Teenage Pregnancy: An exploration of teenage mothers' perceptions and experiences of support from an eco-systemic framework

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DECLARATION

A Research project submitted in partial fulfilment of the requirement for the degree of Masters in Educational Psychology in the Faculty of Humanities,

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2013

I declare that the project is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university. All sources have been correctly referenced using the APA format of referencing.

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ABSTRACT

This study aimed to explore teenage mothers' perceptions and experiences of support from an eco-systemic framework. According to Statistics South Africa (2012) about 4.5% of females in the age group 13-19 reported to being pregnant, in addition to this 19.2% of females were reported to having dropped out of school due to their pregnancy. Due to the increase in teenage pregnancy in recent years, it may be beneficial to evaluate the kind of support systems teenage mothers utilise in attempting to overcome the challenges and difficulties they may face. The rationale of the current study is to illuminate such support systems and how teenage mothers ultimately perceive and experience such support. This is contrary to previous research studies which have mainly focused on only one or two of these systems as support networks utilised by teenage mothers. The study was able to gain in-depth information into how a small group of teenage mothers view their support in relation to their pregnancy. This was achieved through the use of semi-structured interviews. The system that the teenage mothers seemed to rely on the most seemed to be their microsystem which consisted of their family and friends. Their mesosystem also seemed to give support to those teenage mothers who attended school at the time of their pregnancy. The study also revealed that most of the teenage mothers were not aware of the inclusive education policy and were dissatisfied with the sex education they received at school. This has implications for governmental policy on inclusive education and the sex education programmes offered at schools.

Keywords: teenage pregnancy, eco-systemic framework, inclusive education

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Chapter 1: Introduction

Teenage pregnancy is considered to be a serious issue in society and has come under intense study in order to investigate the effects of such pregnancy on adolescents' lives. Pregnancy is considered to be a major event in anyone's life, pregnancy at the adolescent stage of life is usually deemed inappropriate. Panday, Makiwane, Ranchod and Letsoalo (2009) highlight that this is because teenage pregnancy precedes education, work and marriage and adolescents are generally seen as lacking the necessary skills and life experience needed to become parents. According to Statistics South Africa (2012) about 4.5% of females in the age group 13-19 reported to being pregnant. It was also reported that about 19.2% of females were reported to having dropped out of school due to their pregnancy. In a South African report commissioned by Partners in Sexual Health (PSH) in 2013 it was highlighted that only about a third of teenage mothers return to school after having given birth (Willan, 2013). It was also reported that many teenage mothers drop out of school as a result of their pregnancy before giving birth (Willan, 2013). A recent article from the Sunday Times (Govender, 2013) reported that the Annual Schools Survey in South Africa revealed that about 582 girls aged 8-14 fell pregnant in 2010. The rates of pre-teen pregnancies had increased and included children as young as eight and nine years of age (Govender, 2013).

South African research studies indicate that some of the main reasons for the increase in teenage pregnancy rates are the lack of quality sex education, ignorance, coercive sexual relationships, the lack of access to health clinics for contraceptives, the lack of basic knowledge on the use of contraceptives and myths surrounding sex and contraceptives (Richter & Mlambo, 2005; Bhana & Bhat, 2010, Ehlers, 2003). Other reasons include: a pattern of teenage pregnancy in the family; a lack of adequate opportunities in the lives of young mothers; a desire for a child; and ambivalence around the use of contraceptives (Wahn, Nissen & Ahlberg, 2005). Paek, Reber and Lariscy (2010) investigated interpersonal factors and the media as a means of socialisation among adolescents around health issues. Interpersonal factors such as family, peers, and the media influence the way in which adolescents view their health. This includes teenage mothers' knowledge around the use of contraceptives and their health in relation to their pregnancy.

Due to the increase in teenage pregnancy in recent years, it may be beneficial to evaluate the kind of support systems teenage mothers utilise in attempting to overcome the challenges and difficulties they may face. As most of these mothers still attend school, academic achievement becomes a concern and is often researched, as illustrated in research by Chigona and Chetty (2008) and Madhavan (2005). The Department of Education in South Africa has realised the concern of the growing number of teenage pregnancies in schools which has led to various policies being implemented as embedded within the Constitution of South Africa as well as in Education White Paper 6 (Department of Education, 2001)

The most recent policy introduced by the Department of Education is the 'Measures for the prevention and management of learner pregnancy' which aims to ensure that learners are fully informed about reproductive matters which may enable them to make responsible decisions. These measures also aim to inform pregnant learners about their rights to education and the options they have in returning to school once they have given birth (Department of Education, 2007). It is clear that such policies aim to protect and support pregnant learners who are still in school but many pregnant learners end up dropping out of school as indicated by previous research studies by Runhare and Vandeyar (2011) and Vincent and Thomson (2010). Additional support from family, friends, school and the community have a positive impact on teenage mothers' psychological wellbeing and academic achievement as illustrated in studies by Luster, Perlstadt, McKinney, Sims and Juang (1996); Caldwell, Antonucci, Jackson, Wolford and Osofsky (1997); and Dallas (2004). The rationale of the current study is to illuminate such support systems and how teenage mothers ultimately perceive and experience such support. This is contrary to previous research studies which have mainly focused on only one or two of these systems as support networks utilised by teenage mothers.

The research may thus contribute to highlighting what support systems are beneficial for teenage mothers and the challenges they have experienced. As being a mother at a young age may pose psychological and academic strain, educational psychologists would need to understand what kind of support these mothers have available to them and which support systems are most utilised by teenage mothers. Educational psychologists may then be instrumental in developing programmes to assist teenage mothers and their families in being able to cope with the pregnancy and related stress. These psychologists could also work with teachers

in schools in developing programmes to assist with the re-integration of teenage mothers back into the education system, as well as strategies to assist these mothers in catching up on their school work and studying for examinations.

The current study aimed to explore teenage mothers' perceptions and experiences of support from an eco-systemic framework. It is significant to focus on teenage mothers' support networks as studies have highlighted that these mothers often experience financial difficulties, lowered self esteem, poor emotional wellbeing, lowered academic achievement, and school drop-out due lack of support (Caldwell et. al., 1997; Runhare and Vandeyar, 2011; Vincent and Thomson, 2010; Luster et. al., 1996; and Dallas, 2004). . For example, Runhare and Vandeyar (2011) investigated some of the negative perceptions that pregnant learners face, such as low success expectations from teachers, negative labelling from their community as being sexually promiscuous and as a result there may be inadequate service provisions from the staff and school management which may pressurise learners to drop out of school. Caldwell et. al. (1997) illustrated that a stronger bond with one's caregivers and additional support from one's family lead to greater psychological wellbeing of teenage mothers.

Due to the fact that various systems such as the learners, their parents, school staff and peers, and their community have an all encompassing impact on the pregnant learner, an eco-systemic framework (Bronfenbrenner, 1979) is used in order to gain a more holistic picture into the lives of teenage mothers. These systems include their home environment (family), school environment (teachers and peers), the community they live in, and their health care system. The research study also aimed to investigate the challenges that teenage mothers faced both in and out of school within each of the systems that surround them.

1.1. **Research questions**

Primary research question

◆ How do various systems, such as family, school, community and health care, respond to teenage mothers?

◆ What are teenage mothers' perceptions and experiences of the factors that may lead to their decisions to stay in school?

◆What are their perceptions and experiences of the factors that may lead to their decisions to drop out of school?

◆ What are their perceptions and experiences of the challenges they face or have faced both in and out of school due to their pregnancy?

◆What are their perceptions and experiences of the kinds of support systems (if any) that they have?

The research report will review current literature on teenage pregnancy, in Chapter 2, from both an international and South African perspective. The kind of support systems teenage mothers utilise will also be reviewed in this chapter. An eco-systemic theoretical framework is utilised and inclusive education forms part of the contextual framework. The research methods are then discussed in Chapter 3 with reference to the research design, sample, procedure and ethical considerations. The research findings are then reported in Chapter 4 and relevant quotes are highlighted as evidence. These findings are then discussed in Chapter 5 in relation to the literature and current research studies. The implications of the research findings, limitations and recommendations for future research are also discussed in this chapter.

Chapter 2: Literature Review

2.1. **Introduction**

The literature is divided into four main themes: eco-systemic theory, inclusive education, systems of support for teenage mothers and teenage pregnancy as researched both internationally and from the South African perspective. The research is contextualised using eco-systemic theory as the theoretical framework and the South African education policy framework of inclusive education. Eco-systemic theory is discussed in relation to Bronfenbrenner's ecological theory and Bertalanffy's systems theory and highlights the various systems in which an individual lives and may ultimately draw support from. The inclusive education policy in South Africa is discussed and provides an indication of policies available for teenage mothers still attending school. The third theme focuses on systems that may be used as support by teenage mothers such as family, school, community, health care, mental health care and so forth. It is important to recognise what kind of support systems these mothers utilise, what systems are available to them, and which systems contribute to providing the most support for these mothers. The final theme on teenage pregnancy highlights the extent of teenage pregnancy in South Africa, previous research that has been done on the topic, as well as international studies that have been conducted.

2.2. **Eco-systemic theory**

The current research study has used an eco-systemic framework as it is essential to include investigations into how teenage mothers' surrounding environments contribute to their individual perceptions and experiences. Eco-systemic theory encompasses ideas from both the ecological and systemic frameworks. The ecological framework is based on interdependence between different organisms and their environment (Donald, Lazarus & Lolwana, 2002). The ecological theory by Bronfenbrenner was used in order to explore the various systems of influence that surround teenage mothers and the effect that they have on these mothers. The ecological environment in which an individual lives consists of five environmental systems, namely the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem (Hook,

2002). The systemic framework is based on systems theory which originated in the 1940's (Nichols & Schwartz, 2007). Systems theory is based on the idea that every individual belongs to a complex system. This idea originated under Austrian biologist Ludwig von Bertalanffy where he illustrated that every system consists of subsystems which are part of larger systems creating a complex interaction between these systems (Nichols & Schwartz, 2007). These systems will be explained further through the use of Bronfenbrenner's ecological model of development.

In Bronfenbrenner's theory of human development, he illustrated that every individual belongs to an ecological environment. This environment is comprised of a set of systems which make up a concentric structure where each system surrounds the other. Bronfenbrenner was particularly interested in how an individual perceives their environment and not in the environment as it exists in objective reality (Bronfenbrenner, 1979). The innermost system is the microsystem which is the immediate environment that directly affects an individual. It is a "pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics" (Bronfenbrenner, 1979, p. 22). This system involves daily activities, roles and relationships and encompasses one's family, friends, school and peer groups where one is involved in face-to-face interactions (Donald et. al., 2002).

For teenage mothers their caregivers or parents, friends, peers and teachers can have a profound effect on how they view themselves and their situation in their given environment. This is illustrated in the research by Bhana and Bhat (2010) where 85% of the females who were pregnant in their study reported that their families showed disapproval towards their pregnancy. Their study highlighted that this may ultimately cause conflict in the family and may lower the teenage mothers' self esteem and confidence in themselves.

When an individual moves out of their immediate environment into a new setting they move into the next system which is the mesosystem. Bronfenbrenner describes this system as "interrelations among two or more settings in which the developing person actively participates" (Bronfenbrenner, 1979, p. 25). This system can be described as a set of microsystems that interact with one another and ultimately affect on another. For example, occurrences in the household may influence the way in which one responds at school (Donald et. al., 2002).

Interactions at a mesosystemic level may affect teenage mothers as it is at this level that parents and teachers may collaborate in educational planning for such mothers. As highlighted in the *Measures for the prevention and management of learner pregnancy* (Department of Education, 2007) caregivers or parents of the pregnant learner need to work with teachers in order to provide optimal support for the learner. This may ultimately ensure that the learner is able to continue with their work during absences from school due to their pregnancy.

The exosystem is broader than the previous systems as it consists of an individual's community, health systems, decisions made by school boards, government, distribution of goods and services, communication and transportation facilities (Hook, 2002). Bronfenbrenner illustrates (1979, p. 25) that this system is comprised of "one or more settings that do not involve the developing person as an active participant". Each of these settings has an impact on the decisions that a teenage mother makes. The community can either support or discriminate against the teenage mother. Health systems can have an impact in a variety of ways such as implementing sex education to teenagers, the provision of contraceptives, and supporting teenage mothers who attend clinics for assistance in their pregnancy. As has been discussed, the government creates policies to support teenage mothers in school and school governing bodies are responsible for the implementation of such policies which have an impact on teenage mothers' educational attainment.

The macrosystem contains dominant social structures including cultural values and beliefs (Donald et. al., 2002). As highlighted by Bronfenbrenner (1979, p. 26) it is "the subculture or the culture as a whole, along with any belief systems or ideology". Cultures, values and traditions have an impact on how teenage mothers are viewed in society which is predominantly a negative view. The chronosystem is the overall dimension of time, such as environmental events, transitions in the environment over time, the socio-historical placement of the individual, changes in family size, cultural changes and so forth (Hook, 2002). Finally, evaluation into one's own perceptions of their context allows for the understanding of how they engage with each system which allows one to be an active participant in their particular context (Donald et. al., 2002).

Bronfenbrenner (1979) also highlights 'ecological transitions' that occur during an individual's development. This is when their position in their environment changes either by

their role, setting or both (Hook, 2002). This can be applied to teenage mothers as they now have a new identity in society as a young mother. This changes their perception of their self, their behaviours, how they are treated, how they act, what they do, and how they think and feel.

Two critiques on Bronfenbrenner's theory can be highlighted. Hook (2002) argues that it may be a difficult developmental model to apply. An extensive amount of detail about the individual needs to be collected and questions may arise as to how much detail is sufficient for analysis. Another critique is that when one has this extensive amount of information, it may be difficult for one to form a hierarchy according to importance of the influence each system has on an individual's development (Hook, 2002).

2.3. **Inclusive education**

2.3.1. International perspective:

Vincent and Thomson (2010) conducted research in England on the inclusion or exclusion of pregnant school-going girls. They illustrated that the New Labour government in England launched a national teenage pregnancy strategy in 1999 which marked the beginning of a ten year campaign to reduce the rate of teenage pregnancy and to increase the inclusion of teenage mothers in the education system as well as in employment. The Department for Education and Skills in England issued a social policy in 2001 which offered guidance for schools when faced with a teenage mother attending the school. The policy stated that pregnancy was not a reason for exclusion and that the school needs to make sure that the teenage mother continues with her education for as long as possible until the birth of her baby. This includes exploring all available opportunities for curriculum support and ensuring that the teenage mother is successfully reintegrated to education after her six week post natal check up (Vincent & Thomson, 2010).

Vincent and Thomson (2010) highlighted four stories of teenage mothers who were attending school at the time of their pregnancy and included their different school experiences and how some schools were supportive whilst others were not. One story in particular highlighted a teenage mother's difficulties with regard to her education as her school made her to feel unsupported and excluded. She was referred to the pupil referral unit which is a unit separate from the school where she could continue with her schoolwork. However, poor communication with her original school resulted in her missing out on coursework and she

ultimately failed one of her subjects due to this. Another teenage mother's story highlighted how her school insisted that she go to the pupil referral unit and she was told not to return to the school. This teenage mother felt that the schools' response was due to wanting to maintain a particular reputation. She too felt excluded and had poor communication with her school and as a result dropped out of most of her subjects (Vincent & Thomson, 2010). Another teenage mother expressed different experiences as she was allowed to stay at her school and received support from both her head of school and her head teacher. However, she faced prejudice from the students and one particular teacher said to her that "slappers like you don't belong in this school" (Vincent & Thomas, 2010, p. 379). This illustrates that even though teenage mothers may receive the necessary support from their school, they may be faced with mixed feelings and reactions from the staff and peers at the school that may ultimately make it an unpleasant experience for them, as discussed by the researchers. It is clear that although governments may pass certain social policies to protect teenage mothers; these policies are not always adhered to practically and may result in unpleasant experiences and poor performance of teenage mothers in school.

2.3.2. The South African perspective:

In 2001, the White Paper 6 was introduced by the Department of Education in South Africa. This paper aimed to acknowledge the diversity among youth and their learning capabilities illustrating that learners will therefore have different learning needs. It is then essential to acknowledge these differences and needs in order to ensure that all learners are able to receive education regardless of disabilities or barriers to learning and development (Department of Education, 2001). The Apartheid government in South Africa aimed to institute separate education of the various ethnic groups (Lomofsky & Lazarus, 2001). After 1994, the new democratic government aspired to promote equal and inclusive education for all ethnic groups and wanted to promote the values that democracy encompassed, such as equality, the importance of human rights and the acknowledgement of diversity (Department of Education, 2001). The inclusive education system was therefore aimed at all schools in the country and encompasses the idea that all learners with diverse needs need to be accommodated and supported in their educational attainment (Magare, Kitching & Roos, 2010). As progress is being made in the implementation of the system of inclusive education in South Africa (Department of Education,

2001), there are still many challenges to be faced in the South African context and one such challenge is that of the high rate of poverty in the country. Poverty leads to the lack of basic resources such as toilets, access to water and electricity, and safe buildings particularly in rural areas which creates a challenge in promoting inclusive education in these settings (Lomofsky & Lazarus, 2001).

Pregnant learners are considered to be a population that would need the specialised support and accommodation which is also emphasised by the policies of inclusive education. The Department of Education introduced a policy in 2007 called the *Measures for the prevention and management of learner pregnancy* which aims to inform learners on reproductive matters and information to help them make responsible decisions (Department of Education, 2007). The policy also highlights the rights that pregnant learners have to education and contains various strategies to support teachers in managing the effects of pregnancy in school (Department of Education, 2007). It highlights that schools should establish programmes that emphasise abstinence in school which may lead to the prevention of teenage pregnancy. It also states that pregnant learners in school should not be unfairly discriminated against by both staff and students which is highlighted in the Constitution under the South African Schools Act (Department of Education, 2007). It also states that pregnant learners are not allowed to be expelled by the school they attend and should receive support from such schools. The *Measures for the prevention and management of learner pregnancy* (Department of Education, 2007) highlights procedures that need to be put in place when a learner becomes pregnant which includes procedures for the learner, the parents or guardians, the school, and Provincial Education Departments.

One of the aims of the current research study was to investigate whether pregnant learners benefited from such policy or whether it had a negative impact on them to the extent where they felt that they had to leave the school they attended. Runhare and Vandeyar (2011) aimed to investigate how educational stakeholders in South Africa and Zimbabwe responded to the policy of mainstreaming pregnant learners in formal schools. They found that the schools in the study had inadequate knowledge about policy on the management of pregnancy in schools. This is a cause for concern as pregnant learners are thus not briefed on their rights to education, they may be exposed to discrimination from staff and peers, and there would be no support

systems put in place for these pregnant learners. All of these factors may ultimately lead to the learner deciding to drop out of school which is detrimental to their educational development. An interesting finding in the Runhare and Vandeyar (2011) study was that pregnant learners' cultural values and beliefs of systems were so predominant that these values and beliefs may have overshadowed policies introduced by the schools. They argue that even if the schools were aware of policies, positive changes may still not have been guaranteed due to the large impact that surrounding communities may have. For example a community may stigmatise teenage mothers by believing that these mothers bring shame to the community, they should therefore have their privileges taken away from them and drop out of school to care for their child. Policies on inclusive education need to thus be understood and accepted in these surrounding communities and neighbourhoods in order for a supportive environment to be created for pregnant learners. They illustrate that "policy alone cannot change things" (Runhare & Vandeyar, 2011, p.21). These findings highlight an eco-systemic view where the systems that surround an individual have a profound impact on the individuals' development.

It is important to view the strategies of inclusive education and the measures put in place for the management of teenage pregnancy in order to evaluate the experience that school-going pregnant learners may have whilst still in school. This may bring up issues on whether their school has enforced such policies and support systems, whether the learners are or were aware of their rights to education while pregnant, and whether they experienced discrimination from school staff and peers. It is also significant to investigate the factors that may surround unsuccessful implementation of inclusive education policies or whether these policies related to teenage pregnancy are even being implemented in all schools in South Africa. An investigation into these factors may help gain significant understanding into why pregnant learners choose to either drop out or stay in school.

2.4. **Systems of support for teenage mothers**

Other than policies set aside under the inclusive education system, from an eco-systemic framework some teenage mothers may utilise other systems around them for support. These systems may include their family, their boyfriend and his family, their community, their healthcare system and so forth. There are not many research studies that have taken all of these

systems into consideration in one single study. Previous research has mainly focused on one or two of these systems as support networks utilised by teenage mothers.

2.4.1. Family support:

As the family forms part of the microsystem, it is known to be a primary means of support to teenagers. It is this system that provides one with role expectations and values. One's parents also become significant motivators in the lives of teenage mothers who are still attending school (Hoover-Dempsey, Whitaker & Ice, 2010). Madhavan (2010) illustrates ways in which teenage mothers establish connections with their families and the fathers of their children to increase financial resources to gain more moral legitimacy for having their children out of wedlock in Mpumalanga, South Africa. The researcher found that in actual fact, many of the teenage mothers did not form such connections especially with the fathers. The mothers highlighted that they utilised kin networks and child support grants instead (Madhavan, 2010). Spjeldnaes, Sam, Moland and Peltzer (2007) demonstrated that the child grant is the second most widely utilised social grant in the country. Such findings may illustrate that teenage mothers are more likely to utilise kin networks, support groups and social grants such as the child grant instead of relying on people in their microsystems such as their families and the father of their children.

Luster, Perlstadt, McKinney, Sims and Juang (1996), aimed to investigate what kind of effects a family support program would have on adolescent mothers and their children. They designed a family support program called TIES (Trust, Information, Encouragement, and Support) to help teenage mothers care for their children in the home environment. This was designed for teenage mothers who lack their own family support to ensure that their children were well cared for and that the mothers' psychological wellbeing was protected. The teenage mothers ultimately felt more supported by the program which demonstrates the importance of additional support in the home environment for these young mothers.

With regard to parental support and the teenage mother's psychological wellbeing, Caldwell, Antonucci, Jackson, Wolford and Osofsky (1997) highlight that having stronger bonds with one's caregivers or family leads to greater feelings of self worth and psychological wellbeing among teenage mothers. The study illustrated that those mothers who had supportive relationships with their parents prior to their pregnancy, experienced the same kind of

relationship after their pregnancy. Those who had slightly conflictual relationships with their parents reported that their parents became more supportive once the baby was born (Caldwell et. al., 1997). Most of the participants placed their mothers in a central position within their circle of support and their father also seemed to be supportive but not as supportive as their mother. The participants' perception of the support from their fathers was significant in that it was the factor that contributed the most to depressive symptoms. If teenage mothers viewed their fathers' support as positive this led to greater psychological wellbeing as the support from the father was not always expected whilst support from their mothers was most likely (Caldwell et. al., 1997).

Dallas (2004) explored how the mothers of teenage parents experience the pregnancy and parenting. Eleven maternal grandmothers and nine paternal grandmothers were sought. All participants were white and their children had to be teenage parents to their first child. The participants were then interviewed in order to gain perspectives into their experiences. The research found that the teenage pregnancy was seen as a 'transitional event' in which six factors contributed to such an event (Dallas, 2004, p.349). These factors were: 'meaning' of having a child at such a young age; the 'level of planning' with regard to the use of contraceptives; 'expectations' with regard to the involvement of both the teenage mother and father in the pregnancy; the 'environment' which could either be supportive or unsupportive in relation to the pregnancy; the 'level of knowledge and skill' in relation to the young parents' ability to know how to care for a child; and the 'emotional and physical wellbeing' of the teenage parents including their ability to handle additional stress and adjust to the transition (Dallas, 2004, pp. 350-352). The participants agreed that the above factors need to be taken into consideration when expecting a teenage pregnancy. This allows for further understanding of whether or not the teenage parents are prepared and whether the level of support they would ultimately need from their family is sufficient or available.

2.4.2. School support:

In a South African study, Chigona and Chetty (2008) illustrated that teenage mothers were more likely to thrive academically if they received the necessary support they needed. Participants for the study were drawn from four randomly selected high schools in Cape Town. Ten teenage mothers and four heads of school were chosen to be interviewed. The study revealed that instead

of utilising support, the teenage mothers' often endured misunderstandings and pressure within school. These mothers then became disempowered which often lead to them either dropping out of school or getting trapped in the stereotype of being a 'failure' (Chigona & Chetty, 2008, p. 261). Chigona and Chetty's (2008) research study found that many teenage mothers struggled to succeed at school due to lack of support which lead to various disruptions to their school attendance.

Research by Bhana, Morrell, Shefer and Ngabaza (2010) consider teachers' responses to teenage pregnancy in South Africa. The researchers considered responses of teachers from schools in both Durban and Cape Town and a total of seventy nine teachers participated in focus groups. They found that many teachers view teenage pregnancy as a social problem which contributes to sexual shame and school disruption for the mothers. Teachers responses often range from hostile to caring and supportive, which illustrates that teachers do have the capacity to show care and support to these mothers at this challenging time in their lives (Bhana et. al, 2010). Madhavan (2005) found that support is necessary whilst teenage mothers are still in school, however, this needs to be coupled with socioeconomic stability. The study was quantitative in nature and involved teenage mothers who had already given birth and were attending school in the Limpopo Province. The sample was taken from the 1996 South African population census. It highlighted that both support and socioeconomic stability are essential to the enrolment and progress of teenage mothers in school. Due to the value placed on education, particularly in South Africa, it becomes more important for teenage mothers to complete their education and more mothers are starting to realise this and thus aim to complete their education regardless of their circumstances (Madhavan, 2005). A limitation of this study is that it does not include adequate in-depth qualitative accounts of these mothers' perceptions and experiences. The research also does not include mothers who were forced to leave their homes or those who had moved out of the Province due to their pregnancy which may be indicative of the lack of support they received (Madhavan, 2005).

2.4.3. Community support:

De La Rey and Parekh (1996) assessed the use of community-based peer support groups as an intervention that provides teenage mothers with opportunities to share their experiences and receive social support. They were able to focus on a community-based group of ten teenage

mothers who met over a period of eight weeks in the KwaNcgolosi area of the KwaZulu Natal province in South Africa. They argued (1996) that the group created empowerment among the teenage mothers because they were able to discuss common experiences and have their perceptions confirmed by other group members. Many of the teenage mothers expressed feelings of loneliness, fear and isolation due to their pregnancy but the supportive environment of the group enabled them to discuss these feelings and realise that they were not alone. This may have implications for the mental health of teenage mothers.

In a study conducted in Britain, De Jonge (2000) found that teenage mothers described how they experienced depression as a result of their pregnancy. The mothers in De Jong's (2000) study described how they were not aware of this depression at the time because they had to mask it in order to make it look as if they were coping well in order to avoid negative perceptions from those around them. They were only able to become aware of their experience of depression in a group setting while sharing their experiences with others. These findings illustrate that teenage mothers' mental health may also be affected due to their pregnancy and they may not even be aware of this at the time. Thompson (1986) argues that the psychological wellbeing of teenage mothers is significantly related to their social support systems. She highlights that the best kind of social support for these mothers are female siblings, a male partner and friends (Thompson, 1986). These findings may contribute to the necessity of social support groups and community-based support groups for teenage mothers, especially those who do not gain support from their families and partner.

Community-based support groups become even more important as they may act as kind of a therapeutic environment for teenage mothers to deal with such emotions and become aware of them. De La Rey and Parekh (1996) also illustrate that only some of the teenage mothers were able to gain support from their families as well as their boyfriend's family. Their own family was able to help them with their financial difficulties and care of the child for when the mother had to attend school or work. Their boyfriends' family was seen to be of aid financially, particularly among the Zulu culture. The boyfriends' families had to pay cultural damages to the teenage mothers' families due to the pregnancy being out of wedlock, as highlighted by De La Rey and Parekh (1996). Their research highlights the importance of establishing groups in the

community because it becomes an essential source of support for mothers who do not have other support structures in their lives.

De Jonge (2000) also demonstrates the importance of support groups for teenage mothers. The study interviewed ten teenage mothers in Britain to examine the extent to which they received support. Majority of the mothers highlighted how they would have like to have had support in taking care of their child whilst they attended school or work. Due to financial constraints it became increasingly difficult for them to pay centres that offer child care. They also highlighted that it would have been beneficial to have a support group whilst they were pregnant that consisted of other teenage mothers who shared similar circumstances and experiences as them (De Jonge, 2000). The research highlighted that such a support group would ultimately help teenage mothers feel less stigmatized, offer information regarding services such as child care, offer emotional support and educational modules on pregnancy and child care. This may allow health professionals to share their knowledge to educate teenage mothers in a group setting.

2.4.4. Support from health care services:

Slowinski (2001) conducted a research study in Australia and found that teenage mothers' attendance at antenatal services set aside by health clinics were particularly poor. She found that this was due to teenage mothers feeling intimidated by such main stream health services, they also feared judgement from staff members and did not feel confident due to their lack of knowledge about the importance of care during their pregnancy (Slowinski, 2001). It is evident from this research that better access to health care services is needed as well as alternative programs set aside to provide knowledge and information for teenage mothers. Another study highlighted that teenage mothers often failed to attend services at health care clinics due to fear of negative reactions. Bailey, Brown, DiMarco, Letherby and Wilson (2004) highlight that teenage mothers in Britain did not frequently access the antenatal and parental classes offered by health clinics and if they did, there were not likely to return. It was found in the responses of teenage mothers that they often felt different from the other older mothers who attended these classes and that they would prefer to attend such classes that are specialised only for teenage mothers (Bailey et. al, 2004). This illustrates that health clinics providing services such as

antenatal classes and educational programmes for mothers need to be flexible to the needs of teenage mothers which may ultimately increase their attendance of these classes.

With regard to South Africa, The Department of Health expressed concerns in relation to antenatal care of teenage mothers and adolescents (Department of Health, 2009). It is highlighted that a number of complications may be related to the physical immaturity of teenage mothers as well as their lack of access to health care (Department of Health, 2009). In relation to The Department of Health in South Africa, five strategies for intervention have been identified with regard to teenage pregnancy and adolescent health. These include: promotion of a safe and supportive environment; provision of information; development of skills; provision of counselling; and making health services available (Department of Health, 2009). The Department of Health has also set aside the provision for 'family planning services' that are meant to encourage adolescents to utilise contraceptives to avoid early pregnancy. The National Adolescent Friendly Clinic Initiative (NAFCI) was also introduced by The Department of Health in 1999. This initiative was introduced to improve the quality of health care for adolescents and make this health care more accessible for young people (Department of Health, 2009). It is apparent that the Department of Health has set aside initiatives to improve access to adolescents of primary health care facilities. The current research study aimed to investigate the perceptions of teenage mothers on these initiatives and whether they are able to gain access to these primary health care facilities.

2.5. **Teenage pregnancy and previous research studies**

2.5.1. International studies:

Stapleton (2010) investigated teenage motherhood from a British perspective. She argues that Britain has one of the highest teenage pregnancy rates out of the Western countries of the world. Common characteristics of teenagers who become pregnant are that they are typically African-American, they are from disadvantaged backgrounds, and these pregnancies are often unwanted. Stapleton (2010) illustrated that regardless of the provision of sex education in British schools, teenage pregnancy is still influenced by cultural and social organisation such as men's influences on contraceptive use. Due to the rise in teenage pregnancies, the British Board of Education recommended the provision of sex education in schools in 1996 (Stapleton, 2010). However, it

was revealed that most students found that the information they received at school was insufficient. Clarke (2013) conducted research on eleven teenage mothers in Britain and found that factors such as the rejection of common negative stereotypes and the desire to be strong role models for their children lead to more positive outcomes. These outcomes included perseverance toward educational attainment and financial stability. This research demonstrates that although there are negative consequences associated with teenage pregnancy, in some cases teenage mothers are motivated toward positive outcomes regardless of their circumstances.

Wahn, Nissen and Ahlberg (2005) conducted research around how teenage girls in South Western Sweden view their situation of becoming a teenage mother. Twenty pregnant and parenting teenage mothers aged between fifteen and nineteen were interviewed. These teenagers centred the reasons on why they became pregnant around: a pattern of teenage pregnancy in their families; a lack of adequate opportunities in their lives; a desire for a child and ambivalence on the use of contraceptives. These teenagers described their experiences as both a positive transition into adulthood, as well as a physiological and psychological hardship to which they had to contend with. They also expressed how supportive relationships with their families, friends and society itself may lead to successful parenting (Wahn et. al, 2005). Most of the mothers initially turned to their own mothers for support and also found midwives and social workers to be a good source of support that instilled confidence within them. The authors found that many of the pregnancies were not unplanned in that the teenage mothers actively decided to keep their babies and did not consider abortion.

Honig (2012) states in her editorial on teenage pregnancy in America that about 85 % of teenage pregnancies are unplanned. She illustrates that Britain and America have the highest rates of teenage pregnancy as compared to the rest of the world. Various factors that lead to teenage pregnancy were highlighted, as well as the risks and consequences associated with the pregnancy. She illustrates that the media, particularly in America, tends to glamorise teenage pregnancy and these mothers ultimately become well-known within their communities and occasionally broader society. Other factors associated with increased teenage pregnancy were: ignorance around the use of contraceptives; heavy drinking; lack of sexual education particularly from schools and parents; hormonal changes; teens thinking that they are impervious to getting pregnant; and early sexual abuse (Honig, 2012). Risks and consequences illustrated in this

editorial are: school dropout; damage to adolescent girls' sexual and internal organs; psychological effects such as additional stress and depression and so forth (Honig, 2012).

Prater (1992) investigated teenage pregnancy and academic achievement of African-American youth with specific focus on adolescents who already have children and their likelihood of returning to school. She found that young mothers tend to have a label of failure where they tend to fail to focus at school and fail to stay in school. This was found to be a feature particularly among African-American youth who are already disadvantaged, where these mothers either dropped out of school or obtained lower grades than before they were pregnant. This illustrates that parenting while in school is difficult to achieve, particularly among African-Americans (Prater, 1992).

2.5.2. South African studies:

According to Statistics South Africa (2012) about 4.5% of females in the age group 13-19 reported to being pregnant. These results were collected in the time period of 2009-2011, demonstrating that learners were most likely to get pregnant at the age of 18 and 19. Two percent of females reported to having dropped out of school due to their pregnancy. Teenage pregnancy in South Africa has increased over the years (Richter & Mlambo, 2005). According to a recent article in the Sunday Times (Govender, 2013) it was reported that the Annual Schools Survey in South Africa revealed that about 582 girls aged between eight and fourteen fell pregnant in 2010. This article highlights that pregnancy is becoming a common occurrence among pre-teens in South Africa, which is highly concerning. The rates of pre-teen pregnancies had increased and included children as young as eight and nine years of age (Govender, 2013). Previous research studies relating to the extent of support that teenage mothers receive have not focused particularly on these mothers accessing support from the variety of systems that surround them in South Africa. With regard to teenage pregnancy in general, many studies have investigated factors related to the increase in teenage pregnancy and why it is so prevalent in present day society.

Chohan and Langa (2011) investigated how teenage mothers in South Africa talk about their experiences through the use of semi-structured interviews. The sample consisted of eight teenage mothers between the ages of fourteen and eighteen years. They found that most of the

teenage mothers described experiencing challenges around being up all night with their babies; having less time with their friends; and the need to improve on their time management skills as they now have to cope with being a teenage mother and attending school at the same time. These teenage mothers also expressed how they wished to be good mothers for their babies which goes against the discourse of these mothers being 'irresponsible' and 'not good enough' (Chohan & Langa, 2011). It was also expressed by most of the teenage mothers that they wished to continue with their education and excel at school. These teenage mothers also expressed how motherhood helped to accelerate them to maturation and growth and they viewed this in a positive manner where they were able to obtain a clearer sense of themselves (Chohan & Langa, 2011). This research illustrates that teenage pregnancy initially is experienced as a challenge to young girls where they need to learn to be responsible and mature at a quicker pace. The responses of these girls seem to dispel the popular discourse of viewing teenage mothers in a negative light and instead illustrated that these mothers chose to be more responsible and continue with their education. However, as a limitation of this research it did not consider the responses of teenage mothers who did not continue with their education and only focussed on those who did.

Richter and Mlambo (2005) investigated the perceptions of rural teenagers on teenage pregnancy in the Bushbuckridge district in the Limpopo Province. They conducted interviews with thirty two teenagers of which ten were boys and twenty two were girls. They found that most of the teenage pregnancies in this region where unwanted. Teenage mothers felt that they were a disgrace to their parents and their community and highlighted that their pregnancy interfered with their education. The reasons teenagers became pregnant stemmed from lack of quality sex education, coercion into having sex with their boyfriends, the need for money, ignorance, and lack of access to health clinics for contraceptives or fear for asking the nurses at these clinics for contraceptives (Richter & Mlambo, 2005). Another factor that arose from this research was the lack of knowledge that these teenagers possessed on contraceptives. Some teenagers believed that oral contraceptives caused infertility and weight gain; adolescent boys disliked using condoms because it was reported as not pleasurable; some teenagers had a lack of knowledge on emergency contraceptives; and some believed that it was unnecessary to use contraceptives if they did not engage in sex regularly (Richter & Mlambo, 2005).

In another study, Bhana and Bhat (2010) investigated the knowledge, attitudes and behaviours of adolescents around Sexually Transmitted Infections (STI's), pregnancy, the use of contraceptives and substance abuse in the Mhlakulo region of the Eastern Cape. They found that 75% of their sample of adolescents reported to have had sex with the average age being 16 years old. Only 54% of the sample admitted to the utilisation of condoms. Almost thirteen percent of the females in the sample reported to have been pregnant and most of these females admitted that the pregnancy was unwanted. Eighty five percent of the females who reported to have been pregnant expressed that their families showed disapproval of their pregnancy. Thirty percent of the females ended up leaving school but managed to return to school eventually (Bhana & Bhat, 2010).

Ehlers (2003) conducted a study on teenage mothers' utilization of contraceptive services in South Africa. It was found that most of the participants lacked knowledge about contraceptives, emergency contraceptives and abortion. With regard to emergency contraceptives, participants' responses centred around: myths; they did not want to commit 'murder'; they lacked information regarding how to obtain these pills; did not believe the pills would be effective and so forth (Ehlers, 2003). The researcher concluded that teenage mothers need more knowledge around such issues in order for them to be better able to make informed decisions. The study also highlighted that reproductive health services need to be more readily accessible and user friendly to adolescents.

All of these factors contribute to the concern that many teenagers across different regions in South Africa, lack education about sex and contraceptives which ultimately results in unwanted pregnancies and sexually transmitted diseases which can be harmful to their health. They are then further impacted when the pregnancy gets in the way of their education. Negative perceptions from their families and communities also have a harmful impact on the adolescents' self esteem and how they are treated.

As discussed, it is evident that teenage mothers need support from the systems that surround them during their pregnancy. These systems include their family, their boyfriends and their families, their schools, their communities and their health care system. The current research study has focused on the perceptions and experiences that teenage mothers have in

relation to the support that these various systems provide and the challenges that these mothers may encounter when trying to access such support.

Teenage pregnancy has attracted a vast amount of research in order to gain understanding around the causes and challenges that teenage mothers face both internationally and in South Africa. There has been limited research focusing on the support that teenage mothers are able to utilise from all of their systems that surround them. Research has instead focused on one or two systems of support utilised by these mothers. This research study is contextualised using eco-systemic theory in order to explore teenage mothers' perceptions and experiences of the support they have received from each of their systems as well as the challenges they have faced. The next chapter focuses on the research methods utilised by the researcher in order to achieve the aims of the research and attempt to answer the above research questions.

Chapter 3: Research Methods

This chapter presents the research methods of the current research. The research design is initially highlighted which is then followed by a description of the sample, procedure and data analysis. Finally, reflexivity of the researcher and the ethical considerations are discussed.

3.1. **Research design**

The research design for this study was a non-experimental, descriptive design, as it aimed to use a qualitative approach rather than a quantitative one. This study was conducted qualitatively in order to explore the perceptions and experiences that teenage mothers have with regard to the various systems that surround them. The central aim of qualitative research is to illuminate subjective meanings created by participants, their actions and experiences as well as their social contexts (Fossey, Harvey, McDermott & Davidson, 2002). Due to the aim of this research, it was essential to obtain detailed, rich and in-depth information in order to get an 'insider perspective' of teenage mothers' perceptions, emotions, challenges and subjective experiences. The instrument used in the study was semi-structured interviews. Semi-structured interviews were essential to the nature of the study on teenage mothers because the interview process allowed these mothers to speak freely on their own subjective feelings and experiences associated with being a young mother. As semi-structured interviews allow the researcher to ask additional questions to those that are set, this poses two disadvantages. Data from such questions may be difficult to interpret due to different participants being asked different questions. Also, standard questions may be difficult to interpret as they may not be asked in the same manner for each participant and may thus be interpreted differently due to the subjective nature of the interview process (Mitchell & Jolley, 2013). An interview schedule was used to guide the focus of the interview (see Appendix A) and each interview was audio-recorded, with the consent of each of the participants, for transcription purposes.

3.2. **Sample and sampling**

The sample consisted of six teenage mothers between the ages of sixteen and nineteen. The researcher used purposive sampling as a number of sources were contacted in finding a population of teenage mothers. A smaller sample size is typical in qualitative research as in-

depth data is able to be obtained (Fossey et al, 2002). The sample was purposive as it consisted of teenage mothers who were pregnant at a time in which they attended school. The research participants all lived in the southern parts of Johannesburg. All of these areas are considered to be suburban areas and are of the middle socio-economic class. Each of the participants was exposed to suburban government schools and had adequate access to private medical care during the time of their pregnancy. Most of the participant's home language was English; two of the participants were Afrikaans but were happy to speak English. Each participant's current age, age at which they became pregnant and grade they were in when they became pregnant are summarised in Table 1 below.

Table 1
Description of Each Participant in the Sample

Pseudonym name	Current age	Race	Age when became pregnant	Grade when became pregnant	Religion	Socio-economic bracket
"Kim"	18	White	17	Grade 11	Christian	Middle class
"Cheryl"	18	White	17	Grade 12	Christian	Middle class
"Sam"	18	White	16	Grade 11	Christian	Middle class
"Linda"	16	White	15	Grade 9	None	Middle class
"Anne"	18	White	18	Grade 12	None	Middle class
"Mandy"	18	White	16	Grade 11	None	Middle class

The sampling technique used was snowball sampling. This specific technique allowed the researcher to start off with a small sample and asked the participants in this sample to recruit further participants which allowed the sample to grow in size. This type of sampling is particularly useful when access is difficult to the population of interest (Fossey et. al., 2002). This was evident when trying to access teenage mothers as most mothers were reluctant to participate due to the stigma associated with teenage pregnancy and perhaps out of anxiety around what they might be asked. Additionally, posters were put up at two sites, one being an adoption home which houses young mothers and the other a clinic on a communal company

compound, which proved challenging in getting teenage mothers to volunteer. Snowball sampling was an effective strategy as once the researcher had a few participants; some of them knew other teenage mothers in their community and were able to refer them to the researcher.

3.3. **Procedure**

Due to the subject of teenage pregnancy being a sensitive topic especially in schools, the deconstruction of any negative perceptions to the study had to occur before voluntary participation was sourced. This was done by fully explaining the research aims and rationale and how results would be released to the participants. Once interested participants indicated to the researcher that they would like to participate, the researcher ensured that the participants fully understood the nature of the study and that they were allowed to leave the study at any time they felt uncomfortable. The participants' confidentiality was guaranteed and they were informed verbally and through the participant information sheet (Appendix B) that their responses would be reported anonymously. Once the research was explained to each of the participants, all of them chose to participate and none of them felt the need to withdraw from the study.

As one of the participants was under the age of eighteen, consent forms were issued to her parents (see Appendix F) that informed them on the nature of the study which they needed to sign if they agreed to allow her to participate. The parents also received an information sheet explaining the aims and nature of the research (see Appendix G). Interviews were then scheduled and conducted individually with each participant at a time and place convenient to them.

3.4. **Data analysis**

The qualitative method of data analysis used was 'thematic content analysis' once the data was collected. Thematic content analysis was a suitable method of analysis because it allowed the researcher to reduce the large amount of data that was collected into manageable sections for analysis (Breakwell, 1995). The researcher was then able to examine emergent themes across the data. Before this analysis could take place, the researcher first had to transcribe information from the interviews that were recorded via audio tape (Breakwell, 1995). After transcription the data was then coded which enabled the researcher to identify various themes that emerged, as highlighted by Fossey et al (2002). The analysis requires an understanding of the data on a

conceptual level that allows for meanings to be explored and associations to be made among the data (Fossey et al, 2002).

Braun and Clarke (2006) highlight six phases that aid in the process of thematic analysis. In Phase 1, researchers need to familiarise themselves with their data. In order to become immersed within the data the researcher needs to re-read the data, actively looking for meanings and patterns that may emerge. Verbal data obtained by the interviews were transcribed into written form. The process of transcription also acts as a way in which the researcher can become more familiar with the data and actively begin to interpret the data. Transcripts need to include verbatim verbal accounts to provide 'richness' to the findings (Braun & Clarke, 2006). Phase 2 happens once the researcher has become familiar with the data; the data may then be coded. Codes allow the researcher to identify various ideas that appeal to the research (Braun & Clarke, 2006). Codes allow for the data to become more organised into meaningful themes or patterns. In this study initial codes were identified and then matched with extracts of data which allowed for patterns to emerge.

Phase 3 occurs once lists of codes have been established; the coded data are then arranged into themes. The main themes of the study were identified and sub themes were also developed. Phase 4 happens once themes have been established and involve the reviewing and revising of these themes (Braun & Clarke, 2006). The researcher needed to go back and review the coded data to ensure that the data and the established themes were coherent with each other. Data can be moved to other themes and established themes can be re-worked if they are not coherent. A thematic map was established by the researcher in order to review and analyse the themes and data placed under each respective theme (Braun & Clarke, 2006). Phase 5 begins once a clear thematic map has been established. Themes were then refined and defined more accurately (Braun & Clarke, 2006). A detailed analysis of each individual theme was done to ensure that the data made sense and captured the overall picture of the research. Main themes and subthemes needed to be coherent with each other. Finally, Phase 6 involved the final analysis and writing up of the research report. The research report needs to show validity and needs to be coherent and logical. It also needs to go beyond description and be able to make a compelling argument in relation to the research question posed (Braun & Clarke, 2006).

3.5. **Researcher reflexivity**

The researcher understands that she has her own values, morals and attitudes with regard to the topic of teenage pregnancy. As this may be the case, the researcher understands that such values, morals and attitudes may affect the way in which the researcher views the participants and the analysis of the data collected. To prevent this from happening, the researcher aimed to constantly reflect on her own feelings and position in relation to the topic. A practical way of doing so was for the researcher to keep a journal to note how she felt about the process and the topic of teenage pregnancy. The researcher also had a supervisor to discuss these issues with.

3.6. **Ethical considerations**

Before the research could be conducted it needed to be approved by the University of the Witwatersrand external ethics committee. Permission was then sought from the research sites to allow the researcher to gain participants from these centres and conduct the interviews on the premises in some cases (see Appendix E). The sites that were approached were an adoption home that houses young mothers and a clinic situated on a company compound in a predominantly rural area.

Confidentiality was ensured and the results of the research are reported anonymously. This is done through the use of pseudonyms, where the participants' real names are not used in the study. Participants were informed that information was collected for the purposes of the research and would only be available to the researcher and her supervisor. Participants were also informed on the nature of the study verbally by the researcher, as well as through the participant information letter (see Appendix B). Participants were informed that their participation was completely voluntary and that they could withdraw from the study at any time they felt uncomfortable or did not wish to participate any further.

Two informed consent forms were signed by the participants themselves. These forms included the participants giving consent to participate in the research (see Appendix C) and consent to be audio taped during the interview (see Appendix D). The one participant who was under the age of eighteen years needed to have a parental consent form completed (see Appendix F). Her parents were also given an information sheet which informed them on the nature of the research (see appendix G).

As the study aimed to explore the feelings and perceptions of teenage mothers, emotional and personal information was brought up by participants. They participants were informed that if they felt distressed in any way, they could refer to the following sources: Lifeline, the Emthonjeni Centre, the Johannesburg Parent and Child Counselling Centre and the Family Life Centre (FAMSA). This was stated clearly in the participant information sheet and the numbers of these sources were given to the mothers to keep for personal reference. However, none of the participants expressed the need to utilise these services at the time of the interview.

Chapter 4: Research Findings

4.1. <u>Introduction</u>

This chapter illustrates the findings that were obtained from the six participants. The transcripts of the interviews were analysed holistically through thematic content analysis and relevant quotes *(in italics)* from the participants are utilized as evidence for the findings in the study. Three main themes have emerged during the process of analysis. These themes are a) Personal experiences relating to the pregnancy; b) School experiences; c) Support systems. The main themes and subthemes are summarised in Table 2 below. As discussed in the previous chapter, pseudonym names were given to each participant and are illustrated in parentheses and bold.

Table 2
Main Themes and Subthemes that Emerged from the Analysis of the Data

Main themes	Subthemes
Personal experiences relating to the pregnancy:	Others' reactions around the pregnancy
	Challenges faced by teenage mothers
School experiences:	Inclusive education
	Sex education programmes
Support systems:	Support from family and friends
	Support from the school
	Support from community
	Support from the healthcare system

4.2. <u>Personal experiences relating to the pregnancy</u>

It is significant to examine how teenage mothers feel about and have experienced their pregnancy as a range of feelings may be felt that could ultimately have an impact on their emotional wellbeing as well as the wellbeing of their children.

Each of the participants in the current research study expressed feeling initially negative feelings toward the pregnancy as it came as a shock to them. A lot of fear was expressed as to what was going to happen and who they were going to tell. Other emotions expressed were

disappointment, confusion, anger, shock, nervousness, and depression. After feeling such negative emotions, some participants felt happy and excited about the pregnancy as evidenced in the following quotes:

"Cheryl": *"Scared...shocked...nervous...there was like a little bit of excitement because it's something new so ja"*

"Sam": *"...in the beginning I was a bit disappointed...angry and then I got used to the idea and then I was happy and I was in love with this little thing and ja it got better"*

"Anne": *"...it was quite a shock in the beginning but then we worked that all out"*

"Mandy": *"when I found out I was pregnant I was extremely scared but at the same time excited...I think the main sort of emotion I felt was confused because I didn't know what to do...how to do it or how everyone else around me would react"*

4.2.1. Others' reactions around the pregnancy:

A significant factor that may contribute to the teenage mothers' feelings around their pregnancy is the reaction from those around them, particularly their families. There were mixed responses with regard to the reactions of their families. Some of the participants expressed that their families were initially disappointed when informed about the pregnancy:

"Mandy": *"My mom was disappointed but very supportive and excited at the same time...a lot of my other family were supportive but very concerned about how I was going to cope...some of my family looked down on me...my younger brother and sister were excited but my dad wouldn't talk to me and didn't until two months after I told him but even then he was very shut off with me"*

"Linda": *"I spoke to my mom about it and she was disappointed at first...like I can say the first 10 minutes or so...like I could see the disappointment in her then after she was kind of dealing with it better so ja. And then my sister was fine with it...my boyfriends' parents...his dad was very angry ja he was not nice...he did not have a nice reaction to it at all"*

"Anne": *"...disappointed but then she (her mother) got over it"*

Three out of the six participants expressed how their families reacted with excitement and happiness upon hearing about the pregnancy which was a relief for the teenage mothers:

"Cheryl": *"Well my mom's reaction was a good one I guess...I didn't really see her facial reaction but her emotions and her way that she came across was really good so she was positive my whole family mostly was positive...there wasn't really anyone that was negative about it"*

"Sam": *"My mom and dad was very supporting from the beginning...they loved him since I found out...they just wanted a boy...and then family they were a bit disappointed but they were still happy and excited at the same time"*

"Kim": *"Um my mother was very calm...father and sister quiet...and my grandparents and uncle they were happy"*

With regard to their friends' reactions, most of the participants expressed that their friends were very positive and excited about the pregnancy:

"Kim": *"They were very excited...they couldn't wait to see him and now they just love him...so it is also very nice"*

"Cheryl": *"Well there were people who tried to be my friend just because of it but my friends were very supportive...they were always there for me...they never tried to be fake...they always stood up for me if someone said something they would always say something back...they always helped me through it"*

"Mandy": *"My friends were all very excited and supportive"*

"Linda": *"I told my one best friend about it and she was kind of like excited"*

With regard to the reactions from the communities in which they live, most of the participants expressed that they did not experience negative reactions as they felt that people were not aware of how young they were. However, the youngest participant (sixteen years old) did experience negative reactions from her community and expressed how she dealt with it as seen in the following quote:

"Linda": *"...I heard a few comments here and there but I just ignored all of them coz I...I mean it's my life and if I can deal with it I can deal with it...if I don't need you I don't need your comments as well"*

4.2.2. Challenges faced by teenage mothers:

In some responses the mothers' expressed challenges in relation to the reaction of their boyfriends' family when initially informed about the pregnancy; the amount of time his family get to spend with the baby; and the availability of the boyfriend providing for the baby:

"Cheryl": *"It's like jealousy like they feel like only my side gets to see the child where it isn't anything like that where it's both ends really it's just basically mom and the grandparents that really see him and then they feel that they don't get to see him there's always conflict on that so ja"*

"Sam": *"No when I was pregnant he left me...said it's not his and then when he was three months old we did maternity test to see that it's his and still he doesn't really want something he lives in Durban now so he doesn't see him a lot like once...twice a year so ja I'm on my own"......"...ja ag but I don't mind coz he's actually a p*#*#*l so since I fell pregnant there was always fighting so it's not his and then ja 'I'm busy...I'm studying...I can't come fetch him for a weekend' so it's always a fight so it wouldn't have been better if he was involved"*

 "Anne": *"um just his mother...she was... ya...she wasn't very happy but I mean she got over herself as well"...... "Well we don't see much of her but ya it's better now"*

"Mandy": *"Other than some of my dad's side of the family being extremely rude about the situation and my dad not talking to me I didn't face any challenges"*

For those participants who attended school at the time of their pregnancy they expressed challenges in relation to discrimination from peers and even discrimination from a particular college. "Sam" expressed challenges in relation to gossip she would hear among peers at school about her being pregnant and how she felt about it:

"Sam": *"In the beginning it was very hurtful but then I didn't care it's like I'm happy with my son so I don't care so ja"*

"Cheryl" expressed a similar view in which she described her experience of peer reactions:

"Cheryl": *"Ja I never really heard...I never paid attention to it...I get funny looks but I never really heard anyone saying anything"*

"Kim" had a different experience at school as she felt that her peers were supportive of her pregnancy:

"Kim": *"Ja everyone was excited for me...they all wanted to have a baby shower for me, they all got me things so I loved it...I still love it now and everything...everyone is still supportive"*

"Mandy" expressed how she felt discriminated against whilst trying to enrol into a course while she was pregnant:

"Mandy": *"The only time I felt discriminated against was when I went back to the college to enrol in a different course and was told that because I was pregnant I had to be reconsidered and they would get back to me but never did"*

4.3. **School experiences**

With regard to the experiences each participant had in school, the school staff such as teachers, principals, peers, and previously pregnant peers seemed to have positive and supportive reactions for some of the mothers:

"Cheryl": *"I think some of the teachers were shocked and really they didn't actually really want me to go to school but I did anyway and then there were a select few that supported me through everything they were always there for me and ja"*

"Sam": *"the principal said ok so I'm allowed to finish my school and they will help me with my work when I need to be at home and children are ja you know they're judgemental and ja but everyone was still supportive but there were still a few stories going around teachers were very helpful"*

"Kim": *"...I'm in a small school so it's a house so they are all used to girls who are pregnant every year apparently there have been girls who are pregnant so they were fine with it...they told me what they think I should do with matric and everything"*

Not all of the participants were attending school at the time of their pregnancy. One participant in particular fell pregnant right at the end of her school year in matric and as a result no one knew she was pregnant except for her close friends, and the school was therefore not informed about the pregnancy. Those who were in school at the time of their pregnancy alluded to the fact that being pregnant whilst still in school proved to be difficult when it came to academic responsibilities such as studying for and writing final examinations. "Sam" and "Kim" reflect on their experiences of being pregnant while in Grade 11 and their recent experiences of trying to complete matric after the birth of their babies:

"Sam": *"It's difficult...coz you have to study with the baby and its difficult and its hard work and you're tired but it's also it's learning and how can I put it...it's hard but it's worth it" "Ja studying was a big challenge it's...especially um your prelims and exams...it was quite tough"..... "at the end of my pregnancy I couldn't do it anymore...all the standing on my feet...so that last two months I wanted to (drop out) but then my mom and my dad kept on pushing me to just finish just finish"*

"Kim": *"I sometimes actually don't get time to study for my exams...that have started...he's [the baby] always in the way like that...that's the only time that I think ja it's fine"*

At the time of the interview "Kim" was still completing matric and reflected upon how difficult it is to have to study for examinations whilst trying to look after a newborn baby as they require a lot of one's attention.

4.3.1. Inclusive education:

Only one out of the six participants was aware of the inclusive education policy while in school. She wanted to do research on what her options were with regard to staying in school as she was only sixteen years of age (Grade 11) at the time of her pregnancy as illustrated in the following quote:

"Sam": *"I think it's great (inclusive education) coz if it wasn't for that I wouldn't have had the chance to finish my school so"........ "we did research when I found out coz to know 'am I allowed to go to school?'.... 'what can I do?' and even the principal said 'we are not allowed to keep you away from school you are allowed to finish if you want to that's up to you' so ja"*

"Sam" believed that the existence of the inclusive education system enabled her to complete her schooling and she seemed to be grateful that such a system is in place for teenage mothers.

4.3.2. Sex education programmes:

Most of the teenage mothers had sex education programmes at their schools and were aware of such programmes. Most of the sex education programmes formed part of the Life Orientation subject. Most of the mothers did not find these programmes useful as they were either rushed through by teachers or not taken seriously by fellow peers:

"Cheryl": *"it wasn't something really that people would listen to because it was an embarrassing topic in a way...so it was something that people would rush through and then kids would say ja we understand what wa wa and then just jump to something else"*

"Sam": *"I don't think it's useful coz I think teenagers nowadays know about everything...they don't go into like detail they just tell you the basics...so it's I don't think it's really that useful and ja"*

"Anne": *"Ya it I I think it is in the LO course but we never really learnt much of that because they always said the boys were childish"*

"Mandy": *"It was just an hour lesson where they showed you diagrams...dvd's...talked to you about contraception etc. and no I personally didn't find anything except the information on contraception useful"*

During some of the interviews the possibility of perhaps having such sex education programmes in smaller groups with the girls separate from the boys was discussed and it was agreed upon that this would be a better option when teaching such sensitive topics to allow for questions and further discussion:

"Cheryl": *"Ja and you have to talk about everything with boys and it's not really nice doing that"*

"Sam": *"...you could ask questions and someone that knows more about it that would of been better and you don't want to ask your teacher questions with the whole class there"*

4.4. **Support systems**

Support systems include any kind of support that the teenage mothers received during their pregnancy. These systems can be based on the systems established by Bronfenbrenner (1979). The microsystem seemed to be the one from which most of the young mothers' support stemmed from. Mothers' expressed receiving most of their support mainly from their own mothers. Family and friends were also supportive but not in all cases. For those teenage mothers who were in school at the time of their pregnancy they expressed how they received support from this mesosystem. Some participants expressed how they received support from one teacher in particular or the school principal. There were mixed reactions with regard to the support received by peers as most peers appeared to come across as judgemental at times, however most of the teenage mothers expressed receiving support from their close friends. Some participants expressed utilising support from their exosystems which includes one's community in the form of the church and support groups, and health care system.

4.4.1. Support from family and friends:

With regard to support from family and friends, all of the teenage mothers had the necessary support from close family members and friends:

"Cheryl": *"It was mainly my mom who was my biggest supporter...she was always there...helped me with anything and everything"*

"Sam": *"my aunt had twins and two boys...no a boy and a girl so all the boy clothes...everything she had for the babies I got my family had a huge baby shower for me so I had everything I needed...my mom still supports me...still helps me"*

"Kim": *"Um my family bought everything for him...my mother's friends have all bought me clothes, dummies and bottles, everything for him um we got um like a whole set for him like a cot and a changing basket and everything...so ja my mother's friend was helpful there"*

"Anne": *"After everybody got over the shock and everybody stood by me and supported me in all ways that they could"*

"Mandy": *"The support I got while pregnant was mostly from my friends and family...although I had a midwife I saw regularly I felt that she looked down on me so I didn't find much support from her"*

4.4.2. Support from the school:

For those teenage mothers who attended school at the time of their pregnancy, it seemed as though they were able to receive support from certain staff members. The young mothers expressed how they could confide in one particular staff member, mostly being a teacher at their school as seen in the following quotes:

"Sam": *"Ja the teachers were supportive...my one English teacher she got all my work for me and then she also talked to me...she would call me in and we would just talk and she would ask me how I feel and how's the baby...that was when I was still pregnant and even after he was born she would come to me and bought him clothes and stuff and ja so she was very supporting and then the principal also helped me with getting all my work together for me from all the different subjects..."*

"Cheryl": *"there were um mainly two teachers that were there for me...they would do anything if I needed anything they would help me out with it and so like if I needed someone to talk to I'd go to them and they would listen and all that"*

"Kim": *"Ja I'm on that it's basically the only thing but there is this one teacher I'm free to talk to her...she always listens..."*

"Kim" also chose to move from a government school to a smaller private school when she became pregnant. The smaller environment seemed to make her more comfortable and provided the support she needed as evidenced in the following quote:

"Kim": *"I'm in a small school so it's a house so they are all used to girls who are pregnant...every year apparently there have been girls who are pregnant so they were fine with it...they told me what they think I should do with matric and everything"*

4.4.3. Support from the community:

Some of the teenage mothers utilised additional support from their community, specifically in the form of their church and support groups. "Linda" had an interesting story about how prayers from her pastor and church community may have aided in her baby being born without complications as her gynaecologist expressed may happen:

"Linda": *"we went to church and there was problems with the pregnancy and everything and we told the pastor about it and he started preaching because the gynaecologist told me on Friday that um when "Luke" [pseudonym name] is born he has to go to ICU to get oxygen and I won't be able to see him and all that so that kind of like got me stressed out...and then on Monday we went and "Luke" was born there was nothing wrong with him...the blood was fine through his brain and the gynaecologist told me on Friday that his brain isn't functioning well and he is going in to stress and that's why they had to take him out so I just think that that kind of like helped me"*

"Sam": *"the church that I went to did but it wasn't actually the church it was someone in the church that bought a tin of milk or a packet of nappies at the end of each month ja but not the church itself"*

"Mandy": *"After having my son I was informed about parent toddler groups, young mom groups and other such groups"*

Only one participant in the current study was aware of the availability of support groups in her community. Those teenage mothers who did not utilise or know of support groups expressed that they would have attended such groups:

"Cheryl": *"If they were available I would of...I mean why not it's an experience might as well see what it's like and everything but I don't think I needed any...my mom was A-ok"*

"Sam": *"Yes! I would ja coz it's difficult and not someone...a teenager that doesn't have a baby is not on the same level so you can't talk to that person the same as you would talk to a teen mom"*

4.4.4. Support from the healthcare system:

Most of the teenage mothers explained that they had no difficulties with regard to access to their health care. Some mothers reported that they felt discriminated against by some of the staff members at first:

"Kim": *"the one nurse and she wasn't very happy and then the next day I didn't see her again so she wasn't working with me again so I think she wasn't happy with it"*

"Linda": *"...I was at "Mayfields" [pseudonym name] and um my gynaecologist was at "Mayfields" as well and the first day I got there the reception lady looked like why are you pregnant at sixteen years old but the second time I went there it was so much better I could feel like that I'm wanted here...not wanted but like they accept me...I could feel that they don't actually care about the age but care about keeping the baby healthy..."*

At the time of the interview three out of the six participants had successfully completed their schooling. "Sam", "Cheryl" and "Anne" chose to work after they had finished their schooling. "Kim" was in matric at the time of the interview and was attending a smaller school due to her having dropped out of her previous school. "Linda", who was the youngest participant, was in Grade 10 at the time of the interview. "Linda" had chosen to change schools after she had given birth as she had dropped out of her previous school when she found out that she was pregnant. Both "Kim" and "Linda" chose to continue with their schooling despite having to change schools. "Mandy" had finished her schooling at the time of the interview and had successfully enrolled into a college with the determination of providing a better life for her child.

4.5. **Conclusion**

As evidenced in the above findings, it seems as though the participants gained most of their support from their microsystem in the form of their family and friends. This support included emotional support as well as financial support where baby clothes and utilities were given to some of the mothers. Another significant support system stemmed from their mesosystem which included support from school staff and peers. It is significant that support comes from both the micro and mesosystems and these two systems are closely interlinked and may ultimately affect each other. All of the participants seemed to be satisfied with the support that they received with

some experiencing challenges in relation to discrimination from peers or staff at health care centres; difficulties with regard to the boyfriends' side of the family; and academic challenges such as studying for exams. With regard to school experiences, the findings centred on the lack of knowledge that the participants had around the inclusive education policies, as well as the dissatisfaction they expressed with regard to the sex education programmes at their school. This has implications toward teenagers feeling that they have limited knowledge in relation to sex as it is an uncomfortable topic and teenage mothers ultimately lack knowledge around policies that are meant to protect them whilst they are still attending school.

Chapter 5: Discussion

5.1. <u>Introduction</u>

The findings of the research will be discussed with reference to existing literature. The same themes are discussed as illustrated in the previous chapter. The themes are discussed in such a manner to allow for the reflection of the research questions as outlined in Chapter 2. The research questions centred on the teenage mothers' perceptions and experiences of the support they have received from the various systems that surround them. This includes their personal experiences in relation to the pregnancy as well as the kind of support they received from their families, schools, communities and health care systems. The implications and limitations of the research are discussed and recommendations for future research are reflected upon.

5.2. <u>Personal experiences relating to the pregnancy</u>

Interpersonal variables such as socio-economic status, access to resources, education, and support from significant others impact the personal experiences that teenage mothers have during their pregnancy. Dallas (2004) argues that the environment in which a teenage mother lives can either be supportive or unsupportive which ultimately has an impact on their own experiences of the pregnancy.

In relation to the current research findings, the reactions of significant others in the teenage mothers' lives contributed to how they themselves felt about the pregnancy. Their surrounding systems such as the family, school, community and health care also contributed to their personal experiences of their pregnancy. Three out of the six participants expressed how their families were initially disappointed upon hearing about the pregnancy but soon became accepting and supportive which seemed to be a relief to the teenage mothers. The other three participants were happy to report that their families reacted with happiness and excitement which contributed to them feeling supported and positive about the pregnancy and reliability of those around them. Most of the participants reported that their friends' reactions were positive; however one participant expressed how she felt that some of her school peers just wanted to be her friend due to the pregnancy. With regard to their surrounding communities, the youngest participant expressed how she would hear comments from people in her community which she

chose to ignore and did not seem to care about what other people thought of her. Caldwell et. al. (1997) illustrated that stronger bonds with ones' family and significant others lead to greater feelings of self worth and psychological wellbeing among teenage mothers.

Positive experiences and reactions from those around the teenage mothers contribute to a more positive self esteem and emotional wellbeing. As illustrated in the current research findings, there were predominantly negative feelings expressed by the participants in relation to initially finding out about the pregnancy. Other emotions expressed were disappointment, confusion, anger, shock, nervousness, and depression. However, after initially feeling such negative emotions, some participants felt happy and excited about the pregnancy. Research conducted by Wahn et. al. (2005) found that teenage mothers described their experiences of their pregnancy as both a positive transition into adulthood, as well as a psychological hardship to which they had to contend with. The mothers also expressed how supportive relationships with their families, friends and society itself enabled them to believe that they could become successful parents (Wahn et. al., 2005).

The personal experiences of the teenage mothers include the challenges that they have experienced. Chohan and Langa (2011) found that most of the teenage mothers in their research study described experiencing challenges around being up all night with their babies; having less time with their friends; and the need to improve on their time management skills as they now have to cope with being a teenage mother and attending school at the same time. Similar challenges were expressed by some of the participants in the current study. Some participants expressed difficulty in trying to study for preliminary and final examinations whilst having a child to look after; other participants expressed difficulties in relation to their boyfriends' side of the family where they initially were not supportive and in one particular case would cause conflict around when they got to see the baby. Two of the teenage mothers felt discriminated against in relation to their studies. One participant felt that some of the comments she heard from peers at her school were hurtful. Another participant expressed how she was forced to reconsider enrolling into a particular course at a college due to her being a young mother.

5.3. **<u>School experiences</u>**

With regard to the teenage mothers' experiences whilst at school, most of the mothers seemed to receive adequate support whilst pregnant at school. Three out of the six participants expressed how they felt supported by school staff in the form of either teachers or principals at the school. They also expressed experiencing support from some of their friends and peers at school. Due to receiving such support, the teenage mothers may have felt more competent to stay in school and believe that they could gain academic achievement. This is consistent with research conducted by Chigona and Chetty (2008) where they found that mothers' were more likely to thrive academically if they were able to receive the necessary support they needed at school. The research also illustrated that without the necessary support these mothers then became disempowered which often led to them either dropping out of school or getting trapped in the stereotype of being a 'failure'.

"Cheryl", "Sam" and "Kim" all illustrated in their responses that they were able to rely on school staff such as either a select number of teachers or even the principal. Bhana et. al. (2010) considered teachers' responses to teenage pregnancy in South Africa. The teachers responses ranged from hostile to caring and supportive, which illustrated that teachers do have the capacity to show care and support to these mothers at this challenging time in their lives (Bhana et. al, 2010). In another research study, Madhavan (2005) found that support was important for teenage mothers' still attending school. They argued further to illustrate that this support needed to be coupled with socioeconomic stability to encourage these mothers to stay in school and promote academic success. Another factor leading to teenage mothers wanting to continue with their education is the value placed on education in South Africa. As more mothers realise this, they continue with perseverance to continue with their education regardless of their circumstances (Madhavan, 2005). In the current study, four out of the six participants had successfully completed their schooling at the time of the interview. Two participants expressed how they had dropped out when they found out that they were pregnant and then decided to change schools and continue with their education.

The views expressed by Madhavan (2005) were illustrated by the current participants as they too wished to persevere with their education even though some of them experienced challenges. "Sam" indicated that near the end of her pregnancy it got more difficult and she wanted to drop out, however her parents had encouraged her to continue with school and she seemed to be relieved that she did. "Kim" had also reported that she found it difficult for study for exams once her baby was born but she still continued with school. The support she received at her school, which was an intimate and close-knit environment, may have encouraged her to continue with her education. Regardless of what kind of school each of the participants went to, each of them had managed to complete their high school education. Some of the participants illustrated that they were determined to study further and "Mandy" revealed how she was currently enrolled in college despite her difficulties due to discrimination from a particular college.

As it is clear that the current research participants encountered minor difficulties in relation to staying in school, there are cases where teenage mothers' experience major difficulties and discrimination within their schools. Factors assisting the current research participants may have been: the ability of their schools being able to successfully implement the policies of inclusive education; these schools being located in a more suburban area and may thus have had the resources to provide the required support to these young mothers; and the support and motivation that the participants received from their family and close friends motivating them to continue with their schooling. This was indicated in the research conducted by Vincent and Thomas (2010) where poor communication between the school and some of the teenage mothers resulted in them missing out on coursework and ultimately failing due to this. Some of the mothers were sent to pupil referral units to continue with their education and were told not to return to their original school (Vincent & Thomas, 2010). In South Africa, the policy of the Measures for the prevention and management of learner pregnancy exists as an extension to the policy of inclusive education. This additional policy may be beneficial in providing guidance to schools, teenage mothers and parents of teenage mother in successfully continuing with their education. Thus, the current participants did not experience the same difficulties as those participants in the study by Vincent and Thomas in England (2010).

5.3.1. Inclusive education:

It is important for pregnant learners to have an awareness of the policies that are in place regarding how schools should be treating them and what their rights are with regard to school attendance and returning to school. The policy put forward by the Department of Education in 2007 (*Measures for the prevention and management of learner pregnancy*) highlights that schools should assist pregnant learners in making responsible decisions; the establishment of programmes highlighting abstinence; implementation of strategies to aid the pregnant leaner whilst in school; avoid discrimination where possible from staff and peers at the school and so forth (Department of Education, 2007). Teenage mothers should also be aware of the fact that they are not allowed to be expelled due to their pregnancy and should be receiving some kind of support from their school (Department of Education, 2007). It is concerning that only one out of the six participants were aware of such policies and their rights with regard to schooling. While most of the participants were not aware of such policies, the schools seem to be successfully implementing the policies of inclusive education.

As illustrated in the research conducted by Vincent and Thomas (2010) the Department of Education in England issued a social policy in 2001 which offered guidance for schools when faced with a teenage mother attending the school. The policy stated that pregnant learners should not be excluded from school and that every available opportunity should be explored with regard to curriculum support and ensuring that the teenage mother is successfully reintegrated to education after her six week post natal check up. However, the research revealed that some of the participants experienced discrimination and exclusion and some ended up dropping out as a result. This may indicate that these mothers were not aware of the social policy and thus were not aware of their rights to education. Thus, it is important for teenage mothers to be aware of the policies that are in place in order to protect their rights to education. "Sam" took this initiative and did research on what her options were with regard to continuing with school and spoke to her principal about this.

5.3.2. Sex education programmes:

The majority of the teenage mothers in the current study had existing sex education programmes at their school and some of these programmes formed part of the Life Orientation (LO) subject

that formed part of their curriculum. All of the teenage mothers reported that they did not find these programmes useful as they were either rushed through by the teacher or not taken seriously by their fellow peers. These findings are similar to those in Stapleton's (2010) study conducted in Britain which illustrated that participants expressed that the information they received in school around sex was insufficient.

In South Africa, the *Measures for the prevention and management of learner pregnancy* policy highlights that schools should be implementing effective programmes that promote abstinence and sex education (Department of Education, 2007). The research participants expressed that it was an uncomfortable topic which was discussed in large classroom environments with both genders present. The teenage mothers' expressed that they would feel more comfortable if sex education programmes were conducted in smaller group settings with the boys separated from the girls to allow for free discussion and questions. Perhaps schools should revisit the kind of sex education they are giving their students and evaluate students' perceptions of these programmes.

5.4. <u>Support systems</u>

Due to the aim of the research, it is significant to consider the systems of support that the teenage mothers' utilise. According to the systems established by Bronfenbrenner (1979) the microsystem seemed to be the system utilised the most by the teenage mothers. The kind of support utilised from this system stemmed from their mothers, their family and friends. The teenage mothers who were in school at the time of their pregnancy reported how they were able to utilise support from certain school staff and peers who form part of their mesosystem. Some participants expressed that they utilised support from their community in the form of the church, support groups and their healthcare system, which form part of their exosystem.

5.4.1. Support from family and friends:

All of the teenage mothers reported to having adequate support from their close family and friends. Support stemmed from advice and help given from their mothers when the baby was born. Two of the participants illustrated that their families were very supportive in helping to provide for the baby in the form of arranging baby showers, and buying clothes, food and

nappies for the baby. Such relationships, roles and activities form part of their microsystem (Donald et. al., 2002) which the teenage mothers' seemed to rely on the most for support.

Caldwell et. al. (1997) highlight that stronger bonds with one's caregivers or family leads to higher feelings of self worth and psychological wellbeing among teenage mothers. Those teenage mothers, who had supportive relationships with their parents prior to their pregnancy, experienced the same kind of relationship after their pregnancy. Those who had slightly conflictual relationships with their parents reported that their parents became more supportive once the baby was born (Caldwell et. al., 1997). Most of the participants in their study placed their mothers in a central position within their circle of support. This was true of some of the participants in the current study as their mothers acted as their initial support whilst their families also played an important supportive role by being positive about the pregnancy and being able to help the mothers' provide for their babies. Such support contributes to these mothers' psychological wellbeing and positive views of themselves as young mothers.

Madhavan (2010) also illustrated that teenage mothers in Mpumalanga did not choose to establish connections with their families and fathers of their children to increase financial resources as had been hypothesised. Instead the mothers chose to utilise kin networks and child support grants instead. As this research highlights a different perspective to the current research study, it may illustrate that culture may play a role in how teenage mothers utilise their support. The research conducted by Madhavan (2010) utilised an African sample whereas the current research study's sample was white, thus both samples stem from different cultures and perspectives. Richter and Mlambo (2005) also conducted research on an African sample in Limpopo and they found that the teenage mothers felt that they were a disgrace to their parents and their community. This illustrates that in such a culture it is considered to be disgraceful to have a child out of wedlock and the teenage mothers may feel as though they have caused shame upon their family. Within the current research it seems as though the white mothers' families initially were upset upon hearing about the pregnancy but were still able to accept the pregnancy with no consequences to the teenage mothers. In a study by Langa and Smith (2012) they found that teenage fathers often became responsible for paying cultural damages for having a baby out of wedlock. These cultural damages are known as 'isisu' or 'inhlawulo' and need to be paid to the mother of the baby's family (Langa & Smith, 2012). De La Rey and Parekh (1996) also

illustrate that in the Zulu culture, the teenage mother's boyfriend is liable for paying cultural damages to her family which ultimately acts as a form of financial support for the mother. In the current research study, four out of the six participants reported to experiencing challenges with conflict from their boyfriend's family.

5.4.2. Support from the school:

The school forms part of ones mesosystem and is in continuous interaction with the microsystem (Donald et. al., 2002). This system is made up of the school staff and peers. Those participants in the current study who were in school at the time of their pregnancy were able to receive support from select school staff and peers. Bhana et. al. (2010) found that teachers' responses often ranged from hostile to caring and supportive when it came to teenage mothers attending school. This illustrates that teachers have the capacity to show care and support to these mothers at this challenging time in their lives (Bhana et. al, 2010). This was illustrated in the responses from the teenage mothers in the current study as they felt supported by certain teachers at their school, which may have ultimately contributed to them feeling comfortable enough to stay in school owing to the support they received. As discussed, teenage mothers tend to stay in school as a result of the value placed on education in South Africa (Madhavan, 2005). One participant in the current research study did not feel comfortable in her original school environment and decided to move to a smaller school. She took the initiative to still continue with her education where she felt more comfortable. The smaller more intimate school environment seemed to provide her with the support she needed to continue with her education.

5.4.3. Support from the community:

The community forms part of the teenage mothers' exosystem. One is not directly involved in this system; however the system is still able to influence surrounding systems (Donald et. al., 2002). Three out of the six participants were able to utilise support from their community in the form of either the church or support groups. De La Rey and Parekh (1996) assessed the use of community-based peer support groups as a means of providing teenage mothers with opportunities to share their experiences and receive social support. They found that these support groups were able to create effective communication amongst teenage mothers where they were able to share similar experiences; learn from each other; and become empowered

within themselves. De Jonge (2000) also highlights that support groups may help teenage mothers feel less stigmatized, offer information regarding services such as child care, offer emotional support and educational modules on pregnancy and child care. Those participants in the current research study who did not utilise support groups expressed that if they had known about such groups they would have utilised them as they provide a space in which experiences and advice could be shared from mothers who are similar in age.

Two out of the six participants expressed how they were able to rely on their church for support. The church ultimately forms part of their macrosystem which consists of one's cultural beliefs and values (Donald et. al., 2002). It seems as though these teenage mothers' cultural beliefs are not too overtly strict on young mothers having children out of wedlock as there were no clear consequences or disapproval expressed by their churches. As previously discussed, other cultures may have different views where teenage mothers are seen as a disgrace to their families, as highlighted in the research studies conducted in South Africa by Richter and Mlambo (2005) and Bhana and Bhat (2010). Some cultures in South Africa believe in the payment of cultural damages in the event of a child being born out of wedlock as was previously discussed with reference to research by Langa and Smith (2012) and De La Rey and Parekh (1996).

5.4.4. Support from the health care system:

Most of the teenage mothers expressed that they felt supported from their health care system and that this system was easily accessible to them. This finding differs from that by Slowinski (2001) who illustrated that Australian teenage mothers' attendance at antenatal services set aside by health clinics was particularly poor. Bailey et. al. (2004) also argued that teenage mothers in Britain did not frequently access the antenatal and parental classes offered by health clinics due to them feeling different from the older mothers who attended these classes. The Department of Health in South Africa, introduced five strategies for intervention in teenage pregnancy and adolescent health. These include: promotion of a safe and supportive environment; provision of information; development of skills; provision of counselling; and making health services available (Department of Health, 2009). Most of the teenage mothers in the current study expressed that they had no difficulties in accessing health care and felt comfortable when accessing these services. Only two out of the six participants expressed that they felt

discriminated against by staff at the clinic or hospital that they went to. This however did not discourage them from utilising their health care system again.

5.5. **Implications of the findings**

This research has explored the perceptions and experiences of teenage mothers' systems of support. Even though the research was conducted on a small group of suburban teenage mothers, it is significant to discuss the implications the findings may have on various levels. The main levels that will be discussed form part of the support systems that were previously discussed such as the school and government policy, the community, and healthcare.

  5.5.1. At the level of the school and governmental school policies:

This study was able to highlight that many teenage mothers are not aware of the school policies that exist that are meant to provide them with support in completing their education and continuing with their schooling after they have given birth. Teenage mothers should be aware of the fact that schools are not allowed to expel them and that they have just as much right to education than anyone else. If schools were more open about the policies they are supposed to be governed by, teenage mothers may feel more supported from the school and may not feel the need to have to drop out or change schools.

  This study has also illuminated the fact that whilst many schools have sex education programmes, the students often do not find these programmes useful and ultimately do not take them seriously. It may be essential for schools to consider evaluating their current programmes or perhaps conducting these programmes on a smaller group scale where girls and boys are separated to allow for questions and discussion in a more comfortable environment where embarrassment can be dealt with. This has implications into how Life Orientation (LO) teachers conduct these classes. Perhaps additional guidance needs to be provided for these teachers on how to deal with the subject of sex with teenagers and how to manage embarrassment and sensitive issues. This guidance could be provided by health care professionals within the surrounding communities of the schools.

Once teenage mothers have given birth, they are faced with a host of new challenges that they have to deal with. This was illustrated in this research study where some of the mothers found it

difficult to study for their preliminary and final examinations whilst having to take care of their babies. Perhaps post delivery programmes such as educational bridging classes could be provided by schools to aid teenage mothers in catching up with their school work and enabling them to successfully complete their schooling.

5.5.2. At the level of the community:

As three out of the six participants in this study were able to successfully utilise support from their communities, the study has implications at the level of the community. Accessible preventative programmes need to be available for teenage mothers. Such programmes should be established within community centres and through support groups. The media could be utilised more efficiently by providing preventative programmes as well as informing teenage mothers of the support that may be available to them. This is significant as those participants who did not utilise support groups in the current research said that they would have accessed support groups had they been aware of support groups in their community. As discussed, De La Rey and Parekh (1996) and De Jong (2000) found that community-based support groups proved to be successful in allowing teenage mothers to share their experiences and receive social support from each other.

5.5.3. At the level of the healthcare system:

As most of the teenage mothers in this study found their healthcare system to be easily accessible and supportive, this may not be the case for teenage mothers in predominantly more rural areas. As highlighted, Richter and Mlambo (2005) and Ehlers (2003) illustrated that rural teenagers lacked knowledge on contraceptives and one of the factors contributing to this was the lack of access to healthcare services or fear of judgement from the nursing staff. It is also significant for teenage mothers to have access to counselling to promote their psychological wellbeing and deal with the stress of being a young mother. This counselling would need to be provided by the healthcare system and should be easily accessible and affordable for teenage mothers. This would have implications into the role of educational psychologists who could readily provide such support to teenage mothers at their schools or within their communities by being available to these mothers, their partners, and their families.

5.6. **Limitations of the study**

The findings regarding the lack of awareness around policies for teenage mothers and the perceptions of sex education programmes at school may contribute to awareness and interventions from schools to strengthen their use of these policies and the re-evaluation of sex education programmes. The research was able to achieve what it aimed to by gaining perspectives into what kind of support teenage mothers receive during their pregnancy and the challenges they had to face whilst pregnant.

However, the findings of the current study are limited due to the qualitative nature of the data collected as it cannot be theoretically inferred to the whole population due to the relatively small sample size. Only six participants were used in the study as sampling to redundancy was thus evident. As the sample was homogenous it is not representative of other population groupings.

From a practical perspective, initially obtaining the sample proved to be challenging as various centres and clinics were approached but could not be utilised. This was due to either their ethical procedures being lengthy and complicated or the lack of participants at the centre. Due to the time constraints in obtaining the participants, the researcher chose to target two sites, one being a clinic situated on a company compound and the other a centre that occasionally houses teenage mothers. Once this was achieved, no participants from either location had contacted the researcher perhaps due to the impersonal nature of having to contact a stranger from a poster. The researcher was then able to locate a small group of teenage mothers through snowball sampling within her community which ultimately lead to the homogenous nature of the sample.

5.7. **Recommendations for future research**

As the sample was homogenous in nature it may be interesting for future research to utilise a mixed sample consisting of teenage mothers from different cultures to get a variety of perceptions and experiences to compare. Access to such diverse cultural groupings could perhaps be accessed in cross cultural schools. As the current study involved participants from more suburban areas, future research could compare the experiences and perceptions of suburban teenage mothers with those from more rural areas such as townships. Teenage mothers' from

such areas may have differing perspectives, support systems and cultural views on teenage pregnancy and how it is handled within their families, schools and communities. It may be beneficial to consider a sample of teenage mothers who are currently pregnant as they may have different perspectives and challenges than the current sample who had all given birth at the time of the interview. This may pose ethical considerations as the pregnant mothers may be exposed to emotionally sensitive questions that may create additional stress which is not ideal for a pregnant mother. A bigger sample size may contribute to richer data and broader findings. There is a need for future research to focus more on the education system and teenage mothers' experiences of this system as there seems to be a lack of knowledge around inclusive education policies and dissatisfaction with regard to current sex education programmes.

5.8. **Conclusion**

Overall, teenage pregnancy has increased in recent years and is viewed as a social problem that has sparked the interest of various research studies. As the adolescent stage of development seems to be a vulnerable stage it is essential to understand what kind of support teenage mothers are able to utilise during this dramatic transition in their lives. The research has attempted to gain a holistic view of support systems among a small group of teenage mothers using an eco-systemic framework. As the research has utilised inclusive education as the contextual framework, it enabled an exploration into the teenage mothers' experiences at school and how the policy was successfully implemented by the schools of the participants. The research was able to illuminate concerns surrounding teenage mothers' lack of knowledge of inclusive education policies and their dissatisfaction with sex education programmes at school. This has implications into the manner in which schools are meant to inform teenagers of their right to education should they become pregnant and vital knowledge around how to prevent pregnancy through sex education.

The study was also able to gain in-depth information into how a small group of teenage mothers' view their support in relation to their pregnancy. It is significant to consider what kind of support these mothers rely on due to support ultimately having a positive contribution to teenage mothers' sense of self worth and psychological wellbeing. The use of an eco-systemic framework allowed for a more holistic view into the perceptions and experiences of the support teenage mothers receive as each system was considered. It seems as though the participants were

satisfied with the support they had received from the various systems that surround them. The system that they seemed to rely on the most seemed to be their microsystem which consisted of their family and friends. Their mesosystem also seemed to give support to those teenage mothers who attended school at the time of their pregnancy. From a South African perspective it is essential to note that the participants utilised in this study were white and came from suburban areas. Research seems to illustrate that teenage mothers who experience the most difficulties seem to be black mothers who reside in rural areas. This seems to be the case as rural areas are prone to poverty and a lack of resources which make it difficult for these mothers to gain the necessary support that they need. Future research would need to include such participants in order to gain a comparative perspective into the perceptions of support that mothers' from different cultural groupings experience.

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Biographical questions:

1. What is your current age?

2. How old were you when you became pregnant?

3. What grade or standard were you in when you became pregnant?

4. What area do you live in or come from?

5. What area is your school located in? (socioeconomic status)

Questions around the pregnancy:

6. Tell me about the circumstances surrounding when becoming pregnant?

   (When was it? Was it planned? Feelings around the pregnancy)

7. What were the reactions of:

   7.1 your family

   7.2 school

   7.3 friends

   7.4 community

8. Were you discriminated against in any way? By peers/staff/friends/family/community members?

Questions around school experiences:

9. How would you describe your experiences of being a teenage mother who has attend/is attending school?

10. What were the challenges you face/faced with regard to school while you are/were pregnant?

11. While in school/while you were in school were there support systems that you could rely on whilst being pregnant?

  11.1. If so, what were the kinds of support you received in school?

      11.1.1. How accessible are/have been these support systems?

      11.1.2. What kind of support systems would you have liked to have had from the school during your pregnancy?

  11.2. If not, were you aware of policies around inclusive education?

12. What kind of support did you receive outside of school? (family/peers/community/religious organisations/support groups/social services/health institutions)

13. What kind of support would you have liked to have had additional to the above mentioned support systems?

14. (For teenage mothers who were in school) Did you decide to continue with your education or drop out of school due to your pregnancy? What were the circumstances surrounding this decision?

  (For teenage mothers still in school) Do you plan on continuing with your education or drop out of school? What has led you to make this decision?

15. Did you inform anyone at the school when you first found out you were pregnant?

  15.1. Who was this?

  15.2. What kind of support did they offer?

16. What is your knowledge regarding the inclusive education policy?

17. Are you aware of any existing policies in schools regarding teenage pregnancy?

  17.1. If so, what is your knowledge of these policies?

18. Did your school offer any sex education programmes?

    18.1.   If so, what kind of programmes were these and were they useful and informative?

Questions around support systems:

19. How supportive is/was your family during your pregnancy?

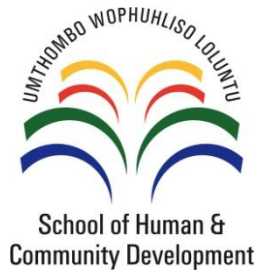20. Did you experience any challenges with regard to your family or your boyfriends family?

    20.1 What were these challenges?

21. What kind of support did you receive from your community? (support groups/religious organisations etc.)

    21.1 Did you feel any stigmatisation or negative perceptions from your community? If so, in what ways?

22. How accessible where health services (family planning, antenatal etc.) for you during your pregnancy?

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500

Fax: (011) 717-4559

Good day,

My name is Nicole Smith and I am conducting research as part of the requirements for my Masters degree in Educational Psychology at the University of the Witwatersrand. My research study aims to investigate how teenage mothers gain support during their pregnancy from various systems that surround them, as well as the challenges that these mothers face or have faced due to their pregnancy. This research is important as it will contribute to knowledge within the field of psychology in terms of understanding the experiences that teenage mothers have and may contribute to interventions in establishing relevant support groups for these mothers.

As a teenage mother, you are invited to participate. Should you choose to participate in this study, you will participate in an interview which will be about an hour and will be conducted at a location that is convenient to you. There are no risks involved and your participation is entirely voluntary, you will not be advantaged or disadvantaged in any way by choosing to participate in this study. You will not be directly benefited in any way due to your participation in the study. Also, you are free to withdraw from the interview at any time that you wish, and you do not have to answer any questions that make you feel uncomfortable.

Confidentiality and privacy of your responses is guaranteed. The interviews will be audio recorded only if you grant permission for me to do so and your name will not be used. My supervisor and I are the only people that will listen to the tapes and these tapes will be destroyed after I have finished my research report. Anonymity will be guaranteed because I will not be using your actual name in the research, pseudonym names will be used. The results of these interviews will be put into my research report and may be submitted to an academic journal at a

later stage. Once the research is completed you may request a summary of my findings at the end of the year once the research report has been completed.

By participating in this study, you will not be benefited in any way and there are no foreseeable risks due to participation, however if participating in this study evokes any distress, you can consult a counsellor at Lifeline (Tel: 011 788 4784/5) for free or you may contact the Emthonjeni Centre at the University of the Witwatersrand (Tel: 011 717 4513), or The Johannesburg Parent and Child Counselling Centre (Tel: 011 484 1734), or The Family Life Centre (Tel: 011 788 4784). These centres may have a nominal charge and you may want to utilise them if they are affordable. If you have any further questions about the research, you are welcome to contact me.

 Kindly complete the attached consent forms if you wish to take part in this study.
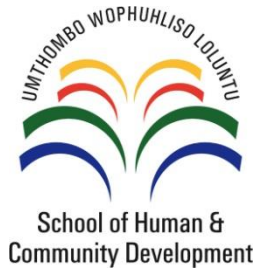
Kind regards,

Ms. Nicole Smith

Tel: 076 851 1363

Supervisor:

Dr. Zaytoon Amod

Tel: 011 717 8326

I ……………………………. have read the attached letter and understand the nature, purpose and procedure of this study, and recognise that participation in the study will not advantage or disadvantage me in any way. I understand that confidentiality is guaranteed and I have a right to not answer any questions that I feel uncomfortable with, and to withdraw from the study at any time. I also understand that the researcher can make use of direct quotes. I would like to participate in this study.

Signed: …………………………………

Date: …………………………………

<u>Appendix D: Consent form to be audio recorded</u>
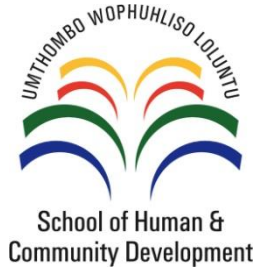
I …………………………..grant permission for this interview to be audio recorded. I understand that the contents of the tapes will be transcribed for the purpose of further analysis and that my identity will be protected, access to tapes will be restricted and the tapes will be stored in a secure location. Also, I understand that the tapes will be destroyed on completion of the research.

Signed: ……………………………….

Date: ……………………………….
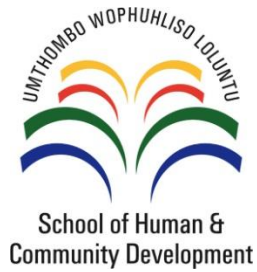
School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

To whom it may concern

My name is Nicole Smith and I am conducting research as part of the requirements for my Masters degree in Educational Psychology at the University of the Witwatersrand. My research study aims to investigate how teenage mothers gain support during their pregnancy from various systems that surround them, as well as the challenges that these mothers face or have faced due to their pregnancy.

This research is important as it will contribute to knowledge within the field of psychology in terms of understanding the experiences that teenage mothers have and may contribute to interventions in establishing relevant support structures and services for these mothers. If you have any further questions about the research, you are welcome to contact me. I can be contacted on the number provided below to notify me as to whether permission is granted or not. The name and contact number for my supervisor is also provided.

I would like to ask for formal permission to obtain my sample of teenage mothers from the centre or clinic by advertising my research on a poster at the centre or clinic. I would like to conduct interviews with the teenage mothers which may take place at the centre if permission is granted. Interviews will last no longer than an hour. There are no risks involved in the participation of the participants and their involvement in the study is entirely voluntary. The participants may also choose to withdraw from the study at any time. My supervisor and I are the only people that will listen to the tapes and these tapes will be destroyed after I have finished my

research report. Anonymity will be guaranteed because I will not be using their actual names in the research, pseudonym names will be used. If you would like a copy of the research once it is completed, a copy of my findings may be forwarded to you at the end of the year once the research report has been completed.

Thank you in advance for your time.
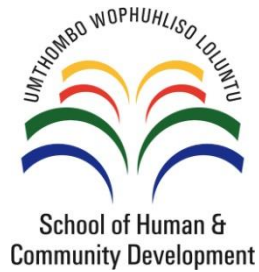
Regards,

Ms. Nicole Smith

Tel: 076 851 1363

Supervisor:

Dr. Zaytoon Amod

Tel: 011 717 8326

I have read the information sheet and understand what the research project involves and that my child will participate in the study in the form of an individual interview.

I know I may withdraw my child from the study at any time and it will not be held against me or my child in any way. Participation for this interview is entirely voluntary and no information that may identify my child will be included in the research report. I understand that my child has the right not to answer any questions that do not want to and that direct quotes may be used in the research.
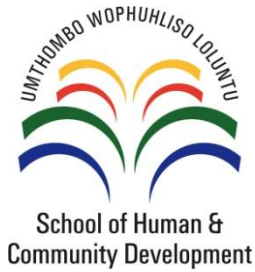
I hereby consent for my child to participate in this research project.

Child's name:_____

Date:_____

Parent or guardian signature:_____

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500

Fax: (011) 717-4559

Good day,

My name is Nicole Smith and I am conducting research as part of the requirements for my Masters degree in Educational Psychology at the University of the Witwatersrand. My research study aims to investigate how teenage mothers gain support during their pregnancy from various systems that surround them, as well as the challenges that these mothers face or have faced due to their pregnancy. This research is important as it will contribute to knowledge within the field of psychology in terms of understanding the experiences that teenage mothers have and may contribute to interventions in establishing relevant support groups for these mothers.

Should your daughter choose to participate in the study she will be required to participate in an interview which will be about an hour and will be conducted at a location that is convenient to her. There are no risks involved and her participation is entirely voluntary, she will not be advantaged or disadvantaged in any way by choosing to participate in this study. She will not be directly benefited in any way due to her participation in the study. Also, she is free to withdraw from the interview at any time and she does not have to answer any questions that make her feel uncomfortable.

Confidentiality and privacy of her responses is guaranteed. The interviews will be audio recorded only if she grants me permission to do so and her name will not be used. My supervisor and I are the only people that will listen to the tapes and these tapes will be destroyed after I have finished my research report. Anonymity will be guaranteed because I will not be using her actual name in the research, pseudonym names will be used. The results of these interviews will be put into my research report and may be submitted to an academic journal at a later stage. Once the research

is completed you may request a summary of my findings at the end of the year once the research report has been completed.

Your child will not benefit in any way by participating in this study and there are no foreseeable risks due to participation, however if participating in this study evokes any distress, she can consult a counsellor at Lifeline (Tel: 011 788 4784/5) for free or she may contact the Emthonjeni Centre at the University of the Witwatersrand (Tel: 011 717 4513), or The Johannesburg Parent and Child Counselling Centre (Tel: 011 484 1734), or The Family Life Centre (Tel: 011 788 4784). These centres may have a nominal charge and she may want to utilise them if they are affordable. If you have any further questions about the research, you are welcome to contact me.

Kindly complete the attached consent form to give your consent for your daughter to take part in this study.

Kind regards,

Ms. Nicole Smith

Tel: 076 851 1363

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