Life experiences of multiparous teenage mothers in selected communities in the Eastern Cape

by

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SUPERVISOR: MRS HS DU TOIT

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DECLARATION

I declare that Exploring Life Experiences of Multiparous Teenage Mothers in Selected Communities in the Eastern Cape is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the acceptable requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

4 March 2020

HS du Toit
Supervisor on behalf of Bonisile G. Bekwa
(Postmortem)

Date

DEDICATION

I dedicate this study to my heart children, Ayanda, David, Unam, likhona, for their patience, love, and understanding throughout my study. I also dedicate the work to my younger brother, Siyanda, for his assistance, support and encouragement.

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EXPLORING LIFE EXPERIENCES OF MULTIPAROUS TEENAGE MOTHERS IN SELECTED COMMUNITIES IN THE EASTERN CAPE

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ABSTRACT

The purpose of this study was to explore the life experiences of multiparous teenage mothers at selected communities in the Eastern Cape Province. The population for this study was pregnant teenage mothers aged 12-18 years having at least one previous pregnancy, living in the catchment areas of the provincial hospital of Bizana in the Alfred Nzo District of the Eastern Cape Province.

Data were collected through 12 semi-structured individual interviews using a self-developed interview schedule. The transcribed interviews were analysed by means of thematic analysis, using the five stages according to Terre Blanche, et al. (2006), namely familiarisation, inducing themes, coding, elaboration, and checking. Sub-categories were grouped into 12 categories and five main themes. Findings on the life experiences of the multiparous teenage mothers are described according to the main themes, namely the everyday life of the teenage mothers, cultural practices leading to pregnancies, factors contributing to pregnancies, challenges experienced by teenage mothers, and messages from the teenage mothers. Recommendations focus on the role of social services to engage the multidisciplinary team and the community to assist in the empowerment of young mothers to break the cycle of multiparous teenage pregnancies and the negative impact thereof on the lives of young mothers.

Keywords: *Adolescence; Teenage pregnancy; Multidisciplinary team; Multiparous teenage pregnancies.*

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ORIENTATION TO THE STUDY

1.1 INTRODUCTION

This chapter provides an overview of the study, which includes the background information, the research problem and the aim of the study. The study's objectives and related questions are also discussed before the terms employed in the study are defined. The research methodology, measures to ensure trustworthiness and ethical considerations are briefly mentioned.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH TOPIC

According to Curtis (2015:1-11), adolescence is the developmental phase between the onset of puberty and the establishment of social independence. When a girl in the developmental group of early adolescence – that is, between 10-14 years – and late adolescence – between 15-19 years – falls pregnant, it is called a 'teenage pregnancy'. Teenage pregnancy is regarded as a social problem and burning issue hindering education, health and the earning potential of many teenage mothers. This has a profound effect that may jeopardise their future (Nkani & Bhana, 2016:1; Chemuru & Srinivas, 2015:1; Mushwana, Monareng, Richter & Muller, 2015:1).

Mothers who become pregnant have to drop out of school and look after their children, thus increasing illiterate communities. A girl with little or no education also has fewer skills and opportunities to find employment, which has a wider effect on the country's economy (World Health Organization, 2018b). However, Willan (2013:6) says that the South African policy environment creates a relatively progressive space in terms of teenage sexuality, teenage pregnancy and motherhood; teenagers' right to access sexual and reproductive healthcare (SRH) is guaranteed in the South African Constitution (1996).

South African Law today is also supportive of pregnant teenagers and teenage mothers completing their schooling. Panday, Makiwane, Ranchod and Letsoale

(2009:12) claim that the National Department of Education in 2007 released measures for the management of learner pregnancy that advocates for the right of pregnant mothers to remain in school. The South African Schools Act (Act no. 84 of 1996) (Republic of South Africa, 1996) similarly permits pregnant teenagers and teenage mothers to remain in school while they are pregnant and return to school after childbirth. Moreover, the South African Children's Act (Act no 38 2005) (Republic of South Africa, 2005) states that no person may refuse to sell or give condoms to a child over the age of 12 years, and contraceptives should be provided to the child without the consent of a parent.

Culture and religion are among the many factors in South Africa that have an impact on teenage pregnancies. Thobejane (2015:274) states that religion and cultural beliefs about sexuality and fertility can be viewed as factors that contribute to teenage pregnancies. In some cultures, falling pregnant at an early age is highly valued as it proves fertility before marriage. In contrast, in some religions, sexual education is a taboo that perpetuates ignorance on issues relating to sexuality, and public disclosure on sex is severely restricted by some religious and social norms. Similar, Chemuru and Srinivas (2015:5) describe that some doctrines do not allow the use of contraceptives or sex education in any way, which may hinder the use of contraceptives among adolescents. It is difficult to talk about the prevention of pregnancy if people are not allowed to talk about sex until they get married.

In April 2016, the Minister of Social Development of South Africa hosted an Imbizo in Peddie, Eastern Cape Province, to address the issue of teenage pregnancies. As a social worker, the researcher attended the event. The Imbizo was followed up with community dialogues between residents of Peddie and the social development team, of which the researcher was a member. At this Imbizo, community members voiced their concerns about the high level of teenage pregnancy in the area. They stated that the young mothers are not ready to be parents, and they often leave their children with grandparents while they misuse the child support grant. Parents blamed teenage pregnancies on the government for giving these children too many rights and freedom. Furthermore, the chairperson of the School Governing Body (SGB) of one of the schools said that the rate of teenage pregnancy in the Eastern Cape had increased

significantly as the children claim their rights yet forget that those rights come with responsibilities.

1.3 THE RESEARCH PROBLEM

In South Africa, the number of teenagers falling pregnant has been increasing over the years, with variation between provinces and communities within the provinces (Thobejane, 2015:274). Studies conducted by Chemuru and Srinivas (2015:1) and Ngunyulu, Mulaudzi, Peu, Khumisi and Sethole (2016:343) revealed that one of the health concerns associated with the low socio-economic status in the Eastern Cape is adolescent pregnancies. In the Eastern Cape, the proportion of woman under the age of 18 who had given birth remained high between 2011 and 2014. Similarly, the rate of school-aged mothers who fell pregnant in South Africa increased from 68 000 in 2011 to 99 000 in 2013. In 2013 the most affected provinces in South Africa were KwaZulu-Natal, at a rate of 26 468, followed by the Eastern Cape at a rate of 20 698, then Limpopo at 13 941 (Masondo 2015).

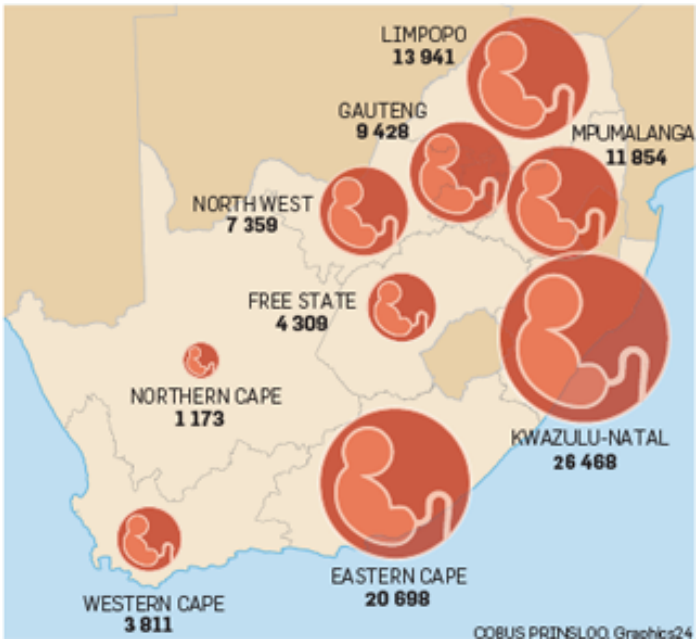

Figure 1.1: Provincial breakdown of teen pregnancies released on 2015-09-06
Source: Masondo (2015:2)

According to the Department of Health, several initiatives are being implemented to prevent teenage pregnancies in the country. These include sex education being added

to the Life Orientation programme at schools, a booklet on preventing teenage pregnancy by the Department of Health (DoH, 2012b) being issued, and the National Contraception Policy Guidelines (DoH, 2012a) have been established to ensure user-friendly clinics. Ngunyulu, et al. (2016:342) mention “The Stepping Stones”, a training manual published by the Medical Research Council of South Africa, as one of the strategies to promote the sexual and reproductive health of adolescents. The other widespread initiative is Abstain-Be Faithfull-use Condoms (ABC) initiative.

However, the existing initiatives are mainly based on the perspectives of parents, policy-makers and adults in general who report on the contributing factors, health consequences and socio-economic impacts of teenage pregnancies (Mturi & Bhechuke, 2016; Glover & Macleod, 2016; Nkani & Bhana, 2016). The researcher believes that these initiatives should be strengthened by gaining an understanding of the phenomenon from the teenage mothers’ own perspectives.

The practice of social workers is regulated by the policy guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers, SACSSP, Professional conduct and Ethics (2018:1). It assigns social workers’ duties and responsibilities as seeking and enhancing the capacity of people to address their own needs, and promoting the responsiveness of organisations, communities and other social institutions in terms of social needs and problems. Addressing teenage pregnancies is thus part of the scope of practice of the social worker, and supports the need to understand the phenomenon of multiparous teenage mothers.

According to the clinic admission register at a specific hospital, 21 teenagers from the communities in whom the researcher was interested, attended the antenatal clinic in a period of six months from 1 July to 30 December 2016. There is also a history of repetitive teenage pregnancies in these communities. This necessitated a study to explore the life experiences of multiparous teenage mothers from their own perspectives.

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study was to explore the life experiences of multiparous teenage mothers in selected communities in the Eastern Cape. Understanding the phenomenon will serve as a basis to guide social workers and members of the multidisciplinary team to address the problem in selected communities in the Eastern Cape Province.

The researcher thus asked the following research questions:

- What are teenage mothers' life experiences of being pregnant more than once?
- What are the factors leading to such teenage pregnancies?

In order to answer the research questions, the objectives were to:

- Explore and describe the life experiences of teenage mothers who had multiparous teenage pregnancies.
- Identify the factors leading to multiparous teenage pregnancies.

1.5 DEFINITIONS OF TERMS

Adolescence is the developmental phase between the onset of puberty and the establishment of social independence, including the ages 10-18 (Curtis, 2015:1). In this study, adolescence refers to the developmental phase of teenage mothers aged 12-18 years. Adolescence and teenage will be used interchangeably in this study.

Teenage pregnancy: Acquah (2017:1) defines a 'teenage pregnancy' as a teenage girl between the ages of 12 to 19 becoming pregnant. In this study, teenage pregnancy refers to girls aged 12-18 years being pregnant or having delivered a baby.

Multiple means many, several, various, and numerous (Collins English Dictionary-Completed and Unbridged, 2012).

Multiparous women in obstetrics indicate a women who had at least one previous birth (Miranda, Edwards & Myers, 2011:797). In this study, it refers to an adolescent aged 12-18 years who have been pregnant more than once with at least one birth.

Multidisciplinary team is defined by Kissane, Bultz, Butow, Bylund, Noble and Wilkinson (2017:215) as a collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and are seen by others as an intact social entity embedded in one or more larger social systems. In this study, the multidisciplinary team refers to the relevant persons who will share responsibility in addressing the problem of teenage pregnancies in the selected communities. These individuals include social workers, registered nurses, medical doctors, educators, religious leaders, as well as traditional leaders.

1.6 RESEARCH METHODOLOGY

The methodology that was employed in this study is briefly explained in the sections that follow. It includes the research approach and design, research methodology, population and sampling, data collection, data analysis, the trustworthiness of the study and ethical considerations. The research methodology and related aspects are explored in depth in Chapter 2.

1.6.1 Approach

Azeh (2015:15) describes ‘qualitative research’ as a type of research that evaluates qualitative variables such as behaviour, attitudes, and experiences through methods such as interviewing. It attempts to gain participants’ in-depth opinion to evaluate certain qualitative values.

A qualitative approach was appropriate for this study since the researcher wanted to understand the phenomenon of multiple teenage pregnancies, as experienced by the teenage mothers facing it, to describe the larger picture that emerged.

1.6.2 Research design

A research design can be described as a structural framework of research that serves as the skeleton on which a study is built (Azeh, 2015:40). In this study, a contextual, exploratory, descriptive design was used. The complex life experiences of multiparous teenage mothers in the selected communities in the Eastern Cape were explored and described to identify the factors impacting on multiple teenage pregnancies, not known before.

1.6.3 Setting and population of the study

The setting of the study refers to the place from where the participants of the study will be recruited (LoBiondo-Wood & Haber, 2013:101). In this study, the researcher recruited participants from the communities in the catchment areas of the provincial hospital in Bizana in the Alfred Nzo District of the Eastern Cape Province of South Africa. The hospital catchment area has a population of approximately 200 000 people of which a large number are from the rural areas (Eastern Cape Department of Health statistics, 2017).

The pregnant teenage mothers from the catchment communities receive health care and social services from the maternity section of the specific hospital. The role of the social worker is to focus on the social and psychological issues of these pregnant teenagers. Some of these cases are referred to the social worker by the maternity nursing staff and doctors, and some cases are identified by the social worker during ward rounds. Those teenagers who appear to require individual social work intervention are seen at a casework level, and follow-ups are conducted until the case is discharged. Records are also kept accordingly. Twenty-one teenagers with a history of repeat pregnancies and social issues attended the antenatal clinic of the specified hospital in the period from July to December 2016.

Population refers to individuals in a universe who possess specific characteristics of interest to the researcher. Strydom (2015:223) and Brink, Van Der Walt and Van Rensburg (2017:171) describe a population as the entire group of persons or objects

that is of interest to the researcher; in other words, they meet the criteria that the researcher is interested in studying.

The target population for this study were teenage mothers with multiparous pregnancies in the Eastern Cape Province. The accessible population of this study was the teenage mothers with multiparous pregnancies at the provincial hospital in Bizana from communities in the Alfred Nzo district of the Eastern Cape Province. Considering the vulnerability of the particular population, the researcher took special care in obtaining consent and assent in an ethical manner.

1.6.4 Sample and sampling methods

Purposive sampling, also referred to as judgemental sampling or convenience sampling, was used in this study (Azeh, 2015:63). Purposive sampling is one of the most common non-probability sampling strategies; it is usually employed based on the purpose of the study. According to Creswell (2014:239), data saturation is an indication of a large enough sample in qualitative research. The proposed number of participants was therefore 15, with the possibility of including either more or fewer participants depending on data saturation.

1.6.5 Data collection

Grove, Gray and Burns (2015:502) state that data collection is the detailed, systematic approach to gathering information from the target group, relevant to the research purpose, questions and specific objectives of the study. Data collection enables the researcher to answer relevant questions, evaluate outcomes and make predictions about future probabilities and trends. Individual interviews are often used as the data collection method in qualitative research.

In this study, the data were collected through individual, semi-structured interviews and the researcher ensured privacy during each interview. The interviews were recorded to ensure that the richness of the data was captured and the researcher wrote field notes to assist in the interpretation of the data (Davies & Hughes, 2014:183-189). During the interviews, the researcher applied specific interviewing techniques to

motivate participants to share information that resulted in rich data on the phenomenon (Greeff, 2011:343; Du Plooy-Cilliers, Davis & Bezuidenhout, 2014:189).

1.6.6 Data analysis

Data analysis is the process of bringing order, structure and meaning to the mass of collected data. Broadly conceived, this is the activity of making sense of and interpreting data. It involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns, and structuring a framework for communicating the essence of what the data reveal (Schurink, Fouche & De Vos, 2011:397).

The researcher used thematic analysis to analyse the data in this study. Data were coded and analysed manually, following the five stages presented by Terre Blanche, Durkheim and Painter (2006:189). These stages entailed familiarisation, inducing themes, coding, elaboration, interpretation. Analysis were followed by doing a literature control. This entails comparing the interpretations of this study to available research findings to identify similarities or highlight new findings.

1.7 TRUSTWORTHINESS

Roller and Lavrakas (2015:21-23) suggest four strategies to promote quality in the research process, or four approaches to evaluate the quality of one's research. These strategies are credibility/authenticity, transferability, dependability and confirmability. These four strategies were utilised throughout this study.

1.8 ETHICAL CONSIDERATION

The researcher adhered to professional, legal and social obligations to the research participants and the research process, guided by the policy guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers, SACSSP, Professional conduct and Ethics (Republic of South Africa, 2018).

1.8.1 Authority of the researcher

The researcher attended a Master's and Doctorate proposal workshop and research training programme at the UNISA before conducting this research. This prepared her to write a research proposal with the guidance of a supervisor, who is experienced in qualitative research. Approval for the proposal was granted by the Research Ethics Committee: Department of Health Studies, with the clearance certificate no HSHDC/734/2017 (Annexure C). The researcher is a professional social worker who understands the importance of ethical conduct and has interview skills that enabled her to collect data in an ethical manner.

1.8.2 Approval to conduct the study

Ethical clearance to conduct the study was obtained from the UNISA Research Ethics Committee: Department of Health Studies, with the ethical clearance number HSHDC/374/2017 (Annexure C). Permission to conduct the study in the hospital was also requested from the Eastern Cape Department of Health and the hospital authority (refer to Annexure A and B). With the above permission in hand, the researcher arranged with the maternity ward unit managers to conduct the individual interviews without disturbing the normal ward activities or the treatment and care of the participants.

1.8.3 Potential risks to the participants

Due to the sensitivity of the topic, participants could recall painful memories or experiences. The researcher prepared for potential mental distress, psychological problems or negative labelling. As an experienced social worker and drawing from her experience and communication skills, the researcher established rapport with the participants before and during the interview. The participants were protected from unwarranted mental distress, harm or deprivation by means of ensuring absolute privacy during the interviews. Prior arrangements were made with the hospital psychologist to counsel and support participants who may have needed it. Such services were provided free of charge to participants.

1.8.4 Compensation provided to participants

There were no incentives to participants, as the interviews were conducted while the participants were in the wards and participants did not incur any financial cost due to participating in the study. During the interviews, the researcher provided a soft drink, water and sweets to the participants.

1.8.5 Ethical principles

As this study involved teenage mothers who had multiparous pregnancies, and since qualitative research does not occur in a vacuum, the researcher was guided by ethical guidelines in the treatment of human subjects. The following ethical principles were observed, and are described in-depth in Chapter 2: voluntary participation and the right to withdraw; self-determination; informed consent under the principle of autonomy; the principles of trust, justice and respect for the person, and human dignity; treating all participants fairly and equally; ensuring confidentiality, anonymity and privacy; the rights of the institution involved; and the principle of beneficence (Warren & Karner, 2015:27-43; Brink, et al. 2017:35-37).

1.9 STRUCTURE OF THE DISSERTATION

Chapter 1 offers an introduction and background information about the study.

Chapter 2 describes the research methodology in detail.

Chapter 3 presents the data analysis, literature control and interpretation of the findings.

Chapter 4 provides the findings and limitations of the study, as well as conclusions and recommendations.

1.10 SUMMARY

This chapter presented the foundation of this study and gave a brief orientation to the study and the research methodology. The next chapter describes the methodology in detail, and presents the measures to ensure trustworthiness and ethical considerations.

CHAPTER 2
RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The preceding chapter presented orientation to the study, and this chapter describes the methodology that was employed in detail. It includes the research approach and design, research methodology, population and sampling, data collection, data analysis, the trustworthiness of the study and ethical considerations.

2.2 RESEARCH APPROACH AND DESIGN

Azeh (2015:15) describes the qualitative approach as a type of research that evaluates qualitative variables such as behaviour, attitudes and experiences through methods like interviewing. It attempts to gain participants' in-depth opinion to evaluate certain qualitative values. Fouche and Schurink (2015:308) describe the qualitative paradigm as being concerned with understanding rather than explanation, with naturalistic observation rather than controlled measurement. Qualitative research establishes a holistic picture of the central phenomenon. A qualitative approach was appropriate for this study, as the phenomenon of multiparous teenage mothers, as experienced by the adolescents facing it, was described. This revealed the contributing factors and impact of multiparous pregnancies in the lives of teenage mothers.

A *research design* is a plan or design used to conduct a study. It provides specific direction for procedures and is also defined as a blueprint for the grouping of participants. Moreover, it can be explained as a step-wise procedure that guides the researcher's decisions in planning the study (Azeh, 2015:40; Creswell, 2014:41).

A *contextual study* is defined as a naturalistic approach that seeks to understand a phenomenon within the context or specific setting in which it is found. It thus seeks to explore and give answers about the phenomenon. Polit and Beck (2012:18) and Gray (2014:160-161) all claim that contextual interpretation in qualitative research means that events tend to be understood and reported in their context insofar as this can be

discerned and described by the researcher. The context also includes the researcher's and participant's culture and personal histories, as explained in terms of confirmability (refer to Section 2.3.4.3).

An *exploratory design* allows the researcher to explore complex researchable problems and identify a specific lack of knowledge through the viewpoints of the people affected. An exploratory design aims to develop, refine, extend, improve and thoroughly probe the nature and dimensions of an issue or phenomenon by exploring the views of participants (Grove, Burns & Gray, 2012:66; Polit & Beck, 2012:613; Punch, 2014:311). An exploratory design is used when a few or no previous studies exist to explain a phenomenon, problem, or naturally occurring process. The aim is to look for patterns or ideas that can be used to form the basis for further research. Exploratory research is usually flexible, without any formal structure; instead, the procedures are determined as the study progresses based on the obtained findings. Exploratory researchers primarily aim to identify the boundaries of the environment in which problems or situations of interest are likely to reside, and identify the salient factors that might be of relevance to the research (Azeh, 2015:16).

A *descriptive design* presents a picture of the specific details of a situation, social setting or relationship, and focuses on "how" and "why" questions. Descriptive research is more likely to refer to a more intensive examination of a phenomenon and its deeper meanings, thus leading to a thicker description (De Vos, Strydom, Fouche & Delport, 2011; Du Plooy-Cilliers, et al. 2014:75). This design seeks to provide an accurate description of observations of a phenomenon, and can be used to identify and classify the elements or characteristics of the phenomenon under study (Azeh, 2015:17).

This study used a contextual, explorative descriptive design. The study was conducted in one specific place, namely a provincial hospital in Bizana in the Alfred Nzo District, Eastern Cape Province, that offers services to surrounding communities. The researcher sought to explore the phenomenon of multiparous teenage pregnancies within the context of these communities. The life experiences of these mothers were described to identify the factors impacting multiple teenage pregnancies that were previously unknown.

2.3 RESEARCH METHODOLOGY

2.3.1 Population and sampling

Sampling is the process of selecting participants or items for a study from a population. It is the process by which the total research population is reduced to a finite number which is practically feasible and theoretically acceptable (Azeh, 2015:63).

In this study, the researcher reduced the total research population by using the admission register of the hospital as a sample frame. The unit managers, who were registered nurses in charge of the maternity wards, served as gatekeepers to identify potential participants based on specified inclusion criteria (refer to Section 2.3.1.2).

2.3.1.1 Population

Azeh (2015:63) asserts that a target population constitutes a totality of individuals or items within a particular group. Brink, et al. (2017) describe a population as the entire group that is of interest to the researcher that meets the criteria the researcher is interested in studying. The total target population for this study was the pregnant teenage mothers who had more than one pregnancy and were living in the Eastern Cape.

The accessible population refers to the available participants within the target population who are eligible and willing to participate in the study during the time of data collection (Mushwana, et al. 2015:11). The accessible population for this study included teenage mothers aged 12-18 attending the provincial hospital of Bizana in the Alfred Nzo District of the Eastern Cape for health services, who had more than one pregnancy. At the onset of this study, there were 21 multiparous pregnant teenagers in the admission register, which constituted the accessible population.

2.3.1.2 Sample and sampling

A sample is a portion extracted from a population with the same characteristics. The sample for this study was multiparous teenage mothers aged 12-18 years, extracted

from selected communities in the Eastern Cape (Azeh, 2015:63). The process of selecting participants from the totality of individuals or the population of a particular group of interest to represent the entire population, is termed 'sampling' (Azeh, 2015:63).

Purposive sampling is an appropriate process in qualitative research and is widely used for the identification and selection of information-rich cases related to the phenomenon of interest (Palinkas, Horwitzs, Green & Hoagwood, 2013:1). Purposive sampling is also referred to as judgemental sampling or convenience sampling, since it is based on the researcher's or gatekeepers' opinion about the appropriateness of participants for a particular study according to the research aim, objectives and pre-set criteria. Convenience sampling refers to identifying willing participants, familiar with the phenomenon under study, at the time and place of data collection. It allows the researcher to access individuals who are conveniently available and willing to participate in the study; this technique is based exclusively on what is convenient for the researcher (Liamputtong, 2013:15; Mamum, Hafsa & Bishwajit, 2014).

Purposive sampling was used in this study as the researcher have good knowledge of the maternity wards' working environment. After the researcher obtained permission from the Eastern Cape Department of Health and the hospital authorities, she requested the gatekeepers – namely the unit managers of the maternity wards – to assist with the identification of participant who would be able to provide rich information based on their personal experiences of multiple teenage pregnancies. This was done by using the ward admission register book as a sampling frame to select potential participants. The researcher briefed the unit managers about the purpose and objectives of the study, as well as the following inclusion criteria:

- Participants had to be between the ages of 12 and 18 years
- Participants had to have at least one birth
- Participants had to reside in one of the communities in Bizana area

The potential participants and their parents/guardians were then approached by the researcher to obtain their assent and informed consent. These processes are described in more depth in Section 2.3.1.3.

Strydom and Delport (2015:391) state there are no rules in terms of the sample size in qualitative inquiry. The sample size depends on what we want to know, the purpose of the enquiry, what is at stake, what will be useful, what will have credibility, and what can be done with the available time and resources. The sample size of this study was also determined by data saturation; thus, interviewing stopped when no new findings were generated from the data (Creswell, 2014:239). The researcher intended to interview 15 participants, but the final number of participants was 12 since data saturation was reached.

2.3.1.3 Obtaining informed consent in an ethical manner

The researcher followed the policy guidelines for Course of Conduct, code of ethics and rules for social workers SACSSP, Professional conduct and ethics (2018) that requires researchers to take their time in explaining to participants and parents/guardians what research is and the proposed study. The study's purpose, the reason for choosing them as participants, and what will be expected from them also had to be explained. Participants had to understand that if they objected, their participation would be terminated, and they would not be punished, or their treatment and care would not be jeopardised. All information and values were shared for a joint decision to be made.

After parents/guardians gave permission to include their daughters in the study, the study participants were asked to informed that they may choose to be included in the study and if so, they will be required to sign a consent document, called assent.

Obtaining consent is important in research; even more so if the participants are from a vulnerable group. Vulnerable individuals are people who lack the ability to make personal life choices, to make personal decisions, to maintain independence, and to self-determine. Therefore, vulnerable individuals may experience real or potential

harm and require special safeguards to ensure that their welfare and rights are protected (Liamputtong, 2013:304).

The researcher realised that extreme sensitivity was needed in the conduct of this study. Both the young age of the participants and the fact that they were pregnant made this a vulnerable group of participants, demanding special attention. The researcher also observed the relevant ethical issues in obtaining informed consent.

Both the parents/guardians and the participants received complete information on the objectives and procedure of the study. This was done after visiting time in a private room in the ward were participants were admitted. The study and voluntary participation were explained with emphasis on the fact that participants could withdraw from the study at any stage with no negative consequences in terms of receiving health care or social services from the hospital. The researcher explained the high level of confidentiality, privacy, and anonymity in terms of data collection and the use of research results to them. Although the interviews were done face to face with the implication that the researcher knows the participants, the transcribed interviews did not reveal the identity of the participant's and thus provided anonymity.

In this study, all the guardians and parents gave written consent on behalf of their teenage daughters, and each individual participant agreed to be involved in the study by signing an assent form. Refer to Annexure E for a copy of the consent and assent form.

2.3.2 Data collection

Grove, et al. (2015:502) state that data collection is the detailed, systematic collection of information relevant to the research purpose, specific objectives, questions or hypothesis of the study. It enables a researcher to answer relevant questions, evaluate outcomes and make predictions about future probabilities and trends. In this study, qualitative data were collected through individual face-to-face interviews with participants (Tracy, 2013:159-167).

2.3.2.1 Data collection approach

Greeff (2011:351) asserts that researchers use semi-structured face-to-face interviews in order to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of, a particular topic. Greeff (2011:348) defines 'semi-structured interviewing' as those interviews organised around areas of particular interest while still allowing considerable flexibility in scope and depth.

Semi-structured interviews are not standardised, and the semi-structured life world interview seeks to obtain descriptions of the life of the interviewee with the aim to interpret the meaning of the described phenomenon. The interviewer identifies relevant issues and prepares statements or a list of question to be covered, but may not deal with all of them in each interview. The order of questions may also change depending on what direction the interview takes. Additional questions may be asked, including some that were not anticipated at the start of the interviews as new issues arise. Semi-structured interviews allow for probing of views and opinions where it is desirable for participants to expand on their answers (Gray, 2014:385; Brinkmann & Kvale, 2015:150).

Some advantages of individual face-to-face interviews are that it provides the researcher an opportunity to create rapport and collect both verbal and nonverbal data considering issues of access, space, privacy and comfort. The interviewer can restructure the questions to the understanding of the participant. This method is suitable for intensive investigations which require direct communication. The interviewer can collect supplementary information about the participant's personal characteristics and environment, which is often of great value in interpreting results (Azeh, 2015:80-81; Tracy, 2013:160).

Disadvantages include that it is a time-consuming method. There is also the possibility of bias by the interviewer as well as the participants due to the face-to-face contact (Azeh, 2015:81-82). In order to avoid bias, in this study the researcher used her experience as a social worker to take on a neutral role and remain impartial.

The researcher conducted individual semi-structured, face-to-face interviews with participants. Individual interviews were appropriate for this study due to the sensitivity of the topic and possible psychological impact on the participants.

2.3.2.2 Data collection instruments

In this study, the researcher was the primary data collection instrument since she conducted the interviews with participants (Punch, 2014:119; Brinkmann & Kvale, 2015:97). The quality of interviews depended on the skills of the researcher as interviewer. Poor interviewing skills, poor phrasing of questions, or inadequate knowledge of the participant's culture or frame of reference could result in information that contains little useful data (Greeff, 2011:343). However, as an experienced social worker, the researcher was familiar with the communities in the catchment area of the hospital. She thus drew from her experience in interviewing people and was aware of interviewing and communication skills to establish rapport with the participants before and during the interview to ensure good outcomes of the interviews. The application of these techniques during data collection is discussed below.

2.3.2.3 Preparing the interview schedule

An interview schedule was prepared to assist the researcher during the interview. Greeff (2011:352) says the researcher should think of appropriate questions related to each area in order to address all the issues of interest, and questions are arranged from simple to complex, and from broad to specific. This assists the participants in adjusting to the pattern of the interview schedule. Pre-testing of the interview schedule was done with two participants who met the inclusion criteria. This was done to ensure that the open-ended questions are understood and to prepare the researcher for the type of probing that may be needed. The information gained during the pre-testing was not included in the data to be analysed.

The interview schedule contained open-ended questions that were formulated in a clear, simple way. To ensure that questions made sense to the participants, the questions were short, and no jargon was used (Greeff, 2011:323). To build rapport and ensure that the participants are at ease, Du Plooy-Cilliers, et al. (2014:189)

suggest that one starts with general questions. Further, the participants need to have a grasp of the researcher before they allow themselves to talk freely and expose their experiences and feelings (Brinkmann & Kvale, 2015:154). The researcher thus planned general questions, for example: “Since it is midwinter, are you not feeling cold?” The researcher developed a level of trust by briefly saying “I want you to feel comfortable and tell me everything. In my work, I am used to listening to people with problems.” Questions then moved to specific issues that elicited information on their life experiences as multiparous teenage mothers.

Questions that led the participants to answer in a certain way were avoided. The questions allowed the participants to give varied opinions that were not influenced by a predetermined cue provided by the researcher (Greeff, 2011). Instead of asking leading questions, e.g. “did the experience make you happy?”, the researcher rather asked, “how did the experience make you feel?” This allowed the participants to express how they felt, and they did not merely communicate what they thought the researcher wanted to hear.

2.3.2.4 Conduct during the interview

The language medium was Xhosa, the mother language of the researcher and the participants. The researcher reasoned that using their mother language would allow the participants to express themselves more clearly than if they were to converse in English. This also enhanced the credibility of the findings.

Establishing rapport was a priority to the researcher. Silverman (2014:166), Du Plooy-Cilliers, et al. (2014:187) and Greeff (2011:343) state that sensitive questions should not be asked without the necessary rapport being established, because the participants my feel uneasy and use avoidance tactics if the question is too deep too soon in the interview. The researcher therefore started interviews with questions that were not controversial.

Care was taken to keep participants at ease during the interview. The participants were also not interrupted while responding to questions. The researcher was not judgemental and allowed the participants to express their feelings freely and talk about

their life experiences of multiparous teenage pregnancies, as also explained by Tracy, (2013:161). The researcher asked questions on participants' experiences and behaviours before moving to questions on their opinions and feelings. The researcher helped reluctant participants to open up, by saying: "I am not sure but, could it be that…?"

The sequence and way in which questions were asked ensured that the participants could focus on the information that was needed to portray their life experiences of being teenagers with multiparous pregnancies. Moreover, the researcher asked one question at a time and no double-barrelled questions. Addressing questions one aspect at a time is according to Du Plooy-Cilliers, et al (2014:189).

To demonstrate a real interest in their responses, the researcher showed the participants that she was listening by using verbal responses that correlated with occasional nodding; for example, "mm-mm, yes I see", as described by Greeff, (2011:342-346). The researcher was also aware that participants are often unlikely to provide the full information at first, and she therefore used creative allusion to prompt them; for instance, by asking questions such as "is there anything further that you feel as important?"

Paraphrasing, probing, challenging, clarification and reflection were used to ensure that the researcher correctly understood the responses from participants (Greeff, 2011:343; Silverman, 2014:166; Gray, 2014:388-398; Tracy, 2013:161). Paraphrasing is the technique that involves verbal responses from the researcher to state the participant's words in another form with the same meaning. By doing this, the researcher ensures that she understood the context within which the participant shared the information.

The purpose of probing is to deepen the response to a question, increase the richness of the data being obtained, and it gives cues to the participants about the level of response that is desired. The challenging technique was used in this study to challenge the participants to say more about the topic. The researcher said something to tease or spur the participants along, such as "but isn't it true that…?". The researcher also used the clarification technique to get clarity on statements, for

example, “could you tell me more about…” or “you seem to be saying …”. Similarly, the reflection technique was employed by the researcher reflecting back on something important that the participant just said in order to get them to expand on the idea; “so you believe that teenage pregnancy is a social problem”. The reflective summary has a structuring function and stimulates participants to provide more information.

The wellbeing of the participants had to be considered during the interviews. The effect of the interviews on the participants was monitored, and the researcher tried to be sensitive enough to know when to focus and when to lighten the conversation; the researcher was sensitive to any cues regarding discomfort and did not force the participants to answer questions that they were not comfortable with. Moreover, no unethical techniques were employed during the interviews as suggested by Du Plooy-Cilliers, et al (2014:187). The interviews ended at a reasonable time before the onset of physical and emotional tiredness.

Throughout the interviews, the researcher acknowledged that her personal beliefs, values and biases may have an undue impact on the data collection and took care to take on a neutral role and remain impartial. The researcher ensured that she never assumed she knew what participants meant. Furthermore, the researcher ensured that the context from which the participants were responding was the same as the context within which the researcher understood and interpreted the responses.

2.3.2.5 Sound recordings and field notes

Creswell (2014:242) and Greeff (2011:359) both concur that audio-recording the interview allows a much fuller record than notes taken during the interview. It also serves as one of the measures to enhance the credibility of the study. The interviews were therefore audio-recorded with permission from the participants who were informed why the recording was necessary.

Sutton and Austin (2015:2) state that field notes allow the researcher to maintain and comment on impressions, environmental contexts, behaviours, and nonverbal cues that may not be adequately captured through the audio-recording. These are typically handwritten in a small notebook during the interview. Field notes can provide important

context to the interpretation of audio-recorded data and can help remind the researcher of situational factors that may be important during data analysis. Such notes need not be formal, but it is regarded as data and should be maintained and secured in a similar manner to audio-recordings and transcripts, as they contain certain sensitive information and are relevant to the research.

In this study, field notes were written in a notebook for each participant during the interview. The researcher noted her observations of the participant's body language, posture, tone, emphasis, and important clues of their concentration level according to Gray (2014:396-397).

2.3.2.6 Data collection logistics

Interviews were conducted in a way not to disturb the activities and the service of the wards. The researcher negotiated with the unit manager to utilise a private room to conduct the interviews. The private setting was to protect the participants, ensure confidentiality, and guarantee that no one could overhear the conversation in line with Liamputtong (2013:64). The day before the interview, the researcher checked whether the participants were still available.

The researcher arrived early at the venue to do final preparations, such as setting up the audio-recording equipment and checking that it was working. In case of failure of the digital audio-recorder, a second, advanced cell phone with voice recorder was available, as well as spare batteries for the digital voice recorder.

The researcher ensured that each interview got off to a good start. Participants were received in a friendly way to build rapport and the researcher smiled and shook their hands as appropriate in African culture, and offered the participants something to drink and eat, e.g. sweets as suggested by Tracy (2013:161). In each interview, the individual participant were seated in a comfortable chair opposite to and facing the researcher.

The researcher checked the voluntarily signed consent and assent forms of each participant and again explained key issues such as voluntary participation, the option

to withdraw from the study and confidentiality. The interview ended by summarising some of the main points the participants voiced and by asking them whether they wanted to ask anything. They were assured that the social workers and health professionals are always available if needed. Some small-talk helped to ensure that participants left in good spirits, as described by Liamputtong (2013:62).

2.3.3 Data management and analysis

Schurink, et al. (2015:408) state that managing data is a fairly mechanical process during which all the material one has collected is organise in a systematic way. In this study, for each interview the data on the audio-recorder and field notes were labelled to ensure that the corresponding interview and field notes were used in the analysis. The recordings in Xhosa were transcribed and then translated in English by the researcher. The correctness of the translation to English was checked and confirmed as a true reflection of the Xhosa wording by a university lecturer whose mother tongue is Xhosa. This lecturer is appointed at a university where English is the medium of instruction. As a result, the lecturer was sufficiently prepared to verify the translation.

To ensure confidentiality, the recording, the transcript, as well as the field notes were kept in a locked cabinet in the researcher's office. The electronic version was encrypted with a code, known only to the researcher. The data will be kept safe for a period of five years. Thereafter, the researcher will discard the data so that it does not fall into the hands of other researchers who might misappropriate it. Digital data will be stored in the researcher's personal computer, which is password-protected, according to Creswell (2014:139).

Data analysis is the process of bringing order, structure and meaning to the mass of collected data. Broadly conceived, this is the activity of making sense of and interpreting data. It involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and structuring a framework for communicating the essence of what the data reveal as described by Schurink, et al. (2015:397).

According to Silverman (2014:110), the analysis must start as soon as possible after each interview for two reasons. The first is to make sure that the actual interview is still vivid in your mind, and the second is to get a broad idea of the issues addressed in each interview. This gives an indication of data saturation and the need to interview more participants. In this study, thematic analysis was used to analyse each interview directly after it was completed. Data were analysed manually, following Terre Blanche, et al's. (2006) five stages, which include familiarisation, coding, inducing themes, elaboration, interpretation and checking.

2.3.3.1 Familiarisation

The researcher familiarised herself with the data that were collected. After each interview, the researcher read the transcript and the field notes repeatedly and listened to the audio-recorder to become familiar with all aspects of the collected data. Similarities and patterns in the set of interviews were identified and noted as suggested by Javadi and Zarea (2016:36). The process of transcribing, listening and reading to become familiarised is cyclical in nature to ensure a depth of understanding of the phenomenon (Figure 2.1).

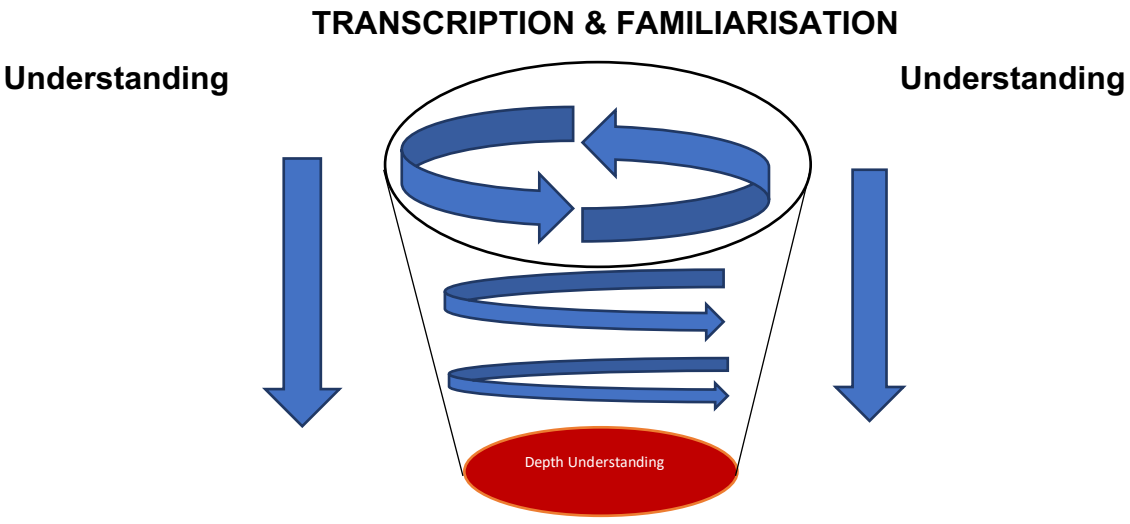

Figure 2.1: Process of transcription of the data and familiarisation
Adapted from De Lange 2010:95

This process was followed for each individual interview and also for the 12 interviews collectively.

2.3.3.2 Coding

According to Brinkmann and Kvale (2015:227), coding involves attaching one or more keywords to a text segment in order to permit later identification of a statement. Paulus, Lester and Dempster (2014:127) agree that coding refers to the process of attaching a meaningful label to a specific portion of the data. It is the identification of topics, issues, similarities, and differences that are revealed through the participants' narratives and interpreted by the researcher; this process enables the researcher to begin to understand the world from each participant's perspective (Sutton & Austion, 2015:4-5). In this study, the researcher started coding and labelling information in categories and sub-categories.

2.3.3.3 Inducing themes

According to Sutton and Austin (2015:5-9), theming refers to the drawing together of codes from one or more transcript to present the findings in a coherent and meaningful way. Terre Blanche, et al. (2006) claim it is a systematic way of organising meaningful parts of the data in broader themes relating it to the research question. The researcher searched for the themes from the codes and organised them logically and meaningfully, and in a way that made sense. The coding, categorising and development of themes lead to a logically organised set of data. Eventually, five different themes, 12 categories and 27 sub-categories were developed, as summarised in Table 3.2.

2.3.3.4 Elaboration

At this stage, the researcher reviewed and refined the information under each theme, category and sub-category in order to present the findings in the final report as described by Terre Blanch, et al. (2006) and Javad and Zarea (2016:38).

2.3.3.5 Interpretation and checking

The most important part of data analysis is remaining true to the participants. It is their voices that the researcher must interpret and report (Sutton & Austin, 2015:2;

Brinkmann & Kvale, 2015:150; Liamputtong, 2013:71). The researcher took on a neutral role and remained impartial to avoid bias during the analysis of data to produce valid findings as described by Du Plooy-Cilliers et al. (2014:187). The researcher interpreted the findings and determined searches for corresponding concepts in literature that either confirmed or contradicted the researcher's interpretations. The process is known as literature control (Javad & Zerea, 2016:38; Polit & Beck, 2012:567).

2.3.4 Trustworthiness of the study

'Trustworthiness' is the term used by qualitative researchers to defend the quality and outcomes of their research. It can be seen as the equivalent to validity and reliability in quantitative research. Qualitative findings are regarded as trustworthy if it accurately represents the experiences of the participants (Polit & Beck, 2012:584; Babbie 2013:25). Lincoln and Guba (1985:290) and Roller and Lavrakas (2015:21-23) suggest four constructs to reflect the trustworthiness of a qualitative study, namely credibility, transferability, dependability, confirmability and authenticity. These concepts are described along with the measures to establish it, as applied in this study.

2.3.4.1 Credibility

Credibility implies the truth of the research findings and interpretations; it is the completeness and accuracy of the data from the perspective of the participants. It refers to complete confidence in the truth of the findings, and evaluating the likelihood that the qualitative study will provide information that is useful for the purpose for which the study is intended (Roller & Lavrakas, 2015:21-22). For Lincoln and Guba (1985:316), credibility is the extent to which the findings of a qualitative research study are internally valid; that is, an accurate reflection of what the participants shared with the researcher.

The credibility component focuses on the data collection stage of a qualitative study, addressing whether there is complete and accurate data about the constructs the researcher explored in the study. It is made up of two elements, namely scope and data gathering (Roller & Lavrakas, 2015:22).

The *scope* of a qualitative study entails how well a study represents the population and phenomenon it is investigating (Roller & Lavrakas, 2015:29-30). The scope of this study was sound as the sample of participants met the inclusion criteria and they were able to describe their life experiences in an authentic way. Pre-testing of the interview schedule was done with two participants meeting the inclusion criteria, but they were not included in the main study. The purpose was to ensure that the interview schedule was appropriate to elicit the required information to meet the objectives of the research.

In this study, the researcher applied sound interviewing techniques and communication skills to ensure that participants portrayed their life experiences of being teenagers with multiparous pregnancies. This ensured that they remained focussed and shared meaningful information in line with the purpose of the study (Greeff, 2011:343-345).

Data gathering reflects how well the data that are gathered actually represent what the researcher claims the study has measured (Roller & Lavrakas, 2015:29-30). This was ensured by in-depth individual interviews with sound communication and member checking.

Credibility is ensured through member checking. The researcher determined the accuracy of the qualitative findings by taking specific descriptions or themes back to participants and determining whether these participants felt it was a true reflection of what they said. This procedure was done by conducting follow-up interviews with participants in the study and providing an opportunity for them to comment on the interpretations of the data (Creswell, 2014:251; Liamputtong, 2013:32-33; Polit & Beck, 2012:591).

2.3.4.2 Dependability

Dependability is the degree to which an independent ‘auditor’ can look at the qualitative research process and determine its ‘acceptability’. The audit trail ensures that the study could be repeated in a similar context with similar participants and yield similar findings (Sutton & Austin, 2015:5; Roller & Lavrakas, 2015).

In this study, the researcher enhanced dependability by providing a rich or thick description of the research methodology and processes. The researcher also checked and re-checked the interview schedule and transcriptions of the interviews, and finally compared the raw data with the interpretations of the findings (Rapport, Hogden, Faris, Bierbawm, Clay-Williams, Long, et al. 2018:44).

2.3.4.3 Confirmability

Confirmability refers to utilising an independent person to examine the evidence in the data that purportedly supports the researcher's findings, interpretations, and recommendations. A qualitative study provides information that is useful for the purposes for which it is intended (Liamputtong, 2013:27).

Creswell (2015:252) explains that an independent investigation should review many aspects of the project, such as the accuracy of transcriptions, the relationship between the researcher's questions and the data, and the level of data analysis from the raw data through the interpretation of data. The researcher used two strategies to confirm the findings of this study, namely peer review and reflexivity.

Peer reviewing, according to Lincoln and Guba (1985:315), is a way of keeping the researcher honest and reducing the researcher's bias. The peer review of this study included that the translation of the transcripts was verified for correctness (refer to Section 2.3.3). An independent nurse educator at a higher education institution with experience in qualitative research verified the interpretations of the data against the themes, categories and sub-categories. The researcher and supervisor considered the suggestions made by the independent verifier and made changes to improve the trustworthiness of the interpretations that served as a basis for the discussion and recommendations of the study.

According to Lincoln (2011 as cited in Liamputtong, 2013:29-30), reflexivity is the process of reflecting critically on the self as researcher; the 'human as instrument'. As researchers themselves are an integral part of their studies, it is impossible for them to be objectively distant from their research. Reflexivity acknowledges that researchers play a key role in how their data are shaped and analysed. They have their own

position and personal perspectives, and will inevitably bring these into the research process. The resulting discourse between the perspective and experience of the researcher make research more meaningful. The experiences, beliefs, and personal history of researchers that might influence their research must be acknowledged. Following is the researcher's personal reflection on conducting the interviews during this study:

The researcher realised that there is more to understand about the phenomenon of multiparous pregnancies among teenagers than is known from seeing them as cases in her capacity as a social worker. The first important aspect was to enter the interviews without bias. The researcher learned that conducting research interviews are different from therapeutic interviews and interventions as part of her daily duties. This is in terms of the purpose and focus of the research and the importance of research ethics. During the interviews, the researcher had to remind herself that probing for in-depth information should not be more important than the wellbeing of the participants and she should not start trespassing on ground that the participant regards as private. The researcher had to be as respectful to the participant as possible, with the risk of not getting full information to help in meeting the aims of the study.

The researcher was always supportive and remembered that empathy is a rule. However, the researcher had to control her emotional involvement with the participants; in these interviews, the researcher tried not to be too sensitive when hearing their life stories. One of the participants seemed to experience emotional distress and had to be referred to the therapist for therapeutic counselling and follow-up services. This reminded the researcher of the vulnerability of persons during difficult times in life. The researcher learned not to respond with judgement, coldness or lack of interest, while at the same time not overly identifying with the participants.

When reflecting on the 12 interviews, the researcher could see how she gained confidence and managed the last few interviews easier. Conducting this qualitative research was a time of personal and professional growth, which meant a lot to the researcher.

2.3.4.4 Transferability

Transferability refers to the extent to which other researchers or users of the research can determine the applicability of the research design and/or the study findings to other research contexts. Transferability means that the theoretical knowledge obtained from qualitative research can be applied to other similar individuals, groups, or situations (Liamputtong, 2013:26; Sutton & Austin, 2015:5; Rapport, et al. 2018:44). Transferability or applicability asks the question: "to what degree can the study findings be generalised or applied to other individuals or groups, content or setting?"

For transferability, a rich or thick description about the research settings, the participants and the methods and processes of the study is crucial in the presentation of qualitative findings (Sutton & Austin, 2015:5). Although this study is richly described, the researcher believes that due to the specific contextual nature and the socio-culturally specific characteristics of the community, the study does not lend to the transferability of the findings to all multiparous teenage mothers and other communities.

2.3.4.5 Authenticity

The final measure to ensure the trustworthiness of the study was to ensure authenticity. According to Polit and Beck (2012:585), authenticity refers to the extent to which the researcher demonstrates the range of realities that convey the viewpoints of participants in an accurate and adequate manner. The researcher enriched the authenticity of this research by including participants' direct quotes in the analysis and findings of the research report.

2.3.5 Ethical considerations

Polit and Beck (2012:727) define 'ethics' as a system of values that is concerned with the degree to which the total research process adheres to professional, legal and social obligations to the study participants and the research process. The principles considered in this study are discussed in this section.

2.3.5.1 Voluntary participation

Individuals' right to participate or to withdraw from a study is completely voluntary and it is unethical to coerce someone into participating in a study. This means that potential participants who were approached for this study were free to decline participation without providing a reason, and they were also free to withdraw from the study even after they indicated that they were willing to participate (Mathipa & Gumbo, 2015:92). In this study, the participants – as minors – and their parents or legal guardians received complete, written information to enable them to make such a decision. The researcher allowed parents/guardians and their minor daughters time to discuss and reach a decision. Voluntary participation was again explained to each participant prior to the start of the interview.

2.3.5.2 Informed consent

Informed consent has been defined as the provision of information to participants about the purpose of the research, the procedures, the potential risks, and benefits. Information about the study allows them to make an informed decision whether or not to be involved in the study (Mathipa & Gumbo, 2015:92). Liamputtong (2013:39) states that if the potential participants understand the information, they will be able to make a voluntary decision whether to enrol and continue to participate. Informed consent is also grounded in the ethical principles of respect for the dignity and worth of every human being and their right to self-determination (Liamputtong, 2013:39).

In this study, the right to self-determination of potential participants and their parents/guardians were respected. The verbal explanation of the study was followed up with a written explanation, which formed part of the consent and assent form (refer to Annexures E and F).

2.3.5.3 Beneficence

Beneficence means that human participants may not be harmed and research should maximise possible benefits and minimise the possible risk of causing harm (Moule & Goodman, 2014:57). This study did not pose any physical harm to participants.

However, since this study involved sensitive issues, the emotional and social wellbeing of the participants had to be protected. As a professional social worker, the researcher deals with sensitive issues on a daily basis and is experienced in this matter. To this effect, the researcher planned the interview schedule and conducted the interviews with great caution. The researcher was aware that the interview might revisit painful memories of participants' life events. Prior arrangements were thus made with the hospital counsellor and psychologist to counsel and support those participants who may need it (Punch, 2014:49).

Beneficence is also related to anonymity and the use of pseudonyms, such as A, B, C etc, to protect participants from the harm of being identified. The person who proofread the transcripts in English and the independent coder both signed a confidentiality agreement (refer to Annexure G).

2.3.5.4 Justice

The benefits and risks of research must be distributed fairly, and the population should be granted equal opportunity to participate in the study (Polit & Beck, 2012:152-153). In this study, the specific inclusion criteria and the use of gatekeepers to identify participants contributed to justice.

2.3.5.5 Confidentiality

Confidentiality refers to how participants' private information will be handled, managed and disseminated. Confidentiality is further concerned with who has the right of access to the data provided by the participants. Confidentiality entails that data that include identifiable information about the participants cannot be disclosed to others without the explicit signed consent of the participants (Mathipa & Gumbo, 2015:94-95).

In this study, confidentiality was maintained. Data were kept in a locked cabinet in the researcher's office and digital data were stored in the researcher's personal computer, which is password-protected. The room where the interviews were conducted enabled the researcher to maintained confidentiality and privacy for the participant (Davies & Hughes, 2014:182).

2.3.5.6 Anonymity

Punch (2014:47) and Mathipa and Gumbo (2015:95) state that the principle of anonymity means that individual participants cannot be identified in research documentation. Their right to remain anonymous should be respected. In this study, the researcher used alphabet pseudonyms to protect the identities of participants. Participants were assured that the research dissertation and possible journal articles or presentations would describe the collective findings, and individuals' identities will always be protected.

2.3.5.7 Privacy

Privacy refers to an individual's right to control the disclosure of what they deem personal or non-public information about themselves. The right to privacy means to be free from any research intervention that they may construe as unwelcome and intrusive, and to withhold any information that they deem personal or sensitive (Punch, 2014:47). In this study, the participants were interviewed in a private room and they were advised that they may refuse to answer questions that they feel uncomfortable to answer. The researcher honoured this understanding.

2.3.5.8 Scientific integrity

It is expected that a researcher adheres to standards of intellectual honesty in the formulation, conduct and reporting of scientific research (Strydom, 2015:123-125). The researcher prepared the research proposal that was approved by the Research Ethics Committee: Department of Health Studies at the University of South Africa and obtained permission to conduct the study from the Eastern Cape Provincial Department of Health and the specific hospital. Moreover, the researcher avoided scientific and ethical misconduct, falsification of information and plagiarism.

Primary data will be preserved and stored securely for five years. The participants were informed that a copy of the findings would be handed to the following individuals and institutions: to the research supervisor from the university and examiners appointed by UNISA; the Department of Health Eastern Cape at a provincial level, and

the HWSETA where the researcher was awarded a bursary through its postgraduate programme. Participants were given the opportunity to enquire about the study. To this effect, the contact information of the researcher and the supervisor was made available to participants and their parents/guardians.

2.4 SUMMARY

This chapter discussed and described the research methodology that was followed in conducting the study. Attention was focussed on data collection and analysis, the measures to ensure the trustworthiness of the study and ethical considerations. Chapter 3 deals with the data analysis, interpretation and literature control.

CHAPTER 3
DATA ANALYSIS AND LITERATURE CONTROL

3.1 INTRODUCTION

This chapter presents the data analysis of the individual semi-structured face-to-face interviews pertaining to the experiences of mothers who had multiparous teenage pregnancies. A literature control is integrated into the interpretation of the findings. The description of the findings was structured according to the themes, categories and sub-categories that were identified during the data analysis.

The findings on repeated pregnancies among teenagers in the Eastern Cape is of concern, and the future and wellbeing of young mothers are compromised by this phenomenon.

3.2 DEMOGRAPHIC PROFILE

The demographic data of the participants in this study described the number of participants, alias or pseudonyms that were used to protect their identities, their ages, grade or school dropout, number of children, marital status, children born from the same father or different fathers, relationship with their current partner, and any financial assistance for them and their children.

The participants' home language was Xhosa, and each individual interview was conducted in Xhosa, and the audio version was transcribed and then translated into English. At the outset of the study, the researcher intended to interview 15 participants aged from 12 to 18 years from the selected communities in the Eastern Cape. However, the final number of participants who took part in the study was 12, with ages ranging between 13 years to 18 years.

One of the participants stated that she got pregnant for the first time at the age of 12 years, but the child was deceased. According to Sámano, Martínez-Rojano, Robicaux, Robichaux, Rodríguez-Ventura, Sánchez-Jiménez, et al. (2017:2) adolescents

younger than 19 years of age have a 50% higher risk of stillbirths and neonatal deaths. During the time of this study, the participant was 13 years old and pregnant for the second time.

Table 3.1 shows that six of the multiparous teenage mothers dropped out of school, of which four dropped out in primary school level. Six participants were still in school during the time of the interviews; two were still in primary school. The number of children for each mother ranged between two and four. Eight participants were single mothers, 11 multiparous teenage mothers had children from different fathers, and one had children from one father. This information is in line with the literature. A report by Nini (2017:1) reveals a large number of teenagers in Eastern Cape schools are falling pregnant, some of them as young as 12 and 13 years. Moreover, across the Eastern Cape Province, 254 teenagers fell pregnant during the academic year of 2016, with eight of those minors still in primary school.

The majority of these multiparous teenage mothers were not in good relationships with their partners, and they had numerous partners which led to further unplanned pregnancies. Only three multiparous teenage mothers in this study were married. The multiparous teenage mothers who were not attending school were also unemployed. They were therefore financially dependent on social grants, and some got support from guardians. One of the participants found it extremely difficult as she had no source of income.

The demographic information also illustrates the background and unfavourable socio-economic context in which the research was conducted.

Table 3.1: Demographic profile of the participants

Participant	Pseudonym or alias	Age	Grade or not schooling	Number of children	Marital status	Different fathers	Relationship with the current father	Financial assistance for living
1	A	18	Grade 7 School dropout	4	Single	4 Different fathers	Not sure whether they are in love	Child support grant and small salary of Grandmother
2	B	16	Grade 8 School dropout	2	Married	2 Different fathers	In love with the current partner	None
3	C	16	Grade 10 schooling	2	Single	2 Different fathers	In love with both of them	Child support grant and father of the child is working
4	D	16	Grade 9 schooling	2	Single	2 Different fathers	In love with the current partner	Foster care grant and old age pension for grandmother
5	E	18	Grade 10 schooling	2	Single	Same Father	In love with the current partner	Child support grant
6	F	17	Grade 7 School dropout	3	single	3 Different fathers	In love with the current partner	Child support grant and grandmothers old age pension
7	G	18	Grade 6 School dropout	3	Married	3 different fathers	In love with the current partner	Child support grant and grandmother old age pension
8	H	15	Grade 6 School dropout	3	Married	Different father	In love with the current partner	Grandmother old age pension

Participant	Pseudonym or alias	Age	Grade or not schooling	Number of children	Marital status	Different fathers	Relationship with the current father	Financial assistance for living
9	I	17	Grade 10 schooling	2	Single	Different father	In love with the current partner	Grandmother old age pension and child support grant
10	J	18	Grade 9 School dropout	3	Married	Same fathers	Not sure whether they are in love	Participants husband working and child support grant
11	K	14	Grade 7 Schooling	2	Single	Different fathers	In love with current partner	Child support grant, foster care grant, old age pension, Aunt is working
12	L	13	Grade 6 Schooling	2	Single	Different fathers	In conflict with the current partner	Child support grant and grandmother old age pension

3.3 ANALYSIS OF THE DATA TRANSCRIPTS

Coding of the data began after each interview was transcribed and translated (refer to Section 2.3.3). Five themes, 12 categories and 27 sub-categories emerged. These are summarised in Table 3.2, followed by a detailed discussion of each to reveal the life experiences of multiparous teenage mothers in selected communities in the Eastern Cape. Verbatim data are included in the discussion of the sub-categories to support the findings. This is done in *italic* font and with pseudo identification of the participant. Wording in brackets "[ ]" was added by the researcher to clarify where the participant lacked the correct expression of medical terminology.

Table 3.2: Themes, categories and sub-categories

Themes	Categories	Sub-categories
3.4 Theme 1: Everyday life of multiparous teenage mothers	3.4.1 Physical wellbeing	3.4.1.1 Health risks for the mother 3.4.1.2 Health risks for the child 3.4.1.3 Unsafe termination of pregnancy 3.4.1.4 Risks of unprotected sex
	3.4.2 Psychological wellbeing	3.4.2.1 Lack of emotional maturity 3.4.2.2 Suicidal thoughts and attempts
	3.4.3 Social wellbeing	3.4.3.1 Family response and support 3.4.3.2 School interruption and dropout
	3.4.4 Financial problems	3.4.4.1 Unemployment 3.4.4.2 Social grant
3.5 Theme 2: Cultural practices leading to multiparous teenage pregnancy	3.5.1 African marriage practices	3.5.1.1 Male dominance 3.5.1.2 Forced marriage 3.5.1.3 Sexual abuse by relatives
	3.6.1 Lack of knowledge on	3.6.1.1 Sex education

Themes	Categories	Sub-categories
3.6 Theme 3: Factors contributing to teenage pregnancy	sexuality and pregnancy	3.6.1.2 Early sexuality and experimentation
	3.6.2 Peer pressure	3.6.2.1 Drugs and alcohol 3.6.2.2 Cell phone sexting
	3.6.3 Unsatisfactory health clinic services	3.6.3.1 Inaccessible clinics 3.6.3.2 Negative attitude of nurses
3.7 Theme 4: Challenges experienced by multiparous teenage mothers	3.7.1 Diminished motivation	3.7.1.1 Sense of hopelessness 3.7.1.2 Stigmatisation
	3.7.2 Relation with partners	3.7.2.1 Conflict 3.7.2.2 Cheating 3.7.2.3 Break-up
3.8 Theme 5: Message from multiparous teenage mothers	3.8.1 Empowerment of teenage mothers	3.8.1.1 Knowledge of normal anatomy and physiology 3.8.1.2 Information on family planning and contraceptives
	3.8.2 Cycle of deprivation	3.8.2.1 Teenagers from adolescent mothers becomes adolescent mothers

3.4 THEME 1: EVERYDAY LIFE OF MULTIPAROUS TEENAGE MOTHERS

In this study, the data revealed that multiparous teenage mothers experienced certain health issues, affecting their own health and the health of their children. Health has been defined by the World Health Organization (WHO) as a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity (WHO 2019(a)). Fallon and Karlawish (2019:3) and Capio, Sit and Abernethy (2014:4805) define ‘quality of life’ as a multifaceted concept and health is one of the contributory factors. Wellness is defined as a way of life and living in which one is always exploring, searching, finding new questions and discovering new answers, along the three primary dimensions of living: the physical, the mental, and the social. It is a way of life designed to enable each of us to achieve, in each of these dimensions, the maximum

potential that is realistically and rationally feasible for us at any given time in our lives (Foster & Keller, 2007:11).

The determinants of wellness include emotional, environmental, intellectual, physical, occupational, spiritual, social, and financial dimensions, some of which are modifiable or non-modifiable (Swarbrick & Yudof, 2015:23). The categories relating to the everyday life experiences of the participant are described in relation to physical, psychological and social wellbeing and financial problems. Each of these categories and the 10 sub-categories follow.

3.4.1 Category: Physical wellbeing

According to Kettunen (2015:11), physical wellbeing is defined as a state where a person maintains the optimum level of physical activity, nutrition, as well as self-care through healthy lifestyle choices. In the context of this study, life choices include the use of preventative health measures and safe sex practices (refer to Section 3.4.1.4 and 3.6.1), utilising available health services (refer to Section 3.6.3), and abstaining from drugs and excessive alcohol use (refer to Section 3.6.2.1).

3.4.1.1 Sub-Category: Health risks for the mother

According to the WHO (2007a:1), adolescent mothers face considerable health risks during pregnancy and childbirth. There are various potential health problems as mothers are physically not ready for the changes and processes of pregnancy.

Ngunyulu et al. (2016:344) and Manzi, Ogwang, Akankwatsa, Wokali, Obba, Buma, et al. (2018:4-5) describe birth-related complications which result from the body's immaturity, placing the pregnant adolescents at risks of obstetric complications. These include vaginal tears and obstructed labour because the pelvic bones are not yet large enough to allow for the vaginal delivery of a normal-sized baby. Obstructed labour again increases the incidence of caesarean section.

Vaginal tears can occur during childbirth as the baby's head passes through, especially if the baby descends quickly. The midwife or obstetrician may decide to

make a surgical cut to the perineum with scissors or a scalpel, called an episiotomy (Carroli & Mignini, 2009:12). Episiotomy wounds increase the risk for infection and scar tissue.

Regular health assessment during pregnancy is important to ensure that the health risks to the mother are identified and plan to prevent complications (Otaiby, Jradi & Bawazir, 2013:2-5). Pregnant teenage mothers who visit the clinic regularly will be informed of the importance of reporting to the hospital at the onset of labour to prevent complications (refer to Section 3.6.3).

The participants reported prolonged and obstructed labour that led to caesarean sections as opposed to normal vaginal births. Excessive bleeding was also reported.

> ***Participant D****: in this pregnancy I was bleeding then the doctor confirmed that: I would give birth in a [caesarean] operation, not like an ordinary woman, my labour pains took too long without baby coming out.*
>
> ***Participant J:*** *to all my children I experienced [prolong] labour pain leading to caesarean operations.*

3.4.1.2 Sub-Category: Health risks for the child

The Schuyler Centre for Analysis and Advocacy (SCAA) (2008:13) state that children with low birth weight are at increased risk for a variety of physical, developmental and cognitive disabilities, some of which will require extensive hospitalisations, lifelong disability and poor developmental outcomes. Research findings by Manzi, et al. (2018:5-6) show that children born to teenagers are more likely to be underweight, as compared to those born to older mothers. The majority of multiparous teenage mothers in this study gave birth to premature babies with low birth weight and another incidence of illness that resulted in difficulties in the upbringing of their children.

> ***Participant A:*** *…, M-hm. M-hm. I have experienced a lot, my first two children were born at seven months with a low birth weight, and the third child had a [developmental milestone delay] getting in and out in the hospital.*

Participant F: *My second born is disable [with paraplegia] due to the unknown course.*

Participant G: *My first born is 5 years with disabilities he is a small child with speech problem and hearing difficulties.*

3.4.1.3 Sub-Category: Unsafe termination of pregnancy

According to the WHO (2019a:2), termination of a pregnancy is unsafe when performed by either a person without necessary skills or as a procedure undertaken in an environment that does not satisfy the minimum medical standard, or both (Boah, Bordotsiah & Kuurdong, 2019:1). Manzi, et al. (2018:5) and Thobejane (2015:274-275) state that some teenagers may resort to abortion after finding out that they are pregnant and, in many cases, teenagers may undergo illegal abortions. They propose abortion should be available on request to all pregnant teenagers aged 18 and younger because they are not mature enough to handle the responsibilities related to giving birth.

Some participants in this study mentioned that they attempted to terminate their pregnancy because of the hardship and difficulties they experienced in handling the situation. This study also found that rapid repeat pregnancies contribute to extremely stressful situations that cause teenagers to attempt the illegal and unsafe termination of their pregnancy.

Participant E *I did not know what to do as a result I decided to attempt [termination of pregnancy] since, it was not the first time falling pregnant: however, it was unsuccessful*.

Participant G *I had sex with my father frequently and I got pregnant, I never realised that I am pregnant until seven months, after I realised I told him, He gave me Jik and other African Muthi to attempt [termination of pregnancy] but the child never came out.*

3.4.1.4 Sub-Category: Risks of unprotected sex

Wynn, Foster and Trussell (2010:20) refer to 'unprotected sex' as sex without a condom or the use of hormonal contraceptives. While HIV is one of the unintended consequences of unprotected sexual intercourse, pregnancy is another indicator that young people are having unprotected sex.

Studies by Mushwana, et al. (2015:15,) Mchunu, Peltzer, Tutshana and Seutlwadi (2012:2) and Nkani and Bhana (2016:2) revealed that the sexual health and wellbeing of young women is compromised by enduring gender inequalities within relationship dynamics. Teenage women are often unable to negotiate condom use because they are younger than their intimate partners; this makes them vulnerable to sexually transmitted infections and pregnancy.

Similar information was found in this study; participants continuously had sex with their partners without using a condom. Some of the multiparous teenage mothers were diagnosed as being HIV positive as well as having other sexually transmitted infections. These are all indications of unprotected sex.

> ***Participant A:*** *I was indulged in unprotected sex, I am infected with HIV and I am now on ARV treatment.*

> ***Participant H:*** *I became sexually active at the age of 12 years and get pregnant at the age of 13 years, I never used condom my current partner is 26 years.*

This participant continued by saying that:

> *I am also infected with HIV the nurses also said I have [genital warts] to be treated, this makes discomfort and itching.*

3.4.2 Category: Psychological wellbeing

The psychological wellbeing of adolescents means: being contented with life; having positive emotions, and when joined with the absence of psychopathology, it is linked

to optimum academic functioning and social skills. It is a stage that lays a strong foundation for future personality, at a critical period during human development in which life goals, values, direction and purpose in life are created (Khan, Taghdisi & Nourijelyani, 2015:2). Such wellbeing is characterised by six dimensions, namely self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989:1070).

According to Govender, Naidoo and Taylor (2018:3), the experience of stress and anxiety, and a history of depression have been linked to adolescents with repeated pregnancies. Sabina, Van Dyk, and Ashipala (2017:44) found the same in their research. Some adolescent mothers experience loneliness, and it leads to feelings of isolation and unhappiness, which affect their daily life and cause a disturbance in the adolescents' relationships with friends and loved ones.

From the data, the researcher could identify that participants were emotionally unable to deal with everyday living and they also expressed attempts of suicide.

3.4.2.1 Sub-Category: Lack of emotional maturity

According to Erikson's theory of psychological development (as cited in Cherry, 2019:1), adolescents from 12 onwards may face a psychosocial crisis known as identity versus role confusion; they feel confused or insecure. Branje and Koper (2019:1) and Mushwana, et al. (2015:1) similarly relate this type of crisis to adolescent pregnancy, and Mangeli, Rayyanni, Mohammed, Cheraghi and Tirgari (2017:2) claim that adolescent mothers experience role conflict and identity confusion.

Emotional maturity is not an inborn character (Deepika & Lata, 2017:189). It is developed and shaped by our day to day experiences with people and our environment. Emotional maturity can be understood in terms of the ability to exercise self-control, such as taking responsibility for one's own feelings and dealing with all life's ups and downs. It was determined in this study that multiparous teenage mothers do not have the emotional maturity to understand the future effects of repeated pregnancies. This may be due to the lack of family support they experience (refer to Section 3.4.3.1).

Participant D: *I do not understand most of the things I involved in sexual activities hoping that I will not get pregnant.*

Participants H: *I am feeling shame, embarrassed and stressed.*

Participant B: *Ash…, I am confused I do not see any future, things look too badly, I have not lived to the best of my interest.*

Participant A: *I have now to look after my children, and I find this difficult as I still need care from my mother for myself.*

3.4.2.2 Sub-Category: Suicidal thoughts and attempts

Para-suicide is described as an attempt to commit suicide without the aim of death. Shiel (2018:1) state that para-suicide increases the risk of subsequent suicide. Literature shows that teenagers often plan suicide, while a minority of adolescents attempt suicide in the absence of a plan. The highest number of suicide death occurs between early adolescence and young adulthood (Cha, Franz, Guzman, Glenn, Kleiman & Nock, 2018:461). Moreover, Govender, et al. (2018:1) state that mothers who have repeated pregnancies often experience suicidal thoughts.

There are different means to commit suicide and one recent method is called a ‘tank pill’. Aluminium phosphate is a pesticide in tablet form, used as a fumigant to preserve maize stored in tanks. It is a deadly hazardous substance and if ingested, it causes death within 30 minutes. This is known as a ‘tank pill’ and it is illegally available on the streets (Meel, 2011:116-118; Zuzile & Ntshobane, 2014).

In this study, some participants experienced a fear of the response from their families. They did not know how their family would react, especially after hearing that their daughter is pregnant again. Those uncertainties, along with the burden of many children, resulted in suicidal thoughts and attempts.

Participant C: *I was thinking of committing suicide since it was not the first time falling pregnant.*

Participant D: *At times I have thoughts of taking a pill tank to kill myself but I love* my kids.

Participant A: *Things are badly at home my mother asked how many times you fall in this trap. Due to frustration I decided to attempt [para-suicide], I did not succeed.*

3.4.3 Category: Social wellbeing

Social wellbeing is identified by the WHO (2014) as a central component of an individual's overall health, along with physical and mental aspects (Michalose, 2014:6193). It is also defined as individuals seeking positive, meaningful interaction with family, their community, and wider society. Social wellbeing is expressed by our lifestyle and the possibility to follow traditions and beliefs in society, securing interaction with others (Dunaeva, 2018:568).

Cole (2009:10-162) claims social wellbeing is an end-state in which basic human needs are met, and people are able to coexist peacefully in community with opportunities for advancement. This end-state is characterised by equal access to and the delivery of basic needs and services, such as water, food, shelter, love and health, to ensure survival and a life with dignity.

3.4.3.1 Sub-Category: Family response and support

According to Sámano, et al. (2017:22), the role of parents in a family is very important. How they communicate with the teenage mothers and the parenting style they display will be of great importance in the development of social wellbeing, for both adolescents and the parents themselves. Parents also play a critical role in discussing sexuality with their children, as this shows responsibility and love (Thobejane, 2015:77). If parents do not fulfil this role, adolescents will find options for themselves, such as receiving advice from their peers (refer to Section 3.6.1).

Willan (2013:5) found that family support has beneficial effects on the wellbeing of adolescents who are pregnant and who have to care for children. If family members offer basic support, it contributes to a decrease in repeated pregnancies. This, in turn, seems to be a critical factor that enables teenagers to return to school.

In contrast with Willian's findings, this study found that many multiparous teenage mothers experienced rejection from their families after they became pregnant. Family members were not sympathetic as they felt shocked and disappointed. The participants were blamed and family members did not offer support during the pregnancies. It seemed as if participants who lost the love of their families resorted to continuing sexual relationships, resulting in repeat pregnancies.

> ***Participant H:*** *my grandmother was very upset when she heard that I am pregnant.*
>
> ***Participant A…*** *and things are badly at Home my Mother asked me how many times you fall in this trap?*
>
> ***Participant C:*** *Oh yes…, my father always says it was your choice.*
>
> ***Participant F:*** *when I got my second child, I was chased out from home and becoming homeless, I had to stay with neighbours and I was roaming around…*

3.4.3.2 Sub-Category: School interruption and dropout

According to Glynn, Sunny, Destavola, Dube, Chihana, Price and Crampin (2018:2), school dropout among teenagers means they leave school before completing primary school or secondary school, resulting in lost opportunities for secondary school and tertiary level education. Devito (2010:27) also revealed that adolescent mothers had no definite course of action to complete or continue their education.

The relationship between sexual behaviour, pregnancies, and school dropout is complex. Mushwana, et al. (2015:2), Nkani and Bhana (2016:2) and Maemeko, Nkengbeza and Chokomosi (2018:9) revealed that adolescent pregnancy leads to

many changes in the lives of young mothers; in most instances, these are negative social consequences, such as dropping out of school and interrupted education. There is also high absenteeism from school in the case of pregnant teenagers due to their pregnancy. Teenage mothers who returned to school have duties as mothers, to care and support their children, for example, to collect child support grants. The situation becomes more challenging with repeated pregnancies.

In South Africa, the South African School Act (Act no 84 of 1996) (Republic of South Africa, 1996) permits pregnant teenagers to remain in school and teenage mothers to return to school after childbirth (Panday, et al. 2009:12; Willan, 2013:6). However, the experiences of the participants in this study showed that the reality is not so easy. The data reflect that six of the participants dropped out of school, and others said that they did not perform well due to their responsibilities as mothers.

> ***Participant A:*** *Yes… He impregnated me with my fourth child, falling pregnant interrupted my education.*
>
> ***Participant F****: since my child is having disability, I had to take him for appointment to the specialist at the hospital and spent days in the hospital, I had to missed days absent from school, after an absent returning to school my class teacher through remarks to me. She scolded me in front of the class, I was depressed and reluctant to go to school, I couldn't make it, and I had to drop out of school though.*
>
> ***Participant: C****: performance at school is very poor, because attendance is also poor, and I have to look after my children.*

3.4.4 Category: Financial problems

Financial problems could be discussed as a factor under social wellbeing (refer to Section 3.4.3) but the researcher decided to depict it as a category on its own since finances impact on every aspect of daily living. A lack of money has a negative impact on everyday life and on every member of a household.

This is confirmed in studies done in South Africa where it was found that socio-economic factors such as poverty, unemployment and poor literacy are interrelated with adolescent pregnancies (Nyungulu, Malaudzi, Peu, Khumisi & Sethole, 2016:351; Mushwana, et al. 2015:10).

3.4.4.1 Sub-Category: Unemployment

Unemployed is defined as not having a job that provides money (Collins English Dictionary-Complete and Unbridged, 2012). The unemployment rate in South Africa is very high; Smit (2019:2-5) reports that the June 2019 statistics by Statistics South Africa revealed 57% of unemployed South Africans had an education level below matric, followed by those with matric. Teenagers dropping out of school before completing matric are unable to proceed to tertiary level education, and they cannot find employment. The high rate of unemployment in South Africa increases competition for employment, which makes it even more difficult for those who have not completed school to get a job. For young mothers without descent employment, it is difficult to support their children (Nkani & Bhana, 2016:4; Manzi, et al. 2018:5).

All the multiparous teenage mothers who were not attending school in this study were also unemployed. Even those who were attending school were not sure about their future plans and that of their children (refer to Section 3.7.1.1).

> ***Participant G:*** *I am unemployed it is very difficult to get job because, I have only grade six and my current partner not completed matric…*
>
> ***Participant F:*** *we are depending on social grant, I am not working.*
>
> ***Participant B:*** *I had to collect fire wood in the forest and sold it for living.*

3.4.4.2 Sub-Category: Social grant

The social grant or social security in South Africa is described by Gabrielle (2017) as a system of payments made by the government to people who need financial support

such as those who have no job, are old or orphaned, and children who are under-aged who need support for living.

The South African Social Security Agency (SASSA) is mandated by the South African Social Security Agency Act of 2004 (Republic of South Africa, 2004) to provide social grants to vulnerable groups to alleviate poverty. The Act describes specific requirements and terms for each type of grant, which will not be addressed in detail here. Applicants for social grants must be South African citizens, permanent residents or refugees, and currently living in South Africa (Gabrielle, 2017; Kwach, 2019:1-4).

Child Support Grant

To receive the child support grant, the person who applies must be the primary caregiver of a child and must meet the requirements of the means test; meaning, a single person may not earn more than R4000,00 per month. As from 1 October 2019, the value of the child support grant was R420 per month (Kwach, 2019:1-4; Alberton, 2019:1-3).

Foster Care Child Grant

Some of the requirements for this grant is that both the foster parent and the child must live in South Africa and the child must remain in the care of the foster parent. There is no means test for foster parents (Kwach, 2019:1-4). The value of the Foster Care Child Grant is R1,000 per month, as from April 2019 (Alberton, 2019:1-3).

Older Person's Grant (Old Age Pension)

Persons can apply for this grant if they are 60 years or older, if they do not receive other grants, and if they meet the means test (Kwach, 2019:1-4). The maximum value of the Older Person's Grant is R1,780 per month from April 2019 and for those over the age of 75, R1,790 per month (Alberton, 2019:1-3). It is often found that older persons must use their grant money to help raise their grandchildren or support children who are unemployed (Baloyi, 2015:7).

In general, the financial help from government is not enough to support qualifying citizens to provide for their own needs as well as those of their children. Adolescent mothers with two or more children within a period of a few years are more likely to

depend on social grants (Govender, et al. 2018:1). From this study, it was evident that most multiparous teenage mothers depended on child support grants, foster care grants and/or old age pension fund payments from their grandmothers. Two participants receive some support from the father of their child, and one participant had no means of income at all.

> ***Participant: A*** *my children are in receipt of child support grant and my first born is schooling using her grant.*
>
> ***Participant D:*** *Both parents were deceased, I am under the custody of my Grandmother who is in receipt of old age pension and receiving our foster care grant, there is no other source of income at home, yet there is no support from fathers of my children because they are schooling.*
>
> ***Participant J:*** *I am in receipt of child support grant and my husband is working.*
>
> ***Participant B:*** *yes I have never enjoy anything, living conditions are very poor, I had to collect firewood in the forest and sold it to the neighbours for living and to buy school uniform there is no visible means of support, I am eligible for child support grant but there is no way to apply because I do not have birth certificate, I am also a minor my child also does not have birth certificate.*
>
> ***Participant H:*** *we were not in a good term with my previous partner because, He was unable to support me financial.*
>
> ***Participant I:*** *I just move to paternal granny for living, and to have peace of mind, I am in receipt of child support grant and I am using this grant for my own needs, because I never planned to have children.*

3.5 THEME 2: CULTURAL PRACTICES LEADING TO MULTIPAROUS TEENAGE PREGNANCY

In this study, four of the participants were married, the remaining were single, and most of the participants said they were in love with their current partner.

Literature shows different beliefs, customs and traditions around marriage, pregnancies and having children, based on the culture of the group under study (Madlala, 2016; Withers, Kharazmi & Lim, 2018; Sahin & Sahin, 2018). These studies were done in South Africa, Asia and Turkey, respectively. Due to the contextual nature of this study, this theme is discussed within the practices found in the Eastern Cape community where the participants reside.

3.5.1 Category: African marriage practices

In South Africa, the custom of *ukuthwala* or forced marriage originated from the Xhosa-speaking tribe. It is a culturally legitimated abduction of a woman whereby prior to a customary marriage, a man will forcibly take a girl to his home. Some authors describe *ukuthwala* as the act of stealing the bride. It is also described as mock abduction or irregular proposal, aimed at achieving a customary marriage. According to three studies done in South Africa and Africa the main aim is to force the girl's family to enter into negotiations for the conclusion of a customary marriage (Bennett, 2004:212; Bekker, 1989:89; Mwambene & Sloth-Nielsen, 2011:3).

In the African context, it is also known that pregnant school dropouts are usually forced into early marriage (Patel, 2011 as cited in Mushwana, et al*.* 2015:2). Adolescent pregnancy is culturally and religiously accepted in different parts of the world, despite being labelled a public health problem. It is also said that early sex, pregnancy and forced marriage are influenced by the same underlying factors, including poverty, religious and cultural beliefs (Govender, et al*.* 2018:2; Glynn, et al*.* 2018:2).

According to Kwatsha (2015:14), women under the influence of feminism no longer see motherhood, heterosexuality and marriage as the only possible lifestyle. They have greater choice as to whether or not to have children, marry or opt-out of heterosexual relationships altogether. This was not found in the study with the multiparous mothers. In fact, they all lived under the burden of cultural tradition and practises.

3.5.1.1 Sub-Category: Male dominance

Traditional marriage leads to teenage pregnancies and multiparous teenage mothers. A study conducted by Ramnath (2015:36) highlighted that the African girl is born into a culture of male supremacy and traditional marriage at a young age. This is a feature of the African traditional society that is patriarchal in structure. This structure enables the male to dominate the female and have control over female sexuality. The male in the traditional African culture 'lord' his words (meaning to put his words as final) over the family, and his word is law. Adolescent mothers, in particular, dare not disobey their husband's wishes or law. According to a study done in Kwa Zulu Nata, South Africa, females are subjected to the male's will and even forced to submit to the man's will at their own expense and revulsion, (Matshidze, Kugara & Mdhluli, 2017:2).

A report by Presler-Marshal and Jones (2012:6) shows that women's education is shaped by the same cultural practices and traditions that determine their primary role as having children for their husband's family. Their education is not prioritised. They are unlikely to be allowed to stay in school to acquire either the knowledge they need to control their fertility or the skills and economic independence they need to make their voices heard.

In this study, it was noted that the multiparous teenage mothers found it impossible to stand up against male supremacy. They found themselves oppressed and owned by their in-laws and husbands or partners.

> ***Participant J**: I don't know but I wish my children to be educated not to follow my steps, my in-laws and my husband did not allow me to have formal education, I was then be a house wife and spent more time at home with my husband and in-laws and I got pregnant repeatedly.*

> ***Participant G**: I am now married with a thirty-four (34) years husband.*

3.5.1.2 Sub-Category: Forced marriage

The studies in South Africa and Uganda by Thobejane (2015:274) and Manzi, et al. (2018:4) found that religion and cultural rules prevent parents from talking about sex with their children until the child gets married (refer to Section 3.6.1). Further, parents conform to the practise of giving their young daughters away into a forced marriage, and pregnancies are acceptable in these cases and usually occurs intentionally.

As far back as 2012, a study in the Eastern Cape confirmed that the province forced more than 20 school-aged mothers to drop out of school every month to follow the traditional custom of *ukuthwala*. Teenage mothers face social pressure to marry and, once married, to have children (Muloongo & Tsuma, 2012:18). Lately, the WHO (2018:18) has reported that the same practises still lead teenagers to multiparous pregnancies.

The researcher views the practice of *ukuthwala* as contentious. Sections 30 and 31 of the South African Constitution (Republic of South Africa, 1996) describe the right and respect for cultural diversity. One may reason that *ukuthwala* should be respected as a cultural practice. However, the sexual and reproductive rights of children are protected in three other legal documents, namely the Children's Act (no 38 of 2005) (Republic of South Africa, 2005), the Criminal Law (Sexual Offences and Related Matters), amendments of section 1 of Act 32 of 2007 (Republic of South Africa, 2007) and the Recognition of Customary Marriage Act 120 of 1998 (Republic of South Africa, 1998). In view of these documents, *ukuthwala* can be seen as unlawful and violating the rights of mothers and woman.

Participants in this study said they are forced into marriage, and it became clear they were not pleased with the situation.

> ***Participant B****: I was forced into early marriage by my current partner, I was not in love with him, and would not wish to marry him, "but I did" with the hope that: I will move out from suffering.*

Participant J: *our church encourage marriage irrespective of age, sex education and contraceptive are not allowed unless you married, and our parents and the community also have that traditional belief.*

Participant H: *I don't think it was his plan to marry me, He persuade by societal cultural belief since impregnated me.* The participant continues by saying that:

I am young I want to go back to school, I am not happily married, I don't want this marriage any more, how long I will bear it.

3.5.1.3 Sub-Category: Sexual abuse by relatives

The South Africa Sexual Offences amendment of section 15 of Act 32 of 2007 stipulate that minors under 16 years of age have no legal capacity to consent to sex; hence, any sexual act with such minors is categorised as statutory rape, and by this law those above or under 16 years of age who forced or coerced into sexual activities constitute explicit rape (Muloongo & Tsuma, 2012:27). Essabar, Khalqallah and Dkhama (2015:2-5) and Kotze and Brits (2019:5) describe child sexual abuse as the involvement of a child in sexual activity, that he or she does not fully understand and to which they are unable to give informed consent. Child sexual assault by family members or non-family members is a complex life experience that has become the subject of community concern and the focus of many legislative and professional initiatives. This is evidenced by the expanding body of literature on sexual abuse and public declarations by adult women who were misused as children.

Two of the participants in this study said that they became pregnant due to sexual assault by family members; they had been sexually abused by trusted members of their families or neighbours. The information from these participants is cited at length to highlight the complexity of this problem.

Participant G: *I was impregnated by my biological father, I don't know his age. We had sex frequently with my father and I got pregnant, I never realised that I am pregnant until seven months... I reported to my stepmother on what my father did to me and to make her aware that the child is for him, she was*

shocked, however with unsubstantiated response, she asked am I feel happy if my father be arrested?... I also reported to my biological mother she just kept quiet, before I disclosed, my uncle was scolding me asking the father of the child.

Participant I: *"I am stressed" I got the first two children through rape by my uncle and neighbour, after my mother passed away. I didn't disclose to any one my uncle said he will kill me, and the second pregnancy was for my neighbour. The father of the two is unknown to the family it is my own secret that the other one is for my uncle and the second one is for my neighbour.*

3.6 THEME 3: FACTORS CONTRIBUTING TO TEENAGE PREGNANCY

Teenage pregnancy and multiparous teenage pregnancies are driven by many different factors, including a lack of knowledge of sexuality and pregnancy. Peer pressure was also found as a contributing factor for teenage mothers in some of the cases, where participants were pressured by their boyfriends to engage in sexual activities (Willan, 2013:24; Nyungulu, et al. 2016:349; Van Zyl, Van der Merwe & Chigeza, 2015:5).

In communities in the Eastern Cape Province of South Africa, it is a cultural taboo to talk about sexual activities. Parents have the perception that talking about sex gives young teenagers permission to have sex, which has been cited as a reason why elders and other responsible parties avoid such discussions. According to Wood et al. (1997 as cited in Muloongo & Tsuma, 2012:16), this silence from parents results in a lack of knowledge on sexuality and opens the door for peer pressure and teenage pregnancies (Mturi, 2016:10).

The negative attitude of nurses, who victimised teenage mothers whenever they went to health centres seeking contraceptives and other health services, is another contributing factor to teenage pregnancy (Maemeko, et al. 2018:91).

3.6.1 Category: Lack of knowledge on sexuality and pregnancy

Mushwana, et al. (2015:16) and Ngunyulu, et al. (2016:349) found in their studies that teenage mothers engaged in early sexuality activities because they did not receive any guidance from their parents on how to protect themselves from unwanted pregnancy and from sexually transmitted infections. It was also evident in this study that a lack of knowledge caused the participants to believe that they would not fall pregnant if they engaged in sexual intercourse.

3.6.1.1 Sub-category: Sex education

It is important that parents or guardians talk about sexual issues and give sex education as part of the developmental process of their teenage children. The earlier parents or guardians, community, schools, and churches begin to teach teenagers about sexuality, the better. If not, teenagers can easily receive information from peers which may be incorrect, as found by a study in Venda, South Africa (Thobejane, 2015:77).

According to a study done in Kenya by Chemuru and Srinivas (2015:5), community care workers in the Eastern Cape expressed concern about parents not educating their children, and not being keen to allow others to talk to their children about sex. Parents feel sex education by others will teach the children to do wrong/bad things. Stephen, Nyagah, Kaithuru and Vincent (2017:62) found that this sex-talk taboo is one of the reasons why adolescents engage in cell phone sexting (refer to Section 3.6.2.2).

Nyungulu, et al. (2016:349) and Manzi, et al. (2018:1) claim that a lack of parental guidance leads to inadequate knowledge about sexual health issues, causing unwanted pregnancies. Findings in this study were similar. Participants reported that their parents were not guiding and supporting their children on sexual and health-related issues. It also became clear that parents did not support or follow-up with the mothers after their first pregnancy, which led to multiple pregnancies (refer to Table 3.1).

Participant E: *not at all our community is a typical rural area where parents and community and local church do not talk about sex, they believe if you talk about sex you teaching children wrong things, our local church encourage teenagers to abstain until got married, and at school they do not talk about sex.*

Participant D: *I never had someone talk about sex issues and contraceptive in my life.*

Participant G: *I don't know anything my mother never talk about sexual relations.*

3.6.1.2 Sub-Category: Early sexuality and experimentation

Sexuality is, in fact, a healthy part of the natural development of all adolescents. According to Oswalt (2019:1), early adolescence (ages 12-15 years) presents the age of curiosity and experimentation, and it is a precarious period in teenagers' sexual development. The lack of cognitive and emotional maturity that is necessary to make wise and healthy decisions regarding their sexuality result in a lack of means to cope with the consequences of sexual activity. This is unfortunate because teenagers are becoming sexually active sooner than previous generations.

Panday, et al. (2009:51), Gyesaw and Ankomah (2013:5-6), and UNICEF (2015:9) state that adolescence is a time of wondrous transformation; it is also a time of experimentation with sex and drugs. Sexuality among teenagers is often characterised as, and associated with, deviance.

Some participants in this study experienced that at the onset they were just overwhelmed with peer pressure to experiment with sex. This is in line with other literature that reports some pregnancies are the accidental result of sexual experimentation in the context of inadequate knowledge of biology (Presler-Mashall & Jones, 2012:17).

***Participant A**: at the beginning I was experimenting sex, I did not know anything about it, I was not aware of any thing, and my boyfriend was encouraging me to have it, but now I realised it contribute to early pregnancies.*

***Participant B:** I have no idea, I had to do it because my boyfriend requested it, but now I realise that at our age sexual relations lead to social problems because I got pregnant.*

***Participant H:** I don't know and I did not know that I will become pregnant, I was just experimenting it and enjoying it.*

3.6.2 Category: Peer pressure

Manzoni, Rihtaric and Ricijas (2011:1), Kran-Esen (2003:178) and Sim and Koh (2003:58) describe peer pressure as persuading or encouraging another person to engage in a certain type of behaviour. A South African study by Mturi (2016:10) revealed that adolescents mostly learn of sexual matters through peer pressure and may then engage in sexual relations or sexual intercourse. It was evident in this study that peer pressure is another factor contributing to teenage pregnancies which increase the likelihood of multiparous teenage mothers.

3.6.2.1 Sub-category: Drugs and alcohol

A study conducted by Jones, Whitfield, Seymour and Hayter (2019:3) found that many young parents are involved in alcohol use at the time of conception and during pregnancy. Reports by the South African Community Epidemiology Network on Drug Use and Alcohol (SACENDU) reflect high rates of drugs and alcohol use among adolescents under the age of 20 years, with 20% in the Eastern Cape Province receiving treatment, meaning rehabilitation (Dada, Pluddeman, Parry, Bhana, Vawda & Fourie, 2012:2; Goliath & Pretorias, 2016:113).

This study also noted that multiparous teenage mothers were involved in alcohol and substance abuse due to peer pressure and stressful situations. They met with their friends after school, and at social gatherings and parties where they drink and

experiment with drugs and alcohol, thus temptation leads to unwanted and unintentionally pregnancies.

> ***Participant C:*** *I joined my friends over the weekends sometimes after school taking alcohol and drugs due to stress situation, my parents were shocked not happy at the first pregnancy because, I am young but now it's more than worse, I am double betrayed them.*

> ***Participant K:*** *I taught by my first boyfriend to take alcohol and other drugs.*

> ***Participant: E:*** *I was under the influence of alcohol when I got that child.*

3.6.2.2 Sub-Category: Cell phone sexting

According to Masemola-Yende and Mataboge (2015:7) and Manzoni, et al. (2018:4), teenagers have access to media and the internet such as pornographic films, cell phone movies, and programmes that portray teenagers' pregnancy as exciting experiences. Teenagers get uncontrolled information that exacerbates their sexual curiosity and they are therefore tempted to try out what they see.

Sexting refers to sending or receiving material of a sexual nature via cell phone, such as explicit photos of nudity or sexual activities. Studies on this found that many school or college students are actively involved with sexting, which often leads to increased sexual intercourse and multiple sexual partners (Strassberg, Rullo & Mackaronis, 2014:177; Stephen et al. 2017:62).

This study discovered that for the participants, cell phone sexting is one of their sources of knowledge regarding sexuality and a leading factor to early teenage pregnancy.

> ***Participant A****: Yes… if we are together with my friends as youth, we talk about sexual behaviours about what we know and pornography self-produced from cell phones, use for grooming each other and our boyfriends, social network.*

Participant K: *My boyfriend uses to send me pornographic pictures and movies through WhatsApp.*

3.6.3 Category: Unsatisfactory health clinic services

Different studies report that clinics present a number of barriers to adolescent mothers (Mushwana, et al. 2015:15; Willan, 2013:29; Wood & Jewkes, 2006, as cited in Mturi, 2016:9). The primary problem is that clinics are designed for adult clients and health staff are not trained in adolescent sexuality. As a result, young mothers are neither well-received nor comfortable in mainstream family planning clinics. Further, there is mistreatment of teenagers, especially by nurses, a lack of privacy, and the operating hours are not suitable for school-going teenagers.

This study showed that there is concern about the negative attitude of nurses, the level of confidentiality and staff judging teenage pregnancies.

3.6.3.1 Sub-Category: Inaccessible clinics

Coetzee (2018:23) stresses the importance of the accessibility of primary health and states that health care must reach people where they live and work. Accessibility is not a privilege for urban communities. However, Pandy, et al. (2009:89) determined that clinics are also not easily accessible for rural residents in South Africa. Presler-Marshall and Jones (2012:6) report that providing reliable access to quality contraceptive products is a significant challenge for many developing countries. As such, adolescent mothers face many barriers to access family planning services.

The participants in this study had to travel vast distances to a clinic. Those who had the desire to attend clinics found it extremely difficult, as clinics were far from their residence and they did not have money to pay for transport to the clinics. The WHO (2018b:19) confirms that pregnant adolescents are struggling due to financial constraints to accessing clinic services.

The majority of participant's in this study were not using contraceptives, because clinics were far from their place of living. They had to pay transport to the clinics as they were in a typical rural area.

> ***Participant B:*** *Clinics are too far I don't have money to travel.*
>
> ***Participant H:*** *During pregnancies I was struggling I did not get prenatal care check-ups our clinics are too far, and I didn't have money for transport.*
>
> ***Participant K:*** *I never visit clinic for check-ups, I have to walk a long distance to get health services*
>
> ***Participant E:*** *I didn't attend any clinic because, I was hiding my pregnancies and there is no clinic nearby the community, we have to walk a long distance to get health services.*

3.6.3.2 Sub-Category: Negative attitude of nurses

Maya, Adu-Bonsaffoh, Dako-Gyeke, Badzi, Vogel, Bohren and Adanu (2018:71) confirm the occurrence of mistreatment of women during childbirth in both resource-rich and resource-poor countries. Mistreatment is often experienced, especially by adolescents, during the second stage of labour. Such mistreatment violates the human and patient rights of access to health care (National Patients Right Charter, booklet3, 2008), and further serves as a major discouragement for seeking maternity healthcare services.

Research by Willan (2013:30) and Mushwana, et al. (2015:16) done in South Africa reported that relationships with nurses were found to be very poor. The WHO (2018:18) and Van Zyl, et al. (2015:6) also revealed that teenagers felt unsupported and reluctant to seek assistance because of negative first experiences with nurses and the health system. This study noted that there were poor relationships with nurses, and adolescents were reluctant to get family planning assistance from the nurses as they experienced the nurses' manner of approach as very unfair to teenagers.

Participant K *when I came to deliver the baby, I was scolded by the nurses because I didn't have road to health chart.*

Participant D*: one of the nurses was yelling at me telling me not to make noise because they were not there when I was making this baby with my boyfriend, and pregnancy is not for the young mothers it's for the adult.*

3.7 THEME 4: CHALLENGES EXPERIENCED BY MULTIPAROUS TEENAGE MOTHERS

The specific challenges described by the multiparous teenage mothers in this study are in terms of diminished motivation and in their relations with their partners.

3.7.1 Category: Diminished motivation

Motivation is an internal state that causes people to behave in a particular way to accomplish certain goals and purposes. One can observe outward manifestations of motivation but not motivation itself (Ching, 2015:2-3). A number of authors state that motivation is not the same as satisfaction, which is past-oriented. Lawler (1994), Pittinger (1996) and Campbell and Prichard (1976) (all cited in Ching, 2015:2) state that motivation is future-oriented and further described as a set of psychological processes that guide the initiation, direction, intensity and persistence of behaviour.

This study confirms the findings of a study in Kenya by Barmao-Kiptanui, Kindiki and Lelan (2015:1) who claim that teenage mothers find themselves as having a poorly defined sense of identity with low self-image and self-confidence. Due to stigmatisation, participants experienced themselves as being inferior and incapable, with feelings of hopelessness.

3.7.1.1 Sub-Category: Sense of hopelessness

Lamia (2011:1) describes hope as imagining a positive outcome. The directive of many motivational principles is to visualise what one wants and imagine positive outcomes so that the behaviour is unconsciously structured to create those outcomes. Hope

influences how one feels in the present. Similar to optimism, hope creates a positive mood.

Kisaa, Zeyneloglub and Verimb (2019:30) cite four authors that describe the opposite of hope, namely hopelessness, as negative expectancies for the future, being without hope, a sense of impossibility of the future, a negative attribution style about prospects for the future, a loss of control in relation to the future, and the loss of the will to live.

The researcher reasons that the hopelessness expressed by participants in this study can also relate to the suicidal thoughts described in Section 3.4.2.2. Although some multiparous teenagers in this study expressed the desire for a good future for themselves and their children (refer to participant E below), most participants experienced that they were condemned and unable to reach an acceptable standard of living in future.

> ***Participant E:*** *conditions can affect the future of my children and that of mine, however I will try my best to go back to school.*
>
> ***Participant G:*** *because my future is already destroyed, I was expelled from school, I do not think that of my children will be shine.*
>
> ***Participant F****: I can't see my future at nowhere, it has been damaged a lot, and life is hell to me.*

3.7.1.2 Sub-Category: Stigmatisation

Mason-Whitehead and Mason (2007:59) define 'stigmatisation' as attitudes and behaviours that discredit individuals and leave them less likely to be accepted within society. Link and Phelan (2001) say stigmatisation occurs when individuals become labelled, set apart into categories of 'them' and 'us', and are associated with undesirable characteristics. In a study conducted by Van Zyl, et al. (2015:10-14), participants reported the moralistic judgement they experienced at school from both teachers and peers. They also experienced stigma and rejection from their families and friends.

This study confirms the findings of Van Zyl, et al. (2015:2), as much of the stigmatisation reported by participants were experienced at school. Some participants also described stigma in terms of their families. The fact that they had multiple pregnancies intensified their stigma.

> ***Participant E:*** *I experience a lot of problems, I was mistreated and discriminated at School by my peers, and sometimes my class teacher complained that: I am making the class to feel asleep, I would have to stay at home because I choose to get pregnant and becoming teen mom.*
>
> ***Participant F:*** *after an absent returning to school, my class teacher through remarks to me, I used to be intimidated. I remember a day, I failed the test in class, my teacher was yelling at me telling me that: the only thing I know is to fell pregnant repeatedly. I was the only girl in the class who repeated pregnancy my class mates' gossips at me and my status was all over "whatsApp" among my peers.*
>
> ***Participant A:*** *…and things are badly at home my mother asked me how many times you fall in this trap.*
>
> ***Participant C:*** *I was suspended at school when I got the first pregnancy.*

3.7.2 Category: Relation with partners

The ideal in a family is that a man fulfils the roles of being a father to his children, providing financially, caring and giving social support, and having a quality relationship with the mother (Utting, 2007:6-7). Partner relationship factors, such as living with an older partner, being married at a young age, having a new partner and numerous partners, make for conflicting relationships (Govender, et al. 2018:3).

In this study, the participants mentioned conflict with the fathers of their children, cheating on each other and finally relationship break-ups.

3.7.2.1 Sub-Category: Conflict

The WHO (2018c:19) confirms that mothers who become pregnant before the age of 18 are more likely to experience conflict and violence within marriage or in their relationships with their partners. Barber, Kusunoki, Gatny, and Melendez (2017:2-34) found that young women who become pregnant as teens were disadvantaged relative to their partners. Their relationships deteriorate after the pregnancy, they break up or the relationship becomes less serious and sometimes more violent. These women are more likely to have multi-partners or concurrent sexual partners that lead to conflict.

This study shows that the multiparous teenage mothers were unhappy with the fathers of their children because of the lack of emotional, financial, and social support, and childcare that was needed. They did not have the necessary resources to raise their children, and there was often high tension that increased conflict, and in other cases, led to break-ups of relationships.

> ***Participant G:*** *I am not happily married he shouted me if he drunk saying, I gave birth to my father. The other partners I didn't have fixed relationships, it was like one night stand.*

The exception in this section was the experience of participant B:

> ***Participant B:*** *the father of my first child is also young and schooler, doesn't have that father figure, I had to leave him, and move to the next affair, my current one looks better, and supportive.*

3.7.2.2 Sub-Category: Cheating

Norona (2013:17) reports that the definition of cheating constitutes a wide range of behaviours, including engaging in physical activity, romantic/intimate involvement, spending time with, talking to, and having romantic feelings for and thinking about an extra partner, anything from hugging to having sex with someone else. These results suggest that cheating involves a multitude of behaviours, according to adolescents.

Williams and Hickle (2011:1009) say adolescents understand cheating from their own experiences and define cheating as flirtatious behaviour leading to sexual intercourse with another partner, either as a victim or as a perpetrator of unfaithfulness. The same was found in this study, as some of the multiparous teenage mothers reported that the fathers of their children cheated on them and others admitted to being the one who cheated on their children's farther.

The victims of cheating reported:

> ***Participant A****: when I phoned him he said, "What do you want? You are disturbing me I am with my girlfriend".*
>
> ***Participant H:*** *My husband is cheating not supporting me emotionally and financially and I am defaulting treatment due to emotional and financial support.*
>
> ***Participant K*****:** *My partner is unable to support financial because he is in love with many girlfriends.*

Those guilty of cheating on the father of their children said:

> ***Participant F:*** *I fell in love with eight boyfriends all were my partners, I cannot remember their age and grades, my current one is twenty-five years completed grade twelve.*
>
> ***Participant C:*** *I was cheating on him, I am not even sure of the real father of the second child.*

3.7.2.3 Sub-Category: Break-up

Mollborn and Jacobs (2015:3) found that co-parenting relationships are very important for adolescents, yet many relationships among teenagers dissolve over time. Many adolescents enter into relationships and terminate their relationships with various partners as they gain experience with intimacy, potentially resulting in higher levels of partner instability. This negatively affects their self-confidence, leading to break-up.

Sámano, et al. (2017:10) revealed from a study done in Mexico, that the majority of pregnant teenage mothers separated from their partners due to economic reasons. The role of economics is confirmed in the current study, as some participants indicated financial support or lack thereof as the reason for them breaking up the relationship.

The multiparous teenage mothers in this study moved from one partner to another and broke-up with the fathers of their children. Eight participants were not married, and three were not sure if they were in love with their current partner; facts that the researcher sees as unstable relationships that may break-up (refer to Table 3.1).

> **Participants D:** *I break-up with my previous partner because of dissatisfaction and conflict between us there was no social support, the current one remains present with no financial support.*
>
> ***Participant A:*** *Yes… I was tempted and fall in love with another Man, as I was hoping this new partner will support me financially, He impregnated me with my fourth child.*
>
> ***Participant B:*** *I had to leave him, and move to the next affair.*

3.8 THEME 5: MESSAGE FROM MULTIPAROUS TEENAGE MOTHERS

This theme specifically addresses what multiparous teenage mothers would like to say to their peers to empower the next generation of teenage mothers. The fact that they experienced unexpected difficulties intensify their messages of advice.

3.8.1 Category: Empowerment of teenage mothers

'Empowerment' is defined as something that is empowering; making you more confident, and making you feel you are in control of your life (Collins English Dictionary-Complete and Unbridged, 2012). Parents should learn to guide and empower their adolescent daughters to express, share, and regulate a range of positive and negative emotions (Branje, 2018:8).

Prester-Mashall and Jones (2012:45-47) report that in order to chart adolescents' future and choose motherhood only if and when they are ready, mothers need to be empowered along five key dimensions. These are discussed next.

Sociocultural: to empower adolescents to make their own reproductive decisions there is a need for fundamental sociocultural shifts, including tackling the gender stereotype that drives child marriage and domestic violence.

Education: adolescents need to be educated to become independent, economically productive members of society. Education is seen as an instrument of empowerment (Kwatsha, 2015:13).

Interpersonal: adolescents need to have a voice in their interpersonal relationship, with space to be heard in both their natal and marital families. This is to ensure that future wives, partners and daughters will live in a world that is different from that of their mothers and grandmothers.

Legal: adolescents' rights need to be supported by full legal protection. Awareness-raising initiatives are equally important for adolescents to understand their legal rights and to act as spaces where they can practice speaking up in support of their rights.

Practical: all adolescents need to be empowered with practical reproductive health knowledge, beginning with age-appropriate school-based sex education in late primary school, and full access to family planning information and accessible contraception in the community.

This study discovered that teenage mothers were not empowered with knowledge and information on the normal functioning of anatomy and physiology of their body. Parents and other relevant parties should make them aware of family planning and correct use of contraceptives.

3.8.1.1 Sub-Category: Knowledge of normal anatomy and physiology

Thobejane (2015:274) indicates that adolescent mothers who experience physical changes find it difficult to talk about these changes with their parents as there is a gap in communication about sexual issues. This includes menarche. Lacroix and Langaker (2019:1-4) define 'menarche' as the occurrence of a first menstruation period in a female adolescent. The average age of onset of menarche is 12.4 years.

Mills, McAteer, Hogg, Anand and Blakermore (2017:28) state that sexual behaviour is affected by hormones and bodily changes. Being knowledgeable about the anatomy and physiology of the body may reduce the potential for unintended pregnancies. Presler-Mashall and Jones (2012:6) say that keeping mothers in school and teaching them basic biology is clearly an important step in preventing adolescent pregnancy.

In this study, the multiparous teenage mothers had inadequate or no information about basic anatomy and physiology of the reproductive system. They did not understand that menstruation means that a girl can get pregnant. This ignorance contributed to the fact that they did not seek help to prevent pregnancies. Their limited knowledge was mainly because their parents did not talk to them about the anatomy of the body or offer them sex education (refer to Section 3.6.1.1).

> ***Participant: E**: I don't understand anything let alone that the female has menstruation cycle and male have not.*
>
> ***Participant D:** I do not understand most of the things I involved in sexual activities hoping that I will not get pregnant.*
>
> ***Participant F:** both parents were deceased they never explained the anatomy and physiology of the woman and man and my Grandma also never touched those things, I don't have information.*

3.8.1.2 Sub-Category: Information on family planning and contraceptives

According to the WHO (2018c:1-9), family planning is essential in reducing unwanted pregnancies, and contraceptives prevent the deaths of mothers and children. Using contraceptives delays pregnancies in young women who are at increased risk of health problems and it allows people to attain their desired number of children and promote the spacing of pregnancies. There is a variety of contraceptives available in public clinics, for example, the 'pill', implants, progestogen monthly injectable or combined injectable, male condoms and female condoms.

Literature reveals that some mothers do not know how to avoid falling pregnant, while others ignore the use of contraceptive measures, or are ashamed to access contraceptives. Maemeko, et al. (2018:91) and Masemola-Yende and Mataboge (2015:3) found that limited access to information is associated with less knowledge on the use of contraception services which negatively affect decision-making in the prevention of pregnancy.

In South Africa, the Children's Act no 38 of 2005 134 (2) (a) (b) (c) allows young women to visit clinics and receive contraceptives without permission from their parents. However, the United Nations International Children's Emergency Fund (UNICEF, 2018) found that adolescents face barriers to accessing contraception which include parents lacking the willingness to acknowledge adolescents' sexual health needs, and the inability to access contraceptives because of knowledge, transportation, and financial constraints.

This study supports the literature. It was determined that multiparous teenage mothers were not using contraceptive measures because of inadequate knowledge about family planning. They grew up in an environment where information on family planning, contraceptives and teenage pregnancy prevention was inaccessible. Some participants got information from their friends, which is not always correct. Some participants reported that they ignored the information given by nurses in the hospital during their first pregnancy, and stopped using contraceptive measures.

Factors that intensify this lack of information and lack of using contraceptives were already discussed (Refer to Sections 3.6.1, 3.6.1.1 and 3.6.3).

> ***Participant B:*** *I don't know about family planning, but I have once heard from my friends that clinics are providing, but clinics are too far I don't have money to travel.*
>
> ***Participant C:*** *I have just heard from my friends that there are different contraceptives found in clinics, and other contraceptives are not working properly you can get pregnant even you used it.* The participant further said that: *Yes, sister one of my best friends was using one of the contraceptives called implant, the one that is injected in the arm but she got pregnant though.*
>
> ***Participant D:*** *I never had someone talk about sex issues and contraceptive in my life.*
>
> ***Participant H****: I do not know; however, I was informed by the nurses at the hospital after the delivery of my first baby but I didn't worry about it after that. And my grandmother never talks about sex or contraceptive*.

3.8.2 Category: Cycle of deprivation

Deprivation can broadly be described as inequality of access to social goods, often in different areas that overlap. Thus, low income or unemployment may go together with poor housing, poor health and access to lower education (Abercrombie, Hill & Turner, 2006:103). A cycle of deprivation refers to the chain of poverty and other forms of socio-economic disadvantages from disadvantaged families through generations, whereby children from poor or deprived families are socialised by their parents into the same culture, and grow up to be poor as well (Abercrombie, et al. 2006:100).

Hofferth (1987:3) and Manzi, et al. (2018:1) state that children of adolescent parents are at greater risks than children of older parents for a host of health, social and economic problems. Children of adolescent mothers are also more likely to be neglected because their mothers are experiencing deprivation.

This study noted that teenage mothers were unable to support themselves and were likely not able to support their children in terms of basic needs. This burden may later lead to a continuous chain of poverty and deprivation.

3.8.2.1 Sub-Category: Teenagers from adolescent mothers become adolescent mothers

According to Schyler Centre for Analysis and Advocacy (SCAA) (2008:3), the daughters of adolescent parents are more likely to become teen mothers themselves. Also, children of adolescent parents are more likely to live in poverty and suffer higher rates of abuse and neglect than those born from adult mothers who delayed childbearing. Similar to this, Sámano, et al. (2017:14) revealed that a family history of pregnancy during adolescence is a predictor of the same event in the current generation. This is supported by research done by Govender, et al. (2018:1), who found that the stress of adolescent parenting increases with rapid repeat pregnancies, which could result in neglect and abandonment of the second child and negative parenting behaviour.

This study found that the participants were not ready to start a family. Some participants said their mothers gave birth as teenagers, other multiparous teenage mothers failed to look after their children. They expressed anger towards their mothers, with themselves and also towards their children.

> ***Participant B:*** *Yes, sister I have heard that my mother was a teenager with many children as a result, she abandons me at the age of three months, and I was raised by my paternal grandmother unfortunately she passed away last year. I am now under the custody of step mother, the situation is unpleasant with the burden of my child and the one that I am pregnant, and I feel that if she was looking after me maybe I wouldn't get pregnant.*

The participant continued saying:

> *I fell pregnant for the second time because she [the participants' mother] is not around no one is looking after me*.

Participant I: *I am in receipt of child support grant and I am using this grant for my own needs, because I never planned to have children, sometimes I show anger towards these children, neglect and relay on punishment…I am not interested in the upbringing of that child.*

3.9 ACHIEVING THE OBJECTIVES OF THE STUDY

The study had two objectives.

The first objective was to explore and describe the life experiences of teenage mothers who had multiparous teenage pregnancies.

The life experiences of participants were explored through individual interviews with each participant. The objective was met as the researcher described the life experiences of adolescent mothers who had multiparous teenage pregnancies in Sections 3.4 – 3.8.

The second objective of the study was to identify the factors leading to multiparous teenage pregnancies.

While interpreting the life experiences of the multiparous teenage participants, the researcher identified the following factors that lead to multiparous teenage pregnancies:

3.9.1 Cultural practices

The participants were raised within a culture where women are subject to male dominance (refer to Section 3.5.1.1). This dominance includes *ukuthwala* (refer to Section 3.5.1.2), and in some cases, sexual abuse by relatives (refer to Section 3.5.1.3).

3.9.2 Lack of knowledge

It was found that participants were not informed on the normal anatomy and physiology of the reproductive system (refer to Section 3.8.1.1). They were also uninformed on sexuality and pregnancy (refer to Section 3.6.1); this, to some extent, was related to the cultural custom that parents do not discuss sex and pregnancy with young children.

3.9.3 Influence by peers

The researcher found that participants conformed to peer pressure in terms of the use of alcohol and drugs (refer to Section 3.6.2.1). Peer pressure also exposed them to sexual suggestions through the use of cell phones (refer to Section 3.6.2.2). These activities left them vulnerable to teenage pregnancies.

3.9.4 Unsatisfactory health services

Health clinics, where teenage mothers can access contraceptives and proper antenatal care, are not accessible. Participants reported that the clinics are far from their homes and they cannot afford to pay for transport to the clinics (refer to Section 3.6.3.1). Moreover, the negative attitude of nurses towards teenage mothers discouraged the participants from attending the service (refer to Section 3.6.3.2).

3.10 SUMMARY

In this chapter, the researcher provided a detailed and extensive description of the data of the study pertaining to multiparous teenage mothers. Factors that may lead to multiparous teenage pregnancies were also identified. The next chapter presents the conclusions, limitations, contributions and recommendations of the study.

CHAPTER 4
SUMMARY AND CONCLUSION OF THE STUDY

4.1 INTRODUCTION

The purpose of the study was to meet the objectives to serve as a basis to guide social workers and members of the multidisciplinary team to address the problem of multiparous teenage pregnancy in selected communities in the Eastern Cape.

This chapter provides the final summary and conclusions of the research. The limitations, contributions and recommendations of the study are also described.

4.2 SUMMARY OF FINDINGS AND CONCLUSIONS

The participants of this study described their life experiences as teenagers with multiple pregnancies and having to raise more than one child. The researcher could identify how different components of life were interrelated and how it impacted on the lives of the young mothers. The conclusions of the researcher are described according to the main themes, as presented in Chapter 3, with references to related aspects.

4.2.1 Theme 1: Everyday life of multiparous teenage mothers

The researcher found that multiparous teenage mothers did not have a quality life as they experienced physical, psychological, and social problems that impacted negatively on their everyday wellbeing.

The ages of participants ranged between 13 and 18 years (refer to Table 3.1). Being pregnant more than once at such a young age affected their own physical health and the health of their babies (refer to Section 3.4.1). Prolonged labour that ended in caesarean sections and excessive bleeding were among the health problems experienced by the participants. A lack of knowledge of sexuality and pregnancy (refer to Section 3.6.1) also contributed to the participants being high-risk cases. The physical health of the teenage mothers was further compromised by the fact that they

did not attend health services for family planning or antenatal services due to unsatisfactory health clinic services (refer to Section 3.6.3). It can be concluded that falling pregnant at a young age contribute to unhealthy pregnancies and difficult labour, and it leads to high-risk babies being born.

It was found that psychologically (refer to Section 3.4.2) the multiparous teenage mothers did not have the emotional maturity to understand or deal with the effect of repeated pregnancies on their future or the lives of their children. Their immaturity was also reflected in their unstable relations with the fathers of their children (refer to Section 3.7.2). Thoughts of terminating the pregnancy (refer to Section 3.4.1.3), and attempts to commit suicide were symptoms of psychological problems experienced by the participants. This may be directly related to the hopelessness and stigmatisation (refer to Sections 3.7.1 and 3.7.1.2) they experienced. The researcher concluded that young mothers need support from their parents and health professionals to manage the complexity of their psychological wellbeing.

On a social level (refer to Section 3.4.3), the multiparous teenage mothers experienced rejection and little or no support from their families. One would expect that mothers, knowing the cultural practices (refer to Section 3.5), would support and protect their teenage daughters. Most of the participants dropped out of school, and those who returned to school did not perform well due to their responsibilities as mothers (refer to Section 3.4.3.2). The school society, and in many instances the teachers, abandoned the multiparous teenage mothers. School teachers seemed to be harsh and judgemental towards these young mothers. Incomplete schooling means unemployment (refer to Section 3.4.4.1) and financial hardship (refer to Section 3.4.4). With regards to finances, most of the participants' partners were unemployed, and the mothers were depended on the child support grant, foster care grant, and even the old age pension money from their grandmothers (refer to Section 3.4.4.2).

The social lives of the participants as teenagers were also influenced by peer pressure (refer to Section 3.6.2) to experiment with sex (refer to Section 3.6.1.2). This experience was intensified by the misuse of drugs and alcohol (refer to Section 3.6.2.1) and the improper social media with which they were confronted (refer to Section 3.6.2.2).

The researcher concluded that multiparous teenage mothers are very vulnerable and unprotected in their communities, which cause them to experience a sense of hopeless (refer to Section 3.7.1). Furthermore, such social problems lead to a cycle of deprivation (refer to Section 3.8.2), which means that the problem of multiparous teenage pregnancies will repeat in future generations. Breaking this cycle will only be possible if a multidisciplinary team works together on a comprehensive plan.

4.2.2 Theme 2: Cultural practices leading to multiparous teenage pregnancy

This theme revealed the reality of traditional beliefs and practices (refer to Section 3.5.1), including male dominance and the practice of *ukhutwala*.

Traditionally, a woman is still seen as the one who must obey her husband, who is often older than her, and her role is to have children (refer to Section 3.5.1.1). Forced marriage takes place with the permission of the parents, and young girls do not have a say in this matter (refer to Section 3.5.1.2). The married multiparous teenage mothers felt they were oppressed and owned by their in-laws and husbands, and they were not pleased with the situation. Participants also experienced sexual abuse by male family members, which the researcher reasons is part of traditional male dominance. Such sexual misuse again highlights the lack of family support for the participants (refer to Section 3.4.3.1). The participants expressed their wishes to change the traditional roles, to complete their education and to have their children educated. The researcher concluded that this generation of young mothers are no longer willing to obey tradition, yet they are unable to escape or change the situation.

4.2.3 Theme 3: Factors contributing to teenage pregnancy

Theme 3 shows that multiparous teenage pregnancies are driven by many different factors, including a lack of knowledge of sexuality and pregnancy, peer pressure, and unsatisfactory health clinic services.

As parents are prohibited by tradition and religion to talk about sex with their children, the next available source of information is peers, who are equally uninformed. The researcher saw a strong relation between the lack of knowledge on sexuality (refer to

Section 3.6.1) and peer pressure (refer to Section 3.6.2). Peer pressure influences experimentation with sex (refer to Section 3.6.1.2), drugs and alcohol (refer to Section 3.6.2.1). The researcher concluded that communities will have to take responsibility to fight against the misuse of alcohol and drugs and educate the youth on the responsible use of social media (refer to Section 3.6.2.2).

It was found that the participants did not attend health services for family planning or for good antenatal care because the clinics and hospitals were inaccessible in terms of distances to the facilities, and there was a lack of finances to pay for transport (refer to Section 3.6.3.1). The negative attitude of nurses experienced by the participants also discouraged them from making use of the health services (refer to Section 3.6.3.2). The lack of health services has a direct negative impact on the physical wellbeing of the mother (refer to Section 3.4.1.1) and the child (refer to Section 3.4.1.2), as well as their psychological wellbeing (refer to Section 3.4.2). The researcher concluded such attitudes defy the purpose of primary health care and the rights of young mothers to access health services. The researcher determined that due to the power position of health professionals they can change the general negative attitude towards teenage girls, which will have a positive impact on family planning, healthy pregnancies and healthy babies.

4.2.4 Theme 4: Challenges experienced by multiparous teenage mothers

The findings in this theme show that multiparous teenage mothers do not feel motivated for the future, and they do not have stable relationships with their partners. The lack of motivation (refer to Section 3.7.1) was expressed as feelings of hopelessness (refer to Section 3.7.1.1). Participants felt they had no future and expected to be in this hopeless state forever. The participants experienced stigmatisation by family members and, to a great extent, from school teachers (refer to Section 3.7.1.2). This discouraged the participants from completing their schooling and aggravated their psychological (refer to Section 3.4.2) and financial problems (refer to Section 3.4.4). The researcher concluded that parents and teachers should create a less judgemental environment to motivate teenage mothers to not have repeat pregnancies and assist them to have a future of hope.

Most of the participants expressed unstable relationships with their partners (refer to Section 3.7.2). The strained relations were evident in the conflict, cheating and break-ups with their partners. Having multiple partners (refer to Table 3.1) complicated the participants' relationships with the fathers of their children. The researcher concluded that the lack of emotional maturity (refer to Section 3.4.2.1) and the lack of support from the family (refer to Section 3.4.3.1) increased the relationship challenges of young mothers.

4.2.5 Theme 5: Message from multiparous teenage mothers

There was a strong message from the participants related to teenage pregnancy and repeat pregnancies. This included that teenagers need to be empowered with information about their own bodies and sexual activities at an early stage of adolescent development, and be advised on family planning and the use of contraceptives (refer to Sections 3.8.1.1 and 3.8.1.2).

The researcher interpreted the data in this section as a warning that the baby girls of adolescent mothers will eventually become adolescent mothers themselves (refer to Sections 3.8.2.1). Literature confirms this cycle of deprivation (Abercrombi, et al. 2006:103; Manzi, et al. 2018:1) that becomes a never-ending cycle of hopelessness. The researcher thus concluded that young mothers must be empowered with knowledge and skills to break the cycle of multiparous teenage pregnancies and the negative impact thereof on the lives of young mothers.

4.3 SIGNIFICANCE OF THE STUDY

The researcher is of the opinion that this study is significant in that the phenomenon of multiparous teenage mothers is described through the voices of teenage mothers who felt trapped in a life of hopelessness. Although the literature shows that this problem exists on a national and international scale, this study described the phenomenon in specific communities in the Eastern Cape Province. As a social worker, the researcher will be able to communicate the findings to relevant authorities of the multidisciplinary team and relevant stakeholders in the communities. The researcher believes that once confronted with the unfavourable reality of multiparous

teenage mothers in their midst, groups will reach out and collaborate to plan feasible strategies to reduce the high rate of multiparous teenage pregnancies. Successful strategies will contribute to the wellbeing of teenage mothers in these communities.

4.4 LIMITATIONS OF THE STUDY

The study was limited to mothers who had multiparous teenage pregnancies using the health services of one specific hospital in the district of Alfred Nzo at Bizana; there may be a need for similar studies in other areas of the Eastern Cape. The participants' parents were also not included in this study; the researcher realises that information from the parents or guardians who have experience of teenage pregnancies in their families could contribute to a more comprehensive understanding of multiple teenage pregnancies. The partners of the participants were also excluded in the study, yet their experiences may also highlight aspects not found in this study.

4.5 RECOMMENDATIONS

Based on the findings of this study, the researcher proposes the following recommendations:

4.5.1 Recommendations regarding social services

It is recommended that social services should initiate meetings with the multidisciplinary team, including at least professional nurses, doctors, teachers and religious leaders to inform them about the findings of this study. Such meetings should result in the development of good strategic plans and programmes that will be contextual, user-friendly and relevant to the teenagers in these communities, to address and resolve the problem of multiparous teenage pregnancies.

It is recommended that social services plan and implement training programmes to empower community members with parenting skills related to the education of their children on sex-related issues.

It is recommended that social services plan and implement support groups for parents, for teenage mothers who are pregnant, and for the boys and men involved in the pregnancy, to guide and assist them through the pregnancy and after the birth of the baby.

It is recommended that social services revise and revive the programmes and awareness campaigns on drugs, substance abuse and sexual assault to include the phenomenon of teenage pregnancy and empower all members of the community with knowledge and skills to address these social pathologies.

4.5.2 Recommendations regarding health services

It is recommended that social services meet with the Provincial Department of Health to explore the possibility of mobile clinics to bring health services, including family planning and prenatal health services, to the deep rural communities.

It is also recommended that social services meet with local hospital authorities to discuss the delivery of user-friendly teenage health services, including family planning and prenatal healthcare services.

4.5.3 Recommendations regarding school protocols

It is recommended that social services meet with Provincial Department of Education and local school boards to discuss the content of the Life Orientation subject taught at schools that will empower teenage mothers and boys with an understanding of sexuality.

It is recommended that social services meet with members of local school boards to find a solution for the stigmatisation of mothers who are pregnant and return to school after their pregnancy.

It is recommended that social services meet with Provincial Department of Education and local school boards to discuss possible academic support programmes to assist

young mothers who are pregnant and who return to school after pregnancy to complete their school career.

4.5.4 Recommendations regarding community stakeholders

It is recommended that social services collaborate with religious leaders, community leaders, traditional leaders and local community members to discuss the issue of cultural practices leading to adolescent pregnancies and multiparous teenage pregnancies. The researcher realises that issues of culture and tradition will be difficult to address with limited prospects of changes, but also that a journey of a thousand miles starts with one step.

4.5.5 Recommendations regarding further research

To complete the bigger picture of the phenomenon on multiparous teenage mothers, it is recommended that future studies should include parents or guardians who had experience with teenage pregnancies in their families, as well as the male partners of teenage mothers.

4.6 DISSEMINATION OF THE RESULTS

Once the dissertation has been examined and corrected, copies of the completed dissertation will be handed to the following institutions: The University of South Africa where the researcher undertook her master's studies; the Provincial Department of Health Eastern Cape who gave permission to do the study; the HWSETA where the student was awarded a bursary through its postgraduate bursary programme.

The researcher will also share the findings of the study with all the stakeholders in the community in an effort to develop strategies to address the problem of multiparous teenage pregnancies (refer to Section 4.5). The researcher will inform the participants that the study is completed and share the findings with those who are interested.

4.7 CONCLUDING REMARKS

This chapter signals the completion of a study on the life experiences of multiparous teenage mothers in selected communities in the Eastern Cape. The summary of the findings shows that the objectives were met, and the conclusions of the research were followed by recommendations Should the recommendations be implemented successfully, the purpose of the study will have been met. It is the researcher's wish that this ensures a better quality of life for the young teenage mothers of the local communities.

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ANNEXURE A: PROVINCIAL PERMISION TO CONDUCT THE STUDY

Province of the
EASTERN CAPE
HEALTH

Alfred Nzo Health District –Umzimmvubu local Municipality

ST PATRICK'S HOSPITAL • MBIZANA • EASTERN CAPE

Private Bag X 531 • BIZANA • 4800 • REPUBLIC OF SOUTH AFRICA

Tel.: +27 (0)392510236 .E-mail : [redacted] CELL : 0797311111

TO:	EASTERN CAPE DEPARTMENT OF HEALTH
FROM:	SOCIAL WORK SUPERVISOR St PATRICKS HOSPITAL
SUBJECT:	REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY
TITLE:	Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape
DATE:	24 January 2018

REQUESTING PERMISSION TO CONDUCT RESEARCH STUDY.

I am a registered Master's student in the Department of health studies at the University of South Africa conducting a study towards Master's Degree.

The proposed topic of my research is "Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape".

My Supervisor is Mrs Du Toit lecturer in the Department of Health Studies her post basic qualifications include Nursing Education, Nursing Management and community nursing. Hold a Master's Degree from the University of Johannesburg (Cumlaude).

The aim of the study is to explore life experiences of multiparous teenager mothers at selected communities in the Eastern Cape Province.

Participants in this study will be teenage girls aged 12-18 years with multiple teenage pregnancy. The parents/guardians and the participants will receive information and requested to sign consent and assent respectively.

Data collection the study will use semi-structured data collection approach using audio tape and interview guide. The researcher will negotiate with the unit Manager of the departments of sections where the participants will be recruited, ante-natal clinic and post-natal clinic within the hospital, for arrangement to collect data from the teenagers and to arrange for the suitable venue in the department.

Ethical considerations: the researcher will adhere to professional, legal and social obligation to the research respondents. Guided by policy guide lines for course of conduct, code of ethics and the rules for social workers, towards conducting research.

The University of South Africa, Department of Health Studies, and Research Ethics Committee gave ethical clearance for the study. Refer to the certificate number HSHDC/734/2017 attached.

The benefit of the study: will be of good worth and useful particularly to teenagers and community of Bizana Eastern Cape. Should you require any further information please do not hesitate to contact me or my Supervisor our contact details are as follows

B.G. Bekwa Master Student: [redacted] .gov.za/0797311111/EXT 3099(Speed 2301)

Supervisor: Mrs HS Du Toit: [redacted]

Chair of the University of South Africa, Department of Health Studies, Research Ethics Committee Prof JE Maritz: [redacted]

The correspondence serve to request the Eastern Cape Department of Health to grant Mss B.G.Bekwa Social Work Supervisor at St Patricks Hospital in Bizana Eastern Cape permission to conduct research towards the fulfilment of MPH Degree.

Upon completion of the study, I undertake to provide you with a bound copy of the dissertation.

Approved/not Approved

Comments.....

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CHIEF DIRECTOR HRD

DATE .....2018....

MR:.....

ANNEXURE B: HOSPITAL PERMISION TO CONDUCT THE STUDY

Province of the
EASTERN CAPE
HEALTH

Alfred Nzo Health District – Umzimmvubu Local Municipality

St Patrick's Hospital • Bizana • Eastern Cape
Private Bag X 531 • Bizana • 4800 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)39 251 0236 • Fax: +27 (0)39 251 086
Enquiries: Mr. Mbethe+060 563 1397
Zak.Mbethe@echealth.gov.za
15/05/2017

TO:	THE HOSPITAL MANAGER:
FROM:	SOCIAL WORK SUPERVISOR ST PATRICKS HOSPITAL
SUBJECT:	REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY
TITLE:	Exploring Life experiences of multiparous Teenager mothers In the selected communities in the Eastern Cape.
DATE:	08 March 2018

PERMISSION TO CONDUCT RESEARCH STUDY.

DEAR MR. Mbethe

I am a registered Master's student in the Department of Health Studies at the University of South Africa conducting a study towards Master's Degree. The Eastern Cape Department gave permission for the study, refer to the attached letter.
I am now request Hospital permission to do the research in the identified wards.

The proposed topic of my research is: Exploring Life experiences of multiparous Teenager mothers in the selected communities in the Eastern Cape.

My Supervisor is Mrs. Du Toit lecturer in the Department of Health Studies her post basic qualifications include Nursing Education, Nursing Management and community nursing. She hold a Master's Degree from the University of Johannesburg (Cumlaude).

The aim of the study is: to explore the phenomenon of teenage pregnancies to assist social workers in understanding teenage pregnancies in a holistic way to serve as basis to guide multi-disciplinary strategies to address the problem in the selected communities in the Eastern Cape.

Together, moving the health system forward

Participants in this study will be teenage girls aged 12-18 years with multiple teenage pregnancy. The parents/guardians and the participants will receive information and requested to sign consent and assent respectively.

Data collection the study will use semi-structured data collection approach using audio tape and interview guide. The researcher will negotiate with the unit manager of the sections where the participants will be recruited, ante-natal clinic and post natal clinic within the hospital, for arrangement to collect data from the teenagers and to arrange for the suitable venue in the department.

Ethical considerations: the researcher will adhere to professional, legal and social obligation to the research respondents. Guided by policy guidelines for course of conduct, code of ethics and the rules for social workers, towards conducting research.

The University of South Africa, Department of Health Studies, and Research Ethics Committee gave ethical clearance for the study. Refer to the certificate number HSHDC/734/2017 attached

The benefit of the study: will be of good worth and useful particularly to teenagers of the selected communities of the Eastern Cape, in this study the focus will be on the teenage pregnancy aged 12 -18 yrs.

Should you require any further information please do not hesitate to contact me or my Supervisor our contact details are as follows

B.G. Bekwa Master Student: Bonisile.Bekwa@echealth .gov.za/0797311111/EXT 3099(Speed 2301)
Supervisor: Mrs. HS Du Toit: Dtoiths@unusa.ac.za/0124296305

Recommendations:
Up on completion of the study, I undertake to provide you with a bound copy of the dissertation.

The correspondence serve to request you as CEO to grant Mss. B.G.Bekwa Social Work Supervisor in the Hospital, in the District of Alfred Nzo in the Eastern Cape permission to conduct research towards the fulfilment of MPH Degree.

Approved/ ~~not approved~~

Comments.....
.....

CHIEF EXECUTIVE OFFICER **Date**..08/08/2018.
.....
Mr. Mbethe

Together, moving the health system forward

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.ecdoh.gov.za

ANNEXURE C: ETHICS CLEARANCE CERTIFICATE

UNISA university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

1 November 2017

Dear Miss Bonisile G Bekwa

Decision: Ethics Approval

HSHDC/734/2017

Miss Bonisile G Bekwa

Student No 31918034
Supervisor: -Mrs HS du Toit
Qualification: M Cur
Joint Supervisor: -

Name: Miss Bonisile G Bekwa

Proposal Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape

Qualification: **MPCHS94**

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted from 1 November 2017 to 1 November 2019

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 1 November 2017.

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*

2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:
The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

Prof JE Maritz
CHAIRPERSON
maritje@unisa.ac.za

Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

Prof A Phillips
DEAN COLLEGE OF HUMAN SCIENCES

ANNEXURE D: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

Title of the study: **"**Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape".

Participant number_____ Date _____

Main questions below. Issues the researcher will be probing for are indicated in […].

OPENING OF INTERVIEW

Establish rapport: (5 minutes)

Introducing each other and setting the participant at ease.

Refer to the signed assent and give another opportunity to ask questions.

Emphasize confidentiality, anonymity, recording of interview and withdraw from the study

BACKGROUND INFORMATION

This information will be used to identify characteristics that are similar to all the participants and individual information will not be used as such

Tell me your age and the age of your partner.

Tell me about school [grade completed; finishing the school year; return to class; attitudes of teachers and friends]

Tell me something about your children [number of children; ages, same farther]

Can you please describe the house hold where you and your child is staying [composition; family relations; communication patterns; source of income]

GRAND TOUR QUESTIONS:

1. Can you tell me your personal experiences of being pregnant as a teenager in this community?
2. Can you tell me about your day-to-day experiences of being pregnant more than once as a teenager in this community is?
3. What would you say are the reasons teenagers fall pregnant more than one time in this community?

CLOSING

Share appreciation for participants' time and sharing of her experiences.

Inform participant that there may be a short follow-up interview to clarify information once the tape recording has been listened to.

ANNEXURE E: INFORMATION CONSENT AND ASSENT FORM TO PARTICIPATE IN THE STUDY

INFORMATION AND ASSENT FORM TO PARTICIPATE IN THE STUDY

My name is Bekwa Bonisile G, I am a student in in the department of Health studies at the University of South Africa, conducting a research study towards master's degree, and I am also working as a Social Work Supervisor, in the Hospital. I would like to tell you about this study and ask if you will take part in it.

Title of the study: "Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape".

What is a research study?

A research study is when people like me collect a lot of information from people, about something to find out more about it. Before you decide if you want to give information, it is important for you to understand why I want to do the research and how what will be done.

Why is this study done?

The reason for this study is to ask young mothers, like you, about their teenage pregnancies and how it influence their lives. Hearing your story will help social workers to understand teenage pregnancies and to plan ways in which the problem of teenage pregnancies can be addressed in the community of the Bizana.

Why am I asked to take part in this study?

I am inviting you to take part because you went through a teenage pregnancy and you will be able to share how you experienced it. If you agree you will be called a participant in the research. Because you are still a minor, your parents/guardian must give written permission for you to participate. I have explained the research to your parent/guardian. If you agree to participate you will have to give written permission called assent.

How will information be collected?

In this study individual interviews will be done. This means I will have a private conversation with you. The conversation will be tape recorded to ensure that the information is understood exactly as you gave it. I will also make some notes in a notebook while we talk. The interview will last for about one hour. It may be necessary to have a shorter conversation at a later stage if I need more information.

Will there be any risks if I participate?

I will do my best not to disturb or upset you. We will talk about your personal experiences of being a pregnant and having a baby at a young age, which may bring back unwanted thoughts and memories. If this happens you may stop the conversation and withdraw from the research. In such case I will arrange for you to see the hospital

psychologist for counselling and support. The health care service you receive from the hospital will carry on as normal, even if you choose to withdraw from the research.

Who will know about your study participation?

I will not tell anyone but your parents that you are participating in the research. You will not be identified in any way. Your name will not be used during the conversation. The tape recording and all other research material will be kept under lock. Me and my teacher at the university will be the only persons to see the research material. The research report will describe the findings from all the participants and will not contain information to identify you. The same will apply if the research is presented in a professional magazine (called a journal) or at a meeting (called a conference). All information will be destroyed after five years.

Will I get paid for being in the study?

You will not be paid in any way because you will not have any financial expenses to participate in the study.

Who will benefit from the study?

Unfortunately, there is no direct benefit for you but with the information you give social workers will be able to plan ways in which future teenage pregnancies can be decreased in the community of Bizana.

Participation:

The consent given by your parent/guardian and the assent given by you, is voluntary. This means you can choose to take part or not. It also means you are free to withdraw from the study at any time without any penalty.

Time for questions: you are welcome to ask questions. You are also welcome to contact the following persons for further clarification:

Researcher MS BG Bekwa e-mail:31918034@mylife.unisa.ac.za Telephone: 0797311111

Study supervisor Mrs HS du Toit e-mail dtoiths@unisa.ac.za Telephone: 012 4296305

Chairperson University of South Africa, Department of Health Studies, Research Ethics Committee Prof J Maritz e-mail: maritje@unisa.ac.za

If you understand the study and agree to participate in this study please sign the following form.

ASSENT TO PARTICIPATE IN THE STUDY TITLED:

"Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape".

I …… understand the research and I agree to participate in the above study. I also agree that the conversation is tape recorded and that the researcher take notes while we talk.

Signature of participant ……. date……...

Signature of researcher…… date……

ANNEXURE F: INFORMATION AND CONSENT FORM PARENT OR GUARDIAN ON BEHALF OF THE CHILD

INFORMATION AND CONSENT FORM (PARENT OR GUARDIAN ON BEHALF OF THE CHILD)

I am Ms Bekwa B.G, the social worker at the hospital. I am a student at the University of South Africa doing a Master's degree in Public Health for which I must do a research project. The title of my study is **"**Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape".

Because your teenager daughter is/was pregnant, she will be able to assist me in the research. Kindly read the explanation below and if you agree, give you consent that she may be included in the study. Apart from your written consent, the research will be explained to your teenage daughter who will also be asked for her consent. In research, the consent by a minor is called assent and your child is called a participant.

Thank you for your time.

Purpose of the research:

The reason for this study is to ask young mothers, aged 12-18 years about their teenage pregnancies and how it influences their lives. Hearing their stories will help social workers to understand teenage pregnancies and to plan ways in which the problem of teenage pregnancies can be addressed in the community of the Bizana Community.

Permission to do the study

The study plan was approved by the University of South Africa, Department of Health Studies, Research Ethics Committee and the Eastern Cape Department of Health gave permission to do the study in this hospital.

Collecting information: in this study individual interviews will be done. This means I will have a private conversation with each participant. The conversation will be tape recorded to ensure that the information is understood exactly as given by the participant. I will also make some notes in a notebook while we talk. The interview will last for about one hour. It may be necessary to have a shorter conversation at a later stage if I need more information.

Potential harm: I will do my best not to disturb or upset your child. It may be that talking about her personal experiences of being a pregnant teenager will bring back unwanted thoughts and memories. If this happens she may stop the conversation and withdraw from the research. In such case I will arrange for her to see the hospital therapist for counselling and support. The health care service she receive from the hospital will carry on as normal even if she withdraws from the research.

Benefit: The participant will not benefit directly from the study, but social workers will be able to plan ways in which future teenage pregnancies can be decreased in the community of Bizana.

Anonymity and confidentiality: The participant will not be identified in any way. Her name will not be used during the conversation. The tape recording and all other research material will be kept under lock. The researcher and supervisor will be the only persons to have access to the research material. The research report will describe the findings from all the participants and will not contain individual information. The same will apply if the research is presented in a professional magazine (called a journal) or at a meeting (called a conference). All information will be destroyed after five years.

Compensation: The interview will take place when your child comes to hospital for a routine consultation, thus there will not be any financial expenses and no compensation from the researcher.

Participation: Consent by the parent/guardian and the participant is voluntary. This means you can choose to take part or not. The participant may choose to withdraw from the study at any time without any penalty.

Sponsorship: The funder of this research is the Health and Welfare Sector Education and training Authority (HWSETA).

Conflict of interest: I have no conflict of interest to declare.

Time for questions: you are welcome to ask questions. You are also welcome to contact the following persons for further clarification:

Researcher: MS BG Bekwa e-mail:31918034@mylife.unisa.ac.za Telephone: 0797311111

Study supervisor: Mrs HS du Toit e-mail dtoiths@unisa.ac.za Telephone: 012 4296305

Chair person University of South Africa, Department of Health Studies, Research Ethics Committee: Prof J Maritz e-mail: maritje@unisa.ac.za

If you understand the study and agree that your teenage child may take part in this study please sign the following form:

CONSENT THAT MY TEENAGE GIRL MAY PARTICIPATE IN THE STUDY TITLED:

"Life experiences of multiparous teenager mothers in selected communities in the Eastern Cape".

I understand the research and I agree, or consent that my child……..…….may take part in this study.

Printed Name of Parents/legal Guardian……

Signature of Parents/legal Guardian ……..

Date ……..

Printed name of researcher who explained consent……..

Signature of researcher ……..

Date……..

ANNEXURE G: CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT

Title of Research Project: exploring life experiences of multiparous teenager mothers in the selected communities in the Eastern Cape.

Local Principal Investigator: Bonisile G. Bekwa

As a member of this research team I understand that I may have access to confidential information about study sites and participants. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study sites and participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about study sites or participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by approved protocol or by the local principal investigator acting in response to applicable law or court order, or public health or clinical need.
- I understand that I am not to read information about study sites or participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I agree to notify the local principal investigator immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.

_____	_____	_____
Signature	Date	Printed name
_____	_____	_____
Signature of local principal investigator	Date	Printed name

ANNEXURE H: EXAMPLE OF TRANSCRIPT AND ANALYSIS

TRANSCRIPT 1 PARTICIPANT A

Age: 18 Years

Gender: Female

School Grade: Grade 7 School dropout School dropout

Race: Black African

Nationality: Xhosa

Marital Status: Single

Number of Children and their age: 4 children 6yrs, 4yrs, 3yrs, 2days Repeating birth in less than a year From the last Pregnancy

Same Father: 4 different fathers

Age of Current Partner: 33yrs — older male Partner

Family Composition: my mother, 4 siblings, my cousin sister and my children

Source of income: child support grant and small business for granny Grant dependent

RESEARCHER: Thank you. Which language do you prefer to use.

A: Xhosa

RES: I want you to feel comfortable and tell me everything about what you been through, no matter what happened, do not frighten, I am used to hear of any problems. Putting the participants at ease

Several teenagers, I have seen have already had multiparous pregnancies, kindly tell me when did you became sexual active and got first pregnant? Building Rapport and trust

Challenges experienced by adolescents girls who had multiparous pregnancies

A: .... [Smiling] M-hm. I became sexual active at the age of eleven, and got pregnant at the age of twelve years, I was doing grade seven. Early sexually at the age of 11 year and above

RES: How old was your partner and what grade was he doing?

A: My partner who is my child father was also a young learner doing grade ten. Young Partner and Schooler

RES: Tell me what you understand and know about the sexual relation between man and a woman [basic anatomy and physiology?

Structure of the body Bodies in which the way works

A: At the beginning I was experimenting sex, I did not know anything about it, I was not aware of anything, and my boyfriend was encouraging me to have it, but now I realised it contribute to early pregnancies.

RES: Tell me what do you know about family planning, have you ever received any sexual health education at home, school, community and or churches?

A: Yoyo! Mem… [Laughing] my mother and our local church never taught us about sex and family planning education, sex education is not allowed in our church except for married people, but… It's… we talked.

RES: "mm-mm, yes I see" "Could you tell me more about… "You seem to say more…?"

A: Yes… if we are together with my friends as youth, we talk about sexual behaviours about what we know and pornography self-produced from cell phones, use for grooming each other and our boyfriends, social network.

RES: [nod and smile] "I hear what you are saying".

Kindly share with me what problems have you experienced about your children health?

A: …. M-hm. M-hm. I have experienced a lot, my first two children were born at seven months with a low birth weight, and the third child had a developmental mile stone delay getting in and out in the Hospital. I realised that early pregnancy brings difficult life situations.it contributes to a many health and social problems.

RES: Things seem to be going badly, how are the children now and family support system? I always thought that… Sometimes people feel better about things after talking them over.

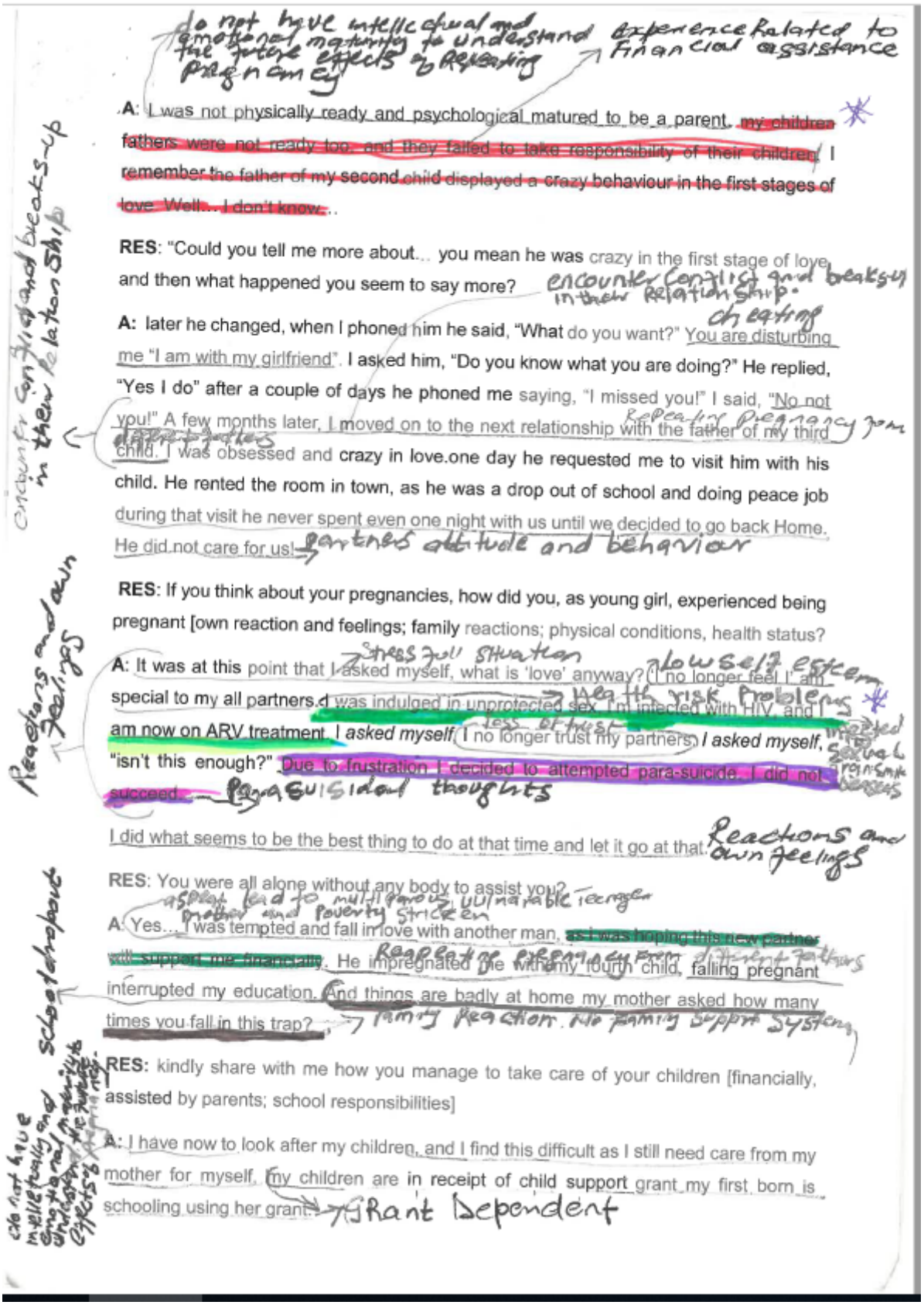
A: ooh-Mem… but what good does it to do to feel better of those things if they still going on?

RES: I know you feel hopeless, it's hard for you to see it now, but sometimes it helps.

It helps you think through your own problems, but I hope that is something we can work out together here, when you come to see me.

A: I wonder how long I will bear it.

RES: how will you describe your relationship with your current (and or previous) partner? [Status; emotional support, financial support]



A: I was not physically ready and psychological matured to be a parent, my children fathers were not ready too and they failed to take responsibility of their children, I remember the father of my second child displayed a crazy behaviour in the first stages of love. Well... I don't know...

RES: "Could you tell me more about... you mean he was crazy in the first stage of love, and then what happened you seem to say more?

A: later he changed, when I phoned him he said, "What do you want?" You are disturbing me "I am with my girlfriend". I asked him, "Do you know what you are doing?" He replied, "Yes I do" after a couple of days he phoned me saying, "I missed you!" I said, "No not you!" A few months later, I moved on to the next relationship with the father of my third child. I was obsessed and crazy in love.one day he requested me to visit him with his child. He rented the room in town, as he was a drop out of school and doing peace job during that visit he never spent even one night with us until we decided to go back Home. He did not care for us!

RES: If you think about your pregnancies, how did you, as young girl, experienced being pregnant [own reaction and feelings; family reactions; physical conditions, health status?

A: It was at this point that I asked myself, what is 'love' anyway? I no longer feel I am special to my all partners.d was indulged in unprotected sex, I'm infected with HIV, and I am now on ARV treatment. I *asked myself*, I no longer trust my partners, *I asked myself*, "isn't this enough?" Due to frustration I decided to attempted para-suicide. I did not succeed.

I did what seems to be the best thing to do at that time and let it go at that.

RES: You were all alone without any body to assist you?

A: Yes... I was tempted and fall in love with another man, as I was hoping this new partner will support me financially. He impregnated me with my fourth child, falling pregnant interrupted my education. And things are badly at home my mother asked how many times you fall in this trap?

RES: kindly share with me how you manage to take care of your children [financially, assisted by parents; school responsibilities]

A: I have now to look after my children, and I find this difficult as I still need care from my mother for myself, my children are in receipt of child support grant my first born is schooling using her grant.

RES: kindly tell me how you see your future and that of your children?

A: I do not see a bright future for my children and myself, I have never enjoyed myself!

Lost of Hope

never enjoyed activities of teenagers of her age

RES: if you can give advice on sexuality to a young girl what would you tell her?

A: Yeah... [Voice breaks] I will tell them not even to start, it's better to abstain

Message from APTG

RES: is there anything else that you would like to say about the topic?

A: Yes there is need to spend more time with all teenagers and multiparous mothers and teach them of the effects on early pregnancy.

View points. Message from MPTP

Closing: participant was informed that there may be a short follow up interview to clarify information once the tape recording have been listened to.

Member checking was done which is follow up interviews

ANNEXURE I: LETTER FROM LANGUAGE PRACTITIONER

Between the lines editing

Leatitia Romero
Professional Copy Editor, Translator and Proofreader
(BA HONS)

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27 FEBRUARY 2020

To whom it may concern:

I hereby confirm that I have edited the dissertation entitled: "LIFE EXPERIENCES OF MULTIPAROUS TEENAGER MOTHERS IN SELECTED COMMUNITIES IN THE EASTERN CAPE". Any amendments introduced by the author hereafter are not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.

Leatitia Romero

Affiliations

PEG: Professional Editors Group (ROM001)
EASA: English Academy of South Africa
SATI: South African Translators' Institute (1003002)
SfEP: Society for Editors and Proofreaders (15687)
REASA: Research Ethics Committee Association of Southern Africa (104)