Exploring risk and resilience among expectant school-going learners in the Tshwane District

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DECLARATION

I, Lindiwe Salome Polori, hereby declare that this thesis is submitted for qualification of Master of Education in Special Needs in the Faculty of Education and Training at the North-West University. I further declare that it is my own work and complies with the ethical standards of the North-West University.

Signature: L.S POLORI

Date: 5 December 2023

DEDICATION

This thesis is firstly dedicated to God the Father, God the Son and God the Holy Spirit for guidance, courage and wisdom given to me to be able to complete this master's degree. A special dedication goes to my late father, Charles Mkhuzelwa, and my mother Banikele Rose. I thank them for encouraging me to study. To my sons, Karabo, Lwazi and Kopano Polori, thank you for allowing me to use your special time to study. I hope you learn from me and value education as the key to a brighter future. Lastly, to my husband Selaotswe H. Polori; thank for your encouragement and support emotionally, financially, and for showing patience, love and understanding throughout my studies.

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ABSTRACT

The phenomenon of teenage pregnancy is growing worldwide, causing a lot of concern among parents, teachers and authorities in education. In South Africa, pregnant learners are allowed to continue to attend school until they give birth. However, it is not yet known how these children cope with pregnancies and school contemporaneously. Often, schools are not ready to support learners who fall pregnant. Many of them drop out of school and never return. Some of them fall pregnant again while they are out of school. The resilience of learners who are with child in schools has been less explored especially in South Africa. There is much speculation as to what puts these learners at risk of pregnancy. There are no known campaigns and programs to enhance adaptive coping in learners with child in schools in South Africa. The aim of this qualitative study was to explore the resilience of expectant school-going teenagers with a view to develop guidelines for resilience-focused interventions to support them. The study was designed as a multiple case studies research, involving 31 expectant learners in schools in Tshwane. There is a call for children to be studied directly, using participatory, child-friendly methodologies. The researcher in this study headed this call. Data were generated through the draw-and-write technique and processed through inductive content analysis. Generally, the findings show that learners with child in secondary schools in Tshwane, experienced personal and socioecological resilience risks. These learners coped resiliently through a complex combination of personal and socioecological resilience resources. The findings provide caveats to parents, teachers, researchers, and mental healthcare practitioners to be woke to these risks and resilience resources. In planning resilience-focused interventions, these resilience processes should be considered. Collaboration is strongly encouraged. The findings surely inform primary and secondary intervention programmes for teenage girls.

Key terms:

Resilience, resilience risk, risk factors, protective factors, teenage expectant, school going girls, vulnerability

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CHAPTER 1 ORIENTATION TO THE STUDY

1.1 BACKGROUND AND PROBLEM STATEMENT

Adolescent pregnancy, which is prevalent in high middle- and high-income groups worldwide, is a worrying phenomenon among parents, educators and health professionals (Ghose & John, 2017; Jones et al., 2019; WHO, 2020). Parents are often caught off-guard when a young person falls pregnant, and some do not have the means to support the young mother and the baby. In some contexts, teenage pregnancy is stigmatised, and young pregnant girls face much discrimination in such contexts. Schools do not have adequate structures to support young pregnant learners (Malindi, 2018). Therefore, many of these young people develop psychosocial problems. Furthermore, there is evidence that Sub-Saharan Africa has the highest percentage of maternal and neonatal deaths among teenagers (Isa & Gani, 2012). Adolescents especially in low- and middle-income countries are considered to be the most vulnerable and at-risk group as far as sexual and reproductive health risks are concerned (Pfeiffer et al., 2017).

As study by Odimegwu, Amoo & De Wet (2018) shows that socioecological risks such as socioeconomic status, having multiple sexual partners and lack of contraceptive use renders young women vulnerable to early pregnancy. This study further shows that the Gauteng Province had the most incidents of early pregnancies than all the other provinces in South Arica. This trend should be concerning to the authorities and health-care practitioners since young people are challenged to cope resiliently with motherhood and school contemporaneously. Admittedly, pregnancies that occur among teenagers have deleterious consequences for them as regards their holistic development and future prospects.

Several other socioecological risks are implicated in early pregnancy among teenage girls. For instance risks such as negative peer influences, unwanted sexual advances from adult males, coercive sexual relations, poverty, religion, early marriage, lack of comprehensive sexual education in schools, non-use of contraceptives, male responsibility to buy condoms, early sexual debut among teenagers and inappropriate forms of recreation (Yakubu & Salisu, 2018). Young girls are often powerless in these skewed relationships and fall victim to manipulative adults and young male people.

Research shows that teenage pregnancy threatens resilience and normative development in learners and thus imperil their future goals (Malindi, 2018). Young mothers-to-be are challenged to cope resiliently with impending motherhood on their own sometimes. This is so if families are not in a position to support both mother and baby due to immiseration. Teenage pregnancy carries stigma, which is a resilience risk, and it is shunned in other religious and cultural contexts (Baxter, Moodley & Matlala, 2018). It is apparent that cultural and religious imperatives relegate teenagers that fall pregnant into the periphery of society and they thus experience rejection.

On a physiological level, pregnancy exposes adolescent girls to medical, social and economic threats and risks of dying during childbirth (Pfeiffer *et al*., 2017). Furthermore, earlier studies examining the short-term capital and labour force consequences of teenage childbearing found that giving birth as a teenager was associated with a decreased likelihood of completing high school and reduced household income and labour force participation. Lack of social support is a risk to the development of teenage mothers. Research shows that teenage mothers who receive social support from friends, family or their children's fathers, therefore, do not exhibit symptoms of mental ill health, and cope in maladaptive ways such as substance abuse (Malindi, 2018). In order to dispel the view that teenage pregnancy is worse today than it was in the past, I will adopt a historical approach and investigate how this phenomenon has evolved.

Historically teenage pregnancy and subsequent motherhood have endangered the futures of girls through generations. Even after controlling for childhood poverty, a clear association exists between early motherhood and disadvantage in adulthood, and these are long lasting (Hobcraft & Kieman, 2001). Furthermore, teen mothers display behaviours that are potentially abusive and neglectful towards their children. Some of the outcomes and risks of early pregnancy have appeared and reappeared in several studies over time. Over the years, teenage mothers have over the years faced risks of living in poverty with economic and employment challenges than adult mothers (Malindi, 2018). Other risks faced by expectant teenagers over the years included the likelihood of delivering babies prematurely and the finding that they might require much support since they experience pregnancy complications, psychological distress and show depression (Malindi, 2018). The aforementioned risks become difficult to cope with if these young

people do not receive support since they might fail to cope resiliently and develop psychopathology.

Resilience research is a relatively young field that started in the early 1990s. So far, the phenomenon of resilience has not been conclusively defined since it became clear early that it is a complex phenomenon that is nuanced by culture and the context (Dass-Brailsford, 2005). Despite this ambiguity, researchers such as Ungar (2005) realised that resilience is not an individual trait as it was thought of before since it depends on what is built inside the child and what is built around the child. This makes resilience a bi-directional interaction between people and their social ecologies (Theron, 2015). Years later, Ungar (2008) stated that resilience refers to the demonstration of competence when the following conditions prevail:

- one is under significant stress but continues to function well
- Positive psychosocial functioning that indicate recovery from trauma.

In other words, for one to be seen to be resilient, one should demonstrate competence under significant stress, deal with risks that threaten well-being and function well despite persistent risk and adversity.

A child should be in a position to navigate and negotiate their pathways towards resources that sustain well-being (Ungar, 2006; Ungar, 2011; Theron, 2015). This makes resilience a product of bi-directional interactions between individuals and their physical and social ecologies (Theron, 2015). Historically, resilience researchers documented individual protective resources that are associated with resilience. They included insight, or an ability of an individual to ask questions about themselves and others and the situation they find themselves in. Other important attributes included taking initiative to find solutions to problems, independence and the ability to distance oneself from trouble and the pressure of family and friends and circumstances. Earlier research uncovered individual qualities such as positive temperament and the cognitive ability to process negative experience by building on the positive while not denying the reality (Rutter, 1999). Ten years later, a study involving street-involved children demonstrated that children are capable of cognitively appraising their situations and adopting what seems to be a plausible action (Malindi, 2009).

Resilient adolescents are more likely to have at least an average IQ and enjoy school (Ungar, 2006; Malindi; 2009; Malindi & Theron, 2010; Theron & Malindi, 2010; Malindi; 2014a; Malindi, 2014b). A strong sense of self-belief, self-esteem, good academic performance and a future perspective are characteristics of those who overcome adversity (Malindi & Machenjedze, 2012). The afore-mentioned protective resources combine in complex ways on different levels to mitigate the impact of risk and adversity. These earlier studies documented these resources in different contexts worldwide. Other studies focused on documenting risks that made the ability to cope resiliently difficult. The question that may arise is: What are resilience risks?

Resilience risks are processes that increase the likelihood of poor developmental outcomes. Risks can be chronic or cumulative and thus impact the lives of young people (Theron & Theron, 2010; Ungar, 2008). These risks occur on individual and ecological levels and include poor temperament, poor self-concept, discordant family systems, dysfunctional schools and general lack of services in communities. The challenge for parents, teachers, mental health-care professionals and other service providers is to find ways in which they can champion the resilience of teenagers who are at risk of falling pregnant. Those who are already expecting children should be exposed to support programs aimed at lessening the impact of early pregnancy. In other words, their abilities to cope resiliently with pregnancy should be paramount. Not much is known about risk and resilience among teen mothers to be. This is where I locate my envisaged study.

The central research question guiding my exploratory study is:

> *What is the nature of risk and resilience among expectant school-going learners in the Tshwane District?*

1.2 AIM OF THE STUDY

The overarching aim of the study is to explore risk and resilience among expectant school-going learners in the Tshwane District.

A combination of literature study and empirical research will form part of this study in order to achieve the stated aim of this study.

1.3 OBJECTIVES OF THE STUDY

The objectives of this study are:

- to document the risks experienced by expectant school going learners in Tshwane schools;
- to document the protective factors that feed the resilience of expectant teenage girls in Tshwane schools;
- to develop guidelines for the development of a resilience-focused intervention programs for expectant teenage girls;

1.4 STRATEGY OF INQUIRY

This study was essentially an exploratory, qualitative study. Exploratory qualitative studies focus on issues of relative novelty. In other words, researchers who adopt a qualitative exploratory research approach can explore areas in which little is known, or they can gain a new perspective in an area in which not much is known (Malindi, 2009). These qualitative researchers engage in prolonged contact with participants in their naturalistic contexts in order to gain an understanding of their lived experiences.

1.4.1 Research design

A case study research design was be adopted to achieve the aim and objectives of this study. Case study research entails a systematic and in-depth investigation of a particular instance or instances in its or their context in order to generate knowledge (Rule & John, 2011). In my study, I will focus on expectant school-going girls and their lived experiences (Creswell, 2013). Case study research enabled me to explore the purest, untainted data as regards risk and resilience among expectant school-going girls, within their naturalistic contexts. The benefits of case studies include a deeper exploration and understanding of the phenomenon studied.

1.4.2 Methods of generating data

Researchers are challenged to seek out and use methodologies that are child-friendly, less intrusive and less threatening to child participants (Malindi, 2018). Visual

participatory methods are mooted as preferred options especially when one studies a phenomenon among vulnerable and less accessible groups such as expectant school-going girls. As regards my study, I will use the draw-and-write technique as a way to invite the participants to generate the data I need. The draw-and-write technique has been used severally with children before. For example, at the international level, Horstman et al., (2008) used the draw-and-write technique in order to explore the experience of pain associated with cancer among children aged 6–12 years. Knighting et al., (2010) then used the draw-and-write technique in order to explore the views of children aged eight to 12 with cancer regarding the understanding of hospital care.

In South Africa Malindi and Theron (2011) used the draw-and-write technique in order to explore the phenomenon of resilience among children with histories of streetism. These children were in institutional care at the time of the study. Recently, Machenjedze, Malindi and Mbengo (2019) used the draw-and-write technique to explore the resilience of children orphaned due to Aids-related illnesses.

In this study, a drawing brief is developed with clear instructions to be followed in co-generating data. On the first page of the drawing brief, the following instruction will be given:

> *Think about what helps you cope with your life when you experience a hard time. In the space provided, make a drawing of what enables you to cope. How you draw is not important. Take as long as you wish. Use colour if you prefer.*

On the flip side of the A4 page the following instruction will occur:

> *In the space provided, write a paragraph or paragraphs in which you explain your drawing. Write as much as you wish. Write in any language you prefer. Use more paper if you should.*

The participants were provided with drawing material. There were no time limit to the drawing and writing activities, however, this activity usually takes up to 35 minutes. The draw-and-write technique can also be used with groups of children. It may serve as an icebreaker since drawing and writing are natural activities for school-going children.

The draw-and-write technique offers the researcher much flexibility. For example, if a participant has difficulty in writing a narrative, the researcher may assist by writing it on behalf of the participant (Machenjedze, Malindi & Mbengo, 2019). The narrative is then read back to the participant to make sure that it is exactly what the participant wanted to say. After the drawings had been made and the narratives written. It will then be collected for analysis. If a participant prefers to keep the drawing and narrative since it may serve a therapeutic purpose, the researcher kindly requested a permission to make a copy or to take a photograph of the drawing and narratives.

1.4.3 Analysis of data

The data was processed through inductive content analysis. Inductive content analysis is a qualitative method of data analysis in which the researcher develops theory and identifies themes by studying documents, recordings and other printed, and verbal material and relies on inductive reasoning in which themes emerge from the raw data through repeated examination and comparison (Nieuwenhuis, 2007). Content analysis is a content-sensitive method and offers the researcher flexibility.

Inductive content analysis begins with organising raw data through the process called open coding (Malindi, 2018). Through open coding the researcher views the material, making notes and headings in the text as they read (Nieuwenhuis, 2007). This process requires repeated reading of the material (Malindi, 2018; Machenjedze et al., 2019). Then data are grouped, categorised, and similar codes are grouped to arrive at workable themes (Hsie & Shannon, 2005; Malindi, 2018; Machenjedze et al., 2019; Nieuwenhuis, 2007).

The data for this study came in the form of drawings and narratives. The researcher must be familiarized with the narratives by reading them severally in order to gain a full understanding of all of them. Codes will be generated from the narratives by labelling sections of them. The codes will be grouped, a process called axial coding and meaningful themes will be developed (Nieuwenhuis, 2007).

It is important to note that by compiling narratives, the participant initiatiated the process of analysing the data. This eliminated the possibility of being biased and subjective since

the researcher did not be impose meaning upon the drawings. The drawings were not used as projective techniques, instead the drawings will be used symbolically.

1.4.4 Sampling procedure

The study population for this study involves expectant school-going teenage girls. Since it is impossible for researchers to study whole populations, they select samples from the target population. Selecting a sample for a study is a process called sampling. In this study, I used purposive sampling that involved purposefully selecting participants that were the best in assisting the researcher to explore and understand the phenomenon and answer the research questions (Cresswell, 2009; Babbie & Mouton, 2007; Nieuwenhuis, 2007). Purposive sampling is used in a special situation where sampling is done with a specific purpose in mind (Nieuwenhuis, 2007).

Sampling in qualitative research is flexible and the sampling process continues until data saturation is achieved. In this study, 31 school-going expectant girls as multiple cases in Tshwane schools were purposively selected. The participants were in grades ranging from 8 to 12. The participants will be aged from 14 to 18.

1.4.5 Metatheory

The Social Ecology of Resilience Theory (SERT) of Ungar (2011) undergirds this study. The SERT emphasises how crucial the physical and social environments are in helping young people develop adaptive coping mechanisms in the face of dangers and misfortune (Ungar, 2011; Ungar, 2012; Ungar, 2013). Decentrality, complexity, atypicality, and cultural relativity are the four guiding principles of the SERT (Ungar, 2011). These guiding principles are to guide both research and theory development in resilience.

Decentrality advocates decentering the child who is at risk, meaning that we should not look only at a child's strengths to find signs of resilience. Social and physical ecological contribute to favourable developmental outcomes for people who experience high levels of stress (Ungar, 2011). Rather, the Therefore, the importance of a child's social and physical environment in fostering adaptive coping should be recognised and not overlooked (Ungar, 2011; Ungar, 2013). For pregnant learners in schools, it would be prudent to look both inside them and around them for evidence of resilience. The impact

of their families, peers, schools and churches in either enhancing or undermining their capacities to cope resiliently should not be disregarded.

As regards the complexity principle, the SERT shows that positive growth in the midst of adversity, risk and the protective processes are too complex to predict singular developmental trajectories in all context for all children at risk. Furthermore, for a child to resile he or she must take advantage of the resources that the environment provides and there are constant changes across context and time in children's social and physical worlds. Therefore, a child, however supported, may not necessarily perform better in all contexts. This implies that a resilience factor that is robust in one situation might not be in another. A child, a pregnant one in this case, who can handle hardship in one setting might find it difficult in another where the stressors are different (Malindi, 2014; Malindi & Theron, 2010; Kombarakaran, 2004; Theron & Malindi, 2010). This demonstrates even more how context-specific resilience can be (Dass-Brailsford, 2005).

In the context of the social ecology of resilience theory, atypicality refers to the notion that sometimes children cope with risk in ways that are not normal if judged by conventional societal standard. Teenagers who manage risk in ways that would be considered abnormal by mainstream social norms display hidden resilience (Malindi & Theron, 2010; Ungar, 2004; Ungar, 2007; Ungar, 2011).

The fourth principle of the SERT is cultural relativity. It is crucial to take the cultural relativity context into account. Culture is everyday practices through which individuals and groups manifest a set of shared values, beliefs, language and customs (Wong, Wong & Scott, 2006). To appreciate resilience as a complex construct with varied outcomes, the competing truth claims of the intersecting cultures in which children's lives are lived need to be accounted for. Learners who are expecting babies can depend on their cultures to be able to cope resiliently. The norms are determined by culture and so is what is considered normal by all. Culture determines accepted standards, values, and beliefs and consequently, culture has an impact on resilience and coping mechanisms (Malindi & Theron, 2010; Ungar, 2011). Children are inherently socialised according to the values of a specific culture.

1.5 SCIENTIFIC RIGOR

Generally, researchers strive to achieve the highest level of quality as regards the research process. In other words, integrity in relation to research findings is regarded as paramount. In qualitative research, this requires achieving and promoting trustworthiness (Denzin & Lincoln, 2011). Trustworthiness is therefore very important in qualitative research, if the findings are to be believed and trusted. Trustworthiness is akin to processes such as validity and reliability in studies of a quantitative nature (Babbie & Mouton, 2007; De Vos, 2007; Merriam, 2008). Trustworthiness in qualitative research involves processes such as *credibility, transferability, confirmability* and *dependability* (Denzin & Lincoln, 2011). In the section below, the researcher elaborate on each of the aforementioned processes.

1.5.1 Credibility

Credibility is a process that denotes the extent to which the findings of a qualitative study can be believed by fellow researchers. In order to achieve credibility, the rich description was provided of the research setting or context, research participants as multiple cases, all the research procedures was followed, and the nature and quality of the interactions that occurred between the participants and the researcher for the findings to be seen to be credible and believable by fellow researchers (De Vos, 2007; Denzin & Lincoln, 2011). The conclusion was subjected to peer debriefing, a process that involves inviting peers to carefully examine the researcher's perceptions, insights, analyses and conclusions (Babbie & Mouton, 2007). According to Babbie and Mouton (2007), Credibility is further enhanced through referential adequacy that which involves the preservation and making accessible the material or equipment that was used to preserve the data collected for the study's conclusions to be compared to the original data (Babbie & Mouton, 2007).

1.5.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other settings (Babbie & Mouton, 2007; De Vos, 2007; Denzin & Lincoln, 2011). The researcher is required to fully describe the research setting, the context and the participants in more detail, although generalisation is not the objective of qualitative studies (Gilgun, 2005). This will enable researchers to decide whether the

findings of this study are transferable to similar contexts or not. Furthermore, purposive sampling and the maximisation of the depth and richness of the data collected are essential in enhancing transferability, since this sampling process ensures that only the people who could provide the required data were recruited for the study.

1.5.3 Confirmability

Confirmability is the extent to which other independent parties can confirm the findings from a qualitative study (Babbie & Mouton, 2007; De Vos, 2007). A fellow researcher was invited to view the findings of the study so as to confirm them and to advise the researcher's biised on what appeared to be misconceptions. Confirmability minimises researcher bias, based conclusions, data misinterpretations and faulty recommendations. Confirmability enables the reader to determine how far the data and conclusions may be accepted as they are and it relates to the recognition of the researcher's beliefs and conclusions (Denzin & Lincoln, 2011).

1.5.4 Dependability

Dependability denotes the extent to which the data collected can be relied upon (Babbie & Mouton, 2007; De Vos, 2007; Denzin & Lincoln, 2011). Dependability relates to reliability in quantitative research. Dependability is enhanced when a researcher fully describes the research context and reflects on previous research findings that were similar or different. Likewise, a full description of the context of the research was provided and the findings were compared with those of preceding research.

1.6 OBSERVANCE OF RESEARCH ETHICS

1.6.1 Protection from harm

It is the responsibility of the researcher to protect research participants from emotional and/or physical harm (Strydom, 2007; Babbie & Mouton, 2007). Likewise, the participants were not exposed to undue physical and/or psychological harm while they took part in this study (Leedy & Ormrod, 2005). The participants were informed that they should alert the researcher if any research activity elicits sadness in them and that they may withdraw from the study at any time without any negative consequences (Strydom, 2007).

However, emotional relief in the form of debriefing and counselling would be sought by the researcher if any participant requires them.

1.6.2 Informed consent

An important requirement is that participation in research should be voluntary (Leedy & Ormrod, 2005; Strydom, 2007; Babbie & Mouton, 2007). No person was forced to participate in a study. No form of compensation should was used to encourage any participant to take part in a study since that was to take away the participant's right to withdraw participation in a study as the need arises. The participants took part in this study as volunteers and were aware of the purpose of the study and what they were expected to do. The participants had opportunities to withdraw from the study even though their parents and principals had consented to their participation in the study. No form of coercion or promises of compensation were made to the participants so as not to deprive them of the rights to end their participation.

1.6.3 Right to privacy

The right to privacy is inalienable (Strydom, 2007). It is the responsibility of the researcher to ensure that the participants' rights to privacy are protected. In this study, the participants will be given pseudonyms to conceal their identities. They were assured that their names would not be made known when the findings are disseminated. The data from the interview, the narratives and the drawings will be kept confidential and only destroyed after a period of five years (Leedy & Ormrod, 2005; Babbie & Mouton, 2007; Terre Blanche et al, 2007). Eefforts were made to protect the participants' rights to human dignity and equality as is required by research ethics at the University, the Constitution of the Republic of South Africa (1996) and the Health Professions Council of South Africa (2008).

1.6.4 Honesty with professional colleagues

Researchers have obligations to report their findings truthfully and honestly without bias or falsification (Leedy & Ormrod, 2005; Babbie & Mouton, 2007). In this study, data was not intentionally misrepresented, mislead or fabricated in any way. The findings were emerged from the qualitative data. Trustworthiness was achieved and the findings made

honestly. All the sources that were used in the study were acknowledged in the list of bibliography of references (Leedy & Ormrod, 2005).

1.6.5 Internal review boards

The North-West University has an internal ethics review committee that examines proposals in order to ensure research is conducted ethically and that no harm is caused to the participants (Leedy & Ormrod, 2005; Babbie & Mouton, 2007; Terre Blanche et al., 2007). This study will be conducted with strict observance of the research ethics of the University.

1.7 ORGANISATION OF THE STUDY

Chapter 1: Orientation of the study

This chapter presents an overview of the study

Chapter 2: The phenomenon of resilience and teenage pregnancy

This chapter reviews the literature on the incidence of teenage pregnancy

Chapter 3: Empirical research

The research design and methodology used are presented in this chapter.

Chapter 4: Data presentation and analysis

The chapter provides a summary of findings.

Chapter 5: Findings from literature

This chapter focuses on the conclusions, findings, limitations and recommendations.

Chapter 6: Guidelines for a resilience-focused intervention for school-going teenage girls

This chapter presents the guidelines for a resilience focused intervention for school-going teenage expectant girls.

CHAPTER 2 THE PHENOMENA OF RESILIENCE AND TEENAGE PREGNANCY

2.1 INTRODUCTION

In Chapter One, the researcher provided an overview of this study. In Chapter two, is the review of literature on the phenomenon of resilience on the prevalence of teenage pregnancy worldwide. The resilience risks associated with teenage pregnancy are discussed. Coping strategies used by expectant teenagers and the views that are commonly held about teenage pregnancy are looked at. A summary of interventions aimed at preventing teenage pregnancy and supporting teenage mothers-to-be provided. It should be noted that the resilience phenomenon is not easy to define since it is highly context-specific (Dass-Brailsford, 2005). However, in this study, resilience is seen from the social ecology of resilience perspective. Resilience therefore, neither seen as a personal trait of some; instead, it is seen as a product of complex interactions between people within their social and physical ecologies (Ungar, 2011).

2.1.1 What Is Resilience?

According to Ungar (2006), resilience is both an individual's capacity to navigate to health resources and a condition of the individual's family, community, and culture to provide these resources in culturally meaningful ways. In other words, when evidence of resilience is sought, focus should not only be on the child's personal strengths; instead, their social and physical environments should be considered (Ungar, 2011). Social and physical environments can pose resilience risks or provide opportunities for adaptive coping. Masten (2014) proposed a definition of resilience, which includes the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development. These systems may include families, the peer group, schools, church and community resources and services. Ungar (2013a) considers resilience a social construct and proposes a social ecological understanding of resilience. Masten (2014) emphasises the importance of respecting cultural and contextual specificities. That is because ways of coping with adversity are culturally and temporally influenced (Ungar, 2011).

While resilience refers to positive outcomes in the presence of adversity, it manifests in the context of risk (Hawley, 2010) and denotes the ability of individuals to bounce back from adversity. This perspective avoids a victim-blaming approach which would suggest individuals who do not possess the characteristics to function well are to be blamed for this lack (Luthar & Cicchetti, 2000). These authors also caution against suggesting that resilience makes for long-term invincibility, as continued assaults resulting from changing life circumstances can reduce even the strongest individual. Furthermore, resilience in one domain is not necessarily indicative of resilience in other domains, and individuals can exhibit resilience in a range of domains such as education, emotion, or behaviour (Luthar et al., 2000).

A South African study by Theron, Theron and Malindi, (2012) on resilience among the Basotho indicates that the following core concepts are important: having intrapersonal strengths, a future orientation, a resilient personality, educational progress, value devotion and equanimity, and interpersonal strengths (which includes being actively supported by multiple systems).

2.1.2 Resilience risks

According to NHI (2016) resilience risk factors are characteristics statistically associated with an increase in health risks for example, violence or substance abuse. Personal health risk factors include age, sex, family health, history, lifestyle and more. Risks factors can be more biological, environmental, and behavioural (NHI, 2016). Risk factors do not necessarily cause unhealthy behaviours or ill health. They are determinants associated with an increased risk of diseases. Risk factors represent a short-term or a long-term threat to individuals' healthy development. They increase the probability of negative outcomes and can be of various intensity and duration (Rutter, 2012).

Negative experience may have either a sensitizing effect (increased vulnerability) or a strengthening "steeling" effect (increased resistance) in relation to the response to later stress or adversity (Rutter, 2012). Rutter (2005) considers an absence of long-lasting harmonious relationship, a lack of social cohesion within social groups and lack of opportunities to learn the most frequent sources of risky experiences. Sources of risks can vary depending on the context, for example, poor health, maltreatment, and exposure to household stressors can have an impact on the health of a child.

2.1.3 Personal resilience risks

The relationship between risk and protective factors is close-knit. Risk factors are personal characteristics that heighten vulnerability to daily stress, while resilience factors shield individuals from the adverse effects of daily stressors. Certain mediator factors, such as the perception of stress, school engagement, and the level of awareness regarding psychological well-being, have been shown to influence both resilience and academic performance among students (Angeles, 2021). The trajectory of individuals' future lives is shaped by the dynamic interplay between risk and protective factors, encompassing emotional, educational, social, and economic influences (Serin, Chadwick, & Loyd, 2016).

Adopting a person-centered approach and focusing on individual traits that either facilitate or impede recovery from ongoing stress, sustaining positive adaptation and overall well-being over an extended period, is emphasized (Lassri, 2023). This perspective on resilience is more dynamic than a strict trait perspective, considering an individual's personal and social resources activated in response to the demands and challenges of daily life. Risk factors, as noted by Catalano and Shankar (2017) pose a threat to individuals' healthy development, with varying intensity and duration, increasing the likelihood of negative outcomes. In terms of reactions to subsequent stress or adversity, negative experiences can either enhance resistance or heighten vulnerability (Rutter, 2012).

2.1.4 Socio-ecological resilience risk (SERFs) factors

A group of variables known as social ecological risk factors (SERFs) have the potential to affect adolescent’s health and wellbeing. Individual, familial, communal, and societal factors are among them. Research has indicated that adolescents who have high SERF levels also frequently engage in health-risky behaviours. High SERF adolescents are more likely to experience emotional, behavioural, and psychological issues (Zhang et al., 2023). The recognition of the often-overlooked fact that almost all of our current ecological problems are the result of deeply rooted social issues is what makes social ecology social (Bookchin, 2022). In contrast, without addressing social issues head-on, it is impossible to comprehend, much less find a solution, to the current ecological problems.

The most notable ecological disruptions currently witnessed trace back to conflicts tied to economics, ethnicity, culture, gender, and various other factors (Panter-Brick & Eggerman, 2011). Individuals exist within a social ecology composed of multiple social spheres that influence their beliefs, attitudes, and behavior. Societal entities, such as churches, schools, and families, can play a role in mitigating risk factors and enhancing protective factors across these spheres. Rutter (2005) and Cleaver (2011) argue that the absence of enduring, harmonious relationships, limited opportunities to identify common causes of hazardous experiences, and a lack of social cohesiveness within groups are prevalent challenges.

2.1.5 Protective Resources

According to New Brunswick Health council (2020), protective factors are characteristics statistically associated with a decrease in vulnerability to a health risk. Resilience is the ability of individuals to remain healthy even in the presence of risk factors. Prevention for groups and individuals alike is largely a matter of decreasing risks and increasing protective factors (that is, creating resilience) in the lives, families, and environments of those at risk (Botha, 2014; Jenson & Fraser, 2006).

Protective factors are the individual characteristics or contextual conditions that work as dynamic mechanisms that help children and teenagers to resist or to balance the risks to which they are exposed to (Rutter, 1985, 2012). Dillon et al., (2007) refers to several factors on a personal level that are strongly correlated with the development of resilience. These factors include the ability to operate a scheme to acknowledge, interpret, and predict potentially dangerous situations that occur in the social context, develop a set of goals and regulate his/her behaviour to pursue these goals over time and in different contexts and promote positive beliefs about his/her self-regulatory capacity, to put his/her decisions into practice by using adequate skills and solve functional problems. Most of these abilities are essentially self-regulation abilities, a process in which individuals take an active role shaping their own destiny even in contexts characterized by a high psychosocial risk (Dishion & Connell, 2006; Masten & Coatsworth, 1998).

Personality traits, perseverance, determination, self-efficacy, creativity, coherence, and self-awareness are some internal attributes that are positively related to resilience (Affi & Macmillan, 2011; Waaktaar, Christie, Borge, & Turgersen, 2004). Individual qualities such

as positive temperament and the cognitive ability to process negative experience by building a positive one while denying the reality on the other hand are fundamental to the development of resilience (Rutter,1999). A resilient teenager is more likely to have at least an average intellectual quotient (IQ) and enjoy school (Nesman et al., 2021; Punjani & Mevawala, 2019; Ferguson & Lynskey, 1996).

The insight, or individual's ability to ask tough questions themselves and others and the situation they find themselves in. Insight helps dispel denial and confusion. It generates clarity and provides solutions in solving problems (Wolin, 2003). The contextual factors include family support, positive appraisals, and good interpersonal relations (Carbonell et al., 2002; Smokowski et al., 1999; Vanderbilt-Adriance & Shaw, 2008; Sameroff & Rosenblum, 2006), teacher and school support (Brooks, 2006), as well as community relationships and resources (Davies et al., 2011; Sameroff & Rosenblum, 2006). It is iterated that according to Affi and Macmillan (2011), resilience is not an attribute of a child, but rather a product of the relationship the child has with caregivers and family, as well as how these relationships can fit together with the child's unique developmental profile.

Therefore, relationships are important in enabling children to resile in the context of risk. Microsystems such as families, therefore, form part of the critical basis for the healthy development of children. In scarce-resource contexts families may provide the most important basis for the development of resilience even though effective resilience-building strategies can be in a variety of levels, namely institutional, political, familial, community and individual (Roostin, 2018 & Prakash, 2020). Studies across socio-economic levels looking at the protective factors involved in high academic achievement found that children who belonged to families that demonstrated belief patterns that revolved around a positive outlook in life have a strong sense of purpose, and a high level of personal efficacy (Amatea, Smith-Adcock & Villares, 2006; Carson et al., 1999).

Protective factors can act as a buffer against risk factors as a result, they can positively impact people's life trajectories and provide positive development in the face of risk thus maintaining a certain level of functioning (Barnová & Gabrhelová, 2017; Unger, 2013). Hence, effective adjustment to adversity depends on an individual's capacity to control their emotions, engage in constructive thought, govern and direct their behaviour, restrain

automatic impulses, and modify their surroundings to eliminate or reduce stressors (Compas et al., 2001).

2.2 PREVALENCE OF TEENAGE PREGNANCY WORLDWIDE

Life's transitions are usually very crucial moments in life since they require adaptation and adjustments. Many people can navigate their lives through transitional events with ease and others with much difficulty that can imperil their lives. One transition that is quite crucial from childhood into adulthood includes parenting. According to Panday, Makiwane, Ranchod & Letsoalo (2009), research shows that …. *being ready to take on the lifelong responsibility of rearing a child, and in many respects shaping the outcomes of the next generation, requires not only physiological and psychological maturity, but also family circumstances that can offer the support necessary to make a successful transition to parenthood* (p.11)."

Teenagers fall pregnant while they are not ready for responsibilities of motherhood and the parenting. They are not ready raise a child and the excerpt above shows that, falling pregnant has an impact on holistic development among pregnant learners at risk. The situation can be exacerbated by immiserated family circumstances and all the associated resilience risks. It is, therefore, evident that teenage pregnancy and giving birth, can negatively affect a girl's health, livelihood, education, and otherwise normal course of development into adulthood. These risk factors imperil their lives and futures too. Many pregnant girls face pressure and resilience risk of stigma, and they are compelled to drop out of school, which can negatively affect their options for education and jobs (UNICEF, 2022). Resilience risks implicated in early pregnancies among teen girls include negative peer influences, poverty, lack of comprehensive education on , religion, mature males making sexual advances, forced sexual relationships, early marriage, unsuitable types of amusement, early sexual debut, male obligation to purchase condoms, and non-usage of contraceptives (Yakubu & Salisu, 2018).

Another resilience risk that leads to teenagers becoming pregnant at a young age is that parents do not talk to their children about dating, intimacy, or contraceptives, and they do not provide them with much knowledge about sexual reproductive health (Mothiba, 2012). Teenage pregnancy would decline if parents and children had open and honest conversations with their children, which would greatly influence the decisions that

teenagers make with regards to sexual intercourse. Teenagers, seek information through talking to their classmates, reading articles in magazines, and using social media and videos (Qolesa, 2017). Teenagers do not utilize health clinics, despite the fact that they offer information, out of fear of being stigmatized and labelled as sexually active (Newton-Levinson, 2016). Students' stress levels are also influenced by their expectations about and experiences with health professionals' insensitivity to adolescent pregnancies (Naidoo, 2005; Nkosi & Pretorius, 2019).

Numerous socioecological resilience risk factors influence parenting, namely, stressors and situational support, the current family setting, and influences from previous generations (Belsky, 1993; Cicchetti & Valentino, 2006; Cowan & Cowan, 2009). Other resilience factors that render teenagers at risk of poor developmental outcomes such as parental experiences of adolescent mothers during their formative years significantly influence their current approaches to parenting (Sawar, 2016; Shapiro & Mangelsdorf, 1994; Spieker et al., 1996). Other young people experience an abusive cycle that spans generations; however, the majority of mothers who experienced maltreatment as children refrain from mistreating their own offspring (Child Welfare, 2016; Cicchetti & Valentino, 2006; Kaufman & Zigler, 1987). This is a mark of adaptive coping or resilience.

The context in which young people grow can serve as a resilience risk and lead to early pregnancy. Adolescent pregnancies are more common in impoverished neighbourhoods because young people who grow up in underprivileged environments are more prone to start dating at younger ages and eventually become pregnant at an early age. Furthermore, young individuals may resort to transactional intercourse in areas with high rates of poverty as a means of surviving financially, with pregnancy occurring if contraception is ineffective or not utilized. Thus, it is critical that high-quality education is continued to be strongly promoted, particularly in underprivileged areas where government schooling is the norm, in order to provide young women more agency, choice, and empowerment to determine their own futures. As a result, young girls raised by single mothers would be better aware of the numerous sacrifices involved in being a single parent (Richter & Lemola, 2017). This could help women avoid putting themselves in situations where they would have to give birth too soon. In close connection with this, single mothers may wish for their kids to avoid having to deal with the regrets they had in the past. For this reason, they may constantly urge their adolescents to pursue

educational opportunities and other positive endeavours in order to secure a better future than they had (Masuko, 2017). All the resilience risks discussed above render some young girls at risk of poor developmental outcomes.

There are different rates of teenage pregnancy in industrialized and developing countries. In developed regions such as Canada, United States, New Zealand, Europe and Australia, adolescent pregnancy is seen as a social issue and has shown to be much of a concern with the rate of growing (Kost & Maddow-Zimet, 2011). In the section below, the prevalence of teenage pregnancy in different parts of the world is explored.

2.2.1 Prevalence of teenage pregnancy in U.S.

Teenage pregnancy has long been a source of concern to the American society; in fact, it has become one of the most often brought up instances of the country's alleged social decline. Adolescent pregnancy and childrearing continue to be significant public health concerns both domestically and internationally. A considerable percentage of adolescent parents live with their birth families, which could have a favourable or unfavourable impact on the family unit. Adolescent parents—those between the ages of 15 and 19- are more likely to have multiple pregnancies (Powers & Takagishi, 2021; Kirchengast, 2016). The rate of teenage pregnancy was 17, 4 per 1000 female teens in 2018 and 16,7 per 1000 female teenagers in 2019. Nonetheless, 14% of teenage girls give birth before turning 18 years old (CDC, 2016).

Adolescent girls who become unmarried mothers are also likely to have more children in their 20s, contributing to the rising percentage of non-marital births (UNICEF, 2022). Concerns about families using assistance (Temporary Assistance for Needy Families, or TANF) and ongoing kid poverty are growing across the country (U.S. House of Representatives, 1996). There are a lot of impoverished teenage mothers, and they are more likely to stay on welfare for long periods of time (Akella & Jordan, 2011). Over the course of their lives, adolescent mothers receive a disproportionate amount of welfare payments due to these extended periods.

2.2.2 Prevalence of teenage pregnancy in Russia

The United States and Russia have among of the highest rates of teenage pregnancies among wealthy nations. In Russia, there were 55 births for every 1,000 girls aged 15 to 19. It fell into the upper 20s and remained there until the early 2000s, when it rose once more to 30.2 per 1,000 women (Gulya, 2014). Academic discourse surrounding adolescent pregnancy in Russia typically allude to the "low contraceptive culture" prevalent among teenagers (or Russians in general). This is partially due to the strong opposition to federal attempts to provide sex education, which hampered initiatives to raise youth awareness of sexual health issues through classroom instruction. Nonetheless, there are indications that gynaecologists are becoming more knowledgeable about contraception, which should raise the standard of their one-on-one counselling. Apart from the standard medical hazards associated with adolescent pregnancy worldwide, high incidence of HIV and STIs, including syphilis, are another factor contributing to teenage pregnancy in Russia. The 2000s still have greater syphilis rates than the 1980s and 1990s did. There are about a million HIV-positive Russians. Of those infected, 20% are women, and 30% of those women are teenagers aged between 15 and 17 years. In 2012 Russian law stipulated that women over the age of 15 years were entitled to access anonymous sexual health services, including abortion, without their parents' consent (Gulya, 2014).

2.2.3 Prevalence of teenage pregnancy in the Philippines

In the past ten years, teenage pregnancy in the Philippines has risen to 70% (Pogoy et al., 2014). A country official for the United Nations Fund for Population Activities (UNFPA) expressed concern over the high rate of teenage pregnancies in the nation and stated the organization is seriously addressing the issue, exposing adolescent girls aged between 10 and 19 years to high risk. Pregnant young females are becoming more common in the nation, and the majority of them are single. Young women are ill-prepared, both physically and psychologically, for parenting since they are more likely to die during pregnancy. This illustrates how little knowledge young women have about pregnancy (WHO, 2020). Teenage pregnancy is not the only reason why there are risks associated with teenagers quitting school. These dangers demonstrate the substantial correlation

between adolescent pregnancy and school dropout and low socioeconomic level (Plaza & Madelo, 2021)

Among Southeast Asian nations, the Philippines has one of the highest rates of adolescent births. A "national social emergency" was declared in 2019 by the Philippines' National Economic and Development Authority (NEDA) due to the high rate of teenage pregnancies. President of the Philippines Rodrigo Duterte recognized the urgency when the Commission on Population and Development reported in 2019 that nearly seven girls, ages 10 to 14, gave birth each day. In that same year, 2,411 girls were involved (Sherpa, 2021). Adolescent pregnancies hinder women's ability to get beyond the poverty line and advance in their human development. The main factors contributing to the higher risk of these consequences are poor sex education, restricted access to birth control, rising rates of cohabitation, and misconceptions fuelled by stereotypes or religion (Tashi, 2021).

Teenage pregnancies during school years are less common among adolescents with strong educational goals. This is a result of their strong academic motivation, which gives them the drive to pursue further education. Students who struggle academically and have low self-esteem fail to set reasonable expectations for their schooling. Their route to adulthood and financial independence was via pregnancy. Risky sexual behaviour, hardship, substance abuse, school dropouts, poor academic achievement, and low family income are the variables that lead to pregnancy among teens (UNICEF, 2011).

2.2.4 Prevalence of teenage pregnancy in Peru

In Peru, the percentage of teenage pregnancies was 30.1% between 2015 and 2019. According to data from the Demographic and Family Health Surveys (ENDES), the proportion of teenagers between the ages of 15 and 19 who were pregnant for the first time and those who were already mothers did not significantly decline between 2014 and 2019, with prevalence rates of 14,6% and 12,6%, respectively (UNCEF, 2021).

Teenage pregnancy has been found to affect women more frequently who are low levels of education, live in rural areas, are from lower socioeconomic classes, or are of a certain ethnicity. Low socioeconomic status, lack of education, and inadequate access to contraception have all been repeatedly linked to increased chances of teenage pregnancy in Peru (Kassa, et al., 2018). Certain factors have been linked to an increased

risk of teenage pregnancy, including living in a rural location, being married young, initiating sexual relations at a young age, and being a member of an ethnic or religious minority (Pradhan, Wynter & Fisher, 2015).

2.2.5 Prevalence of teenage pregnancy in Colombia

Although Colombia is making progress in several areas, its high rates of adolescent pregnancies are nevertheless a result of societal issues, poverty, and conflict. While public attention is directed to Colombia's peace process, the high prevalence of teenage pregnancy remains mostly overlooked in one of Latin America's fastest-growing economies (Daniels, 2015). Teenage pregnancy in Colombia results from a low sense of self-worth and a suppressed identity (Daniels, 2015). Nearly 13000 Colombian girls aged 10-14 become pregnant and Colombians have the highest rate of adolescent pregnancies in Latin America, due to poverty (Moloney, 2014).

According to Colombia's family protection agency Plazas Christina, one in every five females in Colombia aged between 15-19 have been pregnant and that is a worrying factor as 64% were not planned (Daniles, 2015). Colombia fell short of its UN Millennium Development Goal target of 15% by 2015, since 19·5% of young girls were pregnant at least once in 2010. Government officials have not overlooked the numbers. The health of the mother and child is frequently jeopardized by teenage expectation. Adolescent pregnancy continues to be a significant global factor in the cycle of poverty and illness, as well as in the deaths of mothers and children. Women and girls in Colombia face health risks due to the criminalization of abortion (WHO, 2015).

Recent research indicates that in Colombia, 36% of adolescent pregnancies result in abortion, compared to 12% of pregnancies among adults. Colombia, which has the highest rate of adolescent pregnancies in the region, is unexpectedly high on the list considering its relative progress to other nations with comparable rankings. In Colombia, one in five adolescent girls between the ages of 15 and 19 are or were pregnant, and the most concerning statistic is that 64% of those pregnancies were unplanned (Plazas, 2015).

The adolescent fertility rate in Colombia is 69 live births per 1000 women in the 15–19 age range. This figure is similar to the more economically struggling states of Paraguay

(67) and Bolivia (72) and is higher than Chile (55), Peru (51), and Argentina (54). The adolescent fertility rate in the USA is 31 while it is 26 in the UK. Expectants who did not give birth to live children are not included in this data. It's also important to note that the figures from Colombian family planning group Profamilia indicate a far higher percentage for the nation (Daniels, 2015).

In Colombia, 84 live births occur per 1000 women aged between 15 and 19 years. The percentage of teenage pregnancies in the rural departments of Chocó, Guainía, Putumayo, and Amazonas ranges from 27% to 35%. The regions are among the worst hit by the ongoing violence in the nation, are home to sizable numbers of Colombia's most vulnerable citizens, and are therefore challenging to access (Daniels, 2015). The Lancet, Non-governmental group Fundación Plan's CEO, Gabriela Bucher Balcazar, stated that Colombia presents greater difficulties, is more expensive to run, has a lacklustre infrastructure, a highly fragmented population, and a multitude of diverse cultural influences (OECD, 2015).

2.2.6 Prevalence of teenage pregnancy in Brazil

In Brazil, birth rates for teenagers between the ages of 15 and 19 and 10 and 14 were respectively 459 000 and 29 000 in 2017, a decrease of 36% and 24% since 2000. Brazil does, however, still have a higher pregnancy rate than the rest of the world (46 per 1000) and Latin America (65, 5 per 1000), with 68, 4 per 1000 teens (LANCET, 2017).

In addition, about 75% of adolescent mothers were not in school, and 66% of these pregnancies were unplanned. The Brazilian advertising emphasizes that teenagers can freely utilize the primary health care system, which provides nine free methods of contraception, if they are 15 years of age or older. But among girls who are poor, socially vulnerable, less educated, and face financial and cultural barriers to receiving public services, adolescent pregnancies are more common (Heilbron & Cabral, 2011). Furthermore, teenagers require a multifaceted preventative strategy with a strong focus on comprehensive, high-quality sex education starting at a young age, as they do not often contact health care (The Lancet, 2017).

In 2020, Brazil registered more than 354 live births from women and girls under the age of 20. The Northeast had more live births by adolescent girls than any other region, with

over 116,300 births by girls between the ages of 15 and 19 and an additional 5,800 births by girls under the age of 15. 14,680 pregnancies were carried to term by girls who at the time of birth had not attained the age of 115% of young women who had undergone a similar experience (Romero, 2022).

2.2.7 Prevalence of teenage pregnancy in Argentina

In Argentina, one in six children is born to a teen mother, and 69% of those births are unplanned, according to official figures. Fifteen percent of young women have experienced something similar (Reina & Castelo-Branco, 2014). In Argentina, 14.6% of live births have parents who are 19 years of age or younger, and the majority of these babies come from low-income homes. In Argentina, teenage females' attempts to exercise their sexual and reproductive rights face significant obstacles due to the social divide. Poverty is one of the traits that adolescent females in our nation share with their pregnant and parenting peers. 17 out of every 18 young mothers live in poverty, which is an unusual statistic that demonstrates severe social inequality.

More than 67% of Argentineans under the age of 18 live in poverty. In a nation like Argentina, poverty makes it far more difficult for teenagers to learn safe sexual behaviour and avoid unplanned adolescent pregnancies (Reina & Castelo-Branco, 2014). The fact that too many Argentine teenagers who fall pregnant or give birth decide not to finish their school is a major issue. Only approximately 4% of girls in Argentina who do not become pregnant do not complete their elementary school, compared to about 20% of girls who become pregnant. It is also interesting that, in relation to these girls' social characteristics, just 27% of teenage mothers have health insurance, and up to 49% adolescents who are teenage mothers live in substandard housing (Reina & Castelo-Branco, 2014).

2.2.8 Prevalence of teenage pregnancy in Germany

According to Statista Research Department (2023), their statistics show the live birth rate of teenage mothers, by the age of the mother in Germany from 2011 to 2020. Throughout this period the birth rate of mothers aged 19 and above has been the highest, reaching 16,9 per 1 000 women aged 19 in 2016.

2.2.9 Prevalence of teenage pregnancy in France

The consensus in France is that adulthood (i.e., people who have gained their emotional, financial, and residential independence from their family) should occur before adolescence and is not a good time to become parents. Thus, early motherhood is perceived as impeding adolescent females' personal growth. Although teenage pregnancy was once viewed as a "medical risk" in the 1970s and 1980s (Le Guen & Bajos, 2014). Nowadays, adolescent pregnancies are viewed as "a psycho-social risk." However, since the middle of the 1990s, the number of pregnancies has significantly decreased, with the prevalence of pregnancies among adolescent girls in France being 30 per 1,000 (Mazuy et al., 2011; Pison, 2010).

Adolescents aged 18 and under saw a 60% decline in births; they made up roughly 0.6% of all live births as opposed to 1.3%. In 2011, only 0.3 percent of live births in France were to teenagers (18 years of age or younger). Since the mid-1990s, the number of pregnancies among adolescent females has been consistent at around 30 per 1000. The democratization of higher education and the participation of women in the workforce appear to be the main causes of the abrupt decline in the fertility rate among young people in France. Young women who work have the chance to rise in the social hierarchy. When the Mouvement de libération des femmes (also known as the Women's Liberation Movement, or MLF) was founded, France entered a period of great social mobility. This campaign succeeded in getting legislation allowing abortion and contraception approved, allowing women to plan their families and maternity (Le Guen & Bajos, 2014).

2.2.10 Prevalence of teenage pregnancy in Sub-Saharan Africa

In 2013, the world's highest rate of adolescent pregnancy was recorded in Sub-Saharan Africa. Moreover, half of all births in this region are to young mothers, with 101 births per 1,000 women between the ages of 15 and 19 believed to be the average. This is nearly two times the average for the world. Sub-Saharan Africa is home to fourteen of the fifteen countries in the world where more than thirty percent of births occur before the age of eighteen. These countries include Niger, Mozambique, Malawi, Uganda, and Cameroon (Mkhwanazi & Odimegwu, 2015).

Studies on adolescent pregnancy in sub-Saharan Africa have recently examined behaviour factors and individual-level demographic, socioeconomic, and reproductive health knowledge (Yakubu & Salisu, 2018). Education and socioeconomic level have been found to be reliable predictors of teenage pregnancy in this research. The size of the family and the marital status of the parents were found to be household predictors of teenage expectants in other research that examined the impact of household characteristics on teenage pregnancy in Nigeria, Kenya, and Lesotho (Chohan & Langa, 2011).

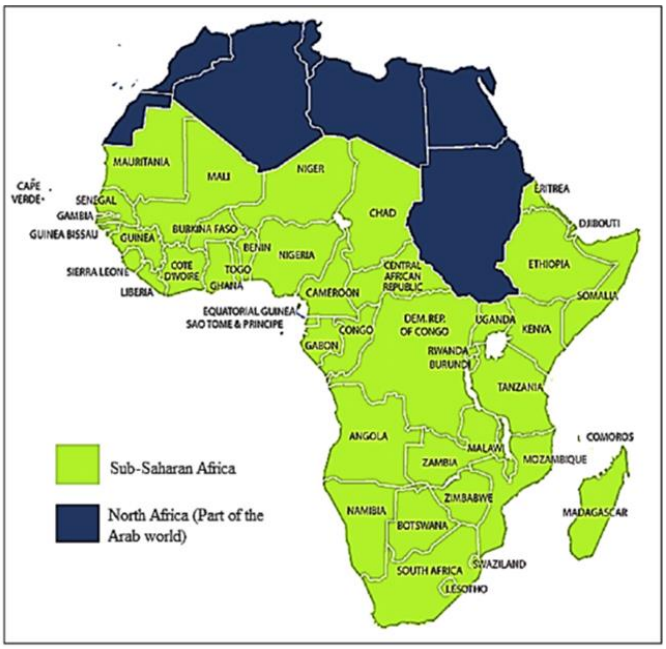


Figure 2.1: Map indicates Sub-Saharan countries

(Ngoran, 2015).

Depending on where they live, teenage expectants in sub-Saharan Africa differ from one another. The subcontinent's birth rates in 2013 varied from 150 or more to fewer than 50 per 1,000 women aged 15 to 19. Central Africa had the highest rates, while Southern Africa had the lowest. These stark differences in adolescent birth rates throughout the subcontinent suggest that factors other than personal choice may play a role in teen pregnancy (Kassa et al., 2018).

According to Jewkes et al. (2009) and Panday et al. (2009), there is a need to investigate the social elements, such as cultural perspectives, family and community dynamics, and racial disparities that contribute to teenage pregnancy. Over time, poverty and

unemployment have been major causes of social disadvantage in sub-Saharan Africa. 53 million East Africans were predicted to be living in poverty in 2010. This accounted for almost one-third (38%) of the people living in the area.

About 36% of people in the Ecowas region live in poverty. These regions have significant rates of unemployment, with East Africa having 21% and Southern Africa having 40%. Worrisomely, young people and households led by women throughout the subcontinent are experiencing higher rates of poverty and unemployment, with grave implications (Mkhize, 2016). Some macro-level hypotheses have been proposed to examine the impact of contextual elements in international studies in an effort to comprehend teenage pregnancy. These consist of the social disorganization theory, the ecological model, and the socio-cognitive theory. Out of all these ideas, the one that has been investigated the most in sub-Saharan Africa is social disorganization at the household level through family disruption, where it has been demonstrated that female-headed families regularly expose young teenage girls to pregnancy (Mkhwanazi & Odimegwu, 2015).

2.2.11 Prevalence of teenage pregnancy in Eswatini

Previously known as Swaziland, the Kingdom of Eswatini is an absolute monarchy located in sub-Saharan Africa. In Eswatini, teen pregnancy is estimated to be around 45% common (Central Statistical Office Swaziland & Macro International, 2008). Approximately 4% of female teenagers between the ages of 15 and 18 were expecting their first child. By the age of 19, an estimated 45% of people were mothers or prospective parents of their first child. Teenagers in rural areas are more likely than those in cities to begin having children at a young age (Central Statistical Office Swaziland & Macro International, 2008).

With a rate of 25%, rural teens in Eswatini have one of the highest rates of adolescent expectancies (Dlamini, 2016). With one of the highest rates of adolescent pregnancy in the world, Eswatini's effects on girls' emotional and social development are more severe than one might anticipate (Ntinda et al., 2016). The actual family and community connection experiences of early mothers attending school in Lubombo, a rural Swaziland district where the frequency of early pregnancy is believed to be 17%, are not well understood. Early mothers were required by the Swaziland education system to transfer

schools after giving birth, but their teachers are no longer accepting those (Dlamini et al., 2003).

The instructional support that teachers provide to students is informed and influenced by the local school culture and the attitude that is perceived of them (Chigona & Chetty, 2007; Molapo et al., 2014). As members of a broader community, the attitudes of the school culture may reflect those of the learners. The Kingdom has a high score on the gender inequality index, and patriarchy is the predominant social structure (Central Statistical Office 2008; United Nations Development Programme (UNDP), 2019). Sexual abuse is prevalent, abortion restrictions are stringent, and young women are frequently coerced into having their first sexual experience (Ruark et al., 2016; Fielding-Miller et al., 2019; Reza et al., 2009).

Among eighteen countries in sub-Saharan Africa, Eswatini has the second-highest percentage of women who have surpassed their desired parity among the eighteen sub-Saharan African nations, at 52%, compared to 30% in the other nations (Van Lith et al., 2013). In a survey comparing thirty African nations, Eswatini had the highest rate of unintended pregnancies (Amo-Adjei & Tuoyire, 2016; Central Statistical Office, 2008). According to a recent study, 70% of pregnancies in the population under investigation were unplanned (Niemeyer Hultstrand et al., 2019).

Unplanned pregnancies were more common in teenagers. First-time mothers, and women who became pregnant unintentionally were less likely to go to the required number of antenatal care appointments. The demographic data suggests that there are restrictions on the sexual and reproductive rights of Eswatini women. Adolescent pregnancy is still a problem that needs to be addressed immediately everywhere. The World Health Organization stated in 2014 that around 16 million women worldwide, or 11% of all births, were the result of women between the ages of 15 and 19. In poor nations, about 95% of adolescent pregnancies occur; in 2010, 36,4 million women became mothers before the age of 18, and 5,6 million gave birth to a live child before the age of 15 (WHO, 2014).

2.2.12 Prevalence of teenage pregnancy in Mozambique, Zambia, and Namibia

Previous research has demonstrated that Mozambique has a high rate of adolescent births. Other past studies has revealed that certain West African nations had higher rates of premarital childbearing than other southern African nations like Namibia and Zambia. This demonstrates that variations in adolescent pregnancy rates can exist not just between and even within geographical areas (Olsson, 2009 & Chant, 2017). Globally, a number of elements originating from social, cultural, and mostly economic difficulties that impact their sexual and reproductive experiences can be linked to teenage childbirth in the modern day (Olsson, 2009 & Chant, 2017).

Adolescents who are disadvantaged may have parents who are not well educated, be impoverished themselves, have just one parent or reside in a neighbourhood that is struggling financially, or lack access to opportunities for education and employment (Mmari et al., 2016). A girl's encounters with premature sexual activity and the consequent consequence of adolescent pregnancy and early motherhood have been connected in other research to single parenting. Results from sub-Saharan Africa corroborate the impact of adolescent early sexual activity, pregnancy, and motherhood that results from having a dysfunctional and/or underprivileged family background (Kheswa, 2017 & Asante et al., 2018).

Lack of financial resources is perceived as one of the predisposing factos of adolescent early sexual initiation, pregnancies and consequently motherhood (Handa et al., 2017; Kassahun, 2019 & Gazendarm, 2020). When parents are unable to provide for their children’s basic requirements, it can cause school dropout and occasionally force some females to engage in sexual relationships with men in exchange for financial favours. In other instances, some females use transactional sex to satisfy their fundamental requirements, as observed by Gyesaw and Ankoma (2013) in the Ga East municipality. The majority of research has shown how young girls’ exposure to unprotected sex, teenage pregnancy, and motherhood can be attributed to a lack of financial assistance.

During adolescence, teenagers learn to cope with the physical and emotional changes that come with growing up. Due to intense peer pressure, teenagers would much rather travel with their friends than their parents. Additionally, early adolescence is the time of sexual maturation (Bratberg et al., 2005). Teenage pregnancy, which leads to dropout

rates among female secondary students, is one of the problems that these adolescent females may face (Stoner et al., 2019).

2.2.13 Prevalence of teenage pregnancy in Angola

Angola has one of the highest rates of adolescent pregnancies worldwide. With a 14% prevalence rate of contraception and unmet family planning needs among females between the ages of 15 and 19, 43% of teenage pregnancies are still considered taboo. This explains the stillness the families are experiencing with them (UNFPA, 2022). The high number of teen pregnancies is caused by underlying issues such as low household resources dedicated to sexual and reproductive health, restricted access to qualified health workers, poor supply of commodities, and little knowledge of family planning. Teenage pregnancy makes females even more vulnerable because it frequently prevents them from continuing their education, as seen by the poor literacy rates of just 37% among young women between the ages of 15 and 24 (UNFPA Angola, 2022).

There are 10 million women and girls in the nation who are of reproductive age. While 75% of girls enrol in primary school, this percentage falls to about 16% in secondary schooling, the age at which a female begins menstruation. Maternal mortality risk is increased by high rates of teenage pregnancy and high fertility rates. In this situation, behaviour modification therapies are essential for enabling young men and women to make wiser decisions for their own protection (WHO, 2019). By improving medical posts and providing training for health professionals, UNFPA Angola's SYP program will reach 60 000 adolescents in the country with training on sexual and reproductive health, trauma resilience, and employment skills.

2.2.14 Prevalence of teenage pregnancy in Botswana

Teenage pregnancy is socially unacceptable and stigmatizes the girl as well as her family. This may be the cause of some parents not informing the schools about their children's pregnancy (Molosiwa, 2015). According to the Ministry of Basic Education and Skills Development (2016), the results of the 2016 Youth Behavioural Survey done in Botswana indicate that about 60% of young men and women report engaging in sexual activity by the time they become 19 years old. These results are consistent with information obtained from nationwide surveys conducted by Botswana's National AIDS Coordinating Agency

(NACA, 2016), which found that over half of the participants had their first sexual experience between the ages of 15 and 19. According to Ntsayagae et al. (2008), there is a high rate of early sexuality because parents and guardians may not have provided enough monitoring.

In the context of Botswana, the school holiday also contributes to school dropout. Early October marks the conclusion of the Primary School Leaving Examinations, and students do not return to Junior Secondary School until January of the following year. The length of this break is excessive, and there is typically no official plan in place to get children involved in worthwhile activities. The students are therefore more inclined to partake in dangerous behaviours, such as unprotected sexual activity. In this sense, the summer break for primary school students in their final year of study (Magowe et al., 2017) is probably going to have a big role in their engagement in behaviours that lead to pregnancy and, ultimately, school dropout. Sasu and Dare (2022) claim that this extended waiting period exposes the student to risk factors that may be harmful to their academic performance. Partly to blame for this exposure is a move toward a new socioeconomic model in which students spend the summer months living in towns, cities, or villages with working parents or relatives.

In the past, students would spend their school vacations working in fields or at cattle posts to get practical experience. When their parents or guardians are at work, they are left alone for most of the day with little to do. This creates an environment that can lead to unwanted behaviour in both boys and girls, as well as the possibility of pregnancies (Molosiwa & Moswela, 2012).

2.2.15 Prevalence of teenage pregnancy in Cameroon

In the northern regions of Cameroon, adolescent pregnancy continues to be a significant contributing factor to cycles of poverty and illness, as well as mother and infant mortality. 886 teenage females out of 950 records visited general gynaecology outpatient departments for pregnancy-related concerns during the study period (2012–2017). Throughout the years, 750 verified occurrences of adolescent pregnancy have been documented out of the 25,120 teenage girls that live in the Kumbo West Health District (KWHD). As a result, we saw a 26% rate of teenage pregnancies (Wirsiy, 2019).

2.2.16 Prevalence of teenage pregnancy in South Africa

In South Africa, teen pregnancies have been on the rise. The delivery rate to females in the public sector who are 18 years of age is used to calculate the teenage pregnancy rate in South Africa, per a report published in the South African Medical Journal. The percentage of pregnancies in this age range declined from 7.7% to 6.8% nationwide between 2013 and 2017. 6, 8% of South African babies born in 2017 were given by women between the ages of 10 and 17 (Barron et al., 2022). Data examined from 2017 to 2021 that is accessible in the District Health Information System, a public sector database. The birth rate per 1,000 girls in this age group climbed from 1,1 to 1,5 over this period, while the number of births to young teenagers aged 10 to 14 years increased by 48,7% (from a baseline of 2 726, which is highly high by developed-country standards). Most provinces saw these increases year over year. The birth rate per 1,000 teenage females in this age group went from 49, 6 to 55, 6; the number of births in this age group grew by 17, 9% (from a baseline of 114 329) (Barron et al., 2022).

Even after intervention efforts to lower teenage pregnancy—like sex education in schools and community awareness initiatives—are implemented, the frequency of teenage pregnancy remains high in many countries (Panday et al., 2009). About 30% of teenagers in South Africa are pregnant, and the majority of these pregnancies were unplanned (Jewkes et al., 2009; Lince, 2011). Furthermore, in 2014, the Department of Basic Education (DoE) identified 20,000 students as pregnant. Primary schoolgirls are contributing to the issue of schoolgirl pregnancy; according to the Ministry, 223 of the expecting girls attended primary schools (Mashaba, 2015).

These increases likewise happened in all provinces, albeit at varying rates, and in a consistent increasing trend from year to year. More rural areas like Limpopo, Mpumalanga, and the Eastern Cape generally had higher rates than more metropolitan regions like Gauteng and the Western Cape. The very high rises over the last two years could be attributed to Covid-19's reduced access to health and educational resources, which has caused disruptions in these areas. These metrics reflect socioeconomic circumstances (e.g., family economic security, school attendance, sexual and gender-based violence), as well as inadequate health education, life skills, and access to health

care. As such, they raise serious concerns for society at large, particularly for the health, education, and social sectors (Barron et al., 2022).

Numerous media reports in 2021 claimed that the frequency of teenage pregnancies had sharply increased. For instance, according to Save the Children, "since the beginning of the Covid-19 pandemic, the number of children born to teen mothers in Gauteng, the most populous province in South Africa, has jumped to 60%." "Schoolgirl births "unacceptably high" in South Africa," read the title of a Daily Maverick story. The legitimacy of these worries is examined in this essay. It measures and examines the number of adolescent pregnancies and births in the public sector between 2017 and 2021, highlighting regional trends and dividing the data into two categories: very young teens, aged 10 to 14 and those, aged 15 to 19. The term "pregnancy" is used loosely in the media since it encompasses miscarriages and pregnancy terminations, which are frequently very difficult to measure. A more appropriate and accurate phrase would be "childbearing" (Barron et al., 2022).

The percentage of 15 to 19-year-olds who had started having children was 16%, according to the South Africa Demographic and Household Survey (SADHS) of 2016, which was unchanged from the SADHS of 1998. Large disparities were also discovered by the SADHS (2016), with youth from the lowest socioeconomic quintiles and those living in rural regions having a higher likelihood of having children than those from urban areas and higher socioeconomic quintiles.

According to the Department of Basic Education's analysis of the 2019 General Household Survey on schooling, the average rate of pregnancy for 14-year-old girls fluctuated from 3% to 4% between 2010 and 2019. Additionally, compared to grades 8 and 9, birth rates rose considerably in grades 10 through 12. Pregnancy rates also tended to be greater in more rural provinces like Mpumalanga and Limpopo than in more urban ones like Gauteng, the Western Cape, and the Free State (Barron et al., 2022). The delivery rate to females under the age of eighteen was used as a proxy for teenage pregnancy in South Africa's public sector until 2017. From 2013 to 2017, the percentage of all pregnancies in this age range decreased from 7.7% to 6.8% nationwide (Barron et al., 2022).

In South Africa, the legislative response to adolescent pregnancy and motherhood seems to be fairly lenient (Bhana et al., 2008). The right to receive healthcare services, including reproductive healthcare, and the freedom for all citizens, including minors, to make reproductive decisions are safeguarded by the 1996 South African Constitution. Three pieces of South African legislation stand out as being especially pertinent: the Criminal Law (Sexual Offences and Related Matters) Amended Act (No. 32 of 2007), the South African Children's Act (2005) (as amended by the Children's Amendment Act, No. 41 of 2007), and the Choice on Termination of Pregnancy (CToP) Act (No. 92 of 1996) (Hoffman-Wanderer, Carmody, Chai & Rohrs, 2013).

Nonetheless, there are worries regarding the contradictory government policies, the inconsistencies and misunderstandings that occur when counselling and the provision of information and services are provided by various role players, and the emphasis on education, care, and support for students who are expecting. Furthermore, Morrell, Bhana, and Shefer (2012) contend that gender equality in schools is not always a result of the legislative context (Weeks, 2020).

2.3 RESILIENCE RISKS ASSOCIATED WITH TEENAGE PREGNANCY

2.3.1 Resilience Risks based on individual variations

Most teenage pregnancies are unplanned and result to pregnancy termination (Sexual and Reproductive Health Services (SRH) (2013). Teenage pregnancy also carries the risk of early delivery, dangerous abortions, early motherhood, dropping out of school, and losing social support (Psaki, 2015; UNICEF, 2011; Roth, Hendrickson et al., 1998; Awusabo- Asare et al., 2007). Teenage pregnancy is most likely linked to lower household income and lower school completion rates (Fletcher & Wolfe, 2008). The literature on teenaged mothers emphasizes the significance of taking individual variances and variation into account when assessing the long-term consequences for young mothers and their offspring. For instance, a 17-year follow-up in the Baltimore Study, a longitudinal study of over 300 low-income Black mothers who became pregnant as teenagers in the late 1960s, revealed far more promising functioning than had been anticipated by short-term studies (WHO, 2016; Furstenberg et. al., 1987).

Teenage schoolgirls are often viewed as being in a dangerous or stressful circumstance when they become pregnant. In order to challenge this notion, young girls must be self-sufficient individuals possessing sociocultural resources in order to effectively adapt, overcome obstacles, and lead fulfilling lives. An individual's personal factors have the ability to mitigate the impact of a perceived risk (Sekhoetsane, 2012). These variables can include an individual's self-assurance, sense of value, and understanding of reproductive health concerns, such as the usage of contraceptives. Adolescent girls may find it beneficial to be aware of their rights around reproductive health. Postponing going back to school has the potential to lower academic achievement and the probability of never going back. Pregnancy raises the chance of failing a grade as well (Nkosi & Pretorius, 2019).

Nearly three-quarters of the women were working, and over one-third had some kind of post-high school education. A quarter of the population had become middle class through marriage, work, or both. But the women's marriages were dissolving at a high rate, and their kids seemed to be getting paid less than their peers who had older mothers (Samano et al., 2017). Why did their trajectories diverge? For these young mothers, having high goals for themselves and their families, attending school at grade level when they got pregnant, and hailing from a smaller family were all indicators of long-term success (Furstenberg et al., 1987; Horwitz et al., 1991; Samano, Martinez-Rojano & Segovia, 2017).

It is crucial to remember that while these young mothers' economic and educational results were marginally better than anticipated, their psychological and family functioning seem to have declined over time. Adolescent pregnancies are probably linked to social deprivation in the home and in the society. This indicates that social disadvantage in the home and community increases the likelihood of teenage pregnancy (Mkhwanazi, 2013). Therefore, if these youngsters do not receive support, managing the aforementioned dangers becomes challenging. They become psychopaths when they are unable to deal in a robust way. These issues may arise from exposure to difficult family and environmental situations, a lack of socioeconomic and educational possibilities, or high rates of depression that preceded early motherhood; they are not always brought on by teen pregnancy (Panday, 2009). Some adolescent mothers and expectant mothers are

more resilient than others, thus not all of them overcome the risks and disadvantages stated above (Collins, 2010; Watson & Vogel, 2016).

Adolescent pregnancies and deliveries have challenging long-term consequences and are harmful to the kid as well as the young mother (Yazdkhasti, 2015). Teens who are pregnant are viewed negatively when teen pregnancy is viewed negatively. The young woman who gets pregnant starts a chain of events that eventually result in the disastrous adolescent birth. Teenagers who are expecting become statistics, and judgments about their maturity, character, and IQ are made. Many young mothers are aware of these presumptions (Darisi, 2007). One of the causes of the rise in teenage unintended pregnancies is a lack of proper knowledge on sex education (Loannidi-Kapolou, 2004).

However, Watson (2003) noted that the formation of a multi-agency task group of members who offer services and have close interaction with children and youth is necessary for the implementation of a strategy. Adolescent females who give birth during their adolescent years typically perform worse or are ineffective in many areas when compared to their counterparts who wait to give birth. Many of the negative effects of adolescent motherhood, such poverty and poor academic achievement, appear to precede rather than result from early parenthood, according to recent studies. However, teenage pregnancy further reduces the already slim opportunities for already marginalized teenagers (Firk et al., 2018).

Comparing these results to peers who postpone childbearing reveals lower psychological functioning, lower rates of school completion, lower levels of marital stability and more no marital births, less stable employment, higher welfare use, higher rates of poverty, and marginally higher rates of health problems for both mother and child (Chase-Lansdale & Brooks-Gunn, 1994; Hayes, 1987).

2.3.2 Resilience risks from within families

One factor that has been linked to adolescent pregnancy is early exposure to sexual activity. Because there is not enough privacy for their parents in the little living space that the family shares, children grow up around sexual activity. The living conditions of the children, the lack of space, the situations in which parents live with their kids in a room or shack, and the early sexualisation of the kids (Buddy, 2020). Youngsters and adolescents

are more vulnerable to poor health outcomes, deprivation, and complicated deliveries. As a result, preventing teen pregnancy has emerged as a pressing social and health issue. Although it seems to be a widespread concern, teenage pregnancy is not like any other concerning issue in the world in that it does not seem to disturb people that much. Not until they are personally impacted by the problem, or until they eventually recognize that it has been affecting a growing number of people and has gradually progressed to an abnormal stage, or until it has already impacted an excessive number of lives and parts of daily life (Kirchengast, 2016).

Since teenage pregnancies are typically unplanned, reactions to the event vary. In addition to adjusting to the unanticipated responsibilities of adulthood, the teenager may occasionally have to deal with the criticism and discontent of important persons, such as parents and relatives (Franjic, 2018). Teenage pregnancy is often the result of a number of issues, including depression. The psychodynamic hypothesis presents depression as a condition that is associated with actual or perceived loss of an object (Gee and Rhodes, 2003).

2.3.3 Resilience risks from within communities

Teenage pregnancy is a social problem that affects relationships with family, partners, and classmates; it also disrupts schooling; it results in poor obstetric outcomes, insufficient mothering, and poor child outcomes; and it raises demographic worries about the growing population (WHO, 2020). Teenage pregnancy has a number of negative effects on both teenage parents and mothers, including a higher likelihood of school dropouts, a higher risk of STIs, mental health issues, and financial strain from raising a family (Kanku & Mash, 2010). Teenage mothers are sometimes compelled to care for their children after giving birth, making it impossible for them to return to school. Sometimes the physical health issues these young mothers face prevent them from returning to school. These same concerns may also keep some young women from returning to school. Teens have occasionally pretended to be pregnant in order to avoid having to deal with the rigors of a high school education (Chigona, 2008). Socialization is also a factor in not going back to school. Through the process of socialization, people acquire the cultural norms of their community and mature into contributing members of it.

Humans learn how to function in society and what constitutes proper behaviour in various contexts through socialization (Giddens, 2001).

Teenage mothers are more likely to be poor female adolescents with low educational aspirations than their high-achieving peers. Other factors that contribute to teenage pregnancy include adolescent sexual behaviour, lack of parental guidance, exploitation by older men, and socioeconomic factors (Ehlers, 2003 & Pogoy, 2014). Teenagers can experience a lack of parental guidance in the sense that most people do not allow their children to talk about sex. Especially in the black population, the topic is greatly avoided. Sometimes they provide children misleading information about sex and dissuade them from taking part in any enlightening conversations about sex. Another factor that contributes towards teenage girls being involved in sex at an early stage is peer pressure. Teenage boys and girls are largely encouraged to engage in sexual activity by their peers. Teen pregnancy is also influenced by early dating, which can begin as early as age 12 (Isaksen, 2020). Adolescent girls who experience rape or sexual exploitation may become pregnant against their will (Barbara, 2017; Ajayi, 2020).

In addition to limiting job and educational prospects, a parent's lack of educational accomplishment is a risk factor because it is associated with low drive and ambition. Many in their youth lack a clear sense of their life's purpose or a job goal that lists parenthood as a future responsibility (Quinlivan et al., 2003, Quinlivan; 2004). In general, adolescents encounter more problems during pregnancy and while they are giving birth than mature women. The enduring consequences of pregnancy are extensive, and adolescent mothers have challenges including quitting school (Williams, 2005). The problems encountered may be physically, psychologically, socially, intellectually, and emotionally issues can all arise. And there are some challenges that they encountered such as the father of the child not willing to support the mother and child or not accepting the pregnancy (Dlamini, 2002).

Every child deserves love from both parents. But if a pregnancy is unplanned, the child may not experience love and support from the parents, unplanned pregnancies causes children to be vulnerable. Expecting children become vulnerable since in his father’s home and in her mother’s home is not accepted. Thus, they become susceptible (Hulstrand, 2020). Children raised by mothers who are frequently single parents in the

absence of sufficient means result in unhygienic household environments devoid of food, clothing, and immunizations. A short birth spacing interval exacerbates the problem. The informants emphasized the potential psychological impact of neglecting children resulting from unwanted pregnancies. Occasionally, kids grow to hate their parents and seek ways to get away, even if it means becoming homeless and leaving their house to avoid an unpleasant family environment (Hinsliff-Smith, 2017).

The way their parents raised them can cause some teenage expectants to get enraged, which can have an impact on how their kids are raised. Angry feelings can breed animosity, which might influence you to make poor decisions. Pregnancy that is not planned is often viewed as a bad thing that has significant dangers and has an impact on the kid (Kanku & Mash, 2010; Malahlela, 2012). Early motherhood may interfere with a number of adolescent psychological activities. Teenagers struggle to establish their sense of self during the adolescent years (Backes, 2019; Johansen et al., 2019).

With its never-ending obligations and expectations, parenthood can leave little time for exploration and healthy individuation in normal teen concerns like dating, schools, career choices, and peer relationships. Due to these competing obligations, young mothers may experience psychological distress, which may manifest as depressive symptoms (Puklek, 2006, Smetana & Wendy, 2019). Unplanned early motherhood has psychological ramifications, as do the mechanisms that enable some females to get over the upsetting experiences of this circumstance.

2.3.4 Resilience risks associated with educational accomplishment

Until recently, the majority of research on adolescent mothers came to the conclusion that having children at a young age had a significant detrimental impact on girls' educational attainment. This meant that young mothers were less likely than their peers to continue their education after having children, which resulted in lower levels of education (Chigona & Chetty, 2008). Recent research, however, indicates that this gap is closing, partly as a result of expanded GED programs, educational requirements for welfare recipients, and more progressive school policies on the acceptance of pregnant students. Furthermore, recent approaches have shown that pre-existing inequalities between the groups may account for a large portion of the educational attainment gap between adolescent and

older mothers, rather than the experience of teenage motherhood itself (UNICEF, 2014; Hilfiker-Kleiner et al., 2017).

To disentangle the impacts of early childbearing from the background conditions that affect the likelihood of teenage birth and the young mother's ability to function in the future, a number of creative analytical strategies have been created. For instance, in order to account for variations in familial background characteristics typically observed between teenagers who become young parents and those who do not, multiple studies have compared sets of sisters, one of whom had a child as a teenager and the other of whom postponed childbearing until maturity. Regression approaches with fixed effects are often used to account for unmeasured differences between families (Malahlela, 2012; Diaz & Fiel, 2016). These studies conclude that, albeit much less than those of the past, the impacts of adolescent pregnancy on high school graduation and overall educational attainment are nonetheless noteworthy. Delaying a teenage pregnancy until after the age of 20 would raise educational attainment overall (Neels et al., 2017).

Other factors, such as the decision to drop out of school or the spacing of births, also attenuate the consequences of teenage pregnancy on educational attainment. Teenage mothers who continue their education, for instance, have an approximately equal chance of graduating from high school (73%) as their counterparts who are not parents (77%). On the other hand, dropping out of high school is a significant risk factor for pregnancy. Of the teenagers who leave school before or soon after giving birth, only thirty percent will eventually return and complete their education, which is approximately half the rate of dropouts who are not mothers (UNICEF, 2011).

2.3.5 Resilience risk associated with economic outcomes

Teenage mothers have lower incomes than adults and are more likely to be on welfare than their contemporaries who put off having children. This is mostly due to low educational achievement, low marital stability, and the poverty that comes with being a young parent (Moore et al., 1993). According to Hotz et al. (1997), teenage mothers earned somewhat more than their classmates and had comparable rates of welfare receipt in their 20s. Even though adolescent women use welfare more frequently and earn less money in the first few years after giving birth, they more than make up for these

differences in their late twenties and early 30s, when their kids start school and jobs are generally more profitable Furstenberg et al., (1987) & Hotz et al., (1997).

2.3.6 Resilience risks associated with health outcomes

Premature labour, hypertension, and anaemia are risks for teenage expecting mothers (Graham, 1991). They also run the danger of experiencing detrimental short-, medium-, and long-term effects on their mental health (HDA, 2003). Compared to children of older mothers, children of teenage parents face a greater variety of educational and psychosocial risks, such as behavioural and emotional issues, serious illnesses, criminal offenses, substance misuse, mental health issues, delayed language development, and insecure attachments. (Khatun et al., 2017; Coley & Chase-Landsdale, 1998; Luster & Haddow, 2005).

Compared to elder mothers, teenage mothers had fewer healthy kids and more pregnancy and delivery issues. According to recent research, the absolute magnitude of these discrepancies appears to be declining, maybe as a result of more young mothers receiving health services. Adolescent pregnant girls' prenatal carelessness and poverty are more closely linked to adverse health consequences (Klerman, 1993; Scholl et al., 1994). Adolescent pregnancy has a wide range of repercussions, including obstetric, health, social, and economic issues. Pregnancy-related risks for teenage mothers include a five-fold greater risk of maternal death, eclampsia, postpartum haemorrhage, sepsis, and incontinence due to obstetric fistulae.

2.3.7 Resilience risks associated with culture

Cultural perspectives on abortion hold that while more and more nations now have permissive abortion laws, the results vary depending on the accessibility and attitudes of each nation. Just 26% of teenage pregnancies in the US end in abortion, compared to 70% in Sweden. Another conclusion about abortion is that the country's abortion rates are lower than its live birth rates the higher the number of teen pregnancies there. Several of the nations at the top of this list have nearly non-existent abortion rates. 69% in Sweden compared to 17% in Slovakia. 35% to 55% of pregnancies in half of the countries resulted in an abortion (Guttmacher Institute, 2015).

Research has shown that adolescent motherhood is stigmatized since adolescent pregnancies are frowned upon in various religious and cultural contexts (Baxter et al. 2018). Cultural factors, in the words of Giddens (2001), are the ways in which individuals or groups within a society live. It covers things like attire, family dynamics and marital rituals, work schedules, religious practices, and pastimes (Giddens, 2005).

2.4 INTERVENTIONS AIMED AT DEALING WITH TEENAGE PREGNANCY

2.4.1 Intervention at school level

Education is a fundamental right and having teenage mothers and expectant mothers in the classroom promotes gender equality ideals (Runhare & Vandeyar, 2012). One's entitlement to education means or includes the right to an expectant learner not to be discriminated against as a means of punishment just because she is expecting a baby at an early school age (Hubbard et al., 2008).

Expectant girls are also permitted to return to school right away after giving birth in Cameroon and Madagascar. They are not required to take time off for motherhood, but if they wish to do so, they can negotiate with the school on remote learning or organising additional lessons that will keep them up to date with their schoolwork while on maternity leave (Niboye, 2018). Teenage mothers appear to stop going to school as a result of teenage pregnancy in Africa. Unlike most other African nations, South Africa has a tradition of girls continuing their education after giving birth (Chigona & Chetty, 2008; Marteleto, Lam & Ranchod, 2008). Instead of dropping out, they choose to put off finishing their education (Jewkes et al., 2012). Regretfully, only about one-third of adolescent mothers go back to school.

Educated parents give opportunity to their teenage daughters to pursue their studies after their childbirth. On the other hand, parents with little or no education, especially in black population, will urge that after giving birth, kids stay at home or engage in small-time commerce (Nkosi & Pretorius, 2019). This is due to the fact that there are not enough resources at home to help with the care of both mother and kid, and since you are considered an African mother, you should be able to look after both the infant and yourself (Wiltz, 2015). Teachers think that becoming pregnant and a mother do not always mean that a teen's education is over; nonetheless, for those who do finish school or go back

after having a kid, their grades and academic advancement are enhanced (Siddiqui et al., 2020).

Pregnant girls' emotional experiences are frequently influenced by the care and direction they receive from relatives and instructors. Teenage females who are expecting face a great deal of stress, which, if left unchecked, could have a detrimental effect on their physical health. Teachers feel unprepared to counsel students who are pregnant because they are worried about the emotional experiences of a teenage girl who is expecting (Masuku, 1998). Teachers do, however, make an effort to encourage expectant teens and are frequently crucial motivators and facilitators for them to continue in school during their pregnancy and return after giving birth. After giving birth, it is imperative that females return to school as soon as possible because even brief absences from learning have an impact on the girls' prospects (Morrell et al., 2012).

While teachers clearly provide physical help, it seems that they lack the knowledge and counselling abilities necessary to provide emotional support to students. They may fall back on offering more useful advice and encouragement based on their own experiences as mothers. Because they are masculine, some educators could find it difficult or impossible to relate to adolescent leaners who are expecting. According to Bhana et al. (2008), female professors who can relate to motherhood frequently reach out to young mothers and assist them with the various difficulties, uncertainties, and responsibilities that come with being pregnant and a parent. Caring and nurturing attitudes of educators are important for learners because pregnancy and early motherhood are often demanding, and scary times and additional support and care are needed to manage the already challenging circumstances (Malahlela, 2012).

2.4.2 Awareness of contraceptives

Teenage girls should know several contraceptive methods and their use and to understand more about the system of abstinence. Contraceptive use and where to obtain them are topics of considerable awareness. Of the 15–19 age group, 76% of girls and 88% of boys are aware of at least one current technique of family planning (Tweedie & Witte, 2000). The use of condoms is the best-known method especially in this young generation as it was also introduced at schools when they were introducing HIV/AIDS education in schools in 2008. Although teenagers are highly aware of modern methods

of contraception and the need of supporting the reproductive health requirements of young females, the usage of contraception among them is often low. 98% of single boys and girls between the ages of 15 and 19 and unmarried girls are aware of at least one method of contraception and how to use thereof (Agyei et al. 2000).

2.4.3 Family support

Expectant teenage females require parental support and family support in addition to support from their school to caring for a new-born baby. Family support—especially the mother's willingness to help with childcare or provide the funds to pay for it—is the most crucial factor in a teenage mother's decision to finish her education (Willan, 2013). Lack of family support has an impact on the psychological health of both the teen expecting a child and the new-born. It hampers the teenage mother from finishing her studies or returning to school.

While many members of extended families can and do support teenage mothers with childcare, the most difficult part of being a teenage mother has been identified as juggling caregiving with the obligations of schoolwork. Studies indicate that the maternal grandmother has a crucial influence in encouraging the learner to go back to and stay in school (Shrijner & Smith, 2017; Nkosi, 2019).

2.4.4 Intervention at community level

Teenage pregnancy is now seen by various institutions as a complex issue. These organizations support initiatives that help reduce adolescent pregnancy (Brindis & Philber, 2003; Manlove & Wasik, 2017). Duncan (2007) claims that specialized family life and reproductive health programs lower the rate of adolescent pregnancies, alcoholism, and drug misuse. Young children who are raised in impoverished residential areas are more likely to become pregnant at an early age. Furthermore, when both parents pass away, child-headed families and orphans struggle to provide for their children. As a result, they may turn to sexual activity as a means of making ends meet, which frequently leads to adolescent pregnancy (Lobi & Kheswa, 2017). Furthermore, teenage expectants who receive comprehensive prenatal care had a much lower prevalence of adverse maternal health outcomes (Mekonnen et al., 2019).

2.4.5 Knowledge on HIV/AIDS

It is also critical to have knowledge about HIV/AIDS and experiences with other STIs. Teenagers between the ages of 15 and 19 are aware about HIV (GDHS, 2008). The number of STIs attendees at clinics is low because most individuals fear reporting STIs signs in aversion to labels as someone who is having many casual and unsafe sexual relationships (Anarfi & Antwi, 1995; Nabia et al., 1997 & Cassidy et al., 2018). Additionally, because STIs are not regarded as serious illnesses, it is possible that no reports of STIs will be made. Despite being aware of official medical services for STI diagnosis and treatment, many young people do not use these services when faced with STIs (Tweedie & Wiitte, 2000; Newton-Levinson et al., 2016).

Some girls become pregnant because of their fear of clinic visits, their fear of the attitudes of the nurses, and their perception of the extremely critical and ineffective nature of the treatments provided. Most nurses tend to make decisions for teenagers, which causes them to leave the clinic without receiving any assistance. Instead of giving youngsters what they want, they give them what they believe is best for them. After that, individuals participate in sexual activity without the necessary information, which could be the result of nurses treating them unfairly (Mothiba, 2012). Concerns have also been raised regarding clinic operating hours, waiting times, confidentiality issues, and judgmental attitudes of nursing personnel, inadequate training and knowledge, and the scarcity of options for contraception. Teenagers' reluctance to utilize clinic services can be attributed to all these factors (Naidoo, 2005; Panday et al., 2009). Finally, it seems that teenage girls who wish to use health clinics face obstacles due to the staff who work there.

2.5 CONCLUSION

Adolescent pregnancy has far-reaching effects, particularly on the emotional behaviour of the young mother or expectant adolescent girl. Most teenage pregnant girls experience stigma in the community and at school. Families and medical facilities sometimes provide little or no support to teenage expectant mothers. Social workers in schools must raise awareness, put preventative programs into place, and offer psychosocial support and counselling to expectant students and their families, and build relationships with other key stakeholders in the community, such as healthcare facilities, in order to deliver services.

Not every teenager experiences the aforementioned circumstance; some teens manage the issue well. In the next chapter, the phenomenon of resilience will be explained.

CHAPTER 3 EMPIRICAL RESEARCH

3.1 INTRODUCTION

In the previous chapter the emphases were on the literature review regarding teenage expectant girls. This chapter deals with the research method. It also highlights how this research was conducted. The following concepts were defined and implemented from this research, research paradigm, research design, population, data collection and data analysis.

3.2 RESEARCH PARADIGM

A research paradigm is a set of common beliefs and agreements shared between scientists about how a problem should be understood and addressed (Kivunja, 2017 & Kuhn, 1970). The chosen research approach and paradigm were suitable to use in the study because this qualitative approach allowed qualitative investigations of the research topic and the gathering of information needed so that the goals of the study are met, which is exploring risks and resilience among expectant school going girls in Tshwane District.

3.3 RESEARCH DESIGN

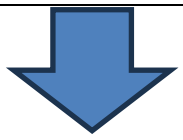
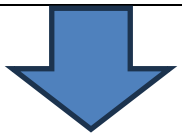
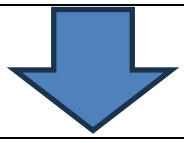
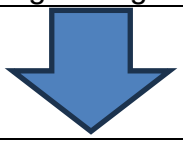
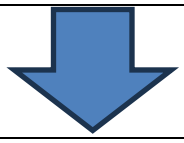
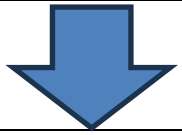
Data collection strategy	Data analysis	Findings
		
Draw and write technique	Organising of data	Recommendation
		
Case study	Interpretation of data	Conclusion
		
	Categorising	

Figure 3.1: Research design as plan

A research design is a plan of procedure for the collection and analysis of data that were collected to evaluate a particular theoretical perspective (Sileyew, 2019). According to McCombes (2019 & 2021), research design including when, from whom, and in what conditions the date will be obtained. In other words, research design indicates how research is set up. What happens to the subject and what methods of data collection are used? The purpose of the research design is to provide the most valid and possible answers to the research question.

3.3.1 Case study

A case study research design was adopted to achieve the aim of this study. Case study research entails a systematic and in-depth investigation of a particular instance or instances in its or their context to generate knowledge (Rule & John, 2011; Pervan and Maimbo, 2005). Case studies are a preferred strategy where the researcher has little control over events and when the focus is on contemporary phenomenon within some real-life context (Yin, 1994). Case study protocol is a formal document capturing the entire set of procedures involved in the collection of empirical material (Yin, 2009). It extends direction to researchers for gathering evidence, empirical material analysis, and case study reporting (Yin, 1994). Case study protocol should include (1) research question, (2) research method, (3) permission seeking, (4) ethical considerations, (5) interpretation process, and (6) criteria for assessment. Case study is an ideal method, when: The aim of research is to find answers to, why. And how types of questions, it is not possible to control the behavioural events.

Being a qualitative study with interpretive stance, the involvement of the researcher in the process of empirical material generation and interpretation is crucial. Before the collection of empirical material, it is useful if the researcher knows the cases well and the participants who will be approached. In this study's case the participants were expectant teenage girls who are in school and aged between 14-18 years. This ensured a smooth process and builds a rapport among the researcher and participants. Before entering the field, it is important that the researcher is fully ready and capable to record the potential material that can help create strong findings (Perecman & Curran, 2006).

Case study reporting is as important as empirical material collection and interpretation. The quality of a case study does not only depend on the empirical material collection and

analysis but also on its reporting (Denzin & Lincoln, 1998). A sound report structure, along with “story-like” writing is crucial to case study reporting. Thus the researcher chose the draw-and-write technique to have a full report with drawings that have narratives on them to form a complete case study report.

With this study, the focus is on expectant school-going girls and their lived experiences (Creswell, 2013). The goal was to explore risks and resilience among them. A draw-and-write technique enabled this study to explore the purest, untainted data as regards risk and resilience among expectant school-going girls, within their naturalistic contexts. The benefits of case studies include a deeper exploration and understanding of the phenomenon studied.

The researchers are challenged to use the method that is less intrusive or threatening to child participants (Malindi, 2018). Visual participatory method is mooted as the preferred options especially when one studies a phenomenon among vulnerable and less accessible groups such as expectant school going girls. As regards to this study the draw-and-write technique to generate data will be used.

3.4 RESEARCH METHODOLOGY

3.4.1 Population in Qualitative research

A population is the complete group about which you wish to make conclusions about. A research population is generally a large group of people or things that is the subject of a research project (Rahi, 2017). However, due to the large sizes of populations, in many instances, it is too costly and time-consuming for researchers to test every member of the population. This is the reason why researchers rely on sampling techniques (Shukla, 2020; Lohr, 2021) In this research target population referred to teenage expectant girls aged between of 14 – 18 years attending school at Secondary schools in Tshwane District, Department of Education, Gauteng Province South Africa.

3.4.2 Sampling participants

The naturalistic research context from which the study came were different schools in and around Tshwane Districts in Pretoria. Learners were selected from each school upon

meeting the criteria for the study which were teenage expectant girls aged between 14 – 18 years.

A non-probability sampling, mainly purposive sampling was used (Merriam, 2009). The reason for using purposive sampling is to identify participants who have the information on the subject under study (De Vos et al., 2011; Merriam, 2009). These preselected criteria enabled the participants to purposefully contribute to the topic under investigation (De Vos et al., 2011). The researcher purposively sampled school-going expectant girls as multiple cases. 31 teenage girls were sampled. The purposive sampling enabled the participants to contribute to the topic under study which aims to explore risks and resilience among school going girls. The sampling process continued until data saturation was achieved. The criteria for selection require that: Participants be secondary school expectant teenage girls, Teenagers aged between 14-18 years old.

The researcher went to the different selected schools to converse with the research participants. In this case, participants were teenage girls who were expectants and aged between 14-18 years. Data was collected from different participants who have experienced the issue under investigation (Cresswell, 2007; Kabir, 2016). The qualitative method enables the researcher to study phenomena in their natural setting attempting to make sense of; or interpret behaviours and incidents in the way people bring it to them (Denzin & Lincoln, 2005; Merriam, 2009; Kabir, 2016). Data was collected by the researcher through interviewing of participants in a form of a case study. In this study data was collected from teenage girls who are expectant teenage girls aged between 14-18 years.

3.4.3 Sample size

A sample is the specific group that you will collect data from. The sample size is always smaller than the population's total size. A sample is simply a subset of the population (Thompson, 2012). The idea of a sample originates from the researchers' incapacity to examine every member of a particular population. The sample needs to be sufficient in size and representative of the population it was taken from in order to be suitable for statistical analysis (Alvi, 2016 & Lohr, 2021).

The sample serves the primary purpose of enabling the researchers to conduct their study on members of the population so that conclusions drawn from the data can be applied to the entire population. In this study data was collected from teenage girls who are expectant teenage girls aged between 14-18 years. The reason the sample size is related to the purpose of the study, research problem the main information collection technique and the availability of data. The number of participants (n=31) expectant teenage school going girls

3.4.4 Draw and write technique.

The draw-and-write technique has been used several times before when working with children. Gabhainn & Kelleher (2002) regard the draw-and-write technique to be sensitive to differences in approach that influences the school-based health initiatives, and it is a useful tool for assessing such developments in children.

The draw-and-write technique (Pridmore & Bendelow, 1995) are becoming increasingly popular as a method of eliciting children's views within healthcare (Oakley et al., 1995; Horstman & Bradding 2002; Dixon-woods et al., 2005; Driessnack, 2006; Franck et al., 2008). It is considered non-threatening to children, as virtually all school-age children are familiar with producing drawings and writing about themselves (Horstman et al., 2008).

In South Africa, Malindi & Theron (2011) used the draw-and-write technique to explore the phenomenon of resilience among children of streets. Recently, Machenjedze, Malindi & Mbengo (2019) used the draw-and-write technique to explore the resilience of children orphaned due to AIDS related illness. With this study the draw-and-write technique are used to explore views and phenomenon of resilience on school-going expectant teenage girls and teenage mothers who are aged between 14 - 18 years.

The draw-and-write technique offered the researcher much flexibility. If the participant had a difficulty in writing a narrative, the researcher may have assisted by writing on behalf of the participants. The use of tape recording would also help to recall what the participant has spoken on their narratives. The narratives are then read to the participant to make sure that it is exactly what the participant wanted to say. In the case of this study no recording was used.

The instruction given to participants was in a form of a brief with simple instructions and was as follows: In this study, the researcher developed a drawing brief with clear instructions to be followed in co-generating data. On the first page of the drawing brief, the following instruction was given:

> *Think about what helps you cope with your life when you experience a hard time. In the space provided, make a drawing of what enables you to cope. How you draw is not important. Take as long as you wish. Use colour if you prefer.*

On the flip side of the A4 page the following instruction occurred:

> *In the space provided, write a paragraph or paragraphs in which you explain your drawing. Write as much as you wish. Write in any language you prefer. Use more paper if you should.*

The participants were provided with drawing and writing materials. There was no strict time limit to drawing and writing activities that were given to the participants, however such activities can be estimated to be completed in less than 35 minutes which equals to a normal daily period at school level. The time that the researcher requested at school was 1 hour which was more than enough to complete an activity. The draw-and-write technique was used with the sampled teenage girls. This served a good purpose since drawing and writing are natural for any school going children. After all the drawing has been done and narratives written, it was collected for analysis.

In each of the schools, the researcher asked to be given access to the children for one hour. The presence of teachers or helpers in the class varied depending on their preference. This procedure was allowed since the researcher was interviewing teenagers who are minors and expectants. Thereafter, the researcher introduced herself to the learners. The purpose of the study was explained. It was explained what is expected from the teenage girls, that the activities were not a test, that their drawing or writing would not be identified by their name and the voluntary nature of the study. The researcher allowed sufficient time for the girls to ask questions and decide on whether to leave the room or stay for participation. Teenage girls were observed closely by the researcher, teacher, or a helper to pick up on any overt signs of worry or distress.

Then the participants continued with tasks on the sheet provided. (Task 1) “Make a drawing of what enables you to cope”. (Task 2). On the flip side of the page “Please write a caption explaining your drawing”. Children worked individually while sitting at their usual tables.

3.5 DATA ANALYSIS

The data was processed through inductive content analysis. Inductive content analysis is a qualitative method of data analysis in which the researcher develops theory and identifies themes by studying documents, recordings and other printed and verbal material and relies on inductive reasoning in which themes emerge from the raw data through repeated examination and comparison (Nieuwenhuis, 2007). Content analysis is a content sensitive method and offers the researcher flexibility while analysing data.

Inductive content analysis begins with organising raw data through the process called open coding (Malindi, 2018). Through open coding the material was viewed, notes and headings made in the text as it was read (Nieuwenhuis, 2007). This process requires repeated reading of the material (Malindi, 2018; Machenjedze et al., 2019). Then data were grouped, categorised, similar codes were grouped to arrive at workable themes (Hsie & Shannon, 2005; Malindi, 2018; Machenjedze et al., 2019; Nieuwenhuis, 2007).

The data for this study came in the form of drawings and narratives and recordings. The narratives were read several times to gain a full understanding of all of them. Codes were generated from the narratives by labelling sections of them. The codes were grouped, a process called axial coding that will require that the researcher continually modify and reshape their emerging concepts as more data is examined (Scott & Medaugh, 2017). Meaningful themes were developed (Nieuwenhuis, 2007).

It is important to note that by compiling narratives, the participant initiated the process of analysing the data. This eliminated the possibility of being bias and subjective on the side of the researcher since the researcher did not impose meaning upon the drawings. The drawings were not used as projective techniques; instead, the drawings were used symbolically.

The process of data analysis uses analytic and logical reasoning to gain information from that data. To analyse data is to find meaning in data so that the received knowledge can be used to make informed decisions. Considering the method of data analysis, examining the steps of data analysis it was crucial in ensuring trustworthiness.

Content analysis is a popular approach to qualitative data analysis. Thematic analysis is part of the content analysis. Content analysis is used to identify the patterns that emerge from text, by grouping contents into words, concepts, and themes (Cheng et al., 2022; Crosley, 2021).

The following steps of content analysis were used in conducting this qualitative study:

Step 1: Define the research question to guide the analysis.

The central research question guiding the exploratory study is: What is the nature of risk and resilience among expectant school-going learners in the Tshwane District?

Step 2: Gather and collect the qualitative data.

Data was collected from school-going expectant teenage girls in Tshwane District.

Step 3: Organize and connect the qualitative data.

Data is organized in groups, summarized, and put in one place for easy access.

Step 4: Code the qualitative data

Labelling and organising data to formulate themes. Four themes emerged from this study.

Step 5: Analyse the qualitative data for insight and report on the insight derived from analysis.

Codes are now ready and fully developed to focus on communicating narratives to audience.

3.6 TRUSTWORTHINESS

Terms such as trustworthiness, credibility, confirmability, consistency, or dependability are key areas within qualitative research; dependability in qualitative research closely

matches the notion of reliability in quantitative research (Golafshani, 2003). As the study was qualitative in nature, trustworthiness and dependability were emphasized. Trustworthiness (validity) of the research was enhanced by recording each session which provided an accurate account of the interviews (McMillan and Schumacher, 2001).

Respondents were allowed to obtain a copy of their own transcribed interview for perusal to establish and confirm accuracy of information. Other researchers were also allowed to comment on the interpretations (Rutakumwa, 2019; Babbie & Mouton, 2001) and refer to this as 'member checking' which allows the researcher to go back to the respondents to verify authenticity of information. This strategy made the data dependable as participating expectant girls were able to confirm or disapprove of the interpretations made. To minimize bias, the same questions were used, as well as the same wording to all participants; the venue was at their different school premises and learners were interviewed in the classrooms that were provided. The researcher made every attempt to remain objective and neutral, not letting experience as a teacher influence the interpretations of the responses, which enhanced dependability of the interpretations.

3.6.1 Credibility

Data was collected from 31 participants to ensure multiple perspectives and the data triangulation was used by triangulating participants' viewpoints and experiences against others. In this study member checking was used. The participants were consulted to cross check whether the data and interpretation are what they meant. This was done in line with what Babbie and Mouton, (2001) as well as Shenton (2004) suggest concerning consulting participants when conducting research.

3.6.2 Transferability

In this study transferability was obtained by providing in-depth description of data and the entire process. Transferability was ensured by the representativeness of the sampled participants who provided rich data concerning this study. There were identification of themes and categories. Data saturation was reached with the content analysis for the most prominent repetitive information received from the participant's narratives.

3.6.3 Confirmability

The information received was provided by the participant and is free from biases. Raw data was used to gather data themes. Triangulation was obtained by combining multiple research methods from a qualitative approach and the perspectives from the literature. The draw-and-write technique was used that involved individual participants who made their own different drawings and wrote their own narratives.

3.7 ETHICAL CONSIDERATIONS

Ethical considerations are very critical to any research. It is imperative that proper steps are taken to ensure that participants are fully aware about their participation and role to safeguard the participants' rights. Ethical consideration is very crucial when human beings' experiences are the unit of analysis. In this study, the researcher followed the procedures as mentioned to maintain ethical considerations. I received written permission to conduct research from department of education Gauteng province. Furthermore, permission letter was submitted to North-West University Research Ethic Committee: Human Research to continue with this study. Ethics number NWU- 01054-21-S2. Before conducting any interview with the participants, the researcher explained the research and ethics process to the volunteering learners (Ssali, 2015).

Using the consent form, the nature and the goals of the study to the parents and the participants were explained and assurance were given that their rights to human dignity and privacy would be respected. Assurance were given to participants that their responses would be kept confidential. The participants signed consent forms that were co-signed with their parents and care givers. The participants understood that the findings would be disseminated without reviling their identities.

3.8 CONCLUSION

In this section, various aspects related to the empirical research methodology used in this study were described. The research design as well as an evaluation of strategies to enhance trustworthy and ethical measures, was explained.

The next chapter deals with the analysis and interpretation of data throw draw-and-write techniques.

CHAPTER 4 DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

In Chapter Four it was explained how the researcher conducted the empirical study. In this chapter, the findings of the empirical, qualitative study are presented and discussed. The main aspects that will be covered in this chapter are: revisiting the aim and objectives of the study, demographic details, presentation of findings, and conclusion.

4.2 REVISITING THE AIM AND OBJECTIVES OF THE STUDY

The overarching aim of the study was to explore risks and resilience among expectant school-going girls in the Tshwane District. The objectives of the study were:

- to document the risks experienced by expectant school-going learners in Tshwane schools;
- to document the protective factors that feed the resilience of expectant teenage girls in Tshwane schools;
- to develop guidelines for the development of a resilience-focused intervention programme for expectant teenage girls.

A literature review and qualitative research using the draw-and-write technique were carried out in order to meet the study's goals and objectives. In this sense, the participants drew symbolic representations of the things that enabled them to face hardship with resilience and wrote narratives explaining their drawings. The study involved 31 expectant school-going teenage learners. In the next section, the demographical data of the participants is presented.

4.3 DEMOGRAPHIC INFORMATION

A total of 31 participants took part in my study. Table 01 below summarizes the demographic data of the participants.

Table 4.1: Summarizes demographic data of the participants

Names	Grade	Age	Language group	Living arrangements
1. Abdulin	12	18	Shona	Living with both parents
2. Beyonce	10	15	Afrikaans	Living with mother only
3. Duduzile	12	18	isiNdebele	Living with mother only.
4. Keletsoentle	12	18	Setswana	Living with her grandmother
5. Kgothatso	11	17	Setswana	Orphan
6. Lera	9	15	Setswana	Living with her grandmother
7. Leratolaka	9	15	Setswana	Living with mother only
8. Leratoza	11	18	Setswana	Living with mother only
9. Lesego	12	17	Setswana	Living with both parents
10. Lesibana	9	14	Setswana	Living with mother only
11. Lethabolaka	12	18	Setswana	Living with both parents
12. Luvuyo	12	18	isiXhosa	Living with her grandmother
13. Mantrombi	10	16	isiNdebele	Living with mother only
14. Matimba	11	17	Xitsonga	Living with her grandmother
15. Matlhomola	12	18	Setswana	Living with both parents
16. Metani	11	17	Sesotho	Living with mother only
17. Mokgethoa	12	18	Setswana	Living with mother only
18. Moreblessing	12	18	Shona	Orphan
19. Nolwandle	12	18	isiZulu	Living with mother only
20. Nolwazi	9	14	isiNdebele	Living with mother only
21. Nomalizo	12	18	isiZulu	Living with her grandmother
22. Nonhlanganiso	12	18	IsiZulu	Living with both parents
23. Notswayile	12	18	isiNdebele	Living with grandmother
24. Nozindaba	9	15	isiZulu	Living with both parents
25. Philani	11	17	isiZulu	Living with mother only
26. Senzile	10	16	isiNdebele	Living with both parents
27. Sibongile	11	17	isiNdebele	Living with mother only
28. Sikhulumi	12	18	isiZulu	Living with both parents
29. Siphamandla	12	18	isiZulu	Living with mother only
30. Vicky	11	17	Afrikaans	Orphan
31. Zithulele	9	15	isiZulu	Living with mother only

Table 4-1 lists the 31 participants who were in grades 9 through 12 and aged 14 to 18 who participated in this study. They were all expectant school-going girls from different ethnic groups and thus spoke isiZulu, Sesotho, Setswana, isiNdebele, Afrikaans, isiXhosa, Xitsonga, and Shona. The researcher have explained their living arrangements and gave pseudonyms to the participants to protect their privacy and human rights.

4.4 PRESENTATION OF FINDINGS

The researcher in the Tshwane District was able to record the risks and resilience factors that supported resilience in expectant school-going girls by using a less intrusive and child-centred draw-and-write technique. All the drawings and narratives were collected. The narratives were read several times and all the drawings were carefully examined. Sections of the narratives were coded and it became evident that the risks were encountered by participants on both a personal and socioecological level. They were able to adapt, nevertheless, because of their socioecological and personal resources. The drawings and narratives are discussed further below and evidence from the data is presented.

4.4.1 Personal and socioecological resilience risks / protective resources

Moreblessing, a 15-year-old participant in grade 12, made a drawing of banknotes. She labelled them R100 and R200, and that is the local currency in South Africa.

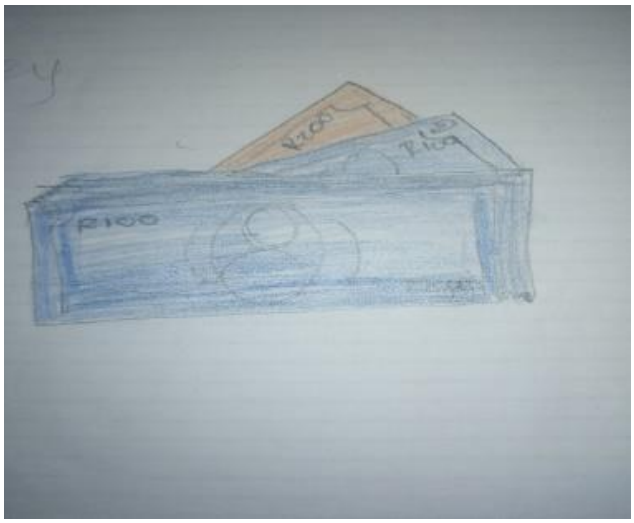


Figure 4.1 Drawing by Moreblessing

Moreblessing wrote the following narrative in explaining her drawings.

> *The picture I drew is money. I drew money because that was the only thing that make me to cope when I thought my life was in the end. When I discovered that my boyfriend died on the car accident while they were from the party with his friends. After a week I discovered that I am pregnant. I was so torn apart. My mom passed on last year and I am staying with my younger brother who will turn 12 this year. I was still mourning my mom, then became pregnant then the boyfriend passed on. When we started receiving money from my mother's pension, I started to have life again. I started to be more active and take care of myself and my brother. My aunts are there just to check on us and they are not stressing us. I survive because I have money now and I am trying to be more responsible about it looking at the child that is to be born. Money enables me to cope in life.*

The above narrative demonstrates that Moreblessing faced multiple resilience risks on a psychological level. These included the death of her boyfriend who happened to be her unborn child's father, the death of her mother and finding out that she was pregnant. She points out that she felt that her life had ended, and this suggests that she had lost hope. Despite all these risks, she pointed out that money enabled her resilience since she says it enabled her to regain hope. Having money gave her the assurance that she would be able to take care of herself, her younger brother and the baby that was on the way. On a socio-ecological level, she pointed out that her aunts regularly came to her house to find out how they were doing and caused them no distress at all. Therefore, the aunts provided the social support she needed to cope resiliently. Preceding research shows that teenage pregnancy can be associated with psychological distress and negative repercussions for the expectant teenage mother who may require higher level of support to cope with the challenges linked with impending motherhood (Olajubu et al., 2021). Moreblessing faced the risk of being parentified since she had to care for her younger brother in her child-headed household, a finding that was made in another study (Franjic, 2018).

Lesego, a 17-year-old participant in grade 12, made a drawing of a female human figure who has a more pronounced tummy pulling what looks like a journey bag and in tears. There is another male human figure standing on what looks like a house and shouting.

The other human figure is kneeling, with logs in her hands, and looking down at a fireplace where there is wood burning. Another female figure carries a baby on her back while she is grinding corn on a grinding stone. There are also drawings of a hen and a chick. A steel pot is next to the fire.

Figure 4.2 Drawing by Lesego

Lesego wrote the following narrative in explaining her drawings:

> *The picture I drew is my family. I come from a family of five and both my parents are not working. My mom sells vegetables at the corner just for us to have something to eat. My father is very strict person. He is also a part of the community safety forum. Being pregnant is never easy. I am now homeless, having a big belly and just to think of it that I cannot reverse this moment. I cannot rectify this big mistake I cannot even explain how it happened. Everything happened so quickly and there is no turning back now. The reason I drew the picture of me leaving my family that day my father chased me out of the house is because I think I disappointed them so bad that they trusted me to be the one who will end up having a better job and provide for them. When I think about my family I become encouraged that I must not stop going to school to pursue my studies. I am now attending school very well and I am staying at my friend's house. I am having hope that all will be well.*

The above narrative demonstrates that Lesego faced socio-ecological resilience risks. For example, her parents were unemployed, and her father chased her away from his house. She was then facing another risk of being homeless. On a personal level, the participant coped resiliently since she had hope for the future, and a positive outlook on life. The fact that she lived with her friend and could continue her studies enabled her to cope on a socioecological level. Hope has been found to be a protective resource in other studies involving street-involved children (Malindi & Theron, 2010; Malindi, 2014).

Another participant, Matlhomola, an 18-year-old girl in grade 12 made a drawing of two human figures, a male and a female holding hands. The female figure is labelled "*me*" and the male figure is labelled the name of her boyfriend and father of her unborn baby. The female figure has a pronounced tummy, showing that she is expecting a baby.

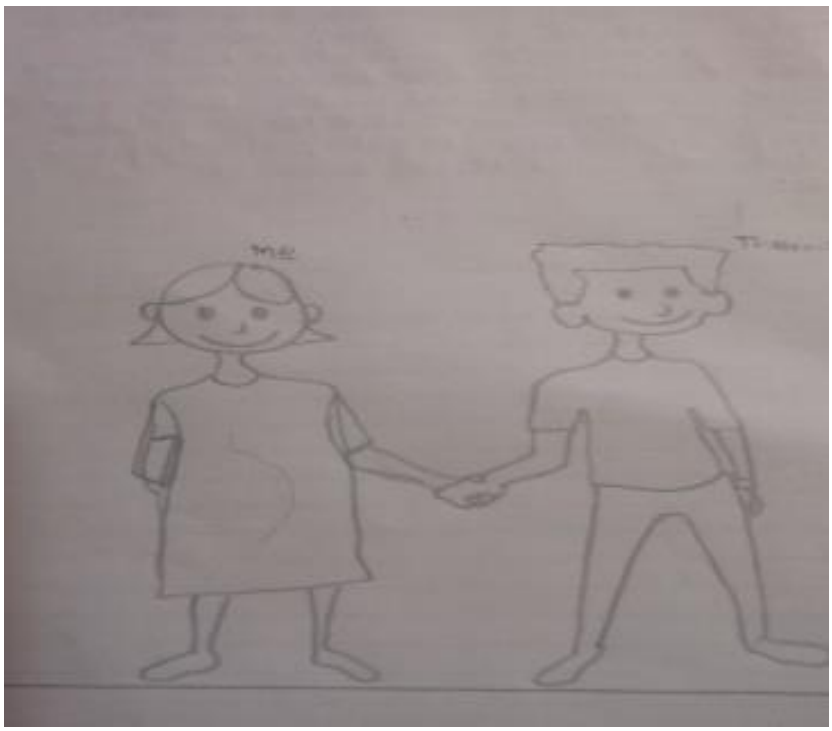


Figure 4.3 Drawing by Matlhomola

Matlhomola wrote the following narrative in explaining her drawing:

> *The picture I drew is for myself and my boyfriend. The reason I draw my boyfriend is because he is the one who gives me support. When I found out that I am pregnant I told my parents. My dad was so furious and wanted to beat me I ran out of the house and went straight to my boyfriend's home. The*

following morning I rushed home to take my clothes and even my school uniform. I found my mom and asked her to forgive me and persuade my dad to forgive me. Then later I called my mom to ask if I can come home she said my dad is still angry and she is scared that he will do something bad to me. My boyfriend is always on my side. He is renting a room and we stay together even now. He takes care of me. He is always willing to protect me. I come to school every day feeling happy and no one force me to come. I am not even ashamed anymore of my pregnancy. I know he will support me and my child even after I gave birth. He support me also in my schoolwork. He helps me with my homework where I don't understand. He gives me so much support that I can be able to face this situation each and every day.

The above narrative demonstrates that Matlhomola was faced with the socio-ecological risk of experiencing a strained relationship with her father who, out of anger, wanted to assault her. She however, received social support from her boyfriend who has shown to be supportive when she was impacted by risk. Her boyfriend took care of her and helped her with schoolwork. That made the participant resilient and enabled her to continue with school. Her boyfriend's social support system helped her deal with the hardships she faced.

Another participant, Kgothatso, a 17-year-old girl in grade 11, made a drawing of two female human figures standing outside a house. There is a line between them. The one on the left-hand side has a more pronounced tummy.

Figure 4.4: Drawing by Kgothatso

Kgothatso wrote her narrative in explaining her drawing:

> *I am currently in grade 11. We are three at home and I am the eldest. I am the one taking care of my siblings and to make sure they have something to eat every day. We are struggling at home [living in poverty]. I lost all the dignity because I was always trying to please my friends. I am pregnant. My boyfriend does not want to hear anything from me ever since I told her I am pregnant. I have no family to help me take care of the child. My background situation does not allow me to have a child. The picture I drew is our neighbour. She saw me last month when I was coming from the clinic. She then called and said she noticed that I am no longer that child who looks happy and always visit her. I explained my situation to her. She then comforted me and saying when you are a child headed it is normally something like this happens. I must not worry. She will be my tour guide on this trip. She then told me that I must attend my clinic check-ups regularly and keep her updated. She cooks for us. She bought me bigger uniform as she can see I love school. I am now stable because of her.*

The above narrative demonstrates that Kgothatso faced socio-ecological risk of being parentified at an early age. Her family was experiencing hardships or poverty, and she

fell pregnant due to peer pressure. When her boyfriend found out she was pregnant, he also rejected her. She was facing risk of raising her child alone without help from family members. The participant coped resiliently since she had a caring and supportive neighbour who enabled her to cope by comforting her and availing herself- as an advisor, cooking for her, giving advice on attendance of antenatal clinic and even buying bigger clothes.

Expectant teenagers in families with children as the head of the household lack the support of friends and family. This can leave them feeling alone in a challenging situation. This finding was made in another study by Sathiya and Gwenhamo (2015).

Mokgethoa an 18-year-old participant in grade 12 made a drawing of a guitar, a keyboard and some musical notes on each side.

Figure 4.5 Drawing by Mokgethoa

Mokgethoa wrote the following narrative:

> *My picture is musical instrument. I like singing and listening to music. I love hip hop genre. When I listen to music I forget all my problems. I noticed even people sing when they are in a stressful situation. Music helps the mind to feel relaxed. When I get home every day after school I listen to music, even when I am doing my school work. My headphones are always on my head listening to music. That helps me to cope with the pregnancy. These days I become*

tired quickly and when I had to catch a sleep I will listen to music up until I fall asleep.

The finding of the study shows that Mokgethoa listened to music to forget her problems. The protective capacity of music was noted in studies in other contexts, namely, studies by Ahmad & Rana (2015) and Theron & Malindi (2012).

Another participant, Beyonce, a 15-year-old participant in grade 10, made a drawing of a colourful bird in flight.

Figure 4.6 Drawing by Beyonce

Beyonce wrote the following narrative in explaining her drawing:

I am 15 years old and just found out that I am pregnant just few months ago. The picture I drew is a picture of a bird called phoenix. I am inspired by the phoenix bird because the bird can die and regenerate again or born again. I thought I am like this bird because I was crushed by the society because of my pregnancy. I was really hurt and wanted to go far away where nobody sees me. I was always at home locking myself in a room and did not want to be seen. I lost my two weeks of schooling. I then came to my senses and stood up and dusted myself up thinking that the society will not help me with nothing as long as I don't think for myself. I decided that I will stand up and face the

situation without fear of judgement. My mom is helping me by making sure that I attend my antenatal classes and I also come to school.

The narrative shows that Beyone faced socio-ecological resilience risk when the society tore her down after she had become pregnant. She withdrew from social interaction and locked herself up in her room, and these are symptoms of depression. She lost two weeks of schooling as a result. She was hurt and wished to go away where nobody would see her. The participant pointed out that she was motivated to rise again. Beyonce faced the situation in boldness and was determined to bounce back and continue with her schooling. Her mother supported her and this enabled her to cope resiliently.

Another participant Siphamandla, an 18-year-old participant in grade 12 made a drawing of books. Two of the books are closed and one is open.

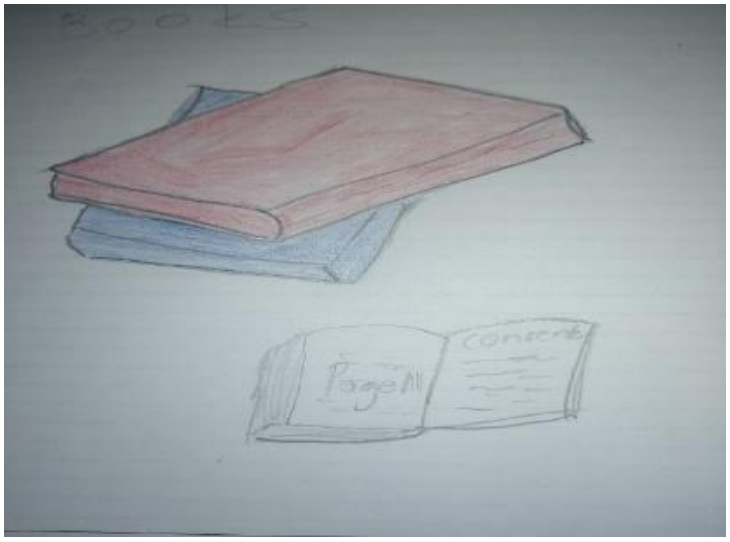


Figure 4.7 Drawing by Siphamandla

Siphamandla wrote the following narrative in explaining her drawing:

One thing that makes me to cope is my books. I love and enjoy reading motivational books. When I feel down I will take a book and read that will take away all the stress. Books really motivates me. At school I am also coping even if I am pregnant. Nothing disturbs me. When I feel drained emotionally because of this pregnancy as it has its days, I simply take a book and read. I make sure I focus on what I am reading then I become motivated. Books are very good to distress. I love books.

As this story illustrates, when the individual experienced sadness (feels down/drained), reading books enabled Siphamandla to cope resiliently. She pointed out that books motivated her since she ensured that she focused on what she read. In another study, independent motivation is essential, as reading books has been shown to lessen psychological discomfort in college students (Levine & Holding, 2021).

Notswayile, an 18-year-old participant in grade 12 made a drawing of a hymn book labelled "*Difela tsa Sione*" [Hymns of Zion]. At the bottom of the page, she wrote the following words: "*Ke na le Modisa, ke tlabe ke tlhokang*? (I have a Shepherd, what shall I lack?)

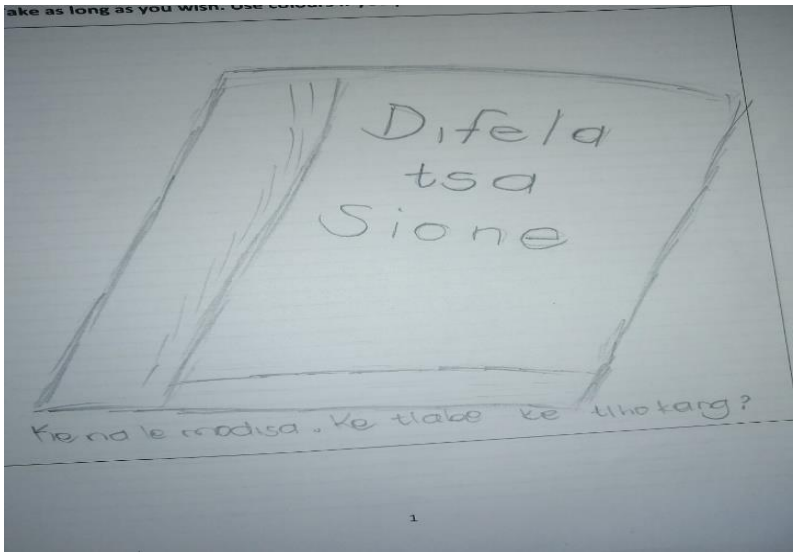


Figure 4.8 Drawing by Notswayile

Notswayile wrote the following narrative to explain her drawing:

> *The picture I drew is the hymn book. The reason I drew this hymn book is because when I felt down I sing the song "Ke na le Modisa, Ke tlabe ke tlhokang." I love this song because when I discovered that I am pregnant I was so stressed and thought I won't make it in life again. I then went to church and they sang the song and the meaning of it really touched me and I was so encouraged that even on this situation I am not alone. When I got home I took my granny's hymn book and look for other songs and found so many encouraging songs in that book. Starting from that Sunday I became a friend to the hymn book. I would sing loud the song Ke na le Modisa. Even if I am*

alone on my way to and from school I sing the songs from this hymn book. I am encouraged and coping because I know I have a Shepherd who always guard my life.

The above narrative demonstrates that Notswayile coped resiliently by singing a hymn based the first verse of Chapter 23 in the Book of Psalms. The hymn made her feel that she was not alone since she had a Shepherd. Feeling alone is a resilience risk. The narrative shows that she was religious too. Previous research involving children who had experienced life on the streets has found that religiosity is a resilience resource (Malindi, 2009; Malindi & Theron, 2010).

Another participant, a 17-year-old participant, namely, Philani in grade 11, made a drawing of a Television set and a mobile phone.

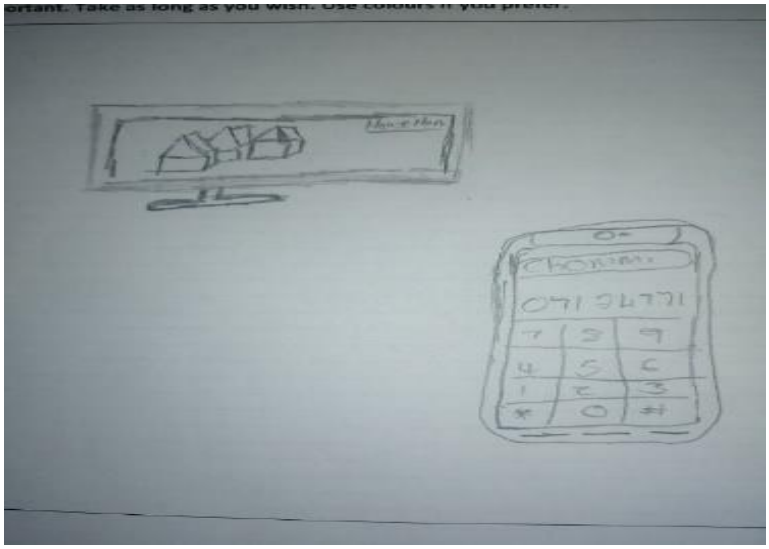


Figure 4.9 Drawing by Philani

Philani wrote the following narrative in explaining her drawing:

The picture I draw is my cell phone and television. These are the reason I am coping with life in general. Watching TV and listening to music makes me to feel relax. When I feel stressed, I watch my favourite channel and look at the beautiful houses and dream about them, then I become relaxed. When I am doing my chores as I am still doing house chores even in this situation of pregnancy, I listen to music on my cell phone. I also go on social media and be busy there and that takes away most of the stress. Social media makes one

relax as you watch on people and what is happening around the world around me. I don't think I would have cope with this pregnancy if haven't check people on social media with the same age as mine getting pregnant and still survive. It really helped me a lot to have a phone and access the social media.

The above narrative demonstrates that Philani drew her strength from watching television and listening to music. She drew strength from social media too since there, she could track role models of successful young people who fell pregnant but later studied and made it in life. Having role models of success despite adversity enables resilience since it engenders hope (Luther, Crossman & Small, 2015). Also found in other study on impact of music and mood is that music therapy is used as an intervention for stress and mental healthcare setting (de Witte and Pinho et al., 2020). The best chance for building resilience in young people who are at risk is through positive relationships.

Another participant, namely, Sikhulumi, an 18-year-old girl in grade 12, made a drawing of a television set. On the screen someone is interviewing two female figures that are pregnant. It seems the channel is 405 on a well-known television station.

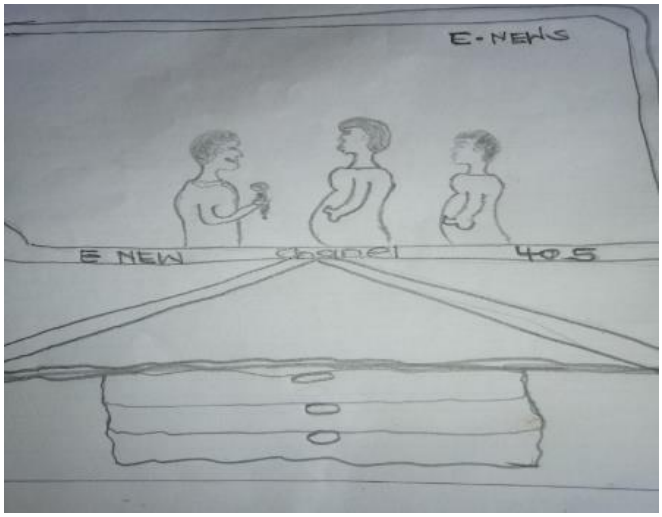


Figure 4.10: Drawing by Sikhulumi

Sikhulumi wrote the following narrative in explaining her drawing:

My drawing is about the teenage girls who are pregnant. Last year after school I was watching television. They were talking about teenage pregnancy. I listened to the news and heard that the government of Zimbabwe encourages

teenage girls to come back to school. Then I listened to the people who were talking and since that day I listen to the news on TV just to know about the world around me. Before the end of the year as I continue to watch TV news, I heard that the department of education is stressed with the high number of teenage pregnancy. I sat down and listen as that time I realised that I am one of them but I was not showing by then. Even at my home they didn't notice me. The first thing that gave me hope is when they show the picture of pregnant girls wearing their school uniform. Then I said I am not alone in this. I also notice that there are people who still care about us as teenage girls and our future that is why they bring this issue of teenage pregnancy to the department to discuss it. Then I had a hope that I will finish my matric very well because they will not chase me out from school. The TV news encouraged me to make right choice and help me to acknowledge my mistake in a good manner. I even told my friends to watch news channel. Ever since I prefer to listen to television news as they show picture you have the whole idea of what they are talking about.

The narrative shows that having hope enabled the participant to feel that she could finish her studies. She noticed that she was not the only one and that there were people who care and felt encouraged that she too will be successful. Watching news on television encouraged the participant to make correct decisions and acknowledge her mistake.

An 18-year-old participant in grade 12, Abdulin, made a drawing of a church. Near the building is a male human figure wearing a gown. The male human figure is holding a book labelled as a Bible. The human figure is labelled "Mfundisi" [Priest/Reverend/Pastor] and he is smiling.

Figure 4.11 Drawing by Abdulin

Abdulin made a narrative explaining her drawing:

> *The picture I draw is Pst.Siphosethu [name changed to protect his identity]. My father is an elder in the church so when I discovered that I am pregnant I was so scared and decided to go to church. I was in a prayer session then I cried a lot then the pastor prayed with me and his wife. Then I decided to tell them that I am pregnant. Then the pastor called the church committee and ask them to make plans to support teenage girls as they are going through a lot without anyone noticing. She then took me to a counselling room and called the person who takes care of youth in church. They gave words of encouragements and advise me to go school. My parents were told they are so disappointed. I am willing to work hard and pass. I thank God for the church that I am in now because today I am strong because of it.*

Abdulin wrote the following narrative in explaining her drawing:

The above narrative demonstrates that Abdulin was scared upon finding out about her pregnancy. However, it is important to note that her Pastor at church facilitated support for the participant and gave her advice and words of encouragement. The participant was in the position to cope and work hard in her studies because of the support and encouragement. It can be concluded that having faith and going to church opened access for the participant to benefit from the church as a microsystemic stronghold. Having faith

and actively expressing it was found to be protective in other studies involving youth at risk (Kruger, 2009; Malindi, 2018).

Another participant, Senzile, a 16-year-old girl in grade 10, made a drawing of a building. The building is labelled eKhaya Bible College (real name withheld). She added a drawing in which five human figures are seen reclining at the table. The words, “pop-up group club” are inscribed above the human figures.

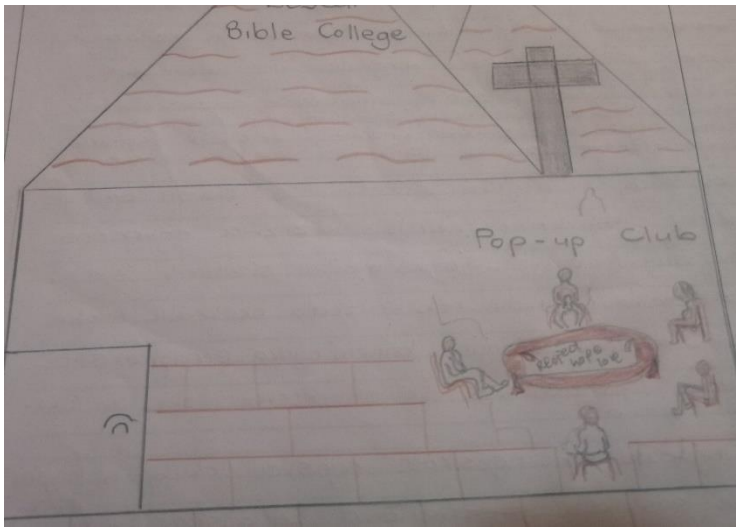


Figure 4.12: Drawing by Senzile

Senzile wrote the following narrative to explain her drawing*:*

> *I am 16 years old. I stay with both of my parents. When I found out that I was pregnant I was so scared because my father is a Pastor in our church. He was always telling how I should handle myself as his child and the youth leader in the church. I was afraid to tell them that I am pregnant, then I went one lady who works at the skills centre whom we go to church together. I then explained to her my story and she suggested that I join the life-skill’s group that will support me going further. I joined the support group where we talk about our life challenges. I found out that is also a group of girls and some of them in the group are also pregnant. We all share our journey of and all the challenges then she listens to us and after give us word of encouragements and we prayed together. I drew her because ever since I joined that group I felt that my burden is offloaded. She encourages us with the word of God and guide us through life situations. Now I am even free at school, my parents accepted my situation*

even if they are not saying anything to me. For me to join the pop-up team was the best decision I ever took. Thanks to her.

The narrative shows that the participant was anxious when she learned that she was pregnant. The fear stemmed from the fact that her father was a pastor who always advised the participant to be exemplary in her conduct. The participant exercised agency and navigated her pathways towards a life skills coach for advice. She advised the participant to join a support group of other expectant girls. A sense of agency was found to be promotive of resilience, on “The power of me” social support and agencies both play a crucial role in assisting teenage African girls who have been sexually abused in their recovery (Haffejee and Theron, 2019) that was facilitated by the lady who was a life skills coach. The participant showed resilience because she was exposed to the Word of the Lord, God. This enabled her parents to accept the situation, and the acceptance became an added resilience promoting process.

Another participant, Matimba, a 17-year-old teenage girl in grade 11 made a drawing of a human female figure with long hair wearing spectacles and smiling. She labelled her drawing, “kokwane” in Xitsonga (meaning grandmother in English).

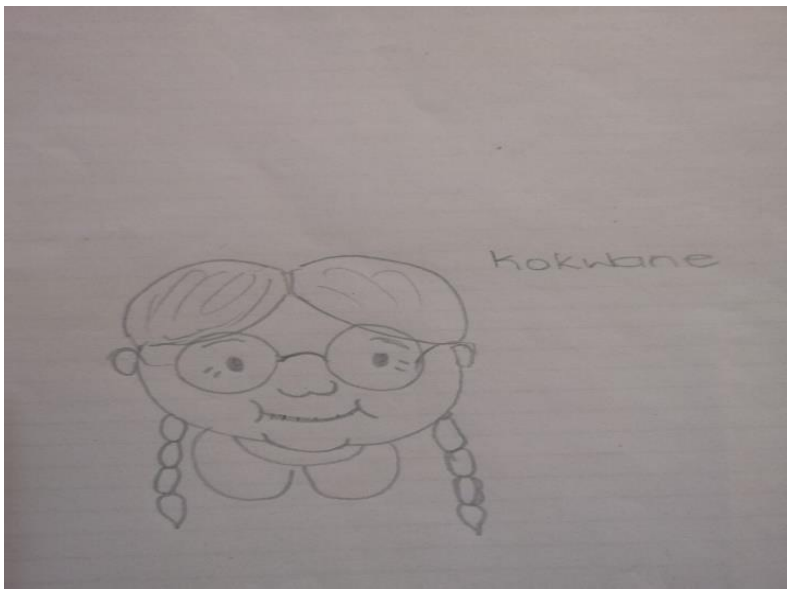


Figure 4.13: Drawing by Matimba

Matimba wrote the following narrative in explaining her drawing:

The picture I drew is my grandmother. The time I realised that I am pregnant. The first person that I told was my grandmother. I know that she has a good heart and she will talk to me in manner that shows respect and it was like that. She told me that she is happy that I opened up. I must continue with school because at school are not allowed to chase me because of pregnancy. At first I was scared to come to school thinking other learners will gossip about me. My grandmother told me that I am not coming to school for anyone but myself. I should wake up and own my mistakes so that I won't be repeated. Today I am here at school coping very well because of the love, care and strength that I receive from my granny.

The above narrative demonstrates that Matimba received social support from her grandmother and that she was coping at school because of the love and care that she received from her. The participant's grandmother facilitated her coping ability by encouraging her to go back to school and not drop out. Grandmothers play a huge role in taking care of an expectant teenagers. The finding corroborates the finding that was made in another study by Aubel (2021) and noted that grandmothers' roles as culturally designated enable them to act as advisors to young mothers and direct care givers.

Another participant, Keletsoentle, an 18-year-old girl in grade 12 who was expecting her first child drew two human female figures. The other female human figure has a more pronounced tummy and the other female figure is carrying something that looks like a basin on the head. She is holding what looks like a bucket.

Figure 4.14: Drawing by Keletsoentle

Keletsoentle wrote the following narrative in explaining her drawing:

> *I am in grade 12 and pregnant. I drew myself and my grandmother because I wanted to drop out because of pregnancy and I was very suicidal. My grandmother called and talked to me that I will be fine I must not kill myself. She told me that I must learn by my mistakes and try to improve to make my future bright. My grandmother took me to school and apologise on my behalf to my teachers. She even told my principal that she will make sure I am at school every day and on time. I am now back at school even though I am shy when other learners skenner [gossip] about me. I will do well at school to make myself and my grandmother proud.*

The above narrative demonstrates that Keletsoentle's grandmother gave her support when she was facing risks of suicide and dropping out of school. Her grandmother stood by her and even mediated on her behalf. She is determined that she will do well in school because of the support that she received from her grandmother.

Lera, a participant who is 15 years old and in grade 9, drew two human women in the drawing. One of them is sitting on the chair while the other one is standing. The one who is standing has a more pronounced tummy. The two female figures are outside in front of a dwelling with a closed door, windows and open curtains.

Figure 4.15: Drawing by Lera

Lera wrote the following narrative in explaining her drawings:

> *The picture I drew is for myself and my grandmother. When I found out that I was pregnant I was shocked, confused and scared. I asked myself questions … "What am I going to do with the child"? "How am I going to raise a baby at such a young and tender age"? What will people say? I didn't think that I will get through this but killing an innocent soul was never an option to me. For me to hide my pregnancy from my grandmother was never easy. She did notice the changes in my body. My grandmother is so special. She called and told me that she can see and she knows that I am pregnant as she can see my body changes. She talks very soft and a very calm voice. That make me to open up to her. I was so shocked but at the same time relieved that I am not going the route of explaining to her.*

The narrative shows that the participant was shocked, confused and scared when she discovered that she was pregnant. The above narrative further demonstrates that she coped because of her grandmother who was her source of support. Some grandparents enjoy raising their grand children's children and gain a sense of purpose from doing so (Langosch, 2012).

Another participant in this study, Nozindaba, a 15-year-old teenage girl in grade 9, made a drawing of two female figures standing. One of them is carrying what looks like wood

on her head and the other one looks like she is in her uniform and has a more pronounced tummy. They look like they are in a conversation.

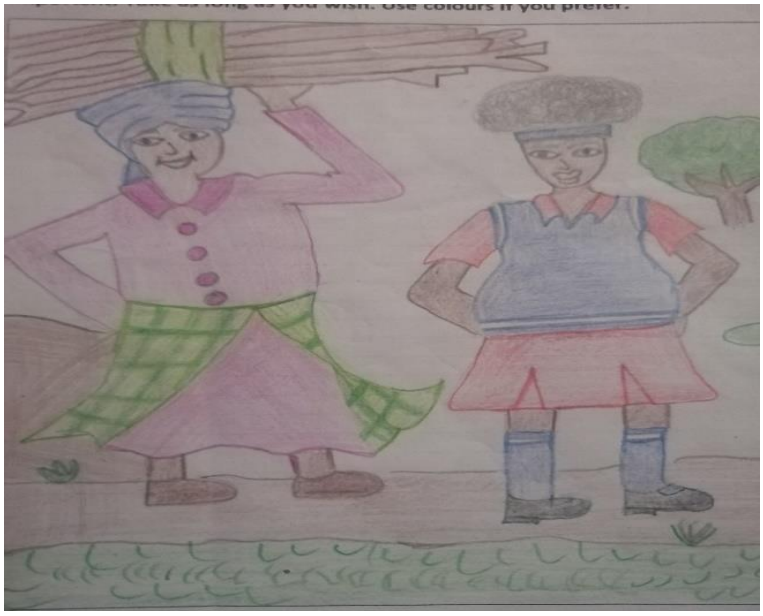


Figure 4.16: Drawing by Nozindaba

Nozindaba wrote the following narrative in explaining her drawings:

> *The picture I drew is for myself and my grandmother. When my parents found out that I am pregnant, they were angry at me and I was always crying, regretting all the wrongs I was doing. I regret even the minute of it. My parents are still angry and not taking this issue of pregnancy well. My grandmother told my mom that she ask that I come and stay with her so that she can take care of me. My parent agreed. My grandmother supports me and encourage me to talk more about issues that bothers me in life. She also accompany me to the antenatal clinic. She packs my food when I prepare to go to school (smile face). I feel the love she has for me.*

The narrative above demonstrates that the participant's parents were angry and offered little support to her when they found out that she was pregnant. The narrative shows that Nozindaba received support from her grandmother. Her grandmother supported her and had a healthy interaction that enabled her to cope resiliently. This finding was made in another study on the importance of a healthy family relationship in emotional and cognitive development of children (Petric, 2019).

A 15-year-old participant in grade 9, Leratolaka, drew three standing human figures. The one that is in the middle looks small and labelled “brother” and the other two are female human figures labelled “Mom” and “Me”.

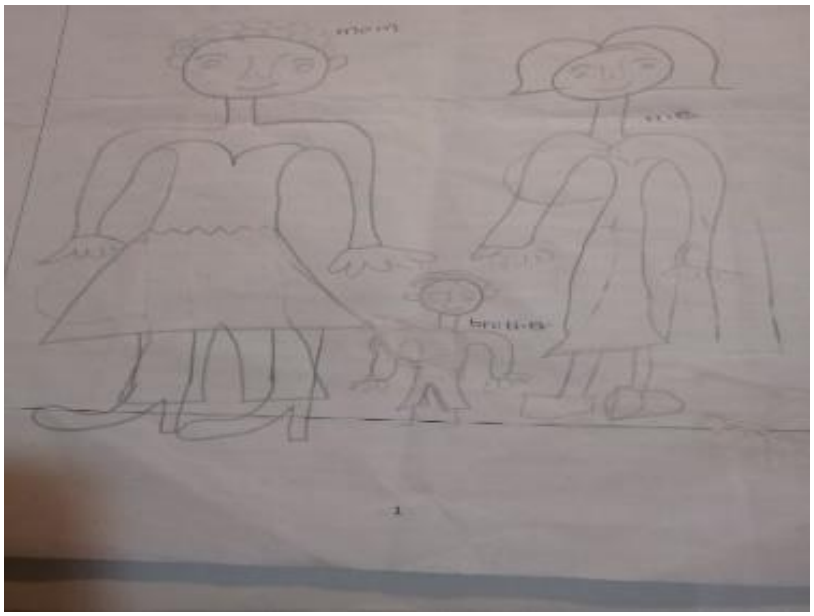


Figure 4.17: Drawing by Leratolaka

Here is how Leratolaka narrates her drawings.

> *I am Leratolaka and I got pregnant at the age of 15. I am in grade 9. When I realised that I was so stressed and thought that this might be the end of my career. I was feeling ashamed of how will people say about me as a teenager and pregnant. The picture I draw is my mother, younger brother and myself. My mother told me that I must not worry, she will take care of me and she really understand as I am also a product of teenage pregnancy. She gives me support even on my schoolwork. I am strong because she is my pillar of strength.*

The above narrative demonstrates that Leratolaka was stressed, ashamed and full of self-blame. However she coped resiliently since her mother gave her psychological and academic support and that made her feel strong. She coped resiliently because of her mother who became what she calls a “*pillar of strength*”.

Lesibana, a 14-year-old teenage girl in grade 9, made a drawing of two female figures. One of them is sitting on a chair while another is standing. The one that is standing has a more pronounced tummy. The two human figures are outside, in front of a brick dwelling, with a closed door.

Figure 4.18: Drawing by Lesibana

Lesibana wrote the following narrative in explaining her drawing:

> *The person in the picture is my mother. I am a grade 9 learner and I am repeating the grade. I wanted to drop out at school when I realised that I am pregnant. I also wanted to kill myself. My mom supported and told me that I am not the only one pregnant at my age. I should always know that she is behind me as long as I learn from my mistake. I am now stable and coping well at school just because of the support I get from my mom. I love my mom and promised her that I will be doing right from now and going forward.*

The above narrative demonstrates that Lesibana faced with risk of dropping out of school and suicide. The participant reported that she was coping resiliently due to the social support her mother provided. This means that the mother was supportive and the social capital she provided prevented the risk of dropping out and the suicide that the participant was facing. The participant had learned from her experiences and this serve as a protective resource for her. Learners who acquire a pregnancy while they are still at

school were found to be at risk of suicide in another South African study by Nkosi and Pretorius (2019).

Another participant, Mantrombi, a 16-year-old teenage expectant girl in grade 10 made a drawing of a brick dwelling with two female human figures. One of them sitting on a chair with a more pronounced tummy.

Figure 4.19: Drawing by Mantrombi

Mantrombi wrote the following narrative in explaining her drawing:

> *The picture I drew is for myself and my mom. When I found out that I was pregnant I was shocked and scared. I was also scared to tell my mom because I knew she would be angry and shout at me. As days goes I see now that my body changes quickly and she will soon find out I then told her. The disappointment in her face was so heart breaking. She then said one word to me "kulungile" [meaning, it is well in IsiZulu]. I had to assure her that I will continue with my studies. After a week we had spoken. She then called me and told me that she is by my side and she will support me. She knows that mistakes happen and she is scared that if she becomes angry I can end up making wrong decisions like aborting the child. So since last month she gives me support in a way that she also check on my clinic days. She also called my uncles to tell them about this pregnancy. They will be going to my boyfriend's*

family when I am about to give birth. My mom is giving me emotional and financial support. She is really my anchor.

The above narrative demonstrates that the participant was shocked and scared upon finding out about her pregnancy. Her mother became a source of support by providing emotional and financial support that kept her going. She was coping and having resilience in the context of adversity.

Another participant, Duduzile, an 18-year-old teenage girl in grade 12, made a drawing of two human female figures. The other female figure has a more pronounced tummy. Both human female figures are outside next to a dwelling with a closed door and windows. A tree can be seen next to the house.

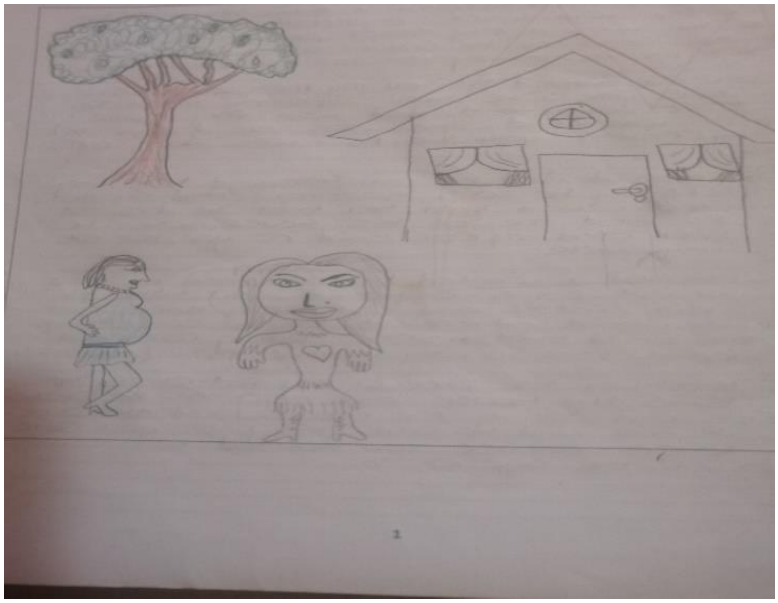


Figure 4.20: Drawing by Duduzile

Duduzile described her drawing in the following narrative she wrote:

The persons in the picture are me and my mom. I spent most of my time with my mom. We talk about almost everything. When I discovered that I was pregnant I was ashamed to tell her. After some time, I then told her, and I was already 9 weeks. The reason I delayed talking to her is that I wanted to terminate this pregnancy. I was so frustrated and didn't know what to do. When I told her she was so disappointed just like any other parent and started blaming herself feeling that she failed at raising a teenager. She then told me

that we must talk to each other often and not hide anything for each other so that one cannot repeat the same mistake done. I go to my antenatal classes and attend school very well. My mom gives me hope that no mistake can kill your future. "As long as you are focused you will succeed" She always say these words to me.

The above narrative demonstrates that Duduzile thought about terminating her pregnancy after she had found out about it. She also expressed negative feelings of being ashamed, confused, and frustrated and being a disappointment to her mother. Most teenage pregnancies are not planned and that leads to teenagers resorting to termination of pregnancy. The narrative shows that Duduzile had resilience in the context of risk due to the support from her mother, despite the fact that she blamed herself for her daughter falling pregnant. Her mother gave her hope that she would make it. A protective resource that has been found in other studies involving children involved with the streets is hope. Malindi and Theron (2010) and Malindi (2014).

Nolwandle, an 18-year-old teenage girl in grade 12 made a drawing of a female human figure who has a more pronounced tummy holding her tummy and her face looking down. She has headphones on and there are also drawings of musical notes on top.

Figure 4.21: Drawing by Nolwandle

Nolwandle wrote the following narration to narrate her drawings:

I stay with my mom who happen to have me when she was the same age as myself. She never thought that I would be in the same potion that she was seventeen years ago. When I found out that I was pregnant I was so devastated and the worst is that it was my first time having an encounter with a boy. He is the same age as mine and he said he was also doing it for the first time. We were both experiencing. My mom who has been in the same situation was so understanding and she is always there to support me. My teachers at school were also disappointed but none of them had negative words to me. They are very supportive especially in schoolwork. One way I do to manage and overcome stress of being pregnant at this age is to listen to music. When I listen to music I become so relax and I don't have to think about more things. My favourite music genre is gospel music. Gospel helps me draw nearer to God. When worshipping I become more relax and that helped me a lot. I also listen to electro music. That kind of music makes me to dance and I feel that it helps me and my baby with exercises. Music really relieves stress.

The above narrative demonstrates that Nolwandle was devastated when she found out that she was pregnant. Teachers at school were disappointed but they did not deride her. Then she received support from her mother and the teachers who gave her support with her schoolwork. That serves as a socio-ecological resilience resource to her that kept her going. She listened to music and she said it helped her to relax since it relieved her stress. She has mentioned that she likes the gospel genre and this explains that she contained the theme of religiosity. She said worship helped her to be more relaxed. The study found that her religion helped her to be resilient.

Another participant, Nonhlanganiso, an 18-year-old teenage girl in grade 12, made a drawing of a male human figure wearing a cap on the head and spectacles and is labelled "uncle".

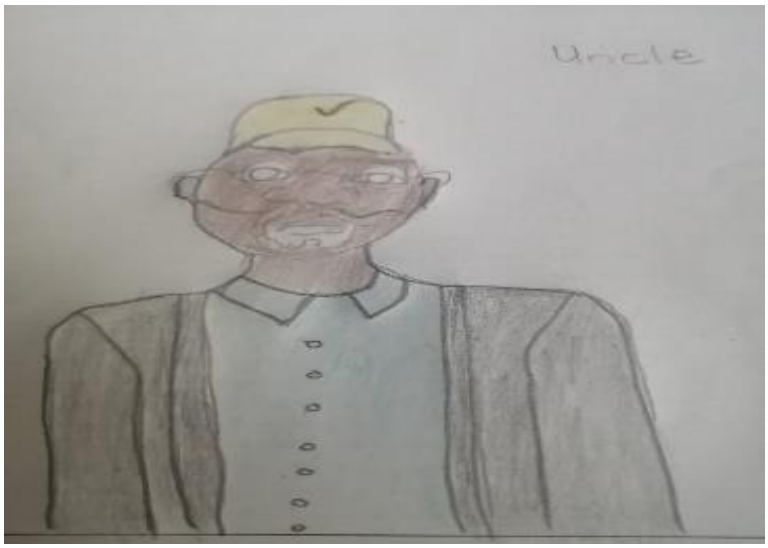


Figure 4.22 Drawing by Nonhlanganiso

Nonhlanganiso wrote the narrative to explain her drawing:

> *The picture I drew is my uncle. When I think about my uncle I become strong and he enables me to cope. The way he talks to me. The way he speaks to my parents. He is the one who made them understand that I am pregnant. He was the one who first recognise when I was visiting his home. It was on school holidays and I think I was sleeping a lot maybe then he observed my sleeping patterns and how I eat because he said to my father the behaviour is so strange and they should keep an eye. After my holidays. My uncle told my mom that they need to take me to the doctor so that I can be checked. Then I found out that I am pregnant. On January when we reopen my parents didn't want me to come back to school saying it is already late and I will be wasting time and money. They said I must stay at home and not attend school this year. My uncle told my parents that I must come to school for my matric and they must support me as I am doing matric. The doctor said I will give birth after my preliminary exams but before November and that will enable me to write my final exam. My parents agree and supports me. My uncle keep checking on us all the time. He is the best uncle ever. He even promised that if I do well this year, he will buy me a laptop. I am fortunate to have him, especially this time.*

The story above shows that Nonhlanganiso was able to overcome adversity because of the social support her uncle provided. Her uncle intervened and encouraged her parents to support her during pregnancy. Her uncle gave her motivation and promised rewards and that encouraged her not to drop out of school. He even made some follow-up checking if the relation between her parents was maintained and that helped the participant to cope. The participant was also promised an incentive as a form of motivation to perform and do well in her studies.

Another participant in this study, named Leratoza, an 18-year-old teenage girl in grade 11, made a drawing of two human figures. She identified the male human figure as being the one with the label "male." The other one is a female human figure “my brother” and the female human figure, “me”. They look like they are standing outside.

Figure 4.23: Drawing by Leratoza

Leratoza wrote the following narrative in explaining her drawing:

> *I am 18 years old. I am in grade 11. I stay with my mom and my two brothers. The picture I drew is me and my brother. I draw my brother because when I found out that I am pregnant I was so disappointed, angry at myself and also scared. I was thinking about all the risks of teenage pregnancy that they taught us about. I didn’t tell anyone at home and at school. Last month after school, my mom was home and it was after school. That day she came early from*

work. She noticed some changes in my body while wearing my school uniform. Then she asked me when last did I see my periods? I then told her that I am pregnant, but I was scared to tell her. My mom was so furious with me and started comparing me with other girls from our neighbours, she is still angry at me even today. I am still far from giving birth, but when I think and look at the support that my elder brother give me I become encouraged and I am coping very well with him by my side. I am a clever girl at school and with my brother's support I get strength. I will push forward and make sure that I don't drop out at school just to make my brother proud. I will work harder so that I do my matric next year.

The above narrative demonstrates that Leratoza was disappointed, angry, and scared when she found out that she was pregnant. She pointed out that she received support from her brother, when her mother was angry and disappointed. He thus enabled her to cope with both her condition and schoolwork.

Sibongile is another participant whose sibling provided support. She was an eleventh grader, seventeen years old. She drew a picture of two females holding hands. The other female human figure has a more pronounced tummy.

Figure 4.24: Drawing by Sibongile

Sibongile wrote the following narrative in explaining her drawings.

The picture I drew is for myself and my sister. The reason I draw my sister is because he is the one who makes me to cope in this situation. When I found out that I am pregnant I was alone in the house. It was after I bought pregnancy test kit as I suspected something was wrong about me. The first person I open up to was my sister. My sister then told my mom. My mom was so angry and started comparing me with other kids from the neighbourhood. My mom was always shouting at me saying that I disappointed her so much. She is not talking to me that much. My sister then told me that in anything that I want to know I must communicate with her. She said even the smallest thing that I can't understand I should let her know. She will be there for me. She knows I am good at school and I must be strong continue so that I write my final exam and pass. Since then I talk to my sister. She makes sure I am not stressing and do all my school work. I am now starting to get tired because my tummy is now big but I am pressing on to the end just because she is my strength and my pillar. When I think about the support she gives me I become encouraged.

The above narrative demonstrates that Sibongile was able to handle her mother's yelling at her and refusal to speak with her because of the support from her sister. Her sister became a source of support when she was faced risk of having a strained relationship with her mom who compared her with other children from the neighbourhood. Her sister supported her to continue with school and encouraged her to work hard. The finding that siblings can provide social support to each other was made in another study that adolescents who have sisters are less likely to report feeling such as sad, unhappy or depressed (Tannen, 2010).

Lethabolaka, an 18-year-old teenage girl in grade 12 made a drawing of a female human figure wearing a headgear with a sign of a cross on the forehead and is labelled "sister" (name withheld) to protect her identity. At the back from where the female figure is standing is a dwelling with a few closed doors. She is standing next to the tree. The building is labelled "CLINIC".

Figure 4.25: Drawing by Lethabolaka

Lethabolaka explains her drawing in a narrative below:

> *I am 18 years old and the person I drew is a nurse from the clinic. This nurse gave me hope when I was hopeless. I was sick two months ago, then I went to the clinic. When I enter the clinic I passed out. When I woke up I found a nurse next to my bedside. She introduced herself. She then asked my name and surname. She asked me more questions about myself and my family in a polite and very nice manner. When I was relaxed she then told me that I am pregnant and she can see that I am still young she is always available to assist if I have a question or a concern about my pregnancy. She then took my address and promise to pass by at my home after work. Indeed she pass by and found me sitting outside with my parents. She introduced herself and explain the story to my parents. She assured them that all will be well as long I have their support and attend my antenatal clinic. I am coming to school every day and I am feeling strong. She is my pillar of strength because when I feel like talking I call her. She is always there for me.*

The above narrative demonstrates that Lethabolaka passed out at the clinic and that she received support from a clinic nurse. She rekindled hope in the participant when she was hopeless. The nurse from the clinic also gave Lethabolaka some advice to attend antenatal classes on time. In another study it was revealed that close to 50% of expectant

teenagers made their first visit at their later stage that is very close to the third trimester of pregnancy which becomes riskier when started later (Vandi et al., 2017).

Another participant in this study was Luvuyo, an 18-year-old teenage girl in grade 12. She made a drawing of a female human figure standing and pointing at the wall where the following words appear: “POP UP SESSION”. There are also drawings of a few female human figures sitting on chairs and looking towards the one who is standing.

Figure 4.26: Drawing by Luvuyo

Luvuyo wrote the following narrative to explain her drawing.

> *I am staying with my grandmother who is too old and we only survive with her social grants. My drawings shows a pop-up centre youth centre. I draw that centre because that is the place that gave me support when I discovered that I am pregnant. I was so disappointed and thinking that they will chase me at school. My teachers took time to notice that I am pregnant. I went to a pop up centre with my friend to ask about what skills do they offer in case I am chased out of school. Then they explained about the skills they offer. We were then allowed to enter the life skills session. I then explained my situation and told them that I was scared and thinking something wrong will happen and since am staying with my granny there is no one to share with. The session was about taking care of our bodies and we also shared what are the challenges*

that young people face. I listened to different stories then I saw that I am not the only facing the difficult situation in life. I am attending twice in a week and they are so caring. I am encouraged now that this too shall pass. If I attended earlier I wouldn't be pregnant now. The teaching is good, activities done at the centre are many to always keep you busy. I am even positive that I will also do well at school. I will also go and give birth and continue with my studies.

This narrative demonstrates that the participant shared a home with her grandmother and relied on her social grant to get by. The above narrative demonstrates that Luvuyo received social support from the youth centre that she attended. The youth centre became a socio-ecological resilience resource to her. Luvuyo developed a positive attitude and felt strong. Social support has been found to be a well-documented factor in human health or bio-psycho-social well-being in another study. It is becoming more widely recognised that it has a significant impact on youth who are at risk (Murphy & O'Hare, 2017; Geisen et al., 2016).

Another participant, Vicky, a 17-year-old teenage girl in grade 11, made a drawing of a female human figure standing and the other one sitting down behind the table with books on top. At the back of the human figure there are words written on a wall.

Figure 4.27: Drawing by Vicky

Vicky wrote the following narrative in explaining her drawings:

The picture I draw is me and my class teacher. The reason that makes me to draw her is because she showed care to me. When my class teacher saw that I am no longer participating more in class, she called me and asked what is bothering me. I then told her that I am now 8 weeks pregnant and I can't even tell my sister as I am staying with. I am scared how she would react. I was told my parents passed on when I was 2 years old. My teacher then asked that I should wait for her after school and she will take me home. She took me home to talk to my sister, she also told my sister that she will always be there for us if we need any advice. She assured my sister that she will make sure that I do all the work at school. My sister was so disappointed. She never said a word to me until the following morning when she asked "Who did this?" I then explained that I was raped by the two boys after I pass by our nearby train station. After school the teacher came again to talk to my sister not to be angry at me. I understand why my sister was so angry because she used to tell me not to go around at night. My teacher asked if I remember the boy's faces I said "No". She then said its okay and she will have arrange a counselling session for me. From that day my sister started to be calm and now I can see that she also feels sorry for me. She is taking care of me now. I am still attending counselling that I received via my teacher. I am coping now and hoping to also do best in my studies.

According to the story, the individual had been sexually assaulted. Her sister was disappointed. Her caring teacher mediated between her and her sister and arranged that she received counselling. Caring teachers who support learners at risk enable schools to become nodes of resilience for them. In this regard, the school becomes a microsystemic stronghold for learners at risk (Theron & Engelbrecht, 2012).

Another participant Nolwazi, a 14-year-old girl in grade 9, made a drawing of a female human figure holding what looks like a book in her hand and labelled her "*teacher*".

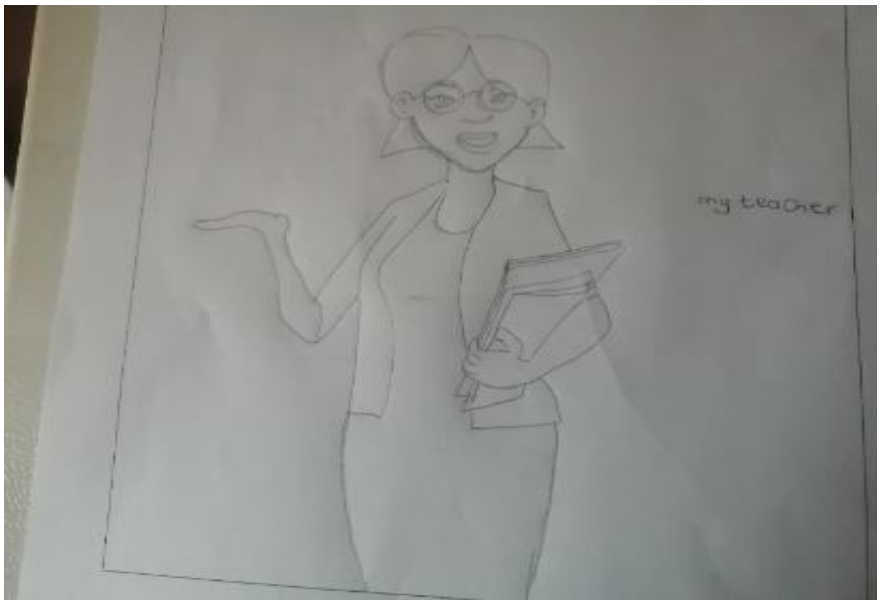


Figure 4.28: Drawing by Nolwazi

Nolwazi wrote the following narrative in explaining her drawing:

> *The person in the picture is my teacher, I draw my teacher because she made me to cope when I am stressed. I experienced teenage pregnancy at the age of 14 and that's because of peer pressure. All my four friends had kids and they use to mock at me saying when I am old I will not be able to give birth, so I saw myself as a fool. I started to be sexually active despite all the teachings about sex at school and at home. I wanted to prove a point to my friends. I am now pregnant and always sick. I now feel bad of why I was taken over by the pressure. My class teacher explained to me about all the risks that teenagers face when they are pregnant the she also advise me to attend antenatal clinics, she said I must try work hard at school so that I pass at the end of the year. My teacher is always willing to listen to me and when I think about her I become encouraged and look forward to go to school.*

The above narrative demonstrates that Nolwazi was faced with social resilience risk of peer pressure that led to her being pregnant. However, she received support from her teacher. Her teacher was willing to listen to her and encouraged her to continue with her studies. Her teacher became the support structure that enabled her to cope in the context of adversity. It is clear that educators can assist expectant students on occasion, and this was also supported in another study by Shefer & Ngabaza (2010) on South African

teacher's responses to teenage pregnancy and teenage mothers in schools. The study of Shefer and Ngabaza (2010) shows there are glimmers of hope on teenage pregnancy viewed as a social problem.

Another participant Zithulele, a 15-year-old school going girl in grade 9, made a drawing of two female human figure standing next to a building that has many closed doors and windows. The other one is labelled "me" and the other female human figure is labelled "Teacher" and showing a speech bubble on her mouth written "Do not worry".

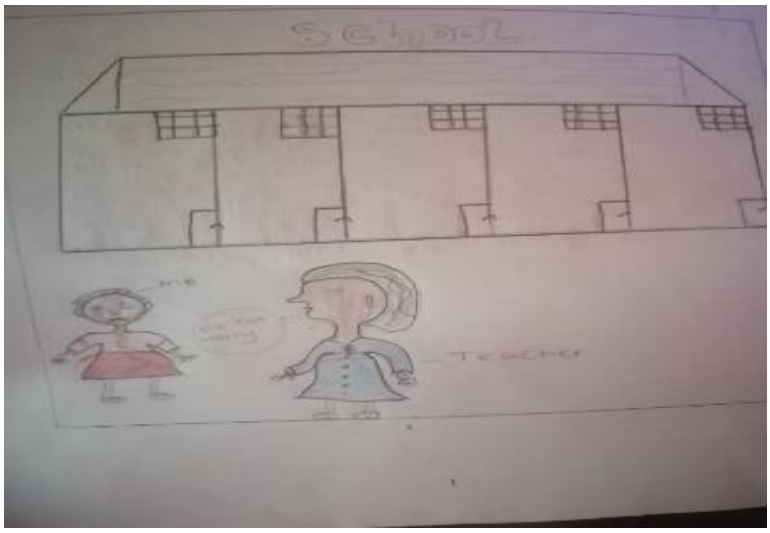


Figure 4.29: Drawing by Zithulele

Zithulele wrote the following narrative in explaining her drawings:

> *I am doing grade 10 and I fell pregnant and I was not aware of it until my teacher notice me when I was from the bathroom. She confronted me very nice that I must go and check at the clinic. I went to the doctor immediately after school. I was then mad at myself and wanted to do an abortion. I didn't want anyone to talk to me. My teacher then came to my home to check up on me because she is staying next to my place. She made my mom aware and advice my mom not to shout at me. She asked to talk to me and she promised me that she will be with me all the way and help me throughout my studies. She made me to feel comfortable in class and she even told other learners to respect each other and each other's feelings. I feel normal now. I am strong, I have my confidence back because of my loving teacher.*

The above narrative demonstrates that the teacher became a source of social support for Zithulele. Her teacher gave her support by intervening and mediating to Zithulele and her mother. The teacher promised to continue to support Zithulele. Zithulele coped and became strong and she has regained her confidence because her teacher became the resilience resource. Teachers who support their students' interest, competence, relatedness, and self-efficacy can help them become more motivated to learn (Ferlazzo, 2015; Schuitema et al., 2016) on how educators inspire pupils to learn.

Another participant in the study, an 18-year-old girl, in grade 12, made a drawing of three female human figures standing together.

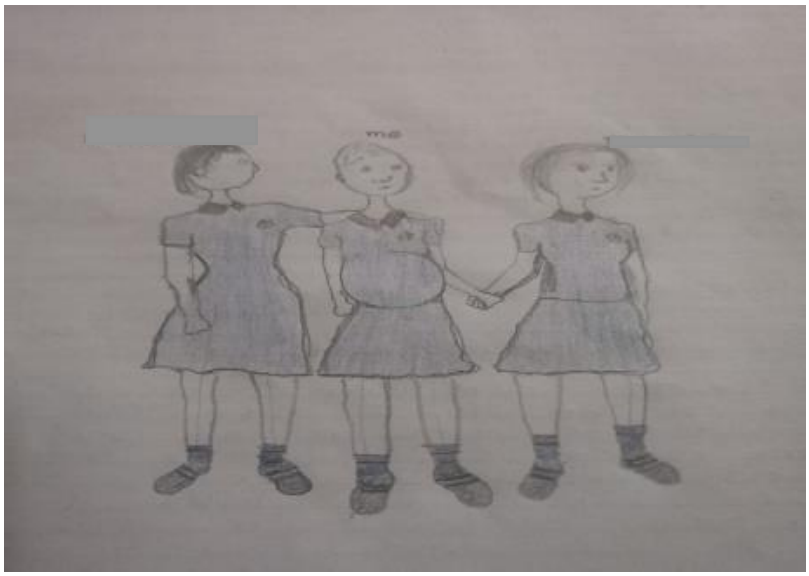


Figure 4.30: Drawing by Nomalizo

Nomalizo wrote narrative in explain her drawings.

> *The picture I draw is me and my friends. My friends are my real friends. I stay with my grandmother ever since I was two years, my grandmother told me that my parents passed on a car accident. My grandmother is not working. We are surviving only by her mndende [social grant]. Every weekend I normally go out with my friends just to have fun. Last year I met some guy who promised to take care of me and my granny. He was a good guy because he used to give me money for groceries. Then 4 months back I told him I am pregnant. I never saw him ever since. I tried to look for him where we used to go and sleep there is no longer staying there. They told me that David was a tenant and they don't*

know where he has moved to. I was so disappointed and wanted to go for an abortion but I was scared to go to the clinics and I didn't have money to go private. I then decided to drop out at school. I stayed home for a whole week not attending school. My friends came to my house. I told them my story about my pregnancy and that my boyfriend is nowhere to be found. My friends gave me a hug and told me not to worry all will be well. They assured me that they will support me all the way. Last week I also manage to talk to my granny about my pregnancy. My friends explained to my teacher at school and that made it simple for me to face her knowing she knows my story. My class teacher and the other three teachers called and told me that I really have good friends. I should keep them. I am now back at school in full force. My tummy is now showing as you can see the shirts are not properly closing, but my granny promised to buy me a bigger uniform at the end of this month. One of them is the tallest in us. She gave some of her dresses and she promised to bring me a bigger shirt next week Monday. My classmates are now treating me well because my two friends talked to them before I was back to school. Some of my classmates have now joined when visiting me on weekends and do our school work. I am now doing well at school because ever since I became pregnant not even one teacher has ever complaint about my work. I really love my friends. They made me feel better when I was down and out.

The narrative shows that the father of her unborn baby's father had disappeared and she contemplated termination. She was at risk as she was an orphan and she depended on her grandmother who is receiving a social grant for survival. She was scared, disappointed and wanted to drop out of school and faced the risk of terminating the pregnancy. Her friends became the source of support. She felt the sense of belonging and it enabled her to cope in the context of adversity. The above narrative demonstrates that Nomalizo received support from her peers at school. This kind of support was also found in another study by Evans-Whipp & Gasser (2020) on the resilience of adolescents.

Three human figures were drawn by another participant, Metani, an 18-year-old 12th grader. The two human figures sitting on chairs looking in front and the other female human figure standing alone.

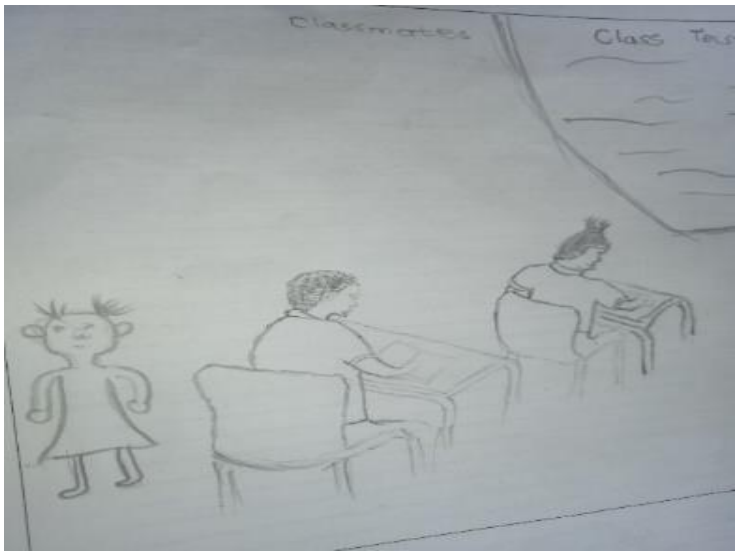


Figure 4.31: Drawing by Metane

Metane wrote the following narrative in explaining her drawing:

> *The people in the picture are my classmates. The reason I drew them is because they made me to cope while I felt down about the pregnancy. I thought I will give up school but the way they treated me I felt welcomed at school and did feel bad of why I am pregnant. My mom forced me to go back to school even if she saw that I am pregnant. She said to me I must live with it and learn from my mistakes. I was afraid of being judged and be stigmatized. I stayed for a week at home and after that I went to school. I went early before most of schoolmates were at school. My stomach was now showing. When my classmates came they expressed love and were happy to see me. I told them I was afraid. They told me not to worry things like this happens and they promise me that they will be with me and support me. My classmates never shown any signs of gossip about me. They never made me that I don't belong. I am attending school very well. Some of them would sometimes bring me fruits and on the days where I am suppose to the clinic they will tell me which work I must do when I come back in class. My classmates made me to see that it is not a cruel place to be in school even if I am pregnant. They make jokes with me and some say I must name my child with their names. This makes it easy for me to cope in class. I am sure that I will also make it this year. I love my classmates.*

The above narrative demonstrates that upon facing the possibility of leaving school, Metani received social support from her friends. She was afraid of being judged and stigmatized. Her classmates expressed support and gave her a sense of belonging, which helped her cope adaptively. Her friends supported her academically as well. A sense of belonging in teenagers is very critical and the finding was also made in another study on supporting teenagers in a pandemic, that schools provide young people with the chance to develop relationships with peers so that it helps the teenagers to stay connected and reduces anxiety and feelings of isolation (Culpepper, 2020).

The study's conclusions demonstrate that the participants experienced a wide range of risk and hardship on both a personal and socioecological level. Table 02 below summarises the risks that the participants faced.

Table 4.2: Personal and socio-ecological risks

Risks on a personal level	Risks on the socio-ecological level	Resilience resources on a personal level	Resilience resources on the socio-ecological level
Death of a boyfriend	Parents not working	Thinking about family	Pastor at church facilitated support and gave advice
Feeling sad	Chased out of the house by father	Feeling encouraged	She was able to cope because of her grandmother's love and encouragement to return to school
Feeling of hopelessness	Struggling families	Eager to pursue on studies	Love and support shown by grandmother
Regret	Boyfriend does not want to take responsibility	Money enabled her resilience	Mother was the source of support
Being homeless	No family member to help and take care	Being responsible and ready to take care of baby	Mother supported psychological
Loss of dignity	Crushed by the society and tore her down	Having hope for the future	Expression of the love received from mother by supporting her academically

Risks on a personal level	Risks on the socio-ecological level	Resilience resources on a personal level	Resilience resources on the socio-ecological level
Suicidal thoughts	Feeling scared to share the news of her pregnancy	Gaining confidence	Understanding of parents upon her pregnancy
Lost weeks of schooling days	Mother blaming herself	Listen to music for relaxation, coping mechanism and forgetting problems	Joining support groups of other expectants
Fear of being judged	Fear of stigmatization	Stood up and ready to face the situation without fear of judgement	Stability and coping at school
School dropout	Teachers are discouraged	Books motivates and helps to cope	Words of hope and encouragement from the church
Shocked, confused and scared	Comparison with peers	Religiosity- using a hymn book derived from bible verse	Having faith and going to church
Scared upon finding out about pregnancy	Anger and disappointments from family members	Watching Television and listening to music encouraged to make correct decision and acknowledges her mistakes	Church as a micro systematic stronghold
Facing risks of being parentified at an early age	Death of mother	Having models of success despite early pregnancy	No stigma attached
Thoughts about termination of pregnancy	Conceived because of rape	Having hope and be positive	Lived with friends and could continue her studies
Angry towards self	Withdraw from social interaction	Noticing that other people care	Received social support from boyfriend
Feeling devastated	Strained relationship with the father	Feeling encouraged by Television news	Having a caring and supportive neighbour
Anxious when she learned that she was with a child	Orphan	Willingness to work hard and pass	Aunts provided social support
Peer pressure		Thankful to the church	Uncle a source of support

Risks on a personal level	Risks on the socio-ecological level	Resilience resources on a personal level	Resilience resources on the socio-ecological level
Thoughts of dropping out of school	Parents were angry and offered little support	Willingness to correct her mistakes	Uncle intervened and encouraged her parents to support her during pregnancy
Disappointment	Surviving by social grants	Determined to succeed and not drop out of school	Uncle gave her motivation and promised her reward
Stressed and ashamed	Mother shouted at her and did not wish to communicate with her	Feeling encouraged	Uncle made some follow ups checking if relations with parents was maintained
Risk of being school dropout		Thinking about family	Receiving feedback on work done from her friends
Hurt and wished to go away		Draws strength from social media	Support received from a brother
Locked herself up in a room		Positive outlook on life	Youth centre provided support
Contemplated termination		Motivated to rise again	Having role models of success through TV
Father of the unborn child disappeared		Determined to bounce back	Not alone in this, there are still people who still care
		Participant exercise urgency and navigated pathways towards a life skill coach for advice	Feeling accepted, teacher mediated between her and her sister
		Felt she was not alone, she has a Shepherd	Sister became a source of support
			Sister is taking care and support received from clinic nurse
			Nurse rekindled hope and advised her to attend antenatal classes
			Social support from peers

Risks on a personal level	Risks on the socio-ecological level	Resilience resources on a personal level	Resilience resources on the socio-ecological level
			Classmates expressed support and gave assurance of support in schoolwork
			Sense of belonging expressed by classmates

This chapter makes it clear that teenage girls who are expecting at school are resilient in the face of hardship because of the support they receive from churches, support groups (Murphy & O'Hare, 2017; Geisen et al., 2016) teachers, friends (Culpepper, 2020) and families. After reviewing the narratives that were submitted by 31 participants the table above illustrates that hope is a protective factor as it has been discovered in numerous studies with youngsters who are associated with the streets (Theron & Malindi, 2010; Malindi, 2014).

4.5 CONCLUSION

As was mentioned in Chapter One, symbolic drawings and written narratives from the participants were used in the data analysis used to carry out the empirical study in this research. The data analysis of the study was presented in this chapter, along with tabulated demographic data and descriptions of the participant drawings and narrative interpretations. After reading the narratives received from participants. The following themes emerged, which are personal risks, socio-ecological risks, personal resilience resource and socio-ecological resilience resources. These themes were also presented above. From this chapter, it is evident that teenage expectant school-going girls have resilience in the context of adversity through the support received from families, teachers, friends, churches, support groups and clinics. The conclusion, results, and suggestions of the investigation will be the main topics of the upcoming chapter.

Table 4.3: Shows that it is evident that the aims and objectives of the study were all achieved.

Objectives of the study were to conduct the research in order to: • document the risks experienced by expectant school-going girls.	• It was accomplished by reading up on the ideas of the dangers that youths faced in Chapter 2 as well as the strategies that helped them to adapt and become resilient.
• explore the phenomenon among school going teenage expectants.	• It was evident that school-going teenage girls possessed resources for resilience that allowed them to manage during difficult times. Thus, it was achieved.
• outline the risks of teenage pregnancy.	• Developing an intervention is beyond the scope of this study. However, this study sets the tone for future intervention-focused studies by making recommendations and providing broad guidelines for interventions. Some of the guidelines come up in the recommendations section and in the last section set aside for guidelines. These guidelines are based on holistic development and the Social Ecology of Resilience Theory of Ungar (2011).
• to document protective factors that feeds resilience of expectant teenage girls in Tshwane schools.	• Objectives were achieved by conducting the study in which the risk and resilience in school-going girls were explored. The draw-and-write method was used to accomplish this.
• to create guidelines for creating intervention programmes with a resilience-focused approach for adolescent girls who are expecting.	• Guidelines were created.

CHAPTER 5 FINDINGS FROM LITERATURE

5.1 FINDINGS FROM LITERATURE REVIEW ON RISKS AND RESILIENCE AMONG EXPECTANT SCHOOL- GOING GIRLS.

A literature study was conducted to conceptualise the study and to understand the phenomena of teenage expectant girls in Tshwane District Schools. Several themes emerge from literature study. Table 4.4 below summarises the themes that emerged from literature study:

Table 5.1 Risks that threaten resilience

THEMES Risks that threaten resilience	SOURCES
Adolescent pregnancy can be attributed to several factors stemming from social, cultural and economic effects.	Moore at al. 1993 Hotz et al. 1997 Olsson, (2009) Panday (2009) Collins (2010) Mkhwanazi, 2013 Moloney (2014) Mmari (2016) Watson & Vogel (2016) Chant (2017) Baxter, Moodley and Matlala (2018) Mathews (2018) Moolman et al. (2020)
Expecting teenagers are facing risk of being affected emotionally and socially.	Dlamini, Ntinda& Thwala (2016)
Teenage expectants were faced with risks of educational accomplishment.	Chogona & Chetty (2008) Reza et al. (2009) Moloney (2014) UNICEF (2014) Mashaba (2015) Ruark et al. (2016) Masuko (2017) Fielding-Miller et al. (2019) Nkosi & Pretorius (2019)
Teenage expectants are at risk of health	Klerman (1993)

THEMES Risks that threaten resilience	SOURCES
	Scholl, Hediger & Belsky (1994) Hodgkinson, Beers, Southammakosane and Lewin (2014) Peter, de Mola & de Matos et al.(2017) Mohammad et al. (2019) Dorsamy et. al. (2020)

Table 5.2: Conceptualising resilience

THEME Conceptualising resilience	SOURCES
Resilience is context- specific construct and not easy to define	Dass-Brailsford (2005) Donovan & Henley (2010) Ungar (2011)
Resilience as a social construct and proposes a social understanding of resilience	Dass-Brailsford (2005) Ungar (2006) Ungar (2013)
Resilience as a dynamic process which entails the interaction of the individual.	Luthar, Cicchetti & Becker (2000) Walsh (2003) Wright & Maten(2006) Slone & Shonisani (2008)
Resilience is nuanced by culture	Ungar (2011) Ungar (2015) Baxter, Moodley & Matlala (2018)
Resilience as construct not a personality trait	Barnharts (1988) Shapiro && Mngelsdorf (1994) Luthar & Cicchetti (2000) Ungar (2003) Marsiglio (2004) Easterbrooks, Chaudhuri & Gestsdottir (2005) Quirin, Boksem, Kent & Tops (2015)
Resilience is now seen as a dynamic process encompassing positive adaption within the context of adversity considering its results and interaction between individuals and their socioecological environments	Luthar et al. (2000) Ungar (2006) Theron & Malindi (2012) Ungar (2013) Mampane (2014) Masten (2014)
Resilience emergent capacity present to all people.	Greenspan (2002)

THEME Conceptualising resilience	SOURCES
	Breibauer & Maddaleno (2005) Easterbrooks et al. (2011) De Villiers (2016 Lachman (2016) Ungar et al. (2016) October (2018)
Resilience encompasses the dynamic systems to adapt successfully to disturbances that threatens development	Gunderson & Holling(2002) Walker et al. (2004) Folke (2006) Folke at al. (2010) Ungar (2013) Masten (2014) Zhou et al. (2021)
Protective resilience resource enable teenage expectant to cope resiliently despite risk and adversity.	Dass- Brailsford (2005) Brooks (2006) Mampane & Bouwer, 2006) Bogar & Hulse- Killacky (2006) Theron (2007) Orme & Seipel (2007) Malindi (2009) Donovan & Henley (2010) Theron & Malindi (2010)
Risks and protective resources are context-specific, cumulative and act in unison rather than singly	Rutter (1999) Killian (2004) Ungar (2004) Dass-Brailsford (2005) Boyden & Mann (2005) Learner (2006) Malindi (2009) Ungar (2011) Roostin (2018) Prakash (2020)
Resilience as an enabling factor for healthcare engagement	Gyan (2017)

5.2 FINDINGS FROM THE EMPIRICAL STUDY

A literature study was conducted to conceptualise the study and to understand the phenomena of resilience on teenage expectant school-going girls. The findings from empirical study are again summarised in Table 4.6 below.

Table 5.3: The findings from empirical study

Risks on a personal level	Risks on a socioecological level	Personal protective resources	Socioecological protective resources
Death of a boyfriend	Parents not working	Thinking about family	Pastor at church facilitated support and gave advice
Feeling sad	Chased out of the house by father	Feeling encouraged	She was able to cope because of her grandmother's love and encouragement to return to school
Feeling of hopelessness	Struggling families	Eager to pursue on studies	Love and support shown by grandmother
Regret	Boyfriend does not want to take responsibility	Money enabled her resilience	Mother was the source of support
Being homeless	No family member to help and take care	Being responsible and ready to take care of baby	Mother supported psychological
Loss of dignity	Crushed by the society and tore her down	Having hope for the future	Expression of the love received from mother by supporting her academically
Suicidal thoughts	Feeling scared to share the news of her pregnancy	Gaining confidence	Understanding of parents upon her pregnancy
Lost weeks of schooling days	Mother blaming herself	Listen to music for relaxation, coping mechanism and forgetting problems	Joining support groups of other expectants
Fear of being judged	Fear of stigmatization	Stood up and ready to face the situation without fear of judgement	Stability and coping at school
School dropout	Teachers are discouraged	Books motivates and helps to cope	Words of hope and encouragement from the church
Shocked, confused and scared	Comparison with peers	Religiosity- using a hymn book derived from bible verse	Having faith and going to church
Scared upon finding out about pregnancy	Anger and disappointments from family members	Watching Television and listening to music encouraged to make correct	Church as a micro systematic stronghold

Risks on a personal level	Risks on a socioecological level	Personal protective resources	Socioecological protective resources
		decision and acknowledges her mistakes	
Facing risks of being parentified at an early age	Death of mother	Having models of success despite early pregnancy	No stigma attached
Thoughts about termination of pregnancy	Conceived because of rape	Having hope and be positive	Lived with friends and could continue her studies
Angry towards self	Withdraw from social interaction	Noticing that other people care	Received social support from boyfriend
Feeling devastated	Strained relationship with the father	Feeling encouraged by Television news	Having a caring and supportive neighbour
Anxious when she learned that she was with a child	Orphan	Willingness to work hard and pass	Aunts provided social support
		Thankful to the church	Uncle a source of support
		Willingness to correct her mistakes	Uncle intervened and encouraged her parents to support her during pregnancy
		Determined to succeed and not drop out of school	Uncle gave her motivation and promised her reward
		Feeling encouraged	Uncle made some follow ups checking if relations with parents was maintained
		Thinking about family	Receiving feedback on work done from her friends
		Draws strength from social media	Support received from a brother
		Positive outlook on life	Youth centre provided support
		Motivated to rise again	Having role models of success through TV

Risks on a personal level	Risks on a socioecological level	Personal protective resources	Socioecological protective resources
		Determined to bounce back	Not alone in this, there are still people who still care
		Participant exercise urgency and navigated pathways towards a life skill coach for advice	Feeling accepted, teacher mediated between her and her sister
		Felt she was not alone, she has a Shepherd	Sister became a source of support
		Feeling encouraged	Sister is taking care and support received from clinic nurse
		Eager to pursue on studies	Nurse rekindled hope and advised her to attend antenatal classes
		Money enabled her resilience	Social support from peers
		Being responsible and ready to take care of baby	Classmates expressed support and gave assurance of support in schoolwork
		Having hope for the future	Sense of belonging expressed by classmates
		Gaining confidence	Pastor at church facilitated support and gave advice
		Listen to music for relaxation, coping mechanism and forgetting problems	She was able to cope because of her grandmother's love and encouragement to return to school
		Stood up and ready to face the situation without fear of judgement	Love and support shown by grandmother
		Books motivates and helps to cope	Mother was the source of support

Risks on a personal level	Risks on a socioecological level	Personal protective resources	Socioecological protective resources
		Religiosity- using a hymn book derived from bible verse	Mother supported psychological
		Watching Television and listening to music encouraged to make correct decision and acknowledges her mistakes	Expression of the love received from mother by supporting her academically
		Having models of success despite early pregnancy	Understanding of parents upon her pregnancy
		Having hope and be positive	Joining support groups of other expectants
		Noticing that other people care	Words of hope and encouragement from the church
		Feeling encouraged by Television news	Having faith and going to church
			Church as a micro systematic stronghold
		Participant exercise urgency and navigated pathways towards a life skill coach for advice	Uncle intervened and encouraged her parents to support her during pregnancy
		Felt she was not alone, she has a Shepherd	Uncle gave her motivation and promised her reward
			Uncle made some follow ups checking if relations with parents was maintained
			Receiving feedback on work done from her friends
			Support received from a brother
			Youth centre provided support

Risks on a personal level	Risks on a socioecological level	Personal protective resources	Socioecological protective resources
			Having role models of success through TV
			Not alone in this, there are still people who still care
			Sister is taking care and support received from clinic nurse
			Nurse rekindled hope and advised her to attend antenatal classes
			Social support from peers
			Classmates expressed support and gave assurance of support in schoolwork
			Sense of belonging expressed by classmates

5.3 RECOMMENDATIONS FOR FUTURE RESEARCH

The findings of this study make a meaningful contribution. The study was designed as a multiple case study research. It was a qualitative study. It is recommended that it be replicated with other modes of research. It would be interesting to see the results and findings from studies that are designed differently, ones that used different methods of generating data. It would be interesting to see how a study like this could contribute if it were a longitudinal study. The study involved indigenous African girls. It excluded Africans of European, Coloured and Asian origin. Future studies may include these learners.

5.4 RECOMMENDATIONS FOR PRACTICE

Since the study documented the risks and resilience resources associated with teenage pregnancy, it is evident that interventions should be fashioned with all these in mind. In

other words interventions should minimise the impact of risk while strengthening access to protective resources. School-based support teams should be empowered to facilitate resilience among teenagers with child. Training on basic counselling should be accelerated. Prevention should be the focus of primary interventions too. Schools should collaborate with communities in supporting learners. This collaboration can and should include parents, non-governmental organisations, churches, and the private sector. Life Skills education should be intensified for girls to be able to develop assertiveness skills.

5.5 LIMITATIONS TO THE STUDY

The study's findings should be interpreted in light of certain limitations. The research focused on teenage expectant school-going girls within the Tshwane District, utilizing a sample size of 31 participants, a constraint attributed to compliance with Covid-19 regulations. The data collected was exclusive to 31 expectant teenage school-going girls in the Tshwane District, representing a relatively small percentage of the overall population of teenage expectants in the region. Qualitative research findings, while providing realistic and manageable insights, are context-specific to Tshwane District schools. The study used the draw-and-write technique and the findings should therefore, be transferred with much caution.

5.6 CONCLUSION

Chapter six summarised the findings and made several recommendations. It contains the limitations of the study. Chapter 7 suggests guidelines for the study, based on a proven and useful resilience program.

CHAPTER 6 GUIDELINES FOR A RESILIENCE-FOCUSED INTERVENTION FOR SCHOOL-GOING TEENAGE GIRLS.

6.1 INTRODUCTION

Resilience studies consistently demonstrate that resilience is a phenomenon that depends on the context and complex combinations of personal and socioecological resilience factors (Ungar, 2011). Resilience-focused interventions should acknowledge this characteristic of resilience and somehow harness these factors to enable young people at risk of unfavourable outcomes to resile in the context of risk and adversity. Several programs exist; however, it is the R2 Resilience Program© of Ungar that is recommended to support learners with child in schools. This program is based on the outcome of several studies in different continents that proved that the environment and services that are accessible and available to young people are important in enabling them to cope resiliently. In the following section, guidelines for resilience-focused interventions are provided and the R2 Resilience Program© is summarized.

6.2 AIM OF THE R2 RESILIENCE PROGRAM©

It is acknowledged that building resilience is a life-long venture and that young people continuously, find themselves having to cope resiliently in different phases of their lives. For some, life's transitions are smooth but for some transitions become challenging since the context plays a pivotal role in either enabling or undermining resilient coping. Adolescents who are with child, are undoubtedly in a difficult phase for which they are psychologically, socially, physiologically, and spiritually not ready. The premature and often sudden transition from childhood into parenting for them is a very difficult one with the potential for deleterious consequences (Panday et al. 2009). In especially immiserated family contexts, parents and caregivers are unable to take care of the new arrival after birth.

School-based interventions are needed to moderate the impact of risk in young people who are vulnerable negative academic and psychosocial outcomes. It will be remembered that schools serve as "microsystemic strongholds" for learners at risk and that schools

that are responsive to the needs of young people at risk can mediate the impact of risk in them (Malindi & Machenjedze, 2012; Theron & Engelbrecht, 2012).

The main aim of the R2 Resilience Program© is to enable resilience in young people at risk.

This intervention program can be useful in efforts to enhance resilience in school-going teenagers with child. It may be adapted to comply with the context so that it can benefit the target group.

6.3 THE THEORY BEHIND THE INTERVENTION

The R2 Resilience Program© is based on the belief that young people have personal strengths and that to cope in the context of adversity, they require socioecological contexts and services that support resilience. The Social Ecology of Resilience Theory (SERT) of Ungar (2011) comes to mind. The SERT is built upon four principles, namely: decentrality, complexity, atypicality and cultural relativity.

The decentrality principle implies that young people's personal strengths should not be the sole focus when the capacity to resile in the context of risk is examined. Instead, the role of social and physical ecologies is equally important in enabling resilience in young people. In other words, young people require both personal strengths or coping resources as well as active support systems that include functional family contexts, peer group, schools, churches, and communities within which vital services (housing, sanitation, healthcare, social services, etc.,) are accessible.

For teenage mothers, mental health practitioners and teachers should consider their personal strengths and their social ecologies. These learners should have access to healthcare (physicians, school nurses, local clinics among others), social and psychological services. Parents, teachers and peers should be involved where possible. Churches should collaborate with schools in preventing teenage pregnancy by teaching values and providing pastoral care. Non-governmental organisations should be involved too. These organisations provide access to various community services and conduct life skills training for young people.

The principle of complexity implies that there should an understanding and acceptance that resilience, risk and protective resources are too complex for developmental trajectories for children to be predicted. A risk in one context may not be a risk in another. In other words, a thorough assessment of the learner and risks attached to being pregnant should be done. The risk profile will determine the intervention strategy to be implemented. It should not be assumed that a learner who is pregnant is automatically at risk or vulnerable. Vulnerability is determined only when the learner is academically, spiritually, physiologically psychologically and socially functioning below expectations.

In instances where young people feel overwhelmed, often with shaky support systems, they resort to atypical ways of coping. Atypicality here, implies unconventional coping mechanisms that nevertheless enable resilience under the circumstances. Ungar (2011) refers to the phenomenon of hidden resilience, that is noted when young people at risk resort to these atypical coping ways. Teachers, parents, caregivers and mental healthcare practitioners should look out for atypical ways of coping in learners with child so that they can strengthen their support systems in time.

It should be borne in mind that typically, young people thrive when there is stability and a measure of predictability in their contexts. Normalisation of relationships at home, school, and in the peer group should therefore be a priority. Efforts should be made to encourage the learner with child to develop a positive outlook on life and to generally learn from her mistake. It should be remembered that some of them are forced or manipulated and then taken in the family way. In extreme cases, some of them are raped. It is, therefore, important to ensure collaboration between all stakeholders, depending on how the presenting case looks like.

The last principle of the SERT is cultural relativity. Coping is a process that is nuanced by culture and history. It should be borne in mind that in some cultures, early pregnancy caries a stigma while it is encouraged in some (Yardly, 2008). Stigma can make the young person feel unworthy and excluded. Normalisation is then crucial in enabling her to cope resiliently. The learner should be shielded against harmful statements and stigma. The focus should be on her life as she transitions into parenting and life beyond pregnancy. Her academic life should be monitored too, and everything should be done to educate

her about the changes that she will experience. She must be shielded against harmful cultural practices and gender stereotypes that elevate men above woman.

The SERT is a comprehensive theory that underpins the current understanding of the phenomenon of resilience. If interventions are premised against the SERT, they should take into account all the principles discussed above. Such interventions should empower young people with personal resources or life skills and show them how they can take advantage of the social support found in their social ecologies (families, schools, peer

group, or church) and access services (non-governmental organizations, education, local government, healthcare, police, justice or social services) within their communities.

6.4 IMPORTANT STAKEHOLDERS

Collaboration is needed to support learners who fall pregnant while in school. Below a few stakeholders are mentioned and a brief discussion of their supposed roles.

6.4.1 Parents and caregivers

Parents and caregivers spend much time with learners. They serve as a very important source of social support for pregnant learners. They usually care for the baby and mother. They provide the encouragement and motivation needed.

6.4.2 Teachers

Teachers can assist learners who struggle academically because of pregnancy. Some teachers are lay counsellors, and some serve in school-based support teams.

6.4.3 Peer group

Peers can provide social support to each other. Peer support groups can be used to support vulnerable learners who are pregnant.

6.4.4 Church

Churches provide pastoral counselling and at times support immiserated households. Some run orphanages and provide food and clothing to the vulnerable.

6.4.5 Non-governmental organisations

Non-governmental organisations provide a variety of services that cover primary healthcare, psychosocial services and life skills training.

6.4.6 Advocacy groups

These are groups that advocate for children's rights, social justice and change in communities where the marginalized subsist.

6.4.7 Healthcare

Learners should be able to see a general physician, gynaecology, nurse, and radiologist.

6.4.8 Psychiatrists and psychologists

Psychiatrists and psychologists treat psychosocial issues such as anxiety, stress, grief, loss and depression, which are rife among girls with child.

6.4.9 Social development

The department of social development works with clientele such as substance abusers, people and children living with disabilities, the aged, orphans, abused and neglected children.

6.4.10 Police and Justice

These departments become involved especially when cases of abuse and rape have been reported. The department of justice becomes involved when a child should be placed in alternative care.

6.4.11 Agriculture department

The department of agriculture usually assists schools to establish food gardens to enhance food security.

6.4.12 Local government

Where there are impoverished, child headed, single women-led and grandparents-led households ward counsellors provide food parcels.

6.4.13 Private sector

The private sector routinely makes donations or their services available to schools as part of their social responsibility programs.

6.5 COMPONENTS OF THE R2 RESILIENCE PROGRAM©

The R2 Resilience Program© consists of four modules linked to the 12 resilience factors divided into six rugged factors and six resourced factors that form part of the program. The six rugged factors are communication skills, critical thinking skills, empathy, motivation and perseverance, problem solving and self-esteem. The six resourced factors are a supportive peer group, appropriate use of social media, opportunities to fix mistakes, opportunities to make decisions for oneself (appropriate to one's age and abilities), reasonable consequences for one's actions and reasonable expectations for behaviour.

Ungar, the developer of the R2 Resilience Program©, argues that these factors can be taught to learners in order to enhance their resilience. It is evident that the program can be used preventatively and when learners are already expecting a baby. However, teenage mothers can benefit from the program too.

6.6 IMPORTANT CONSIDERATIONS RELATING TO THE R2 RESILIENCE PROGRAM©

It should be noted that the program can be used by those who have been trained on how to use it. It can, however, be adapted according to the characteristics of the participants targeted. The workshop or training consists of four modules presented online. The workshop runs over four weeks with each of the four modules presented in a week. More information can be obtained from r2.resilienceresearch.org or rrc@dal.ca

6.7 CONCLUSION

In this chapter, a framework for resilience-focused interventions and a program were recommended. Intervention programs can then be tailored to suit learners, bearing in mind the SERT and their contexts. The R2 Resilience Program© was recommended too for schools that can afford the training. Collaboration was emphasized and the roles of important stakeholders summarized.

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ANNEXURE A: ETHICAL CLEARANCE CERTIFICATE

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North-West University Education, Management and Economic Sciences, Law. Theology, Engineering and Natural Sciences Research Ethics Office (NWU-EMELTEN-REC)

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16 May 2022

Dear Prof Malindi

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Education, Management and Economic Sciences, Law. Theology, Engineering and Natural Sciences Research Ethics Committee (NWU-EMELTEN-REC) on 16 May 2022, the NWU-EMELTEN-REC hereby approves your study as indicated below. This implies that the NWU-EMELTEN-REC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Exploring risks and resilience among expectant school-going learners in Tshwane District schools.

Principal Investigator/Study Supervisor/Researcher: Prof Macalani Malindi

Student: Ms Lindiwe Salome Polori

Ethics number:

N	W	U	-	0	1	0	5	4	-	2	1	-	A	2
Institution				Study Number						Year			Status	

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single study
Commencement date: **05/05//2022**
Expiry date: 04/05/2023

Risk: **Greater than minimal risk but provides the prospect of direct benefit**

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a twelve-monthly monitoring report and the concomitant issuing of a letter of continuation.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-EMELTEN-REC:*
  - *twelve-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-EMELTEN-REC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*

- *Annually a number of studies may be randomly selected for active monitoring.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-EMELTEN-REC reserves the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the study are revealed or suspected;*
    - *it becomes apparent that any relevant information was withheld from the NWU-EMELTEN-REC or that information has been false or misrepresented;*
    - *submission of the twelve-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or*
    - *new institutional rules, national legislation or international conventions deem it necessary.*
- *NWU-EMELTEN-REC can be contacted for further information via Ethics-EMELTEN-apply@nwu.ac.za or 018 299 4707*

Specific conditions:

1. The commencement and execution of the study are subject to COVID-19 restrictions and regulations and strict adherence to the prevailing COVID-19 research protocols and procedures.

The NWU-EMELTEN-REC would like to remain at your service and wishes you well with your study.

Please do not hesitate to contact the NWU-EMELTEN-REC for any further enquiries or requests for assistance.

Yours sincerely,

L.W. Meyer

Prof Lukas Meyer
Chairperson NWU-EMELTEN-REC

Current details:(23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2_NWU-HREC_EAL.docm
20 August 2019

File Reference: 9.1.5.4.2

ANNEXURE B: LANGUAGE EDITORS CERTIFICATE

ANNEXURE C: TURNITIN SIMILARITY INDEX

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