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**THE LIVED EXPERIENCES OF SINGLE TEENAGE MOTHERS IN
BOTSWANA: A PHENOMENOLOGICAL STUDY**

BY

TSHEPISO DAISY MOJAPELO

**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF**

MASTER OF NURSING

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USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

ABSTRACT

This study was designed to explore the lived experiences of single teenage mothers in Botswana, as perceived by them. The participants were teenage mothers who had to leave school due to pregnancy. They had either completed year one in secondary school or were in year two. Their ages ranged between 16 and 19 years. The ages of their babies range from five to 10 months, with the exception of one child who was three years old. All teenage mothers came from low socio-economic backgrounds with families whose parents were either not working, or were working in the lowest paying jobs as cleaners or drivers. Some were from single parent families with the mother working as a cleaner in government offices. They all lived in the high population density area of Gaborone such as Old Naledi and Broadhurst Self Help Agency, where many illicit behaviours are observed.

The study is undertaken through a phenomenological approach which is guided by the reality of lived experiences to a theoretical construct. This research was conducted to uncover young single women's experiences concerning motherhood. Previous research has been done on the extent of the problem of teenage pregnancy in Botswana, perceptions of teenagers concerning sexuality and contraception and causes and factors influencing teenage pregnancy, but none has addressed the experiences of the young single mothers. Interviews were conducted with seven teenage mothers who attended the Education Center for Adolescent Women (ECAW) in Gaborone, Botswana. Coding and transcribing of data was done and themes were generated from the data. Forty six significant statements were extracted and nine themes were generated from these. The

identified themes illustrated the structure and essence of the experiences of young single mothers.

Findings of this research study indicate that teenage pregnancy and teenage, single motherhood is a social problem in Botswana which has negatively effected women's ability to complete school, to find work, and to support themselves.

The young women in the study demonstrate poignantly the emotional, physical, and social impacts of what unwanted pregnancy and motherhood has meant for them.

Community health programmes are required to support young single mothers. ECAW was the only place in Botswana which allowed young single teenagers to continue their education and also learn how to care for their children. At the time of this research study, ECAW was informed that their external funding was being withdrawn. Without support from the Botswana government, this option for young women will no longer exist. Findings of this research also demonstrate the broader implications for educating and empowering young women to be able to have safe sex and to prevent unwanted pregnancies.

This research focussed on single mothers' perceptions. Future research studies are required to gain understanding of young mens' perceptions of being fathers to determine their educational needs and thereby create an environment which supports both young women and men.

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education and that to the best of my knowledge and belief it does not include any material previously published or written by another person except where due reference is made in the text.

Signed

TSHEPISO DAISY MOJAPELO

Date

19th February, 1997

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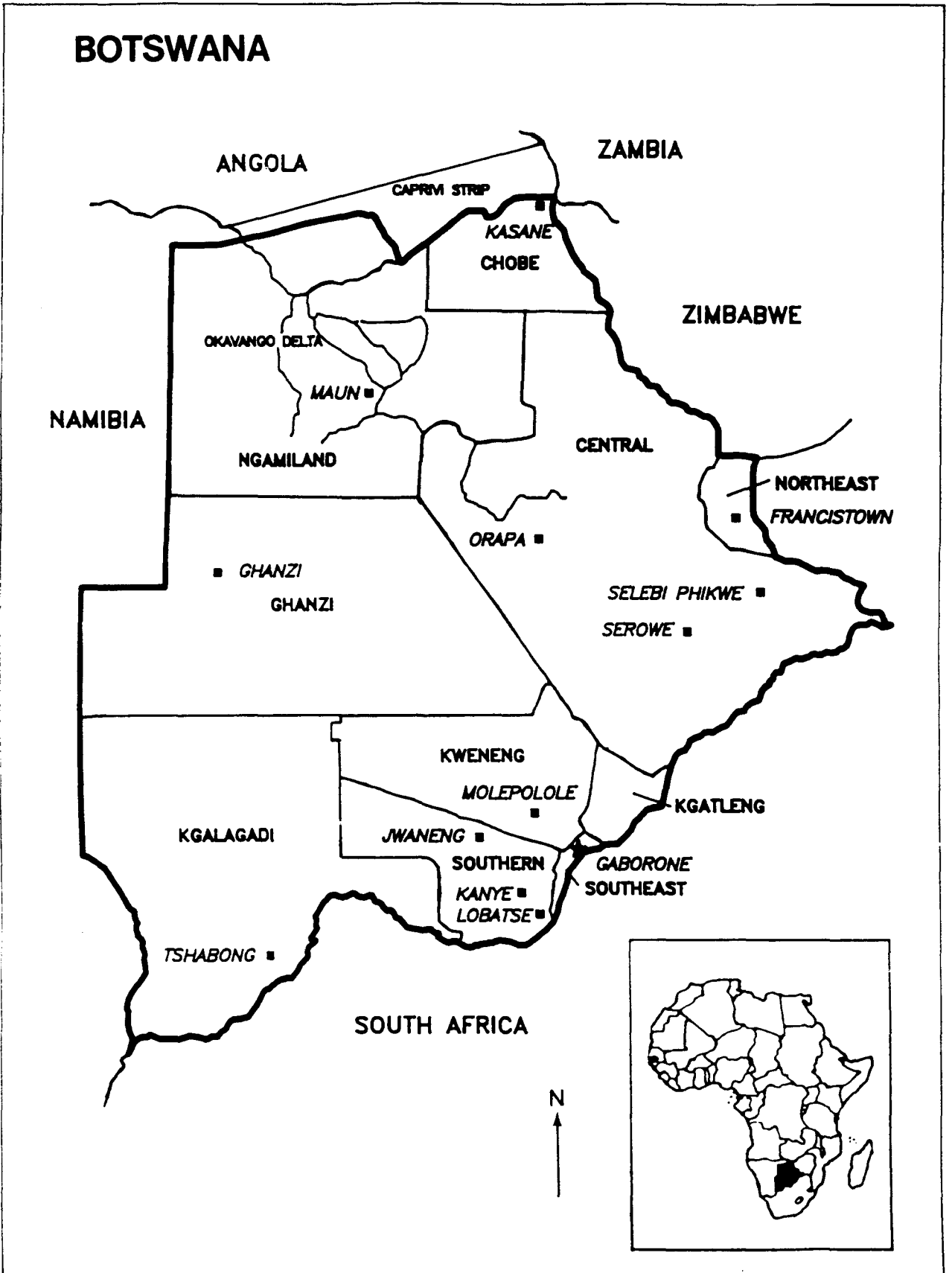


Figure 1. Map of Botswana showing districts and bordering countries (Institute for Resource Development/Macro systems, Inc., Columbia, Maryland USA, 1989, (Botswana Family Health Survey II, 1988)

CHAPTER ONE

Introduction

I have never seen how age is relevant but other people do. I can never see how someone can say, well you are only so and so, you can't do that. I mean who says young people are not given enough credit for what they do (Scheffield, 1994 p. 118).

This thesis is concerned with young people, in particular single teenage mothers and the difficulties they face in daily life. It investigates their strengths and weaknesses, their hopelessness, the extent or lack of their support and encouragement. These questions are raised of how they gain credit for what they do achieve. This study shows that young women need support in order to seek meaning in their lives and help to recover from a situation of early motherhood.

This study uses a phenomenological approach to explore the experiences of single teenage mothers as perceived by them. The research was conducted in Botswana and was intended to uncover meanings and perceptions of pregnancy and motherhood held by young mothers. The ages of the teenage mothers ranged between 16 -19 years. All were school dropouts, who were attending the Education Centre for Adolescent Women (ECAW), in Gaborone, Botswana. This is the only centre of its kind in Botswana as it allows young mothers to continue their education after the birth of their child. In Botswana, when a girl becomes pregnant she is forced to leave school and only allowed to go back to school after one year post delivery and at a different school. Most girls have never managed to return to school after they give birth and become mothers.

The background to the study

Throughout the history of Botswana, teenage pregnancy has been an accepted part of the social culture and family dynamics. The indigenous Tswana peoples lived a traditional pastoral life based on the raising of cattle. During this time, teenage pregnancy did not occur out of wedlock. The economy was based on agriculture, so formal education was less important in earning a living. Traditionally, according to Setswana culture, women were married early to older men who were responsible for taking care of them financially, and providing their social security. The woman would contribute to the family, by ploughing and harvesting enough to feed the family. After 1830, when Boer colonists moved into Botswana to escape the British in South Africa, dramatic changes in the traditional way of life occurred. The Tswana peoples were pushed off their land as colonists increased in numbers (Bissio, 1995 pp140-141).

At the beginning of the twentieth century, 97% of the population lived in rural areas. By the 1960s, more than 40% of the rural population had lost their cattle, with the result that people were forced into urban areas and concentration of land ownership enabled the Afrikaners to gain control of agricultural production. Now 80% of the population of Botswana live within a narrow strip in the east which stretches along the railroad line. These traditional marriages no longer occur because the social situation is now very different due to the displacement of people from this land and their way of life.

Due to urbanisation, more indigenous people have to seek work outside the home. Attitudes about pregnancy and contraception are conditioned by cultural norms and these norms should be acknowledged by the health care and education system. In the Setswana culture of Botswana, pregnancy may be culturally desired, and viewed

as a rite of passage for a young girl to becoming a woman, especially among married women even if they are teenagers. (Seboni, 1994).

The mean age of menarche is decreasing as a result of change in life styles. It has declined from 16 years to 12 years. Early menarche can contribute to early sexual activities, marriages and early motherhood. Most African literature indicates that educated women may delay marriage, but this does not mean that they delayed sexual activity (Bleek, 1976; Dynowiski- Smith, 1989; United Nations, 1989). The findings suggest that premarital sexual activity is common. According to a United Nations report (1995), 60% of girls in Botswana aged 15 -19 years are sexually active and the adolescent fertility rate is 127 per 1000 women (United Nations, 1995). This can be compared with figures from the Australian Bureau of Statistics showing that in 1971 teenage births were 55. 2 births per 1000 teenage women. In 1990, the Australian figure dropped by half to a rate of 22 births per 1000 teenage women (Faby, 1995). The rate of teenage births in Australia is approximately one fifth of that in Botswana. Available literature has supported the argument that teenage pregnancy is a problem in Botswana (Kahn & Mugabe, 1988; Mashalaba, 1989; Nyati- Ramahobo, 1992; United Nations, 1995).

Pregnancy before the age of 20 years places the health and welfare of young women at risk. The policy of the government of Botswana is to encourage young girls to delay their first pregnancy, since there is a growing concern at what is perceived as being a disturbingly high and increasing rate of teenage pregnancy (Kahn & Mugabe, 1988). The subject has received wide publicity because of the public's concern over the number of school dropouts. Khulumani et. al. (1988) undertook a national survey in Botswana with 4,365 women. Of these women, 2,258 resided in the urban areas and

2,110 in the rural areas. The findings from this study indicated that 43% of the participants were pregnant at the age of 16 years. Despite substantial effort and resources being devoted towards reducing the escalating rate of teenage pregnancy in Botswana, the rate of school dropout due to pregnancy remains high. The Demographic Health Survey (D H S) (1988) summary report highlighted that the proportion of teenagers who are mothers increased from 15% in 1971 to 24% in 1988, and found that for teenagers who become mothers the average age at first pregnancy was 16 years. UNICEF (1995) indicated that 26% of women aged between 20- 25 years became mothers before the age of 18 years.

One distinctive feature of the high rate of teenage pregnancy is the high rate of school dropouts due to pregnancy which contributes to low rates of female literacy in the country (Ramahobo-Nyati, 1992). The national rate of teenage pregnancy in 1991 in Botswana was 23%, and 64% of the girls who dropped out of school were pregnant in 1985, with a slight decrease to 56% in 1986 (Kahn & Mugabe 1988). Seventy one percent in 1990 shows an increase from the 1985 and 1986 figures (Nyati-Ramahobo, 1992). The Botswana Demographic Health Survey (1988) indicated the literacy rate in Botswana of females aged 15- 19 years as 94. 5% of girls completing primary education and 37. 8% completing secondary education. Of these 85. 5% can read and write (Meekers, 1995). The United Nations (1995) indicated that in 1990, 49% of women in Botswana were illiterate. Girls dropping out of school due to pregnancy is a contributing factor to the low female literacy rate. Hence, this problem has widespread implications for the community.

According to United Nations (1990), just under 40% of the women in Botswana who have not completed secondary education started child bearing before

the age of 20 years and women with only primary education have higher levels of teenage child bearing. The Botswana Demographic Health Survey (1988) data shows that in Botswana, 70% of the respondents who did not attend formal education were married before the age of 20 years, and the report concluded that there is a difference in fertility according to the woman's education. The fertility rates in 1988 indicated that women with secondary or higher education can expect to have a total of 3.3 births as compared to 6 births to women with less or no education. Based on this close positive link between high fertility rate and low education level, a goal of family planning in Botswana should be to increase the level of education for women.

A number of factors have been associated with teenage pregnancy. Early sexual activity has been identified as an indicator. Seboni (1994) in her study on teenage sexuality found that 57% of girls aged between 15 -19 years were sexually active. This finding was consistent with that of Alexander (1993) in her tracer study on teenage mothers who attended the Education Centre for Adolescent Women (ECAW). In addition to this predisposing factor of early sexual activity is the issue of utilisation of contraceptives. Generally, teenagers do not use contraceptives even though they do not wish to be pregnant. These young women may not use contraceptives because they do not think pregnancy will happen to them, and they fear being recognised or identified by adults at the Family Planning Clinic. Another factor is that, in general teenagers in Botswana seem to be ambivalent about the use of family planning methods. Even if they realise their role in preventing pregnancy, they consider the use of family planning methods to be a confirmation of their sexual activities. The negative attitude of health workers who are critical in providing family planning methods to girls may deter them from using family planning facilities by

embarrassing or criticising them. Some churches like the Zion Christian Church can have a negative influence on the women's' attitudes to the use of contraceptives. This church does not permit its members to use contraceptives at all, irrespective of marital status or age.

Physical risk of development

In Botswana, teenage pregnancy has become a central concern for everyone associated with youth. Teenage pregnancy affects the education level of the young female population, the marriage and family population growth and the norms and values of the society. According to Khulumani et al (1988), 75% of the school dropout rate in Botswana is due to pregnancy. There is also a high rate of complications associated with teenage pregnancy and child bearing, including high rates of infant mortality and high numbers of stillbirths (Mashalaba, 1994; Charumbira, 1989). The World Health Organisation estimates that adolescent girls have a 20- 200% higher risk of dying from pregnancy related complications, than adult women (United Nations, 1995). The United Nations (1995) asserts that the greatest risks related to adolescent reproductive health are sexually transmitted diseases, early child bearing and unsafe abortions. Furthermore, in developing and developed regions, the likelihood of pregnancy being terminated through an unsafe abortion is high among teenagers. Studies done in Nigeria, Kenya, Congo, Zaire, Liberia and Mali found that between 38% and 68% of the women seeking care for complications from illegal abortion were under 20 years (United Nations, 1995).

Factors influencing sexual activities

It is clear that, due to the changing social and economic situation, most parents have less time to communicate with their children than before, and that parents cannot control what their children learn outside the home (Njau, 1986). Adeokun (1990) asserts that formal education has contributed in forming large groups of adolescents outside the control of the family. The school provides an environment where boys and girls can meet without being subjected to any restrictions. Here, they are more likely to establish relationships which might lead to premarital sex.

Health professionals need to devise comprehensive strategies which will address the issue of teenage pregnancy, in order to empower young women with adequate knowledge on responsible sex, as well as to build up their self esteem. Teenage mothers have less knowledge about how to care for the baby, than do older, more mature women. Previous research has indicated that maternal age influences child development (Belmont, Cohen, & Dryfoos, 1981; Bashman, Crnic, & Ragozin, 1982). Therefore, young mothers need to learn how to care for their babies. Kemp, Sibley and Pond (1990) found that teenage mothers often think they are ready for parenthood and yet in reality, they are not prepared for the responsibility of parenthood. It is essential to keep in mind that teenage mothers are still completing their own development physically, socially and emotionally. While the young mother wishes to be an excellent parent, her ability is limited by her own developmental needs.

Strategies to deal with teenage sexual activities and pregnancy

One of the prominent objectives of the government of Botswana and the Ministry of Health is to promote family planning as a means of reducing early

pregnancy. Within a broad framework, the Ministry of Health has evoked a number of activities to promote the use of contraceptive methods. These activities include youth programmes run by the Botswana Family Women's Association and the Young Women's Christian Association. Family Life Education in schools and in community seminars encourages responsible parenthood and address issues of teenage sexuality and pregnancy (Kgosidintsi & Mugabe, 1994). However, the fact that family planning activities have been incorporated into Maternal and Child Health programmes has disadvantaged young women. No family planning programme has been designed specifically for teenagers. This exacerbates the problem for young women who do not use the general family planning facilities because of their fear of being seen by adults. Furthermore, if a teenager wants to use family planning methods, she has to ask her parents for approval. Usually the girl prefers not to do this, therefore running the risk of becoming pregnant.

However, there is confusion over the issues, as to who should be responsible for teaching the children. Following the breakdown of traditional means of socialisation, whereby the aunties and grandmothers or elder sisters would advise the girl on aspects of womanhood after menarche, the burden of teaching family life education has increasingly been placed on the parents. In most cases this is very difficult for a traditional Motswana parent who has little formal education. This is a fundamental problem, because in Botswana sex issues are a "taboo" subject, and cannot easily be discussed between children and adults (Fako, 1985). In traditional African societies, the extended family and kinship system took the responsibility for preparing adolescents for adult life. The function of the initiation ceremonies was to train youth about responsibilities associated with adulthood. During these ceremonies,

adolescents were taught about moral issues, premarital sexual behaviour and marital duties. In Botswana, it is only the Bakgatla from Mochudi and Balete from Ramotswa tribes who still practise this tradition.

Most African countries have introduced sex and family life education courses into the school curriculum, in an attempt to reduce teenage pregnancy and combat the spread of HIV/ AIDS and Sexual Transmitted Diseases (Hairder, 1990; Mashalaba, 1989; Nigerian Educational Research and Development Council, 1990; Ukaegbu, 1990). Educational authorities in Botswana have long resisted teaching family life education courses because of fear of parental opposition, yet research has demonstrated that most parents feel that it is the duty of the school to teach adolescents about these issues (Dynowiski-Smith, 1989). However, the subject has now been incorporated in the secondary school curriculum and Peer Approach Counselling by Teens is also a programme which is designed to reinforce the Family Life Education in secondary schools. Although there is fairly wide coverage of family life education programmes there is still an escalating rate of girls who drop out of school due to pregnancy.

Effective family life education in schools will have a positive effect on the reduction of teenage pregnancy. Accordingly, teachers should address these issues both at primary and at secondary schools. To meet this challenge, teachers in Botswana need to be well prepared to handle these sensitive topics and to be able to teach effectively. Family life education programmes should not be restricted solely to the physical aspects of sexuality, but should also address the individual values, psychological and social aspects of sexuality (Khulumani, et.al. 1988). In addition to having formally included family life education courses in school curricular, many

African governments attempt to reinforce this education through church programmes media and youth programmes.

The Education Centre for Adolescent Women (ECAW)

ECAW is a project run by the Young Womens' Christian Association (YWCA). It was established in 1988 when it was realised by the YWCA that teenage pregnancy was a problem in Botswana.

ECAW is the only place in Botswana which provides services for girls who have dropped out of school due to pregnancy. Most girls from low socioeconomic backgrounds who dropped out of school did not manage to go back to school. The policy of the Ministry of Education states that the girl is required to discontinue education for at least one year, and cannot return to the same school she attended when she became pregnant. ECAW was established as an immediate solution to this problem because at ECAW there are no such restrictions on the girls' education. Girls can even be admitted while they are still pregnant. This Centre provides a place where the girls can continue with their formal education, while learning to be young mothers.

The YWCA realised that there was a discrepancy between girls from lower socioeconomic groups and those who are from middle and upper class backgrounds. The young girls who are school drop outs and are from middle or upper class families usually get assistance from their parents to go back to school. Parents can even afford to send the child to a private school, or can afford to pay for child care centre, while the mother is at school. This is not an option for girls from lower socioeconomic backgrounds. Hence, ECAW was established to provide for young women in those

circumstances. These girls would find it very difficult and often impossible to return to school after dropping out due to pregnancy. The support and care for the infant while the mother is at school presents other problems which influence the girl not to continue her schooling. The young mother has to depend on her own family, usually her own mother, to care for the baby because there is no government social system or financial support for young mothers and their babies in Botswana.

When ECAW admits the young mother to the school, she brings her baby along with her. Day care facilities for the baby are provided by ECAW. The child care support system at ECAW plays an important role in assisting the girls with their studies because they are not worried about the welfare of their babies. The teenage mothers also have a chance to learn about child care and to monitor the growth of their babies from an early stage. In all these areas they are assisted by the ECAW staff.

The curriculum has incorporated family life education and counselling into the student's academic programme, though these subjects are not examinable. This educational center empowers the young mothers to develop their own self concept and to regain meaning into their lives. Therefore, they can deal positively with their life situations and also continue their formal education.

ECAW has admitted over 100 graduates since 1988 and 80% of these graduates have been assisted to either enter formal schooling or to continue their education with vocational training. Only 20% of the graduates who did not do well academically have not found anything to do (Alexander, 1993). ECAW does not have full time teachers, but it recruits part time teachers from the University of Botswana and from the Junior Community Secondary Schools in Gaborone. Most of the teachers

have been with ECAW for several years. Their time table is drafted by the staff at ECAW, but it is designed to suit the individual teacher's schedule.

ECAW has been running successfully since its opening in 1988. This year the Center was forced to close down due to lack of funds. The project has been entirely dependent on external funding since its inception in 1988. The government of Botswana did not offer any form of financial assistance so that the project could continue after external funding was withdrawn.

Significance of the study

This study is directed towards gaining an understanding of teenage mothers' perceptions of pregnancy and early parenthood. No research has been conducted to study this topic in Botswana. The high rates of pregnancy among young girls results in high rates of dropping out from school, which means that girls are not gaining the educational background necessary to improve their quality of life and the lives of their children. Botswana, as a country will also suffer, from this lack of education of women, and as a consequence literacy levels for women will remain low.

Hopefully, teenage mothers involved in the study may personally benefit because their perceptions will be understood. Many girls never have an opportunity to talk about their experiences of being pregnant and of having a child. Now their stories can be shared. Issues of social support and counselling programmes can be addressed to assist the women in furthering their education. This research may provide the opportunity to assist teenage mothers to lead more fulfilling and constructive lives.

According to available literature, no research has been done on the experiences of teenage mothers in Botswana. Therefore, little is known about the impact of

teenage pregnancy on young mothers from their perspective. Literature on the lived experiences has been published in USA and Australia, but not in Botswana. My research has focused on young mothers' perceptions to seek understanding of their needs and therefore to suggest appropriate social support. The needs of young mothers are not known. If their experiences are known and appropriate action is taken, the nursing profession may be able to plan and implement appropriate forms of social support and other programmes specifically designed for teenage mothers. Also the ways to prevent pregnancy may be improved.

Much of the research into teenage pregnancy has been conducted using quantitative methods. However, ideas derived from lived experiences cannot be reduced to quantifiable data, because of the diversity of meanings which individuals hold for different situations (Ray, 1990). By seeking perceptions of these situations, an understanding of the shared meanings of these experiences can be gained. Then the information can be used to effect positive change. A phenomenological study will attempt to fill some knowledge gaps which exist in relation to the phenomena of teenage motherhood.

In Botswana, this increased rate of teenage sexual activity exists without access to legal medical abortion, or adoption and with no friendly, family planning programmes tailored for the young women. This lack of support may lead to illegal abortion, hence the medical-social complications of criminal abortions. The impact of early pregnancy has individual and social effects. The country is losing potential women leaders also their future opportunities in life are narrowed.

Purpose of the study

The purpose of this study is to explore the experiences of teenage mothers and to establish the meanings and perceptions concerning early parenthood as experienced by young mothers, who due to pregnancy, have been forced to dropout of school due to pregnancy.

Research question

What are the lived experiences of single teenage mothers?

Definitions

Teenage

A developmental stage which ranges from 13 - 19 years during which the person is not yet fully developed physically and cognitively.

Teenager

One whose age is from 13 -19 years.

School dropout

In Botswana a school dropout is a student who leaves school before completing their final year. This usually occurs before the age of 19.

Teenage mother

A single mother who is below 20 years of age.

Motswana

is a citizen of Botswana

Batswana

Are people who come from Botswana

Setswana

The language spoken in Botswana

Thesis organisation

Chapter one gives a brief introduction to the study, background information of the study, significance of the study, purpose of the study, research questions and definition of terms. Chapter two has briefly reviews and offers a critique of available literature concerning issues of teenage pregnancy and motherhood. Chapter three discusses the method of investigations and in chapter four the research findings are exposed. In chapter five the research findings are discussed. Chapter six is the conclusion, summary of the study, limitations, implication for nursing practice recommendations and references.

CHAPTER TWO

Literature Review

A comprehensive literature review is required in a phenomenological study in order to connect the findings of the research with the broader body of knowledge on the subject. It is important, initially, to provide an overview of the research, of what is already known in the area of study and to indicate the need for further study (McMurray, 1995). The objective of this literature review is to identify and evaluate relevant research studies which have been conducted concerning teenage pregnancy and motherhood. The findings of research conducted internationally have demonstrated that teenagers are becoming sexually active at an earlier age, therefore running the risk of becoming teenage mothers. This has serious consequences on the lives of young girls.

Adolescence is a special period of time. It is important due to intense physical and emotional changes experienced by the individual. This is a critical period of biological and physiological change, a transition from childhood to adulthood (Alexander, 1993; Mashalaba, 1994). McAnarney and Hendee (1989), UNICEF (1992) and Wallace and Vienonen (1989) assert that this is the stage when teenagers develop in many areas including their attitudes and behaviours with regard to sexuality. The main task to be accomplished during adolescence is the development of self identity. This stage is marked by poor cognitive development which affects decision making by young people if they do not get assistance from relevant formal sources such as parents, teachers and health professionals (Fleming, 1990; Tilbury, Moynihan, & Siddle, 1990). To overcome the difficulties of this developmental stage,

most teenagers need support and counselling to deal effectively with many of the issues they encounter (Alade, 1989). Family life education programmes and establishing youth centers is one way in which adolescents are being provided with formal support in Botswana.

This literature review will discuss several social cultural dimensions which have been shown to impact the behaviour of adolescents which may influence their attitudes and expose them to risk of pregnancy, early motherhood and exposure to sexually transmitted diseases. The family situation, size, structure and economic status will be analysed to seek implications for adolescent pregnancy and motherhood. Two other areas important to this study which will be reviewed are the perceptions of teenagers on the use of contraceptives and their views on early parenting.

Social cultural influences on sexuality

Recent research findings demonstrated that young girls are now more sexually active in Botswana. Khulumani et.al. (1988) found that many girls between 14 -19 years were sexually active and 75% of girls who dropped out of school were pregnant. In two different studies, Seboni (1994) and Alexander (1993) found that 57% of girls were sexually active by the age of 16 years.

The purpose of Seboni's study was to explore the teenage girls' perceptions of sexuality and pregnancy. Seboni used a triangulation method in her research methodology integrating descriptive and quantitative data. Her study was guided by a grounded theory approach. The study had a sample size of 600 participants who were aged between 13- 19 years old. These young women, 50% of whom were out of school and 50% were still at school, were each sent a questionnaire. An additional 30

girls of the same age participated in an in-depth interview and another six participated in a focus group. The study findings indicated that the perceptions of sexuality of the young women were embedded in the social conception of health. Peer group and family background influenced the girls' perceptions and behaviours. Their sexual behaviour demonstrated high rates of engaging in risky sexual practices, including unprotected intercourse and having multiple partners. The Setswana cultural beliefs about womanhood also influenced the teenager's perceptions. In Setswana culture, womanhood is achieved and made visible by the act of child bearing.

Seboni's research revealed numerous themes with regard to teenagers' perceptions of sexuality and pregnancy. In addition, demographic, social and psychological factors have been associated with adolescent premarital sexual relations. Demographic factors such as the age of the male partner; low socioeconomic status; coming from single parent and large families have all been associated with early sexual initiation. Research conducted in the USA, associated early sexual activity and pregnancy with lack of communication with parents and lack of educational ambitions (Casper, 1990; Desmond, 1992; Holt & Johnson, 1991). Casper (1990) has demonstrated that in the USA black teenagers perceive sexual activity as a means of achieving adult status.

Alade (1989), Jinadu and Odesamni (1993), in their studies conducted in Nigeria on teenage pregnancy and sexuality, found that teenage sexual activity was on the increase, and was resulting in high rates of unwanted pregnancies and sexually transmitted diseases including HIV and AIDS. Alade (1989) found that teenage sexual activity was related to the failure of parents and society in general to educate teenagers about issues of human sexuality. The findings of this study have

implications for Botswana where sexuality is a “taboo” topic and therefore the subject cannot be discussed easily between children and adults (Fako, 1985). There is a difference of attitude now between the rural and urban educated Motswana parent, in that the urban and educated parent may consider raising the topic of sexuality with his/her child. However in general the topic is not easily discussed in urban or rural or educated families.

The erosion of culture in Botswana has left children without societal guidance. One way to support children is to have family life issues discussed in the traditional initiation ceremonies (Alexander, 1993). Today in Botswana, adolescents learn about family issues from school, parents books, media, health professionals and from peers. Often the information obtained in this manner is insufficient or incorrect (Leke, 1990; Njau, 1986). Kahn and Mugabe (1988), in their research conducted in Botswana, suggested that teachers, parents and teenagers are aware that there is a great need for some kind of family life education to prepare adolescents for the responsibilities of adult life.

Similar findings have been documented in other parts of Africa. For example in a study done in South Africa on teenage pregnancy, Mogotlane (1993) found that teenage sexual activity is on the increase and teenagers are likely to have many sexual partners and to engage in unprotected sex. This activity predisposes them to sexually transmitted diseases and early unwanted pregnancies. Some societies accept early pregnancy as a confirmation of fertility (Mogotlane, 1993). In Botswana, studies done show that teenage pregnancy is more prevalent in the population of low socioeconomic-economic status. The trend is that the educated and urban communities would prefer the woman to delay her child bearing till she is

economically independent. Kashala, Lusamba, Nge and Okitolonda (1991) in their research conducted in Zaire found that males and females entered into sexual relations very early in life; continued heterosexual activity; had more than one sexual partner; and rarely used condoms. In Kenya, results of the research conducted on the correlates of premarital sexual activity among school age adolescents demonstrated that a substantial proportion of teenagers were sexually active. The consequences of this early sexual activity were illegal abortions, sexually transmitted diseases and high rates of maternal and infant morbidity (Karungari & Zabin, 1993). In most African countries abortion is not legalised, and birth contraceptives are not available for unmarried women. This situation has resulted in many illegal abortions which are conducted using unsafe methods and may result in health complications even death.

Family situation

Several research studies conducted in the USA have shown that teenagers coming from low socioeconomic backgrounds where there are large family sizes, or from single parent families are at increased risk of early pregnancy (Fleming, 1990; Fursternberg, Levine, & Brook- Gunn, 1990; Holt & Johnson, 1991). Teenagers living in these family environments are affected in many ways. Due to poverty in these families, children are exposed to poor living conditions often living in areas where crime and illicit behaviours are common (Condon, 1992; Davis, 1989; Desmond, 1992; McAnarney & Hendee, 1989). The effects of these social environments on the families can mean that pregnancy is very stressful and can cause dysfunction in the family.

Fursterberg, Levine and Brook- Gunn (1990) conducted a follow up study with 404 young women in Baltimore, Ohio, U S A who had their babies before the age of 19. The results indicated that most of the teenagers came from poor families. Half were living in single parent households and some were on welfare. These factors represented a substantial level of disadvantage for these young mothers. Their parents had low levels of education and their mothers had also been teenage mothers. Half of the respondents came from families with five or more children. Furthermore, half of the families were working in low paying jobs and most of them lived in Baltimore's most economically disadvantaged neighbourhoods.

Researchers have argued that teenagers living in single headed families and in large families are more likely to have early sex because of lack of adequate supervision by parents (Casper, 1990; Johnson & Holt, 1991). Furthermore, other researchers who conducted studies in Nigeria, USA and Botswana have found that large family sizes may play a role in the development of some delinquent behaviours, due to lack of adequate communication between children and parents resulting in lack of supervision or guidance from parents (Alade, 1989; Holt & Johnson, 1991; Kahn & Mugabe, 1988). Mothers of single parent families often work in manual jobs outside the home for long hours in order to support a large number of children. Consequently the mother returns home tired and with little time available to talk with her children. The older daughters are often responsible for caring for younger children. Such teenagers may see motherhood as the only option available to them, and these teenagers hope to find direction and purpose for their life through sexual relations and motherhood.

Open communication with parents can assist adolescents to achieve independence from their parents (Kastner, 1984; Rodgers & Lee; 1992). Some researchers have argued that adolescents with good communication with parents are more effective contraceptive users especially mother and daughter communication (Casper,1990; Kastner, 1984; Mauldon & Luker, 1996). In contrast, lack of openness about sex and less sex education appear to account for unintended pregnancies (Cherri, Fisher, Hamilton, Mackay & West, 1994). Holt and Johnson (1991) found that in families where communication is open and negotiation is possible, teenagers can affirm their independence through other means and do not need to use risky sexual activity to accomplish this developmental stage.

Lack of contraceptive use

The nature of adolescent sexual activity in Botswana does not seem to be consistent with the utilisation of contraceptives. Teenagers seem to be more sexually active now but are still not using contraceptives. Researchers have struggled to deal with the much more difficult issues of motivation and ability of young people to use contraceptives effectively (McGrew & Shore, 1991; Schofield, 1994). Jones and Mondy (1994) and Schofield (1994) assert that intervention strategies are influenced by two factors , whether an adolescent will use available health services and whether available family planning methods are acceptable and compatible with their vision of self. For instance, the daily use of an oral pill by unmarried teenagers might signal their forbidden premarital activity to others (Alade, 1989; Mosher, 1990).

Davies (1989) claimed that all Western European countries including Canada, New Zealand and Australia had established as a priority, the dissemination of

contraceptive information through media, and the distribution of contraceptives to teenagers through free or low cost services that are convenient and completely confidential. She further argued that the teenagers' wanted programs tailored for them, because they wanted a confidential service, so that their reputation would not be threatened. Teenagers want to avoid going to the same clinics visited by adult women in their communities. These same issues of confidentiality, cost, and convenient services and clinics designed specifically for teenagers, are also relevant in Botswana.

VanderPost (1995) conducted a survey in Kanye village in the Ngwaketse district in Botswana to uncover the preconditions for developing a population policy in Botswana. Findings identified by the researcher exposed the size of families and use of family planning methods in Botswana. The study results revealed that there were large families in Botswana and family planning was not well understood. The respondents reported an average of 6.2 children per family, which is consistent with the average family size in Botswana. Only 25% of the respondents in Ngwaketse had ever used any form of family planning. Two thirds of the respondents stated that they would like to learn more about family planning and 44% indicated that they would like to learn more about family planning in the near future. Forty two percent were in favour of increased sex education in schools and the promotion of family planning among youth to combat the high incidence of teenage pregnancy. It was also found that 29% of teenage girls in Ngwaketse became pregnant before their twentieth birthday. In both urban Gaborone and rural Mankgodi village, Ramahobo- Nyati (1992) in her analysis of the status of the girl- child education, found that girls became pregnant due to the following factors: lack of information; ignorance in the use of family planning; misinformation and ignorance of the consequences of their sexual

behaviour. The other limitation in the Botswana social system is that contraception is still regarded as the responsibility of the girl. This is partly reinforced by family planning clinics being regarded as female clinics.

Perceptions of teenage mothers about early parenting and support

Speraw (1987) conducted a cross cultural, phenomenological study with a convenience sample of 59 pregnant teenagers. The sample was drawn from Blacks, Whites, Hispanics and Pacific Asians in the U S A. The participants were enrolled in pregnant teenagers' programs within school districts in Los Angeles County, California, and in the State of Hawaii. Communities in which the participants lived ranged from being affluent to being impoverished. The purpose of the study was to explore the perceptions of teenage mothers about being young mothers. Open ended questions were used to uncover the girls' perceptions. The findings revealed that the participants experienced loss in their youth, had pregnancy related life changes and expressed change in their body images. In Speraw's findings, she asserts that pregnancy is perceived differently by teenagers, depending on the young mothers' circumstances. She concluded that culture was a potential major variable. Supporting these findings were those of Huttlinger (1988) who, in an ethnographic study, revealed that culture was an important variable in teenage motherhood and the social context is an important influence on the perceptions of young mothers.

In addition, teenage mothers perceive social support to be important in their lives. According to the study by Burke and Liston (1994) teenage mothers perceived support from friends and parents as important in coping with the effects of early parenthood. They also considered the social network as necessary for effectiveness in

child rearing. May (1992) found that the perception of less support as pregnancy progresses may indicate a gap between needs and resources. She concluded that younger teenagers perceived more family and relative support than did older teenagers who perceive more friends' support.

Summary

Based on this literature review it can be seen that several social cultural factors can influence teenage sexuality and that sexual activity by teenage girls has increased in the past decade in Botswana. Some of the most prominent factors are the size of and economic status of the family. Teenage mothers are mostly either from large families, single parent and for poor families. The lack of effective utilisation of contraceptives and the perceptions of teenage girls about male\female relationships contributed to early pregnancy. The role of young girls as parents was greatly helped by the support of family members especially their mothers.

CHAPTER THREE

Method of investigation

In order to answer the research question of this study, a qualitative approach was applied. To explore the experiences of teenage mothers, phenomenology was utilised in terms of a paradigm and a methodology.

The Paradigm

Qualitative methods are emphasised within the naturalistic paradigm, because the methods are more appropriate to uncovering the answers to questions concerning individual perception and understanding of people's lived experiences. (Guba & Lincoln, 1985). The qualitative paradigm, because of its significance in perpetuating and preserving the nature of nursing has root values and beliefs that are congruent with the nursing philosophy. The research question in the qualitative approach seeks to understand the meaning of a situation, rather than a positivist approach which seeks to test an hypothesis and to control variables ensuring objectivity (Reid, 1991). Within the positivist approach, the researcher is often detached and participants are not regarded as partners, but as subjects or objects of study. Consequently, the research usually enhances the reputation of the researcher, but not necessarily that of participants (Guba, 1990).

Qualitative research methods may be more consistent with the philosophical beliefs of nursing in which subjectivity relates to shared experience and reality cannot be separated from the experiences of the participants (Munhall, 1994). Guba and Lincoln (1985) further argue that the positivistic approach lacks context and reality is

perceived as a single tangible. The tradition of using qualitative methods to study human phenomena is grounded in the social sciences. Positivism has produced research with human respondents that ignores their humanness, a fact that has not only ethical but also has validity implications.

Methodology

A phenomenological approach has been chosen for this study because it preserves the meaning of the phenomenon, within the context of the participants' lives. Phenomenology is the most appropriate method because it allows for identification of the essence of behaviour and promotes the understanding of how human beings experience events in their lives. The aim of phenomenology is to gain a deeper understanding of the nature or meaning of our everyday experiences. Therefore, it facilitates the uncovering of substantial information on the phenomena which would not be apparent with other methods (Jasper, 1994). This approach also aims at making explicit explanation and seeking meaning. Taylor (1993) asserts that the experiences of people are meaningful in terms of the situation in which they occur, so therefore the context of events is vital to the perception of the experience.

Phenomenology was first described by Immanuel Kant in 1764 in a scientific context as a study of things (Cohen, 1987). This philosophy developed as a reaction to the positivistic approach in science which tended to explore factors in isolation and in an abstract fashion (Jasper, 1994). Edmund Husserl is acknowledged as the father of phenomenology. By phenomenology he meant how people describe things and experience them. Husserl (1965 cited in Cohen, 1987) introduced the idea of phenomenology in response or in reaction to the context free generalisations of the

positivist approach of natural science and also as a critique of positivism. Husserl attempted to restore the reality of humans in their life worlds to capture the meaning and to revive philosophy and humanism. Therefore, lived experience is a phrase commonly used in phenomenological research (Beck, 1992; Cohen, 1987; Omery, 1983). Sartre (1963) also joined other phenomenologists in the critique of positivism. He was concerned about useful science, believing that, “concrete thought must be born from praxis and must turn back upon it in order to clarify it, not by chance and without rules, but as in all sciences and all techniques in conformity with principles” (p. 22).

Husserl inspired a philosophy without presuppositions. His philosophy is important to phenomenological research, because he described the actual importance of the facts of an individual’s life and experiences (Cohen, 1987). He suggested that a phenomenon cannot be separated from the experience, therefore the way to understand the phenomenon is through prereflective descriptions of it in the person’s own words. Keen (1975) pointed out that phenomenological interpretation of living is composed of both experience and behaviour; the lived experience must be the guide in understanding other people and what things mean to them. Van Manen (1984) supported this perspective of phenomenology and proposed that it is the lived situation which forms the basic unit of factors for research. The meanings given to the lived situation by the participant and the researcher are the crucial elements of phenomenology.

In phenomenological research, one describes the subjects’ consciousness of the world through observation and descriptive findings (Chinn, 1985). Phenomenological research is not based on investigative processes that produce

empirical generalisations which are then formulated into meaning or building theories (Van Manen, 1990). Merleau- Ponty (1962) states that “turning to the phenomena of lived experience means re-learning to look at the world by re- wakening the basic experience of the world” (p. vii). In the world of everyday lived experience, individuals are studied in their natural context (Cohen, 1987). As we research the possible meaning structure of our lived experience, we tend to grasp what it means to be in the world. Van Manen (1990) asserts that the ultimate aim of phenomenological research is to fulfil human nature, to become fully aware of who we are. This approach makes a distinction between the essence and the things of our experience. In other words, phenomenology permits reflection and brings into nearness that which tends to be obscure (Valle & King, 1978). People are viewed as subjects not objects and an understanding of people as they are in their everyday life is promoted (Reed, 1994).

Omery (1982) and Oiler (1982) have both described phenomenology as a philosophical movement and research method which examines and describes phenomena as they are consciously observed. The researcher must build a trusting relationship with the participants, by being open in communicating and in expressing an interest and understanding of participants’ experiences, while eliminating moral judgements and treating the participant as a co-researcher.

A phenomenological researcher needs to bracket his\her preunderstanding and assumptions of the phenomena to be studied. Bracketing means peeling away the layers of interpretation so that the phenomena can be seen as they are, not as they are reflected through preconceptions (Beck, 1992). The act of bracketing can help the researcher to come closer to knowing the pure essence of the participants’

consciousness. Researchers must first examine themselves to determine their prejudgments and personal commitment to the phenomena to be studied. Beck (1992) asserts that bracketing does not eliminate perspectives, but it brings the experience into clearer focus. What is left after bracketing is the world perceived prior to the interpretation and explanation (Oiler, 1986).

Phenomenology as a research method in nursing has been used to explore lived experiences such as postpartum depression (Beck, 1992) and experiences of couples regarding infertility and gender influence (Phipps, 1993). Most notable is the work of Benner who has used this approach to examine expertise in nursing (Reed, 1994). These research investigations provide examples of phenomenological research and the important contribution that this form of research can make to nursing practice. Streubert and Carpenter (1995) assert that nursing encourages detailed attention to the care of persons as human beings and grounds its practice in a holistic belief system that considers the individual's body, mind and spirit. Nursing is concerned with lived experiences and therefore focuses on interpersonal techniques such as empathy and on concepts of crisis motivation, stress and perception (Oiler 1982). Hence nursing needs a mode of inquiry and analysis that offers the freedom to explain, describe and even to predict a conceptual level of richness and depth of human experience and interaction (Crotty, 1996). Therefore phenomenology was used as a method in this study to allow the researcher to learn more about the teenage girls' experiences and their perceptions of being young mothers.

Design

This research involved a field study. Data collection was done through interviews and observational field notes, and was guided by the following interview question. What does it mean to you, to be a young mother? Field and Morse (1990) assert that open ended interviews encourage participants to relate the experiences in their own words.

Sample selection

The purposive sample consisted of seven teenage mothers, all of whom were enrolled at ECAW. All the participants were school dropouts, who were forced to leave school due to pregnancy. They had either completed form 1, which is the first year at high school, or were in form 2 and they had to sit for their junior certificate at the end of the year. These participants were chosen because phenomenological analysis attempts to examine shared meanings of a group whose members have had a similar life experience (Van Manen, 1984). Bogdan and Taylor (1975) assert that phenomenological researchers generally study small samples, as richness and depth of data is sought to enhance understanding rather than seeking to draw generalities (Parse, Coyne & Smith, 1985). Small non randomised sampling techniques are often criticised by quantitative researchers due to their limitations in terms of generalisability. However, small samples are the essence of qualitative research. This is a study of the meaning given to motherhood by young girls. The findings of this study will not produce generalisations that can be built into theories. Sandelowski (1986) has suggested that the number of participants is determined by the information

that is provided and the continuous selection of participants is related to findings that emerge in the course of the research.

Procedure

The research proposal received approval from the Ministry of Health in Botswana and by the Coordinator of ECAW. The researcher spent one month at the ECAW before interviewing the girls. This time allowed me involvement in the recruitment of the students for the 1996 term. During this period, I was involved in learning about the social/environmental context in which the girls lived. This was an important aspect of my study as it allowed me to gain an understanding of the girls' views. I was at the Center for one month familiarising myself with the staff and the setting before commencing the study. The ECAW staff assisted me in meeting potential participants. In order to identify all teenage girls who had to leave school due to pregnancy in 1995, the project officer and myself visited all Community Junior Secondary Schools in Gaborone. Eighteen school dropouts were identified and fifteen of those women were traced without any difficulties. Three were not found because the project officer did not have their addresses. Of the fifteen girls contacted, four declined to go back to school, and one could not come, because her parents were not interested in her returning to school.

The teenage mothers were visited twice at their homes with their parents present. During the first visit, the parents were told about the school and asked if they were interested in sending their child back to school. During the second visit, the parents were told about the research and had an opportunity to give implied consent for their child to participate in the study. A month after the girls were enrolled at the

Center, they were informed about the study, its purpose and the significance of the research. At this time I obtained the informed consent from the girls (see Appendix A). I then held some general discussions with the teenage mothers in a group, as a way of trying to make them feel at ease, and to provide the opportunity for them to gather their thoughts on what it means to be a teenage mother. This was seen as a preparation for the in-depth interviews which lasted from 30- 45 minutes. The teenagers were interviewed individually and the interviews were done during the students' free periods. The necessity of interviewing girls singly has been supported by Morse (1991) who asserts that adolescents may become concerned with peer conformity, or could be too embarrassed to have a truthful discussion, hence this can affect the analysis of data. The interviews, conducted in Setswana, were audio taped and then transcribed into English by the researcher. Observational notes were also used and a field book was kept for this purpose.

I attempted to bracket her pre understanding and assumptions of the phenomenon to be studied in order to see the phenomena as it is, and not as it is reflected through preconceptions (Beck, 1992). At the end of each interview session, participants were asked to discuss any issues which were not raised during the interview. Data collection continued until repetition of data occurred without any new themes arising (Beck, 1992).

Data analysis

Data collection and analysis were done concurrently throughout the study. To avoid confusion, the interviews were transcribed and the text read after each interview, to gain an overview of the phenomenon under study. The transcription of

the women's oral descriptions of teenage motherhood was analysed using Colaizzi's (1978) phenomenological steps.

1. All taped interviews were transcribed verbatim by the researcher. Then completeness was verified adding to the observational notes taken during the interview.

2. The researcher read the written transcript of each participant's interview several times to acquire a feeling for the essence of the phenomena. Significant statements and phrases that directly pertained to the phenomena were extracted.

3. Meanings from the significant statements and phrases from the interview were formulated and organised into themes. Then the themes were clustered.

4. The emergent themes common to all of the participants' descriptions were organised, by comparing each individual's transcript with the transcript of other individual women. Themes which emerged after analysing each new transcript were added to the categories of themes which had already occurred.

5 The results of the data analysis were integrated into an exhaustive description of teenage mothers' experiences. Forty six themes were yielded initially and then these were collapsed into nine themes.

6. Five of the participants were asked to read their transcription, in order to validate that the essence of their experiences was captured. The researcher was there to assist in explaining in Setswana wherever the participant was not able to understand clearly. Four of the participants needed some help in translation when they read the transcripts.

Content Validity

Validity in a phenomenological study depends on the extent to which truth is reflected in the essence of a phenomenon, as experienced by the participants (Baker, Stern & Wuest, 1992). Beck (1994) has argued that it is difficult to assume reliability and validity in the phenomenological framework, because of the difficulties of communication whereby the same words may refer to different things and the same words may have different meanings. However, it is important to test validity in qualitative research studies, because of the small sample sizes which are used in data collection. In order to claim validity in the findings, the researcher using a qualitative methodology is required to establish credibility, fittingness and auditability (Beck, 1992; Beck, 1993; Sandelowski, 1986).

The credibility of the interpretations of the data was enhanced by the participants' verification of their transcriptions. An experienced lecturer in qualitative research at methodology, based at the University of Botswana was asked to read the transcriptions several times. The researcher's supervisor also read the written transcription more than once. Five participants were asked to read their own transcriptions, as a means of clarification of the themes which had been identified by the researcher. All the five participants acknowledged that they recognised the emerged themes as their own. Credibility was established as the researcher did a member check (Guba & Lincoln, 1985).

Fittingness occurs when the findings of the study fit the data from which they are derived (Streubert & Capenter, 1995; Beck, 1992; Sandelowski, 1986). In this study, how well the findings fit the data, was verified by the participants who not only experienced teenage motherhood but were able to articulate their experiences clearly.

Auditability is achieved through following the specific methods used in qualitative research. A study and its findings are auditable “when another researcher can clearly follow the decision trail used by the investigator” (Sandelowski, 1986, p.33). It is a criteria used to evaluate the consistency of qualitative findings. In this study, theme clusters were explained and meanings formulated were clearly indicated. As suggested by Hycner (1985), clusters of themes will be listed and meanings formulated from the data gathered by the researcher. This step clarifies the transition of formulated meanings to the clusters of themes (Beck, 1992). Once fittingness, auditability and credibility are achieved, the findings can be considered confirmable (Sandelowski, 1986).

Ethical considerations

As nurses become more involved in research, protection of human rights should be considered (Brink & Wood, 1988). The research proposal was approved by Edith Cowan University Research and Ethics Committee. A covering letter was sent to the participants requesting them to participate in the study (see Appendix B). Permission to conduct the study was obtained from the Ministry of Health in Botswana (see Appendix C) and from the Education Centre for Adolescent Women in Gaborone, Botswana (see Appendix D). Informed consent was obtained from the participants while their parents gave implied consent. The nature of the research was explained to the participants in Setswana which is the language of Botswana. The researcher is from Botswana and fluent in Setswana, so the participants had a clear understanding of the research context allowing them to have freedom of choice when giving consent. All research subjects need to know what will happen to them during

the research project (Burns & Grove, 1993). The research participants were made aware that they could withdraw from the research project before or during the study if they did not feel comfortable in participating in the research project. This would not affect their study at the center. Field notes, transcripts diskettes will be destroyed after five years, by burning. Before destruction, records will be kept in a locked cupboard at the researcher's office and keys will be kept by the researcher. Audio tapes were erased after all transcriptions were completed.

CHAPTER FOUR

Findings

This chapter provides a description of the participants' stories and research findings highlight the experiences of teenage mothers. The themes that emerged from the interpretation of the data are discussed to provide the essence of the meaning of teenage motherhood as experienced by the young women. The data are presented as a description of what was communicated within the context of the research. Direct statements are used to illustrate the common experiences and themes as they emerge. In order to maintain anonymity, the code name TM (teen mother) was given to the transcripts of each participants (e.g. TM 1, TM 3).

Participants

The purposive sample consisted of seven teenage mothers. It was initially intended that ten participants would be interviewed, but due to the lack of an adequate number of students enrolled at the Center only seven young women participated in the research study. All the young mothers who were enrolled during the time of the study were requested to participate in the study. There were 10 students who were enrolled, of whom three were pregnant and seven had babies. During the recruitment of participants for enrolment at ECAW, 18 school dropouts were identified, four declined the offer to go back to school saying they were not interested. Of the remaining 14 women, three women could not be located, and one was not given

permission by her guardian to go back to school. This girl, an orphan and her baby were living with her uncle.

I visited the girls at their homes, before they came to the Center. Each participant was visited twice. The participants' parents were very helpful and they all gave implied consent for their children to participate in the study. The parents talked freely about their children's problems on the second visit as their children were not present at home but were at the Center.

All the teenage mothers participated freely in the study. Some of the girls were not very open in describing their situations and two were extremely shy. As a result of the girls' initial shyness more time than anticipated previously was needed to allow the girls to feel safe enough to tell their stories. I observed the non verbal communication patterns of the girls. The girls' sitting positions and eye contact indicated that the girls were at first uncomfortable when talking about their experiences. After spending time with the other girls, and getting to know me and the staff members, the girls became more comfortable. Before conducting the interviews, I attempted to make the girls as comfortable as possible to enhance the situation. The participants were given explanations about the tape recording which seemed to be causing anxiety to some of the participants. I did this in order to make the girls feel safe and more able to speak freely. In spite of the preparation, some girls still seemed tense and embarrassed when talking about what happened to them. Young people in Botswana do not communicate easily with adults about such personal issues. However, the girls did mention their appreciation that at last they were given a chance to talk about their experiences.

The teenage mothers who participated in the study were aged between 16 and 19 years. They were all school dropouts who had completed form 1 or were in form 2 with a good record of school attendance, before they left school due to pregnancy. The ages of their babies ranged between 6 and 10 months, with one infant who was three years. This baby was born disabled and the teen mother did not have anyone to care for her baby while she was at school. She did not want to come with the baby to the Center, but eventually her own mother offered to remain with the baby and was helped by the social worker at Old Naledi in Gaborone. This teenage mother had been forced to leave school in 1992 when she was just 16 years old.

The participants had several things in common. They were all from low socioeconomic backgrounds which is consistent with the objectives of the E C A W. Their parents were either not working, or working in the lowest paying jobs such as cleaners, labourers or carpenters. All the young mothers were either from large families, or single parent families and lived in the high density areas of Gaborone, such as Old Naledi and the Broadhurst Self Help Housing Agency (SHHA). The girls were exposed to many illicit behaviours in these environments, where alcoholism, glue sniffing and prostitution are common everyday occurrences.

The experiences of single teenage mothers

The taped interviews were transcribed. Meanings were formulated from each significant statement. Forty six themes emerged and were clustered into nine major themes and subthemes. The major categories identified were: loss of sense of future; struggling to gain meaning; loss of youth or innocence; personal competence; feeling abandoned by society; parents feelings of anger and hurt; mixed feelings of

disillusionment and support; fear about family members' reactions and motherhood as inconvenience.

Losing the sense of future

Within this broad theme, two important subthemes emerged, one being the feeling of losing independence and the other one being a subtheme of feeling regret. Most teenage mothers expressed their belief that being a young mother meant that they would not be able to have an adequate education. Without an education the young mothers perceive that they will not find employment or be successful. They see themselves as excluded from the education process and consequently feel a lack of personal success and accomplishment. The following remarks emphasise two young women's feelings about their lack of adequate education.

“It is not good, because to me it means a lot of problems and responsibility... while I am still young. My biggest worry is that I did not complete my education. I had a sudden change of life. Nothing was planned. I never thought I will end up this way” (T M 5).

“To me being a young mother is not good because at home my parents were still regarding me as child. I have spoiled my future because I had not yet completed my education.” (T M 6)

Subtheme One: Feeling of losing independence

The association between reduced educational opportunities and lack of independence is expressed by all these participants as demonstrated by these women's statements.

“It worried me, because I come from a poor family, and I am going to remain dependent on my parents. I pity them because they cannot afford to take care of me and my baby, being a young mother brought a lot of frustration to me, because I was adding responsibility to my parents who are poor and can not afford this extra responsibility. I

...live a life of regret because I know that my parents are already suffering. This means lifetime dependency on other people” (T M 1).

“I felt pity for myself because I did not complete my education therefore I will remain a burden to my mother” (T M5).

“It is not good, there is a lot of shame... because I did not intend to be a mother. I have not acquired anything of my own and I have less education. This means to be taken care of by my mother. I did not feel good when I had to stop going to school to become a mother. I felt that I had destructed my future by shortening my education” (T M7).

The girls express the feeling that when they become pregnant before completing high school, their future plans are destroyed and they are prevented from becoming independent, successful adults.

“I have spoiled my future because I had not yet completed my education. I did not feel good about leaving school due to pregnancy I left just before sitting for my exams. I will remain without a job and be dependent on my parents” (T M 6).

Subtheme Two: Feeling regret

The feelings experienced by these teenage mothers about having to leave school due their pregnancy, are predominantly those of guilt, regret and self blame.

“Now my life seem to be more on problem solving I have to think of going to school, baby care and at times even think of marriage to the father of the baby. In such a situation it is hard to make plans because you are always hoping all will be well at one time. My aims were all disturbed when I left school due to pregnancy. It is difficult to imagine such a thing having happened to you” (T M 4).

“When one becomes pregnant while still in school all hopes and ambitions are shattered. One has to stop going to school and think about being a mother” (T M 7).

“I don’t like being a young mother it was not my intention to have a baby while young and still in school. My intention was to compete my education then baby afterwards. It means that now I should study hard to achieve my goal” (T M 3).

“Life is difficult because it is not easy to get a job without being educated” (T M 2).

Frustration and worries due to lack of adequate education were continuously expressed by teenage mothers.

“Yes... I became frustrated and worried because I know that these days life is difficult if one is not educated.... These days people who are not educated can not get well paying jobs” (T M 4).

One participant reported that she felt very hopeless and left behind by her colleagues, because she left school due to pregnancy.

“I felt that I was hopeless because I should have been in school ... continuing with my education. My colleagues and those younger than me are ahead of me now (T M 1).

Struggling to gain meaning

Within this broader theme, the subtheme of feeling supported emerged, for it was this support from the school which allowed the young women to grow as individuals and as mothers. All the participants believed that their enrolment at ECAW gave them a chance to finish their education. When asked how they viewed the school and its system, they stated that this was one concrete way of them to regain meaning in their lives.

“There is progress in this school ... I have to work hard and realise that this is my second chance. The other thing is that we are not made to feel like rejects or bad people at this centre” (T M 1).

“I am going to struggle hard to achieve my goal in life. I want to study hard and pass proceed to high school, then get a job and maintain my child. I have decided to do away with men, because I have realised that I do not miss anything by not having a man” (T M 1).

The participants found ECAW to be a place which would provide the opportunity to change their life styles. They also felt accepted at ECAW. Other participants expressed no concerns about studying with a baby. They emphasised the similarity with their previous school environment.

“I like it ... it is okay, it is better than remaining home and really feeling like an old lady. There is no difference with my previous school. The relationship with the other teenage mothers and the staff is good at least it provides us with a new perspective of our life situation. We have made new friends here whom we can share our experiences with. We can laugh and joke about what happened to us because we have all had a similar problem. We are all quite happy here” (T M 7).

“At this school we are well accepted and given a chance to talk about our experiences. I am very happy and I feel I am very lucky to be studying here. I like being back to school I will put more effort so that I pass” (T M 6).

One teenage mother liked the idea that students are made to feel responsible.

This enhances their self esteem and means that they do not feel rejected.

“The education system and the staff in this school provides us with a feeling of being responsible people. We talk amongst ourself and share our problems so that we can see where we had gone wrong in life. One does not feel hopeless as they did before coming to this school” (T M 5).

“At this school we do not feel as rejects of the society. There is a lot of progress in this school I have to work hard since this is my second chance” (T M 1).

These young women acknowledge the problems they experience when studying with a baby to care for, but they are still generally optimistic about the positive impact of ECAW in their lives.

“Their system is okay I find it helpful. I like being back to school because I will complete my education. Since I came to this school things are much clearer in my mind, I have a different perspective of life. We are encouraged to love and accept our babies also to develop more skill on baby care. The only problem is that going to school after having had a baby is that at times one lacks concentration thinking about the baby who is in the next room” (T M 3).

“It is okay, I find it more helpful. If I can finish my form 2 here and pass I will help other teenage girls in prevention of pregnancy, because here we are taught a lot on how to deal with teenagers’ problems. The only difficulty at this school is when the baby has to wake up very early in the morning to go with me to school” (T M 4).

“It is okay at this school the system is not different, we cover the same subjects like at the previous school. I like it that I am back to school, the only difference is that in this school we bring our babies with us” (T M 2).

Feeling betrayed by their boyfriends

Most participants had their first sexual relations at 15 years old. This occurred generally within their second relationship, and with their second boyfriend. It is evident from this data that all the girls started dating very early. They experienced early menstruation which put them at high risk of being young mothers. These girls were becoming physically active sexually before they were cognitively and emotionally mature. They expressed concern about their “stolen youth”.

“I started having sexual relations at the age of 15, and he was my second boyfriend. It is not good to indulge into sexual relations when one is young because often the girl ends up with unwanted pregnancy or some sexually transmitted diseases” (T M 2).

“I had my first menstruation when I was 13 and had my first boyfriend when I was 14 and first sexual relationship at 15 with my second boyfriend” (T M 1).

“I had first sexual contact with my second boyfriend when I was 15. We were both young and we did not consider the consequences of our actions” (T M1).

The men, who are substantially older, by a minimum of five years were perceived by teenage mothers as very deceitful in persuading the young innocent girls into having sexual relations with them. This is viewed as exploitation by the young girls.

“I become bitter and angry because I feel that this man really cheated me and he is gone. He just wanted to have me for his needs, now I am the one suffering. Having a baby without a father, and I am not working also still young. I know how difficult it is because my mother is not married and she is struggling” (T M 5).

Abandonment by the fathers of the babies leaves the young girls as single mothers who are unemployed

“These older men take advantage of us young girls because we do not know exactly what would happen to us. While the men will be aware of his actions. I was very stupid to be deceived by this man” (T M 3).

The same teenage mother further expressed feelings of being exploited by these men.

“I wish I had not done it with him, I thought he was honest with me. He denied the responsibility, he said because I slept with him only once, so he was not the one who made me pregnant” (T M 3).

In the most extreme case, one teenage mother had her first sexual relationship at 13 with her first boyfriend. There is a lot of ignorance portrayed by the participants.

“I had my first boyfriend when I was 13 and had sexual relations with him” (T M 6).

When asked how she prevented pregnancy from ages 13 till 16, she replied

“We parted and I did not have another one till last year” (T M 6).

In this situation, the reasons given by the men for not marrying the girls are difficult to interpret without interviewing the men. The participants reported various reasons given by the men for not marrying them.

“I had first sexual relationship at the age of 16 and it was with my first boyfriend. He said he will marry me when I complete my education” (T M 4).

“When I was 15, I had my second boyfriend and this one I had sex with him several times before I got pregnant, He has promised to marry me if he can have enough money for the bride price” (T M 6).

Overall, it can be seen that all these young women were not in an informed position when they became sexually active. They became pregnant as a consequence of immaturity and ignorance. The situation is further compounded by the rejection and abandonment by the fathers. The young women expressed anger and bitterness about

these circumstances, but they are unable to change the situation. The fathers of the babies are, almost without exception, considerably older than the young mothers. Some of the young mothers feel betrayed by these older men who they believe should have had a more mature responsible attitude to the relationship.

Looking Back

A broad theme emerged which concerned the young women's feelings that their pregnancies could have been prevented but had occurred due to the lack of knowledge about birth control methods. A subtheme within this broader theme which concerned the young women's feelings that their pregnancies could have been prevented but occurred due to lack of knowledge about birth control methods. Most participants did not use contraceptives due to their ignorance and lack of knowledge on how to use contraceptives. This ignorance is compounded by a lack of communication between young people and adults about the issue of safe sex. Hence, failure to communicate between adults and youth seems to be one of the factors leading to the young girls' pregnancies.

"I did not use any contraceptives because I did not know that I will become pregnant. There was nobody aware of this relationship, I suppose my mother never suspected that I had started dating somebody may be she could have talked to me about contraceptives. We were both young, may be if we knew about use of contraceptives we would have not taken the risk" (T M 7).

"I did not use contraceptives because I did not think that I will become pregnant" (T M 5).

"I did not use contraceptives because I did not know much about contraceptives" (T M 3).

"I just did not think about it. I was not told anything about use of contraceptives, my mother did not tell me anything about use of

contraceptives. Even our teachers at school were not encouraging us to go for Family Planning” (T M 6).

This last comment suggests a general failure on behalf of families and schools to educate youth about sexuality and pregnancy prevention. There was also lack of interaction between young girls and appropriate sources or agencies. The girls were afraid to seek information concerning birth control methods. One young woman was on oral contraception, but was not able to seek adequate support to assist her in finding a suitable contraceptive for her comfort and needs.

“I used them for a short time and I stopped because they made me feel sick” (T M 2).

Fear of health workers and adults in the community have been identified as factors contributing to the situation of the girls ignorance about contraceptive use. A young woman responded when asked why she did not consult the clinic staff further about her contraceptive needs.

“Yes I was scared that the nurses will shout at me. Again it was not easy to ask for permission from school to go to the clinic because you have to give reasons for going to the clinic. As a result I found it difficult”(T M 2).

“Even if I had known about family planning, due to my age I would have not felt free to go to the family planning clinic” (T M 1).

Another teenage mother when asked if she would go to the family planning clinic replied:

“I don’t know if I was going to feel free to ask for permission from my teachers to go to family planning clinic” (T M 5).

Further, teenage mothers who used contraceptives did not use them properly. This lack of sufficient knowledge was due to the girls’ fear of parents which is persistently mentioned by the participants.

“My sister gave me a packet which I did not finish, because she was imposing them on me. She did this when she realised that I was dating somebody. Before she gave me the pills she asked me to go to the family planning clinic and get the tablets I refused because I was scared of my mother that she was going to be furious with me. I was not aware of the consequences” (T M 3).

Misinformation from friends about the use of contraceptives is also a problem.

“I never used contraceptives, we used to discuss with my friends and some would say that because the pill is taken daily it accumulates in the stomach and can make one sick. My mother never talked to me about contraceptives. She only told me not to play with boys when I reported my first menstruation to her, she said because I was now grown up. The worst thing is that the subject on human sexuality was discussed but it was never clear to me and I never used to ask the teacher for further clarification” (T M 1).

Most of the participants indicated that their boyfriends, who were working and independent from their families and were much older than the women, did not use any condoms or take precautions for the prevention of pregnancy.

“My boyfriend who was working and much older than me never talked to me about use of contraceptives. He did not even use any condoms” (T M 5).

“We never used condoms, he said it was not good for him” (T M 6).

“We never used condoms he did not accept them” (T M 2).

“The man who was older than me and I suppose he knew what he was doing never used any condoms” (T M 3).

“Even my boyfriend who is older... did not use any condom or advise me to prevent pregnancy” (T M 4).

However, not all the men were older than the women. Age did not affect the use of condoms by men, for both young and old men did not want to use condoms. One teenage mother felt that because her boyfriend was also young and ignorant, he was consequently unable to advise her on contraceptives or to think about condom use.

“My boyfriend did not use condoms, we were both young it never occurred to us that we were taking a risk” (T M 1).

All participants were not happy about what happened to them, so they were prepared to advise other teenage girls about abstaining from sex or using contraceptives. The young mothers themselves identify sex education information about contraception, STDs’ and the consequences of early pregnancy as crucial factors in avoiding pregnancy.

When asked what advice would they give to other teenage girls ? They replied that the use of contraceptives was crucial.

“I would advise my colleagues to take care of themselves. If they engage in sexual relations they must use contraceptives. Also they must bear in mind that they are diseases such as AIDS. I suggested radio programmes on youth programmes so that they do not get into the same situation, I wish they could how difficult it is to a young mother” (T M 1).

“I would advise them to use contraceptives to complete their education. The best thing is not to do it all together because a mistake can happen unless if she wants to be a young mother, I will also let them know that it is not good for their health and growth” (T M 5).

“I would advise teenage girls not to indulge into unprotected sex” (T M 7).

Feeling abandoned by society

The teenage mothers felt that people did not provide them with adequate support. Also, most of them felt that people thought badly of them. When they became pregnant at an early age, they expressed embarrassment and shame which is derived from criticism from the community. The participants identify criticism from the community as exacerbating the difficulty of their position. Their responses to criticism with some internalising the judgement that they are bad or inappropriate because they have engaged in sexual relations whilst young and prior to marriage. On

the other hand, some are critical of a society that fails to acknowledge the complexity, confusion and pain they experience as young teenage mothers.

“To me being a young mother means embarrassment, I was embarrassed. I could not face my parents, colleagues and teachers. I feel as if I am the worst child in the neighbourhood. There is no single day that passes without people commenting about my being a mother, now that I am back to school they still want to know what I am doing” (T M 2).

“ People have made comments such as children these days sleep with men while they are still young. They do not like children who become mothers while not married, but it seems they do not do much to help us prevent the problem, because we do all this through ignorance. Some have said sarcastically that, that is they can do better. You have to bear with all this as a young mother” (T M 1).

“The problem is that many people in our society do not understand what we go through after leaving school due to pregnancy. It is all difficulties and problems. It is obviously frustrating for a young girl of my age to leave school due to pregnancy because it has both moral and cultural implications” (T M 4).

“The attitude of some people in our society make us feel as if we are outcasts or rejects”(T M 5).

“ I always feel ashamed of myself, people make me feel as if I did a very bad thing. I... know that it was not appropriate and right for me to have had a baby (T M 3).

Not only do these young mothers express shame and embarrassment in the face of criticism of the community, but there is also loss of friendship expressed by the participants.

“When we are at home some of our neighbours refuse their children from playing with us because they think that we will influence their children to have boyfriends. This makes me feel bad. It is because they do not that their children also do it. I am worse just because I got pregnant” (T M 3).

Another participant viewed herself as privileged because her friends are nice to her and the friendship continues. However, she too viewed other people in her community as not being supportive.

“I appreciate that my friends still visit me, I take it that my relationship with them is still okay. But other people in the society do not respect young girls who have babies while not married. Some people make nasty comments about us” (T M 7).

One teenage mother expressed the belief that being a young mother who is not married was not appropriate in the cultural context of Botswana. She seems to accept the criticism of the community identifying her behaviour as not appropriate.

“It was not appropriate to have had a baby at my age. People do not accept what I did therefore I feel less accepted by many people in my area” (T M 2).

Teenage mothers find it very hard to go through the experience of parenthood, due to minimal support from the society in general. One young woman refers to the complexity of being a young mother in a society which does not provide contraceptive advice and yet rejects young single mothers.

“It is hard to go through it because I have a feeling that people in general do not think good of young girls who become mothers as well as those who go to the Family Planning Clinic” (T M 6).

There were some signs of resentment by teenage mothers due to their feeling of being abandoned by the society.

“I prefer keeping quiet about my problem because nobody seems to understand how painful it is to be a young mother who was also left by a boyfriend and having lost chances of going to school” (T M 5).

Parents' feelings of anger and hurt

Most teen mothers expected a bad reaction from their parents because they knew that becoming pregnant while in school was not acceptable behaviour. Young mothers talked about the anger and hurt which their fathers or mothers expressed when their daughters became pregnant. All parents were disappointed but some, even

with limited resources, did try and help the young woman and her baby. On the other hand, some rejected their pregnant daughter.

“My parents reacted badly, they were very angry with me and chased me away from home. I did not expect them to chase me away from home because I was pregnant. I went to my uncle’s place and they kept me for some days, then my uncle’s wife took me home and apologised on my behalf then I was accepted back home ” (T M 1).

Many of the participants were subject to verbal tirades from their parents and relatives.

“My parents were angry with me and shouted at me. Their main concern was that since I was the eldest child they expected me to be exemplary to my young sisters” (T M 7).

One participant felt that her mother was hurt because as a single parent she had expected the daughter to complete school and get a job to help out with home responsibilities.

“My mother was hurt and very angry with me, because she expected me to finish school and help her with supporting of my young brothers and sisters, since I was the eldest child in the family. But I still have a good relationship with my mother” (T M 5).

Without exception, the parents reacted with anger on hearing of their daughters’ pregnancies. The extent of the anger and degree of support varied between participants, but the involvement of the father of the baby seems to be a mitigating factor in reducing parental anger. Parents were consoled in cases where the father of the baby accepted responsibility because it meant he was going to take care of his child and would protect parents from living with embarrassment.

“My father was angry with me, he only calmed down after meeting my boyfriend who accepted the responsibility and offered financial assistance” (T M 6).

“My parents were not happy with me, they ... were very angry and hurt. My father demanded to know who the father of the baby was. I

told him and he sent some people to the man's home. He accepted the responsibility (T M 2).

Women's mixed feelings of disillusionment and support from fathers of their children

When asked about their relationship with the father of the baby, some participants were much more frustrated because they felt abandoned by their boyfriends.

“We separated when I told him that I was pregnant, he just disappeared. He has never bothered to find out about the baby” (T M 5).

“The father of my child disappeared when I told him that I was pregnant, he absconded from school. I have never heard of him again. We were in the same school, he was also young. I do not know his whereabouts. I do not know if he managed to complete his education” (T M 1).

One teenage mother was left by the boyfriend because he felt that she cheated him because they had made love only once. He reasoned that the pregnancy could not be a consequence of his behaviour.

“The relationship was never good and he denied responsibility he said because I slept with him only once, so it was not him who made me pregnant. However there is an elderly men who is our neighbour who has approached my parents that he would like to marry me even if I had a baby. My parents agreed and I also agreed therefore he has taken over the responsibility. He gives me money, buys clothes and food for us” (T M 3).

In this case, the girls situation has been eased by the financial contribution and ultimate acceptance of responsibility by the father of the child. It is worth noting that the father showing responsibility for his child is greatly supported by the girls' parents. The other teenage mothers were still with their boyfriends, but only one indicated that she might get married to the boyfriend. Those who were still with their

boyfriends were ambivalent about the relationship though they indicated that the boyfriends were supportive.

“The relationship is okay, he cares for me and the baby. He is working as a primary school teacher. Yes he said he is going to marry me when I complete my education” (T M 4).

“Ah... the relationship is okay. He is much older than me, he said he will support the baby, but he is not working” (T M 2).

“ No it did not affect me except that I stopped going to school , but I continued seeing my boyfriend who is very supportive. He is working as a police officer, he provides everything that I need and he cares for the baby. He is older than me, he hasn't mentioned anything about marriage” (T M 6).

One teenage mother was positive about her relationship with her boyfriend, whom she felt was supportive of her, and also the parents of the boy who were helpful. The only problem was that the girl and her boyfriend were both young and neither of them was working. This is the only situation in which the young mother is fully supported by family, in-laws and the partner.

“The relationship is good. We are both young and not working. My parents and his parents do help me with maintenance of the baby” (T M 7).

Daughters' sensing compassion from parents

All the participants were from large families, with more than four children and with parents who were either not working, or were working in low paying jobs, such as office cleaners and labourers. Some came from single parent families with the mother working as a cleaner. The young mothers expressed concern that they had made an even greater burden for their families. All these young mothers described poverty as one of the problems associated with their status as unwed mothers, and particularly the severe economic impact on their own families.

In the single parent family with a low income, the mother has to support her daughter, who is now also a single mother who is not working. The young mothers describe the practical and economic problems experienced by themselves and their families.

“We are five at home six including my baby. My mother is not married and she is working as a cleaner at a primary school. Whatever she gets is just enough to buy us food” (T M 5).

“My mother is not married and she works as a cleaner with five children to maintain. I am the second child in the family. It is very hard to provide for all of us including my baby” (T M 4).

Similarly, children from large families with low incomes recognised the problems created for their families when they added an extra member to the family. These women could not contribute an income.

“My mother is not working. My father works as a supplies officer at Central Transport Organisation. He has to maintain the seven of us my baby makes it eight so all this is my father’s responsibility” (T M 3).

“My father works as a labourer at Water Affairs and my mother is not working. I am the second eldest with four siblings. My eldest sister also has a baby she is not working nor married” (T M 1).

“My father is not working and also my mother. We are six children at home and I am the eldest” (T M 2).

Even if the teenage mothers lived with both parents working, it was still hard because the family was large and the parents were working at low paying jobs.

“We are five children at home, both my parents are working. My father works as a carpenter and my mother works as a cleaner in the government offices. Life is not easy for them because they are not earning much” (T M 7).

All the participants found their mothers very helpful with the care of the baby, they felt that their mothers were more experienced in baby caring than them.

“My mother helps me a lot because I need a lot of assistance. I don’t have enough knowledge on baby care. I even feel embarrassed to say it is my baby. In most cases I just say it is my mother’s baby because our peers laugh at us” (T M 3).

“My mother helps me a lot because I do not have much knowledge on the care of the baby” (T M 2).

Despite generally receiving assistance from their mothers, most women who participated were scared when they realised that they were pregnant because they did not know what to say to their parents. The extent of one woman’s fear is almost tangible in her statement.

“Well it was hard to accept that it has happened. The most difficult time was before my parents knew about it I was not sure of their reaction and how I was going to disclose the information. It was hard for me this was the time I thought of committing abortion and my friends discouraged me, I even thought of committing suicide but I did not do it. I started behaving funny, my mother always asked me if I was not well. It was just because I was not settled in mind (TM1).

One teenage mother was terrified about what her parents might do when they discovered that she was pregnant.

“I was really scared because I did not know what to say to my parents, I felt like running mad, though it was a mistake. I did not understand how it happened to me. I was a bit withdrawn because it was always in my mind that I am going to be a mother. I was always worried about that will I ever go back to school again or was it the end of it” (T M 3).

“When I realised that I was pregnant I made up my mind that I was not going to tell anybody not even my mother because I did not know how to tell her. I told my boyfriend who also decided not to tell anybody because he was scared of my mother” (T M 4).

“I was scared and anxious because I was going to be a mother”(TM7).

These young women expressed a high level of anxiety about the effects of their pregnancy and maternity on their families. They expressed the initial fear of disclosing their pregnancy to their parents. This situation is compounded by the stated

awareness of the economic impact of the extra child on the rest of the family. The young women were also nervous and frustrated by their own lack of skills. Only one mother claimed she fully enjoyed her baby.

Young womens' feelings of being inconvenienced

All the participants were asked how they found the responsibility of being young mothers. They all indicated that it was difficult and an inconvenience to their day to day lives. They did not feel comfortable to carry out the role, they felt too young and inadequate for the responsibility of motherhood.

“It is difficult for me because I am still young and depended on my parents. All this is my parent’s responsibility . It is also an inconvenience to me because when I have to study my mother should be at home so that she can take care of the baby” (T M 3).

“ I find it very difficult, I suppose because I do not have much skill on the care of the baby. When the baby is not well it is a problem to me, even if my mother is there I still feel for the baby because it is my baby. My mother helps me a lot because I need it. I do not have enough knowledge on baby care” (T M 4).

This particular young mother went on to explain the difficulties of adapting to the constant demands of a young baby.

“At times I feel like it is an inconvenience when I have to read or when some of my friends have visited me then the baby starts crying, I... feel bothered” (T M 3).

When asked what she meant by difficult, and how she responded by saying

“It is difficult” (T M2).

“I mean caring for the baby, I mean feeding the baby. All this is too much for me because I feel I was still young to have adequate knowledge on baby care. I sleep with my baby, when it cries at night I wake up and attend to it alone” (T M 2).

“The responsibility of being a young mother is difficult and it means a lot of commitment. My mother helps me with the care of the baby, because I do not have any experience on baby care” (T M 7).

In contrast, one teenage mother found it hard but still appreciated being a mother.

“I find it hard, but I spend most of the time with my baby even if I did not have an idea on how to take care of a baby, I have learnt very fast. My mother and my aunt help me in the evening when they come back from home while I am doing my homework”

(T M 5).

Whilst all the girls experienced the difficulty of being mothers, one teenage mother found her situation quite extreme as she has a disabled baby, with less, emotional support from her parents and the father of the baby has abandoned her.

Interestingly she has found a means of providing for herself and the child:

“In my case it was very difficult because my baby is disabled. At the age of three the child cannot walk or talk, and this means the baby requires extra care. Now I am used to it though it is still hard. My parents can not provide enough for me and the baby, as a result I had to think hard on how to get money to supplement my father’s income. I started plaiting peoples’ hair and charging them”(T M 1).

She continued to acknowledge the responsibility at such a young age:

“The baby was an inconvenience to me, if you have a baby it is all your responsibility. When the baby cries, wants to be fed and is not well it is still my responsibility. I was forced to learn to be responsible when I was not yet ready for it. Hm... if I were to be young again I would not do it” (T M 1).

Summary of themes analysed

The experiences of teenage mothers in this study indicated how teenage pregnancy affected young girls who were still in school and were forced to drop out of school due to pregnancy. They experienced loss of sense of future, They were struggling to gain meaning in their life circumstances, loss of youth or innocence, feeling abandoned by society, parents feelings of anger and hurt, mixed feelings of

disillusionment and support, fear about family members reactions and motherhood as an inconvenience. In the following chapter I will discuss the outlined themes.

CHAPTER FIVE

Discussion

It is observed that births to teen mothers are the result of varying individual decisions. However, these decisions were influenced by complex interactions of factors which include characteristics of the young woman, her partner, her peers and her family as well as the social and economic influences of her community. In Botswana, there are relatively high rates of teenage sexual activity resulting with more unintended pregnancies (Alexander, 1993; Kahn & Mugabe, 1988). The response of communities is disorganised and there is an inability to control youth activities plus a lack of perceived opportunities that would reward delayed child bearing, especially in socioeconomically disadvantaged communities. In Botswana the unequal distribution of income, and lack of openness about sex, appear to account for unintended pregnancies.

Losing the of sense of future

The findings from this study suggest that young mothers experience a loss of sense of future which is compounded by a lack of adequate education. Therefore, they see their lives as having no future prospects. The sense of loss of a future makes the girls see themselves as excluded from the formal education system, resulting in a lack of success. These findings were congruent with reports by several researchers who found that a lack of education is a crucial factor affecting teenage mothers because it leaves them unemployed resulting in dependency on other people (Alan-Guttmatcher, 1981; Alexander, 1993; Zabin, Hirsh & Emerson 1989; Kahn &

Mugabe, 1988; Singh, 1992; UNICEF, 1992). This is consistent with Schofield's (1994) findings that young mothers experience a sense of loss, whether it be loss of career, or a loss of freedom. In contrast Holt and Johnson (1991) found that some pregnant teenagers reported that before conception they felt bored and could see few options for their futures, therefore having a baby was an option.

For the participants in this study, loss took a particular form because of the girls' ages and the stage at which they became mothers. They mainly expressed loss of career prospects and loss of freedom. They associated having dropped out of school due to pregnancy with their future being spoiled and with a lack of hope of regaining it. The participants expressed the feeling that their pregnancies were not by choice and all the young mothers stated that the pregnancy was a mistake. They all still wanted to continue with their education. This is congruent with Speraw's (1987) findings that "white" teenage mothers accepted pregnancy with reluctance and their responses were reflected feelings of guilt and regret and no hope for the future. The participants mainly found themselves pregnant due to ignorance. Cognitively, the adolescent is egocentric, focused on the here and now and unable to take into account of the probability of outcomes and future implications (Mahlmeister & May, 1990). Low socioeconomic status seems to have contributed to this phenomena. Furthermore, the young girls involved themselves with older men who were working with the hope of getting some pocket money. This is congruent with Kahn and Mugabe (1988) whose research demonstrated that pregnancy in Botswana occurs in children from low socioeconomic backgrounds and in families whose parents have low levels of education. The participants did not see themselves escaping from this recurrent cycle of poverty. This is consistent with Fleming (1990), Desmond (1992) Fursternberg;

Levine and Brooks- Gunn (1989) who concluded that due to persistent poverty young mothers are in a constant state of being unemployed. These young mothers manifested a lack of hope in the future.

One of the participants expressed feelings of hopelessness because she cannot do anything for herself. The lack of meaningful employment opportunities in the Botswana society may diminish the motivation of young girls to delay motherhood and consequently risk their future opportunities. These girls see their life as a dead end. Fursternberg (1991) suggests that teenagers should be provided with positive examples on which to model their behaviour. This might help them form aspirations, expectations and have greater hope in their future.

Several studies conducted in different countries have indicated that among some teenage girls pregnancy is a choice, and that this choice is related to poor school performance (Desmond, 1992; Kahn & Mugabe, 1988; Fleming, 1990; McArneney & Hendee 1989). They further suggested that if the teenager is not successful in school, pregnancy may provide an escape from an environment that reinforces a negative sense of self. However, this factor determining teenage pregnancy was not apparent in this study.

Teenage pregnancy brings greater risks to the mother and child. It also brings many personal, social and economic problems to the teenage mothers. The most crucial factors affecting teenage mothers are low levels of education resulting in unemployment and leading to dependence on significant others and the government (Alexander, 1993; Zabin; Hirsch & Emerson 1989; Kahn & Mugabe, 1988; Singh, 1992; UNICEF, 1992). If the educational status of women can be improved, there are greater chances of good job prospects thereby improving the women's social status

and lessening their levels of poverty. In Botswana, teenage pregnancy contributes to the unemployment and poverty of young unmarried women and therefore of their children (Alexander, 1993; Kahn & Mugabe, 1988). Moreover, teenagers who lack support from parents and significant others have no educational ambitions and place no value on educational achievements. In some cases, these teenagers lack motivation and encouragement from parents who are most likely to be illiterate and for whom education has no value. Therefore, their chances of living in a low socioeconomic environment are increased and they face high levels of poverty. Desmond (1992) argues that teenagers in some societies do not find education to be a valuable asset because dependence is part of the societal norm.

Several studies in different countries have indicated that to some African, African-American, Aboriginal and Hispanic adolescents, pregnancy is a conscious choice and that this choice is related to poor school performance (Desmond, 1992; Fleming, 1990; Fursternberg et. al. 1989; McAnerney & Hendee, 1989; Kahn & Mugabe, 1988). If the teenager is unsuccessful in school, pregnancy may be a way for her to get her out of an environment that reinforces a negative sense of self.

Studies have indicated that girls scoring high on intelligence tests, academic motivational scales and those doing well in school are less likely to be involved in risk taking behaviours (Davis, 1989). Therefore, they will continue with their education and are likely to finish school, have good job prospects and live within the normal expectations of society. Several factors converge on women which give them a greater choice about their lives encouraging them to postpone child bearing and continue with education in order to improve their future life and build their self esteem (Tilbury, Moynihan, & Siddle, (1990). However, UNICEF (1992) suggests

that education for the girl child is not a priority in South East Asia, and some African and Latin American societies. In these societies, where girls are not sent to school there exists major gender discrepancies. It is unfortunate for these teenage girls because they do not have a choice. They have to get married early and become early child bearers, and as a result of these circumstances their education is forfeited. These young mothers will be exposed to lifetime poverty and dependence on their husbands. These traditional practices are rooted in culture and custom.

Literature has indicated that children of children have educational risks which occur due to poor parental skills by young mothers (McAnerney & Hendee, 1989; Singh, 1992; UNICEF, 1992). They point out that these children have poor cognitive development due to minimal parental guidance. These children are likely not to perform well at school and there is a high chance of repeating grades. Later in life these children will need remedial care otherwise this problem will continue into adulthood increasing problems in the society.

Looking back

It can be seen that most of these young mothers displayed powerlessness in submitting to sexual advances by their partners who were older than them. In Setswana culture, it is usual for a man to initiate sexual advances to which the woman is expected to submit. If the woman makes sexual advances to the man she is regarded as a woman with low morals. One participant described this situation as the exploitation of innocent young girls. They did not have the ability to take control of their sexual behaviour. However, it is clear that more has to be done to deal confidently with increasing the self esteem of the young women in Botswana.

Personal competence is linked with a high self esteem (Bandura, 1977). Holt and Johnson (1991) point out that a lack of sense of competence in the sexual domain may be one explanation why teenagers engage in unsafe sex.

Traditionally, the husband was older than the wife giving him the dual authority of age and gender. It can be seen that the gender differences in this society have absolutely affected the confidence and self worth of these young women where it was easier for the man to coerce them into engaging in sexual acts when they were not ready. Moreover, all the participants indicated that their partners refused to use condoms. It is clear however that the decision to engage in unsafe sex is a complex one, determined by many factors such as culture, environment, socioeconomic status, family sizes, dynamics and community patterns. A puzzling feature of the answers of two girls is that, without expressing the desire to get pregnant, they gave up a reliable method of contraceptive and never substituted another technique. One teenage mother indicated her fear of health personnel so she did not use an alternative method of birth control. "I was scared of the nurses that they will be cross with me" (Kene ke tshaba gore bo nnese ba tla nkomanyana). In keeping with the findings of Ineichen (1986), I found that most of the participants in this study did not use any method of contraception and most of them indicated that their boyfriends refused to use condoms. The inefficient contraceptive practice of teenagers noted by other researchers is confirmed in this study. Teenage mothers who had used the pill did not take it correctly, or for a long enough time and they stopped without discussing this with anybody. The frequent ambivalence in the reasons for becoming pregnant and specifically for discontinuing contraception is compatible with the attitudes shown by teenage girls toward motherhood generally (Prendergast & Prout, 1980).

It is clear that the young mothers knew something about contraceptive use and where to obtain contraceptives, although they displayed lack of adequate knowledge on the utilisation of contraceptives to prevent conception. This lack of knowledge affected their effective decision making ability. Fear of adults was also a constraint in the young women's' decision making ability. The participants were concerned about people knowing that they use contraceptives because this would confirm that the young women were involved in early sexual practices. This finding is congruent with Davis (1989), who found that teenagers are concerned with the issues of confidentiality because they fear their reputation will be tarnished if adults know that teens are involved in sexual activities. Arguing that adequate contraceptive behaviour consists of a set of acquired skills, Gilchrist and Schinke (1983) tested the effectiveness of skill based training in improving teenagers' contraceptive skills. They found that acquisition of appropriate skills was associated with higher levels of self efficacy. These participants displayed a very low level of self confidence in the way in which they became involved in unsafe sex. However, knowledge of contraception is related to an adolescent's level of cognitive development, while attitudes and behaviours are related to self esteem problems (Condon, 1992; Fleming, 1990; Lock & Vincent, 1995). Teenagers with low self esteem might have the knowledge concerning the use of contraceptives and may understand the risks involved in sexual activity, but still may not use this information if they do not feel good about themselves (Condon, 1992).

The dissemination of information about family planning in Botswana is uniform throughout the country. Family planning activities are incorporated into Maternal and Child Health services. There are no separate clinics for young women in

the country. This poses a problem for the teenage girls, because of their embarrassment and fear of being seen by adults. Knowledge of family planning methods and awareness of where to obtain contraceptives are crucial to a teenager's ability to make decisions. The teenagers are not sure whether to use family planning or not. Results from studies by Khulumani et al. (1988) and Seboni (1994) suggest that there are several factors informing the lack of use of contraceptives by teenagers. These include: lack of knowledge about contraceptives; lack of access to contraceptive services and refusal by partner to use contraceptives. Holt and Johnson (1991) in their research findings linked, failure of use of contraceptives by teenagers with lack of communication between parents and adolescents.

Alade (1989) argues that the daily use of an oral contraceptive by unmarried young women might signal their forbidden premarital sexual activity to others. Davis (1989) points out that Australia, New Zealand, Canada and all of Western Europe have established as a priority the dissemination of contraceptive information through media and contraceptive distribution to teenagers through free or low cost services that are convenient and completely confidential. The problem of misinformation is demonstrated by one young mother who said her friends told her that the pills would accumulate in the stomach if she takes them daily. If there were some adolescent friendly clinics in Botswana, the young women would have access to clarify their confusion surrounding the myths about contraceptives.

Researchers have also struggled to deal with much more difficult issues of the motivation and ability of young people to use contraception effectively (Schofield, 1994). McGrew and Shore (1991) concluded that knowledge about contraception is only marginally related to contraceptive use. Jones and Mondy (1994) and Schofield

(1994) assert that intervention strategies for the prevention of pregnancy are influenced by these two factors: whether an adolescent has access to available health services and whether available family planning methods are acceptable, compatible and used. In this study it is apparent that the services are available, but not compatible with the teenagers interests or not convenient for them.

The enormous costs of teenage pregnancy to society are the results of our inability to deal with the teenagers' increasing sexual activity. We are aware that it is a great national problem that has left a lot of young Batswana mothers in poverty. Contraception in Botswana still appears to be regarded as the responsibility of the girls and not the men. This is partly reinforced by family planning clinics which are regarded as female clinics "klinik ya basadi or ya bo mme" (clinic for women). The young mothers all indicated that their boyfriends did not show any positive attitude towards use of condoms as a form of prevention of pregnancy. The full responsibility of safe sex was left up to the young women. The United Nations (1995) suggests that sexually active teenage girls are less likely to use contraceptives than are older women. However, in many countries young women do not have access to information on reproduction and pregnancy prevention (United Nations, 1995). In Botswana, everybody has access to reproduction and pregnancy prevention information through media, health education programmes and family life education in schools. The problem identified in this research according to the respondents concerns the strategies adopted for youth which are not yet sufficiently effective to combat the problem. Studies in Kenya have shown that unmarried youth lack information on sex education, have limited options of acquiring family planning information and therefore practice unprotected sex facing the risk of falling pregnant (Baker & Rich,

1991; Meekers, 1995). Other researchers have argued that attitudes about pregnancy and contraception among teenagers are conditioned by cultural norms and should be acknowledged within that system (Schofield, 1994; Smith & Weinmann, 1995).

Daughters sensing compassion for parents

One of the areas in which school age mothers moved between child and adult roles is in their relationship with their families and in particular with their mothers. There is evidence that this is a normal experience in any first pregnancy. Pines (1978) states that "In particular, the relationship between the future mother and her own mother comes into the foreground, for the pregnant woman has to learn to play the role of mother to her unborn child whilst still remaining the child of her own mother (p.21)." It was clear from the mothers in this study that the accelerated move into adult roles before the age at which this is culturally the norm was not easy for the young women. They made statements about being embarrassed by pregnancy because it was not culturally acceptable, most relied on their mothers for support.

All the participants came from low socioeconomic-economic backgrounds, and from single female headed families with the mother working in a low paying job. Those who came from two parents families had a father who was working, but also in a low paying job. One participant came from a family where both parents were working, but still in low paying jobs. All participants came from large families of five and more children. It is documented that teenagers coming from disadvantaged socioeconomic- economic backgrounds where there are large family sizes or single parent are at increased risk of early pregnancy (Fleming, 1990; Fursternberg; Levine & Brooks-Gunn, 1989) Teenagers from large families and single parent families are

affected because there is often poverty in these families. Therefore, these children are exposed to poor living conditions in the “slums” or “ghettos” where crime and illicit behaviours are prone to occur daily. Teenagers from such places are susceptible to sexual abuse and may indulge in risk taking behaviours such as unprotected sex, drug and alcohol abuse (Condon, 1992; Desmond, 1992).

Poor families are also less likely to have formal education or exposure to various sources of information that would heighten their awareness of the emotional needs of their children (Fursterberg, Levine & Brook-Gunn, 1989). It is apparent in this study that the effects of poverty on adolescent behaviour is related to parental education and economic stress in their families. This stress is visible in young women who were made pregnant by older working men. One participant said her parents were happy when another man offered financial assistance to them in order to marry her in future. Another girl said she was happy because the father of the baby offered financial assistance. This would be seen as relieving the family financial burdens.

Trad (1994) asserts that female adolescent behaviour is influenced by the girl's relationship with her parents. Several researchers have argued that large family sizes play an influential role in appearance of some delinquent behaviours, due to lack of adequate communication resulting in less guidance or supervision of children (Alade, 1989; Holt & Johnson, 1991; Fleming, 1990; Mugabe & Kahn, 1988). All the participants in this study came from large families and most of them were the eldest child in the family which suggests that they could have had less supervision from their parents because there were younger children in the home.

Parents' feelings of anger and hurt

The findings from this study revealed that parents of teenage mothers reacted with anger when they realised that their daughter was pregnant. The participants were of the view that their parents' reactions were justified because the pregnancy was poorly timed. The parents demonstrated their anger in different ways. The reaction from their mothers was different from that of their fathers. One participant reported that she was chased from home as a form of anger from her father. Similar findings were reported by Holt, and Johnson (1991) who found that parents, mothers in particular, reported negative reactions at first, but were positive at the time the baby was born. In this study, it was apparent that the mothers of the teen mothers were supportive by the time the baby was born, with the exception of one teenage mother who had a disabled baby. She did not get enough emotional support until the baby was three years old. She is the same girl who was chased away from home by her father.

Feeling betrayed by their boyfriends

It can be seen that all of these young mothers displayed powerlessness in submitting to sexual advances by men. They did not have the ability to take control over their own sexual behaviour. Trends over the past decades indicate that changing social norms have made it increasingly normative for adolescents to have sexual intercourse at younger ages. Seboni's(1994) also revealed that adolescents in Botswana experienced high rates of unprotected sexual activity which was partly due to influence of peer groups and family background. Blum and Resnick (1994) have argued that childhood sexual intercourse, even when perceived as consensual and non

abusive, is associated with a range of social and emotional problems such as guilt and regret and early unplanned pregnancies. This is an indication that more has to be done in Botswana to empower young women to deal confidently with their sexual matters. Campbell states that: “the girl who has an illegitimate child at the age of 16years suddenly has 90% of her life script written for her...her life choices are few and most of them are bad” (Howtz, Jekel, Klerman, & Sung Kuo 1991 p 865).

Most participants indicated that sex was not planned for. Some of the girls had sex only under pressure from their boyfriends, who were older and framed sex as proof of love. Fursternberg (1991) pointed out that teenagers are predisposed to believe that sexual encounters are events over which they have little control. They normally act in accord with their boyfriend’s request for sex, rather than out of any interest in becoming pregnant (Anderson, 1989; Dryfoos, 1991). Barbee, Schwartz and Sprencher (1995) in their study found that females experienced more negative feelings in response to first sexual intercourse than males. They further indicated that most females feel guilt at the loss of their youth. All the participants in this study felt guilt and embarrassment about their loss of innocence. They expressed that they were not yet ready for all this and their parents regarded them as children. Congruent with the findings of Mogotlane (1993), I found that the participants experienced a great loss of their childhood in early sexual relations which resulted in early motherhood.

Young women’s feelings of being inconvenienced

The teenage mothers in this study described the role of mother as a burdensome one. They all reported lack of knowledge about the care of the baby as a big constraint because they were not yet emotionally ready for motherhood. However,

they indicated that they relied on the baby's grandmother for adequate care. The teenage mothers stated that they found the daily activities of baby care very difficult and strenuous. One teenage mother actually said she found it as an inconvenience to her life. It interfered with her ability to spend time with peers.

However, all the participants expressed passion for their babies, but their age disadvantaged them. Successful parenting, no matter what age of the parents, requires interpretation and response to infant cues (Julian, 1983). Julian (1983) further argues that to meet the needs of nonverbal infant communication, parents must have knowledge of infant care and the cognitive ability to solve problems. Censullo (1994) found that teenage mothers are less responsive and communicative to their infants than are older mothers. Early parenting studies found that teenage mothers lacked knowledge about infant care and practices that promote growth and development (Elster, McArnarney & Lamb, 1983).

Feeling abandoned by society

The teen mothers in this study felt abandoned or shunned by society. They are predisposed to psychological and emotional problems because they left school due to pregnancy. The young mother's dependence on adult norms of parenting, training and preparation for child care inhibits the development of autonomy (Thompson & Peebles-Wilkins, 1992). "There is an implicit, socially ideal age span and that young mothers are contradictory positioned because they are devalued when they enter a status that is supposedly women's supreme achievement" (Phoenix & Woollett, 1991, p.9). The challenge for society therefore is how to acknowledge the difficulties of and undesirability of teenage pregnancy at the same time as providing education and

contraceptive services for the young women so they can feel in control of their own bodies. Several studies on long term adjustment present evidence that mothering is stressful even for adult women. Wandersman & Wandersman (1980) in their research found that developing and using social support from significant others are the central strategies that help mothers to adapt to the stress. Where there is less support, teenage mothers are at higher risk for psychological distress and are less satisfied and more anxious about mothering skills than those who had support (Unger & Wandersman, 1985). Therefore, there would feel abandoned by significant others. Barnett, Duggan, Joffer & Wilson (1995) assert that adolescent mothers have a high rate of depression and stress, yet have fewer psychological support resources than do adults. Studies have shown that teenage mothers who live with parents have more support, than those who live alone without enough support. In this study all the participants were staying with their parents. Their mother was the most important person in providing the support as well as in decision regarding baby care and going back to school. The teen mothers felt that their parents were more accepting of their problems. They were only hurt by the circumstances under which the pregnancy occurred. Blum and Resnick (1994) found that teen mothers in their study revealed that parents did not care about them and their family did not understand them. While in this study, the teen mothers found the other people in the society not supportive, but did find that their own mothers were supportive.

Young women's mixed feelings of disillusionment and support from fathers of their children

Most participants in this study were frustrated because they were abandoned by the fathers of their babies. The majority were left as soon as they disclosed to the men that they were pregnant. The few who were still with their boyfriends were unsure as to the permanency of the relationship, except one teenage mother who thought that she had a permanent relationship with her boyfriend. Thompson and Peebles-Wilkins (1992) demonstrated that support from a male partner has beneficial effects on the psychological well being of the mother. The relationship with the partner reduced psychological distress and depressive symptoms and increased self-esteem. Involvement in a serious relationship reduces the chances of pregnancy because there will be adequate communication with the partners (Skinner, 1985). In this case, the father of the child, who is older than the woman, was not supportive and the young women indicated that they were stressed by the loss of the relationship. The young boyfriend did not disappear but was supportive though he could not provide financial support because he was also still young. Unger and Wandersman (1985) found that teenage mothers often develop a relationship with a man other than the baby's father.

Teenage mothers, even if they marry, are more likely to be divorced later. Alan Gutmatcher (1981) showed that 40% of women who gave birth at ages 14-17 are separated or divorced within 15 years. This affects the children born to young mothers because they spent their childhood in poor single parent families. Most of the participants in this study were relying on their parents for the baby's maintenance. None of them mentioned having acquired legal advice on the responsibility of care by

the father. The children of teenage mothers in single headed families are more likely to be raised in poverty, and therefore lack incentives in the form of presents and toys play with toys to play with around the home. They also may lack affection from their mother who is also disillusioned by the boyfriend's behaviour. The child may be frustrated by the fact that that unlike his other friends, he doesn't have a father. In addition, Davis (1989) found that the children of young mothers have long term psychological problems whereby they might need remedial care which is expensive for the government, and these children may adopt delinquent behaviours because of lack of parental guidance. This poses as a recurrent cycle.

Struggling to gain meaning

The teenage mothers in this study were uncertain about their future since they left school due to pregnancy. They were all concerned about the meaning of life to them as a young mother who is less educated. None of the young mothers suggested that becoming a mother while at school is good or could possibly be recommended. They felt embarrassed by their action. However, they still felt that they had the right to be treated with respect and provided with necessary assistance to change their out of this situations. The girls considered ECAW to be a place which is assisted them in regaining meaning in their life situations. This is congruent with the findings of Thompson and Peebles-Wilkins (1992) who found that participation in self help groups tended to help the teenage mothers in accepting their life situation. Also, Howtz et. al. (1991) reported that young mothers who participated in Young Mother Program were more likely to have a more meaningful life. Fursternberg et. al. (1989) and others had similar findings that women who attended a special educational

services for pregnant teens were more likely to be successful than the Ballimore teens who received obstetric care, but not educational services.

The impact of ECAW on assisting teenage mothers to regain meaning in their lives may take years to show, possibly because it has to change the personal development of the teenage mother as well as her perceptions of her social context.

Summary

In this study lack of adequate education by the young mothers was a major concern that they will not get well paying jobs in order to acquire their own independence. In the following paragraph I will introduce the theoretical framework which relates to the research findings.

Relationship of to the study findings to nursing theory

A social constructionist theoretical framework appears to correspond with the study findings. Social constructionism is a set of beliefs shaped in a particular historical, cultural and social context (Dean, 1989). It is a framework which focuses on perception, about how people think and feel about things, and how they see things differently, how their actions are interpreted and how they understand meaning in their world (Goldberg & Middleman, 1980; Goldberg & Middleman, 1985). The perception itself arises from different levels of consciousness of individuals' own subjective experience. Therefore, the young mothers' interpretations of reality determine their experiences. These subjective experiences are socially constructed through dialogue and conversations (Gergen, 1985; Berger & Luckman, 1966).

The constructionist view explicitly recognises the importance of values and beliefs because these factors influence the interpretation of the meaning attributed by the participants to their experiences. Allen (1993) asserts that according to a social construction framework, reality is derived and constructed largely from the meanings attributed by the participants. It is not so much the experience itself, but the individual interpretation of this event which helps to define the experience. Each teenage mother had a different meaning and perception of early motherhood, because people never have exactly the same meanings for similar situations.

Societal assumption is influenced by the communities to which people belong. It is a belief that people cannot know an objective reality apart from their views of it (Laird, 1993). This philosophical position is derived from Wittgenstein and Piaget who assume that knowledge is seen as resulting from interactions with the environment (Laird, 1993). Rosaldo (1980) asserts that the self grows not from an inner essence of the social world, but from experience in a world of meanings, images and social bonds in which all people are inevitable involved. The young mothers' perceptions of motherhood are influenced by and constrained within their cultural context. This process occurs because people draw meaning from their experiences through a process of socialisation, within their cultural context, at the macro and micro levels of reality.

This study was concerned with how participants interpret their meanings and perceptions of being young mothers whilst still in school. The introspective experience of these young mothers is negotiated within their social and cultural worlds of meaning. The participants were struggling to gain meaning from their life situation, meanwhile they had limited resources and inadequate support from their

society. Holzner (1972) points out that society is a system of networks that interconnect with subjects' perspectives and that there exist several conflicting and competing groups. Therefore, the subject's perceived framework of reality is enveloped in the social arrangements which supply the essential meanings for the social encounter itself. The fact that these young mothers were still in school and were not married intensified the difficulties of their life experiences.

The troubled person can be invited to find exception to their predominating experience to view themselves as prisoners of a culturally inculcated story they did not create, to imagine how they might relate their experience to different people in their lives ... to consider how they would experience their lives if they operated from different assumptions how they might act, what resources they could call upon in different contexts. what new solutions might emerge and to recall precepts once believed but now jettisoned (Gergen & Kaye, 1993, p.183).

The participants discovered new meanings in their life situations through the interaction with the researcher. As the teenagers were interviewed, they developed insight into their own experiences. Weingarten (1992) points out that the focus of the constructionist is to draw out the other person's meanings not to impose meaning from outside. From a social construction perspective, it is not the subject or the relationship between subjects which is studied. The focus of the research analysis is on the history of the life story and significant problem which has influenced the person's life story (Anderson, 1989; Epsom & White, 1990; Lax, 1992). In this research, the focus of the study was the influence of pregnancy and becoming young single mothers, on the life of teenage women. "A story can be defined as a unit of meaning that provides a frame for lived experiences. It is through these stories that lived experience is interpreted" (Epsom, Murray & White 1992, p.102). Thus, the stories of teenage mothers interviewed in this study provided data for evaluating the

lived experiences of these women. The social constructionist invites clients to adopt multiple perspectives and accept the relativity of meaning itself in the relational context in which behaviour is situated (Gergen & Kaye, 1993).

In conclusion, the findings from this study appear to correspond to the social constructionist views because this framework focuses on perception about how people think and feel about things and how they see things. The social constructionist view links well with the experiences of the participants in this study.

CHAPTER SIX

Conclusion

The purpose of this study was to investigate the lived experiences of young mothers in Botswana who were school dropouts and were from low socioeconomic backgrounds.

This chapter will summarise the study, state the implications of the study for nursing, identify the limitations and finally make recommendations for further research.

Limitations

The sample was purposive and it was not meant to be representative of all teenage mothers in Botswana. The objective of the study was to discover meanings of the experiences based on the subjects' individual perceptions of their common situation of being teenage mothers. The major limitation in this study was an initial lack of adequate number of students enrolled at the Center. The researcher had to ask all the enrolled students to participate in the study. In phenomenological research, it is important to choose people who can readily and succinctly tell their stories. Some of the girls were not open in describing their situations, and two were extremely shy. As a result much probing was used to encourage the girls to tell their stories. However, this phenomenon was also to be anticipated due to the cultural norms in Botswana, whereby children and adults do not discuss sexual issues openly.

There is generally a difficulty of ensuring validity and reliability of results when working with teenagers due to their poor cognitive development. The teenager's ability to relate feelings and experiences can be inconsistent (Morse, 1991).

Therefore, the researcher has to be cognisant of the situation. Erickson's theory of psychosocial development highlights that teenage motherhood jeopardises identity formation of the young women (Davis, 1989; Morse, 1991). Young women may have difficulties in making decisions as teenage mothers.

There were time and resource constraints in this study. The school did not open until later than usual and after opening only operated for a short time before it had to close to lack of funds. These time constraints limited the length of time spent with the participants.

Implications for nursing practice

The findings of this study provide nurses with information that can be used in planning and implementing care appropriate for adolescents. Nurses can learn about the young women's experiences of pregnancy and motherhood and also can know how they are perceived by young women. The findings demonstrate that the teenagers became pregnant while young and still students. Early pregnancy could be due to lack of empowerment of young women in Botswana. If the young girls had adequate knowledge and high self esteem, they would not have been involved in the risk taking behaviours. Besides this lack of empowerment and low self esteem, the women in the study were ignorant of their sexuality and hence failed to take precautions. The family planning clinics were not perceived by the teen mothers as a safe place for them to seek information due to fear of being seen by other people. It seems there is limited exposure to information on human sexuality for girls. Also, most girls stated that they were afraid of seeking information and birth control methods from nurses. This

implies that inservice education for nurses need to incorporate issues of how they teach and how they are perceived by the young women.

The findings from this study suggest that a need exists for health classes in schools by nurses or health professionals where teenagers can receive health information in relation to human sexuality and reproductive health. The findings are supported by teen mothers' comments on lack of adequate knowledge on contraceptive use and human sexuality. Even when information is provided in family life education classes, the teenagers still lack understanding of how to use the information and would benefit from individual opportunities to ask questions from nurses. Enhancement of the current peer groups and teenage mother programs by nurses may provide a greater support for young women.

Interventions should be designed to address the concerns of the entire family and community. Nurses have the ability to affect the health of all family members by helping them identify issues negatively affecting the family functioning and by assisting them to resolve identified issues. This can be done during home visits or during visits to the clinic. The findings also contribute to nursing understanding of the family functioning of the teenage mothers which can be used when counselling young mothers and their families. Nursing may need to intervene with families to help confront problems arising in the period after the initial incorporation of the teenage mother and her infant into the family. There is no ongoing assessment for families after the post partum period has ended. Assessment of communication patterns, role expectations and satisfaction within the family unit at intervals throughout the first two years is necessary. As nurses interact with each teenage mother and her family, they will be able to compare the response of the teen mother with that of other family

members. Differences that are noted can be used as guidelines for intervention. The young mother may feel that she does not have much help from other people in the household in relation to baby care, yet her mother may feel that her teenage daughter's response to her infants needs are poor. The nurse can help the family to discuss different perceptions to solve problems effectively.

Nurses are in unique positions in schools and community health contexts, to address the task of differentiating the teenagers with developmental issues from those who simply need education or referral. Nurses are also in a position to address the needs of these teenagers by organising care to assist them to meet their developmental tasks in ways that are less threatening to their health. It is important to discuss the intervention strategies, nurses use to lower pregnancy risk by assisting teens to meet their developmental needs. However, it is recognised that due to limited time and resources there may be obstacles in maximising the intervention programs.

Recommendations

The teenage mothers in this study may not represent the population of teenage mothers in Botswana. To validate these findings a study on the perceptions of young mothers need to be done using a larger sample. This study aimed to investigate the individual experiences of a few teenage mothers who attended at ECAW, the only center in Botswana which was designed to make possible the continuation of education of these young mothers.

Research needs to be done to investigate the social support system for young mothers in Botswana. Innovative ways of providing community based assistance to

adolescent mothers and their children need to be developed as do programmes which allow adolescent mothers to continue their education after pregnancy.

Lack of teenage clinics or adolescent friendly clinics is seen to be one obstacle which prevents the girls from using contraceptives. In Botswana, it has been noted that the problems associated with teenage pregnancy are critical, therefore it is necessary that all approaches be explored in lowering the incidence of unwanted pregnancy. This research has highlighted many factors which influence teenage pregnancy. It is recommended that further research be conducted to gain a comprehensive understanding of attitudes of sexuality and contraception. As several studies have been conducted in Botswana and in other countries, these studies can be replicated to generate new data from current information.

Educational programmes need to provide not only factual information on contraceptives, Sexual Transmitted Diseases, HIV and AIDS but also to encourage the development of self esteem and decision making in all the students. This empowers the adolescents to be able to plan for and conduct their sexual lives with care and honesty. Therefore research on the impact of family life education in schools need to be done to assess the limitations in the knowledge of the girls on human sexuality.

It is essential that nurses continue to conduct research on teenage pregnancy and parenting to understand the needs of teen mothers and their infants. Teenage fathers should also be included in future research to determine their educational needs for fathering. Research should be done which focuses on the young men' perception of early parenthood, because it would be pertinent to discover how young men perceive teenage pregnancy and motherhood.

Given that the majority of young mothers in Botswana come from low socioeconomic backgrounds, the level of economic support needs to be considered. There is no social welfare system in Botswana hence child care is the responsibility of the individual and her family. When a young woman becomes pregnant and gives birth she often becomes a burden to her parents especially her mother who is also working in a low paying job or unemployed but struggling to support the family. The education system forces the girl to drop out of school when pregnant, and this influences her future potential and ability to be educated and to find meaningful well paying employment. Unless attention and support is given to these young mothers the next generation of their children will also remain in poverty.

In conclusion, this study, whilst not generalisable, indicates the need for an expansion of nursing support for contraceptive advice, knowledge on human sexuality and assistance for young mothers. This particular research should be replicated with other groups in Botswana. In this way it is hoped that the recurrent cycle of lack of education, poverty, low self esteem and early pregnancy could be interrupted to the advantage of individual young women, families and society.

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APPENDIX A**Cover Letter to the Participants**

7\ 11\ 95.

Dear Miss

My name is Tshepiso Daisy Mojapelo. I am a Motswana studying in Australia at Edith Cowan University undertaking a Master of Nursing degree. I intend to conduct a study on the lived experiences of teenage mothers in Botswana. I request your participation in this study. Your involvement will mean having one interview with me which will last approximately 45 minutes to one hour. Five of you will be requested to spend another one hour reading your transcriptions after all interviews have been completed.

Thank you for considering to be a participant in this study.

Yours Sincerely

Tshepiso Daisy Mojapelo

APPENDIX B

Requesting Consent From Participants

Dear Participant,

Hello I am Tshepiso Daisy Mojapelo a Motswana student undertaking Master of Nursing degree at Edith Cowan University, in Perth Australia. For my research I am trying to find out how young Batswana women feel about being mothers and having to dropout of school. I will ask you questions in relation to your experiences, feelings and meanings of being a young mother. I will interview you once. This interview will approximately last 45 minutes. I might contact you again to read your transcription for clarification about the experiences of young women who became mothers and also help prevent early pregnancy .

This study could involve you experiencing emotional and distressing feelings. You may be referred for further support after the study if you wish, the counselling will be done by the counsellor at the center.

Your identity will not be disclosed in connection with the study. When the study results are published your personal identity will not be revealed. I can be contacted by telephone on and I will answer any questions you may have concerning this study. You may withdraw from this study at anytime.

CONSENT FORM

I.....(Print Name) have read the information above and my questions have been answered to my satisfaction. I agree to participate in this research project. I realise that I may withdraw at any time, and understand that I have the right to refuse to participate in the study

Signature.....Date

Witness.....Date.....

APPENDIX B

Mma,

Dumela, Kenna Tshepiso Daisy Mojapelo. Ke moithuti kwa sekolong se segolo (University) sa Edith Cowan, kwa Perth, Australia. Ke dira dithuto tsa booki. Ke kopa go buisana le wena go utlwa gore maikutlo a gago ke afe mabapi le go bo ole mmangwana yo o tlogetseng sekole a sa fetsa. Ke batla go go botsa dipotso mabapi le maitemogelo le maikutlo a gago gammogo le gore mo wena go raya eng go nna mmangwana wa dingwaga tse o nnileng ene ka tsone. Ke tla go botsolotsa gangwe fela. Potsolotso e tla tsaya metsotso e ka nna masome mane le botlhano. Tlhotlhomiso e e ka nna ya go kgobera maikutlo, ya go tlatsa bohutsana. E tla re potsolotso e ntse e tswelotse, ke go fe kgakololo mabapi le seemo se o mo go sone. Gape ke ka kgona go go itsise kwa oka bonang thuso teng. Go tla netefadiwa gore leina la gago le se ka la amngwa le maduo a tlhotlhomiso e ka tsela epe. Ka jalo, o ka araba dipotso ka phuthologo. Fa o eletsa o ka itshwaraganya le nna kwa nomorong ya 420471. Ke tla go bolelela tsotlhe tse o batlang go di itse mabapi le tlhotlhomiso e.

TUMELANO

Nna.....(leina) ke badile kitsiso e e fa godimo. Le dipotso tsa me di arabilwe mo go kgotsofatsang. Ke dumela go nna mmotsolotswa mo tlhotlhomisong e. Ke itse fa ke golosegile go intsha mo tlhotlhomisong e ka nako nngwe le nngwe. Gape ke itse fa ke na le tshwanelo ya gana go botsolotswa ke motlhotlhomisi.

Saena fa:.....Kgwedi.....

Mosupi.....Kgwedi.....

APPENDIX C

7\ 11\ 95

The Permanent Secretary

Ministry of Health

Botswana

Dear Sir,

I am Tshepiso Daisy Mojapelo a Motswana student at Edith Cowan University in Perth undertaking studies for a Master of Nursing degree. I am requesting permission to conduct a research study at the Education Center for Adolescent Women in Gaborone. The study is done for academic purposes and the research focus is to explore the personal experiences of teenage mothers as perceived by them. I plan to return to Botswana on the 17 December, 1995 and would like to meet the staff at ECAW in January, 1996 and then commence my research in February.

Yours Faithfully

Tshepiso Daisy Mojapelo

APPENDIX D

7\ 11\ 95

The Co-ordinator

Education Center for Adolescent Women

Gaborone

Botswana

Dear Madam,

I am Tshepiso Daisy Mojapelo a Motswana student at Edith Cowan University in Western Australia undertaking a study for a Master of Nursing degree. I am requesting permission to conduct a research study on the lived experiences of teenage mothers in Botswana. The purpose of the study is to uncover the meanings and perceptions of the young mothers who have had to dropout of school due to pregnancy. This study will be done for academic purposes. I would appreciate your assistance in choosing participants. I plan to return to Botswana on December, 17, 1995 and would like to meet with you in January 1996 and to commence my research in February. Thanking you in advance for assistance.

Yours Faithfully,

Tshepiso Daisy Mojapelo.