

NuMIQ

Exploring and addressing the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district

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Dissertation submitted in partial fulfillment of the requirements for the degree *Magister of Nursing Science* in NuMIQ Research Focus Area of the Faculty of Health Sciences of the North-West University

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DECLARATION

I, Peaceful Nonkululeko Ntshayintshayi, declare that this study on ***psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district*** is my original work, and the sources used in this study have been fully acknowledged and ethical considerations have been adhered to.

Signature:

Date:

Peaceful Nonkululeko Ntshayintshayi

DEDICATION

This study is dedicated to my beloved daughter, Noxolo Ntshayintshayi, whose presence in my life motivated me to be where I am today. Everything I do is because your existence encourages me to push hard and overcome every challenge I come across in life.

This study is also dedicated to my mother, Sarah Mabuza, who wished to see me prosper, educated and independent. This is for all her sacrifice for me to be where I am today 'ngiyabonga Mma'. And to my late father, Henry Phophota Ntshayintshayi, whose wish was to see me grow up to be a responsible and educated adult, this is for you in heaven daddy. Even though you couldn't be here to witness it with me, I believe you can see that I fulfilled my promise to you.

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My beautiful daughters Noxolo and Lukhanyo you are my world and motivation to reach for greater heights.

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ABBREVIATIONS

ANC: Ante Natal Care

HREC: Health Research Ethics Committee

NWP : North West Province

NWU: North-West University

PAC: Parent Adolescent Connectedness

SA : South Africa

USA: United States of America

WHO: World Health Organization

ABSTRACT

Pregnant teenagers globally are faced with psychosocial challenges such as stigmatisation, depression, and financial constraints. In Ditsobotla sub-district, pregnant teenagers come to the health facilities presenting with depressed mood, attempted suicide, late Ante Natal Care (ANC) bookings or unbooked at delivery. In spite of the challenges listed here, there are no current studies focusing on the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. The aim of this study is to explore, describe and address the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. A qualitative exploratory-descriptive and contextual research design was employed to achieve the purpose of this study. Non-probability purposive and convenient sampling techniques were used to select participants. The study sample was determined by data saturation which was reached after interviewing nine participants. Semi-structured WhatsApp video calls were used to collect data. A co-coder and the researcher separately used content analysis to analyse data. After data analysis, three themes emerged: psychological challenges, social challenges, and suggestions to address the challenges faced by pregnant teenagers. Literature control was done to ratify the findings. The recommendations for nursing practice, education and research were made with the aim of addressing psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

Keywords: challenges, pregnancy, psychosocial, teenager, teenage pregnancy

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SECTION ONE: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Teenage pregnancy is a global concern mostly because of the health risks it poses on both the mother and the unborn child. Mokhopadyay et al. (2014:495-497) defines teenage pregnancy as pregnancy that occurs in mothers between the ages of 13 and 19 years. The World Health Organisation (WHO) (1973:77) defines health as a state of physical, mental and social well-being and not merely the absence of disease or infirmity. In this research, the researcher focuses on exploring, describing and addressing the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. The prevalence of teenage pregnancy is currently low as compared to the period before the introduction of contraceptives to adolescents in developed countries such as the United States of America. According to Finer and Zolna (2016:843), there is a decline in the percentage of more than 25% in unwanted pregnancy among teenage girls between the ages of 14 and 17 in the United States of America (USA). Reddy et al. (2016:1) state that there is prevalence of 47 births per 1000 teenage girls versus that of 24 births per 1000 girls in developed countries. Strategies in place have proven to be effective in reducing teenage pregnancy, especially in developed countries. These strategies can be explored and implemented for Ditsobotla sub-district in the future.

There are various contributing factors to teenage pregnancy such as early marriage, poor knowledge of and access to contraceptives (McCall et al., 2014:49). According to Raj et al. (2010:4), in South Asia low socio-economic status and cultural beliefs lead most young girls to be married by the age of 18 years, making teenage pregnancy quite common in that region. Kaphagawani and Kalipeni (2017:694) established that in Malawi sexual violence, gender inequity, early sexual engagement and marriage as well as poor knowledge about contraceptives, in tandem with low socio-economic status are the leading determinants of teenage pregnancy. According to Watts et al. (2015:873), in certain communities, the teenage girls are pressured to bear children as fertility is regarded significantly important for a woman's identity.

Teenagers, especially below 17 years, are regarded as physiologically immature to conceive and give birth therefore considered as high risk. At this age, they are specifically at the risk of developing obstetric complications (Goonewardene & Waduge, 2005:116).

Medical or obstetric conditions are not the only health concerns of teenage mothers; the social and psychological health of these teenagers is equally affected. According to Van Wyk (2007:1), in most instances teenage pregnancy is unplanned and unwanted and has negative effects on the physical and psychological well-being of these pregnant teenagers. Leerlooijer et al. (2014:599) also state that unplanned and unwanted teenage pregnancies may result in depression and low self-esteem. Regardless of the numerous studies conducted on teenage pregnancy, little is known about its psychosocial consequences or challenges (Herd et al., 2016:421). Therefore, it is evident that the psychosocial wellbeing of pregnant teenagers requires as much attention as their physical well-being, justifying the need for this study.

Additionally, pregnant teenagers are faced by various psychological and social challenges. Stigmatization, endless punishments, ridicule and being excluded from school are some of the challenges pregnant teenagers face in Lesotho (MokobochoMohlakoane, 2005:3). Suicidal ideations such as depression and unsafe termination of pregnancy are some of the health risk issues pregnant teenagers in Limpopo province present with (Mushwana et al. 2015:12). According to Campbell (2013:29), some fear being shamed and embarrassed as well losing respect from their parents, peers and society. Those who lack coping skills because of pregnancy tend to consider suicide as the only way out. This is another gap that could be addressed by future studies.

In the North West Province (NWP), including Ditsobotla sub-district where this study was conducted, there are various contributing factors to teenage pregnancy as well as the consequences which have a great impact on the health and lives of these teenagers. For instance, it has been noted that 38% of the teenage girls in North West conceive while they are still in school and mostly are those who first became sexually active before the age of 18 years (Mhele & Ayiga, 2016:636). Ditsobotla sub-district in the North West Province is not an exception in these statistics. Mturi (2015:3) adds that most teenage girls in NWP reported that their pregnancies were unintended and in most cases because a consequence of their own ignorance about the use of contraceptives as well as the fear and stigma associated with the use of family planning in young girls their age. Some reported that they conceived as a result of sexual abuse. In spite of the above bleak statistics and details, there are no studies at present on the psychosocial challenges

faced by pregnant teenagers in Ditsobotla sub-district. Literature shows that psychosocial challenges faced by pregnant teenagers need to be given attention, hence the need for the current study.

1.2 PROBLEM STATEMENT

Literature in the introduction and background above indicates that pregnant teenagers are faced with several psychosocial challenges which tend to negatively affect their psychosocial well-being (Mokobocho-Mohlakoane, 2005:3; Mokhopadyay et al. 204:495-497). According to the researcher's personal experience as a professional nurse, some of these psychosocial challenges include stigmatisation, depression and suicide. The researcher noted that in Ditsobotla sub-district the psychosocial well-being of pregnant teenagers during antenatal care visits is in most instances neglected and more focus is placed on their physical well-being. According to the researcher's knowledge, no study has been systematically conducted in Ditsobotla sub-district primarily focusing on exploring and addressing the psychosocial challenges faced by pregnant teenagers. Therefore, the researcher deemed it necessary to explore and address the psychosocial challenges faced by pregnant teenagers in this sub-district.

1.3 RESEARCH QUESTIONS

The conundrum above led to the following research questions:

- What were the identified psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district?
- How could these challenges be addressed in Ditsobotla sub-district?

1.4 RESEARCH AIM

The aim of the study was to explore, describe and address the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

1.5 RESEARCH OBJECTIVES

The research aim above was achieved through the following objectives, designed specifically to:

To explore and describe the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

To describe the suggestions to address the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub- district.

1.6 SIGNIFICANCE OF THE STUDY

This study focused on exploring, describing and addressing the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. The findings and recommendations of this study may assist the Department of Health, particularly Ditsobotla sub-district health care providers, in making them aware of the psychosocial challenges pregnant teenagers face and also proffer recommendations on how to address those challenges. The recommendations of this study may also assist other researchers with valuable information to strengthen their studies while other researchers may use the findings of this study to develop programmes or policies relevant to psychosocial challenges faced by pregnant teenagers. This study may also contribute to the nursing education curriculum and nursing practice as they need to be well informed on the psychosocial challenges faced by pregnant teenagers, particularly in Ditsobotla sub-district. And therefore be able to provide the necessary support and provide holistic nursing care

1.7 DEFINITION OF KEY CONCEPTS

The key concepts defined in the study are pregnancy, teenager and psychosocial:

Pregnancy refers to a condition from conception to expulsion of the foetus from the uterus (Kaushik & Balleres, 2016: 341). In this study pregnancy refers to the state in which a teenager has conceived a foetus and with a gestational age of above 20 weeks in Ditsobotla sub-district.

Psychosocial relates to the interrelation of social factors and individual thought and behaviour (Huffaker, 2005:501). In this study, psychosocial refers to the psychological and social factors which may affect the well-being of the pregnant teenagers in Ditsobotla sub-district.

Teenager refers to a young person between 13 and 19 years old (Santrock & Curl,

2003:2938). in this study, a teenager refers to a young female between the ages of 13-19 years and is pregnant in Ditsobotla sub-district.

1.8 RESEARCH METHODOLOGY

Research methodology of the current study is amplified in the following sections.

1.8.1 Research Approach

A qualitative research approach was followed to achieve the aim and objectives of the study. Brink et al. (2016:121) indicate that a qualitative research approach is used when little is known about a phenomenon or when its context, nature and boundaries are poorly defined and understood. In Ditsobotla sub-district, the psychosocial challenges faced by pregnant teenagers are not well documented in literature. This study aimed to explore, describe and address these psychosocial challenges, therefore data and results were communicated in a narrative form.

1.8.2 Study Design

A qualitative, exploratory, descriptive and contextual research design was used in this study which aimed to explore and understand a phenomenon in-depth then describe this phenomenon as it occurs in a specific context (de Vos et al., 2011:321). A qualitative, exploratory, descriptive and contextual design was used in this study in which psychosocial challenges of pregnant teenagers were explored and addressed through semi-structured interviews in the context of Ditsobotla sub-district.

1.8.3 Study Context

Ditsobotla sub-district is one of the four sub-districts of Ngaka Modiri Molema District in NWP. With three surrounding towns namely, Coligny, Lichtenburg and Biesiesvlei which are surrounded by several farms and informal settlements where most of the people reside, the entire sub-district is catered for by 18 clinics, including mobile clinics. All these clinics offer antenatal care services and only 9 cater for maternity (delivery). Ditsobotla sub-district is characterised by acute poverty and high unemployment. Amongst other health and social issues, residents in this sub-district are faced with a burgeoning teenage pregnancy. Pregnant teenagers are seen at these clinics and health centres presenting with psychological and social issues which are often missed or left unattended.

1.8.4 Population and Sampling

Population and sampling of the study are detailed in the following segments.

1.8.4.1 Population

Population refers to a whole group of subjects, persons or objects which are of interest to the phenomenon of interest in a research (Creswell., 1998:112). In this study the population was all South African pregnant women between ages of 13 and 19 years and attending Antenatal Care (ANC) and teenage mothers attending post-natal care and immunisation at health care facilities in Ditsobotla sub-district in the North West Province. This group of persons described as the target population in this study is chosen because they met the criteria in respect of the object of study.

1.8.4.2 Inclusion criteria

Participants were:

- Pregnant teenagers between 13-19 years, as they fit the definition of a teenager as described in this study.
- Teenage girls who gave birth while they were between the ages of 13 and 19.
- Must be able to converse in English and/or Setswana. In Ditsobotla sub-district the most popular spoken languages are Setswana and English therefore the informed consent documents were written in both English and Setswana.
- Teenagers with a gestational age of 20 weeks and above and teenage mothers with babies less than 24 months of age. In order to get rich data the researcher saw it fit to interview teenagers who have been pregnant as they were able to give more information about the psychosocial challenges pregnant teenagers face than those who have only discovered that they were pregnant then or a few weeks prior to the interview.
- Residing at Ditsobotla sub-district for the period during which they were pregnant.

1.8.4.3 Exclusion criteria

- Those who attended clinics in Ditsobotla sub-district but did not reside in the area were not considered to participate in the study as the focus is on the psychosocial challenges of pregnant teenagers residing in Ditsobotla sub-district.
- Pregnant teenagers who met the inclusion criteria but were unwilling to participate in the study. Participation was totally voluntary in this study.
- Participants under the age of 18 years whose parents did not grant permission for them to participate in the study

1.8.4.4 Sampling technique

Purposive and convenient sampling techniques were used to select participants.

Purposive and convenient sampling techniques

Brink et al. (2016:141) mention that purposive sampling is a non-probability sampling technique in which participants are selected according to the researcher's judgment of their knowledge, experience and are a typical representative of the population and study phenomenon. Convenient sampling technique focuses on participants that are readily available and meet the selection criteria (Brink et al., 2016:141). These two sampling techniques were applied in this study. Participants that were readily available at the health facilities/clinics and fitted the inclusion criteria were approached and recruited to participate in the study by the mediator who informed them about the study, handed out pamphlets and posters and also gave them contact details of the researcher for those interested in further contact with the researcher. The researcher was convinced that these sampling techniques were best for use in this study since it was easier to get access to potential participants and their parents/guardians as they attended antenatal care and other health care services at the clinics/health centres. Potential participants were pregnant teenagers who were understood as having relevant knowledge and experience about the phenomenon and were a typical representative of the researched population.

1.8.4.5 Sampling size

In this qualitative study, the sample size was determined by data saturation. Data saturation refers to a point when there is repetition of data emerging from the participants

and no new data is obtained (Brink et al., 2016:149). This means that the researcher stopped interviews when no new information emerged from the participants. The participants were sampled and recruited by an independent person from all the clinics. Three participants per facility were interviewed to ensure that accurate and complete data was collected. Data saturation was reached after interviewing the ninth participant.

1.8.5 Data Collection

This section describes the type of data collected in this study and how it was collected

1.8.5.1 Data generation

Data generation is a crucial process of a research whereby high quality data is collected through high quality data collection techniques which contribute to the accuracy of the research conclusion (Brink et al., 2016:147).

Data needed in this study

This study aimed to describe, explore and address the psychosocial challenges faced by pregnant teenagers therefore participants were expected to verbally describe their challenges to the interviewer.

How was data collected?

Semi-structured interviews using WhatsApp video calls were used as the data collection method in this study. According to de Vos (2011:352), a semi-structured interview allows the interviewer to ask a certain number of specific questions followed by follow up questions and additional probes, in which both open-ended and closed-ended questions may be used. This kind of interview allowed the interviewer a detailed exploration of the phenomenon. The two research questions:

- (1) What are the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district?
- (2) How could these challenges be addressed?

1.8.5.2 Data collection tools

- Pen and paper - to record field notes which included verbal and non-verbal cues to ensure that nothing was missed during the WhatsApp semi-structured interviews.
- Tape (voice) recorder and another cell phone – to record the interview both the tape recorder and the cell phone were used as recording devices at the same time to ensure that if one device malfunctioned, the other was recording. Both recordings were transferred to a password protected computer and stored after the interviews and were deleted from both devices to ensure privacy and confidentiality in case of theft or loss.

Who was collecting data?

The researcher collected data through interviews using WhatsApp video calls. The interviews were based on two main questions followed by follow up questions and probing to ensure that enough data was obtained. The interviews lasted at least 30 - 60 minutes.

Where was data collected?

To ensure reduced travel costs and to protect participants and the researcher from Covid19 pandemic, privacy and confidentiality for participants, the interviews were conducted at the participants' private homes. Participants were informed that the rooms where data was collected should not have noise so that both the researcher and participants could hear everything and the recording could be audible.

1.8.6 Data Analysis

Content analysis was used to analyse data. Content analysis is a data analysis process of systematically transforming great amounts of text, in which data from verbatim, transcribed interviews is analysed condensing condensed forms to generate categories and themes which now provide a highly organised and concise summary of key results (Erlingsson & Brysiewicz, 2017: 93-99). Data collection and analysis occurred concurrently. Qualitative content analysis was used by both the researcher and the independent co-coder to analyse data from the unstructured in-depth interviews. Content analysis was used in the study because data was collected and disseminated in a

narrative form therefore codes and themes were used to summarise the data using qualitative content analysis.

Conventional content analysis is the qualitative technique which was used to analyse data in this study. Hsieh and Shannon (2005: 1279) submit that conventional content analysis is used with the aim of describing a phenomenon and it is the most appropriate when there is limited literature and existing theory regarding the research phenomenon. Researchers allow new data to emerge and new categories to flow from the data. Conventional data analysis is fully elaborated in the steps that follow.

Steps of the conventional content analysis

1. Identify and collect data

Data was collected from participants through semi-structured WhatsApp video calls about the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

2. Determine coding categories

The process of content reduction was followed in this category. According to Hsieh and Shannon (2005:1280), content reduction refers to a process whereby categories are formed by reducing text such that the research could focus on categories for specific patterns and words. In this research after data was collected, the researcher read through the data to identify themes and categories by identifying specific word and pattern emerging from the data that answered the research questions.

3. Code the content

Codes were assigned to the text this was done by determining the frequency and existence of concepts. After categories were formed, the researcher assigned codes to the text by identifying the number of times a certain code appeared.

4. Check validity and reliability

After categories and codes were formed, the researcher read through the data again and ensured that no text was missed and ensured that different words or phrases that were part of a category had a similar meaning and that they belonged

to the same category. The researcher then assigned a co-coder to follow the same data analysis method used to analyse the same data. Member checking was done in this stage; participants were given an opportunity to read through the analysed data.

5. Analyse and present results

The analysed data was presented in a report format which entailed a detailed, summarised and analysed information about what was gathered and observed during the study. The report was sent to the study participants and also presented at the School of Nursing and DoH then sent to a peer reviewed journal for publication.

1.8.7 Trustworthiness

Trustworthiness is concerned with the consistency, repeatability, relevance and thoroughness of collecting and recording data (Burns & Grove, 2011:38). Credibility, dependability, confirmability and transferability was used to ensure trustworthiness of this qualitative study.

1.8.7.1 Credibility

Credibility is concerned with the confidence in the truth of the interpretation of the data obtained (Burns & Grove, 2011: 38). Credibility was achieved by ensuring that data is collected through semi-structured interviews through WhatsApp video calls until saturation was reached (when there was repetition of data and no new data was occurring from participants). This was done to avoid transmission of COVID-19 from the researcher to the participants or vice versa. Various data collection tools such as voice record and field notes were used. Member checks were utilised whereby the intentionality of participants is assessed to provide additional information and correct obvious errors. Peer debriefing was accomplished by submission of the study for reviews to the study supervisor to ensure results were communicated truthfully and accurately.

1.8.7.2 Transferability

Brink et al. (2016:173) explains transferability as the ability of qualitative research findings to be applied in other participants or contexts. In this qualitative study, transferability was ensured by using the purposive and convenience sampling techniques which ensured rich data was obtained from participants who were well knowledgeable and experienced regarding the phenomenon of interest, and by thick description of methodology and discussion of results. Data collection was done until saturation was reached to ensure full and accurate data was collected which is applicable in other contexts and participants. Results of this study cannot be generalised but can be applied in other sub-districts or provinces of the Republic of South Africa.

1.8.7.3 Confirmability

Confirmability ensures that the data collected supports the results, conclusions and recommendations made (Brink et al., 2016:127). Confirmability in this study was achieved through collection of data using a semi-structured interview through WhatsApp video call with the use of several data collection tools which includes voice records and written field notes. Data obtained in this study was sent to an independent co-coder via email who also analyse the data and findings were compared to ensure that the researcher was not bias.

1.8.7.4 Dependability

Brink et al. (2016:127) defines dependability as a process in which the research procedure and processes followed by the researcher is reviewed or enquired to ensure that they are dependable and acceptable. In this study, dependability was ensured through thick descriptions of the research methodology utilised, literature control as well as thick description of the data analysis method used in terms of data transcription forming of codes.

1.9 ETHICAL CONSIDERATIONS

This study was presented to the School of Nursing Science (SONS) scientific committee and approval was granted. Conditional approval has been granted by the North West provincial Department of Health (DoH), see attached conditional approval letter. Ethical

clearance was received from the North-West University Health Research Ethics Committee (NWU-HREC). The researcher aimed to ensure ethical considerations by obtaining informed consent, assent and permission to conduct the study from all relevant parties and ensuring that the study is carried out competently and results were communicated accurately. Principles which were used to ensure adherence to ethical practices in this study are described below.

1.9.1 Ethical principles

The right to confidentiality: the confidentiality of participants was ensured in this study by using codes to refer to participants e.g. participants A, B, C. This was done to ensure that no participants were linked to any data in the transcribed notes or report notes therefore the identity of every participant in the study. Feedback of the results was given to participants.

Respects for persons: participants in this study were treated fairly without any prejudice. Their rights were respected such as their right to be protected from any harm as outlined in the risk/benefit and their right to withdraw participation was respected.

Principle of Justice

This principle refers to the right of fair selection of participants, fair treatment, right to privacy and proper compensation (Brink et al., 2017:36). The participants were selected by an independent person to avoid researcher bias using purposive and convenient sampling techniques. This was designed to ensure that only participants who were knowledgeable about the phenomenon according to the researchers' judgment were selected using the inclusion and exclusion criteria set.

To ensure less travel costs, privacy and confidentiality, all semi-structured interviews were conducted via WhatsApp video calls at the comfort places of both the researcher and the potential participants. All participants were informed that there should be no noise during the interview as well as in and out of that room. No names were used by the interviewer during data collection to protect the identity of the participants. Instead, codes which were participant A, B, C facilitated anonymizing them.

Principle of Beneficence

Brink et al. (2016: 36) describes the principle of beneficence as one concerned with the physical, social financial psychological wellbeing of the participant amongst others. In this study, the psychological wellbeing of the participants had the potential to be affected as the researched topic was emotional. The researcher who collected the data ensured that all questions asked in the interview were asked in a manner that was respectful. The researcher has educational qualifications, background and experience in mental health and was capable to assess, identify and manage any emotional problems which could have occurred during the interview. Participants who may have required further intervention would have been referred to a psychologist from one of the local mental health care institutions.

Principle of informed consent: Informed permission was obtained from parents or guardians of participants were less than 18 years before they were give an informed consent form which had detailed information about the proposed study and the independent person explained the study further. All questions and concerns from participants and parents/guardians were addressed accordingly. They were also informed and assured that participation was voluntary. Participants were given enough time to read and understand the informed consent document before they signed, they were given a minimum of seven working days to sign informed consent which was to also allow them time to decide if they want to participate in the study or not. Those above that are 18 and 19 years of age were allowed to give consent without permission from parents.

Principle of privacy: the researcher ensured that the right to privacy of the participants was respected by ensuring that no names/identities of participants was used before, during or after data collection. Participants were made aware that voice recordings and field notes were to be used during the WhatsApp video call interviews, and that information would be shared that can be linked to their identities during report giving.

Even during publication of articles, participants' names were not used anywhere in the manuscript or article.

1.9.1 Summary of role players in this study

Persons	Attributes	Roles
The researcher	<ul style="list-style-type: none"> • Professional nurse in possession of Bachelor of Nursing Science (BNSc) • Registered MNSc student 	The researcher is the owner of the study and was responsible for ensuring that the study was conducted ethically and
Independent person	<ul style="list-style-type: none"> □ MNSc post graduate student registered with the NWU School of nursing science (Mafikeng Campus). □ A professional nurse at Tswaing sub-district in possession of a Bachelor of Nursing Science. Experienced in qualitative research. □ 	The independent person obtained permission to approach the teenagers from parents/guardians. She also obtained informed consent from all potential participants.
Gate keepers	<ul style="list-style-type: none"> □ Ditsobotla sub-district manager, 	The gate keepers are the bodies that gave goodwill permission for the study to be conducted and gave the research assistant access to the participants. Their duty in this study was to inform the relevant facility's staff members about the research and facilitate the meeting
Mediator 1	<ul style="list-style-type: none"> □ Professional nurses □ Facility managers of the facilities in which the study was conducted. 	The professional nurses at the facilities helped the research assistant by introducing him to the patients and giving access to the said facility.

Co-coder (qualitative research analysis)	<input type="checkbox"/> Master in Nursing Science (mental health) <input type="checkbox"/> Co-code the transcribed data	The co-coder was responsible for transcribing, analysing, and developing themes, sub-themes and codes from the raw data collected from the study participants.
Primary investigator	<input type="checkbox"/> An Associate Professor in the North-West University School of Nursing Science (Mafikeng Campus)	The primary investigator in this study is the study supervisor who was responsible for the overall guidance in the study.
Cosupervisor	<input type="checkbox"/> A lecturer in the NorthWest University School of Nursing Science (Mafikeng Campus)	The role of the co-supervisor was to work together with the primary investigator on giving professional guidance on the study.

1.9.2 Ethical clearance

The researcher ensured that the study is conducted ethically and according to what the NWU-HREC and the researcher agreed upon. She informed the ethics committee of all changes and amendments done on the approved proposal document.

1.9.3 Permission

The researcher obtained permission to conduct the study from the School of Nursing Science Scientific Committee, the NWU-HREC, North West Province Department of Health, and the facility managers of the health institutes in which the study was conducted.

1.9.4 Recruitment of participants

The researcher is a professional nurse working in Coligny health centre in Ditsobotla sub district, one of the health centres in which the research was conducted. An independent person was responsible for the recruitment and enrolment of participants as well as obtaining informed consent. The researcher conducted the interviews using WhatsApp

video calls. Pamphlets and posters were used as recruitment materials to inform participants about the study.

1.9.5 Recruitment process

Before approaching participants, a proposal was submitted for scientific review at the NWU scientific committee and obtained ethical clearance from the NWU-HREC. A letter of legal permission was obtained from the provincial department of health. Goodwill permission was also obtained from the sub district office, and the clinic managers who were the gate keepers. The research was explained to the gatekeepers, and the researcher requested that the gatekeepers identified and gave access to a mediator(s) who were the professional nurses at the clinics.

The research assistant was the one who identified suitable candidates who met the inclusion criteria. They also handed over the study pamphlets and posters obtaining information about the study's aims, objectives, benefits and required participants. In turn, they also explained the study and obtained and facilitated the signing of the informed consent form to potential participants and asked those interested to participate to make contact with them (the research assistant), then forwarded the names and contact details of those interested to the researcher who contacted them and set up the interview date and time.

Most young pregnant girls were accompanied by parents or guardians when coming for ANC visits therefore this allowed the research assistant to engage with the parents to obtain permission to talk to the teenagers. Those who are not accompanied by parents were not recruited unless they were above 18 years of age.

1.9.6 Informed consent

According to the (DOH, 2015:27), persons under the legal age of 18 years are considered as minors and legally incapable of independently performing legal transmission or give consent without the assistance of a parent or a guardian. The Children's Act 38 of 2005 emphasises the right of a child to participate in any matter concerning that child, provided he or she has sufficient maturity to participate appropriately and meaningfully, notwithstanding legal capacity. Informed consent was obtained from the participants after

their parents/guardians had given permission and they were informed that participation was completely voluntary and they could withdraw participation at any point in the study.

Participants were given seven days to decide whether they wanted to participate in the study or not and they were never penalised for refusing to participate. Participants that were 18 and 19 years of age were considered as adults and were able to give consent without the involvement of parents/guardians therefore they were recruited and enrolled by the independent person if they were willing to participate freely and understood the risks and benefits involved.

After the signing of the informed consent form an appointment was set up between the researcher and participants telephonically during which the research process was further discussed. During signing of the consent form, potential participants were advised to have a person present to co-sign and witness the signing process, while the researcher did the same when signing. There was a person who is above the age of 18 who co-signed and act as a witness. This means that four people were present during the signing process. During the signing of the informed consent documents. During the actual interview process, this process of obtaining informed consent was remotely repeated and the informed consent was confirmed by the participants verbally and recorded.

Twelve (12) Probable experience of participants

All potential participants of the study were pregnant teenagers or teenage mothers. This meant that they were all conversant with the topic under study (teenage pregnancy).

1.9.7 Risk/Benefit ratio analyses

Risk and precautions

Risk (the possibility of any harm occurring due to participating in the study).	Precautions. (Measures taken to prevent harm to those involved in the study).
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<p>Physical harm</p> <p>e.g. Fatigue and discomfort</p> <p>Due to participant's gravid state they experienced fatigue and discomfort due to sitting for a long period of time.</p>	<p>The researcher who was the one conducting the interviews using WhatsApp video calls ensured that they did not last for longer period than 30-60 minutes. No payment was made for participating in the study, but the researcher gave participants money for drinks or water during the interview and when participants were not feeling well they were allowed to take a break or stop the interview to continue on another day.</p>
<p>Psychological harm</p> <p>e.g. emotional harm, self-disclosure, anxiety, sadness,</p> <p>Due to the sensitivity of the topic some participants experienced feelings of discomfort and emotional distress,</p>	<p>Data was collected by the researcher who has a background on therapeutic interaction and in mental health nursing science. Referrals to relevant health care provider (Psychologists) in local mental health care institution were made in the case of any psychological distress, And also ensured that the interview does not last long.</p>
<p>Social harm</p> <p>e.g. stigmatization</p> <p>Some participants felt that participating in this research they may be subjected to stigmatization if it is known that they participated.</p>	<p>Participants were assured that the researcher will ensure that privacy and confidentiality was protected by keeping their identity confidential and ensured that it would not be known to the public who participated in the study and who did not. participate in the study from the comfort of their homes.</p>
<p>Economic harm e.g. travelling costs and time and money spent</p>	<p>Participants were reimbursed for their time and money spent on participating on the study. 1 gigabyte data was given to them for WhatsApp video calls.</p>

1.9.8 Estimated risk of the study

This study had no greater than minimal risk with no prospect of direct benefits to the child/participants. A research is considered to be greater than minimal risk if it is done to obtain information from children/participants without any direct benefit to them, sensitivity of this topic posed risk to the study participants.

1.9.9 Anticipated benefit

Direct or indirect gains to one because of participating in a research study. Direct benefits are benefits received by participants and indirect benefits are benefits to the society the researcher and or the institution/organisation they belong to, (Risk Levels for Research with Humans Oct 2015:7). Anticipated benefits of the study listed on the table below. Direct and indirect benefits:

Direct benefits for participants	Indirect benefits for society at large or for the researchers/institution
There were no direct benefits for participants.	This research has the potential to contribute to literature and guidelines which address this issue which may improve the health care services. Department of Health may develop relevant policies to assist pregnant teenagers. Other researchers might use the findings of this study to enrich their studies.

1.9.10 Experience, skills and competency of researcher.

The researcher has Bachelor of Nursing Science (BNSc) Degree and now they are in the process of obtaining Master's degree in Nursing Science. She has undergraduate experience of conducting research and conducting interviews. Therefore, the researcher is skilled in conducting interviews with the aim of obtaining rich and reliable data with the use of the interview guide without posing any harm to the participants. Main supervisor has a PhD in Nursing Science and a co-supervisor has a Master's degree in Community Nursing Science and now he is in the process of obtaining his second Master's Degree in Psychiatric Nursing Science. Researcher and both supervisors had ethics training

certificates. Therefore, they had the experience of conducting this study ethically from the beginning to the end.

1.9.11 Legal authorisation

This was approved by the NWU School of Nursing Science Scientific Committee, ethical clearance was also obtained from the NWU-HREC, Approval to continue with the study was also granted by the Department of Health as well as the health facilities where data was collected. Participants were not forced to participate in the study.

1.9.12 Data management

Raw data obtained from the participants during data collection was only shared with authorised persons such being the supervisor, co-coder and participants this was to ensure privacy and confidentiality of participants. Tape recorders and field notes are kept in a locked cupboard in the researcher's home office and backup copies of the audio taped records (tape recorder) and field notes are placed in a sealed and labelled box and stored in a locked cupboard at the NWU (Mafikeng Campus School of Nursing Science). Data in the form of soft copies (typed field notes and results, are saved on a password protected computer belonging to the researcher and backup copies of the typed field notes and results (soft copies) are saved in the supervisor's password protected computer. The recordings, field notes and any other form of data which may have been collected is kept for a period of five years. This is done so that any enquiries arising about the research may be addressed and supported by the data collected. After the five-year period the data shall be destroyed (shredded)/deleted by both the supervisor and student.

1.9.13 Dissemination of research results

The researcher compiled a short final brief of the findings of the study which was given to participants. A short report of the results was given to the DOH (Ditsobotla sub-district). This dissertation followed an article format. A manuscript has been submitted to the Health South Africa Gesondheid (HSAG) journal for publication and sharing of the results of this study with other researchers in the field of Nursing and Midwifery.

1.10 STRUCTURE OF THE STUDY

Article format was followed in this study on exploring, describing and addressing the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. The three sections followed in the current study are as follows:

Section 1: Overview of the study

Section 2: Manuscript (Submitted to HSAG journal)

Section 3: Conclusion, limitations and recommendations

1.11 CONCLUSION

The reviewed literature indicates that there is a gap in the research on psychosocial challenges faced by pregnant teenagers in various context particularly in Ditsobotla subdistrict. Literature also indicates that challenges faced by these teenagers have a negative impact on their mental, physical as well as their social interaction. From this discussion, the researcher concludes that it was necessary to conduct research which described and explored the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district qualitatively using semi-structured in-depth interviews focusing on pregnant teenagers and teenage mothers. The data was analysed using content analysis.

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SECTION TWO: MANUSCRIPT

2.1 JOURNAL GUIDELINES

The following are the journal guidelines of the Health South Africa Gesondheid as they are, available At <https://hsag.co.za/index.php/hsag/pages/view/submission-guidelines>

Overview

The author guidelines include information about the types of articles received for publication and preparing a manuscript for submission. Other relevant information about the journal's policies and the reviewing process can be found under the about section. The **compulsory cover letter** forms part of a submission and must be submitted together with all the required [forms](#). All forms need to be completed in English.

Original Research Article

An original article provides an overview of innovative research in a particular field within or related to the focus and scope of the journal, presented according to a clear and well-structured format. [See full structure of original research articles below](#). If a submitted manuscript has been previously posted in an open access repository (e.g., a dissertation or thesis posted in an open-access university repository), the submitted manuscript must be unique and have less than 50% overlap with the posted paper.

Word limit	5000 words (excluding the structured abstract and references)
Structured abstract	250 words to include a Background, Aim, Setting, Methods, Results, Conclusion and Contribution
References	40 or less
Tables/Figures	no more than 7 Tables/Figure
Ethical statement	should be included in the manuscript

A **systematic review** follows the same basic structure as an original research article:

- Structured abstract: Background, aim, setting, methods, results, conclusion, contribution.
- Aim and objectives: Focus on a clinical question that will be addressed in the review.
- Methods section: Describe in detail the search strategy, criteria used to select or reject articles, attempts made to obtain all important and relevant studies and deal with publication bias (including grey and unpublished literature), how the quality of included studies was appraised, the methodology used to extract and/or analyse data.
- Results: Describe the homogeneity of the different findings; clearly present the overall results and any meta-analysis.

Review Article

Review topics should be related to clinical aspects interdisciplinary health sciences and should reflect trends and progress or a synthesis of data in the following format. [See full structure of review articles below.](#) Systematic reviews are considered under original research.

Word limit	4000 words (excluding the abstract and references)
References	40 or less
Abstract	up to 150 words, unstructured
Tables/Figures	data in the text should not be repeated extensively in tables or figures

Editorial

Editorials are by invitation only and are intended to provide expert comment on relevant topics within the focus and scope of the journal:

Word limit	1200 words
Tables/Figures	a maximum of 1 figure or table
References	10 or less

Conclusion	ensure that there is a clear message in the conclusion
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Commentaries

Commentaries draw attention to or present criticism on a previously published article, book, or report, often using the findings as a call to action or to highlight a few points of wider relevance to the field. Commentaries do not include original data and are heavily dependent on the author's perspective or anecdotal evidence from the author's personal experience to support the argument.

Word limit	1000-1500 words (excluding the unstructured abstract and references)
Unstructured abstract	75 words to cover a Background, Objectives, Method, Results and Conclusion
Tables/Figures	no more than 2 Tables/Figure
References	20 or less

Corrections

A correction provides the platform to communicate important, scientifically relevant errors or missing information in a published article. Any changes after publication that affect the scientific interpretation (e.g., changes to a misleading portion of an otherwise reliable publication, an error in a figure, error in data that does not affect conclusions or addition of missing details about a method) are announced using a Correction. Read our submission procedure for [corrections](#) and [publishing policies](#).

Compulsory title	The title of the submission should have the following format: 'Corrigendum: Title of original article'.
Submission File	completed Correction Submission Form (required)
Compulsory supplementary file	any supporting documents or emails, Author Change Request Form (if applicable), Corresponding Author Change Request Form (if applicable)

Cover Letter

The authorship, disclosure statements, copyright, and license agreement form is our compulsory cover letter which needs to form part of your submission. Kindly download and complete, in English, the provided [form](#).

Anyone that has made a significant contribution to the research and the paper must be listed as an author in your cover letter. Contributions that fall short of meeting the criteria as stipulated in our policy should rather be mentioned in the 'Acknowledgements' section of the manuscript. Read our [authorship](#) guidelines and [author contribution](#) statement policies.

Original Research Article full structure

Title: The article's full title should contain a maximum of 95 characters (including spaces).

Abstract: The abstract, written in English, should be no longer than 250 words and must be written in the past tense. The abstract should give a succinct account of the objectives, methods, results and significance of the matter. The structured abstract for an Original Research article should consist of six paragraphs labelled Background, Aim, Setting, Methods, Results and Conclusion.

- **Background:** Summarise the social value (importance, relevance) and scientific value (knowledge gap) that your study addresses.
- **Aim:** State the overall aim of the study.
- **Setting:** State the setting for the study.
- **Methods:** Clearly express the basic design of the study, and name or briefly describe the methods used without going into excessive detail.
- **Results:** State the main findings.
- **Conclusion:** State your conclusion and any key implications or recommendations.
- **Contribution:** Concise statement of the primary contribution of your manuscript.

Do not cite references and do not use abbreviations excessively in the abstract.

Introduction: The introduction must contain your argument for the social and scientific value of the study, as well as the aim and objectives:

- **Social value:** The first part of the introduction should make a clear and logical argument for the importance or relevance of the study. Your argument should be supported by use of evidence from the literature.
- **Scientific value:** The second part of the introduction should make a clear and logical argument for the originality of the study. This should include a summary of what is already known about the research question or specific topic, and should clarify the knowledge gap that this study will address. Your argument should be supported by use of evidence from the literature.
- **Conceptual framework:** In some research articles it will also be important to describe the underlying theoretical basis for the research and how these theories are linked together in a conceptual framework. The theoretical evidence used to construct the conceptual framework should be referenced from the literature. □
Aim and objectives: The introduction should conclude with a clear summary of the aim and objectives of this study.

Research methods and design: This must address the following:

- **Study design:** An outline of the type of study design.
- **Setting:** A description of the setting for the study; for example, the type of community from which the participants came or the nature of the health system and services in which the study is conducted.
- **Study population and sampling strategy:** Describe the study population and any inclusion or exclusion criteria. Describe the intended sample size and your sample size calculation or justification. Describe the sampling strategy used. Describe in practical terms how this was implemented.
- **Intervention (if appropriate):** If there were intervention and comparison groups, describe the intervention in detail and what happened to the comparison groups.
- **Data collection:** Define the data collection tools that were used and their validity. Describe in practical terms how data were collected and any key issues involved, e.g. language barriers.
- **Data analysis:** Describe how data were captured, checked and cleaned. Describe the analysis process, for example, the statistical tests used or steps followed in qualitative data analysis.
- **Ethical considerations:** Approval must have been obtained for all studies from the author's institution or other relevant ethics committee and the institution's name and permit numbers should be stated here.

Results: Present the results of your study in a logical sequence that addresses the aim and objectives of your study. Use tables and figures as required to present your findings. Use quotations as required to establish your interpretation of qualitative data.

All units should conform to the [SI convention](#) and be abbreviated accordingly. Metric units and their international symbols are used throughout, as is the decimal point (not the decimal comma).

[For Qualitative Research - Measures of Trustworthiness]

Measures of Trustworthiness: This refers to the findings of the study being based on the discovery of human experience as it was experienced and observed by the participants. The following are the criteria of trustworthiness, credibility, transferability, dependability and confirmability to be discussed.

[For Quantitative Research - Reliability and Validity]

Reliability: Reliability is the extent to which an experiment, test, or any measuring procedure yields the same result with repeated trials. Without the agreement of independent observers able to replicate research procedures or the ability to use research tools and procedures that yield consistent measurements, researchers would be unable to satisfactorily draw conclusions, formulate theories or make claims about the ability to generalise their research.

Validity: Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. While reliability is concerned with the accuracy of the actual measuring instrument or procedure, validity is concerned with the study's success at measuring what the researchers set out to measure. Researchers should be concerned with both external and internal validity. External validity refers to the extent to which the results of a study are generalisable or transferable. Internal validity refers to:

- The rigor with which the study was conducted (e.g. the study's design, the care taken to conduct measurements and decisions concerning what was and was not measured).
- The extent to which the designers of a study have taken into account alternative explanations for any causal relationships they explore.
Discussion: The discussion section should address the following four elements:
- Key findings: Summarise the key findings without reiterating details of the results.
 - Discussion of key findings: Explain how the key findings relate to previous research or to existing knowledge, practice or policy.

- Strengths and limitations: Describe the strengths and limitations of your methods and what the reader should take into account when interpreting your results.
 - Implications or recommendations: State the implications of your study or recommendations for future research (questions that remain unanswered), policy or practice. Make sure that the recommendations flow directly from your findings.
- Conclusion:** Provide a brief conclusion that summarises the results and their meaning or significance in relation to each objective of the study.

Acknowledgements: Those who contributed to the work but do not meet our authorship criteria should be listed in the Acknowledgments with a description of the contribution. Authors are responsible for ensuring that anyone named in the Acknowledgments agrees to be named. Refer to the acknowledgement structure guide on our *Formatting Requirements* page.

Also provide the following, each under their own heading:

- Competing interests: This section should list specific competing interests associated with any of the authors. If authors declare that no competing interests exist, the article will include a statement to this effect: *The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.* Read our [policy on competing interests](#).
 - Author contributions: All authors must meet the criteria for authorship as outlined in the [authorship](#) policy and [author contribution](#) statement policies.
 - Funding: Provide information on funding if relevant
 - Data availability: All research articles are encouraged to have a data availability statement.
 - Disclaimer: A statement that the views expressed in the submitted article are his or her own and not an official position of the institution or funder.
- References:** Authors should provide direct references to original research sources whenever possible. References should not be used by authors, editors, or peer reviewers to promote self-interests. Refer to the journal referencing style downloadable on our *Formatting Requirements* page.

Review Article full structure

Title: The article's full title should contain a maximum of 95 characters (including spaces).

Abstract: The abstract should be no longer than 250 words and must be written in the past tense. The abstract should give a concise account of the objectives, methods, results and significance of the matter. The abstract can be structured and should consist of five paragraphs labelled Background, Aim, Method, Results and Conclusion.

- **Background:** Why is the topic important to us? State the context of the review □
Aim: What is the purpose of your review? Describe the aim or purpose of your review.
- **Method:** How did you go about performing the review? Describe the methods used for searching, selecting and appraising your evidence.
- **Results:** What are the findings? What are the main findings of your literature review?
- **Conclusion:** What are the implications of your answer? Briefly summarise any potential implications.
- **Contribution:** Concise statement of the primary contribution of your manuscript.
Introduction: Present an argument for the social and scientific value of your review that is itself supported by the literature. Present the aim and objectives of your literature review.

Methods: Although this is not a systematic review (see instructions on original research for this type of article) it is still necessary to outline how you searched for, selected and appraised the literature that you used. Discuss any methodological limitations.

Review findings: Present your review of the literature and make use of appropriate sub-headings. Your review should be a critical synthesis of the literature.

Implications and recommendations: Discuss the findings of your review in terms of the implications for policy makers and clinicians or recommendations for future research.

Conclusion: This should clearly state the main conclusions of the review in terms of addressing the original aim and objectives.

Acknowledgements: Those who contributed to the work but do not meet our authorship criteria should be listed in the Acknowledgments with a description of the contribution. Authors are responsible for ensuring that anyone named in the

Acknowledgments agrees to be named. Refer to the acknowledgement structure guide on our *Formatting Requirements* page.

Also provide the following, each under their own heading:

- **Competing interests:** This section should list specific competing interests associated with any of the authors. If authors declare that no competing interests exist, the article will include a statement to this effect: *The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.* Read our [policy on competing interests](#).
- **Author contributions:** All authors must meet the criteria for authorship as outlined in the [authorship](#) policy and [author contribution](#) statement policies.
- **Funding:** Provide information on funding if relevant
- **Data availability:** All research articles are encouraged to have a data availability statement.
- **Disclaimer:** a statement that the views expressed in the submitted article are his or her own and not an official position of the institution or funder.

References: Authors should provide direct references to original research sources whenever possible. References should not be used by authors, editors, or peer reviewers to promote self-interests. Refer to the journal referencing style downloadable on our *Formatting Requirements* page.

2.2 PROOF THAT MANUSCRIPT HAS BEEN SUBMITTED

This is a proof of submission of the manuscript to the journal of Helath South Africa
Gesondheid.

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Manuscript title: Exploring and addressing the

2.3 MANUSCRIPT

Exploring and addressing the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district

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Abstract

Background: Pregnant teenagers experience psychosocial challenges such as a great amount of stress when most of the time they have to deal with an unwanted pregnancy, unpreparedness for parenthood, a lack of income as well as labour and birth complications. These are further complicated by the stigma from their families, friends, and community. Unaddressed psychosocial challenges during teenage pregnancy can adversely affect the health outcomes of both mother and the child.

Aim: This study explores, describes and addresses the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

Setting: The study was conducted in three health centres in Ditsobotla sub-district.

Methods: A qualitative-exploratory-descriptive and contextual research design was used. Nonprobability purposive and convenience sampling techniques were used to select the participants. Semi-structured individual interviews through WhatsApp video calls were used to collect data which was analysed using conventional content analysis.

Results: Three themes emerged from the findings of the study namely, psychological challenges, social challenges, and suggestions to address psychosocial challenges faced by pregnant teenagers.

Conclusion: The findings established that pregnant teenagers in Ditsobotla sub-district are faced with psychosocial challenges which negatively impact their psychological health and social life. Suggestions made in this study have the potential to improve the psychosocial wellbeing of pregnant teenagers in Ditsobotla sub-district if implemented.

Contributions: The findings of this study provide important information that may be used to improve the psychosocial wellbeing of pregnant teenagers in Ditsobotla sub-district.

Keywords: pregnancy, psychosocial challenges, teenagers.

Introduction and Background

Pregnancy occurring in girls between the ages of 13-19 years of age is a major health challenge worldwide with the potential to adversely affecting the birth outcomes. This may also lead to ill health and a cycle of poverty (Abebe et al., 2020:1; Mann et al., 2020:312). A study by Walker and Holfreter (2021:299) indicates that teenage pregnancy is also a notable predictor of depression, alcohol and substance abuse. Wong et al. (2020:156) add that teenage mothers have a significantly higher rate of depression and anxiety during pregnancy than mothers aged 20-34 years. According to Gselamu et al. (2019:116), teenage mothers experience psychosocial challenges such as a great amount of stress before and after birth as arising from unwanted pregnancy, unpreparedness for parenthood, a lack of income as well as labour and birth complications taking the form of infant death anaemia and low birth weight infant. According to Caffè et al. (2018:6), teenage pregnancy and motherhood does not only affect physical health but also poses the risk of social exclusion by family, friends and the society. These complications and challenges have a severe effect on the psychosocial well-being of teenage mothers. Parents, teachers and friends usually experience anger and disappointment when a teenager is pregnant and their academic performance is also negatively affected or delayed (Quaye & Attom., 2019:118). Unaddressed psychosocial issues before and during pregnancy can adversely affect the health outcomes on both mother and child (Harran et Al., 2021:97). This information highlights the rationale why the researcher deemed it necessary to conduct this qualitative study.

In the United Kingdom (UK), a high prevalence of teenage pregnancy is observed in girls with risk factors such as low socioeconomic status (Cook, 2017:33). In Indonesia, teenage pregnancy is associated with the stigma of engaging in extramarital sex therefore pregnant teenagers experience social, health and economic problems with little or no support from family and friends (Tjung et al., 2021:232). According to Abebet al. (2020:1), lack of sexual education and cultural obedience are some of the attributing effects for teenage pregnancy in developing countries such as Brazil, Bangladesh and Nigeria.

In the South African context, Black Africans are the ethnic group with the highest percentage of teenage pregnancy of 12,5% and whites the lowest with just 1,6% (Statistics South Africa, 2016:25). In South Africa (SA), between 2018-2019 approximately 5% of girls between the ages

14-19 years reported to have been pregnant in the past 12 months, the number of 19 years old pregnant girls was 32 times higher (Kamer, 2021:45). According to Mturi and Behuke (2017:20), in the Ngaka Modiri Molema district, particularly in Mafikeng in the North West province, young girls become pregnant out of ignorance or lack of knowledge regarding sexuality. Therefore, it is important that sexual education in schools is introduced in lower grades. This teenage pregnancy in the North West province is one of the key causes of school dropout and most girls who leave school due to pregnancy never return after childbirth (Masilo, 2018:23). The above information emphasises the point that more attention needs to be focused not only on the physical wellbeing but also on the psychosocial wellbeing of pregnant teenagers. In spite of the above discussion, there are no studies on the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict. The above information justifies why the researcher deemed it necessary to conduct the current study particularly in Ditsobotla sub–district where literature related to teenage pregnancy is scarce.

Problem statement

Literature indicates that pregnant teenagers are faced with several psychosocial challenges which tends to negatively affect their psychosocial well-being (Mokobocho-Mohlakoane, 2005:3; Mokhopadyay et al., 204:495-497). According to the researcher’s personal experience as a professional nurse, some of these psychosocial challenges include stigmatisation, depression and suicide. The researcher noted that in Ditsobotla sub-district the psychosocial well-being of pregnant teenagers during antenatal care visits is, in most instances, neglected and more focus is on their physical well-being. According to the researcher’s knowledge, no study has been conducted in Ditsobotla sub-district which primarily focuses on exploring and addressing the psychosocial challenges faced by pregnant teenagers. Therefore, the researcher deemed it necessary to explore, describe and address the psychosocial challenges faced by pregnant teenagers in this sub-district.

Research aim

The aim of the study was to explore, describe and address the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

Research objectives

The research objectives of the current study were designed to:

Explore and describe the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict.

Describe the suggestions to address the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub- district.

Research approach

A qualitative research approach was followed to achieve aim and objectives of the study. Brink et al. (2016:121) indicate that a qualitative research approach is used when little is known about a phenomenon or when its context, nature and boundaries are poorly defined and understood. In Ditsobotla sub-district, the psychosocial challenges faced by pregnant teenagers are not documented in literature as there was not a single study in the archives on this specific site.

Study design

A qualitative-exploratory-descriptive and contextual research design was used in this study in which psychosocial challenges of pregnant teenagers in Ditsobotla sub district were explored, described and addressed. Semi-structured individual interviews which were conducted through WhatsApp video calls and the data was analysed using conventional content analysis.

Study context

This study was conducted in three health care facilities at Ditsobotla sub-district which is one of the four sub-districts of Ngaka Modiri Molema in the North West province.

Population and sampling

Population were all pregnant women and teenage mothers between ages of 13 and 19 years in Ditsobotla sub-district in the North West Province. Purposive and convenient sampling techniques were used by an independent person to select nine participants for the study. These participants were selected according to their knowledge, experience and are a typical representation of the population and study phenomenon. They were readily available and met the selection criteria. In this qualitative study, the sample size was determined by data saturation.

Data collection

Nine semi-structured individual interviews were conducted with WhatsApp video calls. A semistructured individual interview allowed the researcher to ask a certain number of open-ended questions followed by follow up questions and additional probes, in which both open ended and closed ended questions were asked.

Interview questions

1. How did you feel when you found out that you were pregnant?
2. How did your family react when they found out that you were pregnant?
3. How did your community, at school and your partner react when they found out that you were pregnant?
4. What challenges did you encounter during your pregnancy?
5. In your opinion what could be done to address those challenges?

Data analysis

Conventional content analysis was used to analyse data. Conventional content analysis is used in a study with the aim of describing a phenomenon and it is the most appropriate when there is limited literature and theory regarding the research phenomenon. Researchers allowed new data to emerge and new themes to flow from the data. The steps of conventional content analysis in this study included identifying and collecting data, determining coding themes, coding the content, checking validity and reliability, analysing and presenting the results.

Trustworthiness

Credibility, dependability, confirmability and transferability as explained by Burns and Grove (2011:38) were used to ensure trustworthiness of this qualitative study. Credibility was achieved by ensuring that data was collected through semi-structured interviews through WhatsApp video call until saturation was reached, the use of various data collection tools and member checks. To ensure transferability of this study, the research methodology and sampling technique were described in depth to ensure transferability of this study. Small sample size of nine participants was used in this study. Therefore, the results of this qualitative study cannot be generalised but can be applied to other districts and sub-districts of South Africa and abroad. Confirmability of the study was achieved through collection of data using semi-structured individual interviews through WhatsApp video calls together with several data collection tools such as voice records and written field notes. Data obtained in this qualitative study was sent to an independent co-coder who also analysed the data independently. Findings of both the researcher and the independent cocoder were

compared to avoid researcher bias. Both the researcher and the independent co-coder reached consensus on the final themes and sub-themes. Dependability was ensured through thick description of the research methodology utilised, literature control as well as thick description of the data analysis method in terms of data transcription, forming of codes and adequately describing them.

Ethical considerations

Ethical clearance was obtained from the North-West University Health Research Ethics Committee (NWU-HREC Ref: NWU-00958-19-A1). Permission to approach the hospitals was granted by the North West Provincial Department of Health (NWP-DoH) Ethics Committee. Participants were recruited by an independent person who obtained written informed consent from participants and parents/guardians of potential participants who were below the age of 18 years. Verbal assent was obtained from the participants who were less than 18 years after written informed consent was received from their parents/guardians. Participants and parents/guardians were informed about their right to withdraw from the study without any penalty at any point. The identity of participants was protected by the use of codes to refer to participants during data collection such being A, B, C and so on. Information about participants was not shared with anyone outside of the research team. However, participants were informed that this study would be submitted ultimately to Health South Africa Gesondheid (HSAG) for publication.

Results

The results of this study are presented according to the demographic information as well as the themes and sub-themes as indicated in the following tables:

Table 1: Demographic information of participants

Participants	Age	Pregnant /delivered	Gestational age/babies age 1 year and below	Educational level
A	19 years	Delivered	8 moths' baby	Passed Grade 12
B	19 years	Delivered	12 months baby	Grade 12
C	16 years	Pregnant	6 months pregnant	Dropped out at Grade 9
D	17 years	Delivered	3 months old baby	Grade 10
E	15 years	Delivered	3 months old baby	Dropped out at Grade 9
F	17 years	Delivered	1 month old baby	Grade 10
G	15 years	Pregnant	6 months pregnant	Grade 8

H	19 years	Delivered	3 months old baby	Dropped out at grade 10
I	15 years	Pregnant	9 months pregnant	Grade 8

Table 2: Themes and sub-themes

Themes	Sub-themes
Theme 1: Psychological challenges	1.1 Experience of shock and anxiety 1.2 Experience of depressed mood 1.3 Poor coping mechanisms
Theme 2: Social challenges	2.1 Teenagers felt that they disappointed family and the community 2.2 Stigma from family members 2.3 Social withdrawal and rejection by the community 2.4 Nurses' negative attitude towards teenage pregnancy 2.4 Experiences of financial constraints 2.5 Rejection by friends and partners
Theme 3: Suggestions to address the challenges faced by pregnant teenagers	3.1 Health education programmes for teenagers 3.2 Health awareness campaigns for community members 3.3 Provision of family planning services in schools

Three themes emerged from the findings of the study which are psychological challenges, social challenges and suggestions to address the challenges faced by pregnant teenagers. Themes and sub-themes are amplified in the following sections:

Theme 1: Psychological challenges

Three sub-themes emerged from the psychological challenges: experience of shock and anxiety, experience of depressed mood and poor coping mechanisms. These sub-themes and participants' quotations are given in the following sections:

Experience of shock and anxiety

Most participants voiced that they became shocked and anxious when they found out about their pregnancy. Participants expressed the following:

“OK, first of all, I was shocked and overwhelmed mainly because my parents are too strict and they emphasised that if ever I fall pregnant early I will see where I go with my baby or how I will take care of my baby because it was none of their business. They said I’ll have to deal with my issues and stuff like that so, eish, I was very terrified and uhm... It came as a shock because I didn’t expect that it was going to happen that soon... yes” (Participant E, 15 years).

“I had a lot of stress at first. I thought of having an abortion and then I was scared...even worse at the idea of taking my life...” (Participant F, 17 years)

Experience of depressed mood

Participants mentioned that after discovering that they were pregnant, they experienced depression and other unpleasant feelings. Some even contemplated suicide. This is what some of the participants said:

“I was just I don’t know ...I think I was just experiencing a lot of family problems, and which led me to several suicide attempts. I was admitted in a mental health care facility for depression... and I tried several times to take my life” (Participant B, 19 years)

“With emotions ...you know ...with pregnancy there are moments where you feel like you regret everything and wish that you could have somebody to talk to ...somebody that understands you ...Soo ...I didn’t have that’s somebody soo ...in most cases I think that it brought me to depression because I remember I would touch my tummy and wish that there could be a way I could get rid of the baby” (Participant E, 15 years).

Poor coping mechanisms

Some of the participants explained how coping with teenage pregnancy was difficult. Some of the participants mentioned that they thought they would not survive to see the delivery of the baby. To confirm this finding, participant said:

“Given that I am a student it’s very difficult to cope with the pregnancy and kafa there’s a lot of work that I needed to do” (Participant A, 19 years).

“Uhm when I mean that it was difficult to cope, my baby was a premature and I didn’t think that she would survive Soo it was very painful, it was a very difficult time. The whole pregnancy, the whole 7 months it was just, jah, it wasn’t easy at all” (Participant A), 19 years).

“Uhhh... I wasn't... I don't know I just felt like I wasn't ready for motherhood. I just kept asking myself how am I going to be a mother because I also had to go to matric and the stress and pressure that comes with being in matric and stuff like that” (Participant B, 19 years).

Theme 2: Social challenges

Six sub-themes emerged from the social challenges, namely, teenagers felt that they disappointed family and the community, stigma from family members, social withdrawal and rejection by the community, nurses' negative attitudes towards teenage pregnancy, experiences of financial constraint as well as rejection by friends and partners. Participants' verbatim submissions are given below to support these sub-themes:

Teenagers felt that they disappointed family and the community

Participants felt that their pregnancy brought shame and disappointment in their family. These are some of the quotations from the individual interviews:

“My aunt and my grandma were hurt. They felt so disappointed they were not expecting that at this time I would be pregnant as they were looking up to me and they couldn't understand when I fell pregnant while I always slept at home every night. They were very disappointed in me” (Participant H, 19 years).

“They were ashamed they didn't expect gore it wasn't what was, what they expected from me knowing that I was young and a student they didn't expect that I will be pregnant” (Participant A, 19 years).

Stigma from family members

Some participants mentioned that they were stigmatised by their family because of the pregnancy. The following quotations endorse this interpretation of what the participants said:

“My brothers uhm... it's been uhm ...all these people talking about stigma and people looking at you badly and in different ways. I thought it was a joke until I had to experience it... it was yoh ...it was bad it wasn't nice ...jah” (Participant D, 17 years).

“My family stigmatised me for being pregnant, that's what I hated the most about my pregnancy” (Participant I, 15 years).

Social withdrawal and rejection by the community

Some of the participants mentioned that teenage pregnancy brought a massive change in their social life. Participants mentioned that they experienced rejection from the community. To confirm this finding, two of the participants expressed that the following vignettes:

“Yes, I’ll like to talk about the discrimination that happens in churches. You might find that you were on the worship team, and they have to cut you off because they believe that you are a wrong example to other kids. I understand that there are rules in every church, but they must not be rude. They can just call you aside and tell you that you must step down and take care of the baby and you will come back. Instead of making you feel like an outcast and that you are a bad example to other kids. Even though at church you are supposed to feel safe but that is where you are judged the most. I wish there could be something that can be done about that too” (Participant E, 15 years).

“Uhhh ...I liked being indoors besides that I didn’t want people to see me” (Participant A, 19 years)

Nurses negative attitude towards teenage pregnancy

Participants in this study mentioned that the nurses have negative attitudes towards teenage pregnancy. They further mentioned that nurses made their lives difficult when they were pregnant. To confirm this finding one of the participant said:

“Oh also at the clinic the nurses were giving me a lot of attitude because most of the time I would ask for permission from the principal to go to the clinic ...So the nurses gave me very ...very bad words. They told me very ...very painful things that I must stop sleeping around with boys and I must focus on my school. None of them gave me that acknowledgment that I am pregnant” (Participant D, 17 years).

“Yes, like at the clinics you see when you get there and you are young they don’t treat you the right way... it’s like an embarrassment. At least if they taught us about teenage pregnancy and how to avoid it instead of shaming us even at school or in the clinics you see” (Participant F, 17 years).

Experience of financial constraints

Pregnant teenagers experience financial struggles during their pregnancy. Financial adjustments are done in the family to cater for the new child's needs. Two participants confirm this finding in submitting their own experiences:

Eh acceptance in the family in the also the biggest challenge I was facing. This pregnancy alone... because now my mother is not able to take care of all my needs and now my school uniform doesn't fit me anymore and my mother cannot go to her job” (Participant G, 15 years).

“...they are still worried how we are going to survive now with an extra mouth but it's not as bad as it was before” (Participant G, 15 years)

“Most of the challenges would be that financially my parents had to cut me off from the money they used to give me. They specified that the money they were giving me is going to be used for my baby. Now I am cut off from many privileges financially...soo... jah ...it's just a messed-up situation” (Participant E, 15 years).

Rejection by friends and partners

Most pregnant teenagers are rejected and rebuffed by their friends and partners after finding out about their pregnancy. These participants mentioned that everything was fine before teenage pregnancy. To confirm this finding, two of the participants said:

“Jah I just felt like I was alone even though some of my friends were there. I felt like I needed my boyfriend to also be there to support me... because he was moving on and he had another girlfriend, so it was not great for me” (Participant B, 19 years)

“Uhhh... my boyfriend at the time got very weird when I told him the news. He told me that I've been sleeping around he doesn't have a baby with me and stuff like that ...soo right now we are not together anymore. I am taking care of the baby alone with my family” (Participant D, 17 years)

Theme 3: Suggestions to address challenges faced by pregnant teenagers

Three sub-themes emerged from the suggestions submitted by the participants to address the challenges faced by pregnant teenagers namely: health education programmes for teenagers, health awareness campaigns for community members as well as the provision of family planning services in schools. The following responses were provided by the participants and they are interpreted as evidence of the themes stated above:

Health education programmes for teenagers

Participants in this study mentioned that health education programmes may be an effective way to educate and alert other teenagers about the challenges arising from teenage pregnancy and equip them with some knowledge to prevent this unnecessary teenage burden. This sub-theme is supported by the following quotations:

“I think teenagers should be educated on how to protect themselves to avoid teenage pregnancy and it shouldn't only be focused on the girls because most of the time girls are told that you should prevent, and you should do this and that but this must be focused to both girls and boys” (Participant B, 19 years).

“The school ...they can give us better advice to us in terms of family planning...maybe they can include the factor of explaining further about family planning and explaining how it can affect you in your family, not just pregnancy and finances. They must also explain that I can also bring tension into the home” (Participant B)

Health awareness campaigns for community members

Participants interviewed in this study mentioned that health awareness campaigns in the community may be an effective method to enlighten the community about the psychosocial challenges pregnant teenagers face and consequently reduce the stigma and rejection. Participants expressed that the following:

“Something could be done at the community level for them to understand teenage pregnancy so that they stop saying horrible things when they see a pregnant teenager” (Participant F, 17 years).

“And uhm ...ok it happened. I think the community must not be so discriminating towards us since it adds on to the stress and I will learn from my mistakes and even my family they must understand that it was a mistake, and I will do better next time. Even the teachers they should not act like that because if they do this, they are encouraging the learners to bully me” (Participant G, 15 years).

Provision of family planning services in schools

Participants interviewed in this study mentioned that there is a need for family planning services to be provided in schools. These participants further mentioned that majority of teenage pregnancy cases occur among school-going children. The following quotations support what participants said:

“I don’t know if the nurses and the doctors can come to school and give us the injections to stop the pregnancy. Maybe they can also create something for the boys as well because yoh there’s one boy in my class ...he has 5 kids imagine... soo maybe that can help too” (Participant D, 17 years”.

“I think uh firstly I admit that I am too young to fall pregnant and maybe I should have used prevention and I wouldn’t be in this situation” (Participant G, 15 years).

Discussion

The aim of this study was to explore, describe and address psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. Data analysis established three themes namely: psychological challenges, social challenges and suggestions to address challenges faced by pregnant teenagers. These themes and sub-themes were supported by the participants’ verbatim quotations.

Psychosocial challenges emerged as the first theme in this study with three sub-themes which were that pregnant teenagers experience shock and anxiety. Most women with unplanned pregnancies tend to react negatively to the news of their pregnancy to a point that some even opt for abortion (White et al. 2017: 473). The fear of consequences amongst pregnant teenagers tends to delay them from attending ANC (Molokwane et al., 2018:26). On the other hand, Zainud et al. (2019:34) mention that teenagers had to make sense of their experience where some expressed great feelings of regret, remorse and guilt for engaging in sexual relationships well after finding out about their pregnancy. Pregnant teenagers present with depressed mood. There is a significant relationship between teenage pregnancy and long-term mental impact (Xavier et al. 2018:455). The additional burden and social risk that come with teenage pregnancy predisposes pregnant teenagers to mental illnesses such as depression and anxiety (Bahmen et al 2019:247). There is apparently an increase in co-occurrence of mental conditions and teenage pregnancy such as anxiety, depression and suicidal ideation (Doghor 2019:70). Jalanko et al. (2020:348) also emphasised that adolescent pregnancy poses an increased risk of psychiatric morbidity in adulthood regardless of whether it ended as childbirth or abortion.

Pregnant teenagers who lack resilience are at risk of depression and suicide as they may not be able to cope with the physical and emotional discomfort associated with pregnancy (Kausit 2017:830). In this study, participants verbalised that they would prefer to stay indoors during their

pregnancy to avoid being seen and mocked. Poor coping mechanism also emerged as one of the sub-themes. Mokoena (2018:60) also established that during pregnancy teenagers sometimes adopt ineffective coping mechanisms whilst others developed behavioural patterns to cope. Social media is one of the platforms that they use to cope with the current situation. Other poor coping mechanisms adopted by pregnant teenagers include relocating to another area, handing the baby over to another person to nurse and considering or doing an abortion, while some employ positive coping mechanisms such as personal resolution and external encouragement (Ashimolowo 2017:15). The above discussion highlights that there is a need for further studies addressing the psychological challenges experienced by pregnant teenagers.

Social challenges also emerged as one of the main themes in this study. Under this theme, teenagers felt that they disappointed their family and the community. In fact, the pregnant teenagers in this study also experienced stigma from family members. According to Masilo (2018:40), the impact of teenage pregnancy as a social problem is not only felt by the pregnant teenagers themselves but also the family, school and society. This highlights the need for future studies on this phenomenon. Parents normally experience mixed emotions about their teenage girl's pregnancies and their reaction is influenced by their norms and beliefs (Sriyasak 2018:41). Tambi and Mesue (2020: 36) states that teenagers experience rejection from parents and are also provoked at school. Parents may feel disappointed and ashamed when their teenage daughter is pregnant. Some even scream or use harsh words (Lyness, 2016). Counselling for parents of pregnant teenagers may help them to be supportive of their daughters as the pregnancy affects both the parents and the teenage girl (Tambi & Mesue 2021:38). Social withdrawal and rejection by community members were raised by participants as some of the social challenges they face. According to Achsah & Msuku; (2016:47), due to their early childbearing, pregnant teenagers experience rejection, stigmatisation, social isolation and mockery from their families, friends and society. The social isolation and stigma from the community generally drive some of the causes of suicide amongst pregnant teenagers (Musyimi et al.2020:20).

Nurses' negative attitudes towards teenage pregnancy were also mentioned as challenges encountered by participants of this study. Paul et al. (2016:283) states that the influence of social norms and beliefs amongst health care providers still hinders proper and adequate provision of reproductive health services to adolescents. According to Onokerhoraye (2017:88), pregnant teenagers experience judgmental attitudes, lack the essential confidentiality and experience unsatisfactory service delivery which inhibit pregnant teenagers from accessing reproductive health services. Jonas et al. (2017:14) also states that the attitude and behaviour of health care

workers may affect the provision of sexual health services such as ANC to pregnant adolescents. In essence, a negative attitude may hinder the accessibility of those services to those intended beneficiaries, however stigmatised they could be by the nurses at the facilities.

Participants experienced financial constraints during teenage pregnancy. Early motherhood has significant negative effects on adolescent mothers and this lack of the much needed social support during their pregnancy becomes a serious hurdle. This impedes the entire process of raising their babies in such an economically strained context (David et al. 2017:45). Rejection by friends and partners was raised by participants as some of the social challenges pregnant teenagers face. According to Ellis-Sloan and Trampling (2019:210), friendship is undermined as a form of support system. Adolescent pregnancy has the potential to destroy friendships and leave the pregnant teenager isolated and lonely. According to David et al. (2017:42), adolescent mothers are faced with distorted interpersonal relationships with friends, family and partners.

In spite of the challenges cited above, participants suggested practices and protocols that may be used to address the challenges faced by pregnant teenagers. In this case, participants mentioned that there must be health education programmes for teenagers and the availability of health awareness campaigns for community members. De Wet et al. (2018:49) recommend that with a specific focus on involvement of young men, there should be initiatives to create awareness about teenage pregnancy among the youth. To further reduce the incidence of adolescent pregnancy, a shift from traditional strategies for teen pregnancy prevention which mostly focused upon behavioural alteration through education to a multidimensional approach which should involve stakeholders across the community to promote community involvement (Brindisi, 2017:1). Youth support groups and health programmes if properly implemented could help curb the stigma towards young pregnant girls (Achсах & Msuku; 2016:43).

Participants in this study voiced that the provision of family planning services in schools may assist minimize the number of girls falling pregnant. There is very limited content in the school's sexuality education curriculum and it is these restrictions that complicate matters regarding age as pregnancy occurs in girls as young as 13 years (Mturi & Bechuke, 2019:140). A significant number of adults support the introduction of sex education to the middle and high school curriculum with topics such as sexual orientation, contraceptives, STDs and many others (Kantor, 2020:242). Nurses indicate that they get limited access to schools to provide reproductive health and sex education and also provide family planning services to adolescents which they believe would be effective in addressing the high number of pregnant teenagers (Jonas et al. 2018: 11).

Limitations

The study was conducted in three community health centres in Ditsobotla sub-district and cannot be generalised to other community health centres in the NWP or South Africa.

Recommendations

Further research is recommended on teenage pregnancy in Ditsobotla sub-district. Such research should use different method such as quantitative and mixed methods which could possibly assist in generalisation of the findings. Such studies may focus on strategies to address those challenges experienced by pregnant teenagers. It is further recommended that family planning services be included in schools as participants mentioned that the majority of them fell pregnant while in school.

Conclusion

The aim of this study to explore, describe and address the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district was achieved. The findings of this study show that pregnant teenagers encounter and experience psychological and social challenges in their daily lives and those challenges pose a negative effect on their wellbeing in Ditsobotla sub-district. Those challenges include experiences of depressed mood, rejection by friends and partners, financial constraints and negative attitudes by nurses towards teenage pregnancy. Suggestions made to reduce the stigma from the community and families involve health awareness campaigns, health education programmes focused on teenagers as well as the availability of family planning education and methods in schools for teenagers.

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Competing interest

The authors declare that they have no financial or personal benefit which may have influenced the research and writing of this manuscript

Author's contribution

This manuscript is part of P.N.N. Master's dissertation. L.A.S. and I.O.M. were supervisors of the study. All authors contributed equally from conceptualisation to finalisation of this manuscript.

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Data availability

The data generated and participant information is available and kept safe but may not be shared with any individual outside the research team as safeguarded by the HREC research regulations and POPIA. **Disclaimer**

The views and opinions expressed in this manuscript are those of the authors and do not necessarily reflect the regulations and policies of any institution or agency of the authors.

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SECTION THREE: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

3.1 INTRODUCTION

Section one covered the background, problem statement, research questions, aims and objectives, the significance of the study as well as a brief description of the research methodology which was followed to achieve the aim of the study. The penultimate section covered the manuscript which has been submitted to HSAG. This section presents the conclusion, limitations and recommendations of the entire study. The recommendations of this study focus on the nursing practice, teaching and learning as well as research.

3.2 CONCLUSIONS

Semi-structured individual interviews were used to generate data which was analysed through conventional content analysis. Three themes emerged from the findings of the study namely, psychological challenges, social challenges and suggestions to address the challenges faced by pregnant teenagers in Ditsobotla sub-district. Conclusions regarding these three themes are outlined in the following sections.

3.2.1 Conclusion regarding psychological challenges

Psychological challenges emerged as the first theme identified from the semi-structured individual interviews. Sub-themes include experience of shock and anxiety, present with depressed mood and poor coping mechanisms. Pregnant teenagers and teenage mothers shared the challenges they are faced due to teenage pregnancy. The study established that pregnant teenagers experience psychological problems and the participants indicated that they were initially shocked and anxious when they established that they were pregnant. They were all overwhelmed by the responsibilities associated with teenage pregnancy and being a teenage mother. Some of these were worried that they would not be able to continue with school.

Asututi et al, (202:1) indicates that when an unplanned pregnancy occurs, most adolescents experience shock and some even consider terminating the pregnancy while

others contemplated suicide. Other participants expressed that they felt depressed about their pregnancy and that they were unable to cope with the reality and they preferred to stay indoors during their pregnancy. The researcher established that teenage pregnancy has the potential to affect one's psychological wellbeing and there is a need for special attention to be provided for the psychological wellbeing of pregnant teenagers. Participants in this study also explained that they also considered suicide. Anger, shame, hurt disappointment and regret were some of the emotions identified by the participants.

3.2.2 Conclusion regarding social challenges

Social challenges emerged as the second theme in this study with the following subthemes: teenagers felt that they disappointed their family and the community; they were stigmatised by family members; a majority experienced social withdrawal and rejection by the community; invariably all the nurses exhibited negative attitude towards teenage pregnancy, and in the ultimate reflections, the participants experienced financial constraints and rejection by friends and partners. Participants were free to discuss the social challenges they faced due to teenage pregnancy. The study established that there is a need to create awareness in the community about teenage pregnancy and in due course reduce the stigma and mistreatment of pregnant teenagers in the community.

Teenage pregnancy is still frowned upon in our African communities as a shame and disgrace. The participants in this study explained that they experienced rejection from the community and their families and friends as they were labelled as rebellious and shameful for engaging in sexual activities at such a young age. According to Hall et al. (2018:55), society still views pre-marital sex as immoral therefore pregnant teenagers experience stigmatisation, mistreatment, gossip and are also labelled as bad girls. Participants voiced that their families were ashamed and felt that they had embarrassed them in the community. Some of the family friends disassociated themselves from the family of the pregnant teenager and labelled their parents bad exemplars. Other teenagers became socially withdrawn and stayed inside the house to avoid being seen by the community. This is an indication that teenage pregnancy has a devastating effect on the social lives of these young girls. Friends isolated themselves willingly and some were instructed by their parents to stay away from the disgraceful participants since they were viewed as a bad influence on their peers. Sloan and Tamplin (2019:215) also states that when

friendships are broken as a form of social support, adolescent mothers experience loneliness and isolation. It is not only the community and families that mistreat pregnant teenagers; participants in this study also expressed that they encountered extremely negative attitudes from nurses at the clinics. Participants mentioned that nurses say unkind words to them. This confirms that further training for health care providers in caring for pregnant teenagers is necessary as they are expected to be the knowledgeable ones (Tirgari et al., 2021:210). Nurses should be able to assess and identify stress and stressors from pregnant teenagers and provide support through educational, consultative and coordination intervention.

3.2.3 Conclusion regarding suggestions to address the challenges faced by pregnant teenagers

Addressing the challenges faced by pregnant teenagers emerged was the last theme in this study with the following sub-themes: health education programmes for teenagers, health awareness campaigns for community members and the provision of family planning services in schools. Pregnant teenagers freely shared their views on the suggestions to address the challenges faced by pregnant teenagers. This study verified that the attempts to address the challenges pregnant teenagers face may not only be focused on the teenagers themselves but also toward the community. Ntsoane et al. (2016: 8) also states that policy makers with departments of health and basic education together must consider the development of proto-type training which should enable an open discussion between parents and teenagers regarding sexuality conversation.

Health education programmes for teenagers and awareness campaigns for community members may be an effective way to empower and educate the community about the challenges pregnant face and minimise their negative attitude. Wet et al. (2018: 53) recommends that awareness campaigns among the South African youth regarding consequences of reckless sexual behaviour are critically necessary. Participants acknowledge that engaging in unprotected sexual activities and falling pregnant is reckless, they also pronounced that empowering the community with knowledge may assist in reducing the stigma towards them.

3.3 LIMITATIONS

A qualitative-exploratory-descriptive and contextual research design was a limitation with regards a small sample size. Only nine teenagers between the ages of 13 and 19 years were interviewed because of the data saturation which was reached after the ninth participant. Therefore, findings of this study may not be generalised to other contexts but may only be applied. The age of the participants and the sensitivity of the research topic the researcher had several ethical clearances that had to be undertaken in order to obtain informed consent from the parents/guardians of the participants below 18 years then obtain consent from them. Some participants were not relaxed and were not comfortable during the interviews as the topic is very sensitive. The COVID-19 pandemic and restrictions were also a limitation as recruitment of participants and interviews had to be done under the COVID-19 restrictions where interviews had to be done through WhatsApp video calls instead of face-to-face as initially intended.

3.4 RECOMMENDATIONS

Recommendations in this study were made for nursing practice, teaching and learning as well as research. These recommendations were derived from the literature control used to confirm the findings of the study. Listed below are the recommendations.

3.4.1 Nursing practice

A community focused intervention strategy would be the best way to address the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. The DoH should work together in collaboration with the DoE and stakeholders and community leaders to identify and address these challenges. The DoH should also provide training to health care providers such as professional nurses to equip them further with the skills to assess, identify and provide the necessary services to pregnant teenagers and ensure that youth friendly services are provided without the negative attitudes. The researcher further recommends that the Department of Health erect youth centres where there would be young nurses stationed and trained to deal with teenage reproductive health and provide counselling to those that need it. Nurses indicate that they get limited access to schools to provide reproductive health and sex education and provide family planning services to adolescents which they believe would be effective in addressing the high number of pregnant teenagers (Jonas et al. 2018: 11). The DoH and DoE policy makers

may use the findings of this study to review the reproductive health curriculum and policies in schools to allow services such as family planning and reproductive health education to be provided in schools. Allowing teenagers full access to family planning services should essentially help reduce the number of teenage pregnancies.

3.4.2 Teaching and learning

Findings and recommendations of this study should be integrated in the undergraduate nursing education curriculum to equip nurses with the skills to deal with teenage reproductive health without a negative attitude, thereby enabling them to provide sexual health education, family planning services as well as to assess, identify and provide care to pregnant teenagers faced with psychosocial challenges. The collaboration of the DoH and the DoE is crucial to ensure that teachers and nurses can work together to offer sexual health education to learners. The DoE should provide training to life orientation teachers to equip them with the proper skills to provide sex education to learners and be able to deal with pregnant learners.

3.4.3 Nursing research

This was the first study focusing on the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. Therefore, the findings, recommendations and literature control of this study suggest the need for further research which utilises a different methodology such as a quantitative, mixed method. Other researchers could also apply the findings of this study in different contexts. From the findings of this study, it is clear that there is a need for further research on the strategies to address psychosocial challenges faced by pregnant teenagers.

3.5 COCLUSION

The aim of this study was achieved which was to explore, describe and address psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district. The findings of this study shows that pregnant teenagers in Ditsobotla sub-district are facing psychological and social challenges in their daily lives and those challenges pose a negative effect on their wellbeing in Ditsobotla sub-district. Those challenges include experience of depressed mood, rejection by friends and partners, financial constraints and negative attitude towards pregnant teenagers by nurses. Suggestions made to reduce the stigma from the community and families involve health awareness campaigns,

health education programmes focused on teenagers as well as the availability of family planning education and methods in schools for teenagers.

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ANNEXURES

ANNEXURE A: JOURNAL SUBMISSION

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Your submission has been received by the journal and will now be processed in accordance with published timelines.

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ANNEXURE B: INTERVIEW GUIDE



INTERVIEW GUIDE

Greeting my name is I am the research assistant in this study, I will be conducting the interview. There are two standard questions that I will ask you followed by follow up question for clarity and elaborations. Should at any stage of the interview feel uncomfortable or unwilling to continue please feel free to inform me we shall discontinue the interview at no cost.

Interview questions

1. How did you feel when you found out that you were pregnant?
2. How did your family react when they found out that you were pregnant?
3. How did your community at school or your partner react when they found out that you were pregnant?
4. What challenges did you encounter during your pregnancy?
5. In your opinion what could be done to address those challenges?

End of the interview

Thank you for your participation you.

ANNEXURE C: INTERVIEW

Participant E

Researcher: hello

Participant E: hello how are you ma'am

Researcher: I'm fine thank you. You are speaking to peaceful I'm calling regarding the interview we scheduled for today which is for my research study titled exploring and describing psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict are you still interested in doing the interview?

Participant E: ok yes I am available

Researcher: ok ma'am remember that participation in this study is completely voluntary and you may pull out at anytime whether before during or after we've done the interview if you are not comfortable just let me know ok. Participant E: yes

Researcher: ok soo before we begin with the study I would like to first ask you your age.

Participant E: I'm 15 years old

Researcher: ok uhm this is a semi structured interview soo I'm going to be asking you a couple of question and you can just elaborate on whichever question I'm going to be asking you just tell me your story feel free. If you feel that you need to go back to a previous question just do soo no need to be formal just be comfortable

Participant E: ok

Researcher: yes soo uhm if we can start now are you comfortable can we continue?

Participant E: yes ma'am

Researcher: soo how did you feel when you found out that you were pregnant?

Participant E: ok first of all I was shocked and overwhelmed mainly because my parents are too strict and they emphasised that if ever I fall pregnant early I will see where I go with my baby or how I will take care of my baby because it was none of their business ill have to deal with my issues and stuff like that soo I was very terrified and uhm it came as a shock because I didn't expect that it was going to happen that soon yes.

Researcher: soo uhm how did your family react when they found out that you were pregnant?

Participant E: well it was very chaotic because first of all I am still at school and very young myself and e regarding the fact that in our black community it is an embarrassment for your mother especially when you are people who are based at church like Christians like full time Christians soo for me it was very embarrassing and humiliating for my family soo uhm it was really a chaotic situation where I never felt like I belonged as part of my family because I have mainly embarrassed them soo yah

Researcher: soo uhm your community, at school and your boyfriend how was the reaction?

Participant E: ok with my boyfriend it wasn't that bad he just said we will see what we do about it and with the community you know there is always that stigma especially at school you'll be

bullied even if teachers need to make an example they would use you and even if you made a mistake they would shout at you and even mention that you even fell pregnant when you are young meaning that you are a rebellious child you know something like that. Uh with the community like I said most African families they go to church so it was embarrassing for a young girl to fall pregnant I wasn't accepted I kept myself indoors all the time so that people will not see me look at me shamefully.

Researcher: oryt so is that all you'd like to share about how you felt when you found out how your family reacted as well as your community at school and as well as your boyfriend?

Participant E: uhm with the school I wish uhm it was treated differently because we see many teenage girls pregnant each and every year so uhm with regard to each and every individual you never know how they feel with regards to the way they are treated I wish that some things could be dealt with at a different manner or maybe even if I need to be disciplined I feel that there is a way that they can use because at the end of the day I am a human being. Even if we make mistakes as people we should find a way to learn from them instead of people judging you for what you did.

Researcher: so in a nutshell if you'd have to summarise what challenges did you encounter during your pregnancy?

Participant E: most of the challenges would be that financially my parents had to cut me off financially from the money they used to give me they specified that the money they were giving me is going to be used for my baby. Now I am cut off from many privileges financially and emotionally so jah its just a messed-up situation.

Researcher: you just mentioned that you were cut off even emotionally do you mind telling me a bit more about that.

Participant E: with emotions you know with pregnancy there are moments where you feel like you regret everything and wish that you could have somebody to talk to somebody that understands you so I didn't have that's somebody so in most cases I think that it brought me to depression because I remember I would touch my tummy and wish that there could be a way I could get rid of the baby but then with my parents telling me that I was not going to terminate because our religious beliefs was against that so I couldn't do that and another thing is you lose some of your friends because they feel that they can't hang around with you and uhm even the bond that you had with your mother as a kid it breaks because now they feel that they can no longer trust you or its what I think they feel but the relationship was never the same like before. Emotionally and physically the body changes and you wish that they could buy you clothes, and they will be telling you that you don't deserve new clothes and you should wear what you have because you decided to be a mother and things like that you see. Mostly it was the emotional part because it breaks a person because with words its not easy to forget so that the most hurtful part and with the society they should be taught or there should be awareness on how to treat us young girls who are facing such situation, because as much as others would advise you to go and terminate and individually as a person you may feel that there is no need for you to terminate like as for me it is against my religion and uhm many other reasons that are personal you see. I wish that there were campaigns to make the community aware of situations like these and how to handle and treat teenagers who face such challenges.

Researcher: we spoke a lot about our pregnancy journey and what happened during your pregnancy can we talk a bit about after you gave birth

Participant E: well after I gave birth eh my whole life I can say it changed because now I am still at school and I have a little person to look after and constantly you are reminded that you

decided to be a parent while you were still at school by your family soo I have to juggle between my book and looking after the baby soo it does affect my studies but my baby is not troublesome soo aim a able to pick up on my marks. Soo it was one of the challenges that I faced after giving birth and another one is financially babbies cost a lot of which its something that we are never told about soo I wish like our parents can tell us that with situations like these its not only the pregnancy that is straining it also affect you financially. Yah its really disturbing even with your social life because now you have a kid and you cant go out to certain places to have fun and with the little money that you get you always have to buy things for the baby, and uh the father of the baby was not working soo it put a lot of financial strains on my parents which frustrated them and with that frustration they had to take it out on me because it was all my fault yah soo at the end of the day it comes to emotions whereby things will be said that can not be taken back

Researcher: oryt thank you very much I think we have come to end of our interview question soo in summary what you mentioned is how disappointed your family was and how frustrated confused and hurt you were when you found out that you were pregnant and how the community reacted especially at church and at school you were not treated well but your boyfriend was there and supportive but not working soo he wasn't much help financially and your parents were frustrated and had to help you take care of the baby, which ended up taking away some privileges away from you is that correct Participant E:yes

Researcher: and socially you were affected when realising that you had to balance your school work and taking care of the baby and you also had to let go of some social activities that you were doing because now you had to look after your baby. Soo with all that is there also something that you would like to share?

Participant E: well uhm mostly I would like to uhm elaborate on the fact that uhm some of the situation that happen in our lives is because we plan for them to happen but somethings are just learning curves, for example teenage pregnancy for some of us it made us to mature fast and uhm it made us to see or to be guided towards the right direction of our lives because you have to make sure that you go to school study and pass soo that you can be able to get a job and take care of your own kid and try to mend those mistakes that you made and try again to regain your trust back from your parents and also making sure that in whatever that you do they begin to trust you again slowly but surely and that they even begin to support soo because at the end of the day they ca not write us off they are part of our family. For us to make sure that we learn from our mistakes and make things right and also another thig that I would like to add I wish our parents could be more specific because in most cases when our parents especially the black generation they never tell us anything about sex and they would just tell us that it is wrong ad as a teenager you will be just inquisitive and what to know more like how is it wrong let me find out why is it wrong and what will happen after that because they never tell us about the outcomes. We should know the other things about sex we should know that sex is good It's nice and that it has outcomes there can be consequences which can be lifetime and you will have to deal with them. I wish our parents could sit us down at tell us more about that and get into details soo that we are aware and we don't go out to find out for ourselves because our boyfriends will be telling us all the nice things about sex that your parents didn't tell you about and then now you fell that I want to experience this soo why not try and you find that you end up with the wrong consequence. Soo jah I wish they could teach us more and be open about this topic teenage pregnancy the consequences and how we can prevent them we end up in trouble because of lack of information

Researcher: thank for being open soo do you have anything else to share with me regarding the challenges you faced

Participant E: uhm psychologically your body changes your breast become bigger your feet become swollen soo psychologically you get affected because you do not understand the changes happening in your so eh uhm I wish that there was a way whereby psychologically we could be prepared as teenagers to deal with the changes that a child brings in our lives. Let's say uh I am pregnant and then I have cravings and I do not have the money to buy whatever I need and I end up having resentment that if only I didn't fall pregnant I wouldn't be a nonsense to people asking for things which I know they won't buy. You know psychologically you become damaged in a way I wish that there could be a way that we could be prepared how to deal with some of the issues if they could sit us down and explain all this to us. Because everything is new there is a person growing inside of you for the first time you dint know what is happening and you don't even know what is right or wrong you just see things happening nje and no one will explain why it is happening instead they will just be giving you pills at the clinic instead of explaining that you will encounter this and this and this is how you have to deal with them I wish that the community would be more accepting because in most cases you will find that teenage girls they go to wrong places because some of us we do not afford medical aids to go to doctors for terminations so because socially we haven't been accepted the fact that I have to book an appointment at public hospital to terminate it going to be a humiliation because the people there know my mother or my father they gonna come back and tell them of my appointment so you become scared and not go to those hospitals and then we get to look for these other dodgy places to terminate there and at the end of the day they might affect you as a person as your body may undergo certain things that I don't know of but all I know is that because its illegal and some procedures may not be done the correct way and you might die and you will even be afraid to tell your parents what you did out there. There must be a way which the community accepts this even if a person decides to keep the baby or terminate it's their choice. I wish that we could be counselled maybe by the elderly people in the family instead of discrimination.

Researcher: yes do you have anything else to tell me

Participant E: yes ill like to talk about the discrimination that happens in churches you might find that you were on the worship team and they have to cut you off because they believe that you are a wrong example to other kids. I understand that there are rules in every church, but they must not be rude they can just call you aside and tell you that you must step down and take care of the baby and you will come back. Instead of making you feel like an outcast and that you are a bad example to other kids even though at church you are supposed to feel safe but that is where you are judged the most I wish there could be something that can be done about that too.

Researcher: thank you is that all you would like to share

Participant E: yes that's all

Researcher: oryt thank you for your participation should you feel that you would like to add anything else you have my contacts just let me know.

Participant E: oryt ma'am thank you I will.

ANNEXURE D: RECRUITMENT MATERIAL



INVITATION

PROJECT DATE

2018 - 2020

Psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district North

West Province

WHY IS THIS RESEARCH NEEDED?

The findings and recommendations of this study may assist the department of health particularly Ditsobotla sub-district health care providers in making them aware of the psychosocial challenges pregnant teenagers are faced with and also make recommendations on how to address those challenges. This will be beneficial to pregnant teenagers as they may have a support system. More focus will be based on addressing these psychosocial challenges they are facing and therefore improve their psychosocial well-being. Other researchers may use the findings of this study to develop programs or policies relevant to psychosocial challenges faced by pregnant teenagers

WOULD THIS STUDY BE A GOOD FIT?

FOR ME?

The study is a good fit for you if you are

- A pregnant teenager between the ages of 13 and 19 year
- Reside in Ditsobotla sub-district
- Have been pregnant for at least 20 weeks or more
- Have a phone for WhatsApp video calls **WHAT WOULD HAPPEN IF I TOOK PART?**

IN THIS STUDY?

If you chose to participate in this study you will be expected to:

- Parents/guardians will be require to sign a consent form giving the research assistant consent to approach the pregnant teenagers.
- Participants will also be required to sign a consent form
- Be a pregnant teenager with gestational age of above 20 weeks
- Be residing in Ditsobotla sub-district
- Be willing to participate freely in the study
- Be willing participate in an interview that will last for at least one hour
- Have a phone that has a WhatsApp

BENEFITS OF THE STUDY

The participants may be able to discuss and express their feelings which may be therapeutic to speak out about their challenges.

DECLINE TO PARTICIPATE/PRIVACY

You may choose to not participate or withdraw from participating in this study at any point and no penalty will be imposed on you

THE RESEARCHER

Prof LA Sehularo is the primary investigator of this research project. He is an associate professor at the School of Nursing Science and NuMIQ research unit at the North-West University (Mafikeng campus)

CONTACTS

Professor LA Sehularo

Email: Leepile.sehularo@nuw.ac.za

Tell: 018 389 2646 /060 347 0183

COST

- You may be required to have internet access. The researcher will give you 1 gigabyte of data for data collection

FUNDING

This study is partially funded by the NWU post graduate bursary.

ANNEXURE E: INFORMED CONSENT

INFORMED CONSENT FORM FOR PREGNANT TEENAGERS BETWEEN THE AGES OF 13 AND 17 YEARS (ENGLISH VERSION)

NB: Participants younger than the age of 18 years cannot sign this form without their parents' permission.



HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR: PREGNANT TEENAGERS AND TEENAGE MOTHERS IN DITSOBOTLA SUB-DISTRICT

TITLE OF THE RESEARCH STUDY: EXPLORING AND ADDRESSING PSYCHOSOCIAL CHALLENGES FACED BY PREGNANT TEENAGERS.

ETHICS REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR: PROF LA SEHULARO AND MR I MOKGAOLA

POST GRADUATE STUDENT: PEACEFUL NONKULULEKO NTSHEYINTSHAYI

ADDRESS: 349 VAN DER WALT STREET COLIGNY

CONTACT NUMBER: 0813056924

You are being invited to take part in a **research study** that forms part of my master's degree in community nursing science.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you fully understand what this research is about and how you might be involved. Also, your participation is entirely voluntary and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

This study will be conducted at health care centres (clinics) in Ditsobotla sub-district and will involve a master's student and research supervisors with experienced health researchers trained in North West University participants will be included in this study.

We plan to explore and describe challenges faced by pregnant teenagers in Ditsobotla sub-district and suggestions for addressing those psychosocial challenges.

Why have you been invited to participate?

You have been invited to be part of this research because you are a pregnant teenager.

You also fit the research because you stay Ditsobotla sub-district.

You will not be able to participate in this research if you are not a pregnant teenager stay in Ditsobotla sub-district.

What will be expected of you?

Answer interview questions

Will you benefit anything from participating in this research?

There is no payment or any direct benefit to be received by participating in this study however; this study may contribute to health guidelines dealing with psychosocial challenges of teenage pregnancy which may improve the health services provided to them. Researcher will only give you 1 gigabyte for data collection.

Are there risks involved in you taking part in this research and what will be done to prevent them?

You/your child may experience emotional discomfort due to the interview questions being personal. The person conducting the interview (researcher) has background on psychiatric nursing and will be able to help or refer you/your child to a professional who can help (psychologist)

Physical distress which may be caused by sitting for a long period of time however the researcher will ensure that the interview will not last longer than necessary.

How will we protect your confidentiality (identity) and who will know your answers?

Anonymity of your findings (answers) will be protected and your privacy will be respected by the researcher your results will be kept confidential. Only the interviewer (researcher), supervisor and co-coder will have access to the interview answers and your name will not be used instead you will be referred to as participant A,B,C and so on.

7. What will happen with the findings or samples?

The findings of this study will only be used for this study/will be used in future literature references.

8. How will you know about the results of this research?

We will give you the results of this research before they are published by the researcher in a form of a written report.

You will be informed of any new relevant findings by the researcher

9. Will you be paid to take part in this study and are there any costs for you?

This study is funded/ paid for by North West University Post graduate bursary.

You do not need to spend/pay any money to participate in this study you will be paid back any money spent for transport to come to where the interview will be held. During the interview drinks and snacks will be provided for free.

10. Is there anything else that you should know or do?

You can contact Ms P N Ntshayintshayi at 0813056924 if you have any further questions or have any problems.

You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.

You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to participate in the research study titled: Exploring and addressing psychosocial challenges faced by pregnant teenagers.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.

- I have had a chance to ask questions to both the person getting the consent/ permission from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*)..... on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to

- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) Peaceful Nonkululeko Ntshayintshayi declare that:

- I explained the information in this document to **or**
I had it explained by who I trained for this purpose.
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

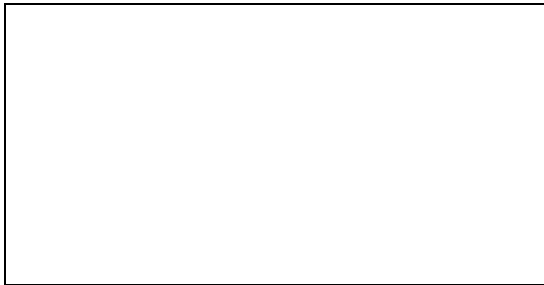
.....
Signature of researcher

.....
Signature of witness

**ANNEXURE E: SETSWANA INFORMED CONSENT FORM FOR
TEENAGERS AGED BETWEEN 13-17**



TOKOMANE YA TUMELELO



TOKOMANE YA TUMELELO E E NANG LE TSHEDIMOSETSO YA: BOIMANA JWA BASHA LE BASHA BA BOMME MO KAROLO-KGAOLO YA DITSOBOTLA ba ba kwatlase ga dingwaga tse 13-17.

SETLHOGO SA THUTO PATLISISO:- GO UTULOLA LE GO BUA KA DIKGWETLO KA BOAGO-SEMOYA TSE DI ITEMOGELWANG KE BAIMANA BA BASHA MO KAROLOKGAOLO YA DITSOBOTLA MO POROFESENG YA BOKONE BOPHIRIMA.

NOMORO YA BOITSHWARO YA MELAO:

MMATLISISI MOGOLO: MOPROFESA LA SEHULARO LE RRE IO MOKGAOLA

MOITHUTI: PEACEFUL NONKULULEKO NTSHAYINTSHAYI

ATERESE: 349 VAN DER STREET COLIGNY

NOMORO YA MOGALA: 081 305 6924

O laleditswe go tsaya karolo mo **dipatlisisong tsa go ithuta** e leng karolo ya ka ya go ithutela gerata ya masetase mo saense booki ya baagi.

Ke kopa o tseye nako go lebelela dintlha tse di tlhagelelang fa, tse di tlhalosang ka botlalo thuto e. Ke kopa o botse mmatlisisi kgotsa motho yo a ka go tlhalosetsang dipatlisiso mabapi lepotso nngwe le nngwe ya thuto e ka se o sa se tlhaloganyeng. Go botlhokwa gore o tlhaloganye le go kgotsofalela se dipatlisiso di leng ka ga sona le gore o ka tsaya karolo jang. Go tsaya karolo fa ke boithaopi e bile o kgona go sa tseye karolo.

Fa o sa dumalane ga go ka mokgwa ope se se ka go ama ka mokgwa o o sa siamang. O na le tshiamelo ya go ikogela morago mo dipatlisisong ka nako nngwe le nngwe le fa o ne o dumalane go tsaya karolo.

Boithuti jo bo dumetswe ke Komiti ya Setho ya Dipatlisiso tsa Boitekanelo tsa Lefapha la Saense ya Boitekanelo ya Unibesithi ya Bokone Bophirima (NWU) gape e tla dirisiwa go ya ka tshedimose tso ya Setho le melawana ya setho mo Dipatlisiso Boitekanelo. Melawana – Ditsweletso le Dithulaganyo (Dolt 2015) gape le ditshedimose tso tsa setho tsa boditshabatshaba tse di ka dirisanang le boithuti jo. Go ka nna botlhokwa go maloko a komiti ya setho ya dipatlisiso kana batho ba bangwe ba ba maleba go lebedisisa direkoto tsa dipatlisiso.

1. Boithuti jwa dipatlisiso tse bo mabapi le eng?

- Boithuti jo bo tla dirwa mo lefelong la boitekanelo la baagi mo karolo-kgao lo ya Ditsobotla gape le tla akaretsa moithuti wa masetara le batlhokomedi ba dipatlisiso ba ba nang le maitemogelo a dipatlisiso tsa boitekanelo ba ba katisitsweng mo Unibesithi ya Bokone Bophirima ba tla tsaya karolo mo boithuting jo.
- Re rulagantse go tlhotlhomisa le go tlhalosa dikgwetlho tse di lebaganeng buimana jwa basha mo karolo-kgao lo ya Ditsobotla le ditshitshinyo tse di lebelelang dikgwetlo tsa boag-semoya.

2. Ke goreng o laleditswe go tsaya karolo?

- O laleditswe go tsaya karolo mo dipatlisisong tse ka ntlha ya gore o moimana yo mosha
- O siametse gape dipatlisiso ka gone o moagi wa karolo-kgalo ya Ditsobotla.
- O ne o ka se tseye karolo mo dipatlisisong tse fa o ne o se moimana yo o dulang mo karolo-kgalo ya Ditsobotla.

3. Go lebeletswe eng go tswa mo go wena?

- Dikarabo tsa dipotsotherisano

4. A o tla ungwelwa sengwe mo go tseyeng karolo mo dipatlisiso tse?

- Ga go dipoelo ka tlhamalalo fa o tsaya karolo mo thutong e, lefa go ntse jalo thuto e e ka oketsa mo dikaelong tsa boitekanelo tse di lebesisang dikgwetlo tsa boago-semoya.

5. A go ka nna le kotsi e e ka itemogelwang mo go tseyeng karolo ga gago mo dipatlisisong tse e bile di ka thibelwa jang?

- Kotsi e ka nna tlalelo ya maikutlo mme e ka ngotliwa ke maitemogelo a babatlisisi mo go tsamaiseng dipotsotherisano gape le lemorago le babatlisisi mo booking jwa thuto ya sakhaeteri.
- Tlalelo ya mo mmeleng e e ka dirwang ke go nna sebaka, le fa go ntse jalo mmatlisisi o tla netefatsa gore dipotsotherisano ga di na go tsaya sebaka go sa tlhokege.

6. Re ka sireletsa jang khupamarama ya gago gape ke mang yo o ka bonang diphitlelelo tsa gago?

- Go sa ikitsise mo diphithlelelong tsa gago go tla sirelediwa ke le sephiri sa gago se tla tlolwa ke mmatlisisi le dipholo tsa gago di tla bewa e le khupamarama ke mmatlisisi. Babatlisisi le motlhokomedi le mothusa morulaganyi wa porogerama e tla nna bone fela ba ba ka fithelelang diphithlelelo tsa gago.

- Dipampiri tsa dipatlisiso di tla bewa di bolokesegile mo khabotong e e lotlelwang mo kantorong ya mmatlisisi mme tsa eleketeroniki di tla sirelediwa ka palo ya sephiri. Fa dintlha di sena go kwalololwa di tla phimolwa ka gangwe mo di gatisitsweng fela. Dintlha di tla bewa dingwaga tse di kailweng.

7. Go tla diragalang ka diphithlelelo kana ditshupo tse?

- Diphithlelelo tsa thuto di tla dirisediwa thuto e fela, kana di ka dirisediwa kaelo ya dikwalo mo isagong.

8. O tla itse jang ka diphitlhelelo tsa dipatlisiso tse?

- Re tla go fa dipholo tsa dipatlisiso pele mmatlisisi a ka di phasalatsa ka mokgwa wa raporoto e e kwadilweng.
- Mmatlisisi o tla go itsise ka diphitlhelelo tse disha tse di maleba.

9. A o tla duelwa ka go tsaya karolo mo thutong e le gore a go tla nna le ditshenyegelo?

- Thuto e e etleediwa ke letlole la go ithuta la batsholadikirii ba Unibesithi ya Bokone Bophirima.
- Batsaya karolo ba tla duelelwa mesepele ya go tla dipotsotherisano. Dilapolosi kana dijo di tla ntshiwa ka nako ya dipotsotherisano.
- Ka jalo ga o kitla o nna le ditshenyegelo dipe fa o tsaya karolo mo thutong e.

10. A go sengwe se o tlhokang go se itse kgotsa go se dira?

- O ka ikopanya le Mme P N Ntshayantshayi mo nomoreng e 081 305 6924 go go kgontsha go botsa dipotso go ya pele kana fa o na le mathata.
- O ka ikopanya gape le komiti ya setho ya dipatlisiso tsa Boitekanelo Mohumagadi Carolien Van Zyl mo nomoreng ya 018 299 1206 kana carolienvanzyl@nwu.ac.za fa o na le sengwe se se go amang se se sa arabiwang ka ga dipatlisiso kana fa o na le dingongorego ka dipatlisiso.
- O tla fiwa khopi ya dintlha tse le foromo ya tumelelo e o ka e itirisetsang.

Maikano a motsayakarolo

Ka go saena fa tlase ke le..... ke dumela go tsaya karolo mo dipatlisong tsa thuto ya setlhogo: Mekgwa kgonego ya go dirisiwa ke malapa a badirisi ba tlhokomelo ya boitekanelo jwa tlhaloganyo. Mo KaroloKgaolo ya Mahikeng.

ke ikana gore:

- Ke badile dintlha tse/di tlhalositswe ke motho yo o tshepegalang ka puo e ke e tlhaloganyang le go e bua sentle.
- Ke tlhaloseditswe dipatlisiso sentle.
- Ke nnile le tshono ya go botsa dipotso mo mothong yo ke mo fileng tetla ga mmogo le mmatlisisi e bile le dipotso tsaka tsotlhe di arabilwe.
- Ke tlhaloganya gore go tsaya karolo ga me ke boithaopi ebile ga ke a gatelelwa go tsaya karolo.
- Ke ka itlhophela go sa tseye karolo mo thutong nako nngwe le nngwe e bile e ka se tsewe e le mokgwa o o sa siamang fa ke dira jalo.
- Ke ka kopiwa go tlogela boithuti jo pele bo ka fediswa fa mmatlisisi a bona e le mo tshiamelong ya gagwe, kana ke sa sale morago thulaganyo ya thuto ka fa go dumalanweng ka teng.

Tshaeno kwa (lefelo)Ka (letlha)20...

.....

Tshaeno ya motsayakarolo

.....

Tshaeno ya paki

Maikano a motho yo o boneng tetla

Nna (leina)ke ikana gore:

- Ke tthaloseditse ka botlalo le tsenelelo dintlha mo dokhumenteng e go.....
- Ga ke a dirisa/ go sa dirisi motoloki
- Ke mo rotloeditse go botsa dipotso le go tsaya nako go di araba.
- Ke kgotsofetse gore o tthalogantse go lekane ditlha tsoatlhe tsa dipatlisiso jaaka di buisanetswe fa godimo.
- Ke mo file nako ya go buisana leba bangwe fa a ratile.

Tshaeno kwa (lefelo)..... Ka (letlha).....

.....

Tshaeno ya yo o boneng tetla

.....

Tshaeno ya paki

Maikano a mmatlisisi

Ke nna (leina)..... ke ikana gore:

- Ke tthalositse dintlha tse di mo dokhumenteng e gokana go tthalositseyo kemo katisheditseng lebaka le.
- Ga ke a dirisa/go sa dirisi motoloki

- Ke mo rotloeditse go botsa dipotso le go tsaya nako go di araba kana ke ne ke le teng ka nako tsotlhe go araba fa a na le dipotso.
- Tetla tlhaloso e ntshitswe ke motho yo o ikemetseng
- Ke kgotsofetse gore o tlhalogantse go lekane dintlha tsotlhe tsa dipatlisiso jaaka di tlhalositswe fa godimo.
- Ke kgotsofetse gore o nnile le nako go buisanela se le ba bangwe fa a ratile.

Tshaeno kwa (lefelo).....Ka (letlha).....

.....

.....

Tshaeno ya mmatlisisi

Tshaeno ya paki

ANNEXTURE F: INFORMED CONSENT/PERMISSION FORM FOR PARENTS/GUARDIANS (ENGLISH VERSION)



HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR: PREGNANT TEENAGERS AND TEENAGE MOTHERS IN DITSOBOTLA SUB-DISTRICT

TITLE OF THE RESEARCH STUDY: ADDRESSING PSYCHOSOCIAL CHALLENGES FACED BY PREGNANT TEENAGERS.

ETHICS REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR: PROF LA SEHULARO AND MR I MOKGAOLA

POST GRADUATE STUDENT: PEACEFUL NONKULULEKO NTSHAYINTSHAYI

ADDRESS: 349 VAN DER WALT STREET COLIGNY

CONTACT NUMBER: 0813056924

Your child is being invited to take part in a **research study** that forms part of my master's degree in community nursing science.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you fully understand what this research is about and how your child might be involved. Also, your participation is entirely voluntary and you are free to say no to her participating. If you say no, this will not affect you or your child negatively in any way

whatsoever. You are also free to withdraw from the study at any point, even if you do agree for her to take part now.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- This study will be conducted at health care centres (clinics) in Ditsobotla subdistrict and will involve a master's student and research supervisors with experienced health researchers trained in North West University participants will be included in this study.
- We plan to explore and describe challenges faced by pregnant teenagers in Ditsobotla sub-district and suggestions for addressing those psychosocial challenges.

Why has your child been invited to participate?

- You have been invited to be part of this research because you are a pregnant teenager.
- She also fit the research because she stays Ditsobotla sub-district.
- She will not be able to participate in this research if she are not a pregnant teenager stay in Ditsobotla sub-district.

What will be expected of your child?

- Answer interview questions

Will you child benefit anything from participating in this research?

There is no payment or any direct benefit to be received by participating in this study however; this study may contribute to health guidelines dealing with psychosocial challenges of teenage pregnancy which may improve the health services provided to them.

Are there risks involved in your child taking part in this research and what will be done to prevent them?

- Your child may experience emotional discomfort due to the interview questions being personal. The person conducting the interview (researcher) has background on psychiatric nursing and will be able to help or refer them to a professional who can help (psychologist)

- Physical distress which may be caused by sitting for a long period of time however the researcher will ensure that the interview will not last longer than necessary.

How will we protect their confidentiality (identity) and who will know their answers?

- Anonymity of their findings (answers) will be protected and their privacy will be respected by the researcher your results will be kept confidential. Only the interviewer (researcher), supervisor and co-coder will have access to the interview answers and their name will not be used instead you will be referred to as participant A,B,C and so on.

7. What will happen with the findings or samples?

- The findings of this study will only be used for this study/will be used in future literature references.

8. How will you know about the results of this research?

- We will give your child the results of this research before they are published by the researcher in a form of a written report. To protect the confidentiality of all participants findings of this study will only be shared with participants and not parents/guardians.

9. Will there be any payment or costs for taking part in this study?

- This study is funded/ paid for by North West University Post graduate bursary.
- Your child does not need to spend/pay any money to participate in this study you will be paid back any money spent for transport to come to where the interview will be held. During the interview drinks and snacks will be provided for free.

10. Is there anything else that you should know or do?

- You can contact Ms P N Ntshayintshayi at 0813056924 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree/give permission for my child to participate in the research study titled: Exploring and addressing psychosocial challenges faced by pregnant teenagers.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent/permission from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and my child have not been pressurised to take part.
- my child may choose to leave the study at any time and will not be handled in a negative way if I do so.
- my child may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if my child do not follow the study plan, as agreed to.

Signed at (*place*)..... on (*date*) 20....

.....
Signature of parent/Guardian.

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) Peaceful Nonkululeko Ntshayintshayi declare that:

- I explained the information in this document to **or**
I had it explained by who I trained for this purpose.
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness

ANNEXURE G: INFORMED CONSENT/PERMISSION FOR PARENTS/GUARDIAN (SETSWANA VERSION)

TOKOMANE YA TUMELELO



TOKOMANE YA TUMELELO E E NANG LE TSHEDIMOSITSO YA:
BATSADI/BATLOKOMEDI JWA BAITSAYAKAROLO

SETLHOGO SA THUTO PATLISISO:- GO UTULOLA LE GO BUA KA DIKGWETLO KA BOAGO-SEMOYA TSE DI ITEMOGELWANG KE BAIMANA BA BASHA MO KAROLOKGAOLO YA DITSOBOTLA MO POROFESENG YA BOKONE BOPHIRIMA.

NOMORO YA BOITSHWARO YA MELAO:

MMATLISISI MOGOLO: MOPROFESA LA SEHULARO LE RRE IO MOKGAOLA

MOITHUTI: PEACEFUL NONKULULEKO NTSHEYINTSHAYI

ATERESE: 349 VAN DER STREET COLIGNY

NOMORO YA MOGALA: 081 305 6924

O laleditswe go tsaya karolo mo **dipatlisisong tsa go ithuta** e e leng karolo ya ka ya go ithutela gerata ya masetase mo saense booki ya baagi.

Ke kopa o tseye nako go lebelela dintlha tse di tlhagelelang fa, tse di tlhalosang ka botlalo thuto e. Ke kopa o botse mmatisisi kgotsa motho yo a ka go tlhalosetsang dipatlisiso mabapi lepotso nngwe le nngwe ya thuto e ka se o sa se tlhaloganyeng. Go botlhokwa gore o tlhaloganye le go kgotsofalela se dipatlisiso di leng ka ga sona le gore o ka tsaya karolo jang. Go tsaya karolo fa ke boithaopi e bile o kgona go sa tseye karolo.

Fa o sa dumalane ga go ka mokgwa ope se se ka go ama ka mokgwa o o sa siamang. O na le tshiamelo ya go ikogela morago mo dipatlisising ka nako nngwe le nngwe le fa o ne o dumalane go tsaya karolo.

Boithuti jo bo dumetswe ke Komiti ya Setho ya Dipatlisiso tsa Boitekanelo tsa Lefapha la Saense ya Boitekanelo ya Unibesithi ya Bokone Bophirima (NWU) gape e tla dirisiwa go ya ka tshedimosetso ya Setho le melawana ya setho mo Dipatlisiso Boitekanelo. Melawana – Ditsweletso le Dithulaganyo (Dolt 2015) gape le ditshedimosetso tsa setho tsa boditshabatshaba tse di ka dirisanang le boithuti jo. Go ka nna botlhokwa go maloko a komiti ya setho ya dipatlisiso kana batho ba bangwe ba ba maleba go lebedisisa direkoto tsa dipatlisiso.

10. Boithuti jwa dipatlisiso tse bo mabapi le eng?

- Boithuti jo bo tla dirwa mo lefelong la boitekanelo la baagi mo karolo-kgaoalo ya Ditsobotla gape le tla akaretsa moithuti wa masetara le batlhokomedi ba dipatlisiso ba ba nang le maitemogelo a dipatlisiso tsa boitekanelo ba ba katisitsweng mo Unibesithi ya Bokone Bophirima ba tla tsaya karolo mo boithuting jo.
- Re rulagantse go tlhotlhomisa le go tlhalosa dikgwetlho tse di lebaganeng buimana jwa basha mo karolo-kgaoalo ya Ditsobotla le ditshitshinyo tse di lebelelang dikgwetlo tsa boag-semoya.

11. Ke goreng o laleditswe go tsaya karolo?

- O laleditswe go tsaya karolo mo dipatlisising tse ka ntlha ya gore o moimana yo mosh
- O siametse gape dipatlisiso ka gonne o moagi wa karolo-kgaoalo ya Ditsobotla.
- O ne o ka se tseye karolo mo dipatlisising tse fa o ne o se moimana yo o dulang mo karolo-kgaoalo ya Ditsobotla.

12. Go lebeletswe eng go tswa mo go wena?

- Dikarabo tsa dipotsottherisano

13. A o tla ungwelwa sengwe mo go tseyeng karolo mo dipatlisiso tse?

- Ga go dipoelo ka tlhamalalo fa o tsaya karolo mo thutong e, lefa go ntse jalo thuto e e ka oketsa mo dikaelong tsa boitekanelo tse di lebesisang dikgwetlo tsa boago-semoya.

14.A go ka nna le kotsi e e ka itemogelwang mo go tseyeng karolo ga gago mo dipatlisisong tse e bile di ka thibelwa jang?

- Kotsi e ka nna tlalelo ya maikutlo mme e ka ngotliwa ke maitemogelo a babatlisisi mo go tsamaiseng dipotsotherisano gape le lemorago le babatlisisi mo booking jwa thuto ya sakhaeteri.
- Tlalelo ya mo mmeleng e e ka dirwang ke go nna sebaka, le fa go ntse jalo mmatlisisi o tla netefatsa gore dipotsotherisano ga di na go tsaya sebaka go sa tlhokege.

15.Re ka sireletsa jang khupamarama ya gago gape ke mang yo o ka bonang diphitlelo tsa gago?

- Go sa ikitsise mo diphithlelong tsa gago go tla sirelediwa ke le sephiri sa gago se tla tlotliwa ke mmatlisisi le dipholo tsa gago di tla bewa e le khupamarama ke mmatlisisi. Babatlisisi le motlhokomedi le mothusa morulaganyi wa porogerama e tla nna bone fela ba ba ka fitlhelang diphithlelo tsa gago.
- Dipampiri tsa dipatlisiso di tla bewa di bolokesegile mo khabotong e e lotlelwang mo kantorong ya mmatlisisi mme tsa eleketeroniki di tla sirelediwa ka palo ya sephiri. Fa dintlha di sena go kwalololwa di tla phimolwa ka gangwe mo di gatisitsweng fela. Dintlha di tla bewa dingwaga tse di kailweng.

16.Go tla diragalang ka diphithlelo kana ditshupo tse?

- Diphithlelo tsa thuto di tla dirisediwa thuto e fela, kana di ka dirisediwa kaelo ya dikwalo mo isagong.

17.O tla itse jang ka diphithlelo tsa dipatlisiso tse?

- Re tla go fa dipholo tsa dipatlisiso pele mmatlisisi a ka di phasalatsa ka mokgwa wa raporoto e e kwadilweng.
- Mmatlisisi o tla go itsise ka diphithlelo tse disha tse di maleba.

18.A o tla duelwa ka go tsaya karolo mo thutong e le gore a go tla nna le ditshenyegelo?

- Thuto e e etleediwa ke letlole la go ithuta la batsholadikirii ba Unibesithi ya Bokone Bophirima.

- Batsaya karolo ba tla duelelwa mesepele ya go tla dipotsotherisano. Dilapolosi kana dijo di tla ntshiwa ka nako ya dipotsotherisano.
- Ka jalo ga o kitla o nna le ditshenyegelo dipe fa o tsaya karolo mo thutong e.

11. A go sengwe se o tlhokang go se itse kgotsa go se dira?

- O ka ikopanya le Mme P N Ntshayantshayi mo nomoreng e 081 305 6924 go go kgontsha go botsa dipotso go ya pele kana fa o na le mathata.
- O ka ikopanya gape le komiti ya setho ya dipatlisiso tsa Boitekanelo Mohumagadi Carolien Van Zyl mo nomoreng ya 018 299 1206 kana carolienvanzyl@nwu.ac.za fa o na le sengwe se se go amang se se sa arabiwang ka ga dipatlisiso kana fa o na le dingongorego ka dipatlisiso.
- O tla fiwa khopi ya dintlha tse le foromo ya tumelelo e o ka e itirisetsang.

Maikano a motsayakarolo

Ka go saena fa tlase ke le..... ke dumela go tsaya karolo mo dipatlisong tsa thuto ya setlhogo: Mekgwa kgonego ya go dirisiwa ke malapa a badirisi ba tlhokomelo ya boitekanelo jwa tlhaloganyo. Mo KaroloKgaolo ya Mahikeng.

ke ikana gore:

- Ke badile dintlha tse/di tlhalositswe ke motho yo o tshepegalang ka puo e ke e tlhaloganyang le go e bua sentle.
- Ke tlhaloseditswe dipatlisiso sentle.
- Ke nnile le tshono ya go botsa dipotso mo mothong yo ke mo fileng tetla ga mmogo le mmatlisisi e bile le dipotso tsaka tsotlhe di arabilwe.
- Ke tlhaloganya gore go tsaya karolo ga me ke boithaopi ebile ga ke a gatelelwa go tsaya karolo.
- Ke ka itlhophela go sa tseye karolo mo thutong nako nngwe le nngwe e bile e ka se tsewe e le mokgwa o o sa siamang fa ke dira jalo.
- Ke ka kopiwa go tlogela boithuti jo pele bo ka fediswa fa mmatlisisi a bona e le mo tshiamelong ya gagwe, kana ke sa sale morago thulaganyo ya thuto ka fa go dumalanweng ka teng.

Tshaeno kwa (lefelo)Ka (letlha)20...

.....

Tshaeno ya motsayakarolo

.....

Tshaeno ya paki

Maikano a motho yo o boneng tetla

Nna (leina)ke ikana gore:

- Ke tthaloseditswe ka botlalo le tsenelelo dintlha mo dokhumenteng e go.....
- Ga ke a dirisa/ go sa dirisi motoloki
- Ke mo rotloeditse go botsa dipotso le go tsaya nako go di araba.
- Ke kgotsofetse gore o tthalogantse go lekane ditlha tsotlhe tsa dipatlisiso jaaka di buisanetswe fa godimo.
- Ke mo file nako ya go buisana leba bangwe fa a ratile.

Tshaeno kwa (lefelo)..... Ka (letlha).....

.....

.....

Tshaeno ya yo o boneng tetla

Tshaeno ya paki

Maikano a mmatlisisi

Ke nna (leina)..... ke ikana gore:

- Ke tthalositse dintlha tse di mo dokhumenteng e gokana go tthalositseyo kemo katiseditseng lebaka le.
- Ga ke a dirisa/go sa dirisi motoloki

- Ke mo rotloeditse go botsa dipotso le go tsaya nako go di araba kana ke ne ke le teng ka nako tsotlhe go araba fa a na le dipotso.
- Tetla tlhaloso e ntshitswe ke motho yo o ikemetseng
- Ke kgotsofetse gore o tlhalogantse go lekane dintlha tsotlhe tsa dipatlisiso jaaka di tlhalositswe fa godimo.
- Ke kgotsofetse gore o nnile le nako go buisanela se le ba bangwe fa a ratile.

Tshaeno kwa (lefelo).....Ka (letlha).....

.....

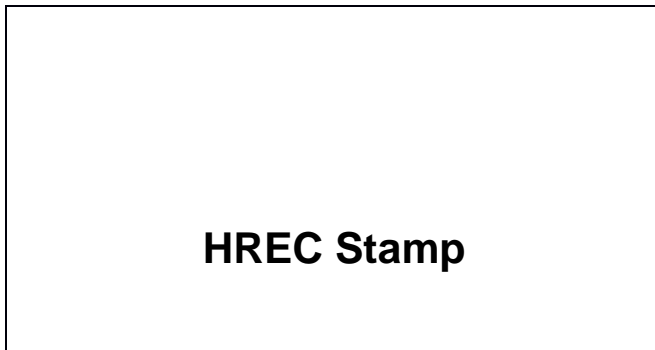
.....

Tshaeno ya mmatlisisi

Tshaeno ya paki

ANEXTURE H: INFORMED CONSENT FORM FOR PREGNANT TEENAGERS BETWEEN THE AGES OF 18 AND 19 YEARS (ENGLISH VERSION)

NB: PARTICIPANTS ABOVE 18 YEARS MAY SIGN THIS INFORMED CONSENT FORM WITHOUT THE PERMISSION OF PARENTS.



INFORMED CONSENT DOCUMENTATION FOR: PREGNANT TEENAGERS AND TEENAGE MOTHERS IN DITSOBOTLA SUB-DISTRICT

TITLE OF THE RESEARCH STUDY: EXPLORING AND ADDRESSING PSYCHOSOCIAL CHALLENGES FACED BY PREGNANT TEENAGERS.

ETHICS REFERENCE NUMBERS: NWU-00958-19-S1

PRINCIPAL INVESTIGATOR: DR L SEHULARO AND MR I MOKGAOLA

POST GRADUATE STUDENT: PEACEFUL NONKULULEKO NTSHAYINTSHAYI

ADDRESS: 349 VAN DER WALT STREET COLIGNY

CONTACT NUMBER: 0813056924

You are being invited to take part in a **research study** that forms part of my master's degree in community nursing science.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you fully understand what this research is about and how you might be involved. Also, your participation is entirely voluntary and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You

are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- This study will be conducted at health care centres (clinics) in Ditsobotla subdistrict and will involve a master's student and research supervisors with experienced health researchers trained in North West University participants will be included in this study.
- We plan to explore and describe challenges faced by pregnant teenagers in Ditsobotla sub-district and suggestions for addressing those psychosocial challenges.

Why have you been invited to participate?

- You have been invited to be part of this research because you are a pregnant teenager.
- You also fit the research because you stay Ditsobotla sub-district.

You will not be able to participate in this research if you are not a pregnant teenager stay in Ditsobotla sub-district.

What will be expected of you?

Answer interview questions

Will you benefit anything from participating in this research?

There is no payment or any direct benefit to be received by participating in this study however; this study may contribute to health guidelines dealing with psychosocial challenges of teenage pregnancy which may improve the health services provided to them.

Are there risks involved in you taking part in this research and what will be done to prevent them?

You/your child may experience emotional discomfort due to the interview questions being personal. The person conducting the interview (researcher) has background on psychiatric nursing and will be able to help or refer you/your child to a professional who can help (psychologist)

Physical distress which may be caused by sitting for a long period of time however the researcher will ensure that the interview will not last longer than necessary.

How will we protect your confidentiality (identity) and who will know your answers?

Anonymity of your findings (answers) will be protected and your privacy will be respected by the researcher your results will be kept confidential. Only the interviewer (researcher), supervisor and co-coder will have access to the interview answers and your name will not be used instead you will be referred to as participant A,B,C and so on.

7. What will happen with the findings or samples?

The findings of this study will only be used for this study/will be used in future literature references.

8. How will you know about the results of this research?

We will give you the results of this research before they are published by the researcher in a form of a written report.

You will be informed of any new relevant findings by the researcher

9. Will you be paid to take part in this study and are there any costs for you?

This study is funded/ paid for by North West University Post graduate bursary.

You do not need to spend/pay any money to participate in this study you will be paid back any money spent for transport to come to where the interview will be held. During the interview drinks and snacks will be provided for free.

10. Is there anything else that you should know or do?

You can contact Ms P N Ntshayintshayi at 0813056924 if you have any further questions or have any problems.

You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.

You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to participate in the research study titled: Exploring and addressing psychosocial challenges faced by pregnant teenagers.

I declare that:

I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.

The research was clearly explained to me.

I have had a chance to ask questions to both the person getting the consent/ permission from me, as well as the researcher and all my questions have been answered.

I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.

I may choose to leave the study at any time and will not be handled in a negative way if I do so.

I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*)..... on (*date*) 20....

Signature of participant Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

I clearly and in detail explained the information in this document to

.....

I did/did not use an interpreter.

I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research, as discussed above

I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

Signature of person obtaining consent Signature of witness

Declaration by researcher

I (*name*) Peaceful Nonkululeko Ntshayintshayi declare that:

I explained the information in this document to **or** I had it explained by
..... who I trained for this purpose.

I did/did not use an interpreter

I encouraged him/her to ask questions and took adequate time to answer them or

I was available should he/she want to ask any further questions.

The informed consent was obtained by an independent person.

I am satisfied that he/she adequately understands all aspects of the research, as described above.

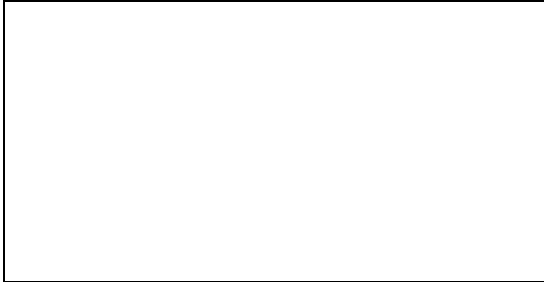
I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

Signature of researcher

Signature of witness

ANNEXURE I: INFORMED CONSENT FORM FOR PREGNANT TEENAGERS BETWEEN THE AGES OF 18 & 19 YEARS (SETSWANA VERSION)



TOKOMANE YA TUMELELO

TOKOMANE YA TUMELELO E E NANG LE TSHEDIMOSETSO YA: BOIMANA JWA BASHA LE BASHA BA BOMME MO KAROLO-KGAOLO YA DITSOBOTLA ba dingwaga tse 18 le 19.

SETLHOGO SA THUTO PATLISISO:- GO UTULOLA LE GO BUA KA DIKGWETLO KA BOAGO-SEMOYA TSE DI ITEMOGELWANG KE BAIMANA BA BASHA MO KAROLOKGAOLO YA DITSOBOTLA MO POROFESENG YA BOKONE BOPHIRIMA.

NOMORO YA BOITSHWARO YA MELAO:

MMATLISISI MOGOLO: MOPROFESA LA SEHULARO LE RRE IO MOKGAOLA

MOITHUTI: PEACEFUL NONKULULEKO NTSHAYINTSHAYI

ATERESE: 349 VAN DER STREET COLIGNY

NOMORO YA MOGALA: 081 305 6924

O laleditswe gore ngwana wa gago a tseye karolo mo **dipatlisisong tsa go ithuta** e e leng karolo ya ka ya go ithutela gerata ya masetase mo saense booki ya baagi.

Ke kopa o tseye nako go lebelela dintlha tse di tlhagelelang fa, tse di thalosang ka botlalo thuto e. Ke kopa o botse mmatlisisi kgotsa motho yo a ka go thalosetsang dipatlisiso mabapi lepotso nngwe le nngwe ya thuto e ka se o sa se thaloganyeng. Go botlhokwa

gore o tlhaloganye le go kgotsofalela se dipatlisiso di leng ka ga sona le gore o ka tsaya karolo jang. Go tsaya karolo fa ke boithaopi e bile o kgona go sa tseye karolo.

Fa o sa dumalane ga go ka mokgwa ope se se ka go ama ka mokgwa o o sa siamang. O na le tshiamelo ya go ikogogela morago mo dipatlisisong ka nako nngwe le nngwe le fa o ne o dumalane go tsaya karolo.

Boithuti jo bo dumetswe ke Komiti ya Setho ya Dipatlisiso tsa Boitekanelo tsa Lefapha la Saense ya Boitekanelo ya Unibesithi ya Bokone Bophirima (NWU) gape e tla dirisiwa go ya ka tshedimose tso ya Setho le melawana ya setho mo Dipatlisiso Boitekanelo. Melawana – Ditsweletso le Dithulaganyo (Dolt 2015) gape le ditshedimose tso tsa setho tsa boditshabatsaba tse di ka dirisanang le boithuti jo. Go ka nna botlhokwa go maloko a komiti ya setho ya dipatlisiso kana batho ba bangwe ba ba maleba go lebedisisa direkoto tsa dipatlisiso.

19. Boithuti jwa dipatlisiso tse bo mabapi le eng?

- Boithuti jo bo tla dirwa mo lefelong la boitekanelo la baagi mo karolo-kgao lo ya Ditsobotla gape le tla akaretsa moithuti wa masetara le batlhokomedi ba dipatlisiso ba ba nang le maitemogelo a dipatlisiso tsa boitekanelo ba ba katisitsweng mo Unibesithi ya Bokone Bophirima ba tla tsaya karolo mo boithuting jo.
- Re rulagantse go tlhotlhomisa le go tlhalosa dikgwetlho tse di lebaganeng buimana jwa basha mo karolo-kgao lo ya Ditsobotla le ditshitshinyo tse di lebelelang dikgwetlo tsa boago-semoya.

20. Ke goreng o laleditswe go tsaya karolo?

- O laleditswe go tsaya karolo mo dipatlisisong tse ka ntlha ya gore o moimana yo mosh
- O siametse gape dipatlisiso ka gone o moagi wa karolo-kgao lo ya Ditsobotla.
- O ne o ka se tseye karolo mo dipatlisisong tse fa o ne o se moimana yo o dulang mo karolo-kgao lo ya Ditsobotla.

21. Go lebeletswe eng go tswa mo go wena?

- Dikarabo tsa dipotsotherisano

22. A o tla ungwelwa sengwe mo go tseyeng karolo mo dipatlisiso tse?

- Ga go dipoelo ka tlhamalalo fa o tsaya karolo mo thutong e, lefa go ntse jalo thuto e e ka oketsa mo dikaelong tsa boitekanelo tse di lebesisang dikgwetlo tsa boago-semoya.

23.A go ka nna le kotsi e e ka itemogelwang mo go tseyeng karolo ga gago mo dipatlisisong tse e bile di ka thibelwa jang?

- Kotsi e ka nna tlalelo ya maikutlo mme e ka ngotliwa ke maitemogelo a babatlisisi mo go tsamaiseng dipotsotherisano gape le lemorago le babatlisisi mo booking jwa thuto ya sakhaeteri.
- Tlalelo ya mo mmeleng e e ka dirwang ke go nna sebaka, le fa go ntse jalo mmatlisisi o tla netefatsa gore dipotsotherisano ga di na go tsaya sebaka go sa tlhokege.

24.Re ka sireletsa jang khupamarama ya gago gape ke mang yo o ka bonang diphitlelelo tsa gago?

- Go sa ikitsise mo diphithlelelong tsa gago go tla sirelediwa ke le sephiri sa gago se tla tlotliwa ke mmatlisisi le dipholo tsa gago di tla bewa e le khupamarama ke mmatlisisi. Babatlisisi le motlhokomedi le mothusa morulaganyi wa porogerama e tla nna bone fela ba ba ka fitlhelang diphithlelelo tsa gago.
- Dipampiri tsa dipatlisiso di tla bewa di bolokesegile mo khabotong e e lotlelwang mo kantorong ya mmatlisisi mme tsa eleketeroniki di tla sirelediwa ka palo ya sephiri. Fa dintlha di sena go kwalololwa di tla phimolwa ka gangwe mo di gatisitsweng fela. Dintlha di tla bewa dingwaga tse di kailweng.

25.Go tla diragalang ka diphithlelelo kana ditshupo tse?

- Diphithlelelo tsa thuto di tla dirisediwa thuto e fela, kana di ka dirisediwa kaelo ya dikwalo mo isagong.

26.O tla itse jang ka diphithlelelo tsa dipatlisiso tse?

- Re tla go fa dipholo tsa dipatlisiso pele mmatlisisi a ka di phasalatsa ka mokgwa wa raporoto e e kwadilweng.
- Mmatlisisi o tla go itsise ka diphithlelelo tse disha tse di maleba.

27.A o tla duelwa ka go tsaya karolo mo thutong e le gore a go tla nna le ditshenyegelo?

- Thuto e e etleediwa ke letlole la go ithuta la batsholadikirii ba Unibesithi ya Bokone Bophirima.
- Batsaya karolo ba tla duelelwa mesepele ya go tla dipotsotherisano. Dilapolosi kana dijo di tla ntshiwa ka nako ya dipotsotherisano.
- Ka jalo ga o kitla o nna le ditshenyegelo dipe fa o tsaya karolo mo thutong e.

A go sengwe se o tlhokang go se itse kgotsa go se dira?

- O ka ikopanya le Mme P N Ntshayantshayi mo nomoreng e 081 305 6924 go go kgontsha go botsa dipotso go ya pele kana fa o na le mathata.
- O ka ikopanya gape le komiti ya setho ya dipatlisiso tsa Boitekanelo Mohumagadi Carolien Van Zyl mo nomoreng ya 018 299 1206 kana carolienvanzyl@nwu.ac.za fa o na le sengwe se se go amang se se sa arabiwang ka ga dipatlisiso kana fa o na le dingongorego ka dipatlisiso.
- O tla fiwa khopi ya dintlha tse le foromo ya tumelelo e o ka e itirisetsang.

Maikano a motsayakarolo

Ka go saena fa tlase ke le..... ke dumela go tsaya karolo mo dipatlisong tsa thuto ya setlhogo: Mekgwa kgonego ya go dirisiwa ke malapa a badirisi ba tlhokomelo ya boitekanelo jwa tlhaloganyo. Mo KaroloKgaolo ya Mahikeng.

ke ikana gore:

- Ke badile dintlha tse/di tlhalositswe ke motho yo o tshepegalang ka puo e ke e tlhaloganyang le go e bua sentle.
- Ke tlhaloseditswe dipatlisiso sentle.
- Ke nnile le tshono ya go botsa dipotso mo mothong yo ke mo fileng tetla ga mmogo le mmatlisisi e bile le dipotso tsaka tsotlhe di arabilwe.
- Ke tlhaloganya gore go tsaya karolo ga me ke boithaopi ebile ga ke a gatelelwa go tsaya karolo.
- Ke ka itlhophela go sa tseye karolo mo thutong nako nngwe le nngwe e bile e ka se tsewe e le mokgwa o o sa siamang fa ke dira jalo.
- Ke ka kopiwa go tlogela boithuti jo pele bo ka fediswa fa mmatlisisi a bona e le mo tshiamelong ya gagwe, kana ke sa sale morago thulaganyo ya thuto ka fa go dumalanweng ka teng.

Tshaeno kwa (lefelo)Ka (letlha)20...

.....

Tshaeno ya motsayakarolo

.....

Tshaeno ya paki

Maikano a motho yo o boneng tetla

Nna (leina)ke ikana gore:

- Ke tthaloseditswe ka botlalo le tsenelelo dintlha mo dokhumenteng e go.....
- Ga ke a dirisa/ go sa dirisi motoloki
- Ke mo rotloeditse go botsa dipotso le go tsaya nako go di araba.
- Ke kgotsofetse gore o tthalogantse go lekane ditlha tsoatlhe tsa dipatlisiso jaaka di buisanetswe fa godimo.
- Ke mo file nako ya go buisana leba bangwe fa a ratile.

Tshaeno kwa (lefelo)..... Ka (letlha).....

.....

.....

Tshaeno ya yo o boneng tetla

Tshaeno ya paki

Maikano a mmatlisisi

Ke nna (leina)..... ke ikana gore:

- Ke tthalositse dintlha tse di mo dokhumenteng e gokana go tthalositseyo kemo katiseditseng lebaka le.
- Ga ke a dirisa/go sa dirisi motoloki

- Ke mo rotloeditse go botsa dipotso le go tsaya nako go di araba kana ke ne ke le teng ka nako tsotlhe go araba fa a na le dipotso.
- Tetla tlhaloso e ntshitswe ke motho yo o ikemetseng
- Ke kgotsofetse gore o tlhalogantse go lekane dintlha tsotlhe tsa dipatlisiso jaaka di tlhalositswe fa godimo.
- Ke kgotsofetse gore o nnile le nako go buisanela se le ba bangwe fa a ratile.

Tshaeno kwa (lefelo).....Ka (letlha).....

.....

.....

Tshaeno ya mmatlisisi

Tshaeno ya paki

ANEXTURE J: PERMISSION REQUEST LETTER



Department of health (Province)

Private Bag X

Mmabatho

2735

Dear Sir/Madam

REQUEST TO CONDUCT A STUDY

I hereby request a research at your health centre facilities, I am researcher from the North West University (Mafikeng Campus). The research will be focusing on the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

Literature indicated that pregnant teenagers experience several psychosocial challenges which tend to negatively affect their psychosocial well-being according to the researcher's personal experience, some of these psychosocial challenges include stigmatization, depression and suicide among others. The researcher noted that in Ditsobotla sub-district the psychosocial wellbeing of pregnant teenagers during antenatal care visits is in most instances neglected and more focus is on their physical well-being. There is also a shortage in literature addressing psychosocial challenges of pregnant teenagers particularly in Ditsobotla sub district, hence the researcher deemed it necessary to explore and describe the psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district.

The purpose of the study is to explore and describe the psychosocial challenges faced by pregnant teenagers and the suggestions for addressing those psychosocial challenges in Ditsobotla sub-district.

I hope my request will be taken into consideration

Yours sincerely

Ms P.N Ntshayintshayi

Professional nurse/ Mcur candidate

North West University

ANNEXURE K: APPROVAL FROM NORTH-WEST UNIVERSITY TO CONDUCT THE STUDY



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

Health Sciences Ethics Office for Research,
Training and Support

North-West University Health Research Ethics
Committee (NWU-HREC)
Tel: 018 299-1206
Email: Ethics-HRECApply@nwu.ac.za

1 April 2021

To whom it may concern

APPROVAL OF THE RESEARCH STUDY FROM THE NORTH-WEST UNIVERSITY HEALTH RESEARCH ETHICS COMMITTEE (NWU-HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00958-19-S1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the North-West University Health Research Ethics Committee (NWU-HREC).

Study title: Psychosocial challenges faced by pregnant teenagers in Ditsobotla sub-district, North West province

Study leader/supervisor: Prof LA Sehularo

Student: PN Ntshayintshayi - 24352640

Application type: Single study

Risk level: Children: Category 3 – Greater than minimal risk with no prospect of direct benefit

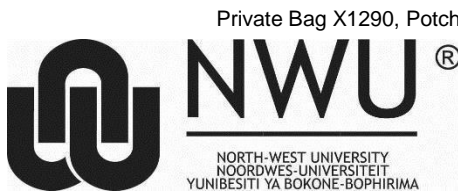
You are kindly informed that this application was reviewed at the meeting of the North-West University Health Research Ethics Committee (NWU-HREC), Faculty of Health Sciences, North-West University, held on 24/04/2020. Following review of the application, it has been decided that the study is approved. Approval in this letter means that **final ethics approval** was indeed granted for the **research methodology and the ethical aspects** of this study and that the NWU-HREC has **no further ethical concerns** relating to the research ethics process, except for the outstanding documentation indicated below, which must be provided to the NWU-HREC by the researcher. It is important to mention that this letter indicates that there are no further ethical concerns that exist, regarding the execution of the research. A final ethics letter will be issued upon the receipt of the following documentation:

- a. A copy of the permission letter from you as the provincial Department of Health, indicating that the study can proceed.

The mentioned document, as indicated above, should be submitted to Ethics-HRECProcess@nwu.ac.za by the researcher, for review before the ethics approval certificate can be provided. This approval is provided for a year, after which continuation of the study is dependent on receipt of an annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation for another year.

Please note: Due to the nature of this project i.e. (face-to-face unstructured in-depth interviews with pregnant teenagers in a public health facility), once approval has been obtained, *the study will have to be placed on hold until the appropriate alert level is reached for the study to proceed*. Researchers undertaking these types of studies will have to *apply to the appropriate REC to resume the study*, using the appropriate **template** to request that **the study could resume**, once the appropriate alert level is reached. If the researcher has not implemented a *COVID-19-research risk assessment and management analysis and amended the study accordingly* they will first have to **amend** their study, before they can apply for their research to continue.

ANNEXURE L: ETHICS CERTIFICATE



Private Bag X1290, Potchefstroom South Africa 2520

Tel: 086 016 9698
Web: <http://www.nwu.ac.za/>

**University Health Research Ethics
Committee (NWU-HREC)**

North-West

Email: Ethics-HRECAppl@nwu.ac.za (for human studies) Tel: 018 299-1206

17 May 2021

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 17/05/2021, the NWU-HREC hereby approves your study as indicated below. This implies that the NWUHREC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict, North West province

Principal Investigator/Study Supervisor/Researcher: Prof LA Sehularo Student:

PN Ntshayintshayi - 24352640 Ethics number:

Institution Number	Study Year	Status	N	W	U	-	0	0	9	5	8	-	1	9	-	A	1
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Status: S = Submission; R = Re-Submission; P = Provisional Authorisation;

A = Authorisation

Application Type: Single study

Commencement date: 17/05/2021 Risk:

Expiry date: 31/05/2022

Children: Category 3 – Greater than minimal risk with no prospect of direct benefit

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a six-monthly monitoring report and the concomitant issuing of a letter of continuation. Monitoring reports are due at the end of November and May annually until completion.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:

six-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and

without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.

The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWUHREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.

Annually a number of studies may be randomly selected for active monitoring.

The date of approval indicates the first date that the study may be started. In the interest of ethical responsibility, the NWU-HREC reserves the right to: request access to any information or data at any time during the course or after completion of the study;

9.1.5.4.2

- to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process; – withdraw or postpone approval if:***
- any unethical principles or practices of the study are revealed or suspected;***
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;***
 - submission of the six-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or***
 - new institutional rules, national legislation or international conventions deem it necessary.***

• **NWU-HREC can be contacted for further information via Ethics-HRECAppl@nwu.ac.za or 018 299 1206**

Special conditions of the research approval due to the COVID-19 pandemic:

Please note: Due to the nature of this research study i.e. (face-to-face semi-structured interviews with pregnant mothers in a public health care setting), *this study will have to be placed on hold until the appropriate alert level is reached for the study to proceed.* In order for it to proceed, the researcher will have to *apply to the appropriate REC using the appropriate template* to request that the study can resume, once the appropriate alert level is reached. If the researcher has not implemented a *COVID-19 research risk assessment and management analysis and amended the study accordingly*, they will first have to amend their study, before they can apply for their research to continue (as setup according to the attached document entitled “COVID-19 research risk assessment and management approach” (Prof Minrie Greeff, 29 June 2020)). Once the alert level is appropriate for the study to proceed, the researcher should:

Send the completed template with the required amendments, as made as specified under 8.4 in the SOP for the research ethics approval application process (2.2.4_SOP_Ethics_1.4) to Ethics-HRECAppl@nwu.ac.za.

Name the email, to which you attach the document that you send, with a specific subject line indicating that it is a request to continue a research study e.g. “Continuation request (COVID-19): NWU-XXXXXXX-XX”.

Contact the Head of the Ethics Office, Prof Wayne Towers at 072 149 2960 or wayne.towers@nwu.ac.za and the Chairperson, Prof Petra Bester at 082 298 3567 or petra.bester@nwu.ac.za, at least before you plan to submit the application for review, so that we can timeously appoint appropriate reviewers and proactively manage the process of the review of your amendment.

The review of this request will be handled via the *expedited process*. If successful, the researcher will receive a letter indicating that amendments were approved and the study can proceed. Please note that if it is determined that the researcher has proceeded with the research, without first amending a study and obtaining the appropriate permission, they will be seen to have either have violated good research practice or been noncompliant and the necessary steps will be taken.

Special in process conditions of the research for approval (if applicable):

Please provide the NWU-HREC with a copy of the goodwill permission letter from the district Department of Health, indicating that the study can proceed.

Please provide the NWU-HREC with copies of the goodwill permission letters from the managers of the health facilities to be included, granting access to the facilities.

As the study progresses the aforementioned conditions should be submitted to Ethics-HRECProcess@nwu.ac.za with a cover letter with a specific subject title indicating “Outstanding documents for approval: NWU-XXXXX-XX-XX.” The letter should include the title of the approved study, the names of the researchers involved, that the documents are being submitted as part of the conditions of the approval set by the NWUHREC, the nature of the document i.e. which condition is being fulfilled and any further explanation to clarify the submission.

The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating the nature of the submission e.g. “Outstanding documents for approval: NWU-XXXXX-XX-XX”. The e-mail should indicate the nature of the document being sent. This submission will be handled via the expedited process.

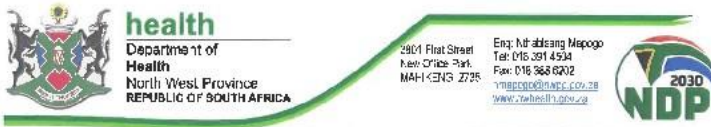
9.1.5.4.2

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,

Chairperson NWU-HREC

ANNEXURE M: APPROVAL FROM NORTH WEST DEPARTMENT OF HEALTH FOR PERMISSION TO CONDUCT RESEARCH



POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Ms. P.N. Ntshayintshayi
North West University

Subject : Research Conditional Approval letter: Psychosexual challenges faced by pregnant teenagers in Ditsobotla sub-district, North West Province.

This letter serves to notify the Researcher that the Review committee has recommended your proposal for approval subject to the following:

1. The Researcher submits the Ethical Clearance Certificate to the North West Department of Health.

Please note that this is not an approval letter and that the researcher can only collect data after submission of the above and once full approval is granted.

Kindest regards.


Dr. FRM Reichel
Director: PPRM&E

12/12/2019
Date




Healthy Living for All

ANNEXURE N: LANGUAGUE EDITING CERTIFICATE



Office: 0183892451

FACULTY OF EDUCATION

Cell: 0729116600

Date: 8th December, 2021

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, Muchativugwa Liberty Hove, confirm and certify that I have read and edited the entire dissertation, Exploring and addressing the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict, submitted by Peaceful Nonkululeko Ntshayintshayi, student number 24352640, orcid.org/0000-00018243-9559, in partial fulfillment of the requirements for the degree Magister of Nursing Science in the Faculty of Health Sciences, North-West University, NuMIQ Research Focus Area.

Peaceful Nonkululeko Ntshayintshayi was supervised by Professor L.A. Sehularo and co-supervised by Mr. I.O. Mokgaola, both of the North-West University.

I hold a PhD in English Language and Literature in English and am qualified to edit such a dissertation for cohesion and coherence. The views expressed herein, however, remain those of the researcher/s. Yours sincerely

A handwritten signature in black ink, appearing to read 'Liberty Hove'.

Professor M.L. Hove (PhD, MA, PGDE, PGCE, BA Honours – English)

