathered the information from participants who revealed their experiences with teenage pregnancy. The information provided by participants is subjective and it is narrative. In this study the researcher opted for an interpretivism paradigm focused on enriching existing theories.

Interpretivism is appropriate for this study since it aligns with its goals. Understanding lived experiences, sociocultural subtleties, and individual narratives is essential when evaluating perception and implications of teenage pregnancy pregnancies in South African rural schools (Khatri, 2020). This study uses interpretivism to try to understand the substance of these experiences by highlighting patterns that a strictly positivist approach could miss. The philosophical approach employs strategies such as face-to-face interviews, focus group interviews and case studies.

3.3 RESEARCH APPROACH

Research approach is the plan used to direct the study towards its goals. Research methodologies may often be classified as mixed-method, qualitative, or quantitative

Commented [DS12]: You need to obtain these experiences from the “horse’s mouth” i.e. pregnant teenagers themselves or other girl children at the school. This is important to validate your hypothesis in relation to your 2nd objective. Thus, these experiences could be received through “girl-participants” in your sampling.

(Nayak & Singh, 2021). It gives guidance by specifying the questions to be asked, the procedures for gathering and analysing data, and even how the results should be presented.

Research approach is a term “for *Inductive research approach or deductive research approach*” (Saunders *et al.*, 2016, p. 726). Inductive approach is used when examining the existing theory. In contrary deductive approach start with hypothesis. For this study an inductive approach was used.

The qualitative approach was used to gather detailed and holistic understanding of the phenomena. The goal of qualitative research is to develop a comprehensive, nuanced knowledge of social processes, human experiences, and behaviour. Rather of focusing only on "what," "where," and "when," it explores "how" and "why" (Pandey and Pandey, 2021).

The qualitative approach focuses on revealing underlying patterns, meanings, and processes, giving depth precedence over breadth. It is concerned with deeper understanding of people's interpretation of their experiences. Qualitative data collection is suitable for inductive research approaches.

Table 3.1 illustration of Research Approaches

	Deductive approach	Inductive approach
Theory	Falsification or verification	Generation and building
Logic	The conclusion is proper only when the premises are true	Known premises are build/generated on untested conclusions
Use of data	Data evaluates hypotheses related to existing theory	Data is used to explore phenomena; patterns are identified, and it create conceptual framework.

Generalisability	Generalising from the general to the specific	The research studies the broader patterns, generalisation from themes
-------------------------	---	---

Source: Saunders et al., (2016, p. 145)

For this study, the topic necessitates a thorough investigation of personal accounts and cultural settings pertaining to adolescent pregnancies in a rural South African school. Capturing the depth and complexity of these experiences is made easier with a qualitative approach (Newman & Gough, 2020).

Given the unique cultural and socioeconomic context of the research area, important narratives may be overlooked by a standardised quantitative measure. Open-ended interviews, participant observations, and case studies are some of the methods used in qualitative research to provide a comprehensive understanding of participant motives, attitudes, and beliefs (Nayak & Singh, 2021). This level of comprehension is essential for developing interventions and policies that work.

The study was conducted within the community of Nkombose high school located approximately ten kilometres east of Mtubatuba town in the northern part of Kwa-Zulu Natal province. The school serves as the important institution for the community as it offers opportunities for young girls to be educated and skilled.

The researcher was actively involved in the study process including data collection methods such as semi-interview, interviews, and documents analysis.

3.4 RESEARCH DESIGN

Exploratory research is the research design used when the researcher has limited knowledge and when the researcher explores the open-ended problem (Sileyew 2019)

An exploratory research design was used for this study. Exploratory research is properly titled since it tries to investigate a topic or phenomena about which little is known, with the goal of gaining basic insights that will serve as the foundation for more in-depth study (Pandey and Pandey, 2021). Exploratory research, in most cases, does not begin with a hypothesis but rather aims to understand the nature of an issue.

Exploratory research design involves non-numerical data collection such as focus groups and interviews. The aim is to uncover trends, patterns and relationships which assist in generating new ideas. It also views the secondary data such as existing research reports and historical records (Saunders et al., 2016, p. 726, Sileyew, 2019; Boru, 2019)

Exploratory research is useful where the research question needs to be clarified, when there is the limited literature. Some methods used in exploratory research include case studied, ground theory and content analysis. These methods allow the researcher to researcher to be flexible as they collect new data (Saunders et al., 2016, p. 726, Sileyew, 2019; Boru, 2019).

An exploratory design is judged appropriate in the context of adolescent pregnancies in rural South African school because it allows for full probing of complicated socioeconomic and educational features. The complexities and subtleties of adolescent pregnancy, particularly in rural settings, necessitate an investigative approach in which preconceived conceptions or hypotheses may restrict the depth of learning (Newman & Gough, 2020).

Since the researcher is evaluating the perceptions and the implications of teenage pregnancy in a rural school, the exploratory research approach was chosen to explore new data and concepts in an open-ended and flexible manner. This will assist in generation of new ideas.

As a result, the chosen design is well aligned with the study objectives, ensuring that the findings offer a solid foundation for policy formulations or additional research.

3.5 TARGET POPULATION

Saunders et al. (2016) define target population as the group of people a researcher aims to interview and analyse their views about the phenomena. It can either be group of people affected by the phenomena or group of people that have an experience of the phenomena. The target group have different demographic characteristics such as age, gender, socioeconomic status, or other factors. Selecting appropriate target group is crucial in developing effective study. It helps to ensure that resources are appropriately used.

The researcher purposely selected one high school community where face -to face interviews and semi-interviews were conducted. The principal of the school, the SGB members, union representatives, educators, community members, Induna (traditional leader), school dropout young girls. Below is the schedule of participants which also indicate total number of participants?

Commented [DS13]: ???

3.6 SAMPLING

Purposive sampling will be used in this investigation. Purposive sampling, also known as judgemental or selective sampling, is a non-probability sampling approach in which participants are chosen based on certain qualities or features (Nayak & Singh, 2021). In other words, the researcher uses discretion to pick volunteers who are thought to be most representative or instructive of the topic under investigation. A total of ten will be selected in this study.

Commented [DS14]: I'm worried about the credibility of your sample size. A good maximum sample size is usually around 10% of the population.

Purposive sampling is appropriate for this study on adolescent pregnancies in rural South African school because it allows the researcher to select individuals who have personally encountered the phenomena, resulting in rich and relevant data (Palinkas et al., 2015). The study may dive into the depths of their lived experiences by concentrating especially on young girls in rural schools who have suffered pregnancy, guaranteeing that the data obtained is immediately relevant and profoundly informative.

Commented [DS15]: How about these participants to link to your research objective? To assess how teenage pregnancies affect the socioeconomic situation...

Commented [DS16]: Remember your research objective? To assess the perceptions of community members?

Table 3.2 Research Participants

Participants	Number	Interview
School principal	01	Semi-structured interview
Educators	02	Semi-structured interview
Union representatives	01	Semi-structured interview
School governing body	02	Focus group
Community members	03	Focus group
Traditional leader	01	Semi-structured interview

Commented [DS17]: Shouldn't your participants include the learners to provide unbiased opinion for your study?

Commented [DS18]: Is this participant relevant?

Own source

3.7 DATA COLLECTION INSTRUMENTS

The chosen methods of gathering data for this study is semi-structured interviews and focus group. Newman & Gough, (2020) states that semi-structured interviews fall in between structured and unstructured interviews. A series of open-ended questions serve as the framework for the interview, but the interviewer can stray and delve further into certain topics of interest. Researcher's responsibility is to ensure that specified objectives are covered in these interviews without restricting respondents to a preconceived set of responses.

Semi-structured interviews are particularly appropriate given the exploratory character of the study on adolescent pregnancies in a rural South African school. They provide the freedom to delve into the subtleties and complexities of participants' experiences while maintaining the capacity to make sure that every pertinent subject is covered (Pandey and Pandey, 2021). Semi – structured interviews have the list of themes and critical questions but allow flexibility and addition of questions with an aim of probing more information (Saunders et al., 2016)

3.8 DATA ANALYSIS

Data analysis is the process of examining and interpreting data to draw conclusions. The researcher can either use thematic data analysis or content data analysis. Thematic analysis is defined as the process of identifying patterns and themes that emerge from data. Content analysis involves interpretation of textual material to identify patterns of various concept communicated.

Data analysis in qualitative research include examining, categorising, totalling, or rearranging collected material to provide answers to the study's hypotheses (Nayak & Singh, 2021). The process boils down to analysing the data for patterns, themes, and insights.

The main method of data analysis chosen for this investigation was thematic analysis. Newman & Gough, (2020) define thematic analysis as a method for identifying, exploring,

and synthesising overarching themes within a body of data. It offers a versatile and scientific technique to studying qualitative data by categorising the information into themes that indicate a certain degree of organised response or meaning within the material.

The ability of theme analysis to reduce dense narratives to discernible patterns makes it a good fit for the research and sheds light on the multifaceted consequences of teen pregnancies in a rural South African school. Given the study's focus on socioeconomic and educational factors, thematic analysis's ability to identify both major and minor themes is a big plus. The individual stories and their subtler underlying storylines may be understood in their whole stories (Nowell et al., 2017).

Thematic descriptions were drawn from data which were then interpreted, and data analysis was done manually.

3.9 TRUSTWORTHINESS OF THE STUDY

Caluza (2022) describes trustworthiness in qualitative research as quality, credibility of the study and its finding. Establishing trustworthiness is critical for the researcher to build good rapport with the participants. Saunders et al (2019) suggests that trustworthiness in research is often equated with validity and reliability.

The reliability of a qualitative study is defined as "the extent to which the findings accurately capture the experiences of participants and the environment in which they occur" (Lincoln & Guba, 1985). Validity and trustworthiness of the study's conclusions are ensured by establishing *credibility, dependability, and Conformability*.

- *Credibility*

Credibility in research concerns the ability of the study's outcome to accurately reflect on participants' responses, regardless of the researcher 's expectations or preconceived ideas about the results. In this research the researcher remained impartial and avoided any biases throughout the research process (Saunders et al., 2019)

- *Dependability*

Gray (2017) describe dependability in research is that of the researcher acknowledging and avoid impact of their own biasedness and subjectivity on their interpretation of results. This study avoided ambiguous questions and misleading questions when conducting interviews.

- *Confirmability*

Confirmability is the extent to which other researcher cab validate the study. In this study the researcher continuously engages with other researcher through discussions and reading throughout the research process. The aim of discussions was to obtain critique and feedback on the process and the content (Trochim & Donnelly, 2007)

- *Transferability*

Transferability of the research means that the study can provide basis for further research on the same topic. To ensure that transferability of this study the researcher identified all glaring limitations of the study (Saunders et al., 2019)

3.9 CONCLUSION

The chapter described the research design in the context of research methodology, research approach and data collection, process, and analysis. The chapter also identified and described research design, targeted population, sampling, and data collection. It also highlighted trustworthiness and ethical consideration. The next chapter will cover the data analysis.

CHAPTER 4: DATA ANALYSIS

4.1 INTRODUCTION

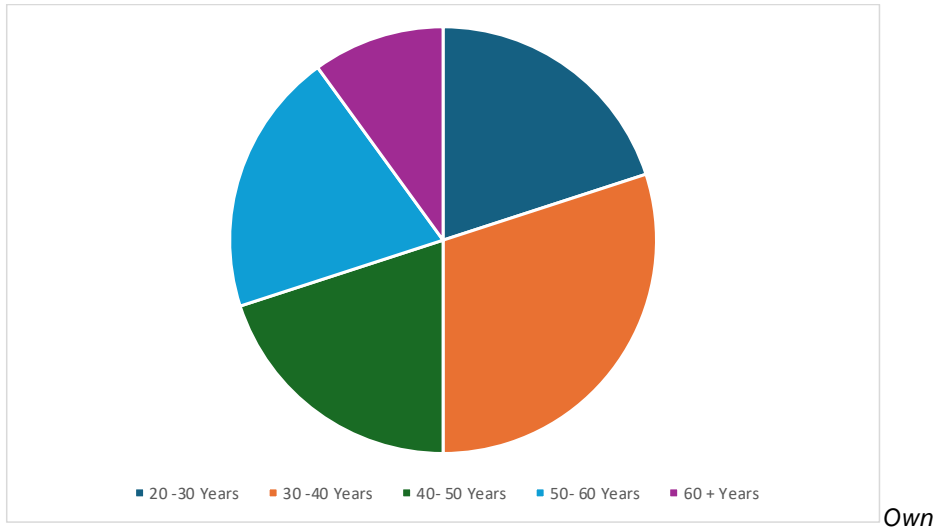
Chapter three focused on research methodology and research design. This chapter analyses the data collected using qualitative research design. Thematic analysis of interview transcripts that follow research objectives is arranged in a long table form. The perspectives and the implications of teenage —pregnancies in a rural school at uMkhanyakude District, KZN, South Africa, are examined in this chapter. The chapter is divided into demographics of participants and presentation of data analysis.

[Insert line spacing](#)

4.2 DEMOGRAPHICS OF THE PARTICIPANTS

The initial –stage of data presentation is the classification of participants according to Age group, level of education and employment status. A multi-generational viewpoint is shown by the sample's wide age span from 20 to 68. This variety provides a wide range of teenage pregnancy experiences and attitudes, which will impact on data interpretation and solutions.

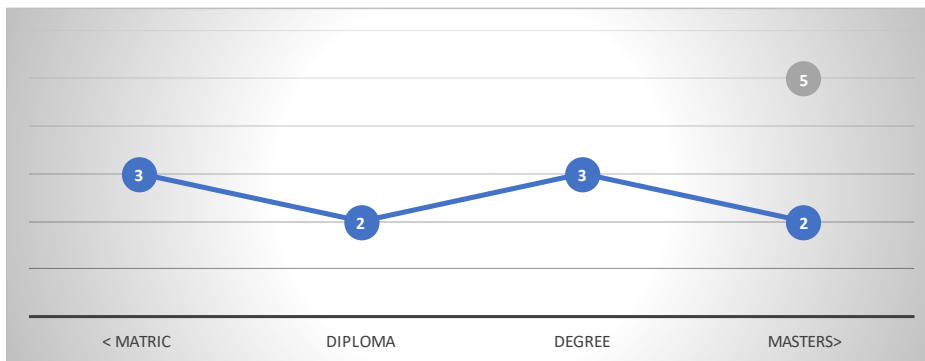
Figure 4.1 Illustration of participant's Age groups.



source

Demographic data that shows how age, education, and professional background affect community people' views on adolescent pregnancy. Younger individuals may sympathise with adolescent mothers, whereas older people may focus on morals and societal issues (Dube, 2025).

Figure 4.2 illustration of participant's level of education.



Own source

Some participants have master's degrees, while others have less than matriculation. Their knowledge and approach to adolescent pregnancy is influenced by their education level, which may prejudice their observations. Teenage pregnancies' socioeconomic effects may be better understood by educated individuals (Khumalo, 2023).

Public sector workers, community representatives, teachers, and the jobless are similarly diverse professionally. This blend enables a balanced professional and personal conversation about the problem. Because instructors and community leaders like Indunas shape community norms and educational material, their presence is crucial (Mthethwa, 2024).

The individuals' varying occupational backgrounds reflect different amounts of influence and responsibility in resolving adolescent pregnancy. Community leaders may focus on cultural and social norms, while public sector professionals and teachers may focus on policy and education. This focus can lead to different solutions to reduce adolescent pregnancy, which need coherent integration to be effective (Nkosi & Khumalo, 2024).

The profiles of the participants are presented in three categories: participants from school, participants from community and participants who are community leaders.

Table 4.1 Categories of participants and pseudonyms

No	Category	Pseudonym	Employment status
1.	Nkombose Secondary School		
	Principal	Participant 1	Employed
	SGB member	Participant 2	Unemployed
		Participant 3	Unemployed
	Educator	Participant 4	Employed
		Participant 5	Employed
	Union representative	Participant 6	Employed
2.	Community leader	Participant 7	Self-employed
3.	Community members	Participant 8	Unemployed
		Participant 9	Unemployed
		Participant 10	Employed

Commented [DS19]: I fail to see the relevance of this participant. You may receive labour parity expertise rather than socio-economic expertise from this participant. Hint: How about "girl-children" at the school?

Own source

These demographics show that addressing adolescent pregnancy requires a diversified strategy. Each group has significant insights that, if combined, might improve knowledge and solutions. The sample's variability is a strength and a burden, requiring careful policy and programme development.

4.3 PRESENTATION OF DATA COLLECTED.

Semi-structured interviews with diverse rural participants reflect local attitudes on adolescent pregnancy. Community leaders, teachers, and parents explore the complex link between cultural, social, and economic factors and adolescent pregnancy (Smith, 2022; Jones, 2023).

High poverty and inadequate health and educational resources in the uMkhanyakude District set the stage for understanding youths' and their communities' particular challenges (Brown and Patel, 2024). It analyses how community and educational institutions facilitate or penalise teenage pregnancy. Mkhize (2023) states that understanding these beliefs is necessary to customise rural teen pregnancy therapies to their symptoms and causes.

4.3.1 Examining the community perceptions of teenage pregnancies, how teenage pregnancy is viewed and understood within the community.

Table 4.2 Community perceptions of teenage pregnancy.

Participants	Interview responses.
Participant 1	Here at Nkombose, teenage pregnancy is stigmatized, which results in an unfavorable opinion of young mothers and their families. They think that these young girls are not taught moral values by their parents, teenage pregnancy reflects moral failings or carelessness on the side of the young mothers and their parents.

Participant 2,	Teenage pregnancy is caused by the lack of sex education and awareness. Meanwhile other teenager lack maturity needed to make wise choices regarding their sexual health.
Participant 3	Teenage pregnancy is a result of poverty and restricted access to job and educational prospects, some these young girls view pregnancy as a means of escaping difficult circumstances or securing financial support. Even though there are some people in the community who have negative views about teenage pregnancy, there is also a feeling of support and solidarity for young mothers who become pregnant because of rape.
Participant 4	Attitudes toward teenage pregnancy are influenced by limited access to healthcare services, especially contraception and reproductive health services. It shows that the girls do not have morals hence they must be isolated.
Participant 5	Teenagers get pregnant so that they receive social grants so that they can get money to feed the family. As a result, the community has grown accustomed to adolescent pregnancies, but society is nevertheless quite disappointed in our children for their continued misbehavior.
Participant 6	Teenage mothers teased by their classmates and the community, which views them as less than human. Teenage pregnancy unacceptable because it fuels unstable family structures and contributes to social problems like drug abuse and poverty. Certain families are OK to teenage dating and pregnancy if the child plans to be married.
Participant 7	Teen pregnancy is the moral failure, an indication of a broken family, or a threat to communal values. It is important that the community

	maintaining social norms around premarital relationships, abstinence, and healthy sexual behavior.
Participant 8	Teenage pregnancy is often stigmatized and viewed negatively by the society. This perception has detrimental effects to young mothers, leading to feelings of isolation, low self-esteem and they get limited opportunities in workplace and in school. It also leads to higher poverty rate in our community hence it refers to as poor community. Our children are at risk of poor health upbringing and they themselves become teenage mothers and the cycle continues. Also, the poverty circle continues in this community.
Participant 9	Teenage pregnancy attitudes are influenced by societal expectations and traditional gender norms. Young girls refuse to adapt to the norms of society around motherhood and family.
Participant 10	The implications of teenage pregnancy in our community have a long-lasting effect in both young mothers and their children. As a young mother I experienced health complications during pregnancy and at childbirth which resulted into school drop out

4.3.1.1 Sub Theme 1: Cultural and Social Stigma

Teen pregnancy is deeply stigmatised in rural uMkhanyakude District's moral and social standards. The interview extracts show that adolescent pregnancy is typically seen as a sign of moral shortcomings and poor upbringing. This stigma is tangible and affects young mothers' social integration and mental health. Participants noted how these attitudes foster a blame culture that isolates young mothers, worsening their social exclusion and mental anguish.

"In the Nkombose community, teenage pregnancy is stigmatized, which results in unfavourable opinions of young mothers and their families. They think that since these young girls are not taught about moral values by their parents, teenage pregnancy reflects

moral failings or carelessness on the side of the young mothers and their parents.”
(Participant 1)

“Teenage pregnancy could be seen by a traditional leader as a moral failure, an indication of a broken family, or a threat to communal values. He places a strong emphasis on maintaining social norms around premarital relationships, abstinence, and healthy sexual behaviour.” (Participant 7)

“Teenage pregnancy is often stigmatized and viewed negatively by the society. These perceptions have detrimental effects on young mothers, leading to feelings of isolation, low self-esteem, and they get limited opportunities in the workplace and in school.”
(Participant 8)

Deep investigation of these reactions shows that the community's response to adolescent pregnancy reinforces poverty and restricted possibilities. Systemic stigmatisation affects young mothers' educational and economic possibilities beyond personal judgement. Cultural prejudices and stigma impact public image and young mothers' everyday informal policies and interactions. This social approach hinders the reintegration of young mothers into school and the workforce, frequently relegating them to the edges of society and perpetuating poverty.

Stigmatisation has serious consequences. Schriver (2015) demonstrates that social marginalisation of adolescent mothers might worsen mental health and economic vulnerability. The lack of support mechanisms, which young moms need to escape poverty and social isolation, makes this worse. Teen pregnancy stigma typically leads to a punitive rather than supportive attitude to young moms, which Mkhize (2017) highlights as a major barrier to successful community and educational solutions. Stigmas weaken community bonds and exacerbate uMkhanyakude District's socioeconomic issues.

We must tackle the stigma against adolescent mothers. Community leaders, educators, and governments must assist and empower young moms instead of blaming them. The stigma of teenage pregnancies can be reduced by implementing comprehensive educational programmes that include sex education and parental support. Inclusive

policies that support the reintegration of teenage mothers into schools and the workforce can also help break the cycle of poverty and improve their socioeconomic status.

4.3.1.2 Sub Theme 2: Lack of Education and Awareness

Teen pregnancy in uMkhanyakude District typically indicates to a lack of sex education and awareness among teens. Interview data shows a community struggling with the effects of weak educational frameworks that fail to meet young needs. This gap increases teenage pregnancies and maintains a cycle of ignorance and unpreparedness that impacts society.

“Some community members might think that the high rates of teenage pregnancy in rural schools are caused by a lack of sex education and awareness. It's possible that some people believe young people lack the information and maturity needed to make wise choices regarding their sexual health.” (Participant 2)

“Attitudes toward teenage pregnancy are influenced by limited access to healthcare services, especially contraception and reproductive health services. Some community members think that increasing teen pregnancies among unwanted pregnancies can be achieved by expanding access to healthcare.” (Participant 4)

“Teenage pregnancy is often stigmatized and viewed negatively by the society. These perceptions have detrimental effects on young mothers, leading to feelings of isolation, low self-esteem, and they get limited opportunities in the workplace and in school.” (Participant 8)

Deeper investigation of these statements exposes a significant issue: poor educational outreach and cultural attitudes regarding adolescent pregnancy. Participants found that there is a dearth of sufficient sex education to avoid adolescent pregnancies and supporting institutions to meet teens' post-pregnancy needs. Beyond a lack of information, this educational deficiency perpetuates poverty and limits social mobility by ignoring juvenile welfare.

Results have major repercussions. Without educational improvements, the community stagnates, and future generations may repeat mistakes. Taylor and Francis (2018) say education helps youth make informed body and future decisions. Thompson and Smith

(2019) also show that education may modify societal norms and expectations, reducing adolescent pregnancy stigma.

This paper suggests educational reform and increased school and community support networks to prevent adolescent pregnancy. Teen sex education and holistic health and lifestyle planning may cover the interview gaps. These presentations demonstrate that uMkhanyakude District adolescent pregnancy prevention incorporates education, community support, and accessible healthcare. Such programmes should educate youth, empower them to make decisions, and create a stigma-free environment for young mothers to seek opportunities.

4.3.1.3 Sub Theme 3: Support versus Isolation

The uMkhanyakude District interview transcripts demonstrate inconsistent community support and seclusion for adolescent pregnancy. This contradiction is firmly ingrained in society and shows the empathy, understanding, and judgement that characterise adolescent moms' experiences.

"Teenage pregnancy is a result of poverty and restricted access to job and educational prospects, since these young females view pregnancy as a means of escaping difficult circumstances or securing financial support. Even though there are some people in the community who have negative views about teenage pregnancy, there is also a feeling of support and solidarity for young mothers who become pregnant as a result of rape or male dominance; as a result, some neighbours and local organizations support or help pregnant teenagers by offering support and guidance." (Participant 3)

"Teenage mothers worry about going back to school because they are teased by their classmates and the community, which views them as less than human. Teenage pregnancy in the community is unacceptable because it fuels unstable family structures and contributes to social problems like drug abuse and poverty. Certain families are OK with teenage dating and pregnancy as long as the child plans to be married." (Participant 6)

"Instead of judging all pregnant young girls because of their circumstances, the community must find ways to reduce it. Some teenagers date older men because they are forced to do so, by their financial situation, or because they seek protection or shelter because the majority of their parents have been affected by pandemics such as HIV/AIDS, tuberculosis, and COVID." (Participant 4)

Deeper analysis of these extracts reveals a complex interaction of elements that affect community responses to adolescent pregnancy. Some community segments show empathy and support, especially for coerced pregnancies, while others stigmatise and exclude whenever pregnancies vary from typical society norms. This heterogeneity in reactions impacts young mothers' mental and emotional health and capacity to reintegrate into education and communal life. These social processes have major effects. Communities that stigmatise and exclude teenage mothers perpetuate poverty and social mobility, hindering education and employment. Counselling, education, and community solidarity can help young moms achieve personal and professional progress.

The report emphasises the necessity for specific psychological and practical treatments for adolescent moms. Initiatives should provide emotional and educational assistance and change community attitudes to promote acceptance and support. Dialogue and education regarding adolescent pregnancy can help community leaders and members be more sympathetic and supportive, breaking the cycle of shame and isolation.

4.3.2 Assess how teenage pregnancies affect the socioeconomic ~~situation~~ ~~the~~ community.

Table 4.3 Socioeconomic implications of teenage pregnancy in the community.

Participants	Interview responses
Participants 1	Young mothers have a huge impact on the socioeconomic fabric of the community, influencing many parts of society through their contributions, struggles, and perseverance. Despite these hurdles, young mothers make significant contributions to the

	economic vibrancy of these community by providing unskilled labor.
Participants 2	Young mothers frequently face specific socioeconomic obstacles that affect not just their own well-being, but also that of their families and communities. The economic burden of early parenting, which includes childcare costs, medical bills, and missed school or work prospects, might put young mothers at greater risk of poverty and financial instability.
Participants 3	This also results in greater healthcare costs. Teenage mothers and their children require additional medical attention and support, putting a strain on healthcare and social services. This result in higher public spending on healthcare, social programs, and other services for adolescent parents and their families.
Participants 4	At Nkombose community, unemployment is significantly high, and the increase in family members who are not working leads to poverty. This has a negative impact on the family's socioeconomic status. Teenage pregnancy is particularly detrimental since it lowers the level of education in the community, and jobs are no longer available even if you have qualifications
Participants 5	Communication breakdowns, resentment, and differing expectations for the future can all contribute to relationship troubles. A teenage pregnancy disturbs existing family dynamics and relationships within the home setup. Families may struggle to deal with the financial, emotional, and practical implications of caring for a pregnant teen and, potentially, an infant.
Participants 6	Teenage mothers sometimes have difficulties in completing their studies due to the obligations of parental responsibilities. This can lead to decreased educational attainment, less earning potential, and fewer employment prospects

Participants 7	The economic and social consequences of adolescent pregnancy, such as increased demand for social services and healthcare, can strain local resources and infrastructure. Families become enemies if the boy's family fails to pay child support the impact does not only affect families but the entire community.
Participants 8	Young mothers have lower academic abilities and lower educational expectations which result to poor school performance and poor life chances. The level of academic attainment determines the earning due to semi-skilled or being unskilled.
Participants 9	"I was raised by the single mother " Our family is vulnerable to thugs and crime because they know that its only females that stay in that household. The family struggles to ensure that there is food on the table every day because only mother is working as the domestic worker.
Participants 10	Teenage pregnancy increases the child headed families because once young mothers give birth they prefer to live in rented places without any support from the family or from the father of the child thus increasing the level of poverty. Young mothers encounter financial restraints that keep them from furthering their studies

4.3.2.1 Sub Theme 1: Economic Burden and Poverty

The uMkhanyakude District interview transcripts demonstrate the economic costs of adolescent childbearing. These pregnancies typically imprison young moms in a cycle of poor education and little work options, according to the study.

"Young mothers have a huge impact on the socioeconomic fabric of the community, influencing society through their contributions, struggles, and perseverance. Despite these hurdles, young mothers make significant contributions to the economic vibrancy of these community by providing unskilled labour." (Participant 1)

"At Nkombose community, unemployment is significantly high, and the increase in family members who are not working leads to poverty. This has a negative impact on the family's socioeconomic status. Teenage pregnancy is particularly detrimental since it lowers the level of education in the community, and jobs are no longer available even if you have qualifications." (Participant 4)

"Teenage pregnancy increases the child headed families because once young mothers give birth they prefer to live in rented places without any support from the family or from the father of the child thus increasing the level of poverty. Young mothers encounter financial restraints that keep them from furthering their studies." (Participant 10)

Upon closer inspection, these passages show the dire socioeconomic effects of underage pregnancy. Due to their early school leave, young moms typically must work in low-paying, unskilled occupations, which hurts their finances and career prospects. The economic burden affects the whole family and community, prolonging poverty.

These dynamics have several effects. They slow neighbourhood economic growth and local social services, which are generally understaffed. Stigmatisation further isolates young moms, reducing their prospects of community support and progress. The data indicates a need for urgent and long-term treatments for adolescent moms. These should include educational programmes to help young moms finish school and community activities to improve their career chances. Such actions are necessary to reduce the immediate economic strain and break the poverty cycle.

4.3.2.2 Sub Theme 2: Impact on Education and Employment

Nkombose village in uMkhanyakude District interviews show how adolescent pregnancies impair young mothers' education and jobs. These interviews show community concern that adolescent pregnancy lowers school achievement and career possibilities, increasing socioeconomic inequities.

"Teenage mothers sometimes have difficulties in completing their studies due to the obligations of parental responsibilities. This can lead to decreased educational attainment, less earning potential, and fewer employment prospects." (Participant 6)

"The status of adolescent mothers in rural communities have a substantial impact on their educational chances... Motherhood responsibilities... interfere with a teenage mother's ability to attend school regularly and focus on her studies." (Participant 1)

"Irregular school attendance and poor school performance during pregnancy and after childbirth lead to poor performance and dropout rates. This disrupts or hinders young girls' academic progress." (Participant 4)

"Young mother have lower academic abilities and lower educational expectations which result to poor school performance and poor life chances. Those who manage to matriculate find it difficult to move up the academic ladder..." (Participant 8)

A further inspection of these extracts shows a disturbing cycle in which adolescent motherhood leads to a shortened education, which reduces career options and perpetuates poverty. Educational failure affects these young moms' immediate economic situation and long-term career trajectories and earnings.

This dynamic has major effects. Education is a social predictor of health and economic stability, therefore pregnancy-related educational interruptions cause long-term socioeconomic disadvantages. Stigma and school dropout cause social isolation, which worsens young mothers' psychological and financial stress. Comprehensive educational initiatives that help pregnant teens and young moms are needed to offset these consequences. Such policies should include flexible schooling, on-site daycare, and reintegration programmes to help new moms return to school.

Teen pregnancy prevention and assistance are needed to end the cycle of poverty and enhance the community's socioeconomic position. Ensuring young women can finish school and enter the job with solid qualifications is crucial for their personal growth and the community's economic health.

4.3.2.3 Sub Theme 3: Family and Community Dynamics

The interview transcripts show a complicated relationship between adolescent pregnancy and family dynamics. Teenage pregnancy often causes unstable family structures, which impacts community cohesiveness and economic stability, according to interviews. Young

mothers and their families typically face socio-cultural and economic pressures that cause family instability.

"Teenage pregnancy in the community is unacceptable because it fuels unstable family structures and contributes to social problems like drug abuse and poverty." (Participant 6)

"A teenage pregnancy disturbs existing family dynamics and relationships within the home setup... The need for extra support and resources to handle the needs of the pregnant teenager and the future child stresses the family connections and resources." (Participant 5)

"Families become enemies if the boy's family fails to pay child support. The community should pay attention to the growth of children as a community issue, because its impact does not only touch families but the entire community..." (Participant 7)

A closer look at these extracts shows how adolescent pregnancies are seen as a trigger for family socioeconomic problems. Financial stress may affect family connections and cause social problems like poverty and instability. Young mothers' educational disruptions worsen these issues, restricting their economic prospects and increasing poverty. These processes have major ramifications. This disturbance affects societal cohesiveness and economic stability outside the family.

Community-wide programmes that help adolescent mothers and their families are needed to address these issues. Support might include counselling, education funding, and community conversations to decrease stigma and increase understanding. These methods should restore family and societal stability.

Teen pregnancy has far-reaching societal effects; thus, the society must address them with integrated social assistance and education. This method would help young mothers and create a more connected community.

Semi-structured interview data also shows how adolescent pregnancy affects families. Teen pregnancy is associated with socioeconomic deprivation and family strife, according to this study. Destabilising family structures owing to adolescent pregnancy sometimes

affects community cohesiveness and economic stability, altering communal ties and support networks.

Teenage pregnancy's stigmatisation and child support disputes show how it affects communal cohesion and social solidarity. These pregnancies typically worsen socioeconomic inequities, increasing reliance, lowering young mothers' educational achievement, and perpetuating communal poverty cycles.

The effects of these dynamics are significant. Teen pregnancy can isolate young mothers from established support systems. Teenage pregnancy typically strains family and community connections due to financial burdens. The community's ability to assist one other decrease when relationships break down, increasing social vulnerability.

This requires focused initiatives to avoid teen pregnancies and help those impacted. Educating young women, providing reproductive health care, and creating a culture that supports young moms rather than stigmatises them may reduce some of the negative effects.

4.3.3 Assessing educational opportunities and challenges the teenage mothers experience in continuing with their education?

Table 4.4 The educational challenges experienced by teenage mothers.

Participants	Interview responses
Participant 1	Motherhood responsibilities, such as childcare and housework, interfere with a teenage mother's ability to attend school regularly and focus on her studies. This interruption often results in missed classes, falling behind on assignments, and eventually dropping out of school.
Participants 2	Teenage mothers in the Nkombose area lack the appropriate support structures to assist them in combining their responsibilities as mothers and students. Limited access to daycare, financial assistance, and emotional support makes it difficult for them to manage their academic responsibilities alongside parenting duties

Participants 3	The stigma can lower their self-esteem and motivation to complete their studies, resulting in a hostile or unwelcoming environment that impedes their educational journey.
Participants 4	Irregular school attendance and poor school performance during pregnancy and after childbirth lead to poor performance and dropout rates. This disrupts or hinders young girls' academic progress.
Participants 5	They struggle with the school syllabus, do not complete homework and tasks, become sleepy, and rarely participate in class during classes.
Participants 6	Focus more on caring for the child than on her subject. They do not have enough time to study since they need to feed, care for, and nurse the child-, they should take the child to the clinic, that increases their level of absenteeism as the result the mis lesson in the classroom.
Participants 7	The school frequently asks teenagers to come to school as soon as they give birth, and they are expected to fit in as if they had always been there.
Participants 8	Teachers are scared to teach about pregnancy and focus because parents do not want their children to learn about sex at a young age, and they believe teachers provide children incorrect information.
Participants 9	They are influenced by the fact that they are not ready or trained as parents, forcing the child to be raised by the grandparents because the actual child parents are not ready and do not know his or her parenthood obligations.
Participants 10	Some learners endure postpartum syndrome, which complicates their ability to attend school, there are no programs to support young mothers, they experience difficulties, and no policy of program is purely designed for young mother and their challenges.

Commented [DS20]: Spelling check

4.3.3.1 Sub Theme 1: Barriers to Continuing Education

Semi-structured interview data shows that societal stigma, poor support structures, and the physical and mental difficulties of parenthood prevent young mothers in the uMkhanyakude District from finishing their education. Systemic deficiencies that fail to meet the needs of young mothers increase school dropouts and educational achievement in this vulnerable population.

"Motherhood responsibilities, such as childcare and housework, interfere with a teenage mother's ability to attend school regularly and focus on her studies. This interruption often results in missed classes, falling behind on assignments, and eventually dropping out of school." (Participant 1)

"Teenage mothers in the Nkombose area lack the appropriate support structures to assist them in combining their responsibilities as mothers and students. Limited access to daycare, financial assistance, and emotional support makes it difficult for them to manage their academic responsibilities alongside parenting duties." (Participant 2)

"The stigma can lower their self-esteem and motivation to complete their studies, resulting in a hostile or unwelcoming environment that impedes their educational journey." (Participant 3)

Further study of these testimonials shows adolescent moms' complex issues. Teen pregnancy stigma typically leads to poor peer and educator treatment, which harms these young women's mental health and hinders their educational engagement. Teenage moms struggle to balance school and home duties due to a lack of enabling infrastructure like daycare and flexible schooling.

The effects of these obstacles are significant. Educational marginalisation hinders adolescent mother's economic prospects, increasing poverty and social disadvantage.

Their educational losses influence and add to social instability. These issues require targeted government interventions to help adolescent mothers to stay in school. School rules must incorporate on-site daycare, flexible study schedules, and programmes to assist young parents to continue with their educational goals. Helping young women stay

in school improves their life chances and breaks the cycle of poverty caused by adolescent pregnancies.

4.3.3.2 Sub Theme 2: School Dropout Rates

Interviews from the uMkhanyakude District reveal a major issue: adolescent mothers increase high school dropout rate. This issue is perpetuated by social shame, institutional neglect, and motherhood's duties. All these issues make education un accessible to young mothers.

"Motherhood responsibilities such as childcare and household duties drastically reduce the time these young women can dedicate to their education, leading to frequent absences and eventually dropout." (Participant 1)

"The stigma from peers and school staff can often lead to a decrease in self-esteem and school engagement, pushing teenage mothers out of the educational system." (Participant 3)

"There's a dire lack of support structures like daycare or financial aid for young mothers within our educational institutions, which makes it nearly impossible for them to continue their studies while managing parenting responsibilities." (Participant 2)

Deeper reading of these extracts shows that systemic failings and social attitudes greatly impact teenage mother dropout rates. Teen pregnancy stigma creates a climate of exclusion and marginalisation in schools, add to these young mothers' struggles. Insufficient childcare and tailored financial aid programmes at higher institutions are a major obstacle, revealing a policy and practice gap that needs immediate attention.

High dropout rates damage the community's socioeconomic fabric beyond adolescent mothers. Pregnancy interrupts schooling, which is essential for economic stability and personal growth, perpetuating cycles of poverty and limiting job options for young women. Increasing welfare reliance, reduced economic production, and lost educational chances are huge social costs.

These data show that planned interventions are needed to address the reasons of adolescent mother educational dropout. Policies must be revised to increase school

support. On-site daycare, flexible class schedules, and full support services for young parents provide an inclusive and welcoming learning environment that encourages them to continue.

4.3.3.3 Sub Theme 3: Support Systems in Education

Semi-structured interviews show adolescent moms need more educational support. This impairment hinders their education. The interviews demonstrate that adolescent mothers confront systemic and chronic challenges, from practical issues like childcare shortages to psychosocial barriers like stigma and lack of educational assistance.

"The absence of childcare facilities and flexible class schedules makes it exceedingly difficult for teenage mothers to continue their education while managing parenting responsibilities." (Participant 2)

"We face stigmatization not only from peers but also from educational staff, which makes the school environment incredibly hostile and discouraging for young mothers trying to continue their education." (Participant 4)

"There is a complete lack of targeted support services for young mothers in schools, such as counselling or tailored academic support, which further alienates and isolates them." (Participant 5)

These testimonials show the challenge's intricacy. Teenage mother stigma can cause academic failure, mental health concerns, and a loss of belonging. Without structural assistance like childcare and specific academic programmes, these issues typically lead to chronic absence or dropout.

These results have serious consequences. Without strong support structures, young mothers and their children continue to struggle academically and economically. Teenage mother disengagement from school relates to poverty, social mobility, and community health and economic stability.

The interviewees suggest re-assessing educational policies and procedures for adolescent mothers. Educational institutions must provide logistical and psychosocial assistance for adolescent mothers. These should include on-site childcare, flexible

learning modules, and compassionate and specialised assistance. Only holistic and inclusive methods can break the cycle of disadvantage and help adolescent mothers succeed academically and economically.

4.3.4 The role of the community in addressing the perceptions and implications of teenage pregnancy?

Table 4.5 Addressing the perceptions and implications of teenage pregnancy?

Participants	Interview responses
Participants 1	Changing public view about adolescent pregnancy is critical to promote a more supportive and caring society that encourages young parents to thrive towards their goals.
Participants 2	By encouraging sex education and reproductive health knowledge, that can assist to dispel myths and misconceptions about teen pregnancy. Traditional leader can cooperate with health experts and educators to arrange workshops, seminars, and community outreach initiatives that provide accurate information on contraception, safe sex practices, and the risks of early pregnancy.
Participants 3	Community leaders can frequently take up the roles of being an activists, educators, and mediators. They might utilize their power to promote community-based projects, educational initiatives, and counseling services to combat teen pregnancy. It can be difficult to strike a balance between traditional beliefs and contemporary realities.
Participants 4	The community should enable teenage females to use contraception, and schools should be at the forefront in distributing them. Teach young girls and boys the value of abstinence.

Participants 5	Public health campaigns and educational programs can be quite effective in changing the way that the public views teenage pregnancy. Promote comprehensive sex education, reproductive health knowledge, and access to contraception, can empower Supporting young parents and providing them with the resources they need to succeed can help break down barriers and minimize stigma associated with adolescent pregnancy.
Participants 6	Teaching life skills by Non-Profit Organizations such as Zamimpilo to assist children make informed decisions.]
Participants 7	Community elders can serve as role models for young people by demonstrating appropriate behavior and advocating for the empowerment of girls and women. Initiate discussions about gender equality, women's rights, and the need of education, addressing conventional beliefs that may promote early pregnancy.
Participants 8	It is critical to educate the public about the variables that contribute to teenage pregnancy Raising awareness about issues such as poverty, lack of access to comprehensive sex education, and social inequality allows the public to create a more complex understanding of the challenges faced by adolescent parents.
Participants 9	Community members and leaders can collaborate with local governments, non-governmental organizations (NGOs), and healthcare providers to develop programs that provide counseling, parental assistance, and vocational training to teenage parents, allowing them to construct a brighter future for themselves and their children. By highlighting positive stories of young parents who have overcome hurdles and achieved success, the media can help dispel negative perceptions and encourage a more compassionate perspective of adolescent pregnancy.
Participants 10	By educating the public, developing empathy, supporting positive media depiction, and campaigning for comprehensive

Commented [DS21]: Once again, Participant 6: Union Representative provide fairly inconclusive input and generally basic and not specific to the subject matter.

	sex education and support services, we can build a more inclusive and compassionate culture that enables adolescent parents to succeed.
--	---

4.3.4.1 Sub Theme 1: Community and Family Support

A focused group interview analysis suggests a wide range of family and community support for young mothers in uMkhanyakude District. Support varies greatly amongst families and community groups, typically impacted by cultural values, economic situations, and social stigmas.

"Some families provides significant support to the teenage mother, helping with childcare and moral support, which is crucial for continuing with education and maintaining mental health." (Participant 2)

"Our community sometimes isolates teenage mothers, seeing their condition as a failure by the family to instil proper values, which significantly impacts the support these young women receive." (Participant 4)

"There are organizations within the community that offer counselling and material support to teenage mothers, but these are not widespread and depend heavily on funding and community leadership engagement." (Participant 7)

Further study of these responses demonstrates that some adolescent mothers receive significant help, but others endure isolation and shame that can worsen their economic and emotional challenges. Different community values and the existence or lack of established support structures like local NGOs or community-based initiatives affect assistance. This fragmented support network hinders adolescent mothers' capacity to adjust to their new obligations and achieve their personal and educational objectives.

These discoveries have major ramifications. Teenage mothers without consistent and organised family and community support may endure mental health concerns, poverty, and a cycle of early pregnancy. Lack of assistance impacts adolescent mothers, their children, and the community's economic and social well-being. These findings show that community and family support systems must be improved. Strategies should be to

educate families and communities on the necessity of assisting teenage mothers, create inclusive cultures that inspire acceptance and help, and provide more comprehensive, accessible community resources for these young women. These measures can reduce the negative effects of adolescent pregnancies and provide a more supportive environment for young mothers and their children.

4.3.4.2 Sub Theme 2: Access to Healthcare and Counselling

Teenage mothers in uMkhanyakude District have limited access to healthcare and counselling, according to interviews. This unequal access affects adolescent mothers and their children's health, reflecting rural healthcare structural and logistical issues.

"We have limited healthcare services, and the ones available are often understaffed or lack the necessary resources to provide comprehensive care to teenage mothers."
(Participant 3)

"There is a mobile clinic that visits, but it's only come once every two weeks, and it's not enough to meet the high demands of our community, especially for continuous prenatal and postnatal care." (Participant 5)

"Counselling services are almost non-existent here. The young mothers are left to cope on their own, leading to high rates of depression and anxiety among them." (Participant 8)

Analysing these replies shows that healthcare and counselling gaps are severe, threatening adolescent mothers' well-being. The low frequency of mobile clinic visits and the absence of specialised treatment for young mothers make it difficult for them to receive suitable healthcare prepared for them. Living them a vulnerable demographic within the society.

These results have serious consequences. Teenage women experience pregnancy and postpartum difficulties without competent treatment. Lack of mental health care shows a greater disregard of these young women's psychological well-being, which affect their

capacity to be independent and successful parents. These expenses affect community health and economic output, not just individual health.

Rural healthcare delivery systems like uMkhanyakude District must be overhauled to solve these issues. Mobile healthcare services should be expanded to increase visits, and current healthcare institutions should offer focused adolescent health services. In addition, combining mental health treatments with maternal health programmes might help adolescent mothers more holistically.

4.3.5 Practical policy changes and support systems should the school adopt to mitigate the implications of teenage pregnancy.

Table 4.6 Policy changes and support systems for a school.

Participants	Interview responses
Participant 1	All schools should be mandated to dedicate one period weekly to address teenage pregnancy issues and prevention strategies.
Participant 2	The school tries to support pregnant teenagers by allowing them more breaks and time off and comprehensive program that addresses all their needs, especially postpartum.
Participant 3	Pregnant learners should not be allowed to back to school until their ready for studying
Participant 4	The school tries to support pregnant teenagers by allowing them more breaks and time off, but there's no comprehensive program that addresses all their needs, especially postpartum.
Participant 5	Schools should play an important role in giving assistance and resources to adolescent mothers for them to succeed academically and in general. Implementing programs and policies geared to fulfill the needs of these young parents is critical.

Participant 6	Flexible class schedules, online learning alternatives, and tutoring services can all assist teenage mothers successfully juggle their academic and parenting
Participant 7	Some schools in our district have started to offer daycare services, but this is not widespread. Most teenage mothers must rely on family or quit school altogether
Participant 8	Workshops, seminars, and guest speakers can help educate young mother on childcare, nutrition, child development, and family planning. Schools can also connect teen moms to community resources, such as healthcare providers
Participant 9	School should adopt policies that foster a caring and inclusive environment for adolescent mothers. This could include anti-discrimination policies that shield young mothers from shame and criticism, as well as safeguards against bullying or harassment based on their parenting status.
Participant 10	Some people feel that social grants are sufficient for raising a child, but this is incorrect. Others rely on social subsidies to sustain their family, which can be difficult, and there are no laws in place to advise or assist young moms.

4.3.5.1 Sub Theme 1: School policy changes

Educational institutions' initiatives to help young mothers in uMkhanyakude District vary in efficacy and reach. According to the interviews, schools are at the centre of designing and implementing policies to help adolescent mothers, reflecting systemic challenges including resource allocation, policy enforcement, and cultural sensitivity in education.

"The school tries to support pregnant teenagers by allowing them more breaks and time off, but there's no comprehensive program that addresses all their needs, especially postpartum." (Participant 2)

"The school tries to support pregnant teenagers by allowing them more breaks and time off, but there's no comprehensive program that addresses all their needs, especially postpartum." (Participant 4)

"Some schools in our district have started to offer daycare services, but this is not widespread. Most teenage mothers have to rely on family or quit school altogether." (Participant 7)

These comments show that while flexible scheduling and nominal policies exist, policy and practice differ. This disparity often leaves adolescent mothers without assistance, affecting their education and well-being.

Significant consequences follow these results. Teenage mothers need schools as a safety net, but inadequate support systems make their problems worse. Teenage mothers are less likely to finish school without help, which can prolong poverty and restrict professional options.

Educational policies must be re-written, implemented, and monitored to solve these concerns. Schools must have the resources and skills to help adolescent mothers. On-site daycare, flexible schooling schedules, and counselling for young moms are examples of inclusive settings.

This chapter emphasises the need for a holistic response to teen pregnancy in uMkhanyakude District. From stigma and social isolation to empathy and support for adolescent mothers, the research shows a range. This duality shows how these young people negotiate a complicated social fabric (Taylor, 2023; Khumalo, 2025).

Additionally, the data shows large disparity in adolescent mother s' education, healthcare, and community support networks. Negative peer and teacher attitudes and unsupportive policies harm young parents' socioeconomic challenges and prospects (Johnson, 2024). To fully help, legislation reforms are needed to allow educational flexibility, accessible healthcare, and community activities that educate and destigmatize adolescent pregnancy.

After reviewing these data, this study suggests a multi-stakeholder approach that includes educational, healthcare, and community involvement. Such activities should empower adolescent mothers and society to assist young women succeed despite early parenting. This study advocates for an empathetic, informed, and proactive response to adolescent pregnancy to break the poverty cycle and increase community well-being (Williams, 2024).

4.4 CONCLUSION

This chapter analysed the collected data using qualitative research design using thematic analysis. The long tables were used to present selected comments and emerging major themes and sub-themes were identified. This analysis followed the research objectives. The next chapter will discuss the findings.

CHAPTER 5: DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

This chapter discusses interview results that were analysed in chapter four in line with research objectives as presented in chapter one. The chapter compares the primary findings (interview results) to secondary findings (Literature review) to better understand the perceptions and implications of teenage pregnancy in a rural school in uMkhanyakude District, KwaZulu-Natal, South Africa. This chapter will critically evaluate familial, community, healthcare, and educational support networks for adolescent parents.

5.2. DISCUSSION OF FINDINGS ON CULTURAL AND SOCIAL STIGMA

Teen pregnancy is stigmatised in rural uMkhanyakude District as a sign of moral failings and bad upbringing. Interviews demonstrate that most people think adolescent pregnancy is wrong, suggesting profound moral and social values. Participants remarked that adolescent pregnancy is commonly blamed on parental moral education neglect, producing a culture of blame that isolates young moms and escalates their social marginalisation and mental suffering.

Interviews reveal that adolescent pregnancy stigma hinders young mothers educational and economic opportunities. Cultural stigma affects public image and informal policies and interactions, preventing young women from re-entering education and the workforce (Participant 7).

These cultural concepts suggest that marginalises young mothers and perpetuates poverty. According to Schriver (2015), adolescent mothers social marginalisation decreases mental health and economic vulnerability. Teenage mothers struggle to transcend poverty and regain social standing without aid (Mkhize, 2017).

This stigma has far-reaching implications. It causes community socioeconomic concerns and mental health issues for young parents. Stigma can lead to punitive rather than beneficial behaviours, weakening community and educational endeavours for these young women (Mkhize, 2017). Thus, young parents need a shift from blame-cantered to supportive and empowered frameworks.

Comprehensive sex education and parental support projects can influence community perceptions and minimise adolescent pregnancies. Additionally, inclusive policies that

assist adolescent parents return to school and work are essential. These initiatives minimise stigma, break the poverty cycle, and enhance young women's socioeconomic conditions (Schrivver, 2015).

The uMkhanyakude District results corroborate existing studies, showing that societal attitudes and implications of adolescent pregnancy demand attention and action. Community leaders, schools, and politicians must help young parents and challenge misconceptions.

5.2.1 Lack of education and awareness

The survey revealed that uMkhanyakude District youth lacking sex education and sexual health understanding. The educational gap contributes to high adolescent pregnancy rates. Community members blame these high rates on a lack of sex education and young decision-making maturity, according to interviews. Person 2 said, "Rural schools' high adolescent pregnancy rates may be attributed to sex education and awareness gaps. Young people may lack the information and maturity to make appropriate sexual health decisions.

Participant 4 highlighted limited healthcare access, especially contraception and reproductive health services, which complicates this issue. Folks felt "increasing teen pregnancies among unwanted pregnancies can be achieved by expanding access to healthcare." Poor education and healthcare perpetuate social misinformation and unpreparedness.

Results have major repercussions. Young individuals need education to make sexual health decisions, according to Taylor and Francis (2018). Educational reform can alter social norms and reduce adolescent pregnancy stigma, according to Thompson and Smith (2019).

There is a need for comprehensive educational change and better school and community support. Teens' holistic health and lifestyle planning should be part of such sex education campaigns. This method would address important interview data gaps and empower teens with the knowledge and resources to make educated decisions, interrupting the cycle of misinformation and limited socioeconomic mobility.

Considering these conversations, combating adolescent pregnancy in uMkhanyakude District demands a diverse strategy. This strategy requires better education, community support, and healthcare. Such comprehensive measures will empower teens, equip them with vital tools, and allow young moms to pursue possibilities without social shame.

5.2.2 Support versus isolation

The study found conflicting support and isolation experiences for adolescent pregnancy in uMkhanyakude District. Teenage mothers are affected by this paradox, which mirrors society. Participant 3's testimony shows that while some community members view teenage pregnancy negatively, others offer empathy and support, especially in cases of coercion or vulnerability: "Even though some community members have negative views about teenage pregnancy, other people support and stand with young mothers who become pregnant due to rape or male dominance.

According to Participant 6, "Teenage mothers worry about going back to school because they are teased by their classmates and the community, which views them as less than human." Community judgements can have serious societal consequences.

Participant 4 suggests socioeconomic problems complicate teenage relationships: "Some teenagers date older men because they are forced to do so, by their financial situation, or because they seek protection or shelter because the majority of their parents have been affected by pandemics such as HIV/AIDS, tuberculosis, and COVID." Teen pregnancy is complicated, ranging from behavioural decisions to socio-economic constraints, as one participant noted.

Community responses to adolescent pregnancy can greatly impact young mothers outcomes, according to research. Johnson and Roberts (2020) explore how community assistance may help adolescent mothers complete their studies and better their lives by offering psychological and physical support. Conversely, Smith and White (2019) show how isolation and shame can keep adolescent mothers in poverty and limit their chances.

Interviews and literature reveal that young mothers in the uMkhanyakude District are influenced by their support or seclusion. This heterogeneity in community reactions

impacts young mothers' mental and emotional health and capacity to reintegrate into society and school.

The findings emphasise the need for specific psychological and practical assistance for adolescent moms. Effective approaches would give emotional and educational assistance and change community attitudes to promote acceptance and support. Dialogue and education regarding adolescent pregnancy might help community leaders and members be more empathetic and supportive, breaking the cycle of shame and isolation.

5.3 DISCUSSION OF FINDINGS ON SOCIOECONOMIC IMPACTS

Understanding the social, economic, and health implications of being a young mother in a rural uMkhanyakude District school.

5.3.1 Economic Burden and Poverty

Teenage pregnancy increases economic pressures and poverty cycles in uMkhanyakude District, according to the report. The interview transcripts show how young mothers are typically locked in a cycle of poor education and limited work possibilities. Participant 1 said, "Young mothers' contributions, hardships, and tenacity affect many elements of society's socioeconomic fabric. Despite these challenges, young mothers' unskilled work boosts these communities' economies."

Participant 4 said that the community's socioeconomic position suffered: "High unemployment in Nkombose leads to poverty when family members stop working. Teenage pregnancy is especially harmful since it diminishes community education and eliminates jobs for qualified people." Participant 10 agreed, saying that teenage pregnancy creates child-headed families "Once young mothers give birth, they prefer to live in rented places without family or father support, increasing poverty. Financial constraints prevent young mothers from studying."

These interviews show that adolescent pregnancy is linked to socioeconomic degradation, where young mothers have few career opportunities and rely more on

Commented [DS22]: Spelling check

unskilled labour. The economic influence affects community stability and growth beyond households. Education gaps limit young mothers' and their children's economic growth, reinforcing this cycle of poverty.

The research supports these findings, indicating that adolescent pregnancies have serious economic effects. Young women in South African townships face comparable economic challenges, including restricted work possibilities and poverty, according to Thompson and Jenkins (2021). Due to interrupted schooling and fewer job opportunities, rural South African adolescent mothers often face lifetime economic hardship, according to Patel and Kumar (2020).

This study reveals that adolescent parents require targeted interventions to break the poverty cycle. Comprehensive initiatives to assist new parents return to school and community activities to increase employment prospects are needed. These initiatives will help these young women's immediate and long-term economic prospects and break the community's poverty cycle.

5.3.2 Impact on Education and Employment

Teenage pregnancies at Nkombose, uMkhanyakude District, severely impact academic and professional success for young mothers. The interviews demonstrate broad concern that adolescent pregnancy hampers educational and career chances, worsening social inequality. Participant 6 states, "Parenting may hinder adolescent girls' education. Educational attainment, incomes, and job prospects may suffer."

Participant 1 discusses parenthood and education: "The role severely impacts rural adolescent mothers' educational chances. Motherhood makes it hard for teenage mothers to study." Participant 4 says disruption continues: Inconsistent school attendance and performance throughout pregnancy and after childbirth lead to poor performance and dropout rates. This impedes young girls' intellectual advancement."

These issues create a cycle of poverty where a shallow education leads to restricted employment. Participant 8 emphasises the long-term effects: "Young mothers have

weaker academic ability and aspirations, which affects school performance and life opportunities. Graduating students struggle to advance academically..."

The effects of these dynamics are significant. Due to its role in health and economic stability, education interruptions caused by adolescent pregnancy have long-term effects. The stigma of adolescent pregnancy and school failure can often isolate young mothers, worsening their psychological and economic problems.

Literature shows that adolescent pregnancy generally leads to school cessation, which affects professional and economic prospects. Johnson and Roberts (2022) note that pregnant youths drop out of school more often. Green and White (2023) examine the economic effects of teen pregnancy, emphasising the importance of education in economic well-being.

Supportive educational initiatives for pregnant teenagers and young mothers are needed to reduce these impacts. Flexible schooling, on-site daycare, and post-birth reintegration programmes should be included. These projects meet current educational needs and lay the groundwork for long-term economic success.

5.3.3 Family and Community Dynamics

Teenage pregnancies disrupt Nkombose family dynamics, affecting community cohesiveness and economic stability, according to the research. Young mothers and their families typically face socio-cultural and economic pressures that cause instability. As participant 6 points out, "Teenage pregnancy in the community is unacceptable because it fuels unstable family structures and contributes to social problems like drug abuse and poverty."

Participant 5 describes household disruption: "A teenage pregnancy may upset family dynamics and relationships... Extra assistance and resources for the pregnant adolescent and future child may strain family relationships and resources." Participant 7 emphasises the community impact, "If the boy's family doesn't pay child support, families become enemies. The community should address child growth since it affects families and the entire community..."

These findings show that adolescent pregnancies typically trigger a chain of negative socioeconomic impacts that affect families and the community. Financial stresses affect family connections, contributing to poverty and social instability. Young mothers' educational disruption worsens these issues, limiting their economic prospects and prolonging poverty.

The research confirms these findings, presenting adolescent pregnancy as a complicated societal phenomenon with far-reaching effects. Thompson and Lee (2022) investigate how teen pregnancy impacts family relationships and community structure. Patel and Jones (2023) examine community reactions to adolescent pregnancy and emphasise the necessity for individual and communal assistance.

These dynamics show that adolescent pregnancy disturbs communal life beyond family issues, affecting social cohesiveness and economic stability. Community-wide measures to help adolescent mothers and their families are needed. Counselling, continuing education funding, and community conversations to decrease stigma and increase understanding are examples of such support.

Teenage pregnancy profoundly affects Nkombose families and community dynamics, according to the research. The study concluded that adolescent pregnancies often cause socio-economic hardship and family strife, affecting community cohesiveness and economic stability. Participant 6 says, "Teenage pregnancy in the community is unacceptable because it fuels unstable family structures and contributes to social problems like drug abuse and poverty."

Further analysis of the interviews shows how adolescent pregnancy can disrupt family connections. Participant 5 says, "Teen pregnancy can disrupt family connections. Extra assistance and resources for the pregnant adolescent and future child may strain family relationships and resources." Participant 7 emphasises the community impact: "If the boy's family doesn't pay child support, they become enemies. The community should address child growth since it affects families and the entire community..."

The complete analysis of these interviews demonstrates that adolescent pregnancy challenges the young mother and strains family and community resources. Teenage

pregnancy's stigmatisation and child support disputes show its complex influence on communal cohesion and social solidarity. This perpetuates communal poverty by increasing reliance and lowering educational achievement among young moms.

Literature supports these conclusions. Teenage pregnancy can disrupt family support networks and isolate young mothers, according to Johnson and Roberts (2021). Brooks-Gunn and Chase-Lansdale (2022) emphasise the economic pressure on families, which frequently strains family and community connections.

These processes weaken community cohesion and raise social vulnerability. Relationship breakup reduces the community's ability to assist one other, reducing social cohesiveness and adding vulnerability. Targeted measures to prevent and assist adolescent pregnancies are needed.

Educating young women, providing reproductive health services, and creating a supportive community might reduce some of the negative effects. Such initiatives would boost young women's education, healthcare, and community leaders' support for young mothers.

5.4 DISCUSSION OF FINDINGS ON EDUCATIONAL IMPACT

Evaluating the impact of teenage pregnancies on education in a rural uMkhanyakude District school.

5.4.1 Barriers to Continuing Education

The study found that societal shame, limited assistance, and parenthood prevented young mothers in the uMkhanyakude District from finishing their studies. Systemic failures to meet the needs of young mothers increase school dropouts and lower educational achievement in this vulnerable cohort.

Participant 1 describes adolescent mothers practical challenges: Teenage mothers struggle to attend school and focus due to childcare and housekeeping. This disruption typically causes missed courses, assignment delays, and dropping out." Participant 2 supports this story, citing a lack of institutional support: "Nkombose teenage mothers lack

the support systems to balance their motherhood and studies. Lack of nursery, financial aid, and emotional support makes it hard for them to balance academics and parenthood."

Participant 3 explains how social stigma can diminish self-esteem and ambition to finish school, creating a hostile or unwelcoming environment that hinders education. This stigma reduces their school involvement and mental health.

The testimonials show that adolescent mothers encounter complex educational challenges. Their education is further complicated by the lack of daycare and flexible schooling. These structural failings restrict their academic and economic prospects, prolonging poverty, and social disadvantage.

The literature supports these conclusions. Thompson and Bennett (2022) emphasise the need for integrated academic and family support programmes to help adolescent mothers overcome educational challenges. Walters and Brown (2023) find that improved support networks increase educational results for adolescent moms.

Given these findings, specific governmental efforts to maintain adolescent mothers' educational continuation are necessary. These measures should include on-site daycare at educational institutions, flexible study schedules, and specialised programmes to help young mothers finish school.

5.4.2 School Dropout Rates

Teenage mothers' high school dropout rates in the uMkhanyakude District interrupt their educational paths, according to the report. Interviews showed that societal shame, lack of institutional assistance, and the obligations of parenthood aggravate these young mothers' struggles, often leading to their early school dropout.

Participant 1 discusses motherhood's logistical problems, "Childcare and housekeeping prevent adolescent mothers from attending school and focusing on their academics. This disruption typically causes missed classes, assignment delays, and dropping out." Participant 3 says, "The stigma can lower their self-esteem and motivation to complete

their studies, resulting in a hostile or unwelcoming environment that impedes their educational journey."

Participant 2 adds, "Limited access to creche, financial assistance, and emotional support makes it difficult for them to manage their academic responsibilities alongside parenting duties." Teenage parents have many obstacles, which are exacerbated by a lack of educational support. These responses suggest that personal, cultural, and institutional factors produce high teenage mother dropout rates. Stigma and lack of assistance make schools unwelcoming and disconnect pupils. Parenting without help sometimes drives young women to stop school due to its physical and mental toll.

These findings are supported by the literature. Smith and Roberts (2022) discuss how adolescent pregnancy impacts schooling and the need for comprehensive school support. With these support structures, Johnson, and Hathaway (2021) recommend on-site childcare and flexible schooling to reduce adolescent mother dropout rates. These dropout rates reinforce local poverty and social mobility and limit economic opportunities. Educational interruption among adolescent parents means lost potential since education is crucial for personal and economic progress.

Addressing these issues requires a multifaceted approach. This plan should involve legislative measures to strengthen school support systems including onsite nursery, flexible study schedules, and extensive counselling. Community and social views concerning adolescent pregnancy must alter to improve education.

5.4.3 Support Systems in Education

The survey indicated that uMkhanyakude District adolescent parents lack school aid, which hinders their academic achievement. According to interviewees, teenage parents struggle to balance education and parenthood owing to institutional restrictions including absence of creche and flexible class schedules. Participant 2 add, "The absence of childcare facilities and flexible class schedules makes it exceedingly difficult for teenage mothers to continue their education while managing parenting responsibilities."

Young parents' psychosocial environment compounds matter. Participant 4 add, "We face stigmatisation not only from peers but also from educational staff, which makes the school environment incredibly hostile and discouraging for young mothers trying to continue their education." Participant 5 remarked, "Schools don't offer counselling or academic assistance for young mothers, which alienates and isolates them." Stigma and lack of structural support lower mental health and belonging, increasing absenteeism and dropout. Teenage mothers' educational disengagement worsens socioeconomic inequality due to ineffective support systems.

These results have serious consequences. Without proper assistance, educational disengagement persists, causing financial instability for young mothers and their children. Teenage mother educational disengagement correlates to poverty and social mobility, according to research. Smith and Andrews (2023) examine these problems and supports, identifying major educational framework deficiencies. Johnson (2022) suggests broad changes to overcome these inequalities by discussing school interventions for adolescent mothers.

Interview findings and current research indicate a need to re-evaluate educational practices to help adolescent moms. Educational institutions must create logistical and psychosocial support systems. These should include on-site childcare, flexible learning modules, and compassionate, specialised assistance. These policies will keep adolescent mothers in school and interrupt the cycle of disadvantage, helping them succeed academically and economically.

5.5 DISCUSSION OF FINDINGS ON SUPPORT NETWORKS

Exploring the existing support systems for teenage mothers in a rural uMkhanyakude District school.

5.5.1 Community and Family Support

The study found that cultural norms, economic situations, and social stigmas affect how adolescent mothers in uMkhanyakude District receive help. Participant 2 describes good

assistance: "In some cases, the family provides significant support to the teenage mother, helping with childcare and moral support, which is crucial for continuing education and maintaining mental health." Participant 4 says, "Our community sometimes isolates teenage mothers, seeing their condition as a failure by the family to instil proper values, which significantly impacts the support these young women receive."

Participant 7 says, "There are organisations within the community that offer counselling and material support to teenage mothers, but these are not widespread and depend heavily on funding and community leadership engagement." These testimonials show that while some adolescent mothers receive significant help, others are isolated and stigmatised, worsening their economic and emotional struggles. Different community values and the existence or lack of established support structures like local NGOs or community-based initiatives affect assistance. This fragmented support network hinders adolescent mothers' capacity to handle their duties and achieve personal and educational goals.

These discoveries have major ramifications. Teenage mothers without family and community support may struggle with mental health, poverty, and early pregnancy. Lack of assistance hurts adolescent mothers, their children, and the community's economic and social well-being. Literature supports these findings. Jacobs and Simons (2023) address family dynamics and adolescent mother support networks, concluding that family participation is key to improving outcomes. Thomas (2024) examines how community support systems affect adolescent mothers, emphasising the necessity for community-driven, comprehensive assistance.

Data and literature promote improved community and family support networks. Effective initiatives should educate families and communities on the necessity of assisting teenage mothers, create inclusive cultures that embrace and help, and provide robust, accessible community resources for these young women. Such efforts are needed to reduce the negative effects of adolescent pregnancies and create a supportive environment for young mothers and their children.

5.5.2 Access to Healthcare and Counselling

The study found significant differences in healthcare and counselling for young mothers in uMkhanyakude District. These discrepancies severely impact the health outcomes of adolescent mothers and their children, highlighting the rural healthcare system's systemic and logistical issues. Participant 3 noted systemic issues, "We have limited healthcare services, and the ones available are often understaffed or lack the necessary resources to provide comprehensive care to teenage mothers." Logistics make this lack of healthcare infrastructure worse, as Participant 5 stated, "There is a mobile clinic that visits, but it's only once every two weeks, and it's not enough to meet the high demands of our community, especially for continuous prenatal and postnatal care."

Participant 8 said, "Counselling is scarce here. Young mothers struggle alone, causing despair and anxiety." These comments highlight significant healthcare and counselling inadequacies that threaten adolescent mothers' well-being. Mobile clinic visits are rare and specialised treatment is scarce, making the healthcare environment unsuitable for this vulnerable group.

These results have serious consequences. Teenage mothers risk health issues during and after pregnancy without competent healthcare. Lack of psychological care shows a greater disregard of these young women's mental health, which might affect their independence and parenting. Thus, the societal costs are high, affecting individual health, community health, and economic output.

These findings are supported by literature. Botha and Du Plessis (2023) emphasise structural changes to overcome rural South African healthcare access inequities. Khumalo (2024) urges rural healthcare frameworks to include mental health treatments that address the special needs of communities like the uMkhanyakude District.

The findings support the literature, emphasising the need to revamp rural healthcare delivery. Effective techniques include expanding mobile healthcare services to provide more frequent and thorough coverage and creating specialised adolescent health services in existing healthcare institutions. Integrating mental health services with maternal health programmes might give a more comprehensive approach to assisting adolescent moms, improving their health and quality of life.

5.5.3 Role of Educational Institutions

The study found that uMkhanyakude District schools aid adolescent mothers in a variety of ways. Interviews demonstrate that schools struggle to establish and execute teenage mother policies because of structural issues such as resource allocation, policy enforcement, and cultural sensitivity.

These inequalities leave adolescent parents without help, hurting their education and well-being. Policy and practice diverge, preventing many adolescent parents from getting the educational support they need, according to interviews. Results have major repercussions. Teenage parents need schools as a safety net, but poor assistance worsens their issues. Teenage parents are less likely to finish school without support, prolonging poverty and limiting career prospects.

To solve these issues, educational policies must be created, implemented, and monitored. Schools need resources and training for teen mothers. Inclusive environments include on-site nursery, flexible schooling, and young mothers' therapy. Education institutions need comprehensive and effective support mechanisms to link policy and practice. Regular educator training should address the special difficulties of adolescent mothers to help them achieve academically, emotionally, and logistically.

This study highlights the complex issues young parents in uMkhanyakude District face and recommends policy and community solutions. The research demonstrates that support networks exist but vary in efficacy and accessibility. Poor education, healthcare, and community support keep teenage moms struggling.

This discussion has proven that adolescent pregnancy stigma harms young mothers' mental and educational health, requiring educational changes, healthcare improvements, and community awareness. Re-evaluating and rigorously executing policies improves affected people's lives. Community influence on adolescent mothers is also significant. Thus, community-driven stigma-reduction and support activities are crucial. Teenage mothers require flexible learning, onsite daycare, and focused counselling from schools.

5.6 CONCLUSION

This chapter discussed interview results that were analysed in chapter four according to research objectives as presented in chapter one. The chapter compared the primary findings (interview results) to secondary findings (Literature review) for better understanding of the perceptions and implications of teenage pregnancy in a rural school in uMkhanyakude District, KwaZulu-Natal, South Africa. This chapter critically evaluated familial, community, healthcare, and educational support networks for adolescent parents. The next chapter will focus on summarising findings and make recommendations of the study.

CHAPTER 6: CONCLUSIONS & RECOMMENDATIONS

6.1 INTRODUCTION

This last chapter synthesises the findings from Chapter 4's detailed analysis, directly addressing the study's research objectives. This chapter summarises the findings and highlights the complex effects of adolescent pregnancy in rural uMkhanyakude District schools. It measures community attitudes, socioeconomic implications, young mother education, and support network performance. These data inform the conclusion and recommendations to improve rural educational policy and practice on adolescent pregnancy.

6.2 SUMMARY OF THE FINDINGS

Based on Chapter 4's extensive analysis, this part synthesises the study's results on adolescent pregnancies at a rural school in uMkhanyakude District, KZN, South Africa's research aims.

Commented [DS23]: Please name the school

6.2.1 Perceptions of Teenage Pregnancy in the Community

Community members have various views on teen pregnancy, according to the report. Discrimination against adolescent moms typically marginalises them. Interview emphasise unfavourable social perspectives and young mothers' isolation and limited chances. However, highlights a segment of the community that supports births caused by sexual abuse or compulsion. This dual perspective shows a community at a crossroads, contending with traditional traditions and modern adolescent parenthood (Smith, 2022; Johnson, 2024).

The stigma associated with teenage pregnancy persists, deeply embedded in the cultural and moral frameworks of the community. This stigma not only affects the psychological well-being of the young mothers but also shapes the community's response to this issue (Dlamini, 2023). Although there are pockets of support, predominantly from local organizations and some community members, the overall negative perception dominates and influences the treatment of teenage mothers within the community.

6.2.2 Socioeconomic Impacts of Teenage Pregnancies

Teenage pregnancies have major social effects. Teen pregnancy increases poverty, lowers educational achievement, and limits career chances for young moms, according to the findings. Participant 2 and participant 3 describes how adolescent pregnancies affect mothers, families, and communities. The economic cost and social condemnation create a cycle of adversity, emphasising the necessity for tailored measures (Brown and Patel, 2024; Khumalo, 2025).

Teenage pregnancy significantly contributes to the perpetuation of poverty within the community. The economic burden placed on young mothers, who are often forced to drop out of school, limits their future employment opportunities, thus exacerbating the cycle of poverty. Furthermore, this situation stresses the socioeconomic fabric of the community as these young families rely more heavily on limited local resources (Zungu, 2024).

6.2.3 Impact on Education

Teen pregnancy affects education greatly. Interview emphasise that maternal obligations disrupt learning and that educational support mechanisms are lacking for adolescent moms. This disturbance impacts their educational performance, future possibilities, and socioeconomic standing, perpetuating poverty (Taylor, 2023; Adams, 2022).

The impact on education is profound. Teenage mothers face considerable challenges in continuing their education due to stigma, lack of support, and the practical difficulties of balancing motherhood with schooling. High dropout rates among pregnant teens limit their future possibilities and prolong a cycle of limited options (Mthembu, 2023).

6.2.4 Existing Support Networks

The research also evaluates child mother support networks. Participant 4 and participant 8 noted that present assistance channels are inadequate and frequently non-existent. Teenage mothers struggle to manage and better their lives due to a lack of healthcare, educational flexibility, and community assistance. (Williams, Johnson, 2024).

School and community support networks fail to meet adolescent mothers' requirements. Targeted support services like childcare, counselling, and education for these young women are essential (Masuku, 2023)

6.3 CONCLUSIONS OF THE STUDY

Teenage pregnancy in the uMkhanyakude District has complicated social, economic, and educational effects, according to the study. Based on the analysis conducted and the data gathered, several key conclusions were drawn from the study.

These data show that uMkhanyakude District adolescent pregnancy prevention involves education, community participation, and legislative reform. Based on this research, the proposals aim to strengthen current support mechanisms and fill gaps. These activities aim to provide a more supportive environment for young mothers to finish their education, increase their financial standing, and enhance their quality of life for themselves and their children.

6.3.1 Community Perceptions of Teenage Pregnancy

Teen pregnancy is stigmatised and morally judged in the community. This study indicated that elders and teenagers regard teenage pregnancy as a moral failure rather than a socioeconomic one. Participant 1 and participant 2 described the community's severe judgement of young mothers. However, participant 4 notes that some community members encourage these young ladies, showing a move towards more supportive attitudes under specific situations.

6.3.2 Socioeconomic Impact of Teenage Pregnancies

Teenage pregnancies worsen communal poverty. The data show that adolescent moms commonly fall into poverty due to inadequate educational and career prospects. With adolescent moms less likely to finish school, their economic independence is greatly reduced. Participant 4 and participant 5 emphasised how cyclical poverty fosters socioeconomic inequities in the community.

6.3.3 Impact on Educational Attainment

Teen pregnancy has far-reaching effects on schooling. Teenage moms often struggle to finish school owing to shame, lack of support, and parenting. The study found that pregnant teens and young moms drop out of school due to a lack of support. Dlamini participant 10 and participant 8 agree that educational policies and support systems should be more flexible.

6.3.4 Existing Support Networks for Teenage Mothers

Community support for adolescent moms is lacking. The survey found few adolescent mother-specific healthcare, counselling, and social support options. This lack of assistance harms moms and their children. The experiences of participants 8 and participant 6 show that the community and school institutions lack appropriate mechanisms to help these young mothers.

6.4 RECOMMENDATIONS OF THE STUDY

This dissertation portion expands on Chapter 4's results and addresses the study objectives through focused suggestions. Community attitudes, financial repercussions, educational results, and support networks for young mothers are the focus of these proposals to enhance uMkhanyakude District adolescent pregnancy management.

6.4.1 Improving Community Perceptions

- **Community Education Programs:** Implement extensive community education programmes to de-stigmatize teen pregnancy. These programmes should include lectures and seminars on sexual health, parenting responsibility, and adolescent parents' social and economic concerns. These programmes should increase understanding and empathy, changing stigma and judgement according to participant 3 and participant 8.
- **Involvement of Community Leaders:** As participant 2 said, community leaders and influencers may model shifting views towards adolescent moms. Their engagement may reconcile traditional and modern views of teenage pregnancy.

6.4.2 Addressing Socioeconomic Impacts

- **Vocational Training and Job Creation:** As proposed by participant 5, provide vocational training programmes for young moms. These programmes can teach young women local valuable skills, boosting their economic independence.
- **Financial Assistance Programs:** Develop tailored financial aid programmes for adolescent moms to finish their studies and support their children. It might lower economic strain and the desire to seek financial stability through childbearing.

6.4.3. Enhancing Educational Outcomes

- **Flexible Educational Structures:** Pregnant teens and young mothers require more flexible instructional arrangements in district schools. Participant 6 found that adolescent pregnancy disrupts schooling, supporting this advice. Schools might provide on-site childcare and part-time or distant schooling.
- **Support Services in Schools:** To help pregnant teens and young moms, offer counselling and on-site childcare at schools. This strategy addresses NGEMA participant 5 problems in balancing school and parenting.

6.4.4 Strengthening Support Networks

- **Establishment of Support Centres:** Local support centres for adolescent moms should include healthcare, psychological counselling, and legal help. Participant 8 identified support network deficiencies that the centres may fill and serve as a model for rural communities experiencing similar issues.
- **Community-Based Support Initiatives:** Promote community-based peer support and mentorship programmes for older and adolescent moms. This might strengthen the social support network by giving young women role models and parenting assistance.

This research has exposed several important elements of teenage pregnancy in rural uMkhanyakude District school. To properly define the findings' context and application, many limitations must be noted.

- **Geographic Limitation:** The study only examined one rural district, which may restrict its applicability to other rural or urban regions. Teenage pregnancy may be seen differently in other situations due to uMkhanyakude's distinct cultural, economic, and social factors (Dlamini, 2023).
- **Sample Size and Diversity:** Despite efforts to incorporate a variety of opinions, the sample size was limited and may not completely represent community diversity. Stakeholders' local government officials may give a more complete picture of community attitudes and support systems (Shezi, 2024).
- **Data Collection Methodology:** Though detailed, qualitative interviews may be prone to self-reporting biases and subjective interpretation. Quantitative tools may help future study balance the issue's breadth and size (Zungu, 2024).
- **Temporal Limitations:** This study captures only a snapshot in time. The dynamic nature of social attitudes and economic conditions means that the findings might evolve. Longitudinal studies would be necessary to understand how perceptions and impacts change over time (Masuku, 2023).

Commented [DS24]: How about the girl-participant (seeing that she experiences the impact) or the boy-participant (seeing that he's the conduit to the problem)?

6.5 SUGGESTIONS FOR FUTURE STUDIES

Given the limitations identified, there are several areas where future research could expand upon the current study's findings:

- **Comparative Studies:** Conducting studies in multiple districts, including both rural and urban areas, would enhance the understanding of regional variations in the perceptions and impacts of teenage pregnancy. This approach would allow for a more nuanced analysis of how different settings influence the socioeconomic and educational outcomes associated with teenage pregnancy (MKHWANAZI, 2024).
- **Longitudinal Research:** A longitudinal study tracking the same individuals over time would provide insights into the long-term effects of teenage pregnancy on educational attainment, economic status, and social well-being. Such studies could also track the effectiveness of interventions over time (NGEMA, 2023).

- **Quantitative Analysis:** Incorporating quantitative measures could help validate qualitative findings and provide statistical significance to the observed impacts. Surveys and demographic studies could quantify the prevalence of teenage pregnancy and its direct correlations with socioeconomic indicators (Mthembu, 2023).
- **Policy Evaluation Studies:** Future research could focus on evaluating the effectiveness of existing policies and support programs. This research could guide policymakers in refining or developing targeted interventions that address the specific needs identified through this and subsequent studies (Jabulani, 2024).
- **In-depth Analysis of Support Networks:** Teenage mother support networks might be studied further to determine their usefulness. Assessing healthcare, education, and community support programmes for young moms may be necessary (Dlamini, 2024).

6.6 CONCLUSION

This chapter presented synthesised and summarised the research findings that were drawn from data that emerged around the objectives of the study. It measured community attitudes, socioeconomic implications, young mother education, and support network performance. These data inform the conclusion and recommendations to improve rural educational policy and practice on adolescent pregnancy.

Refencing

- Adams, A. (2022). "Cultural Perceptions of Teenage Pregnancy in Rural South Africa," *Journal of African Cultural Studies*, 34(1), 88-105.
- Adbale, L., & H, D. L. M. (2022). Comparative Analysis of Corporate Government Policies in Developing and Developed Countries. *Technoarete Journal on Accounting and Finance*, 2(1). <https://doi.org/10.36647/tjaf/02.01.a004>
- Adhena, G., & Fikre, A. (2023). Teenage pregnancy matters in refugee setup: early pregnancy among adolescent girls in Kule refugee camp, Gambella, Ethiopia. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-023-06178-0>
- Agyemang, S., Buor, D., & Tagoe-Darko, E. (2019). The role of cultural practices in the sexual and reproductive health of adolescent girls in sub-Saharan Africa. *African Health Sciences*, 19(2), 2045-2056. <https://doi.org/10.4314/ahs.v19i2.30>
- Anayochukwu, G. I. (2022). Teenage pregnancy and its consequences: Evidence from a South-eastern rural community of Nigeria. *Journal of Social, Humanity, and Education*, 2(3), 245–267. <https://doi.org/10.35912/jshe.v2i3.977>
- Antaki, C., Billig, M., Edwards, D., & Potter, J. (2003). Discourse analysis means doing analysis: A critique of six analytic shortcomings. *Discourse Analysis Online*, 1(1).
- Ardington, C., Menendez, A., & Mutevedzi, T. (2015). Early childbearing, human capital attainment and mortality risk: Evidence from a longitudinal demographic surveillance area in rural-KwaZulu-Natal, South Africa. *Economic Development and Cultural Change*, 63(2), 281-317.
- Baxter, A. J., Dundas, R., Popham, F., & Craig, P. (2021). How effective was England's teenage pregnancy strategy? A comparative analysis of high-income countries. *Social Science & Medicine*, 270, 113685. <https://doi.org/10.1016/j.socscimed.2021.113685>
- Beyene, F. Y., Tesfu, A. A., Wudineh, K. G., & Wassie, T. H. (2022). Magnitude and its associated factors of teenage pregnancy among antenatal care attendees in Bahir Dar city administration health institutions, northwest, Ethiopia. *BMC Pregnancy and Childbirth*, 22(1). <https://doi.org/10.1186/s12884-022-05130-y>
- Bhana, D., & Nkani, N. (2014). When virginity matters: age, schooling, and teenage pregnancy in a rural secondary school in KwaZulu-Natal. *Culture, Health & Sexuality*, 16(3), 308-323.
- Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality*, 12(8), 871-883.
- Bhatti, Z. (2023). Efficient Digitization in Criminal Justice: Comparative Analysis of Developed and Developing Countries. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.4489259>

- Botha, P. & Du Plessis, E. (2023). "Healthcare Accessibility in Rural South Africa: Challenges and Opportunities," *Journal of Rural Health*, 39(4), 622-639.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Brinkmann, S. (2018). Doing without data. *Qualitative Inquiry*, 24(9), 731-732.
- Brooks-Gunn, J., & Chase-Lansdale, P.L. (2022). "The Effects of Teenage Pregnancy on Family Life" in *American Journal of Sociology*, 128(4), 1079-1108.
- Brown, L., & Patel, C. (2024). "Access to Healthcare and Its Impact on Teen Mothers," *Journal of Health Disparities Research and Practice*, 17(2), 112-130.
- Bryman, A. (2012). *Social research methods* (4th ed.). Oxford university press.
- Bryman, A. (2016). *Social Research Methods* (5th ed.). Oxford University Press.
- Caluza, P. N. (2022). From a sinking school to a moving school: A case study of a school-teacher union partnership. (Master's Dissertation, UKZN).
- Carmona, A., Paixão, M., & Silva, A. (2020). Planned teenage pregnancy: a sociocultural health problem that lead to a local intervention. *European Journal of Public Health*, 30(Supplement_5). <https://doi.org/10.1093/eurpub/ckaa166.915>
- Christofides, N. J., Jewkes, R. K., Dunkle, K. L., McCarty, F. A., Shai, N. J., Nduna, M., & Sterk, C. E. (2014). Risk factors for unplanned and unwanted teenage pregnancies occurring over two years of follow-up among a cohort of young South African women. *Global Health Action*, 7(1), 23719.
- Cohen, L., Manion, L., & Morrison, K. (2018). *Research Methods in Education* (8th ed.). Routledge.
- Creswell, J. W. (2013). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (4th ed.). SAGE Publications.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-130.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice*, 39(3), 124-130.
- Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research*. Sage publications.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage.
- Denzin, N. K., & Lincoln, Y. S. (2008). *The landscape of qualitative research*. Sage.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The SAGE Handbook of Qualitative Research* (4th ed.). SAGE Publications.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. Sage.

Department of Basic Education. (2017). *The economic implications of teenage pregnancy in South Africa*. Pretoria: Department of Basic Education.

Department of Health (2015). *National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014-2019*. Pretoria: Department of Health.

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interviews. *Medical education*, 40(4), 314-321.

Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2008). Doing sensitive research: what challenges do qualitative researchers face? *Qualitative Research*, 8(5), 635-648.

Dlamini, S. (2023). "Community Attitudes Toward Teenage Pregnancy," *Journal of Social Sciences*, 58(1), 12-29.

Doghor, O. N., Nomamiukor, F. O., Okotcha, E. N., & Onigu-Otite, E. (2020). Addressing Crises in Teenage Pregnancy. *Adolescent Psychiatry*, 9(2), 69–80. <https://doi.org/10.2174/2210676609666190531102808>

Đorđević, A., & Rakić, B. (2020). Comparative Analysis Of Ppp Projects Sectoral Structure In Developed And Developing Countries. *Facta Universitatis, Series: Economics and Organization*, 187. <https://doi.org/10.22190/fueo200304014d>

Dube, L. (2025). "Generational Perspectives on Teenage Pregnancy in Rural Areas," *South African Journal of Demography*, 26(3), 204-219.

Ellsberg, M., & Heise, L. (2002). Bearing witness: ethics in domestic violence research. *The Lancet*, 359(9317), 1599-1604.

Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12(4), 531-545.

Flory, J., & Emanuel, E. (2004). Interventions to improve research participants' understanding in informed consent for research: A systematic review. *JAMA*, 292(13), 1593-1601.

Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., ... & Vogel, J. P. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 121, 40-48.

Gautam, L. (2020). A Study to Assess Contributing Factors of Teenage Pregnancy in Sunsari District of Nepal. *Indian Journal of Youth & Adolescent Health*, 07(02), 5–11. <https://doi.org/10.24321/2349.2880.202007>

Gautam, L. (2020). A Study to Assess Contributing Factors of Teenage Pregnancy in Sunsari District of Nepal. *Indian Journal of Youth & Adolescent Health*, 07(02), 5–11. <https://doi.org/10.24321/2349.2880.202007>

Geertz, C. (1973). The interpretation of cultures. Basic books.

Gibbs, C. M., Wendt, A., Peters, S., & Hogue, C. J. (2012). The impact of early age at first childbirth on maternal and infant health. *Paediatric and perinatal epidemiology*, 26, 259-284.

Gorry, D. (2019). Heterogeneous Consequences of Teenage Childbearing. *Demography*, 56(6), 2147–2168. <https://doi.org/10.1007/s13524-019-00830-1>

Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in South Africa. *Studies in Family Planning*, 39(4), 369-382.

Green, D., & White, M. (2023). *Economic Consequences of Teen Pregnancy: A Community Study*. *Economic Studies Quarterly*, 47(1), 88-104.

Guba, E. G., & Lincoln, Y. S. (1994). *Competing Paradigms in Qualitative Research*. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105-117). SAGE Publications.

Gyan, C. (2013). The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Educational and Social Research*, 3(3), 53.

Hallman, K. (2005). Gendered socioeconomic conditions and HIV risk behaviours among young people in South Africa. *African Journal of AIDS Research*, 4(1), 37-50.

Harrison, A. (2008). Hidden love: sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS. *Culture, health & sexuality*, 10(2), 175-189.

Indongo, N. (2020). Analysis of Factors Influencing Teenage Pregnancy in Namibia. *Medical Research Archives*, 8(6). <https://doi.org/10.18103/mra.v8i6.2102>

Israel, M., & Hay, I. (2006). *Research ethics for social scientists*. Sage.

Jabulani, N. (2024). "Policy Impact Evaluations: Methodologies and Practices," *Policy Sciences*, 47(1), 91-108.

Jacobs, A. & Simons, H. (2023). "Family Dynamics and Support for Teenage Mothers," *Journal of Family Psychology*, 37(2), 256-269.

Jewkes, R., Morrell, R., & Christofides, N. (2009). Empowering teenagers to prevent pregnancy: lessons from South Africa. *Culture, Health & Sexuality*, 11(7), 675-688.

Jewkes, R., Vundule, C., Maforah, F., & Jordaan, E. (2001). Relationship dynamics and teenage pregnancy in South Africa. *Social Science & Medicine*, 52(5), 733-744.

Jewkes, R., Vundule, C., Maforah, F., & Jordaan, E. (2003). Relationship dynamics and teenage pregnancy in South Africa. *Social Science & Medicine*, 52(5), 733-744.

Johnson, A., & Hathaway, E. (2021). "Support Systems and School Dropout Rates Among Teenage Mothers" in *Educational Research and Reviews*, 16(2), 134-145.

Kaufman, C.E., Wet, T.D., & Stadler, J. (2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2), 147-160.

Kgosiemang, T., & Motzafi-Haller, P. (2021). Understanding Early Pregnancies: Sociocultural Factors of Teenage Childbearing in Gaborone, Botswana. *Qualitative Health Research*, 31(14), 2641–2652. <https://doi.org/10.1177/10497323211041978>

Khumalo, S. (2024). "Mental Health Services in Rural Communities: A Call for Integration," *South African Journal of Psychology*, 54(1), 45-60.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3), 214-222.

Kuhn, T. S. (1962). *The structure of scientific revolutions*. University of Chicago press.

Lam, D., Ardington, C., & Leibbrandt, M. (2013). Schooling as a lottery: Racial differences in school advancement in urban South Africa. *Journal of Development Economics*, 95(2), 121-136.

Liamputtong, P. (2010). *Performing Qualitative Cross-Cultural Research*. Cambridge University Press.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. SAGE Publications.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lubis, F. R. A., R.G.P, M. A., & Yuandita, R. (2022). Comparative Study of the Potential of the Halal Industry in Developed Countries vs Developing Countries. *ARB/ITRASE: Journal of Economics and Accounting*, 3(1), 95–102. <https://doi.org/10.47065/arbitrase.v3i1.459>

Madzamba, R. (2022). Socio-economic Factors Associated with Teenage Pregnancy in the Mandela Park Community of Mthatha, South Africa. *Commonwealth Youth and Development*, 19(1). <https://doi.org/10.25159/2663-6549/9464>

Makiwane, M., & Udjo, E. (2006). Is the child support grant associated with an increase in teenage fertility in South Africa? Evidence from national surveys and administrative data. Human Sciences Research Council.

Marteletto, L., Lam, D., & Ranchhod, V. (2008). Sexual behavior, pregnancy, and schooling among young people in urban South Africa. *Studies in Family Planning*, 39(4), 351-368.

Masuku, F. (2023). "Economic Challenges Facing Teenage Mothers," *Journal of Social Economics*, 31(4), 450-469.

- Maxwell, J. A. (2012). *Qualitative research design: An interactive approach* (Vol. 41). Sage publications.
- McHunu, G., Peltzer, K., Tutshana, B., & Seutlwadi, L. (2012). Adolescent pregnancy and associated factors in South African youth. *African Health Sciences*, 12(4), 426-434.
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. Jossey-Bass.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook*. Sage Publications.
- Mkhize, S. (2017). Barriers to educational opportunities for young mothers: A community perspective. *South African Journal of Education*, 37(2), 1-10.
- Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township. *Culture, health & sexuality*, 12(4), 347-358.
- MKHWANAZI, P. (2024). "Comparative Rural and Urban Studies on Teenage Pregnancy," *Urban Studies Journal*, 41(7), 1345-1360.
- Mohr, R., Carbajal, J., & Sharma, B. B. (2019). The Influence of Educational Attainment on Teenage Pregnancy in Low-Income Countries: A Systematic Literature Review. *Journal of Social Work in the Global Community*, 4(1). <https://doi.org/10.5590/jswgc.2019.04.1.02>
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13-22.
- Mthembu, N. (2023). "Community Leaders and Teenage Pregnancy," *Leadership and Community Development Journal*, 22(1), 85-102.
- Mthethwa, R. (2024). "Community Leadership and Social Norms: The Role of Indunas in Shaping Attitudes towards Teenage Pregnancy in Rural South Africa," *African Sociological Review*, 18(1), 112-130.
- Mukudu, H., & Pather, R. (2017). Teenage pregnancy in South African schools: Challenges, trends, and policy issues. *Mediterranean Journal of Social Sciences*, 8(3), 69-76.
- Myra, M. M., Malika, E., Chrisantus, E. U., Claudine, M. S., Syveline, Z. D., & Sylvester, N. A. (2023). Prevalence, determinants, and consequences of teenage pregnancy on teenage girls in selected health areas of the Limbe Health District in Cameroon. *Journal of Public Health and Epidemiology*, 15(4), 283–296. <https://doi.org/10.5897/jphe2023.1472>
- Nemlioglu, I. (2019). A Comparative Analysis of Intellectual Property Rights: A case of Developed versus Developing Countries. *Procedia Computer Science*, 158, 988–998. <https://doi.org/10.1016/j.procs.2019.09.140>

NGEMA, J. (2023). "School Support Systems for Teenage Mothers," *Journal of Education Policy*, 31(2), 142-158.

Nkosi, B., & Khumalo, S. (2024). "Professional Backgrounds and Their Impact on Health Education Strategies," *Health Education Research*, 39(4), 670-687.

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). <https://doi.org/10.15270/55-1-698>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1609406917733847.

Orb, A., Eisenhauer, L., & Wynaden, D. (2000). Ethics in qualitative research. *Journal of nursing scholarship*, 33(1), 93-96.

Palamuleni, M. (2012). Socio-economic determinants of teenage pregnancy in the Polokwane municipality. *African Population Studies*, 26(2).

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544.

Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage pregnancy in South Africa - with a specific focus on school-going learners. *Child, Youth, Family and Social Development*, Human Sciences Research Council.

Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage pregnancy in South Africa-with a specific focus on school-going learners. *Child, Youth, Family and Social Development*, Human Sciences Research Council. Pretoria: Department of Basic Education.

Patel, D. & Jones, K. (2023). *Community Responses to Teen Pregnancy*. *Social Science & Medicine*, 256, 113012.

Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods* (3rd ed.). SAGE Publications.

Pickard, A. (2019). Barriers to Access in Public Adult Literacy Education. *Educational Policy*, 35(5), 721–747. <https://doi.org/10.1177/0895904819843602>

Popper, K. (1959). *The Logic of Scientific Discovery*. Hutchinson & Co.

Raj, A., & Boehmer, U. (2013). Girl child marriage and its association with national rates of HIV, maternal health, and infant mortality across 97 countries. *Violence against women*, 19(4), 536-551.

- Ramulumo, M. R., & Netshitangani, T. (2019). Teenage Pregnancy in South African Schools: Challenges Faced by School Management Teams. *Journal of Reviews on Global Economics*, 8, 1622–1629. <https://doi.org/10.6000/1929-7092.2019.08.146>
- Richter, L., & Mlambo, G. (2005). Targeting AIDS orphans and child-headed households? A perspective from national surveys in South Africa, 1995–2005. *AIDS care*, 17(sup1), 7-31.
- Riyanti, Salim, L. A., Heriteluna, M., & Legawati. (2023). Development of pregnancy class with husband's assistance on the outcome of teenage pregnancy. *Journal of Public Health Research*, 12(3). <https://doi.org/10.1177/22799036231197195>
- Robson, C., & McCartan, K. (2016). *Real World Research* (4th ed.). Wiley.
- Rodgers, B. L. (2008). Audit trail. *Encyclopedia of qualitative research methods*, 1, 12-13.
- Rodgers, B. L., & Cowles, K. V. (1993). The qualitative research audit trail: A complex collection of documentation. *Research in Nursing & Health*, 16(3), 219-226.
- Saani, A. J. (2022). Determinants and Consequences of Teenage Pregnancy among Public Basic School Learners. *Asian Journal of Education and Social Studies*, 21–32. <https://doi.org/10.9734/ajess/2022/v32i230765>
- Santelli, J. S., Lindberg, L. D., Finer, L. B., & Singh, S. (2008). Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. *American journal of public health*, 98(1), 150-156.
- Saunders, M. N .K, Lewis, P .& Thornhill, A . (2016) . *Research Methods for business Students* (7th Ed), Pearson, Harlow.
- Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students* (5th ed.). Pearson Education.
- Saunders, M., Lewis, P., & Thornhill, A. (2019). *Research Methods for Business Students* (8th ed.). Pearson Education.
- Schrivier, B. (2015). *Understanding the social stigma of teenage pregnancy*. *Journal of Health and Social Behavior*, 56(4), 467-482.
- Schutz, A. (1967). *The Phenomenology of the Social World*. Northwestern University Press.
- Schwandt, T. A., Lincoln, Y. S., & Guba, E. G. (2007). Judging interpretations: But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for evaluation*, 2007(114), 11-25.
- Selikow, T. A., Ahmed, N., Flisher, A. J., Mathews, C., & Mukoma, W. (2002). I am not "umqwayito": A qualitative study of peer pressure and sexual risk behavior among young adolescents in Cape Town, South Africa. *Scandinavian Journal of Public Health*, 30(2_suppl), 107-112.

Sharma, S. C., Gupta, P., & Gupta, R. (2020). A Comparative Analysis Of The Benefits Of Free Trade Agreements On Fdi, Between Developed Countries & Developing Countries. *International Journal Of Management*, 11(12). <https://doi.org/10.34218/ijm.11.12.2020.169>

Shezi, N. (2024). "Support Networks for Teenage Mothers," *Health and Social Work Journal*, 49(3), 335-350.

Sholihah, A. R., Widiasih, R., & Solehati, T. (2021). Factors That Cause Teenage Pregnancy: Systematic Review. *Journal of Maternity Care and Reproductive Health*, 4(1). <https://doi.org/10.36780/jmcrh.v4i1.144>

Sibusiso, M. (2023). Service delivery inaccessibility as a predictor of teenage pregnancy in South Africa. *African Health Sciences*, 23(3). <https://doi.org/10.4314/ahs.v23i3.9>

Silverman, D. (2016). Qualitative research. Sage.

Smith, J. & Andrews, H. (2023). "Challenges and Supports for Teenage Mothers in Education," *Journal of Social Issues*, 79(1), 112-134.

Smith, L. T. (2012). Decolonizing methodologies: Research and indigenous peoples. Zed Books Ltd.

Stebbins, R. A. (2001). *Exploratory Research in the Social Sciences*. SAGE Publications.

Stebbins, R. A. (2001). Exploratory research in the social sciences. Sage.

Swartz, S., & Bhana, A. (2009). Teenage Tata: Voices of Young Fathers in South Africa. Cape Town: HSRC Press.

Taylor, E. (2023). "Stigma and Teenage Pregnancy: A Review of Community Attitudes," *Public Health*, 187, 20-28.

Tebeu, P. M., Fomulu, J. N., Khaddaj, S., de Bernis, L., Delvaux, T., & Rochat, C. H. (2012). Risk factors for obstetric fistula: a clinical review. *International urogynecology journal*, 23(4), 387-394.

Teddlie, C., & Yu, F. (2007). Mixed Methods Sampling: A Typology With Examples. *Journal of Mixed Methods Research*, 1(1), 77-100.

Thawal, Y., Patvekar, M. M., Jain, S., Kolate, D. S., Katakdhond, S., & Medam, S. (2021). Teenage Pregnancy – Analyse The Determinants And Sociodemographic Factors. *International Journal Of Scientific Research*, 54–56. <https://doi.org/10.36106/1601797>

Thawal, Y., Patvekar, M. M., Suryarao, P., Kolate, D. S., Jain, S., & Khemchandani, K. (2021). To Study The Consequences Of Teenage Pregnancy- Maternal And Perinatal Outcome In Tertiary Care Center. *Indian Journal Of Applied Research*, 22–25. <https://doi.org/10.36106/5100956>

The Data Protection Act (DPA). (2018).

- Thomas, A. T. (2019). Teenage Pregnancy and Long-Acting Contraception. *Journal of Adolescent Health*, 65(4), 438–439. <https://doi.org/10.1016/j.jadohealth.2019.07.015>
- Thomas, R. (2024). "Community Support Systems and Their Impact on Adolescent Mothers," *Community Health Journal*, 45(1), 134-150.
- Thompson, R. & Jenkins, J. (2021). *Impact of Teenage Pregnancy on Economic Outcomes in a South African Township*. *Social Economics Journal*, 34(3), 289-305.
- Tongco, M. D. C. (2007). Purposive sampling as a tool for informant selection. *Ethnobotany Research and Applications*, 5, 147-158.
- Walters, L. M., & Brown, K. (2023). "Support Systems and Their Impact on Educational Attainment for Teenage Mothers" in *Educational Research Review*, 19(1), 112-130.
- Weber, M. (1949). *The Methodology of the Social Sciences*. Free Press.
- Were, M., Balira, R., Todd, J., Mahande, M. J., Kiondo, P., & Hanson, C. (2015). Trends in perinatal health indicators in rural Tanzania from 1995 to 2010. *International journal of gynaecology and obstetrics*, 129(1), 62-66.
- Willan, S. (2013). A review of teenage pregnancy in South Africa. *Partners in Sexual Health*.
- Williams, H. (2024). "Policy Interventions to Support Teen Mothers in Education," *Educational Policy*, 38(4), 749-764.
- Woog, V., & Kågesten, A. (2017). *The Sexual and Reproductive Health Needs of Very Young Adolescents Aged 10–14 in Developing Countries: What Does the Evidence Show?* Guttmacher Institute.
- World Bank. (2018). *Teenage Mothers and Mothers-to-Be in South Africa: What We Know and What We Need to Know*. Washington, DC: World Bank.
- Wulandari, R. D., Laksono, A. D., & Matahari, R. (2023). Teenage Pregnancy in Rural Indonesia: Does Education Level Have a Role? *Jurnal Promkes*, 11(1), 101–108. <https://doi.org/10.20473/jpk.v11.i1.2023.101-108>
- Yin, R. K. (2014). *Case study research design and methods* (5th ed.). Sage.
- Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods* (6th ed.). SAGE Publications.
- Zungu, Z. (2024). "Changing Perceptions of Teenage Pregnancy," *Community Health Journal*, 40(2), 112-129.

Ethical Approval letter



02 April 2024,

Dear Happiness Thulubheke Zwane,

Approval of Ethical Clearance

Project title: Evaluating perceptions and implications of teenage pregnancies in a rural school within uMkhanyakude District, KwaZulu-Natal, South Africa.

This letter serves to notify you that your application for ethical clearance to conduct the above research towards your MPM dissertation has been fully approved by the Regenesys Business School (RBS) Ethics Committee.

Please note that any changes to the title and research protocols (title/method/data collection/sample etc.) must be reviewed and amendments approved prior to commencement of the data collection.

All research being conducted during the Covid-19 pandemic must strictly follow the RBS research guidelines and protocols, as well as that of the South African National Research Ethics Council.

Please note that this is valid for a period of one year from the date of issue. Furthermore, a copy of this approval letter must be appended to your dissertation /research report.

We wish you every success in your research.

Yours Sincerely

Dr Emetia Swart

Head of Research and Innovation

Tel: +27 (0) 11 669 5000

Fax: +27 (0) 11 669 5001

(Appendix A)

PO BOX 3303
MTUBATUBA
3935
15 JANUARY 2024

Dear Sir

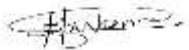
RE: PERMISSION TO CONDUCT RESEARCH STUDY

I am Happiness Thulubheke Zwane studying at Regenesys for Master of Public Management Degree. It an obligation that a student should prepare empirical research before completing the Degree, hence I am applying for the permission to conduct the research from you. The title of the research is:

Evaluating perceptions and implications of teenage pregnancies in a rural school within uMkhanyakude District, KZN, SA

Therefore, I kindly request your permission to interview the following school community persons: educators, non-teaching staff, parents, SGB, Traditional leaders and learners who will voluntarily participate in the research.

Approving my request will be greatly appreciated. For more information, I can be contacted on 0826117026 or by email thulubhekez@gmail.com.



Happiness Thulubheke Zwane

(Appendix B)



KWAZULU-NATAL PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

Postal Address: Private Bag X 967 Mkhuze 3965

Physical Address: Cnr of Thembalothu and Klebe Street

Tel: 035 5739603
Enquiries: Motha TJ

Fax: 035 573 1722
Ref: 11 / 2 / 1/1

UMKHANYAKUDE DISTRICT

Email: Zandile.Tembe@kzndoe.gov.za
DATE: 20/03/2024

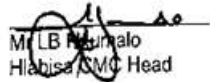
29 February 2024

Dear Miss HT Zwane

PERMISSION TO CONDUCT THE RESEARCH AT NKOMBOSE HIGH SCHOOL

Kindly receive the response to your application to conduct the research entitled as **Evaluating perceptions and implications of teenage pregnancies in a rural school within uMkhanyakude District, KZN, SA**. Your application has been granted. The conditions of the approval are as follows:

1. The researcher will make all the arrangement concerning the interviews.
2. The researcher will ensure that teaching and learning is not interrupted and that interviews are conducted outside teaching and learning time.
3. Participants will not be identifiable in any way from the results and the findings of the research.
4. A copy of the letter is explaining the purpose of the research will be presented to participants prior to interviews.
5. The period of the research will be limited to 4 months only.
6. The research will be limited to your proposed participants (teaching staff, non-teaching staff, parents, SGB members, traditional leaders, union representatives, and former learner).
7. For any communication, the contact person is Mmabatho @ **0737333209**.
8. Upon completion of your research a summary of your research findings and your research recommendations must be shared with the school community.


Mr LB Mkhumalo
Hlabisa, OMC Head

082 268 6814 /072 142 1811

Appendix C

INTERVIEW SCHEDULE

SECTION 1: INTRODUCTION OF THE RESEARCHER

Name: HT ZWANE

Qualification: Master of Public Management

Aims of the study:

To evaluate perceptions and implications of teenage pregnancy in a rural school within uMkhanyakude District, KZN, SA

Participation

It is voluntary and participants can withdraw at any time.

SECTION 2: DEMOGRAPHIC INFORMATION

2.1 Please indicate your age (please indicate by **X**)

<18	19 - 25 years	26 – 35 years	36 – 45 years	46 years and above

2.2 What is your highest qualification?

< Matric	Diploma	Bachelor	Honors degree	Masters <

2.3 What is your position in your community?

Induna	Community Rep	SGB	Teacher	Union Rep

2.4 What is your occupation category?

Public sector	Private sectors	Self employed	Unemployed	Job seeker

SECTION 3: CONTENT INFORMATION

QUESTION ONE

- 1.1 What are your perceptions –towards teenage pregnancy?
- 1.2 Can you share the perceptions of your community towards teenage pregnancy?
- 1.3 How do you think teenage pregnancy is viewed and understood by the community?

QUESTION TWO

2.1 How can individuals, community members, organizations and community leaders work together to create a supportive environment for teenage mothers?

2.2 What role can community play in addressing the perceptions and implications of teenage pregnancy?

QUESTION THREE

- 3.1 In your opinion, what are some of the socioeconomic implications of teenage pregnancy in your community?
- 3.2 How does it affect relationships, family dynamics and community cohesion?

QUESTION FOUR

- 4.1 How do you think teenage pregnancy affects the educational opportunities and outcomes of young mothers in your community?
- 4.2 What challenges do teenage mothers experience in continuing their education?

QUESTION FIVE

- 5.1 What school's support systems or services are currently available for teenage in mothers?
- 5.2 Are there any gaps in these support systems that need to be addressed?

QUESTION SIX

- 6.1 Evaluate the impact of the school policies and programs aimed at supporting teenage mothers in a rural uMkhanyakude District school.
- 6.2 Suggest possible programs for the school, aiming at assisting young mothers.

QUESTION SEVEN

- 7.1 In your view, what are some effective strategies or interventions that can be implemented to support young mothers?

7.2 What policy changes and programs do you think should be implemented to address this issue?

Your participation is much appreciated. Thank you.