Research Article

A descriptive study of the reasons and consequences of pregnancy among single adolescent mothers in Lesotho

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The adolescents, who engage in unprotected sex, face the risk of unplanned pregnancy and sexually transmitted diseases. It is not clear why adolescents in Lesotho engage in unprotected sex and end up with unplanned pregnancies. In addition, it is not clear what the consequences of early childbearing are on the life of the adolescent and her infant. An understanding of the reasons why a number of adolescents engage in unprotected sex and the impact of pregnancy and early childbearing on the lives of adolescent mothers and their infants will potentially assist nurses and other health workers in adolescent health promotion programmes. The purpose of this study was: 1) to determine the adolescent mother's perceived reasons for pregnancy and 2) to determine pregnancy related joys, and problems faced by adolescent mother and her infant.

Method: The exploratory descriptive research design was used to determine the perceived reasons, joys and difficulties relating to pregnancy and parenting. Participants consisted of a convenience sample of 51 unmarried adolescent mothers 16 to 19 years old (mean of 18.4 years, SD = .89).

Findings: The main reasons that the adolescents gave for becoming pregnant were: 1) lack of knowledge about contraceptives, 2) misinformation from friends, 3) control by boyfriends, 4) lack of planning, 5) fear of parents and the side effects of contraceptives, 6) moral issues, 7) failed contraceptives, and 8) failure to take pregnancy seriously.

The pregnancy had negative impact on the lives of the adolescents and their infants. These mothers expressed no joy in having their infants early in life and indicated that they had problems raising these infants. Their main concerns were lack of finances, lack of contact with their boyfriends and loneliness. These findings have critical implications for the establishment of comprehensive adolescent health programmes.

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Introduction

Pregnancy among adolescents poses serious problems. It comes at a time when the mother is not yet ready for parenting physically, mentally and financially (Mngadi, Thembi, Ransjo-Arvidson & Ahlberg 2002: 38). The adolescents who engage in unprotected sex in Lesotho do not only run the risk of becoming pregnant, but also risk their own lives, since maternal mortality is high in this country.

World Bank (2004) estimates maternal mortality ratio at 437 per 100,000 live births, based on 2003 statistics. These adolescents are also likely to contract HIV/AIDS infection with fatal consequences. HIV/AIDS is spreading uncontrollably in Lesotho. The first case was reported in 1986 (Kates & Wilson, 2005:2). The number of people living with HIV/AIDS in 2003 was estimated at 320,000 in a country whose population is only two million (Kates & Wilson, 2005:2; World Bank 2004). World Bank (2004) estimated that 36% of adults and children of ages 0-49 in the population were living with HIV/AIDS. Women of age 15- 49, living with HIV/AIDS, were estimated at 18% of the population. The low estimate of HIV/AIDS prevalence among women of age14-24, was 24.8% (2001 statistics). Both adolescent pregnancy and HIV/ AIDS infection carry a social stigma in Lesotho. As a result, a pregnant HIV positive adolescent has a double jeopardy. Adolescents attending school, who become pregnant or impregnate others, run the risk of being expelled from school (Motlomelo & Sebatane 1999: 22). This has long term negative effects, since it reduces employment opportunities for these adolescents and perpetuates dependence on parents (Yako 2000: 125).

Despite the risks faced by adolescents who engage in unprotected sex, earlier studies indicate that a number of adolescents still continue in this manner in Lesotho (Motlomelo & Sebatane 1999:53; Yako 2000: 81). Woods (1998:6) points out that risk taking and testing limits are necessary for normal psychosocial development in adolescence. However, most adolescents accomplish this developmental task without risking their own lives. When risk taking and limit testing includes risky sexual behaviours, these adolescents increase their chances of unplanned pregnancy and infection with Sexually Transmitted Diseases including HIV/ AIDS.

The principal investigator was interested in finding out the reasons why adolescents risk an early pregnancy, as well as the impact of pregnancy has on the lives of these adolescents and their infants. The purpose of this study was to determine the reasons for adolescent pregnancy, and the joys and problems, related to pregnancy that the adolescent mother has to face.

The report presented in this paper forms part of the main study investigating the impact of pregnancy in the life of adolescents and their infants in Lesotho (Yako: 2000). The main study investigated a number of other factors including stress, anxiety, depression, self-concept, maternal and infant outcomes. Findings of the main study are presented in another paper.

Literature review

Studies done in South Africa indicate that the partners of adolescent girls often pressure adolescent girls into sexual intercourse. Wood, Maforah and Jewkes (1998:233) found that male partners dictated the terms for sex and often beat their girlfriends. These girls never terminated the relationships for fear of further beatings. Vundile, Maforah, Jewkes and Jordaan (2001:52) reported similar results of male domination of teenage girls. In this study, the partners of adolescent girls were likely to be older and less likely to be at school. The teenagers were more likely to have had forced sexual initiation and were less likely to confront their boyfriends if they discovered that there were other girlfriends.

Using a sample of 768 randomly selected single senior secondary school girls in a study on sexual activity and contraceptive use in Nigeria, Okpani and Okpani (2000: 40) reported that 24.7 % were sexually active and that 74.2% of their male partners were older working men, which suggested that these adolescents were in these relationships for material gain. Silberschimidt and Rasch (2001:1815)) reported similar results in a study done in Dar es Salaam in Tanzania on illegal abortions and 'sugar daddies.' Investigation indicated that adolescents who had had illegal abortions had older working partners, and that they were willing to expose themselves to the risks of pregnancy and abortion for financial gain.

Using a sample of 305 adolescents in their baseline study, Motlomelo and Sebatane (1999:53) reported that only 29 % of these adolescents indicated that they had ever used contraceptives. No studies have been done in Lesotho on reasons for adolescent pregnancy. Therefore, it is not clear what factors prompt adolescents to engage in risky unprotected sex and end up with unwanted pregnancies. It is also not clear what pregnancy related joys and problems adolescents face. This study attempted to answer the following questions:

1. What are the adolescent mothers' perceived reasons for becoming pregnant?
2. What are the adolescent mothers' perceived joys and problems, relating to pregnancy and parenting?

Findings of this study will potentially assist the nurses in planning health promotion programmes for adolescents in Lesotho.

Method

Design

The study used both quantitative and qualitative methods. The exploratory descriptive research design was used to determine the perceived reasons, joys and difficulties relating to pregnancy and parenting. This descriptive design was deemed adequate, because it sought to specify the characteristics of a phenomenon of interest, and used a single sample (Burns & Grove 1993:293).

Instruments

The principal investigator developed the instruments used in the study presented in this paper. The instruments were assessed for content validity by three experienced nurse researchers who are experts in midwifery and neonatal nursing. The instruments were pilot-tested using a sample of ten adolescents. These adolescents encountered no problems with the instruments used in this study. Consequently, no changes were made to the instruments.

Infant Form: This instrument was designed to provide information about the infant. Respondents fill in blank spaces or circle the appropriate answer. Items included in the questionnaire were birth weight, Apgar score, method of

feeding and immunizations.

Personal Data Profile: This questionnaire was designed to provide descriptive information about the participants. Respondents fill in the blank spaces or circle the appropriate answer. The items on this questionnaire included demographic information, such as age and marital status, and information about the present pregnancy, such as date and method of delivery.

Reasons and Effects of Pregnancy Guide: This instrument consisted of five questions. The first question was the only close-ended question and asked whether the pregnancy was planned or not. The remaining open-ended questions asked for the reasons and the effects of the pregnancy on the mother and the infant. The respondent indicated whether she has had any joys or difficulties due to the pregnancy.

Population

Adolescent mothers, who attended a postnatal clinic six weeks after delivery at the selected hospitals and health centres at the time of study, were eligible for participation.

To be included, the single adolescent mother had to meet criteria including being between the ages of 15 and 19 at the time of study; singleton birth; primiparity; attendance of the clinic visit six weeks post delivery at the time of study and; an understanding of Sesotho or English.

Criteria for exclusion from the study were firstly hospitalization with a serious medical or surgical condition and, secondly, severe mental disturbance.

Sample

A convenience sample of 51 single adolescent mothers participated in this study. The principal investigator selected the sample. At each visit at the health facility, every adolescent meeting the selection criteria was included in the study. This was repeated until the required number was reached.

Procedure

Adolescent mothers were recruited from three hospitals and two health centers (clinics) in the low lands of Lesotho. The sample came from Queen Elizabeth II hospital, the main hospital in Maseru which is the capital city; Butha-buthe government hospital in Butha-buthe town; Maluti Adventist Hospital in Mapoteng town; and two health centers in Maputsoe town.

The study was introduced to the adolescents and their accompanying relatives during a postnatal clinic visit six weeks post delivery. All single adolescents, who participated in the main study, were invited to participate in the interviews. Out of 64 single adolescent mothers, 51 agreed to participate in the interviews. Those who declined gave transport problems as their reason for non-participation. The majority of these adolescents used public transport, which in some rural areas of Lesotho is scarce.

After the study had been introduced, adolescents over 18 years of age, willing to participate in the study were asked to sign a written consent form. Parental consent was obtained for adolescents under 18 years old. In Lesotho, a child is legally defined as a young unmarried person under the age of 18 years (Ministry of Health & Social Welfare 1993: 23). The legal age for consent for marriage is 18 for boys and 16 for girls (Interpol 2006, 1). The principal investigator conducted interviews using an interview guide developed by the same investigator. The interview was selected as a means of data collection in order to cater for adolescent mothers with minimal education, as it would take them much longer to complete questionnaires and to provide in-depth information.

Setting

Lesotho is a small mountainous, landlocked country. It is about 30,355 square kilometers and is surrounded by the Republic of South Africa (Brainy Atlas 2006:2). More than 85% of the country's population of two million lives in rural areas (World Bank 2004:1). The majority of these people live in the lowlands of the country, in which there is arable land for subsistence farming and near to most towns that provide limited employment opportunities (United Nations Development Programme (UNDP), 2005:1).

Lesotho is classified as one of the least developed countries of the world with the Gross National per capita of U S $ 402.8 (approximately R2558) (UNDP 2005:1). Unemployment rate is quite high and is estimated at 45%, based on the 2003 statistics. The household income, once supplemented by the wages of Basotho employed in the mines of South Africa, has fallen due to retrenchment. A total of 58% of the Lesotho's population live below the national poverty line (UNDP 2005:1). This study was conducted in the low lands due to the accessibility of subjects and costs.

Protection of participants

This study was carried out following the guidelines of the research committee of the (Lesotho) Ministry of Health and Social Welfare. In addition, permission was obtained from administrators of the institutions where data was collected. The benefits and risks of this study were explained to the adolescents and their parents. There were no anticipated risks in this study.

Participants were informed that their decision to participate in this study would not affect their care or the care of their infants. The clients were informed that they were free to withdraw from the study at any point and that raw data would only be accessible to the research team. Adolescents willing to participate and the parents of minors, were requested to sign written consent forms.

Data analysis

Data was first analyzed manually. The responses to open-ended questions were classified and coded. Quantitative data was then analyzed using SPSS for Windows software. Descriptive and inferential statistics were employed in describing the findings.

Findings

Description of the Adolescent Sample

Every adolescent mother (N = 51) that participated in this study was a Mosotho. Their ages ranged from 16 to 19 years, with the mean of 18.4 years, (S D = .89). The majority, (N = 20) 39.2% of these adolescent mothers, had seven years of schooling or less. Seventy-six percent (N= 39) of the adolescents were unemployed, 9.8% (N=5) were employed and 13.7 % (N=7) were students and not working. The majority (N= 30) 59.4%, of these adolescents lived with their own mothers. They came from low-income families, which is typical of the families in the population. Thirty five percent of the adolescents did not know their supporters' income. Only 65 % of the adolescents reported to know their supporters' income. These adolescents

reported an income of less than R1000 per month. The median income was R0 to R499. When asked how well this income met their needs, they stated that it was inadequate. Every participant in this study was a Christian. The majority (N= 31, 60.8%) of Catholic faith, 19.6% were members of the Lesotho Evangelical Church, 11.6% were members of the Anglican Church and the remaining 6% were members of other religious organizations. This religious pattern is typical of the religion of the population in Lesotho. Descriptive data of these adolescents are given in more detail in Table 1.

Table 1. Demographic Characteristics of Adolescent Mothers (N = 51)

Variable	Number	%
Education		
Grade 7* & below	20	39.2
J. C * 1 (Grade 8)	5	9.8
J. C.* 2 (Grade 9)	11	21.6
J. C.* 3 (Grade 10)	6	11.8
Matric*(Grade 11)	2	3.9
COSC* (Grade 12)	5	9.8
College (Tertiary)	2	3.9
Income		
Unknown income	18	35.3
R0-R499	16	31.4
R500- R999	10	19.6
R1000-R1999	4	7.8
R2000-R2999	2	3.9
R 3000-3999	1	2.0
Employment		
Student	7	13.7
Employed	5	9.8
Unemployed	39	76.5
Religion		
Catholic	31	60.8
Lesotho Evangelical Church	10	19.6
Anglican	6	11.6
Methodist	2	3.9
Seventh Day Adventist	1	2.0
Other	1	2.0

Grade 7* =Seven years of schooling
J. C * = Junior Certificate
Matric* = Matriculation
COSC* = Cambridge Overseas School Certificate

Reasons for pregnancy and effects of pregnancy

The main reasons that the adolescent mothers gave for becoming pregnant were:1) lack of knowledge about contraceptives, 2) misinformation from friends, 3) control by boyfriends, 4) lack of planning, 5) fear of parents and the side effects of contraceptives, 6) moral issues, 7) failed contraceptives, and 8) failure to take pregnancy seriously. The pregnancy had a negative impact on the lives of the adolescents and their infants. These adolescent mothers expressed no joy in having their babies early in life, because they had problems raising their infants. Their main concerns were lack of finances, lack of contact with their boyfriends and loneliness.

The reasons

Lack of knowledge

Forty eight percent (N = 25) of the adolescent mothers reported a lack of knowledge of contraceptives as the reason for their pregnancy. They did not know what contraceptives were, how they worked and where to obtain them. They were unaware of national policy concerning the use of contraceptives. Consequently, they were not able to exercise their rights.

Misinformation from friends

Eight percent (N = 4) of the adolescent mothers indicated that their friends told them that contraceptives make people sick. Therefore, if they used the contraceptives, they too would become sick. The illness was not spelt out and it was not associated with any specific type of contraceptives. They had never seen anybody who had become sick from the use of contraceptives. They believed what their friends told them without verifying their credibility.

Control by boyfriend

Eight percent (N = 4) of the adolescent mothers reported that their boyfriends did not approve of their (adolescents') use of contraceptives. The first reason given for disapproval was that the boyfriends claimed that the contraceptives weakened them (boyfriends) sexually. The second reason was that the boyfriend had a desire to have the baby, yet when the baby was born, the boyfriend disappeared. One boyfriend not only disapproved of the use of contraceptives, but also went a step further and prescribed a false remedy.

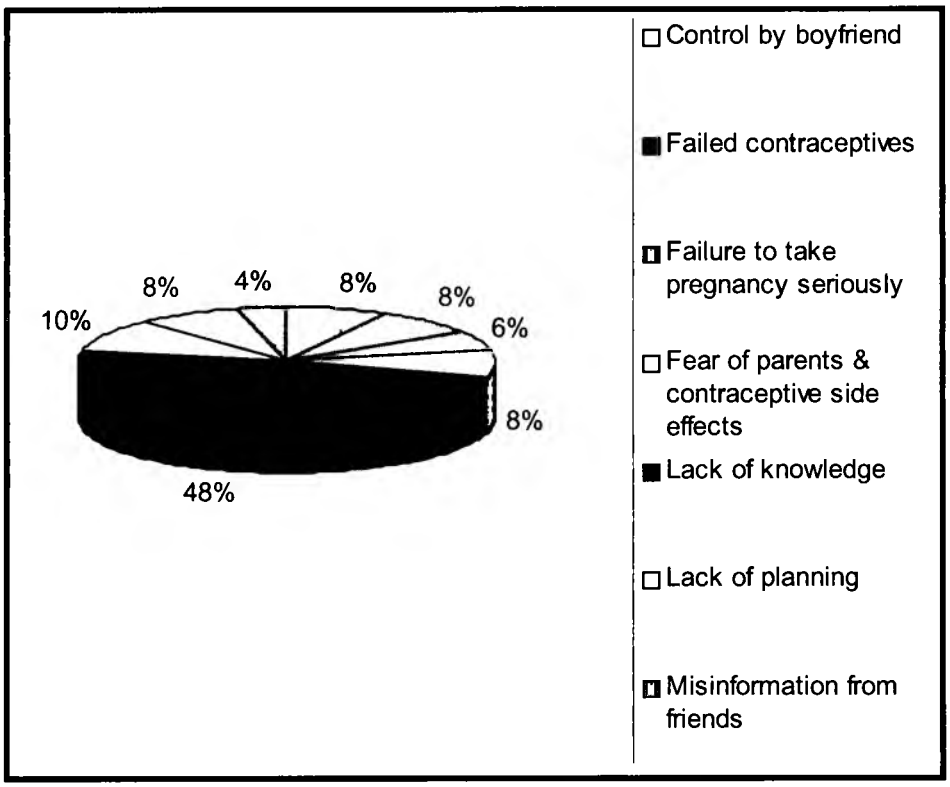
The adolescent mother reported that her boyfriend told her to drink a mixture of vinegar, methylated sprits and water. One tablespoon of vinegar and a tablespoon of methylated sprits were added to one cup of water and she had to drink this mixture daily. This remedy never worked as she became pregnant and the pregnancy progressed to full term without any ill effects on her health and the health of her infant.

Lack of planning

Ten percent (N = 5) of the adolescent mothers indicated that they did not plan to have sex. The sexual intercourse happened spontaneously. Eighty percent (N = 4) of this group had consensual sex.

Twenty percent of this group (N= 1), was an orphan raped by a relative, the father's cousin, who later had no contact with the adolescent and the infant. This adolescent mother indicated that she lived with the grand mother, who never pursued the case. The case was never reported to the police or any other authorities. It was kept a family secret to avoid scandal.

Figure 1 : Reasons for pregnancy



Fear of the parents and the side effects of contraceptives

Eight percent (N = 4) of the adolescent mothers reported that they were afraid of their parents. They did not want their parents to know that they were sexually active. They were afraid their parents would discover their hidden contraceptives, but they never thought of the consequences of pregnancy. Eight percent of the adolescents indicated they were afraid of the side effects of the contraceptives. They believed that the contraceptives would make them sick. The side effects reported by this group who used contraceptive pills and injection, were irregular menstruation and heavy bleeding. This group believed that other forms of contraceptives probably caused complications too. However, in spite of this belief, they never sought information from health professionals.

Moral reasons

Four percent (N = 2) of the adolescent mothers gave moral reasons for not using the contraceptives. The reasons were that the church did not advocate the use of contraceptives. The second reason that was given was that contraceptives encouraged promiscuity as they increased the user's libido. The adolescent stated: 'I believe that the contraceptives will make me wild.'

Failed contraceptives

Eight percent (N = 4) of the adolescent mothers reported failed contraceptives as the reason for becoming pregnant. Almost all the adolescents (N = 3) in this group were on the pill, but did not take the pills regularly. The reasons for not taking contraceptives regularly were that they forgot or a lack of time to collect the pills. The only adolescent who was on Depo-Provera injection, indicated that she did not adhere to the recommended dates for the next injections.

Failure to take pregnancy seriously

Six percent (N = 3) of the adolescent mothers did not take early childbearing seriously. They engaged in sex without thinking of the consequences. One adolescent gave the following reason: 'I was just playing and did not think I could actually get pregnant.' One stated: 'I had no interest in contraceptives.' Another one indicated: 'It was an accident.' The reasons for pregnancy are presented in Figure 1.

The effects of pregnancy on the life of the adolescent and her infant

Joys

Almost all the adolescent mothers (94%, N =48) reported that their infants did not bring them any joy. The majority of adolescents perceived their infants as a burden to them (adolescent mothers), as these adolescents depended on their own families for physical, emotional and financial support. Only 6% (N = 3) reported positive attitudes towards the infants and these expressed their love towards their infants. One actually expressed that her baby boy was a potential asset to the family. She stated: 'This boy will help our family in looking after the cattle in the future. My parents are struggling to find someone to look after the cattle, as I have no male sibling.'

Problems

Seventy-two percent (N = 37) of the adolescent mothers reported lack of finances as the major problem in their lives. They did not have enough money to take care of their needs and the needs of their infants. Almost all (92 %, N= 47)) adolescent mothers were supported by their parents while the rest were supported by other relatives such as siblings and grand parents. This situation added more strain on those relatives who were also poor, with an income of less than R1000.00 per month.

Almost all (96%, N = 49) adolescent mothers had no contact with their boyfriends.

They stated that they felt betrayed and abandoned by their boyfriends when they needed them the most. They indicated that they wished their boyfriends could contact them, see their infants and take part in the upbringing of the infants. One adolescent mother reported that she did not love her boyfriend anymore. Therefore, she did not mind that the boyfriend had not contacted her and the infant. She further indicated that she had gone back to school with the hope of improving her life and that of her infant.

Only one adolescent was in contact with the boyfriend and was supported by the boyfriend. Those that had gone back to school (13.7%, N = 7) indicated that they found it strenuous to study and take care of their infants simultaneously.

The parents of the adolescent mothers helped the adolescents with their infants, but they expected these adolescents to take responsibility for their infants. Another factor mentioned by 20% (N=10) of the participants was loneliness. Because they had dropped out of school, they felt cut off from their friends, who made no effort to contact them. They themselves on the other hand, felt too shy to take the initiative and contact their

friends.

Discussion

The majority of adolescents gave a lack of knowledge about contraceptives as the main reason for becoming pregnant. Adolescents need to be given enough information about contraceptives: what they are, how they work and where to obtain them, so that they can make informed choices. If they do not have adequate information on the contraceptives, they are less likely to use them.

Although some adolescents gave other reasons such as failed contraceptives and fear of complications, the underlying reason was a lack of knowledge. Those who used contraceptives used them irregularly and as a result fell pregnant. The contraceptives need to be used regularly in order to be effective. Health workers should not show negative attitudes towards adolescents who use contraceptives or to those who become pregnant outside marriage. These negative attitudes deter adolescents from using the services (Zabin & Kiragu 1998: 224). Health workers need to give social support to these adolescents, and to counsel them in order to prevent subsequent unplanned pregnancies at an early age (Mngadi et al. 2002: 38).

The majority of parents in Lesotho are not comfortable discussing issues of sex and sexuality with their children, due to their upbringing and religion. Culturally, anything that deals with sex is a taboo. It is never discussed with children. Religion emphasizes morality and therefore the expectation is that adolescents should not engage in sex before marriage. Most parents in Lesotho perceive that talking to adolescents about sex would be encouraging them to engage in sex prematurely. Because most parents do not talk to their children about sex and sexuality, most adolescents obtain their information from their peers, who may also be misinformed (Motlomelo & Sebatane 1999: 2).

Findings of this study are consistent with the findings of earlier studies on boyfriend influence in adolescent pregnancy, where adolescents were dominated by their boyfriends (Wood, Maforah & Jewkes 1998:73; Vundile et al. 2001:733). In this study, some boyfriends denied their girlfriends the opportunity of using contraceptives because they believed the contraceptives would weaken them (boyfriends) sexually. The boyfriends put their own interests first without considering the potential complications of pregnancy and the long-term effects of early childbearing on the adolescent and the infant. Prescription of a false remedy by the boyfriend put the life of the adolescent and the unborn baby in danger, since none of these adolescents knew the side effects of these concoctions.

The adolescents, who gave moral reasons for non-use of contraceptives indicating that contraceptives encouraged promiscuity among the adolescents or that the church did not allow use of contraceptives, failed to put issues into their right perspective. This finding supports earlier findings that adolescents sometimes think and act irrationally due to limited experience and cognition that is not well developed (Whaley, 1999: 377). It is not the contraceptives per se that make individuals promiscuous, but rather the choices that one makes. It is contrary to the Christian philosophy to engage in sex outside marriage (Bible Society 2000: 199). If adolescents abstain from sex, then there is no need for contraceptives. Taking only one aspect of this teaching puts such adolescents at the risk of unwanted pregnancies. Those who choose not to follow the teaching of abstinence before marriage need to admit to themselves that they are sexually active and take responsibility for their actions. They need to use some form of birth control because failure to do so, will not only result in unwanted pregnancies, which have long term negative effects, but the church will also sanction such adolescents for becoming pregnant outside marriage.

Findings of this study indicate that some adolescents did not take early engagement in sexual intercourse seriously, stating that they were 'just playing' or 'it was an accident,' supporting earlier studies that adolescents like taking risks (Manzini 2001: 44; Whaley 1999: 377;Woods 1998:6). Adolescents perceive themselves to be invincible, and that nothing detrimental will happen to them (Woods 1998:6). They failed to put issues into their right perspective due to their inadequate knowledge and their limited cognition (Whaley 1999: 377).

Lack of finances and support from the boyfriends were the main stressors among adolescents in this study. The parents and other relatives of the adolescents had to support the adolescents and their infants. This brought much strain on the families who were already struggling financially. The findings of this study support the earlier studies that indicate that early childbearing perpetuates poverty (Mngadi et al. 2002: 38; Yako 2000: 124). Lack of support from the boyfriends traumatized the adolescent physically and emotionally. These adolescents had to deal with not only their parents, who were angry with them for becoming pregnant early in life, but also felt betrayed by their boyfriends.

Kaufman, de Wet and Stadler (2001:147) give the reason for the boyfriends of adolescents not admitting to parenting of infants in South Africa as fear of the negative influence on the boy's education and employment opportunities. Perhaps the boyfriends of adolescents in Lesotho had the same fears. Because the boyfriends took no part in the upbringing of the adolescents' infants, their parents too did not feature anywhere in the upbringing of their grandchildren. It is not clear if these parents would be willing to assist in the upbringing of these infants even if they knew of their existence.

Implications for nursing

The nurses in Lesotho need to ensure that adolescent health programmes are incorporated into Primary Health Care services. Currently, the programmes specifically for adolescents are not yet well established. Adolescents need programmes designed specifically for them, in which they can discuss their problems without fear of adults. These programmes should not only focus on prevention of pregnancy, but should also look at the adolescents holistically (Yako 2000: 120).

The programmes should aim at boosting the adolescents' self- esteem, even before the impact of the pregnancy is felt. The adolescents should be helped to see that they are important people who can make their own decisions. These programmes should also address the boys since they are also directly involved in early childbearing among adolescent girls.

Zabin and Kiragu (1998: 220) point out

that the decision to practise safer sex is influenced to some extent by the belief of what is considered socially acceptable behaviour from the sex partner. The adolescents, who subscribe to the traditional model in which the male is perceived as the sexually assertive macho man, while the female is perceived as a shy and passive partner, are less likely to negotiate condom use or to communicate their decisions not to engage in sexual relations (Buysse & Van Oost 1997:178; Zabin & Kiragu 1998: 220). The majority of adolescents in Lesotho subscribe to this model due to their cultural upbringing. In this culture, the female is ascribed a lower status than a male. In this context, the adolescent female may understand the dangers of unprotected sex, but may engage in unprotected sex because of the partner's refusal to use condoms (Cambell 1995:197). This mindset needs to be changed through education, with the understanding that it may take time because it is culturally embedded.

Adolescents, irrespective of gender should be assisted to channel their energy into activities that will potentially assist them to develop physically, mentally, socially and spiritually. These include activities such as sports, music, scholarly debates, peer education and voluntary community service. The nurses in Lesotho and other stakeholders, such as the Lesotho Planned Parenthood Association, other health professionals, teachers and the community need to send a strong message about pregnancy prevention. Age appropriate education on sex and sexuality should form a component of the adolescent programmes. This education should start before the age of 10 years or before puberty so that the adolescents can make informed decisions (Ehlers, Maja, Sellers & Gololo 2000:43). Comprehensive adolescent programmes should be ongoing in order to maximize their effectiveness.

A secondary finding of this study is that a number of adolescents are at risk of HIV/AIDS infection. Pregnancy is an indication that these adolescents did not use condoms, therefore putting themselves at the risk of infection with Sexually Transmitted Diseases including HIV/AIDS.

Limitations

The methodological limitation of this study is that it used a small convenience sample from the lowlands in Lesotho. Therefore, the results may not be generalized to the entire population, including adolescents in the mountainous areas.

Conclusion

Despite the methodological problem, this study provides useful baseline information on the reasons for and the impact of pregnancy on the adolescent mothers and their infants in the lowlands of Lesotho. Nurses and other health workers can potentially use findings of this study in planning and implementing comprehensive adolescent programmes in Lesotho.

Recommendations

It is recommended that a larger study, using a randomly selected sample that includes adolescents from the mountainous areas be done in order to generalize the findings to the entire population in Lesotho. It is also recommended that further studies addressing the problem of HIV/AIDS among adolescents in Lesotho, should be done.

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