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Exploring the lived experiences of young mothers regarding teenage pregnancy: A case study of peri-urban communities in Namibia

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Abstract

Teenage pregnancy is a significant global issue, disrupting education, health, and social well-being for young mothers. In Namibia's Kavango East region, limited research exists on the experiences of these women, particularly in healthcare settings. This study aimed to explore the lived experiences of young mothers at Rundu Intermediate Hospital, employing a qualitative exploratory design. Data were collected through semi-structured interviews, reaching saturation at participant 13, and analyzed thematically. Four key themes emerged: understanding teenage motherhood, experiences of teenage mothers, detailed aspects of these experiences, and strategies to address teenage pregnancy. Findings revealed emotional struggles, health impacts, social stigma, and economic barriers. The study highlights the need for targeted support to enhance adaptation and well-being, recommending community awareness programs, improved reproductive health education, better access to services, and life skills development to prevent and support teenage motherhood. These insights can inform policies to improve healthcare delivery and reduce teenage pregnancy rates. *(Afr J Reprod Health 2026; 30 [22]: 40-51).*

Keywords: teenage pregnancy; lived experiences; adolescent challenges

Résumé

La grossesse à l'adolescence constitue un enjeu mondial majeur qui perturbe l'éducation, la santé et le bien-être social des jeunes mères. Dans la région de Kavango-Est, en Namibie, il existe peu de recherches sur le vécu de ces femmes, en particulier dans le contexte des soins de santé. Cette étude visait à explorer le vécu des jeunes mères à l'hôpital intermédiaire de Rundu, en adoptant une approche qualitative exploratoire. Les données ont été recueillies au moyen d'entretiens semi-directifs; la saturation ayant été atteinte avec la treizième participante; puis analysées de manière thématique. Quatre thèmes principaux ont émergé : la compréhension de la maternité à l'adolescence, le vécu des jeunes mères, les aspects détaillés de ce vécu et les stratégies pour faire face à la grossesse chez les adolescentes. Les résultats ont mis en évidence des difficultés émotionnelles, des répercussions sur la santé, une stigmatisation sociale et des obstacles économiques. L'étude souligne la nécessité d'un soutien ciblé pour favoriser l'adaptation et le bien-être ; elle préconise la mise en place de programmes de sensibilisation communautaire, une meilleure éducation à la santé reproductive, un accès accru aux services ainsi que le développement de compétences de vie courante pour prévenir la grossesse à l'adolescence et soutenir les jeunes mères. Ces conclusions peuvent orienter les politiques visant à améliorer la prestation des soins de santé et à réduire les taux de grossesse chez les adolescentes. *(Afr J Reprod Health 2026; 30 [22]: 40-51).*

Mots-clés: grossesse à l'adolescence ; vécu ; défis des adolescentes

Introduction

Teenage mothers face numerous challenges that affect their physical, emotional, and social well-being. Many experience stigma, discrimination, and limited support from their families an communities, which can lead to feelings of isolation and stress. According to the World Health Organization,[1] teenage pregnancy remains a global issue, often resulting in health complications for both mother and child. In Namibia, teenage pregnancy rates remain high, yet there is a significant gap in the knowledge and support systems needed for young mothers to navigate motherhood effectively.[2]

Teenage mothers in Namibia, particularly in the Kavango East region, face numerous challenges that impact their health, psychological well-being, and social lives. Many of these young

mother's experience stigma and discrimination from their families and communities, making it difficult for them to access the support they need. According to Dewison, Smith and Brown,[3] the rise in teenage pregnancies has been linked to cases of rape and illegal abortions, particularly in the Rundu area along the Namibia-Angola border. These experiences leave teenage mothers vulnerable to emotional distress, fear, and isolation. The lack of proper healthcare and support services further exacerbates their struggles, affecting both their well-being and that of their children.[4]

Research conducted on teenage pregnancy is often done with respect to the general population of girls aged 12-19 years or young mothers aged 14-24 years.[5] There is a lack of models and research specifically investigating teenage mothers' lived experiences. This study intended to fill this gap by exploring the lived experiences of young mothers regarding teenage pregnancy at Rundu Intermediate Hospital, Kavango East region, Namibia. Teenage mothers often experience immense challenges that shape their physical, emotional, and social well-being.

According to UNICEF,[6] an estimated 13% of teenage girls globally give birth before the age of 18, facing disruptions in their transition to adulthood. Henery et al.[7] reported a rise in teenage pregnancies, particularly among those aged 17–19, reflecting how societal attitudes and support for teenage mothers differ across regions and time. Teenage mothers often navigate a complex social landscape influenced by cultural norms, societal attitudes, and personal struggles. Many face stigma and discrimination, caught between societal expectations and a lack of acceptance for teenage single motherhood.[4] Research by Radu,[8] highlights the prevalence of teenage motherhood in countries like Romania and Bulgaria, where even girls as young as 10–14 give birth annually. These young mothers frequently experience psychological distress, as noted by Radey,[9] who emphasizes the emotional toll and reduced economic opportunities associated with adolescent motherhood. Additionally, Babedi,[10] found that teenage mothers often face educational and employment challenges, struggling with feelings of low self-efficacy and limited control over their future. These experiences demonstrate the far-reaching impact of teenage motherhood on personal growth, well-being, and future prospects.

In Africa, teenage mothers often face overwhelming challenges that impact their health, education, and overall well-being. Many teenage mothers struggle with school absenteeism and poor academic performance due to the demands of pregnancy and childcare.[11] The sudden transition to motherhood can be emotionally and physically taxing, especially when there is little support from families, schools, and religious institutions.[12] Asmamaw *et al*.[13] highlight that teenage girls from Central African countries are 1.46 times more likely to experience pregnancy than those from East Africa, further emphasizing regional disparities in teenage motherhood.

Teenage mothers in Namibia face immense challenges, as the country continues to record some of the highest teenage pregnancy rates globally. Despite policies aimed at prevention and management, 19% of teenagers experience pregnancy, which significantly disrupts their education and future prospects.[14] The Kavango East region recorded 19,800 teenage pregnancies in 2022, including cases involving girls as young as 11.[15] In the Omusati region, 17,700 teenage pregnancies were reported, reflecting the widespread nature of the issue. Nationally, Namibia sees approximately 13,000 teenage pregnancies annually, with no significant decline.[16] Research typically focuses on the general population of adolescent girls,[5] yet the specific experiences of teenage mothers (including the emotional, financial, and social struggles they endure) remain insufficiently explored. There is a lack of models and research done on teenage mothers. Therefore, this study intended to fill this gap by exploring the lived experiences of young mothers regarding teenage pregnancy at Rundu intermediate hospital, Kavango East region, Namibia.

Many teenage pregnancies occur under unintended and unplanned circumstances, creating barriers to accessing healthcare and essential support services, which negatively impact the well-being of young mothers.[6] Obstetric and gynecological complications are common, increasing the vulnerability of teenage mothers and placing them at greater risk of long-term health issues. Beyond physical health, teenage mothers frequently experience emotional distress, social stigma, and economic hardship. High school dropout rates, poor psychological adjustment, increased social isolation, and limited job opportunities often result in long-term financial instability and persistent poverty.[17] These challenges extend beyond the individual mother, affecting their families and communities as well. In

Namibia, where 19% of teenagers experience pregnancy,[14] the consequences are particularly severe.

At Rundu Intermediate Hospital, which serves as the main referral hospital in the Kavango East region, teenage mothers make up a significant proportion of maternity cases. In 2015, the region recorded 1,017 teenage pregnancies, with 616 cases (approximately 60%) managed at Rundu Hospital alone.[18] Despite the high number of cases, little research has been conducted to understand the lived experiences of teenage mothers, the causes of teenage pregnancy, or its effects on their well-being. Therefore, addressing this gap in research is crucial to inform interventions and policies that can improve the health, education, and socio-economic outcomes for teenage mothers in Namibia.

Methods

Study design

An exploratory, phenomenological and descriptive design was used to explore the lived experiences of teenage pregnancy among teenage mothers at Rundu Intermediate Hospital, Kavango East region. This type of design was employed as it allows for an in-depth exploration of the experiences, challenges, and social factors influencing teenage mothers. The rationale for using a qualitative case study design is to gain an in-depth, contextualized understanding of the complex, real-life personal and social realities experienced by adolescent mothers within a specific peri-urban environment. The exploratory approach enables the identification of underlying themes, perceptions, and social determinants contributing to teenage pregnancy, while the descriptive aspect helps in capturing detailed accounts of their lived experiences. The core property of qualitative research is that it helps to investigate the way people would make sense out of their own real-life experiences.[19] A qualitative methodology was chosen for this study as it provides an in-depth understanding of the problem, and for its usefulness in exploring the lived experiences of teenage mothers.

Study setting, population, and sample and participant recruitment

Rundu Intermediate Hospital is a public healthcare facility that serves as the regional referral hospital for the Kavango East and West regions, as well as the Zambezi Region. It offers a wide range of medical services, including maternity and reproductive healthcare, which covers prenatal care, labor and delivery, postnatal care, and family planning. The hospital also provides pediatric services for infants, children, and adolescents, along with general medical and surgical care for various health conditions. Emergency and trauma services are available for accident victims and critically ill patients, while outpatient services cater for general consultations, specialist referrals, and follow-up care. Additionally, the hospital plays a vital role in managing infectious diseases through HIV/AIDS and tuberculosis treatment programs. Mental health services, including psychological support and treatment, are also provided. The hospital's pharmacy ensures the dispensing of prescribed medications and provides medication counseling.

The researcher chose this specific location due to its relevance to the study's focus on teenage mothers. This provides a rich context for understanding the challenges and experiences associated with teenage pregnancy. In this study, the target population comprises teenage mothers aged 13–19 years who attended care services at Rundu Intermediate Hospital (RIH). The assent form was prepared for minors. The population also includes teenage mothers in the Kavango East region who accessed maternal health services at RIH. All participants were female, aged between 17 and 19 years, predominantly unemployed, and single. They resided in various areas of Kavango East, including Suncity, Kaisosi, Millenum, Kehemu, Tuhingireni, Kasote, and Ndama. The participants were enrolled at different academic levels, ranging from grade 8 to grade 12, reflecting a diverse educational background within the sample.

The study employed purposive sampling. This is a technique where participants were selected based on specific characteristics or criteria that are relevant to the research objectives.[20] Purposive sampling was justified in this context because the study aimed to gather in-depth information from teenage mothers. A purposive sampling technique was employed to select teenage mothers from RIH and to ensure that participants had relevant experience and knowledge about the issue under study. As the study utilised purposive sampling within a qualitative design, the intention was not to achieve statistical representativeness but rather to obtain in-depth information from participants with

direct experience of teenage pregnancy. Sample size for this study was guided by the principle of data saturation, defined as the point at which no new information emerged from subsequent interviews. Saturation was achieved by the seventh interview; however, additional three interviews were conducted until participant 10 to ensure richness of the data and confirm thematic redundancy. The data were considered saturated at this time. This study included the following: (1) All teenage mothers aged 13-19 years admitted at Rundu Intermediate Hospital, Kavango East region, Namibia, and all teenage mothers aged 13-19 years admitted at Rundu Hospital who were willing to participate in the study.

Data collection

For this study, the researcher used a semi-structured interview guide as the primary data collection method. In qualitative research, semi-structured interviews involve a combination of pre-determined open-ended questions, which encourage discussion and the flexibility to probe further into specific themes or responses as needed.[21] This method is particularly effective when aiming to explore participants' thoughts, feelings, and beliefs about a specific subject. It also allows for a deeper understanding of the topic while enabling participants to seek clarification when necessary. To facilitate the interviews, the researcher employed an interview guide to maintain focus during the data collection process. The guide was structured into two parts: Part A gathered demographic information about the participants, while Part B addressed the primary

Research questions

1. Can you share your understanding of teenage motherhood?
2. What do you think are the key experiences of teenage mothers?
3. Probe: (Could you elaborate on the experiences you know about—physically, socially, economically, or in any other way?)
4. What strategies do you think could help address teenage pregnancy?

This structured approach ensures comprehensive data collection while allowing room for meaningful exploration of participants' experiences. Data were collected through individual interviews to ensure comfort for participants. Prior to recording, the researcher obtained informed consent from adult participants, assent from participants who were minors (under 16 years old), with informed consent obtained from their legal guardians. Interviews were recorded, and note-taking was done by the researcher to prevent information loss. Each interview lasted 30–40 minutes and was conducted in English. A pilot study was conducted at Rundu Intermediate Hospital with two teenage mothers. The results of the pilot study were used to test the research instrument and to ensure comprehension and user-friendliness of the research instrument. The participants used in the pilot study were not part of the main study to ensure trustworthiness.

Data analysis

Raw data from the audio recordings were transcribed verbatim before being analysed thematic analysis process outlined by Labra et al..[23] Firstly, the primary researcher (MK) familiarised himself with the data by rereading interview transcripts, listening to the recordings multiple times and taking notes. Secondly, initial codes were generated to describe the content and assign labels to features of the data that were relevant to the research question, as suggested by Brink et al.,[24]. The primary researcher (MK) personally transcribed and coded the data, as he was familiar with the study objectives and research questions. Using a coded Microsoft document, in vivo codes were generated through a meticulous process of reading each word and line, and highlighting relevant portions of the data using distinct colours. In addition, concise labels were applied to enhance clarity when referring to specific codes in all the transcripts. Subsequently, the researcher systematically searched for, sorted and grouped related codes into potential themes on the basis of participants' thoughts, views, understandings and interpretations of the factors contributing to the use of herbs by pregnant women. Thirdly, themes were searched for in the data from all the interview transcripts by reviewing the coded data to identify areas of similarities and overlap. Fourthly, potential themes were then reviewed by checking them against the organised extracts of the data to determine whether the themes worked in relation to the dataset. Fifthly, themes were defined and named by summarising each theme in a few sentences to produce a coherent and comprehensive account of the data. The themes were further reviewed for relevance and clarity and tested for referential adequacy by returning to the raw data. Thereafter,

the themes were refined, and succinct thematic descriptions were written as unique stories. An independent coder, holding a Doctorate in Nursing Education and specialising in qualitative research, conducted an autonomous thematic analysis of the data. The findings were then cross-referenced with the primary researcher (MK) analysis to ensure validation. Units of significance were classified and subcategorised based on participants' viewpoints, ultimately leading to the identification of themes. Participants were uniquely coded from P1 to P10, and pseudonyms were created for face-to-face interview participants, followed by a number. Finally, a report was produced by writing a clear, coherent and compelling description of the data based on the analysis. The researcher and an independent coder identified and agreed on the main themes.

Trustworthiness

The quality of data in a research study is assessed through its trustworthiness. According to Polit,[25] trustworthiness refers to the level of confidence in the data, methods, and interpretations used to enhance the overall quality of the study. For this research, the data collected would be strengthened by insights and methodologies informed by previous studies. Moreover, to ensure trustworthiness, the researcher applied the following criteria: credibility, dependability, confirmability, and transferability. Credibility was ensured by the use of prolonged engagement until data saturation was reached. In this way, the researcher built a truthful relationship with the participants. In addition, the researcher used other methods, such as a digital recorder, to ensure that raw data were captured. Dependability was ensured to provide evidence that if the same study were to be conducted again, the findings would be similar. The data collected during the study were compared with and supported by relevant literature on the phenomenon under investigation. Qualitative research is not primarily concerned with (statistically) generalizing the findings, but rather defining observations within the contexts in which they occur. The data collected were described as accurately as possible, with full thick descriptions of the experiences of teenage mothers at RIH to facilitate understanding and potential transferability. Confirmability was ensured as the audio tapes and data transcripts of the interview were kept for referral. This was done to ensure thatthe data reflect the voices of the participants and not the researcher's own biases or perceptions.

Ethical considerations

This study was approved by the University of Namibia Health Research Ethics Committee (HREC) (Ref: SoN 93/2025), as well as the Ministry of Health and Social Services' Research Ethics Committee (MoHSSREC) (Ref: 24/2/4/3). Written consent was provided by all interviewees, and the data collected will remain anonymous and confidential. The researcher adhered to the following ethical principles: autonomy, non-maleficence and beneficence, principle of justice, anonymity, and confidentiality.

Results

Themes and sub-themes that emerged from the data analysis

A total of four themes emerged from the study findings: 1) Understanding of teenage motherhood; 2) Key experiences of teenage mothers; 3) Detailed aspects of experiences; and 4) Strategies to address teenage pregnancy. The responses of participants *(P)* are presented verbatim.

Theme 1: Young mothers' experience of teenage motherhood role expectations

This theme explored how study participants conceptualize their experiences of teenage motherhood, drawing from personal reflections, societal contexts, and emotional insights based on interview responses. It highlights foundational perceptions that shape their journey, including the initial shock, cultural pressures, and personal growth, while emphasizing how these views influence their adaptation.

Sub-theme 1.1: Personal definitions and perceptions of teenage motherhood

Participants in this study defined and perceived their roles as a blend of personal growth, unexpected responsibilities, and a mixture of opportunities and burdens in their daily lives. This theme explored their individual interpretations, the impact of motherhood on their identity and future aspirations, and how these perceptions evolve over time amid the challenges of teenage life. Participants mentioned that: *"I see teenage*

motherhood as a sudden responsibility that completely changed my life, mixing moments of pure joy with overwhelming challenges like having to quit school and figure out how to manage everything on my own." (P3)

"It's both a blessing and a heavy burden; I had to grow up fast, handling all the parenting duties alone while feeling a strange mix of pride and constant exhaustion that I never anticipated." (P7)

Sub-theme 1.2: Societal and cultural influences on motherhood

Participants reported that societal and cultural pressures strongly influenced their experiences of motherhood. Participants described how community expectations, traditional norms, and social judgments in the Kavango East region shaped their self-image, social interactions, and decisions. Participants noted that cultural stigma both reinforced and, at times, challenged their journey into motherhood, affecting how they perceived themselves and were perceived by others. Participants stated that:

"In my community, teenage moms are often seen as a source of shame, which made me hide my pregnancy initially and face ongoing judgments from relatives that affected how I view myself." (P5)

"Cultural norms here expect girls to wait until marriage, so I constantly feel like an outsider, proving my capabilities as a young mom amidst the weight of societal expectations and family pressures." (P12)

Sub-theme 1.3: Age-related challenges in motherhood

Participants described the difficulties they faced due to their age, such as immaturity, lack of experience, and the struggle to balance youth with parental duties. Participants highlighted how these challenges amplify daily stresses, limit access to resources, and influence long-term development, particularly in the context of educational and social opportunities in the Kavango East region.

"At 15, I lacked the knowledge and maturity needed for raising a child, feeling overwhelmed by adult decisions that seemed far beyond my years and constantly questioning if I could handle it all." (P9)

"My age makes it incredibly hard to relate to older moms, as I'm missing out on typical youthful experiences while dealing with the relentless stress of parenting responsibilities every single day." (P13)

Sub-theme 1.4: Emotional responses to becoming a mother

Study participants described a range of emotions, including joy, fear, and regret, influenced by their age, personal circumstances, and the cultural context of the Kavango East region. They explained how these emotions affected their mental well-being, adaptation to motherhood, relationships, and overall resilience, offering deeper insight into the emotional impact of early parenthood. One participant verbalized that:

"Holding my baby brought a rush of joy, but it also filled me with deep fear about the uncertain future and my ability to cope as a teenager facing these new, daunting responsibilities." (P2)

"I feel an intense love mixed with regret for the opportunities I've lost, creating waves of anxiety that constantly shape my daily life and make me question my choices moving forward." (P11)

Theme 2: Key experiences of teenage mothers

This theme highlighted the primary day-to-day challenges and disruptions faced by study participants, including physical, social, and economic aspects derived from their narratives. It provided a detailed view of the realities they encounter, emphasizing the interplay between personal struggles and external factors in their environment.

Sub-theme 2.1: Physical health challenges

This sub-theme addressed the physical demands and health issues of early motherhood, such as fatigue, body changes, and medical complications, as experienced by young mothers. It examined how these challenges affect their daily functioning, access to healthcare, and long-term well-being in the context of teenage life in Namibia.

"Pregnancy left me with constant fatigue and severe back pain, making even the simplest daily tasks feel exhausting as I tried to balance my health with caring for my baby." (P4)

"I struggle with ongoing weight gain and a lack of sleep, which drains my energy for school and childcare, leaving me physically worn out most of the time." (P8)

Sub-theme 2.2: Daily life disruptions

This sub-theme explored how motherhood alters routines, including education, social activities, and personal time, creating significant interruptions for young mothers. It analyzed the ways these disruptions impact their overall lifestyle, future plans, and ability to maintain a sense of normalcy amidst the demands of parenting.

"Motherhood disrupted my school life completely, forcing me to prioritize childcare over spending time with friends and focusing on my studies, which has changed everything for me." (P6)

"I face constant interruptions from feeding my baby and attending doctor's visits, leaving almost no time for my own activities or enjoying the things I used to love." (P10)

Sub-theme 2.3: Social isolation and support systems

This sub-theme highlighted the social dynamics and isolation experienced by young mothers, including inconsistent family support, community judgments, and limited networks. It discussed how these factors contribute to emotional strain and affect their ability to seek help in the Kavango East region. Two participants mentioned that:

"Family support is inconsistent, leaving me feeling deeply isolated and judged by friends who aren't parents, which makes it hard to reach out for the help I need." (P13)

"I rely on very limited community help, which makes my social interactions difficult and increases my sense of loneliness, especially when I see others my age without these burdens." (P1)

Sub-theme 2.4: Economic strains from early parenthood

This sub-theme focused on the financial burdens and economic pressures of early parenthood, such as job limitations and resource scarcity for young mothers. It emphasized the long-term effects on their stability, opportunities, and efforts to achieve independence in a challenging economic context. Some participants noted that:

"Early parenthood drained my finances, making it extremely hard to afford basics like food and clothes for my baby, while I worry about how to support us long-term." (P13)

"I struggle with finding job opportunities because of my age, leading to constant economic stress that affects every part of my life as a young mother." (P5)

Theme 3: Detailed aspects of experiences

Participants reported multifaceted impacts of teenage motherhood across health, psychological, social, and economic dimensions. This theme offered a comprehensive analysis of how these experiences persist and evolve over time, shaping young mothers' quality of life and future prospects.

Sub-theme 3.1: Health-related impacts

Participants reported that teenage motherhood had various physical and medical effects, including challenges with accessing healthcare, pregnancy complications, and ongoing health problems. Study participants verbalized that:

"Poor access to healthcare worsened my pregnancy complications, affecting my overall well-being and making it harder to take care of myself while managing my child's needs." (P11)

"I deal with ongoing health issues like persistent fatigue, which greatly impacts my ability to care for my child properly and maintain my own physical health." (P2)

Sub-theme 3.2: Psychological effects

Participants stated that teenage motherhood was associated with several mental health challenges, including anxiety, depression, and emotional strain. Participants explained that these effects often manifested in their daily routines, relationships, and coping mechanisms, influencing their overall emotional well-being over time. Participants stated that:

"Teenage motherhood brings intense anxiety and depression, making me constantly question my future and struggle with the emotional weight of my decisions every single day." (P3)

"I experience deep emotional lows from the ongoing stress, which affects my mental health and

makes it difficult to handle daily interactions with family and others." (P7)

Sub-theme 3.3: Social and stigma experiences

This sub-theme explored the discrimination, stigma, and social rejection faced by young mothers, including community attitudes and their effects on personal relationships. It analyzed how these experiences contribute to isolation and shape their social engagement in the Kavango East region.

"People judge me harshly for being a young mom, leading to social rejection and a deep sense of isolation within my community that I deal with daily." (P5)

"The stigma from society makes me feel profoundly ashamed, reducing my willingness to seek help or support and affecting how I interact with people around me." (P12)

Sub-theme 3.4: Economic and educational barriers

Participants reported that they faced significant financial and educational obstacles, including school dropout, limited job opportunities, and cycles of poverty. Participants emphasized how these challenges affected their long-term prospects, personal development, and attempts to overcome these constraints.

"Early parenthood forced me to drop out of school, severely limiting my job prospects and future earnings, which has trapped me in a cycle of financial hardship." (P9)

"Economic barriers make it incredibly hard for me to afford further education, keeping me stuck in a cycle of poverty that impacts every aspect of my life as a young mother." (P10)

Teenage mothers' perceptions about recommended strategies to reduce teenage pregnancy

According to the participants, comprehensive sexual and reproductive health education in schools, community awareness campaigns, and empowerment programs that provide young girls confidence and life skills are all important components of preventive and supportive interventions for teen pregnancy.

Sub-theme 4.1: Community awareness programs

This sub-theme addressed community-based programs aimed at educating and preventing adolescent pregnancy, emphasizing their function in enhancing knowledge, altering perceptions, and offering vulnerable youth support systems. Participants recommended that:

"Community programs can effectively educate teens about the risks of pregnancy, helping to prevent early motherhood by promoting awareness and safer decision-making in our local environment." (P16)

"Awareness campaigns in my area would greatly raise knowledge about contraception, encouraging safer choices among young girls and reducing the incidence of unplanned pregnancies." (P11)

Sub-theme 4.2: School-based education

In order to combat teenage pregnancy, this sub-theme focused on educational interventions in schools, such as thorough instruction on relationships, contraception, and health. It emphasized how crucial it is to incorporate these into curricula in order to empower people and avert hazards in the future. Participants emphasized:

"Schools should implement thorough education on contraception and healthy relationships to effectively reduce teenage pregnancies among students." (P4)

"In-school programs on reproductive health could empower young students to make informed decisions early, providing them with the tools to avoid the pitfalls of early parenthood." (P8)

Sub-theme 4.3: Access to reproductive health services

Participants stated that improving access to healthcare services, including clinics and counseling, was essential for preventing unplanned teenage pregnancies. They highlighted both the barriers to using these services and the benefits they offer in raising awareness, providing support, and empowering young women within the community. Some participants suggested that:

"Easy access to clinics for birth control and counseling would help teens avoid unplanned

pregnancies by offering reliable options and guidance in a supportive setting." (P13)

"Free reproductive health services in hospitals could provide the necessary support and resources needed to prevent early motherhood, especially for girls in underserved areas." (P10)

Sub-theme 4.4: Empowerment and life skills development

Participants highlighted that programs aimed at developing life skills, such as job training and confidence-building, were crucial for empowering young girls and preventing teenage pregnancy. Participants explained that these initiatives help promote independence, improve decision-making, and equip girls to navigate societal pressures more effectively. Study participants noted that:

"Teaching life skills like job training and financial management empowers young girls to avoid pregnancy by fostering independence and better decision-making in their daily lives." (P13)

"Empowerment programs that build confidence and life skills help teens make better choices for their future, reducing the likelihood of early parenthood through personal growth." (P6)

Discussion

Young mothers' experience of teenage motherhood role expectations

The study revealed that young mothers perceive their experiences as a multifaceted process involving personal growth, societal pressures, and emotional complexities. The findings align with Cohler and Musick,[26] who examined adolescent parenthood as a transformative transition that disrupts identity and future planning, often leading to reflections on personal development amid early responsibilities. Similarly, Etini et al.[17] highlight the broader challenges of teenage pregnancy, including the blend of opportunities and burdens that mirror the study's emphasis on individual interpretations. These insights suggest that the teenage mothers' personal understanding these perceptions based on real life experienced challenges is crucial for addressing the psychological shifts young mothers undergo, as supported by UNICEF,[6] which discusses early childbearing as a barrier to personal aspirations. Overall, the theme illustrates the need for supportive interventions that acknowledge these evolving views, preventing long-term disenfranchisement.

Key experiences of teenage mothers

Findings indicated that young mothers encounter substantial daily challenges, encompassing physical health issues, routine disruptions, social isolation, and economic hardships. The results are consistent with UNICEF,[6] which identifies early childbearing as a key factor in health and social disruptions, particularly in low-resource settings like Namibia. Hako[2] further corroborates this by detailing the plight of teenage pregnant girls displaced by events such as the COVID-19 pandemic, emphasizing how physical and emotional tolls compound isolation and limit opportunities. Additionally, Nhampoca et al.[5] explore similar experiences among adolescents, noting that social and economic strains mirror those in the study, underscoring the need for holistic support. These connections highlight the interconnectedness of these experiences, suggesting that addressing them requires integrated approaches to mitigate the broader impacts on young mothers' well-being.

Detailed aspects of experiences

The study delved into the in-depth impacts of teenage motherhood, including health-related effects, psychological challenges, social stigma, and economic barriers. Adlington,[27] supports these findings by examining loneliness in perinatal depression, which parallels the psychological effects observed, such as isolation and emotional distress. Etini et al.[17] also align with the study, discussing the social determinants of teenage pregnancy that contribute to stigma and economic limitations. Furthermore, Hako,[2] addresses the educational and health barriers faced by displaced girls, reinforcing the study's emphasis on how these aspects perpetuate cycles of disadvantage. Collectively, these references illustrate the need for targeted interventions to address the layered effects, as they not only hinder individual growth but also reinforce inequalities in regions like Kavango East.

Teenage mothers' perceptions about recommended strategies to reduce teenage pregnancy

The study identified various strategies to mitigate teenage pregnancy, such as community awareness programs, school-based education, access to

reproductive health services, and empowerment initiatives. This theme emphasized preventive measures that promote resilience and informed decision-making among young women. Menon et al.[28] support these findings by advocating for programs, like "Ring your future," which aim to prevent early pregnancy through education and support, aligning with the study's focus on community-based approaches. UNFPA,[14] further reinforces this by highlighting comprehensive interventions in Namibia, including health services that reduce adolescent pregnancy rates. Additionally, UNICEF,[6] underscores the role of empowerment in breaking cycles of early childbearing, suggesting that life skills development is key to fostering independence. These strategies, as discussed in the literature, highlight the potential for collaborative efforts to create sustainable change, addressing root causes and supporting young mothers effectively.

Limitations and areas for further research

This study only explored and described the lived experiences of young mothers at Rundu Intermediate Hospital, limiting the generalization of findings to other regions or hospitals in Namibia. The focus on teenage mothers aged 13-19 who accessed care at this specific site may not capture broader national contexts. Additionally, time constraints during data collection posed challenges, as interviews were scheduled around participants' availability, potentially affecting the depth of responses. The qualitative design, while insightful, relied on self-reported experiences, which could introduce bias. Furthermore, the study's scope was confined to the Kavango East region, restricting insights into diverse cultural or urban settings. Further research should investigate the long-term effects of teenage motherhood on educational attainment and career prospects in other Namibian regions. Exploring interventions like peer support groups or digital health tools could provide additional insights. Studies comparing urban and rural experiences would enhance understanding, while examining policy impacts on young mothers' access to resources remains essential.

Future recommendations

The following recommendations are derived from the study's findings to address the lived experiences of young mothers and improve support systems.

Enhance community awareness programs

The study highlighted the need for programs that educate teens on pregnancy risks and provide emotional support. Recommendations include developing initiatives that promote awareness through local workshops, fostering open discussions on teenage motherhood to reduce stigma and empower young girls.

Implement school-based education

Findings emphasized the role of education in preventing teenage pregnancy. Schools should integrate comprehensive curricula on reproductive health, relationships, and life skills, equipping adolescents with knowledge to make informed decisions and avoid early parenthood.

Improve access to reproductive health services

Young mothers reported barriers to healthcare, so recommendations include expanding accessible, youth-friendly services at hospitals like Rundu Intermediate. This involves free counseling, contraception, and postnatal support to address health impacts and enhance well-being.

Promote empowerment and life skills development

The study underscored the importance of building confidence among young mothers. Recommendations involve programs offering job training, financial literacy, and mentoring to foster independence, helping them overcome economic and educational barriers for long-term stability.

Conclusions

Nursing care involves professional support addressing physical, emotional, and psychological needs to promote well-being and recovery. In the context of teenage motherhood,[29, 30] the study revealed that young mothers face multifaceted challenges, including personal growth amidst unexpected responsibilities, daily disruptions, in-depth impacts on health and social life, and the need for preventive strategies. The findings highlighted how these experiences shape identity, exacerbate isolation, and limit opportunities, emphasizing the need for targeted support in the Kavango East region. The study identified key themes, such as the understanding of teenage motherhood as a

transformative yet burdensome process, influenced by cultural and emotional factors. This aligns with the broader struggles of adolescent parenting, where young mothers often navigate health complications, psychological stress, social stigma, and economic barriers. Overall, the results underscore the importance of addressing these issues to enhance young mothers' adaptation and well-being, as teenage pregnancy continues to disrupt education and future prospects in Namibia. Additionally, the research enhances healthcare providers' understanding of the unique needs of young mothers, guiding the creation of adolescent-friendly services and fostering better communication. The study also highlighted the broader social and economic challenges faced by these young mothers, encouraging community support and initiatives to reduce stigma and promote education. This research lays the groundwork for future studies on interventions and the long-term effects of teenage motherhood, contributing to a global understanding of adolescent reproductive health.

Author contributions

Conceptualization: MK, AL and DOA. Methodology: MK, AL and DOA. Validation: AL and DOA. Formal analysis: MK. Investigation: MK. Resources: AL and DOA. Data curation: All Writing: original draft preparation, DOA; writing, review and editing, DOA and AL. Visualization: DOA and AL. Supervision: DOA and AL. Project administration: DOA and AL.
Funding acquisition: DOA and AL. All authors have read and agreed to the published version of the manuscript.

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Informed consent statement

As some of the participants were minors, consent was obtained from parents and legal guardians. Furthermore, before participation, assent was obtained from them, while consent was also obtained from older participants.

Conflicts of interest

The authors declare no conflicts of interest.

Data availability

Data for this study can be obtained by contacting the corresponding author if needed.

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