

An Investigation of the Underlying Causes and Subsequent Consequences of Young Adult Pregnancy within the Rural Context of Mthatha, Eastern Cape

Babalo Kundlwana¹, Samson Nambei Asoba², Nteboheng Patricia Mefi³

Abstract

Background: Young adult pregnancy remains a pressing public health concern with profound implications for individuals, families, and communities. It is driven by a complex interplay of socioeconomic, educational, and psychological factors that necessitate in-depth, context-specific investigation to inform targeted interventions. Aim: The aim of this article was to investigate the underlying causes and subsequent consequences of young adult pregnancy within the rural context of Mthatha, Eastern Cape. Setting: The study was conducted in rural villages surrounding Mthatha, a region characterised by high unemployment, poverty, and limited access to health and educational resources. Methods: A qualitative research design was employed. Data were collected through in-depth, semi-structured interviews with young women who had experienced pregnancy. Participants were recruited using a snowball sampling strategy. Thematic analysis was used to interpret the data, focusing on recurring patterns and significant themes. Results: According to research, poverty is a major factor in early pregnancies and frequently forces young women to have transactional intercourse to meet their fundamental requirements. Additionally, a substantial knowledge gap about sexual and reproductive health was found, mostly because of insufficient or non-existent sex education. Early pregnancy has been linked to emotional suffering, social isolation, economic hardship, and interrupted educational trajectories. Many participants, especially those who were parenting their children as single mothers, expressed an acute lack of social and emotional support. Conclusion: Multifaceted interventions that address both structural and informational deficiencies are necessary to address young adult pregnancy. It is imperative to increase access to comprehensive reproductive health and sex education services. Contribution: This study advances knowledge on pregnancy among young adults in South African settings with limited resources. It emphasises the necessity of more research at broader provincial and national levels as well as the pressing need for community-level and policy-level solutions.

Keywords: *Socioeconomic vulnerability, young adult pregnancy.*

Introduction

In low- and middle-income nations like South Africa, where social and economic inequalities increase the risks of early birth, young adult pregnancy continues to be a persistent public health concern. Young adult pregnancy, which is generally defined as pregnancy that occurs between the ages of 18 and 25, is influenced by a variety of complex factors in rural places like Mthatha, Eastern Cape. These include sociocultural norms that frequently normalise early motherhood, limited access to comprehensive sexual education, entrenched poverty, and poor healthcare services (Madlala et al., 2022; Ramalepa & Ramukumba, 2023). The rate of young adult pregnancy is still quite high in rural South Africa despite national efforts to reduce unwanted pregnancies among young people, indicating serious structural and policy deficiencies that make effective intervention difficult.

The long-term effects of young adult childbearing on people, families, and larger communities exacerbate the issue. In this age group, unplanned pregnancies frequently disrupt educational paths, diminish future job opportunities, and heighten economic dependence, all of which contribute to the continuation of poverty cycles (Mkhwanazi & Bhana, 2020; Shai et al. 2022). The psychosocial ramifications are equally significant; young mothers often face psychological discomfort, social humiliation, and isolation, especially in situations when family and community support is insufficient (Mabunda et al., 2021b). The specific experiences and difficulties faced by young adult women between the ages of 18 and 25 are still largely unexplored in empirical literature, particularly in rural South African contexts, even though the larger phenomenon of adolescent pregnancy, typically under the age of 18, has drawn a lot of scholarly attention.

¹ Department of Administration and Information Management, Walter Sisulu University

² Department of Administration and Information Management, Walter Sisulu University

³ Department of Administration and Information Management, Walter Sisulu University

This study, therefore, responds to a critical gap by focusing on the causes and consequences of pregnancy among young adult women in rural Mthatha.

The aim of this article is to investigate the underlying causes and subsequent consequences of young adult pregnancy within the rural context of Mthatha in the Eastern Cape. This aim is addressed through two specific objectives: (1) to determine the causes of young adult pregnancy, and (2) to identify the consequences of young adult pregnancy. These objectives are rooted in the recognition that understanding both the antecedents and the outcomes of pregnancy in this age group is vital for informing targeted, evidence-based interventions.

This study is important because it may provide context-specific insights into a young adult subgroup that is frequently disregarded in the literature on adolescent reproductive health as they enter early adulthood. The study provides a nuanced understanding of the sociocultural and economic factors that drive early pregnancy by documenting the lived experiences of young mothers in rural Mthatha villages. It also sheds light on the structural barriers that limit young women's postpartum life opportunities. Such findings are essential for policymakers, educators, and public health professionals looking to develop responsive measures that reduce risk and improve support systems for young adults, especially considering the socioeconomic vulnerabilities of rural communities in the Eastern Cape.

The study is underpinned by the Attribution Theory, which posits that individuals seek to understand the causes of events such as pregnancy by attributing them to internal or external factors (Weiner, 1985). This theoretical framework provides a lens through which the study examines how young adults in Mthatha explain the causes of their pregnancies and interpret the consequences they face. The Attribution Theory is particularly relevant in this context as it allows for an exploration of perceived personal responsibility, societal judgment, and systemic failings dimensions that are critical in understanding reproductive decision-making and the lived realities of young mothers (Mabunda et al., 2021a).

Despite increasing national attention on youth sexual and reproductive health, existing interventions often lack cultural relevance and fail to address the intersecting structural inequalities experienced by rural young adults (Ramalepa & Ramukumba, 2023). Moreover, little empirical evidence is available that disaggregates adolescent pregnancy data to include the experiences of those aged 18 to 25, particularly in rural contexts. This study addresses this empirical and programmatic gap by offering a qualitative, community-based examination of young adult pregnancy in Mthatha. In doing so, it not only contributes to academic knowledge but also offers practical recommendations for enhancing youth health outcomes in marginalised rural settings.

Literature Review

Causes of young adult pregnancy

Lack of sexual education

Young adult pregnancies have increased because of a lack of knowledge about sexual orientation, reproductive health, and the use of contraception (Christofides et al., 2014). Tsebe (2012), who asserts that young adult females who receive no sexual education become pregnant unintentionally, supports this. In their statement that "lack of knowledge about contraceptives is another challenge that contributes to the escalation of youth pregnancy," Nkani and Bhana (2016, 1) draw additional emphasis to this. There are serious risks associated with the lack of learning opportunities, sex education, and contraception education. Appalsamy (2015) claims that teachers who do not provide young girls with sexual education are the cause of the lack of sexual knowledge. The cultural attitudes of the educators or a lack of requisite abilities may be the cause of this. Bhengu (2016) holds parents accountable for their failure to impart this knowledge at home. Most parents believe it is socially unacceptable to talk about sexual matters with their young children (Bhengu, 2016). Young adults who lack sexual knowledge seek help from their peers and are deceived, increasing their risk of getting pregnant. Although there have been various arguments made against sexual education, such as the potential for it to promote sexual conduct in young girls (Bhengu, 2016), it is

undeniable that "knowledge is power" and that those with higher levels of education are better able to make decisions.

Were (2014) claims that schools, especially teachers, are the most trustworthy source of information for young girls about HIV/AIDS and unplanned pregnancy. The Human Sciences Research Council (2015) supports this, arguing that comprehensive and truthful sexual education should be incorporated into basic education. The Department of Health is also required by the Presidency of the Republic of South Africa (2015) to provide young people with information about sexual and reproductive health. The information should be suitable for the young people for whom it is meant.

According to the South African Medical Research Council [SAMRC], (2007), sex education should start in schools before students turn 14. Additionally, if sex education is to be provided to young girls, teachers must step in to replace parents, who may not always possess the requisite sex education. Abstinence must be emphasised in sex education as a key defence against unintended pregnancy, STIs, and HIV/AIDS (South African Government, 2007).

Child support grant

According to Kubheka (2013), the national government established the child support grant (CSG) in April 1998 to assist children under the age of seven, particularly those from underprivileged homes. 18-year-olds and those still enrolled in school are now included in the CSG. Whether the CSG plays a role in the high rate of adolescent pregnancies in the nation has been hotly debated. For young girls to be eligible for more payments, the CSG pushes them to have more children (Kubheka, 2013). In the past, Makiwane et al. (2006) contended that young girls become pregnant quickly to obtain more grants, and that some purposefully enter partnerships where contraception is disregarded to become pregnant. Similarly, Kubheka (2013) discovered that 52% of all studied people believed there was a link between the CSG and unintended pregnancy. Case et al. (2005) and Kutu (2009) support Kubheka's (2013) findings.

Availability and accessibility of contraceptives

The South African government has made it clear that young people can utilise free contraception to protect themselves from STIs, HIV/AIDS, and unwanted pregnancy. Even the laws of the country, including the Sexual Offences Act (Act 32 of 2007), which was revised into the Sexual Offences and Related Matters Act (Act No. 5 of 2015), reflect this, requiring that young people have access to condoms and other types of contraception. Unplanned pregnancies among young adults continue to rise despite government efforts. Nkani and Bhana (2016, 9) claim that young adults' ignorance of contraception contributes to the prevalence of unwanted pregnancies.

According to Ramathuba et al. (2012), young people who have unprotected sex will either drink water and cold sodas or take quinine to prevent getting pregnant because they are not aware that they need to take contraceptives right away, which must be taken 72 hours later. To address this, the Department of Health emphasised the significance of promoting emergency contraception widely and offering all options that can prevent unintended pregnancies and abortions (Bhengu, 2016, 89).

Black communities have societal norms that prevent young girls from accessing contraceptives (Ramathuba et al., 2012). Nkani and Bhana (2016, 10) claim that black parents do not disclose sexual information or the use of contraception to their children. This goes against the government's objective of providing young people with access to contraceptives. If there is widespread sex misconception, education and health officials ought to be held responsible, according to Bhengu (2016). Teachers have a responsibility to teach pupils about contraception and to take on the role of parents in the classroom. If the fight against youth pregnancy is to be successful, they must also provide them with contraception, like condoms.

Young people's access to and use of contraception is approached differently by the Health Systems Trust (2015). It makes the case that although young individuals are aware of contraceptives, their inconsistent use

and risky lifestyle limit their effectiveness and utilisation. Tsebe (2012) asserts that young people misuse condoms and fail to take contraceptive tablets as directed. Drugs and alcohol both add to this carelessness.

Mass male circumcision

Male circumcision is defined as the removal of a man's penis' foreskin, which contains cells that serve as an HIV entry site (Segens Medical Dictionary, 2017). According to the Department of Health (2015), male circumcision can be divided into two categories: medical and traditional. Religious circumcisions are also carried out by religious organisations. During the initiation process, traditional circumcision, also known as cultural circumcision, is carried out to symbolise the transition from boyhood to manhood (Mazibuko, 2017). Boys are educated to be good men throughout this time. Traditional circumcision is still practised, although it is declining because of problems that cause initiates to die (Mazibuko, 2017).

The practice of circumcision has been revived to prevent unwanted pregnancies and the spread of HIV, AIDS, and other STDs. The practice of male circumcision has become popular again. According to Tsimane (2014) and Shange (2012, 78), mass male circumcision decreased the spread of HIV/AIDS by 65%. This has led several international health organisations to fund the execution of extensive male circumcision programmes, primarily in Africa. Since it was believed to confer immunity against HIV/AIDS, mass male circumcision has been opposed (Mbulu, 2016). Males are now engaging in sexual activity without using condoms, which has led to an increase in youth pregnancies and new HIV/AIDS infections. 15% of South African men and women believe that circumcision makes it safe to have sex without a condom (Mnyipika, 2014). This puts women at risk for unexpected pregnancies and STDs. Therefore, a new challenge concerning global male circumcision is convincing males who have undergone the procedure that they still need to use a condom afterwards. The fact that male circumcision does not prevent conception is something they should be made aware of (Ngomi, 2014).

Drugs and alcohol

According to Morrel (2013), underage drinking may lead to an unintended pregnancy. Many young individuals experiment with alcohol and drugs. Additionally, drinking makes it harder to control one's cravings, which is why 75% of young adult pregnancies are caused by alcohol. Despite drinking at the time, almost 91% of young adults stated that they had no intention of having sex when they became pregnant.

These young people use drugs and alcohol, which leads to sexual abuse, and shebeens are common (Guttmacher Institute, 2006). Rape is the cause of about 5% of childbirths. An abused young adult, particularly a woman, may have several partners because of sexual abuse, which can change their views about sexual activity. Unplanned pregnancies are frequently the result of this (Saewyc et al., 2004).

Unemployment

One of the factors contributing to adolescent pregnancies in South Africa is said to be the high unemployment rate. According to Gough et al. (2016), young people have high rates of underemployment and unemployment, which impacts not just them but also their families and communities. Lack of employment is seen to be the cause of young people's boredom and frustration, which leads to dangerous behaviours like prostitution (Garcia & Fares, 2018). Moreover, many children on child assistance have less educated carers because individuals with lower secondary education are more likely to be unemployed than those with higher education (Garcia & Fares, 2018).

According to Statistics South Africa (StatsSA) (2016), there are 6.7 million unemployed people, and most of them are youth. This highlights the necessity for the government to create employment opportunities, particularly for young people with and without higher education. The government should focus on creating jobs for both educated and uneducated young people, as the majority were young people.

Additionally, the CSG helps mothers who are having trouble supporting their children due to unemployment or other financial difficulties. Young parents are more likely to experience financial

difficulties when raising their children because of South Africa's high unemployment rate. This further demonstrates that the CSG is insufficient to sustain a child, particularly if the parent is unemployed and relies entirely on the CSG. Therefore, the government ought to either increase the CSG from R500 to R3,500.00 per month or provide more job opportunities.

According to a South African employment survey, there are notable racial differences in youth unemployment rates (Department of Trade and Industry [DTI], 2019). Compared to 6% of white Africans, about 30% of black Africans are unemployed (Kanku & Mash, 2014). The percentage indicates that young women between the ages of 18 and 34 are more likely than men to be unemployed, with rates more than 10% higher (StatsSA, 2016). As a result, Black people have a disproportionately high unemployment rate, especially young women. Cappelli (2020) found that job seekers think their chances of finding employment are low since they lack professional experience, skills, and networks. Young individuals may feel bored while staying at home and taking up new activities, which could put them at risk for unwanted pregnancy and illegal sex. This demonstrates that a significant portion of unemployment, especially among young people, is brought on by a lack of job knowledge and skills required for open positions, which deters them from looking for work. To promote and enable all young people to apply for available positions, the South African government must remove the requirements for employment expertise and skill sets (DTI, 2019).

Poverty factors and their influence on young adult pregnancy

According to the Guttmacher Institute (2006), adolescent girls from low-income households are more likely to become pregnant unintentionally because they are vulnerable to sexual abuse, are pushed, and are left vulnerable by their parents' incapacity to provide for their basic needs due to financial limitations. Young women in the scenario get pregnant to help their family financially, demonstrating how unfavourable family circumstances affect children's behaviour. Guttmacher's study would have been more illuminating if it had looked at the behaviour of youth from high- and low-income families, compared the outcomes, and concluded that poverty encourages youth pregnancy.

In the US, poverty is primarily based on race, with African Americans and Hispanics having a poorer socioeconomic level, according to the World Health Organisation (WHO) (2019). This has the basic conclusion that poverty is more common among Black and Hispanic individuals in the United States, meaning that everything related to poverty, whether positive or negative, has a higher effect on these populations. Additionally, there is a substantial association between pregnancy, race, and socioeconomic difficulty.

Pregnant young Black women make up a comparatively high percentage of the population, particularly in the youngest age groups. Youth pregnancies and social disadvantage are correlated in the United Kingdom. Youth pregnancy rates in Latin America seem to be correlated with poor socioeconomic status (WHO, 2019). Panday et al. (2009) assert that young adults are impacted by poverty. Low-income households account for a significant portion of youth pregnancies, and low-income women are more likely to have early encounters with men.

Research from South Africa emphasises how poverty affects teen pregnancy. In other instances, it leads to romantic relationships that have certain advantages but are not flawless (Flanagan et al., 2013). Additionally, Mkhwanazi (2010) emphasises that it diminishes the capacity of girls to bargain over the use of condoms in abusive situations, leading to unfairness. In their study of the factors that lead to youth pregnancies, Panday et al. (2009) discovered that underprivileged young girls are often forced to make decisions regarding their financial security and well-being. This resulted in several partners, intergenerational relationships, and continued involvement in violent relationships. Additionally, these situations sometimes make it difficult for a young woman to decide when and how to have sex, which can lead to an unwanted or unplanned pregnancy. According to Zulu (2020), women in Nairobi's slums were much more likely than other Kenyan women to experience sexual assault.

Additionally, the Kenya Demographic and Health Survey (KDHS) 2014 offers important information about the reproductive health of adolescents in Kenya. About 18% of girls between the ages of 15 and 19 have

started having children, according to the KDHS, with prevalence rates above 25% in some counties, especially those in the western and coastal areas (Kenya National Bureau of Statistics [KNBS], 2015).

For the impacted females, this high rate of youth pregnancies is linked to serious financial and psychological difficulties, such as school dropout and the continuation of poverty cycles. These problems are made worse by stigma and prejudice in educational institutions, where pregnant young girls frequently encounter unfavourable opinions from teachers and administrators, which makes it difficult for them to return to school (Kenya Kilifi County Teenage Pregnancy Report, 2014). The primary finding highlights the urgent need for action to prevent young adults from becoming pregnant, stating that youth pregnancy has become more common in Kenya and negatively affects young females.

According to research on youth pregnancy in Kilifi County, Kenya, conducted by the Faith to Action Network (2016), the primary reason for youth pregnancy is poverty, which is demonstrated by a lack of necessities. Many of the impacted young girls have become pregnant because of the sex trade for presents, food, and clothing. Due to their disadvantaged upbringing and mothers who have survived teenage pregnancies, these girls are particularly vulnerable to being seduced by males who are willing to pay them in cash or in kind for having sex. Some parents push their children to work so they can pay for necessities.

Recent investigations have also confirmed Kilifi County's poverty, citing media allegations of starvation and restricted access to basic commodities, especially in Ganze and Magarini. The youth of Kilifi are particularly vulnerable because it is one of the poorest counties in Kenya. This implies that poverty is a never-ending cycle for the younger generation, highlighting the duty of the Kilifi government to see to it that the most fundamental needs and aspirations of its population are met. Since it will end poverty and lower the number of teenage pregnancies, this is crucial.

Furthermore, Matheka's (2018) study found that several parents in the area are unemployed, which forces young girls to turn to financial aid as a coping strategy. Men take advantage of poor women by requesting sexual favours in exchange for money and food. This knowledge is essential since studies show that households with underprivileged orphans are more likely to experience unwanted pregnancies. This demonstrates how their inability to pay for essentials or go to school exposes them, leaving them with no choice but to marry, drop out of school, or have commercial sex to improve the family's welfare because of poverty.

Furthermore, poverty may compel young girls to work as sex entertainers to make ends meet. As a result, they are more likely to be enticed to take cash or in-kind compensation (such as food, clothing, and gadgets, among other things) for unprotected sex, which may result in an unplanned pregnancy.

According to the United Nations Development Programme (2016), Kilifi has a Human Development Index of 0.47, which is below the national average of 0.548, making it one of Kenya's poorest regions. This implies that the lack of options and choices in society leads to young women engaging in sexual activity to gain necessities.

Peer knowledge and social pressure

Young women mostly rely on other young women for knowledge since they are afraid to enquire about or talk about contraception (Raj et al., 2010). Since peers feel more comfortable sharing knowledge with one another than with elders, peer pressure is thought to be a major factor in youth pregnancy. Many young women acknowledged engaging in sexual activity under duress from their partners (Mantell et al., 2019). The desire to have sex was strong for young girls (Mantell et al., 2019). Some girls engage in sexual activity to show their honesty and affection since they are afraid of losing their lovers.

According to many young females, they had no intention of having sex at the time of their first sexual experience, and it happened accidentally (Raj et al., 2020, 25). 20 out of 35 girls interviewed in 1997 research by the Medical Research Council in Limpopo felt that they would only be regarded as women if they demonstrated their ability to conceive, and as a result, men pressured them to get pregnant (Wood &

Jewkes, 2019). Having children represents a woman's womanhood and fertility, and social pressure also makes young women feel less like women if they do not have children.

Moreover, many young people are ignorant about how to avoid getting pregnant or how to handle friends who pressure them into having sex (Miller, 2020). Fox (2018) claims that each member of a young group that participates in sexual activity feels compelled to indulge in sex because they feel pressured to fit in with the group's acceptable behaviour. Perkel (2017) found that people who have low self-esteem are more likely to assume that using condoms will make their partner think they are unclean, or that using condoms will make them feel guilty and have a negative opinion of them.

Sexual risk behaviour

Many young people reared in dysfunctional households engage in dangerous sexual behaviours, such as unprotected intercourse with several partners (Miller, 2020). In South Africa, most young individuals begin having sex early in life. While Khoza (2004) asserts that some young girls become pregnant out of curiosity and ignorance, Manzini (2017) states that studies conducted in South Africa and other countries showed that young people engage in sexual conduct and are more likely to engage in risky and ignorant sexual practices (Manzini, 2017).

Rapid mental, physical, and social development occurs during the early stages of adulthood (Kim 2008). People are exposed to new health hazards as a result of these various developments, such as tobacco usage, alcohol use, illicit substance use, physical inactivity, and risky sexual conduct (Kim, 2008). Sexual risk-taking or an increased craving for unprotected sex may be the result of problematic or sensation-seeking activity (Kirby & Lepore, 2017, 20). According to qualitative research done in London to determine the factors influencing young people's sexual behaviour (Marston & King, 2016, 1586), young girls may see consenting to have sex as a strategy to keep their boyfriends. It was discovered in Nepal that some young people chose to engage in unprotected sexual behaviour despite being aware of the risks. Similarly, Mchunu et al. (2018) found that youth do not think about the dangers of unprotected sex. According to quantitative research on factors influencing youth pregnancy rates in Giyani, Limpopo Province, South Africa (Mushwana et al., 2015), 72.8% of study participants were aware of the risk of STIs when engaging in sexual activity. According to these researchers, the high percentage showed that these young adults continued to engage in risky sexual activity even after being made aware of the consequences of hazardous sex (Mushwana et al., 2015).

A quantitative analysis carried out in the US found that drug use during pregnancy is a major risk factor and that many pregnancies are unintended. Two major health issues in the US that are being addressed to enhance quality of life are drug use and youth pregnancy (Finer & Zolna, 2019). According to the results of a qualitative study on young people in the Cook Islands, South Pacific, substance abuse has long been acknowledged as one of the most significant social and health problems that contribute to adolescent pregnancies because it causes young adults to engage in sexual activity while intoxicated and unable to make responsible decisions. Similarly, in South Africa, youth alcohol consumption is linked to riskier sexual behaviours.

Culture and religion

Most women's lack of sexual education is rooted in culture and religion, making them at risk for pregnancy and STIs. For instance, in eastern Uganda, gender inequality and female standards restrict young girls from obtaining sexual information in schools, raising their odds of catching HIV and getting pregnant, which raises their possibility of dropping out of school (Burns, 2002).

Due to cultural and religious factors, most women lack sexual education, which puts them at risk for STIs and pregnancy. In eastern Uganda, for example, female norms and gender inequality prevent young girls from accessing sexual education in schools, increasing their risk of contracting HIV and becoming pregnant, which in turn increases their likelihood of dropping out of school (Burns, 2002).

Regardless of religious affiliation, premarital sex is illegal in Kenya and Zambia due to religious and traditional attitudes on sex education (Warenius et al., 2020). Although the objectives of these organisations vary, sex education has been provided in Kenyan and Zambian schools, churches, and non-governmental organisations (Warenius et al., 2020). Consequently, conflicting messages emerge. Non-governmental organisations, for example, promote sexually active young people to use condoms, while religions encourage abstinence prior to marriage (Warenius et al., 2020).

In Africa, it is more common for males to receive sexual education, and parents often accept that boys will have more sex than girls without questioning who they will have sex with (Jewkes et al., 2009). Conversely, young females live in the main house, are often under parental supervision, and have limited opportunities to explore their sexuality because of household tasks (Jewkes et al., 2009). However, studies show that neither of these strategies is sufficient to keep these young women from having sex and getting pregnant (Jewkes et al., 2009).

Kanku and Mash (2014) claim that gender stereotypes have a significant impact on how young people behave and what society expects of them. While women are not supposed to engage in sexual activity until marriage, men are typically expected to do so. Women are often prohibited from openly communicating their sexual wants in partnerships due to social conventions that limit sex communication (Kanku & Mash, 2014).

Lack of communication between parents and children

The significance of parent-child communication is covered in this section. Mbugua (2017) carried out research in Kenya to find out what prevents educated women from talking to their children about sexual matters. According to Mbugua (2017), cultural taboos were one of the reasons these mothers were reluctant to discuss sexual matters with their young children. In interviews, they stated that they had never discussed sexuality issues with their own parents, which made it difficult for them to discuss them with their children (Mbugua, 2017). According to four females, it would have been easier to discuss sex education with the girls if their parents had discussed it with them (Mbugua, 2017). Furthermore, Mbugua's (2017) findings show that religious affiliation was additionally related to mothers' unwillingness to talk about sexual issues with their kids. Christian beliefs prevented them from discussing sex matters with their children (Mbugua, 2017).

Research from California indicates that a young adult's attitude and behaviour are influenced by the attitudes and behaviours of family members about sexual risk-taking and youth pregnancy (Berglas et al., 2003). A policy analyst in the United States found that having sexual conversations with adolescent girls' parents can help postpone the onset of sexual behaviour (Kim, 2008). According to a Washington study on parental engagement in childhood sexual interactions, young adults who received more parental guidance were less likely to have sex. Conversely, young adults who received the least amount of parental advice were more likely to have had sex before turning 16 years (Ikramullah et al., 2019). Based on a quantitative study of parental communication on sex and motherhood trends among university students in the Limpopo province (Makofane & Oyedimi, 2015), many of the families studied do not have parental conversations on sex and related topics.

According to Mothiba and Maputle (2017), several young people believe that discussing sexuality with their elders is forbidden by culture. Addressing sex issues with parents was acknowledged as crucial in promoting young adult sexual engagement, which could lead to an unintended pregnancy, even though many respondents said that sex concerns should be prohibited. Based on a qualitative study on peer pressure done in South Africa, Selikow et al. (2009) found that improved parent-child relationships and sex communication can lessen negative social pressure to participate in risky sexual behaviours.

In South Africa, Phetla et al. (2008) carried out a similar study to determine methods for lowering HIV and domestic violence through adult-youth contacts. Women from low-income households participated in focus groups for the study. Older women were reluctant to engage in open sexual relations with young people during the group discussions. One senior participant stated, "If you talk freely about sex, you are

allowing your children to engage in sex.” (Phetla et al., 2018). However, many women were prepared to shift their negative attitudes towards sexuality and acquire parenting skills that would allow them to have sexual conversations with their children (Phetla et al., 2018). For example, one young girl commented, "Suppose our parents were more honest with us, I don't believe I would have had a baby. If I knew in advance, I would have gone to the clinic for prevention" (Phetla et al., 2018).

To promote sexual health in this age range, it is essential to have conversations with young people about sex and sexuality (Ogle et al., 2018). Accordingly, couples that engage in active sex communication are more likely to wear condoms and have fewer partners (Ogle et al., 2018). Young people's communication about sex with their lovers is therefore facilitated by having open discussions about sex with their parents (Ogle et al., 2018). In a similar vein, Hutchinson et al. (2003) investigated the connection between mother-daughter conversations around sex among young girls in inner-city Philadelphia who had sexual experience and were between the ages of 18 and 22.

Remarkably, a three-month follow-up study found that lower rates of unsafe sex and sexual activity were associated with improved mother-daughter communication on sexual risk behaviours (Hutchinson et al., 2003). More condom use, better sexual attitudes and behaviours, and conversations about sexual risk behaviours with boyfriends have all been linked to parental-child sexual risk discussions (Hutchinson et al., 2003). Furthermore, the results of this study reinforced the idea that "Mothers who talk to their daughters about sex may positively impact their daughters' sexual habits" (Hutchinson et al., 2003).

Several organisations have developed programs that teach parents how to talk to their children about sex and contraception in response to the rising rates of STDs and pregnancies in the US (Jaccard et al., 2002). Since parents are seen as change agents and significant knowledge and advice sources who may influence and mould their children's sexual attitudes and behaviours, this tactic is thought to be beneficial (Jaccard et al., 2002).

Consequences of young adult pregnancy

Health consequences

HIV and AIDS prevalence in South Africa

HIV and AIDS could spread through youth pregnancy. With over 6.8 million HIV-positive individuals by the end of 2014, South Africa is leading the world in the HIV and AIDS epidemic (UNAIDS, 2015). There were 468 000 recorded cases of HIV in 2012, with a high incidence rate among women between the ages of 15 and 24. In South Africa, KwaZulu-Natal has continuously reported having some of the highest rates of HIV prevalence. According to a 2014–2015 community-based survey, the province's total HIV prevalence was 36.3%, with women having a higher prevalence (44.1%) than men (28.0%) (Justman et al., 2017). Notably, among young women aged 15–24 years, the prevalence was 22.3%, significantly higher than the 7.6% observed in their male counterparts (Justman et al., 2017).

According to the 2015 Integrated Development Plan, there were 947,945 people living in the King Cetshwayo District, with 53.75% of them being women and 46.25% being men. 50% of the population was between the ages of 15 and 35, making them the sexually active group most at risk for HIV infection and unwanted pregnancies (King Cetshwayo District Municipality, 2015). Additionally, a study by Mbulu (2016) revealed a worrying upward trend in infection rates, with the district's HIV prevalence rising from 33.4% in 2011 to 38.5% in 2012.

Physical consequences

Pregnancy and childbirth complications are the biggest cause of death for women between the ages of 18 and 22 in low- and middle-income countries, and young mothers make up 11% of all births globally, but they also bear 23% of the total disease burden (WHO, 2019).

Furthermore, a significant number of abortions are performed because of unwanted pregnancies, and most of these procedures are performed in hazardous settings that present serious health concerns, including the possibility of death. In 2008, an estimated 3 million unsafe abortions occurred among 18- to 19-year-olds in poor countries (WHO, 2019).

Abortion is one of the negative consequences of an early pregnancy. There are many abortion-related events that the public is unaware of. Abortions can be either legal or illegal; those that are illegal are referred to as "backstreet abortions," and they are carried out by unauthorised and unlicensed abortionists known as "lamppost providers." Uterine sepsis can result from illegal abortions (Hodes, 2016, 79). South Africa performed 90,160 legal abortions in 2013 and 89,126 in 2014, according to Johnston (2015). According to Ramakuela et al. (2016), youth in South Africa between the ages of 17 and 19 account for 93% of all pregnancies, with the majority choosing to terminate the pregnancy (ToP). Ramakuela et al. (2016) report that five young people seek abortions at ToP clinics each day. This number would be higher, but because of the attitudes of the medical staff, additional young girls are scared to go to clinics (Bhengu, 2016). After that, they chose an unlawful ToP. According to WHO (2014), hazardous ToP kills 200 people every day and 70,000 people annually worldwide. WHO (2014) reports that 20 million of the 50 million pregnancies that end in ToP each year are illegal. About 68,000 young girls in South Africa die each year because of complications from illicit ToP, as reported by Ramakuela et al. (2016). The KwaZulu Natal Department of Health (2015) reports that 1,455 persons had bacterial abortions and 15 20013 were hospitalised for partial abortions in 2014.

The Choice of Termination of Pregnancy Act (Act No. 92 of 1996), which allowed legal abortions on demand for specific pregnancy situations under 13 weeks old, was passed by the South African government in February 1997 in response to challenges from unlawful abortions. As a result, there were fewer deaths from illegal abortions. In 2015, the KwaZulu-Natal Department of Health expanded the number of institutions performing ToP from 14 to 40 and the number of medical professionals from 19 to 57 due to the high rate of youth abortions in KwaZulu-Natal. MEC for Health Dr. S. Dlomo started a "stop illegal abortion campaign" in 2015.

Social consequences

It is believed that young mothers are more likely to labour in dead-end occupations and experience poverty and welfare later in life since their ability to find employment and acquire skills is severely limited (Brace et al., 2018). In a similar vein, young mothers who postpone having children are more likely to experience financial difficulties in the future (Sodi, 2010).

Compared to older mothers, young women are less likely to complete high school and postsecondary education, and their children are more likely to face serious academic and developmental obstacles (Brace et al., 2018). Research from developed nations indicates that socioeconomic circumstances, rather than having children at a young age, are the primary cause of the poor academic achievement of most young mothers. However, studies conducted in South Africa indicate that a large percentage of the deficit is caused by youth pregnancy, even though socioeconomic status may also be a factor (Ardington et al., 2019). In addition, data from the South African Labour and Development Research Unit (SALDRU) show that, even after controlling for pre-birth variables, young mothers had lower academic performance than young adults who did not have children in their youth.

After giving birth, many young mothers are expected to take care of the babies, which prevents them from returning to school (Sodi, 2010). Consequently, they are unable to attend school due to their physical health issues (Sodi, 2010). Similarly, the consequences of youth pregnancy often led to a repeat of a grade or course (Malahlela, 2012). Additionally, as many young women's frequent absences may be an indication of pregnancy, youth pregnancy is associated with absenteeism and school dropout (Malahlela, 2012).

Similar findings were noted by Gyan (2013) in a Ghanaian study that looked at how young adult parenting affected girls' academic performance. The study found that only 14% of participants said they were actively

enrolled in school, while 86% of participants reported they were not (Gyan, 2013). Due to the findings shown above, young pregnancy can be both a cause and a result of school dropout (Gyan, 2013).

Psychological consequences

After giving birth, young adult mothers in the US reported feeling depressed (Sodi, 2010). Additionally, while some research participants felt abandoned and rejected by friends and partners, others claimed they were ill-prepared to handle the unanticipated burden of motherhood (Sodi, 2010). Social problems like peer interactions, family challenges, and academic difficulties might promote anxiety and depression in young mothers (Malahlela, 2012).

Likewise, many young adults experience emotional discomfort, which is characterised by depressive, anxious, irritated, and worried sentiments (Walker, 2005). According to Logan et al. (2017), unexpected pregnancies might negatively impact mothers' psychological well-being and leave them feeling less fulfilled than women who anticipated their pregnancies.

Economic consequences

The rate of young adult pregnancies is also influenced by socioeconomic circumstances, as some young women seek out relationships with older men in the hopes that they will be able to support them because they need stability. Poverty is associated with a greater rate of youth pregnancies, as was previously mentioned. Compared to economically wealthy nations like Switzerland and Japan, the percentage of young adult mothers is significantly greater in economically poor nations like South Africa, Niger, and Bangladesh.

Youth pregnancy exacerbates the cycle of poverty that already exists in illiterate societies, transferring a legacy of poverty from the present generation to the next, claims Duddy (2012). Young adult pregnancy reduces family income and increases the dependency ratio, as the girls are obliged to rely on parents or grandparents to care for the new baby.

Panday et al. (2009) also discuss the economic impact of young adult pregnancy. These authors contend that young pregnancies also place a burden on the nation's financial resources, in addition to the fact that high school and college dropouts lose the national market of potential revenue. In addition, DePillis (2014) asserts that in 2008, the US' tax revenue at all levels amounted to \$10.9 billion for resources for young mothers.

Research Methods and Design

Design

The interpretivist paradigm, which prioritises comprehending participants' lived experiences through their subjective meanings, served as the foundation for this study's qualitative research approach (Alharahsheh & Pius, 2020). Examining social phenomena holistically and contextually is made possible by the interpretivist stance, which is especially well-suited for investigating the sociocultural origins and effects of young adult pregnancy. The study used a qualitative case study design within this paradigm, which allows for a deeper comprehension of people's experiences in their natural environments (Hancock, 2020). The case study research approach was selected to examine both similarities and differences in the accounts of young adult females who had been pregnant in rural Mthatha,

Setting

The study was conducted in the three rural villages of Bongweni, Zimbane and Cicira located in the Mthatha region of the Eastern Cape Province, South Africa. These communities are characterised by high poverty levels, limited access to quality education and health services, and high youth unemployment rates. These structural conditions make them particularly vulnerable to high rates of young adult pregnancy and associated socio-economic challenges (Mabunda et al., 2021a).

Population and sampling

The target demographic comprised young female adults aged 18 to 25 years who were now pregnant or had previously experienced pregnancy and who permanently resided in the designated locations. The sampling methodology adopted was snowball sampling, a non-probability strategy appropriate for accessing hard-to-reach or sensitive populations (LeBlanc et al., 2023). Initial participants were discovered through community contacts and were requested to suggest individuals who fit the inclusion criteria. A total of 11 participants were interviewed, with data collection continuing until theoretical saturation was reached, i.e., no new themes emerged (Daher, 2023).

Data collection

Data were gathered using organised, face-to-face interviews utilising an interview schedule comprised of open-ended questions aimed at eliciting comprehensive responses. The interviews were conducted in isiXhosa and later translated into English. To improve the interview guide's clarity, logical flow, and cultural suitability, pilot research involving two participants was carried out. Before the primary data collection, changes were made to the question phrasing and flow based on the pilot's findings (Aziz & Khan, 2020). With the participants' permission, audio recordings of each interview, which lasted 40–60 minutes, were made. Consistency was maintained while allowing for natural elaboration and probing by asking participants the same questions in the same order.

Data analysis

Thematic analysis, a popular technique in qualitative research that entails finding, examining, and summarising themes in the data, was used to analyse the data (Campbell et al., 2021). After reading the transcribed interviews several times to make sure they were familiar, recurrent phrases and meanings were manually coded. Following that, the codes were grouped into broad themes and groups that represented both latent and manifest content. Thematic analysis offers versatility, but it also has drawbacks, including subjectivity and the possibility of inconsistent interpretation (Nowell et al. 2017). Thorough note writing, researcher reflexivity, and regular rechecking of coded data for coherence were used to overcome these restrictions.

Trustworthiness

The researcher employed member checking to verify the accuracy of interpreted meanings and urged participants to give candid, judgment-free accounts to establish credibility. Thick descriptions of participants' backgrounds and experiences were used to facilitate transferability (Lincoln & Guba, 1985). Confirmability was attained by keeping a reflective journal and keeping researcher bias apart from participant narratives, while dependability was guaranteed by a thorough audit trail that documented every decision made during the research process (Shenton, 2004). Owing to the study's qualitative character and scope, triangulation was not used.

Ethical considerations

The King Sabata Dalindyebo Local Municipality (KSDLM) granted permission to conduct research in the chosen villages, and the Walter Sisulu University (WSU) Research Ethics Committee granted ethical clearance for the study. Every participant gave their informed consent, and the right to discontinue participation at any time was upheld. All identifying information was eliminated from transcripts, and pseudonyms were used to maintain confidentiality. Digital material was safely saved on password-protected devices, and interviews were place in private settings. Only the researcher had access to hard copies of the consent forms, which were kept locked in a secure filing cabinet. The study was carried out only for scholarly objectives and complied with the ethical precepts of autonomy, beneficence, non-maleficence, and fairness.

Results

The purpose of this study was to investigate the causes and consequences of young adult pregnancy in women between the ages of 18 and 25 who lived in some rural villages in Mthatha, Eastern Cape. Based on participant replies, the results are presented thematically. To highlight the qualitative aspect of the study, direct quotes from participants are used to support each theme. Eleven participants in all contributed, and their age and pseudonyms are used to identify each quote. Thematic analysis produced themes that were in line with the objectives of the study, and they are shown in the order that best answers each objective.

Causes

Poverty and financial difficulties were the first theme pertaining to the reasons behind young adult pregnancies. Numerous interviewees explained how dangerous connections for economic benefit were exacerbated by financial instability. According to Participant 1 (23 years), "Unemployment, some people get pregnant because of financial problems; they sell their bodies to buy food, clothes, and to take care of their families." At the same time, Participant 4 (24 years) observed, "Most of the time, peer pressure, lack of parental care, and poverty can cause some girls to date and get pregnant at a young age because they just need someone to take care of them."

A second key element that surfaced was a lack of awareness about sexual and reproductive health. Some participants reported they knew very little about the dangers of early sexual activity and contraception. Participant 3 (24 years) stated that, "I don't know enough about pregnancy," while Participant 7 (age 22) answered, "I think it's the lack of information about sexual and reproductive health and rights."

Social impact and peer pressure constituted a third subject. The research showed that individuals were frequently influenced by their peers' norms and behaviours. According to Participant 6 (25 years), "Having friends with children had an impact on the pregnancy, which was one of the causes."

Early sexual exploration and curiosity also played a significant role. Participants acknowledged having sex out of curiosity and without fully comprehending the hazards. Participant 2 (age 23) and Participant 9 (age 18) both cited "knowledge of being sexually active at an early age, not listening to our elders' advice, curiosity, and wanting to see it yourself."

Another important result was the absence of parental support and guidance. Some participants talked of settings where discussing sex was frowned upon, which made them look for information elsewhere. According to participant 10 (age 21), "Girls are searching for everything they don't have at home, like affection, attention, a sense of belonging, and someone who cares. Parents don't discuss sexual activity with their kids."

Sexual violence has been found to be one important and distressing cause of pregnancy. Participant 8 (age 24) stated that, "Lack of information about sexual, sexual violence, social pressure, and school dropout", highlighting the several hazards she faced.

The need for emotional fulfilment also emerged as a significant factor, particularly for those participants who did not receive enough love or care at home. It was reiterated by Participant 10 (age 21) that "Girls are looking for all the things they lack at home, such as attention, a sense of belonging, love, and someone who cares."

School dropout was the last factor found, as individuals discussed how their vulnerability resulted from their disengagement from their schooling. "Lack of information about sexual, sexual violence, social pressure, and school dropout," explained participant 8 (age 24), emphasising how being out of school increased risk exposure.

Consequences

The most recurring issue about the effects of childbearing in young adults was financial difficulties. Participants reflected on how their everyday lives were affected by unemployment and growing financial burdens. Participant 1 (23 years) stated that "Controlling the situation is difficult for me as a young mother without a job." Additionally, participant 6 (25 years) stated, "I lose focus at school when I get a call from home stating my child is ill, and I constantly spend more money on my child."

Disruption to education was another common effect. Due to the obligations of parenthood, most participants had either dropped out of school or found it difficult to keep up. Participant 2 (age 23) commented, "I should be studying to improve my future, but I have to stay with the child." According to Participant 4 (24 years), "I had to drop out of school."

Many participants reported a lack of emotional support, which frequently leads to feelings of loneliness and sadness. "As a young mother, I was depressed since I didn't have any emotional support." Participant 9 (18 years old) mentioned that, "Throughout the entire pregnancy, I had concerns. I struggled to love the child that no one wanted."

Participants also mentioned having trouble juggling a lot of obligations. Overwhelming strain resulted from the conflict between parenthood, education, and financial responsibilities. Participant 2 (age 23) reflected, "I should be studying to improve my future, but I have to stay with the child." Participant 6 (25 years old) stated, "I lose focus at school when I get a call from home saying my child is sick."

Another important consequence was social isolation. Some individuals felt cut off from their age group and excluded from peer activities. According to participant 8 (24 years), "I am unable to return to school. Unlike my classmates, I am unable to enjoy life. I can no longer prioritise my time the way I once could."

For several participants, the psychological effects of pregnancy were profound. For example, participant 3 (24 years old) stated, "Lost opportunities in advanced education." Unable to adequately care for her child, she is unhappy that she is a single mother with no one to help her. These situations were frequently made worse by partners' or families' lack of support or abandonment.

Lastly, individuals complained of facing unforeseen difficulties in the early stages of parenting, frequently without enough planning. Participant 7 (age 22) summed up the uncertainty and lack of preparation encountered throughout the transition into parenthood with the simple reflection, "Encountering unknown situations."

These findings provide a detailed account of the lived experiences of young women navigating pregnancy and motherhood in rural Mthatha. The data reveal how a combination of socio-economic vulnerability, educational gaps, emotional needs, and structural barriers contributes to both the occurrence and outcomes of young adult pregnancy.

Discussion

This study investigated the complex causes and consequences of young adult pregnancy in rural Mthatha, Eastern Cape, among women between the ages of 18 and 25. The results show that early pregnancies and the effects they cause are caused by a complex interaction of socioeconomic, educational, emotional, and structural factors. A deeper understanding of these young women lived experiences can be gained by interpreting these findings through the lens of the Attribution Theory and the body of previous literature.

Interpretation of findings in relation to research objectives

The primary objective was to identify the causes of young adult pregnancy. The study uncovered several interrelated factors:

- *Poverty and economic hardship*: One major factor that encouraged young women to enter relationships to obtain material support was financial uncertainty. This is consistent with earlier studies showing that economic hardship raises a person's risk of becoming pregnant before she is ready (Mabunda et al., 2021a).
- *Lack of sexual and reproductive health knowledge*: Participants highlighted limitations in education and information transmission by expressing a lack of knowledge about contraception and reproductive health. Studies highlighting the necessity of thorough sexual education in rural regions have found similar results (Ngabaza & Shefer, 2020).
- *Peer pressure and social influence*: One significant aspect that was mentioned was the influence of classmates who were parents, indicating that early pregnancy was accepted in some social circles. This tendency has been observed in various settings where teenage behaviour is greatly influenced by peer norms (Panday et al., 2018).
- *Curiosity and early sexual experimentation*: Participants clearly wanted to experience sexuality without knowing the risks. To reduce dangerous behaviours, this emphasises the significance of early and age-appropriate sexual education (Bhana et al., 2019).
- *Lack of parental guidance and support*: Participants sought information outside because there was a lack of open conversation about sexual problems inside families, which frequently led to inaccurate knowledge and dangerous decisions. This result is in line with literature that supports parent-child communication as a preventative measure against unplanned pregnancies (Mchunu et al., 2012).
- *Sexual violence*: There were documented cases of sexual violence and coercion, indicating a serious problem. Targeted interventions are necessary due to the interaction of adolescent pregnancy and gender-based violence (Jewkes et al., 2015).
- *Need for emotional fulfilment*: The desire for love and emotional neglect were mentioned as causes of getting into partnerships that resulted in pregnancy. This is consistent with studies showing early sexual activity as a coping strategy might result from emotional deprivation (Hallman, 2005).
- *School dropout*: Early pregnancy was both a cause and an effect of disengagement from education, resulting in a cycle of vulnerability. Youth pregnancy rates are negatively correlated with educational attainment, highlighting the necessity of retention tactics (Lloyd & Mensch, 2008).

The secondary objective focused on the consequences of young adult pregnancy:

- *Economic hardship*: Without sufficient assistance, participants' financial obligations increased, making poverty levels worse. Opportunities for both professional and personal growth were frequently constrained by this economic hardship (Chigona & Chetty, 2008).
- *Educational disruption*: Motherhood obligations limited participants' opportunities for further study or return to school. Pregnancy-related educational disruptions have long-term effects on women's economic independence and empowerment (Grant & Hallman, 2008).
- *Lack of emotional support*: Due to insufficient social networks, feelings of loneliness and sadness were common. Due to the well-established mental health issues that young mothers face, integrated support services are required (Pillay & Wasielewski, 2017).
- *Balancing multiple responsibilities*: Taking care of others while also going to school or working caused a lot of stress, which frequently resulted in burnout. Young moms need support systems to balance these conflicting obligations (Mollborn & Morningstar, 2009).

- *Social isolation*: Participants felt disconnected and alone because of being excluded from peer activities. According to Letourneau et al. (2004), social support networks are essential for reducing negative emotions and fostering well-being.
- *Psychological impact*: It was clear that early parenthood had a negative psychological impact, including anxiety and despair. Young mothers' and children's general well-being depends on attending to their mental health requirements (Barnet et al., 2004).
- *Unpreparedness for motherhood*: Participants expressed a lack of readiness to manage the demands of parenthood, underscoring the necessity of prenatal education and materials. Young mothers' confidence and competence can be increased by parenting education (Sadler et al., 2007).

Theoretical implications: Attribution Theory

According to the theory of attribution, people interpret occurrences according to either internal or external causes. Indicating a sense of little personal control, participants frequently blamed their pregnancies on external factors including poverty, illiteracy, and societal influences. Their motivation to alter their circumstances may be impacted by this external attribution, indicating the need for treatments that provide young women a sense of agency over their life (Weiner, 1985).

Socio-ecological and humanistic implications

The results highlight how crucial it is to have a comprehensive approach that takes the larger socio-ecological context into account. Interventions must be implemented at several levels to address young adult pregnancy, including the person, family, community, and policy domains. Stressing humanistic principles like respect, independence, and assistance can create settings that empower young women to make wise decisions and obtain the resources they need (Bronfenbrenner, 1979).

Conclusion

The purpose of this study was to investigate the underlying causes and consequences of young adult pregnancy in the Eastern Cape's rural community of Mthatha. The results provide a convincing explanation of how systemic marginalisation, emotional neglect, limited access to sexual health education, and economic adversity interact to influence reproductive outcomes, based on the lived experiences of young women between the ages of 18 and 25. These pregnancies' consequences, which include interrupted education, worsening poverty, psychological suffering, and social marginalisation, point to larger systemic injustices that still limit the lives of young women in rural South Africa.

These discoveries are important not only because of what they show about reproductive risk but also because of what they require of us in terms of ethics and practicality. By highlighting larger factors outside of their control, such as poverty, parental absence, and subpar educational institutions, attribution theory helped shed light on how young women frequently externalise responsibility for their situations. This emphasises how important it is to stop placing the blame on specific persons and instead critically examine the institutional, cultural, and societal structures that do not provide young people with equitable support.

These findings demand a fresh dedication to justice, empathy, and inclusive care within an ecohumanistic framework. Young adult pregnancy should not only be viewed as a public health concern; rather, it is a sign of more serious social and relationship problems, especially in underserved and rural areas. Resolving these issues calls for comprehensive, multifaceted solutions that respect the agency and dignity of young women while tearing down the systemic barriers that restrict their options.

Recommendations

This study has illuminated the complex and interwoven causes and consequences of young adult pregnancy in rural Mthatha. This section responds by offering a number of related recommendations that are practice-

based, policy-focused, instructional, and community-centred. These are intended to promote transformative involvement with youth reproductive health in situations with limited resources, and they are positioned within an ecohumanist paradigm that upholds social justice, ecological interdependence, and human dignity.

To start, there is a strong need to create and carry out comprehensive, culturally and socially grounded, context-sensitive sexual and reproductive health education. This kind of education needs to start far before puberty and continue into young adulthood. It should incorporate important information regarding consent, mental wellness, wholesome relationships, and bodily autonomy in addition to the biological paradigm. Furthermore, to guarantee resonance and cultural legitimacy, co-creation with educators, medical professionals, traditional leaders, and the adolescents themselves is crucial. This immediately tackles the emotional and relational weaknesses that surfaced throughout the data, as well as the substantial knowledge gaps that participants identified.

Initiatives for family engagement must be given priority at the same time. The participants' narratives amply demonstrated the intergenerational silence surrounding sexuality, which calls for community-based approaches that enable parents and other carers to have candid conversations with their children. Restoring channels of trust, direction, and emotional safety within the family can be facilitated by interventions including parenting classes, intergenerational discussions, and culturally appropriate educational resources. Such programs should have institutional support and sustainable funding from national and provincial policy frameworks.

Structural transformation is equally critical. Strategies for reproductive health must be integrated with policies that tackle economic marginalisation and poverty. Financial hardship, which is frequently linked to transactional relationships and limited futures, was mentioned by several of the young women in this study as a significant contributing reason to early pregnancy. Government and civil society actors must thus fund youth-focused economic empowerment initiatives, such as entrepreneurship incubators, microgrant assistance, skills training, and rural internships. These need to be supported by more comprehensive anti-poverty initiatives that guarantee access to healthcare, education, and food.

Pregnant students and young mothers must also be protected and supported by the school retention policy. Flexible scheduling, childcare options, and reintegration pathways that acknowledge the combined demands of parenthood and education should be provided by schools. To serve students with these issues in a caring and non-stigmatizing manner, educators and administrators need specialised training. In addition to academic inclusion, psychosocial dignity and empowerment must be the aim.

To guarantee integrated service delivery at the community level, closer collaborations between NGOs, health services, municipalities, and traditional leaders are required. Peer education initiatives and mentorship models should be used to support regular mobile clinics that offer youth counselling, mental health services, and contraception. Resilience, belonging, and solidarity may be promoted through the creation of youth hubs, safe, youth-led venues for involvement, education, and leadership. These areas ought to foster in young people from rural areas both emotional development and critical awareness.

From an ecohumanist perspective, these suggestions highlight the interconnectedness of social change, ecological health, and human well-being. Young women's reproductive lives are not discrete occurrences; rather, they are intertwined with care, marginalisation, hope, and constraint systems. Relational, dignity-driven therapies are crucial in replacing punitive, moralistic approaches to young adult pregnancy. Strategies that prioritise lived experience, foster collaborative care, and encourage agency at all levels are essential to the future of reproductive justice.

Future research needs to overcome the demographic and geographic constraints of this study. The Eastern Cape and beyond should see more urban and rural populations included in future research so that context-specific factors impacting young adult pregnancy may be compared. To get a more complete picture of how early pregnancy is perceived and experienced, studies should also include more varied samples that include participants from a range of racial and socioeconomic backgrounds, as well as genders.

Investigating young men's viewpoints and their roles in masculinities, responsibilities, and reproductive decision-making is also critically important. Understanding how power and accountability are constructed across genders is essential to a more inclusive, gender-equitable understanding of youth pregnancy.

Furthermore, the relationship between reproductive health and more general structural factors, including migration, rural displacement, and climate instability should be examined in future studies. Understanding how ecological precarity co-produces sexual and reproductive risk is becoming more and more important as environmental degradation exacerbates social vulnerability.

Lastly, further research is required to understand how systemic support, familial relationships, and emotional well-being are intertwined. This ought to be analysed as components of a comprehensive, justice-focused framework rather than as stand-alone concerns. Ecohumanist research can shed light on the complex and frequently imperceptible dynamics of care, restraint, and resilience that influence the lives of youth in marginalised environments. Such research is how information becomes transformative as well as descriptive.

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