Adolescent pregnancy and parenting: Perceptions of healthcare providers

Desiree Govender (desireegovender19@gmail.com)
UKZN https://orcid.org/0000-0001-5594-4218
Saloshni Naidoo
University of KwaZulu-Natal College of Health Sciences
Myra Taylor
University of KwaZulu-Natal College of Health Sciences

Research article

Keywords:

Posted Date: August 20th, 2019

DOI: https://doi.org/10.21203/rs.2.13236/v1

Version of Record: A version of this preprint was published at Journal of Multidisciplinary Healthcare on November 1st, 2020. See the published version at https://doi.org/10.2147/JMDH.S258576.

Abstract

Background Adolescent pregnancy and parenting have attracted much attention as global public health and social concerns. Several studies have reported the prevalence of adverse maternal and child health outcomes due to adolescent pregnancy and it has been highlighted that the care rendered by healthcare providers plays a pivotal role in the health and well-being of pregnant and parenting adolescents. However, a dearth of available literature suggests that the role of healthcare providers as a source of sexual-related and reproductive health information is limited, regarding adolescent women in general. Aim The aim of this study was to explore healthcare providers' perceptions of adolescent pregnancy and parenting. Methods A descriptive qualitative study was conducted at a district hospital in the Ugu district in KwaZulu-Natal, South Africa. Healthcare providers rendering care to pregnant and parenting adolescents were recruited from the maternity, antenatal, paediatrics, psychology, dietetics, physiotherapy and social work departments, as well as from the HIV/AIDS, STIs and TB (HAST) programme. The sample comprised 33 healthcare providers who were individually interviewed. The data were analysed using thematic analysis. Results The healthcare providers acknowledged that adolescent pregnancy is a problematic issue in Ugu district. Furthermore, they felt that the postpartum sexual-related and reproductive health of adolescent mothers was not given priority. In the healthcare providers' view, the problems experienced by pregnant and parenting adolescents were school dropout, financial constraints, breakdown of relationships, abandonment, stigmatisation, parenting and child rearing difficulties, and both physical and mental health problems. Some of the participants were of the opinion that healthcare services were not channelled towards pregnant and parenting adolescents Conclusion The findings will contribute to existing literature on adolescent pregnancy as perceptions of adolescent pregnancy and parenting were elicited from a diverse group of healthcare providers. When appropriately disseminated, the findings will assist relevant healthcare providers, administrators in healthcare institutions, policy makers, and officials of the Department of Health and the Department of Education in South Africa to address the lack of appropriate care for pregnant and parenting adolescents. Our findings also highlight the need for a multidisciplinary approach to the care of pregnant and parenting adolescents.

Introduction

The phenomenon of adolescent pregnancy and parenting has attracted much attention as a global public health and social problem.[1,2] Several studies have reported various adverse maternal and child health outcomes due to adolescent pregnancy.[3-6] In particular, adolescent childbearing has a negative impact on the educational opportunities of young women.[1] More than 90% of adolescent pregnancy occurs in low and middle income countries,[7] with sub-Saharan Africa bearing the largest burden of adolescent childbearing where it is further compounded by socio-economic constraints and the HIV/AIDS epidemic.[7] The pooled prevalence of adolescent pregnancy in Southern Africa is 20.4% (95% CI: 18.9, 21.7) while the overall rate in Africa is 18.8% (95% CI: 16.7, 20.9).[7]

In many low- and middle-income countries, adolescent pregnancy contributes to ill-health in women,[8,9] while South African adolescent girls have an increased risk of mortality due to pregnancy related complications.[10] Factors contributing to maternal mortality among South African adolescents include: pregnancy induced hypertension, obstetric haemorrhage, medical and surgical haemorrhage, and non-pregnancy related infections such as TB and pneumonia that occur as a result of HIV/AIDS.[10,11]

Pregnant and parenting adolescents are stigmatised by society and many healthcare providers,[12,13,14,15] and this reduces their willingness to access healthcare services.[12,13] Furthermore, pregnant and parenting adolescents may face rejection from their families and partners which impacts on both maternal and child health outcomes.[13] The reported utilisation rate of family planning is low among South African adolescents[9] and many have limited knowledge of sexual and reproductive health,[9] which are also realities in many sub-Saharan African countries as well.[9] It is undeniable that the care rendered by healthcare providers is pivotal to the health and well-being of pregnant and parenting adolescents.[13,16] However, utilising the assistance of healthcare providers as a source of sexual and reproductive health information seems to be low among adolescents in general.[9]

While nurses and midwives are the first line of care for pregnant and parenting adolescents, other healthcare providers should also be part of the multidisciplinary team involved in the healthcare of these young girls.[13] Govender et al.[13] found that nurses supported a multidisciplinary approach to the care of pregnant and parenting adolescents, as they argued that healthcare professionals such as clinical psychologists, dieticians, social workers, physiotherapists, occupational therapists and speech therapists should work collaboratively. However, limited research has been done to elicit various healthcare providers' perceptions of pregnant and parenting adolescents. The purpose of this study was therefore to fill this gap by obtaining rich information about health care providers' multidisciplinary approach to healthcare, with specific focus on pregnant and parenting adolescents. Cognisance was taken of evidence that suggests that holistic care that combines medical, educational and psychosocial components improves maternal and child health outcomes.[14] Understanding the perceptions of various healthcare providers of pregnant and parenting adolescents is an essential step in improving maternal and child health service delivery.

Methods

Design and setting

A qualitative descriptive study design was employed as a mixed-methods action research (MMAR) project that was part of a doctoral study. It was conducted in a district hospital in the Ugu district in southern KwaZulu-Natal, South Africa. Ugu is a predominantly rural area with only 16% of the population residing

in the urban coastal strip.[17] The district is home to predominantly poor communities who have limited access to basic services.

Study participants and recruitment

Healthcare providers who rendered care to pregnant and parenting adolescents were targeted from various divisions in the selected district hospital. The first author (DG) is a physiotherapist at the hospital and she has had over ten years of clinical experience of attending to client referrals from the maternal and child health divisions and has insight into the care of pregnant and parenting adolescents. Participants were recruited from the maternity ward, the antenatal clinic, paediatrics, psychology, dietetics, physiotherapy, social work, and the HIV/AIDS, STIs and TB (HAST) programme. In total, a sample of 33 healthcare providers participated in the study. The recruitment of participants from these various divisions ensured that a diversity of views, opinions and experiences could be explored to further illuminate the phenomenon of adolescent pregnancy and parenting.

Data collection

Semi-structured in-depth individual interviews were conducted with the participants between January and March 2018. The advantages of interviews in the qualitative strand of comprehensive mixed-methods action research is that they elicit rich accounts of first-hand experiences of the phenomenon.[18] Interviews are also effective in exploring the experiences and views of key informants and stakeholders, especially in contexts where individuals may not be comfortable participating in group.[18] Interviews are thus useful as sources of primary or supplementary data in mixed-methods action research.[18] An interview guide was developed in collaboration with the Clinical Manager of the maternity ward and a clinical midwife at the hospital. This guide was thoroughly examined by the research supervisors (SN and MT). The interview guide covered the following: experiences with pregnant and parenting adolescents; challenges for and needs of adolescent mothers; the availability of healthcare services; reasons for poor uptake of healthcare services; and suggestions to improve healthcare services for pregnant and parenting women.

All the interviews were conducted in privacy in the health institution. Written informed consent was provided by all the participants prior to the interviews that were conducted by the first author (DG) in English. The participants granted permission to record the interviews using a dictaphone. They were advised that they could request the interviewer to switch the dictaphone off at any time they felt uncomfortable during the interview. The duration of each interview ranged from 30 to 45 minutes. Data saturation was reached with the 33rd participant.

Data Analysis

Verbatim transcriptions of the recorded interviews were made by three research assistants. The transcriptions were also checked for accuracy against the recordings by the research team. The stages of thematic analysis as proposed by Braun and Clark were followed.[19] These six stages were to read and become familiar with the transcribed data; coding; searching for themes; reviewing themes; defining and naming themes; and writing the report. The transcribed data were also shared with the participants to ensure confirmability and the coded data were cross-checked by the research team to ensure the accuracy and credibility of the transcriptions. The process of developing and generating themes involved collaboration with and checking by the research supervisors (SN and MT). Themes and subthemes were identified and detailed and thick descriptions of the study methods are provided by the authors for transferability. Verbatim quotes are provided to support the trustworthiness of the data.

Ethical considerations

Ethical approval was received by the Bioethics Research Committee of the University of KwaZulu-Natal (ref no: BFC553/16), the KwaZulu-Natal Department of Health (ref no: KZ_2016RP26_545), and the Chief Executive Officer of the hospital. Informed written consent was also obtained from all the participants for whom pseudonyms were used for anonymity

Results

Profile of the participants

Relevant details of the participating healthcare providers are provided in Table 1. The majority (93.9%) of the participants was female and their mean age was 31.4 years. The sample included three medical doctors, a clinical psychologist, a social worker, a dietician, a physiotherapist, a physiotherapy technician, two HIV counsellors, and 23 nurses.

Nine themes emerged: decoding adolescent pregnancy, decoding community perceptions of adolescent pregnancy, personal experiences with pregnant and parenting adolescents, perceived challenges experienced by pregnant and parenting adolescents, the essential needs of pregnant and parenting adolescents, the availability of services for pregnant adolescents, issues regarding the poor uptake of healthcare services by pregnant and parenting adolescents, suggestions for improving healthcare services for pregnant and parenting adolescents, and personal and institutional efforts to support pregnant and parenting adolescents. The discussion of these themes and their related subthemes is supported by verbatim quotes.

Themes

Theme 1. Decoding adolescent pregnancy

Decoding for the purpose of this study is defined as interpreting and making sense of a situation. The participating healthcare providers provided their own interpretations of adolescent pregnancy but they all decoded adolescent pregnancy as a problematic issue and that repeat adolescent pregnancy was common in the district. Moreover, adolescent pregnancy was perceived as a risk factor for acquiring HIV/AIDS and STIs, as well as a means of acquiring financial support. Some participants also linked the marginalisation of sexual and reproductive health in education programmes with adolescent pregnancy.

Subthemes

Adolescent pregnancy is a problematic issue

Sarah, a clinical psychologist, stated:

"Well, I think adolescent pregnancy is an important subject. It is quite a big problem we are dealing with currently. There are too many girls affected and they are far too young. They are having babies that they cannot afford to look after. They are also not emotionally able to look after these babies. I have seen adolescent mothers who are having their second or third child. They have dropped out of school. The pregnancies are creating a ripple effect in their lives. It is a huge problem that needs to be dealt with in the public sector."

Brenda, a Medical Doctor, stated:

"Adolescent pregnancy is a huge problem. It has been an ongoing challenge. I have worked in the maternity component for more than five years. It is one of the areas that we have not really made an impact on because looking at the data in our institution, our adolescent pregnancy rates, especially the repeat pregnancies, have been increasing. For me as a healthcare provider, a mother and community member, I know exactly how difficult it becomes for them to raise a child and attend to all their responsibilities."

Heidi, a Professional Nurse in Paediatrics, said:

"Adolescent pregnancy is most definitely a huge problem. I have seen the pregnant and parenting adolescent mothers in our institution. They face so many problems and are afraid to speak to healthcare providers. Most of the pregnant adolescents are involved with older men for financial reasons. These adolescent girls are fighting for their survival and to meet their basic needs. Pregnancy only fuels their existing problems"

The prevalence of repeat adolescent pregnancies

Ally, a Physiotherapist, commented:

"Adolescent repeat pregnancy is common. I have seen many adolescent mothers coming to this institution with a repeat pregnancy. I think that adolescent mothers have not learnt from their first experience. Some adolescents are not keen to use contraception postpartum"

Matilda, an Enrolled Nurse, said:

"I saw a 17-year-old adolescent delivering her second baby and an 18-year-old delivering the third baby last month. This is not a shock to me because if you look at the monthly statistics of the labour ward then you'll see that there is always an adolescent repeat pregnancy. The adolescent mothers need money for support so they have more than one child. I don't know if they care about how they will manage to look after their children."

Nonnie, a Dietician, stated:

"Yes, adolescent repeat pregnancy is common. I interact with adolescent mothers when they come to me if their infants or children are malnourished. In my clinical experience, I have seen some adolescent mothers with more than one child. It is worrying because the first pregnancy and raising one child is such a struggle. The second and third pregnancies during adolescence are a reality for some of these girls."

Other participants commented as follows:

"Adolescent repeat pregnancy is a common thing. The parents get worried if their adolescent girls don't have children. They will compare why their adolescent daughters don't have children and why other adolescent girls have. The child grant is also enticing parents to ask their adolescent daughters to have children because the grant feeds the family" (Tina, Professional Nurse, PHC).

"Adolescent repeat pregnancy is very common. When you see an adolescent mother, you have to ask if it is their first or a repeat pregnancy" (Celine, Medical Doctor).

High risk for contracting HIV and STIs

The participants' views corroborated arguments about the risk factors associated with adolescent pregnancy:

"Adolescents girls are involved with older men. These older men are not only impregnating them but also infecting them with HIV and STIs" (Norma, Professional Nurse, General Stream).

"Adolescent pregnancy is a scary issue. Well, it is a consequence of unprotected sex. This means the risk of acquiring HIV and STIs is high" (Pippa, Professional Nurse, Midwifery).

"These adolescent mothers are at high risk of acquiring HIV and STIs. I have noticed that some pregnant adolescents are in denial about their HIV status. They are afraid of the stigma. They don't take their

prescribed medication. They become so ill that they struggle to take care of themselves and their babies" (Shelly, Professional Nurse, Midwifery).

"Adolescent pregnancy is a risky issue because from the clinical point of view, there is HIV infection and cervical cancer" (Tina, Professional Nurse, PHC Stream).

Adolescent pregnancy as a means of obtaining financial support

The fact that young girls fall pregnant to obtain financial support from the government was a common concern.

"This is my personal view. Adolescent pregnancy is complex. The government is providing an income through child support grants. Most adolescent mothers obtain the grant but they are not looking after their babies. The babies are left with the grandmothers. The adolescent mothers use the grant money to do their hair at the salons, buy cellphones and airtime" (Valerie, Professional Nurse, General Stream).

"I am sure that the child support grant is also promoting adolescent pregnancy. I have seen the adolescent mothers in my community using the grant money to do their hair and nails at the salon. The grannies are looking after the babies using their pension money" (Zuzi, Professional Nurse, Midwifery).

"The child support grant is an incentive to the adolescent mothers. The taxpayers have to support them in order for the government to give them the child support grant. This is a burden on the economy" (Mpho, Professional Nurse, Midwifery).

The marginalisation of sexual and reproductive health issues

"I don't think there is much done for adolescent pregnancy. The issues of adolescent pregnancy are not managed comprehensively. Sexual and reproductive health is not emphasized. We focus on adolescent girls but we are not addressing the issue of the men who impregnate these girls. When the adolescent mother leaves the hospital after delivery, she is forgotten. Her postpartum sexual and reproductive health is sidelined once again. I do not think we do justice to sexual and reproductive health education because there are time constraints and shortages of staff as well. That is the reason we will attend to many adolescent repeat pregnancies" (Beauty, Professional Nurse, General Stream)

"The issues of sexual and reproductive health are shunned. That's the reason we are plagued by adolescent pregnancy. There are school governing bodies that will not allow for comprehensive sexual and reproductive health to be taught at schools and the topic of adolescent pregnancy is not confronted. Sometimes parents do not want to accept that their children are sexually active at a young age and therefore they will not acknowledge that adolescent pregnancy is a reality. We also have a shortage of nursing staff and struggle to impart the much needed sexual and reproductive health education" (Talmay, Professional Nurse, General Stream).

"I would like to point out that due to customs and traditions sex is not discussed in families and communities. We know that unprotected sex can result in HIV infection, STIs and pregnancy. But families and communities are not realizing the importance of talking about sexual and reproductive health. People often think that educating young people on sexual and reproductive health is promoting them to be sexually active and increasing adolescent pregnancies. However, this not the reason why we educate young people on sexual and reproductive health but to ensure that young people make informed decisions" (Frank, Professional Nurse, Psychiatry).

Theme 2. Decoding community perceptions of adolescent pregnancy

Subthemes

Some participating healthcare providers argued that the community regarded adolescent pregnancy as a norm, while others felt that adolescent pregnancy was deemed unacceptable. Some believed that community members were divided in their views about adolescent pregnancy.

It is a norm

"I truly believe that adolescent pregnancy has become a norm in our communities. Even in the religious sectors or the very traditional sectors, we seem to have adopted the style that adolescent pregnancy is okay. In schools, it has become normal to venture into sexual activities and have babies" (Brenda, Medical Doctor).

"Adolescent pregnancy is a norm within communities. I think families have accepted the occurrence of adolescent pregnancy. This could be the reason for the high adolescent pregnancy rates" (Sumeera, Professional Nurse, General Stream).

"Adolescent pregnancy is not an isolated issue. It is an 'in thing' so everybody accepts it. There is nothing abnormal about adolescent pregnancies in the community" (Maggie, Professional Nurse, Midwifery).

"Communities have accepted adolescent pregnancy. It is the norm. Everyone in the labour ward gets shocked if they see a 30-year-old coming to deliver. They think they are old and should not have conceived. Communities do not have an issue with adolescents having babies but the issue is with older women getting pregnant" (Frank, Professional Nurse, Psychiatry).

It is unacceptable

"Adolescent pregnancy is considered as a burden by many communities and totally unacceptable. The community perceives that adolescent pregnancy is a serious matter. Parents are totally embarrassed and they have to face financial problems. The girls drop out of school and poverty increases in communities" (Ian, Physiotherapy Technician).

"…adolescent pregnancy is such a challenge in the communities. Most community members are worried about this issue and do not condone adolescent pregnancy. No one is happy to see a child pregnant at

the age of 14 years" (Sophia, Social Worker).

"I think the community ostracises pregnant and parenting adolescent girls. They do not condone adolescent pregnancy because it is an embarrassment to families. In fact, other children are advised not to befriend pregnant and parenting adolescents. I have seen this in my own community where my grandmother did not want my siblings and I to associate with adolescent girls who were pregnant or parents" (Zoe, Professional Nurse, Midwifery).

Perceptions about adolescent pregnancy are ambivalent

"I think it's two-fold. The community's perception is that it is okay because it seems to be happening so much. But I also hear that a lot of the parents of these adolescent girls get incredibly angry because the girls engaged in premarital sex and lost their virginity. So there is initial anger and then it's accepted. Everyone calms down and moves on" (Sarah, Clinical Psychologist).

"The community is generally divided in their perceptions of adolescent pregnancy. Some treat adolescent childbearing as a norm and then the very traditional and strict members do not accept adolescent pregnancy" (Kate, HIV Counsellor).

"The community's perception of adolescent pregnancy is a complex issue and there are different perspectives. Premarital sex angers the elders. They do not accept adolescent pregnancy. In fact, the parents and the older generation are against family planning. They believe contraception causes sterility. They also perceive that family planning is encouraging adolescents to have sex. However, there are members of the community who accept adolescent pregnancy and associate childbearing with both womanhood and motherhood" (Shaz, Professional Nurse, Midwifery).

Theme 3. Personal experiences with pregnant and parenting adolescent women

Subthemes

Some participants described their experiences with pregnant and parenting adolescents as difficult while others felt overwhelming empathy.

Pregnant and parenting adolescents are difficult

"The adolescent mothers in the paediatric ward are very troublesome as they do not accept our health education. They feel that we are forcing our advice on them. Some adolescent mothers are not honest with healthcare providers, especially when they gave herbal medication to their children" (Heidi, Professional Nurse, Paediatrics).

"In the labour ward, I find that the pregnant adolescents are difficult patients. When I try to speak to them, I find that they are not listening to me" (Merri, Professional Nurse, Midwifery).

"The adolescent mothers can be very difficult as they do not want to be counselled about family planning. They are very reluctant and their attitudes are not good" (Neri, Medical Doctor).

"Pregnant adolescents do not listen to healthcare providers. They are difficult and they not follow healthcare advice" (Hillary, HIV Counsellor).

"*In the labour ward, we experience difficulties with pregnant adolescents. Even though they attend antenatal care and they receive education from the midwives, they are still not co-operative and are difficult. The midwives have difficulties delivering the babies of adolescents. Sometimes they do not understand the instructions or they do not want to follow instructions. We understand the pain is overwhelming but we need these adolescents to co-operate with us"* (Sandra, Professional Nurse, General Stream).

Expressions of overwhelming empathy

"I found pregnant adolescents to be co-operative when I was educating them about their pregnancy. I understand that they are young and they do not have the same knowledge as adult mothers. They have difficulties taking care of themselves. They are also vulnerable. I have empathy for these mothers" (Tazz, Enrolled Nurse).

"My experiences have been overwhelming and such an eye opener to the difficulties experienced by these mothers. I have seen adolescent mothers that have no support. They do not even have clothes for their newborns. We just see incidences of adolescent pregnancy but not the person or human being who is going through emotional turmoil" (Sophia, Social Worker).

"I felt that I could relate to the pain that adolescent mothers were experiencing during counselling sessions. When I spoke to them, I found that they just needed someone to talk to and not someone who would judge them" (Tina, Professional Nurse, PHC).

"My experiences have been positive. I can empathise with adolescent mothers because they are humans and they do show remorse. They do listen to me when I advise them about postpartum contraception" (Constance, Professional Nurse, General Stream).

Theme 4. Perceived challenges experienced pregnant and parenting adolescents

According to the participants, they perceived the following as challenges experienced by pregnant and parenting adolescent women: returning to school and completing their schooling, finances, relationships, abandonment, social interaction and stigmatisation, parenting and childrearing, and physical and mental health.

Subthemes

Difficulty returning to school and completing their education

"The pregnant adolescents' girls usually drop out of school. Then they have difficulty returning to school and completing their education. They also have problems seeking employment due to their low educational levels" (Celine, Medical Doctor).

"I know of many adolescent mothers who dropped out of school. They are well spoken and intelligent individuals who are aware of the benefits of completing school and obtaining tertiary education. However, due to the responsibilities of raising a child, they drop out of school and this closes the door to a brighter future" (Heidi, Professional Nurse, Paediatrics).

"I think schooling is a challenge. Early pregnancy is affecting their education. They may drop out of school or complete school at a later stage" (Sarah, Clinical Psychologist).

Financial issues

"Finances are an issue for adolescent mothers. They don't have the financial backup to look after their babies" (Pippa, Professional Nurse, Midwifery).

"Most adolescent girls who are pregnant or mothers do not have an income. The financial difficulties result in frustration" (Sophia, Social Worker).

"The adolescent mothers face financial problems. Most of them are unemployed. They are from poverty stricken families" (Constance, Professional Nurse, General Stream).

Issues involving relationships, abandonment, social interaction and stigmatisation

"Adolescent mothers have to deal with stigma. They are treated poorly at home and abandoned by their partners and family members. In fact, the relationships become so strained that the family members tell these mothers to look after themselves and their babies. The families are tired of the responsibilities of looking after young mothers and their children. The community members do not interact with them" (Mpho, Professional Nurse, Midwifery).

"There are many social problems that pregnant and parenting adolescent girls experience. They are abandoned by their partners. Their family relationships break down. Parents remain angry with these girls for falling pregnant. Some of these girls will leave home and live with other relatives. They will also find it difficult to interact with other girls of the same age in the community. Society looks down upon adolescent mothers" (Tina, Professional Nurse, Primary Healthcare).

"I think the pregnancy affects these adolescents' relationships with family members, other men and their friends. They face issues of abandonment and also stigma" (Sarah, Clinical Psychologist).

Issues associated with parenting and childrearing

"The adolescent mothers find it difficult to raise their children. They do not have parenting skills. These young mothers are children themselves" (Beauty, Professional Nurse, General Stream).

"If you attend the paediatric ward, you often find adolescent mothers with malnourished babies. This is a problem that could have been avoided. The young mothers are also unaware of child development" (Ian, Physiotherapy Technician).

"The parenting part for adolescent mothers is difficult as most of them do not have good support structures at home. Sometimes adolescent mothers are not raising their own children but leave them with their grandmothers. This is a huge burden for grandmothers. Grandmothers have only their pension money to survive and sometimes they run out of money for baby formula and nappies" (Sandra, Professional Nurse, General Stream).

Issues associated with physical and mental health

"Adolescent mothers also experience postpartum blues and depression. These young mothers are not able to understand the emotions they are experiencing. In the African culture, mental health issues are poorly understood. Adolescent mothers who are depressed experience a reduction in breast milk production. They may also abandon their babies" (Frank, Professional Nurse, Psychiatry).

"Pregnant and parenting adolescent girls are often infected with sexually transmitted diseases. They do not take care of their health and default treatment. They become physically ill and are unable to care for their children" (Nora, Professional Nurse, Paediatrics).

"Most adolescent girls do not understand pregnancy. They do not understand the physical changes in their bodies. Their bodies are not even physically mature for a pregnancy. I have seen adolescents sustaining complications such as obstetric fistulas. It is a very distressing complication. These girls with obstetric fistulas are teased because they smell of faeces and urine. Their peers shun them" (Roslyn, Professional Nurse, Midwifery).

"Psychologically, adolescent mothers are not able to fit into society. They experience emotions such as guilt and embarrassment and do not feel good about themselves. Physically, they are not proud of their bodies because they are no longer virgins. They also have to deal with sexually transmitted diseases" (Tina, Professional Nurse, Primary Healthcare.)

Theme 5. The essential needs of pregnant and parenting adolescent women

According to the participants psychosocial, family and partner support; antenatal and postnatal support; financial support; encouragement; acceptance; and personal empowerment are essential needs for pregnant and parenting adolescent women.

Subthemes

Psychosocial, familial and partner support

"I think parental support is necessary for pregnant and parenting adolescents followed by support from healthcare providers. The social worker and psychologist play an essential role in providing psychosocial

services" (Maggie, Professional Nurse, Midwifery).

"The support of parents and partners is very important to help pregnant and parenting adolescents to look after themselves and their children. Pregnant adolescents need to be able to turn to their parents or caregivers to talk to them about their problems" (Neri, Medical Doctor).

"Families should be the first line of support for pregnant adolescents. Psychosocial support without a doubt is so important in adolescent pregnancy. We also refer pregnant adolescents to a social worker and psychologist" (Sandra, Professional Nurse, General Stream).

"Adolescent mothers need a lot of family support. I personally believe that partner support is also essential. A multidisciplinary support structure at the hospital with social workers and psychologists is also important" (Sumeera, Professional Nurse, General Stream).

Antenatal and postnatal support

"Antenatal and postnatal care is so important. Most of the pregnant adolescents cannot talk to their family members about their pregnancy. I also think they need to have access to clinics where nurses do not treat them in an angry manner because the pregnancy has happened. In order to safeguard the adolescents from pregnancy complications, they need good antenatal support" (Sarah, Clinical Psychologist).

"Antenatal care is important for pregnant adolescents. Many hide their pregnancies and do not attend antenatal clinics. Adolescent girls have high risk pregnancies so it is important for them to be monitored in antenatal care. Postnatal care is also essential because adolescent mothers don't take care of their physical health. They need counselling on postpartum contraception" (Beauty, Professional Nurse, Midwifery).

"Apart from family, social, emotional and community support, pregnant adolescents need good antenatal care and support. At the antenatal clinic, they should be counselled on the upbringing of the baby and breastfeeding. Postpartum care must also reinforce child care and contraception" (Frank, Professional Nurse, Psychiatrist).

Financial support

"The financial needs of adolescent mothers cannot be underestimated. The child support grant is inadequate" (Kate, HIV Counsellor).

"Financial support is important because I have seen adolescent mothers who do not have clothes for their babies. They do not have transport money either. We have to ask for donations for these mothers" (Matilda, Enrolled Nurse).

Encouragement, acceptance and personal empowerment

"I think pregnant and parenting adolescents need to forgive themselves. They also need acceptance in society and not to be punished. They need to pick themselves up and further their education. They need to move on in life and achieve a brighter future" (Pippa, Professional Nurse, Midwifery).

"I think it would be wonderful to empower young mothers to take charge of their lives. We need to teach them to be hands-on parents so that they will appreciate parenting and this can prevent repeat pregnancies. They need to be encouraged to set goals for themselves and these should include their education. They also need acceptance" (Merri, Professional Nurse, Midwifery).

Theme 6. The availability of healthcare services for pregnant adolescents

Some healthcare providers mentioned that healthcare services were freely available and accessible for pregnant adolescents. However, some argued that these services were generic and not channelled to serve the needs of pregnant adolescents.

Subthemes

Availability of services

"In my opinion, healthcare services are available to pregnant adolescents. The clinics are now operating 24 hours. These healthcare services are also free and serve pregnant adolescents" (Sandra, Professional Nurse, General Stream).

"The healthcare services are available for pregnant and parenting adolescents. In fact, I think they receive more support than adult mothers. I do not think that they should not receive special treatment or attention" (Valerie, Professional Nurse, General Stream).

Lack of support services for adolescent mothers

"I do not think that healthcare services are channelled towards pregnant adolescents but are channelled towards pregnant mothers in general. So there are no specific services available to pregnant adolescents. I think there should be something quite specific for adolescents because the way you explain to them, teach and handle them is very different to how you would handle adult women. Pregnant and parenting adolescents are slipping through the cracks in the system and, as a result, they are getting pregnant again" (Sarah, Clinical Psychologist).

"The services are not tailored for pregnant adolescents. They sit together with pregnant adult women. If I had my way, there would be a separate adolescent pregnancy clinic. I would make sure the nurses are trained to handle pregnant adolescents" (Tina, Professional Nurse, Primary Healthcare).

"The healthcare services or maternity services are generalised. There is no clinic that caters for pregnant and parenting adolescents. Even at family planning, you will see an elderly lady telling adolescents that they are too young to be engaging in sex. The pregnant adolescents need specific services and trained healthcare providers that can deal with the needs of adolescents" (Frank, Professional Nurse, Psychiatry).

Theme 7. Issues associated with the poor uptake of healthcare services by pregnant and parenting adolescent women

The healthcare providers suggested that issues such as embarrassment, fear, the need for confidentiality, the attitude of healthcare providers, difficulties with transport, distances to clinics, and a preference for the services of traditional healers impacted adolescent young women's decision to access healthcare services.

Subthemes

Embarrassment, fear and the need for confidentiality

"I think that pregnant and parenting adolescents are afraid to use our services because of stigma. They are also embarrassed because a lot of the healthcare services are in their communities which means most people working there know their parents or guardians. They are scared that they will be reported if they are using our services. They are scared that they are going to be reprimanded so they rather stay away" (Roslyn, Professional Nurse, Midwifery).

"Pregnant adolescents are so scared that there will be a lack of confidentiality in clinics and the hospital. They are embarrassed and fear that their relatives or neighbours will see them accessing such services. They are also scared that people will gossip about them" (Merri, Professional Nurse, Midwifery).

"Most adolescents hide their pregnancies and do not tell their families. They are scared and embarrassed to be seen at a clinic. The community is small and it's possible that they will meet relatives and neighbours at the hospital. Confidentiality is also an issue" (Shelly, Professional Nurse, Midwifery).

The negative attitude of healthcare providers

"Pregnant and parenting adolescents are scared of the nurses at the clinic because they shout at them" (Shola, Professional Nurse, Midwifery).

"The attitudes of healthcare providers are negative towards pregnant and parenting adolescents. This chases pregnant and parenting adolescents away" (Tina, Professional Nurse, Primary Healthcare).

"Pregnant and parenting adolescents fear being shouted at by healthcare providers. There are healthcare providers who get very angry at adolescent girls for getting pregnant. So instead of helping them, they frighten them. Healthcare providers often believe that adolescents should be punished for falling pregnant" (Sarah, Clinical Psychologist).

"It is the shameful attitudes of healthcare providers. We discriminate against pregnant and parenting adolescent mothers. We shout at them and scare them" (Kate, HIV Counsellor).

Difficulties with transport to and from clinics

"Apart from healthcare providers' negative attitudes, another issue is transportation problems. The clinics are far and the transportation costs are high. The hours of service delivery also restrict access. Taxi fares are expensive, especially when the girls have to travel from rural areas" (Brenda, Medical Doctor).

"The distance from home to the clinic is far for most pregnant or parenting adolescents. Sometimes there is no transport available, especially in deep rural areas. In most rural areas, you take three taxis to reach this hospital which may cost approximately R120 a day" (Frank, Professional Nurse, Psychiatrist).

"There are people who live very far from the clinics and the hospital. There is a lack of transportation as well. If transport is available, the transportation fees are expensive. The girls have to walk long distances to the clinic if they cannot afford the fee" (Tazz, Enrolled Nurse).

Preference for care by traditional healers

"It appears that pregnant and parenting adolescents prefer care that is rendered by a traditional healer. I have seen pregnant adolescents using herbal medication during their pregnancy. In the paediatric wards, the children of adolescent mothers are [often] hospitalised for herbal intoxication" (Neri, Medical Doctor).

"These adolescents listen more to their parents and other family members. They are going to traditional healers as their first preference. Pregnant adolescents take medication supplied by traditional healers to induce pregnancy. They also consult traditional healers for child-related illnesses" (Shola, Professional Nurse, Midwifery).

Theme 8. Suggestions for improving healthcare services for pregnant and parenting adolescents

The participants suggested that closing the gap between the Department of Health and the Department of Education would improve the healthcare services for pregnant and parenting adolescents. Others suggested that tailoring healthcare services to accommodate pregnant and parenting adolescents would lead to improvement in the services rendered to these young women. Home visits, community outreach programmes, collaboration with traditional healers and NGOs, and support groups were additional suggestions for improving healthcare services for pregnant and parenting adolescents.

Closing the gap between the Department of Health and the Department of Basic Education

"I think schools have an important role in educating adolescents about pregnancy and sexual and reproductive health through the Life Orientation programme. The Department of Health should also collaborate with the Department of Education. Adolescents need to know about the services that are available. In fact, antenatal and postnatal care needs to be accessible through school health nurses so that these adolescents do not fall through the cracks in the system" (Sarah, Clinical Psychologist).

"We need to take healthcare services to the schools. The Department of Health must approach schools. The school healthcare nurses need to help and liaise with antenatal healthcare nurses" (Beauty, Professional Nurse, General Stream).

"The gap needs to be closed between the Department of Health and Department of Education. If both these government departments can work hand in hand, we would be able to strengthen adolescent pregnancy prevention and ensure the dignity and well-being of pregnant and parenting adolescents. Nurses should be allowed into schools to educate learners about pregnancy and encourage those who are already pregnant to use antenatal services" (Maggie, Professional Nurse, Midwifery).

Prioritising healthcare services that are tailor-made for pregnant and parenting adolescents

"I would suggest a tailored clinic for pregnant and parenting adolescents. The staff must be well trained in adolescent health issues and be able to communicate with adolescents at their level of understanding" (Nonnie, Dietician).

"We need specialised adolescent antenatal and postnatal clinics. Pregnant and parenting adolescents' issues are different from those of adult mothers and they need specific services" (Shaz, Professional Nurse, Midwifery).

Home visits and community outreach programmes

"I think home visits and community outreach [programmes] can help pregnant and parenting adolescents. We have community healthcare workers who can be trained to help educate these girls. We can also use mobile clinics to do community outreach" (Constance, Professional Nurse, General Stream).

"We should be accessible to pregnant and parenting adolescents outside the formal setting. We should consider community outreach programmes. It would be ideal to conduct home visits to educate and support these adolescents" (Heidi, Professional Nurse, Paediatrics).

"For the TB programme, we have staff that go out and trace patients. I think we can extend this to the care of pregnant adolescent girls. We should be able to go into the communities and provide antenatal care. We can also trace pregnant women who default antenatal care" (Kate, HIV Counsellor).

Collaboration with traditional healers

"I think we need to communicate with traditional healers and also learn from each other. We need to educate traditional healers about the medical management of pregnancy. This is a necessary step because we know that pregnant and parenting adolescents consult traditional healers" (Neri, Medical Doctor).

Collaboration with non-government organizations (NGOs)

"I think a downfall in the healthcare system is the lack of collaboration with NGOs and youth empowerment organisations regarding adolescent pregnancy. I just think of the anxiety that a 15-year-old pregnant adolescent experiences when sitting with a group of 30-plus-year-old mothers who are in their third pregnancy. I wish there was a non-governmental organisation that could quietly and confidentially support these adolescents. The adolescent girls will be more likely to report their pregnancies instead of

aborting or self-aborting. They could also be counselled on how to disclose their pregnancy to their parents. I often find that they come in and they haven't told their parents or caregivers. It is a frightening situation for them. So if they could have that support, maybe we could promote family involvement" (Sarah, Clinical Psychologist).

Support groups

"I would approach school health services and establish a support group. I would use the support group to empower pregnant and parenting adolescents" (Frank, Professional Nurse, Psychiatry).

"We need to establish support groups for pregnant and parenting adolescents" (Shelly, Professional Nurse, Midwifery).

Theme 9. Personal and institutional efforts to support pregnant and parenting adolescents

Subthemes

The healthcare providers mentioned that counselling and health education formed part of their personal and institutional efforts to support pregnant and parenting adolescent women.

Counselling

"I conduct counselling during community outreach programmes. I counsel the adolescent mothers on returning to school and completing their secondary education" (Shaz, Professional Nurse, Midwifery).

"We provide counselling to the pregnant adolescents on all the available pregnancy options. We also counsel adolescent mothers that are experiencing a crisis. We also extend our services during community outreach programmes. Counselling is provided during pregnancy and after birth as required" (Sophia, Social Worker).

"When the pregnant adolescent mothers are referred to us, we counsel them. We discuss if they have disclosed their pregnancy to their family. Then we discuss issues regarding how they are going to care for the child. We discuss their school attendance and future goals. I also try to place emphasis on the road ahead because it is going to be a difficult road to travel. We reassure them that we are always available if they need to talk to us. We also counsel them on family planning in order to prevent repeat pregnancies" (Sarah, Clinical Psychologist).

Health education

"I provide pregnant adolescents with nutritional education with regards to a healthy pregnancy. I also have to educate adolescent mothers on how to care for their children who suffer from malnutrition" (Nonnie, Dietician).

"I conduct health education on pregnancy, sexual and reproductive health. The pregnant adolescents need health education to make informed decisions" (Zoe, Professional Nurse, Midwifery).

"I conduct health education in the antenatal clinic. I enjoy talking to pregnant adolescents. I have also done health education talks in the communities for adolescent mothers" (Tina, Professional Nurse, Primary Healthcare).

Discussion

This study elicited significant insights into healthcare providers' perceptions about adolescent pregnancy and parenting. The healthcare providers' comments underscored the fact that adolescent pregnancy is a problematic issue. Similarly, previous research has shown that most healthcare providers view adolescent pregnancy and parenting as a challenging public health issue.[13,20] Adolescent repeat pregnancy is defined as two or more pregnancies for an adolescent woman before she is 20 years of age.[21] The participants unanimously acknowledged that repeat pregnancies were not surprising as they witnessed this on a daily basis. According to Govender et al.,[13] nurses in a similar field of study area also reported that repeat adolescent pregnancy was a common occurrence that negatively impacted the lives of these girls.

In terms of the community's perceptions of adolescent pregnancy and parenting, the following subthemes emerged: it is a norm, it is unacceptable, and it is an ambivalent (two-fold) issue. A study by Phaswana-Mafuya et al.[22] among community members in other regions of South Africa found that it was accepted as a norm and had become 'fashionable'. Similar to the current study, views about the acceptability of adolescent pregnancy were also ambivalent.

The threat of contracting HIV is six times higher for adolescent women than it is for adolescent men.[23] In the current study, the participants expressed their concern that pregnant and parenting adolescents were at high risk of contracting HIV and STIs due to unprotected sex. The issue of transactional sex was raised by some participants who mentioned that older men were not only seducing and impregnating younger women, but they were also infecting them with HIV. Hodes[24] states that some South African communities regard pregnancy as profitable because of the grant that unemployed young women receive from government for child support. This grant encourages young women to squander their lives and the money of taxpayers and they abuse the welfare system of the state.[24] The belief that pregnancy is lucrative not only widens gender discrepancies between men and women, but also diminishes women's identity and value as mothers.[24]

The marginalisation of the importance of adolescent sexual and reproductive health education was underscored as a concern and many participants argued that the postpartum sexual and reproductive health of these mothers was not given any priority. Ramraj et al.[25] revealed that adolescent mothers in South Africa had almost three times fewer planned pregnancies than adult mothers. The literature revealed that adolescent sexual and reproductive health disparities exist globally.[26] According to Muller et

al.,[26] nurses in the Western Cape expressed their frustration about not having adequate time to conduct sexual and reproductive health education due to staff shortages, and the participants in the current study also lamented that fact that a shortage of staff limited efforts to forefront the sexual and reproductive health of adolescents.

Some of the participants stated that they had had negative personal experiences with pregnant and parenting adolescents while some had experienced overwhelming empathy. Until this study, limited reports had been published about healthcare providers' personal clinical experiences with pregnant and parenting adolescents. Existing literature revealed that research tended to focus on pregnant and parenting adolescents' experiences of healthcare services and their interactions with healthcare providers rather than healthcare providers' experiences with this group. One study reported that healthcare providers in Thailand, which included obstetricians, midwives and social workers, acknowledged that caring for pregnant adolescents was very challenging as they struggled to instil an awareness of self-care during pregnancy in these young women.[27] Some of the participating healthcare providers in the current study also stated that adolescents did not follow their advice and instructions in the labour ward, which seemed to frustrate them. However, the literature also revealed instances where healthcare providers had empathy for adolescent mothers. According to a study conducted by Burrowes et al.[28] in Ethiopia, the participants in a maternity setting argued that good clinical care was associated with empathetic healthcare providers.

The healthcare providers stated that pregnant and parenting adolescents experienced challenges in various areas such as when returning to school, completing their schooling, financial constraints, relationships, abandonment, social interaction, stigmatisation, parenting and child rearing, and physical and mental health. Similarly, Kumar et al.[20] found that caregivers and healthcare providers perceived school dropout, financial constraints, dysfunctional relationships, stigmatisation, stress, parenting and childrearing as challenges that affected pregnant and parenting adolescents in Kenya. In the South African context, nurses participating in a study that investigated the multidisciplinary approach of care for adolescent mothers stated that these mothers experienced poor family support, poor parenting, negative attitudes of healthcare providers, poverty, peer pressure, high HIV risk, poor partner support, depression, and dysfunctional parent-adolescent communication as barriers.[13] It has also been argued that adolescent women are likely to experience excessive and persistent anxiety during pregnancy, which is a risk factor for postnatal depression[29] and can affect parental bonding.[20] The current study considers the role of psychosocial assistance, family support, partner support, financial support, and antenatal and postnatal support as essential for pregnant and parenting adolescent mothers. The literature emphasises that pregnant and parenting adolescents need family support[30] and that these mothers also want non-judgmental antenatal and postnatal healthcare.[31] On the other side of the coin, however, the data revealed that healthcare providers perceive that many adolescent women deliberately fall pregnant to gain access to government funds for child support, but that these funds are misappropriated for personal grooming purposes.

Research has reported that pregnant adolescents underutilise antenatal healthcare services in South Africa.[32] For example, pregnant adolescents in Maputle's[32] study cited the following reasons for not attending an antenatal clinic: fear of discrimination by healthcare providers, emotional vulnerability, and an unawareness of the pregnancy itself. Maternal, newborn and child health programmes are essential for adolescent mothers as they address prenatal, postnatal and family planning issues.[33] Many healthcare providers in the current study felt that encouragement, acceptance and personal empowerment support pregnant and parenting adolescents. Moreover, empowerment, encouragement and the affirmation of their strengths and aspirations also have a positive effect on reducing adolescent mothers' sexual risk-taking behaviour and improving their self-care and their care of the child.[34]

The current study also explored healthcare providers' perceptions about the availability of healthcare services for pregnant and parenting adolescents. Some of the participants argued that healthcare services were sufficiently available for pregnant and parenting adolescents, while others felt that the available services were not channelled towards adolescents. Prior studies noted the importance of tailor-made healthcare services for pregnant and parenting adolescents.[13,27] For example, healthcare providers in Thailand underscored the importance of specialised clinical services for pregnant and parenting adolescents.[27] Healthcare programmes tailored to the needs of pregnant and parenting adolescents have resulted in improvements in infant care, school enrolment, and in the reduction of adolescent repeat pregnancies.[16]

The current study found that issues impacting pregnant and parenting adolescents' willingness to seek healthcare assistance included embarrassment, fear and confidentiality,the negative attitude of healthcare providers, difficulties with transport, long distances to and from clinics, and a preference for the services of traditional healers. Kumza and Peters[35] also found that concerns regarding confidentiality, communication and trust prevented adolescents from using sexual and reproductive healthcare services. According to the healthcare providers in our study, pregnant adolescents are afraid to be seen in local health institutions as family and community members might identify them. Likewise, a study among South African nurses who provided sexual and reproductive health services in the Western Cape reported that, in small communities, these nurses knew the parents of most adolescents and this situation made the girls reluctant to use their services.[36] A study in Uganda by Rukundo et al.[37] also found that adolescents were afraid to access antenatal services due to fear of stigmatisation.

The impact of the attitude of healthcare providers is strongly underscored by the literature as a barrier to the utilisation of healthcare services by pregnant and parenting adolescents.[12,13] Adolescents in South Africa reported that nursing staff were often judgmental and indiscrete, whereas nursing staff noted the vulnerability and fear of adolescents and their reluctance to access sexual and reproductive health services.[36] Geographical locations and the costs of transport are also barriers to maternal and child healthcare in low and middle income countries.[38-40] The current study found that girls' preference for using traditional healers was also a factor that affected their willingness to access healthcare services.

The preference for using traditional healers is often cited in the literature[41-42] as approximately 80% of people in Africa use traditional medication, especially for maternal and reproductive health issues.[41]

The participants suggested that the healthcare of pregnant and parenting adolescent mothers should be improved by bridging the gap between the Department of Health and the Department of Education, by prioritising tailor-made healthcare services for young mothers, home visits, community outreach programmes, collaboration with NGOs and traditional healers, and the formation of support groups. The participants were clearly conscious of the importance of various stakeholders in the care of pregnant and parenting adolescents. Likewise, Du Preez et al.[43] argue that collaboration between the Department of Health and the Department of Education is required to improve the care of pregnant adolescent learners and to enhance the skills of educators to cope with these girls. Skobi and Makofane[44] report that networking and collaboration with NGOs and faith-based organisations also play a fundamental role in preventing adolescent repeat pregnancies. Home visits and community outreach services have been acknowledged in the literature as crucial to public health interventions, especially in maternal child health programmes.[45] Support groups are also strategic in helping pregnant and parenting adolescents who are often isolated and stigmatised.[46] The use of traditional healthcare is prevalent in sub-Saharan Africa,[41] and thus engagement with traditional healers is important in harnessing their role in efforts to enhance the care of pregnant and parenting adolescents.

The study explored both personal and institutional efforts to support pregnant and parenting adolescents. Some participants reported that they provided counselling while others emphasised their focus on the health education of this group. Perumal et al.[47] highlight the importance of counselling and education delivery in maternal health programmes and argue that these services need to be delivered in an empathetic and non-judgmental manner. Health education in school settings is also strongly recommended by the World Health Organisation to assist in curbing health-compromising behaviours that are prevalent during adolescence.[48]

A limitation of this study was that it was confined to one institution in one rural district. The transferability of the findings is thus limited to similar settings. Another limitation was that only two male healthcare providers participated in this study. This was due to the limited number of males in the healthcare professions that were targeted. Moreover, the study focused on healthcare providers' perceptions of pregnancy and parenting with regards to adolescent women, and future research needs to take into account the perceptions of pregnancy and parenting with regards to adolescent men in order to consider a holistic view of the subject.

Conclusions

Our study will add to the body of related literature as it explored the perceptions of adolescent pregnancy and parenting of a diverse group of healthcare providers. The findings could assist healthcare providers, administrators in healthcare institutions, policy makers, the Department of Health and the Department of Education in South Africa to address the many gaps that exist in the care of pregnant and parenting

adolescents. Our findings also underscore the need for a multidisciplinary approach to the care of pregnant and parenting adolescents.

Declarations

Ethics approval and consent to participate

Ethical approval was received by the Bioethics Research Committee of the University of KwaZulu-Natal (ref no: BFC553/16), the KwaZulu-Natal Department of Health (ref no: KZ_2016RP26_545), and the Chief Executive Officer of the hospital. Informed written consent was also obtained from all the participants for whom pseudonyms were used for anonymity

-Consent for publication

Not applicable

-Availability of data and materials

The data used to elicit the findings of this study are available from the corresponding author upon reasonable request.

Competing Interests

The authors declare that they have no competing interest.

Funding

The research was supported by the UKZN College of Health Sciences Research Office, the Fogarty International Centre (FIC), NIH Common Fund, Office of Strategic Coordination, Office of the Director (OD/OSC/CF/NIH), Office of AIDS Research, Office of the Director (OAR/NIH), and the National Institute of Mental Health (NIMH/NIH) of the National Institute of Health under Award Number D43TW010131. The content and comments reflect the views of the authors and do not represent the official views of the National Institute of Health. The funders had no role in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Author Contributions

DG was a principal investigator, SN was the supervisor, and MT was the co-supervisor. All the authors contributed equally to the preparation of the paper/article. All authors have read and approved the manuscript.

Acknowledgements

The authors would like to express their sincere thanks to the participants for their participation.

References

1. Ntinda K, Thwala SK & Dlamini TP. Lived experiences of school-going early mothers in Swaziland, Journal of Psychology in Africa. 2016; 26(6), 546-550. Available from: https://doi.org/10.1080/14330237.2016.1250413

2. Gyesaw NYK & Ankomah A. Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: A qualitative study. International Journal of Women's Health. 2013;12(5):773–80. Available from https://doi.org/10.2147/IJWH.S51528.

3. Ganchimeg T, Ota E, Morisaki N, Laopaiboon M, Lumbiganon P, Zhang J, et al. Pregnancy and childbirth outcomes among adolescent mothers: A World Health Organization multi-country study. BJOG. 2014; 121 Suppl 1:40–8. Available from https:// doi.org/10.1111/1471-0528.12630

4. Althabe F, Moore JL, Gibbons L, Berrueta M, Goudar SS, Chomba E, et al. Adverse maternal and perinatal outcomes in adolescent pregnancies: the global network's maternal newborn health registry study. Reprod Health. 2015, Jun 8; 12 Suppl 2, s8. Epub 2015 Jun 8. Available from https://doi.org/10.1186/1742-4755-12-S2-S8

5. Kawakita T, Wilson K, Grantz KL, Landy HJ, Huang CC, Gomez-Lobo V. Adverse maternal and neonatal outcomes in adolescent pregnancy. J Pediatr Adolesc Gynecol. 2016; 29(2):130–136. Available from https//doi.org/10.1016/j.jpag.2015.08.006

6. Marvin-Dowle K, Kilner K, Burley VJ, Soltani H. Impact of adolescent age on maternal and neonatal outcomes in the Born in Bradford cohort. BMJ Open 2018; 8: e016258. Available from https//doi.org/10.1136/bmjopen-2017-016258

7. Kassa GM, Arowojolu AO, Odukogbe AA, Yalew AW. Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and meta-analysis. Reprod Health. 2018; 15(1), 195. Available from https//doi.org/10.1186/s12978-018-0640-2

8. Statistics South Africa. South African Demographic Health Survey 2016. Pretoria: Statistics South Africa, 2017. Available at: https://dhsprogram.com/pubs/pdf/PR84.pdf

9. Yakubu I, Salisu WJ. Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. Reprod Health. 2018; 15(1):15. Available from https://doi.org/10.1186/s12978-018-0460-4

10. Reddy P, Sewpaul S, Jonas K. Teenage pregnancy in South Africa: reducing prevalence and lowering maternal mortality rates. Pretoria: Human Sciences Research Council. 2016. Available from: http://www.hsrc.ac.za/en/research-data/view/8117

11. Baxter C, Moodley D. Improving adolescent maternal health. S. Afr. Med. J. 2015; 105(11): 948-951.

12. Van Zyl, L., Van der Merwe, M., Chigeza, S. Adolescents' lived experiences of their pregnancy and parenting in a semi-rural community in the Western Cape. Social Work. 2015; 51(1) : 151-73.

13. Govender D, Naidoo S, Taylor M. Nurses' perception of the multidisciplinary team approach of care for adolescent mothers and their children in Ugu, KwaZulu-Natal. Afr J Prm Health Care Fam Med. 2019; 11(1), a1936. Available from: https://doi.org/10.4102/ phcfm.v11i1.1936

14. Hodgkinson S, Beers L, Southammakosane C, Lewin A. Addressing the mental health needs of pregnant and parenting adolescents. Pediatrics. 2014; 133(1), 114–22.

15. Atuyambe L, Mirembe F, Johansson A, Kirumira EK, Faxelid E. Experiences of pregnant adolescents' voices from Wakiso district, Uganda. Afr Health Sci. 2005; 5(4), 304–9.

16. Govender D, Naidoo S, Taylor M. Scoping review of risk factors of and interventions for adolescent repeat pregnancies: a public health perspective. Afr J Prm Health Care Fam Med. 2018; 10(1), a1685. Available from: https://doi.org/ 10.4102/phcfm.v10i1.1685

17. Ugu Municipality. Ugu District Municipality Integrated development plan 2017/2018–2021/2022. Ugu District Municipality. 2013.

18. Ivankova, N. Mixed methods application in action research. Los Angeles: Sage; 2015

19. Braun V, Clark V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006; 3(2), 77–101.

20. Kumar M, Huang K, Othieno C, Wamalwa D, Madeghe B, Osok J, et al. Adolescent pregnancy and challenges in the Kenyan context: perspectives from multiple community stakeholders. Glob Soc Welf, 2018; 5, 11–27.

21. Best Start Resource Centre. Subsequent teen pregnancies: exploring the issues, impact and effectiveness of prevention strategies. [Internet]. 2009 [cited 2019 June 22]. Available from: http://www.beststart.org/resources/…/subsequent teen pregnancies

22. Phaswana-Mafuya N, Tabane C, Davids A. Community member perceptions of influences on teenage pregnancies. Journal of Psychology in Africa. 2016; 26(5), 419–427. Available from: http://doi.org/10.1080/14330237.2016.1185916

23. Mampane JN. Exploring the "blesser and blessee" phenomenon: young women, transactional sex, and HIV in rural South Africa. Sage Open. 2018; 8(4), 1–9.

24. Hodes RJ. Too many rights? Reproductive freedom in post-apartheid South Africa. CSSR Working Paper. Forthcoming 2016; Number 374. Cape Town, South Africa: Centre for Social Science Research.

25. Ramraj T, Jackson D, Dinh T, Olorunju S, Lombard C, Sherman G, et al. Adolescent access to care and risk of early mother-to-child HIV transmission. Journal of Adolescent Health. 2018; 62, 434–43.

26. Muller A, Rohrs S, Hoffman-Wanderer Y, Moult K. “You have to make a judgement call": morals, judgments and the provision of quality sexual and reproductive health services for adolescents in South Africa. Social Science and Medicine. 2015; 148, 71–8.

27. Jititaworn W, Fox D, Catling C, Homer. Recognising the challenges of providing care for Thai pregnant adolescents: healthcare professionals' views. Women and Birth. 2019; 1–9. Available from: https://doi.org/10.1016/j.wombi.2018.08.104

28. Burrowes S, Holcombe SJ, Jara D, Carter D, Smith K. Midwives and patients’ perspectives on disrespect and abuse during labor and delivery care in Ethiopia: a qualitative study. BMC Pregnancy and Childbirth. 2017; 17(263).

29. De Matos MB, Scholl CC, Trettim JP, Molina ML, Soares MC, Coelho FT, et al. The perception of parental bonding in pregnant adolescents and its association with generalised anxiety disorder. European Psychiatry. 2018; 54, 51–6.

30. Mulherin K, Johnstone M. Qualitative accounts of teenage and emerging adult women adjusting to motherhood. Journal of Reproductive and Infant Psychology. 2015; 33(4), 388–401. doi:10.1080/02646838.2015.1042963

31. Recto P, Champion JD. "We don't want to be judged": perceptions about professional help and attitudes towards help-seeking among pregnant and postpartum Mexican-American adolescents. Journal of Paediatric Nursing. 2018; 42, 111–7.

32. Maputle, MS. (2006). Becoming a mother: teenage mothers’ experiences of first pregnancy. Curationis, 29(2), 87–95.

33. Save the Children (n.d.). Adolescent sexual and reproductive health. Fact Sheet. 2016. Available at: http://www.savethechildren.org/programs/health Retrieved on 15 April.

34. SmithBattle L, Lorenz R, Leander S. Listening with care: using narrative methods to cultivate nurses' responsive relationships in a home visiting intervention with teen mothers. Nursing Inquiry. 2013; 20(3), 188–98.

35. Kumza EK, Peters RM. Adolescent vulnerability, sexual health, and the NP's role in health advocacy. Journal of the American Association of Nurse Practitioners. 2016; 26, 353–61.

36. Jonas K, Roman N, Reddy P, Krumeich A, den Borne B, Crutzen R. Nurses' perceptions of adolescents accessing and utilising sexual and reproductive healthcare services in Cape Town, South Africa: a qualitative study. International Journal of Nursing Studies. 2019; 97: 84-93

37. Rukundo GZ, Abaaasa C, Natukunda PB, Allain D. Parents' and caretakers' perceptions and concerns about accessibility of antenatal services by pregnant teenagers in Mbarara Municipality, Uganda. Midwifery. 2019; 72, 74–9.

38. Sumankuuro J, Crockett J, Wang S. Perceived barriers to maternal and newborn health services delivery: a qualitative study of health workers and community members in low and middle income settings. BMJ Open. 2018; 8(e021223). Available from: https://doi.org/10.1136/bmjopen-2018-023376

39. Kyei-Nimakoh M, Carolan-Olah M, McCann T. Access barriers to obstetric care at health facilities in sub-Saharan Africa: a systematic review. BMC Systematic Reviews. 2017; 6(110). Available from: https://doi.org/10.1186/s13643-017-0503-x

40. Yasuoka J, Nanishi K, Suzuki S, Ly P, Thavrin B, Omatsu T, et al. Barriers for pregnant women living in rural, agricultural villages to accessing antenatal care in Cambodia: a community-based cross sectional study combined with a geographic information system. PLoS One. 2018; 13(3): e0194103. Available from: https//doi.org/10.1371/journal.pone.0194103

41. Shewamene Z, Dune T, Smith CA. The use of traditional medicine in maternity care among African women in Africa and the diaspora: a systematic review. BMC Complement Altern Med. 2017; 17, 382. Available from: https//doi.org/10.1186/s12906-017-1886-x

42. De Villiers FPR, Ledwaba MJP. Traditional healers and paediatric care. SAMJ. 2003; 93(9), 664–5.

43. Du Preez A, Botha AJ, Rabie T, Manyathi DG. Secondary school teachers' experiences related to learner teenage pregnancies and unexpected deliveries at school. Health SA/ SA Gesondheid. 2017; 24.

44. Skobi F, Makofane M. Reflections of social workers on the experiences of pregnant teenagers during groupwork. Social Work. 2017; 53(5), 224–49.

45. Serbanescu F, Goodwin MM, Binzen S, Morof D, Asiimwe AR, Kelly L, et al. Addressing the first delay in Saving Mothers, Giving Life districts in Uganda and Zambia: approaches and results for increasing demand for facility delivery services. Global Health: Science and Practice. 2019; 7(Suppl 1), S48–S67.

46. America Academy of Paediatrics Committee. Care of adolescent parents and their children. Paediatrics. 2001; 107(2), 429–444.

47. Perumal N, Cole DC, Ouedraogo HZ, Sindi K, Leoechi C, Low J, et al. Health and nutrition knowledge, attitudes and practices of pregnant women attending and not attending ANC clinics in Western Kenya: a cross sectional analysis. BMC Pregnancy and Childbirth. 2013; 13(146). Available from: https://doi.org/10.1186/1471-2393-13-146.

48. Kosinska M, Chichowska A, Tilioune A. An opportune time to improve sexual and reproductive health of adolescents in the European Region through intersectoral collaboration. EntreNous: European Magazine for Sexual and Reproductive Health. WHO Regional Office for Europe; 2016. p12–5.

Tables

Table 1: Profile of the participants (n=33)

Pseudonym of participants	Age	Gender	Profession
1. Ally	33	Female	Physiotherapist
2. Beauty	40	Female	Professional Nurse (General stream)
3. Brenda	44	Female	Medical Doctor (Maternity)
4. Constance	37	Female	Professional Nurse (General Stream)
5. Celine	34	Female	Medical Doctor (Maternity)
6. Frank	41	Male	Professional Nurse (Psychiatry)
7. Heidi	32	Female	Professional Nurse (Paediatrics)
8. Hillary	38	Female	HIV counsellor
9. Ian	43	Male	Physiotherapy Technician
10. Kate	31	Female	HIV counsellor
11. Maggie	35	Female	Professional Nurse (Midwifery)
12. Matilda	34	Female	Enrolled Nurse
13. Merri	38	Female	Professional Nurse (Midwifery)
14. Mpho	39	Female	Professional Nurse (Midwifery)
15. Neri	37	Female	Medical Doctor
16. Nonnie	35	Female	Dietician
17. Nora	39	Female	Professional Nurse (Paediatrics)
18. Norma	36	Female	Professional Nurse (General Stream)
19. Pippa	32	Female	Professional Nurse (Midwifery)
20. Roslyn	53	Female	Professional Nurse (Midwifery)
21. Sandra	46	Female	Professional Nurse (General Stream)
22. Sarah	34	Female	Clinical Psychologist
23. Shaz	35	Female	Professional Nurse (Midwifery)
24. Shelly B	38	Female	Professional Nurse (Paediatrics)
25. Shola	37	Female	Professional Nurse (Midwifery)
26. Sophia	47	Female	Social Worker
27. Sumeera	40	Female	Professional Nurse (General Stream)

28. Talmay	28	Female	Professional Nurse (General Stream)
29. Tazz	43	Female	Enrolled Nurse
30. Tina	53	Female	Professional Nurse (Primary Healthcare)
31. Valerie	53	Female	Professional Nurse (General Stream)
32. Zoe	43	Female	Professional Nurse (Midwifery)
33. Zuzi	39	Female	Professional Nurse (Midwifery)