

**THE STRESS OF TEENAGE MOTHERHOOD: THE NEED FOR  
MULTI-FACETED INTERVENTION PROGRAMS**

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**ACE (School Leadership); BEd Hons (Education Management); FDE  
(Education Management); STD (Education)**

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requirements for the degree**

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**IN**

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**at the**

**VAAL TRIANGLE CAMPUS**

**of the**

**North-West University**

**Vanderbijlpark**

**Supervisor: Dr. M.J. Malindi**

**May 2012**

# DECLARATION

I hereby declare that:

## **THE STRESS OF TEENAGE MOTHERHOOD: THE NEED FOR MULTI-FACETED INTERVENTION PROGRAMS**

is my own work, that all the sources used or quoted have been indicated and acknowledged by means of complete references, and that this dissertation was not previously submitted by me for a degree at any other university.

K.R. SEKHOETSANE

2012

## **DEDICATION**

This dissertation is dedicated to my family: my dearest wife Motlalepule Rebecca Sekhoetsane for her constant support, and my two handsome sons, Lerato and Thato for always allowing me to work on this project without any complain or disturbance.

## ACKNOWLEDGEMENT

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- The Free State Department of Education for granting me permission to conduct the research in Thabo Mofutsanyana Education District.
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- My uncle, Ntsane Jeremia Sekhoetsane, who contributed toward my upbringing and personal achievements.
- Lastly, the ALMIGHTY GOD for protecting me during my travels and for giving me wisdom and sustenance during difficult times. "I have finished the race; I have fought the good fight."

## **SUMMARY**

### **THE STRESS OF TEENAGE MOTHERHOOD: THE NEED FOR MULTI-FACETED INTERVENTION PROGRAMS**

Key words: teenager, teenage pregnancy, teenage motherhood, stress, stress management program, program evaluation.

The purpose of this study is to investigate the stress experienced by teenage mothers attending school and the need for multi-faced and strength-based stress management programs. Trends of teenage pregnancy in developing and developed countries are looked at. Causes and consequences of teenage motherhood stress are also explored. One of the consequences of teenage motherhood is stress. There are programs aimed at alleviating stress of teenage motherhood. Some of these programs are evaluated. The findings of this study indicate that there is a need for multi-faced and strength-based interventions for teenage mothers.

After the literature study, an empirical research was conducted to explore challenges faced by teenage mothers. Data was collected by means of semi-structured interviews with ten teenage mothers attending school and ten educators teaching teenage mothers. Collected data was analysed using the thematic data analysis approach. The major findings of the study include opinions that teenage mothers do not get assistance from school, home and in the community; teenage mothers are not ready for motherhood; they experience a feeling of vulnerability and poor performance at school. There is a need for educators to be trained in handling teenage mothers, as well as the need for multi-faceted and strength-based interventions.

However, it was evident through empirical research that some teenage mothers cope with their lives through talking to caring parents, spending quality time with their children, having a vision, keeping themselves busy and accepting that having a child while attending school is a challenge.

Lastly, conclusions from the literature study and empirical research are presented in chapter five. Recommendations for practice, the contribution of the study, limitations of the study and recommendations for further study are also detailed. Motivation for designing and implementing intervention programs is also outlined.

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### INFORMED CONSENT FORM

**RESEARCHER: K.R. SEKHOETSANE**

**TITLE OF RESEARCH PROJECT:** THE STRESS OF TEENAGE MOTHERHOOD: THE NEED FOR MULTI-FACETED INTERVENTION PROGRAMS.

**PURPOSE OF THE RESEARCH:** To investigate stress of teenage motherhood and make recommendation for implementation of programs aimed at assisting teenage mothers in schools.

**DURATION:** Each interview will take approximately one hour.

**PROCEDURE:** The interviews will be conducted individually and they will be audio-taped. The interview schedule will be used to guide the interviews. Participants will be identified by the researcher.

**POSSIBLE RISK:** There are no possible risks to participants. However, should participants feel that some questions make them uncomfortable, they may not respond to those questions without providing reasons for doing so.

**BENEFITS:** There are no direct benefits to participants.

**VOLUNTARY PARTICIPATION:** Participation in the project is completely voluntary. Participants may refuse taking part or withdraw at any stage without giving reasons.

**CONFIDENTIALITY:** Data in this study will be confidential. No school and participant names will be mentioned.

**CONTACT:** The research is conducted by Master's student, Sekhoetsane K.R. under the supervision of Dr M.J. Malindi (016 9103094) from North-West University- Vaal Triangle Campus.

This research project has been ethically approved by North-West University Committee.

#### **CONSENT:**

I, ..... have read and understood the nature of my participation in this research project and agree to participate.

**Signature:** .....

**Date:** .....

**ANNEXURE E**

**North-West University**

**School of Education**

**14 March 2009**

**The District Director**

**Thabo Mofutsanyana**

**Witsieshoek**

**9870**

**Dear Sir/ Madam**

**REQUEST TO CONDUCT RESEARCH**

I am doing a M.Ed-degree at North-West University-Vaal Triangle Campus and hereby wish to request for permission to conduct research in the schools under your jurisdiction. This will consist of requesting learners and educators to take part in semi-structured individual interviews. The participants and the schools will remain anonymous. The topic for my research is:

“The stress of teenage motherhood: The need for multi-faceted intervention programs.”

I promise to abide by any conditions that you may set for carrying this research.

Yours faithfully

K.R. SEKHOETSANE: .....

Dr. M.J. MALINDI: .....

## ANNEXURE A

- Can you tell me about the challenges you have in life?
- Can you tell me about the ways in which you cope with challenges in your life?
- What would you say helps you to cope with your life?
- Is it easy for you to ask for help and support when you need?
- How can you rate your problem-solving skills?
- Do you see yourself as an independent or dependent person?
- On average how many hours do you spend sleeping in a day?
- How does your family help you to cope with your life?
- Who is more supportive to you at home?
- How would you describe your relationship with this person?
- Are you able to talk to someone at home about what makes you sad?
- Are you able to say how you feel at home?
- Are you able to ask for help with school work at home?
- How many hours do you spend on household chores and school work respectively in a week?
- What role do your friends play in enabling you to cope with your life?
- How do they enable you to cope? Do they talk to you when you are sad or do they provide academic support?
- Are you able to get emotional support at school when you need it?
- If you fall behind with your school work how do teachers help you to cope?

### **Annexure A: Interview guide for teenage mothers**

## ANNEXURE B

- Can you tell me about the challenges that teenage mothers have in school?
- What would you say is their main challenge?
- Tell me about the ways in which the school supports teenage mothers.
- Are there any specific programs implemented at the school to support teenage mothers?
- Who or which agencies are assisting the school in supporting teenage mothers?
- Tell me about the support you receive from the Department of Education in helping teenage mothers.
- What role does the Department of Health play in making it easy for you to support teenage mothers?
- Tell me about the support you receive from the Department of Social Development in helping teenage mothers.
- Which other departments are supporting you as a school with regard to teenage mothers?
- I would like to know about non-governmental organizations that support you as a school in dealing with teenage motherhood.
- What other kind of support do you need to be able to assist teenage mothers?
- Can you comment about the training needs of teachers in order to support teenage mothers?
- Do you receive training in designing intervention programs to prevent teenage pregnancy at schools?
- Can you tell me about any organization, department or individual who implements a program to prevent teenage pregnancy?
- Can you tell me of any organisation, department or individual who implements programs to help teenage mothers to cope with their lives at school?

### Annexure B: Interview guide for educators



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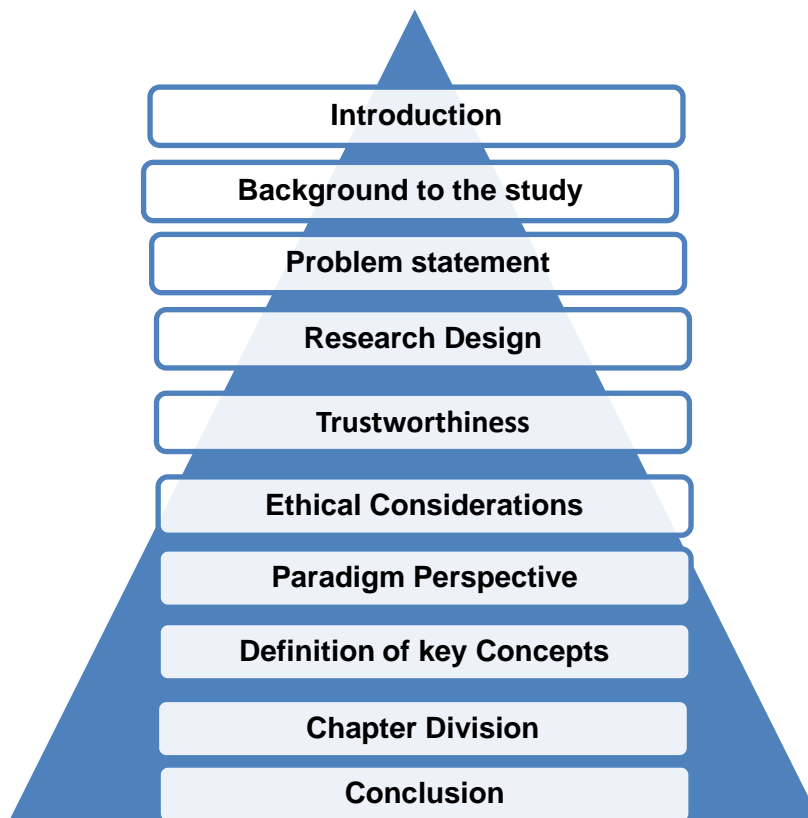
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## CHAPTER 1

### ORIENTATION TO THE STUDY

#### 1.1 INTRODUCTION

Chapter One is an orientation to the study and provides a detailed history of the study as it was initially planned and carried out. It provides a brief overview of the entire study and is divided into the following sections:



**Figure 1.1**Layout of Chapter One

#### 1.2 BACKGROUND TO THE STUDY

South Africa is yet to defeat poverty and underdevelopment that pervade aspects of life for the majority of the people. Poor socio-economic conditions are more pronounced in the Free State Province, a province that is regarded as one of the poorest in the country. The Free State Province consists of small rural towns with the exception of three towns (Bloemfontein, Welkom and Sasolburg). Together, these small towns are characterized by risks such as high levels of poverty and unemployment, migrant

labour, poor infrastructure, poor living conditions, poor services, crime and the HIV and AIDS pandemic (Heunis, Engelbrecht, Kigozi, Pienaar & van Rensburg, 2009). These risks compromise resilient functioning in some young people.

The researcher lives and works in a small rural Free State town, Vrede, in the Thabo Mofutsanyana Municipal District where teenage pregnancy is rife. Teenage pregnancy inevitably leads to the phenomenon of teenage motherhood. According to Government policy, pregnant teenagers are allowed to remain in school until their babies are born. After giving birth, teenage mothers are encouraged to return to school (South Africa, 2008:45). Motherhood is known to be stressful under normal circumstances. It can be even more stressful for teenage mothers since they are not ready for motherhood. It is therefore, important that teenage mothers receive support aimed at ensuring that they do not fall pregnant again and drop out of school. The support referred to here should ensure academic success, and successful integration.

There are a number of initiatives that have been implemented in South Africa in trying to prevent the impact of teenage motherhood (Youth Policy Initiatives Report, 2007:6). These initiatives include compulsory sexuality education as part of Life Skills program and Life Orientation in schools, youth friendly services at government clinics and hospitals and funding programs like Love Life (Youth Policy Initiative Report, 2007:8). However, the success of these programs is very minimal due to implementation challenges (Youth Policy Initiative Report, 2007:9).

The availability of pregnancy termination services in government hospitals provides teenagers with an option of terminating early and unwanted pregnancy. Teenagers in South Africa had an opportunity of returning to school immediately after the birth of the child. However, this opportunity was eroded by the 2007 policy of department of Education stating a two-year waiting period before returning to school after the birth of the child (Youth Policy Initiatives, 2007:9).

In my professional capacity as an educator, I have noticed that these young mothers are exposed to high levels of stress emanating from normative school work and their child-rearing roles at home. Teenage motherhood is compounded by poverty which, as Rutter (1999:113) noted, limits the capacities of parents to perform their parenting roles effectively.

I have also noticed that the Free State Education Department does not have effective secondary intervention programs (Donald, Lazarus & Lolwana, 2006) aimed at ameliorating the plight of teenage mothers re-enrolled at schools. This situation renders teenage mothers vulnerable to poor developmental outcomes in the absence of familial support (Ungar, 2005).

Teenage fathers, who are often not called upon to support teenage mothers in child-rearing and they never lose any amount of time. It is a well-known fact that some of these young girls are victims of rape and that they are vulnerable to being taken advantage of by older, more experienced men.

The situation described above stirred my interest and influenced me to initiate this study. My study focused on the stress of teenage motherhood with a view to highlighting the need for multifaceted interventions both at primary and secondary levels of interventions for Free State schools.

### **1.3 PROBLEM STATEMENT**

Teenage pregnancy has, for some time, been the source of concern worldwide because of the devastation that it causes in the lives of the young people it affects. In some contexts and instances, teenage pregnancy has reached epidemic levels (Trad, 1995:114), necessitating concerted efforts by all concerned to deal with it. Likewise, South African schools are grappling with the problem of young people who fall pregnant while they are still at school.

This points to weaknesses in microsystems such as the family and school, as well as in wider social structures, in fostering the learning of values relating to sexuality. Several national and international studies have been conducted with the aim of understanding teenage pregnancy, its causes, risks, the stress of teenage motherhood, psychosocial problems related to it, as well as the effectiveness of intervention programs.

These studies report various findings that indicate the gravity of the situation and paint a gloomy picture for all concerned. For example, according to Adeyinka, Oladimeji, Adekanbi, Adeyinka, Falope and Aimakhu (2010) adolescent pregnancy is pregnancy that is often unplanned and affects young people who are below 18 years and not yet married.

These young people are usually still at school and fully dependent on their parents. To them teenage pregnancy is a product of lack of information about experimentation with sex, consequences of unprotected sex, contraception and lack of parental guidance and supervision.

In another study, De Villiers and Kekesi (2004:23) found that teenage pregnancy and the resulting teenage motherhood bring about significant challenges to young mothers. For example, teenage mothers are compelled to play parenting roles before they are psychologically and physically ready for these roles.

These parenting roles are often played without adequate guidance and support from parents, especially if they are not present, due to working away from their home towns or to mortality. However, a United States study that was conducted by Thomas and Rickel (1995) found that teenagers who fell pregnant often had to care for their children on their own while receiving assistance from their relatives. In spite of the support from their extended families, it was evident that teenage mothers experienced stress.

A study that looked at the relationship between a family history of teenage pregnancy and the risk of young girls falling pregnant later in their own lives, found that young girls with family histories of teenage pregnancy were indeed at risk of teenage pregnancy themselves (East, Reyes & Horn, 2007). In this case, it seems as if a family history of teenage pregnancy served as a predisposing factor that also rendered girls vulnerable to early sexual activity. It seems as if a girl born to a mother who had her first child while she was a teenager herself, tends to initiate involvement in early sex and fall pregnant.

Furthermore, Smith and Elander (2006:404) found that both area and family deprivation put girls at risk of early sexual activity unless the girl lived in a non-deprived family. According to the findings of this study, it became clear that area deprivation had combined with family deprivation and rendered young girls vulnerable to early teenage pregnancy. However, a non-deprived family in a deprived area served as a protective factor that mediated the impact of area deprivation in young girls.

Teenage pregnancy forces girls to forego their educational dreams, and this often perpetuates cycles of poverty and unemployment. Pregnancy in teenagers does not only carry considerable risks for their health and that of their children, but it also impacts

negatively on their social, educational, cultural and economic development (De Villiers & Kekesi, 2004: 23).

Several attempts were made to come up with intervention programs that could be implemented in order to arrest teenage pregnancy and alleviate its impact on young girls, their families and schools. These attempts included a one-on-one psychotherapeutic intervention with a teenage mother who was abusive towards her offspring due to her own unresolved feelings of loss (Trad, 1995:114). This therapeutic intervention involved one case; however there is a possibility that more young people suffer the same emotional turmoil without support.

McBride and Gienapp (2000:226) report the success of their client-centred program that was aimed at preventing adolescent pregnancy. However, their program had no effect on the risk factors that fed teenage pregnancy. Stephenson, Strange, Forrest, Oakley, Copas, Allen, Babiker, Black, Monteiro, Johnson and the RIPPLE study team (2004) evaluated the impact of teenage-driven interventions that used sexual education as a means to reduce teenage pregnancy in England's schools and found that those sexual education sessions were effective in reducing teenage pregnancy.

Another program that showed positive results was implemented by Anda (2008:12). This intervention aimed at preventing pregnancy and sexually transmitted infections. The long-term effects of this intervention could not be established. The intervention programs referred to did not seem to be comprehensive and multifaceted; neither were these programs based on the views of young people themselves. Whether these programs can be universally applied is another issue, considering that risks are also context-specific.

As pointed out earlier, the South African National and Provincial Departments of Education allow pregnant girls to continue with their schooling until their babies are born (South African Policy on Learner Pregnancy, 2008: 45). However, to the best of my knowledge, these departments are not ready to deal with teenage pregnancy as a phenomenon and there are no secondary intervention programs aimed at supporting teenage mothers at schools to cope with the stress associated with motherhood. This is where the researcher locates his study.

The central problem of this study was therefore to investigate the stress of teenage motherhood and the need for multifaceted interventions in South African Schools

### 1.3.1 Aim of the study

The aim of this study was to investigate the stress of teenage motherhood and the need for multifaceted interventions in South African Schools. In order to achieve the aim above, I pursued the following objectives:

- ❖ to conduct literature study in order to:
  - define teenage pregnancy,
  - explore the incidence of teenage pregnancy;
  - explore the incidence of teenage motherhood and interventions;
- ❖ to conduct empirical research in order to:
  - to investigate the stress of teenage motherhood;
  - to determine whether teenage mothers receive the necessary support from schools in South Africa; and
  - to suggest guidelines for multifaceted support programs to alleviate the stress of teenage motherhood in South African schools.

## 1.4 RESEARCH DESIGN

A research design is an exposition or plan of how the researcher wishes to execute a study, guided by the central problem that has been formulated (McBurney & White, 2004:333; De Vos, 2007:389; Welman, Kruger & Mitchell, 2009:52). This study comprised two phases, namely a literature study and empirical research. These two phases are elaborated upon below.

### Phase 1: Literature study

The literature study was the first phase of this study. The literature review is a way of enabling the researcher to critique previous research relating to the general topic that is selected (Fouche & Delpont in De Vos, 2007:84). The literature study involved a review of primary and secondary sources on teenage pregnancy, the stress of teenage motherhood and support programs for teenage mothers at schools.

For this purpose, literature sources such as EBSCO HOST, Google scholar and books from the library were used in order to source relevant information. In this regard, the researcher obtained peer-reviewed articles and books. He also obtained numerous articles from the internet. The key words that he used while searching for literature included: *teenage pregnancy, teenage motherhood, stress, program design and program evaluation.*

The literature study provided a general description of the study phenomenon through the eyes of people who have experienced it at first hand and provided a theoretical grounding of the paradigm before data was collected (Fouche & Delpont, 2002: 267; Welman *et al.*, 2005: 38). Researchers should acquaint themselves with previous research on a particular topic before they start planning their own research (Welman *et al.*, 2005: 38; Fouche & Delpont, 2002: 267).

Table 1.1 summarises the literature that I reviewed according to prominent themes:

<b>THEME</b>	<b>SOURCES</b>
Teenage pregnancy occurs while young girls are still less prepared for parenting roles.	Dangal, 2006 De Villiers & Kekesi, 2004 Langille, 2007 Louw, 1991
There is a high incidence of teenage pregnancy worldwide.	Cardoso, 2007 Chalwe, 2006 Fomenky, 2008 Population Action International Report, 2007 Smith & Elander, 2006 Shuttleworth Foundation Report, 2007
Teenage pregnancy has wide-ranging impacts on teenage girls.	Amin, Browney, Ahmed & Kato, 2006 Angwin & Kamp, 2007 Bempechat, 1989 Bickel, Weaver & Williams, 2001 Caufield & Thomson, 1999 Linares, Leadbeater, Kato & Jaffe,

	1991 Manlove, 1998
Teenage pregnancy has various causes.	Allen, Philleber, Herling & Kuperminc, 1997 Dommissie, 2007 James, 2006 Kirby, 1999 Makiwane & Udjo, 2006 McLeod, 2007 Mohase, 2006 Mokoena, 2002 Spalding, 2008
Teenage pregnancy is handled differently worldwide	Hillemeier, 2008 Kaufman, 2008 Maluma, 2007 Tjaronda, 2008 Youth Policy Initiative Report, 2007
Teenage motherhood occurs among girls in their teens.	Larson, 2004 Louw, 1991
Teenage motherhood is the source of stress	Bartlett, 1988 Canwell-Ward, 1990 Cassidy, 1996 Colman, 2003 Middlebrooks & Audage, 2008 Monat & Lazarus, 1995 Selye, 2006
Several risks render young girls susceptible to teenage motherhood and stress.	Cassidy, 1996 Larson, 2004 Meadows-Oliver, Sadler, Swartz & Ryan-Krause, 2007 Patel, 1991 Rice, 1992

Teenage motherhood has deleterious consequences for young mothers	Canwell-Ward, 1990 Cassidy, 1996 Holub, Kershaw, Ethier, Lewis, Milan & Ickovics, 2007 Larson, 2004 Middlebrooks & Audage, 2008 Patel, 1991 Selye, 2006
Teenage motherhood-related stress is poorly handled in schools	Amin <i>et al.</i> , 2006 Caufield & Thomas, 1999 Greer & Levin-Epstein, 1998 Hallman, 2007 Hebir, 2008 Kirby, 2007 Ricketts & Guensey, 2006 Santelliet <i>al.</i> , 2007 Somers, 2006 Yampolskaya, Brown & Vargo, 2004

**Table 1.1 Summary of literature studied**

The literature study was conducted to provide evidence of some preliminary reading, prove that initial ideas have been developed and provide, where appropriate, information concerning the theoretical literature on the subject. A literature review was conducted to provide a framework of what was going to be studied and how it was going to be studied (Fouche & Delport, 2002: 268; Welman *et al.*, 2005: 29).

The challenge posed by the topic of teenage pregnancy in the world is clearly evidenced in the academic literature from the many branches of social science, medicine and religion.

### **Phase 2: Empirical research**

The second phase of this study involved empirical research. For empirical research, the researcher adopted a qualitative approach. The qualitative research is often defined as the naturalistic research that attempts to collect rich descriptive data in respect of a

particular phenomenon with the intension of developing an understanding of the phenomenon that is being observed or studied (Nieuwenhuis, 2007:50; Welman *et al.*, 2009:188).

Qualitative methods can be used successfully in the description of small groups, communities or organizations (Welman *et al.*, 2009:188; Nieuwenhuis, 2007:269; Terre Blanche, Kelly & Durrheim, 2007:272). The data in qualitative research can be obtained through interviews or observations and they can be used to describe individuals, groups and social movements (Shaughnessy, Zechmeister & Zechmeister, 2009:44). Qualitative research is often about naturally occurring and ordinary events (Shaughnessy *et al.*, 2009:44; Terre Blanche *et al.*, 2007:272). The teenage mothers were an existing group. The researcher planned to study them in their natural context without changing their situations.

#### **1.4.1 Data Collection Process**

A researcher who is interested in how people construct their reality and how that reality is experienced might pursue a phenomenological study that explores this reality. Likewise, the researcher collected data for this study through semi-structured interviews that involved 10 teenage mothers and 10 educators who taught them at school. Semi-structured interviews, also referred to as in-depth interviews, are defined as interviews organized around areas of particular interest, but still allowing flexibility and depth (Strydom, 2007:292).

Furthermore, James (2006:266) sees interviews as interactions that occur between the interviewer and the participants in the form of conversations. According to McBurney and White (2004:244) and Strydom, (2007:292), personal, face-to-face interviews have advantages because the interviewer has the opportunity to establish rapport with people being interviewed. The interviewer can probe for more information, if need be. Furthermore, the attention of the participants can be directed to the material and they can be motivated to elaborate on their answers.

The researcher had two phases of interviews: namely, interviews with teenage mothers and secondly interviews with teachers. Since an interview is a two-way conversation in which the interviewer asks the participant questions in order to collect data, the researcher can learn more about the ideas, beliefs, views, opinions and behaviour of

the participants (Nieuwenhuis, 2007:87). Interviewing is a predominant mode of data or information collection of qualitative research and all interviews are interactional events (Greef, 2007:27).

Interviewing the participants involves a description of the experiences, as well as the reflection on the descriptions (Greef, 2007:287). Therefore, researchers whose aims are to see the world through the eyes of the participants elect to use interviews since they are a valuable source of information when they are correctly used (Nieuwenhuis, 2007:87). The researcher and the participant are necessarily and unavoidably active and involved during the interview (Greef, 2007:287).

In this study, 10 teenage mothers attending school and ten teachers working with them take part in in-depth semi-structured interviews. Teenage mothers and teachers were regarded as key informants and were offered maximum opportunities to tell their experiences.

Interview guides are used in semi-structured interviews (Welman *et al.*, 2009:166). The semi-structured interview is used in research projects to corroborate data emerging from other sources of data (Nieuwenhuis, 2007:87). A semi-structured interview does not take a long time and requires the participant to respond to pre-determined questions, and an interview schedule determines the depth of enquiry (Nieuwenhuis, 2007:87).

Researchers use semi-structured interviews so that they can gain a detailed picture of a participant's beliefs about a particular topic (Greef, 2007:296; Nieuwenhuis, 2007:87). This method provides the researcher and the participant with the opportunity to follow up particular interesting avenues that emerge in the interview, and the participant is able to supply a clearer picture (Greef, 2007:296; Nieuwenhuis, 2007:87).

Semi-structured interviews are suitable where one is interested in controversial or personal issues (Greef, 2007:296; Nieuwenhuis, 2007:87). In this study the researcher is interested in the stress of teenage motherhood, which is a very sensitive and personal issue. Therefore semi-structured interviews were preferred for the following reasons:

- They are relevant for carrying out research with smaller groups;

- They do not inhibit probing;
- They do not consume time;
- The costs for conducting semi-structured interviews are fairly low;
- The interviewer has the opportunity to establish rapport with the interviewee. The sensitive nature of the topic in discussion is considered;
- The point of the participant can be clarified; and
- Large amounts of data can be collected in a short time.

Interviews were conducted in two phases, namely interviews with 10 teenage mothers and secondly, interviews with 10 teachers. In order to facilitate the interviews, the researcher prepared interview guide for both teenage mothers and teachers that are attached as annexures A and B.

Notes were taken throughout each interview although the interviews were recorded. The researcher sought permission to record the interviews on a tape. A tape recorder provides a much fuller record than notes taken during the interview (Greef, 2007:298). This means that the researcher can concentrate on how the interview is proceeding and where to go next.

The interviews were conducted in English as the language that the participants understood. The participants knew that they could speak in any other language besides English. As a result, four teenage mothers opted to be interviewed in Isi-Zulu and six in Sesotho. In this case I transcribed and translated these interviews into English.

I transcribed all interviews on completion of the interviews for analysis (Greef, 2007:298). I asked competent Isi-Zulu and Sesotho-speaking colleagues to back-translate the interviews in order to ensure accuracy. Teachers had a better command of English; therefore, interviews with teachers were conducted in English. They too gave permission for the researcher to tape-record the interviews. On average, each interview took one hour. The interviews were conducted after school in the office of the researcher.

#### **1.4.2 Participant Sampling**

Population refers to the total of all the individuals who could potentially be included in a study (Fife-Schaw, 2002:351, Shaughnessy *et al.*, 2009:139; Strydom, 2007:193,

Nieuwenhuis, 2007:79). Therefore the population for this study were teenage mothers who are enrolled at South African schools as well as teachers who teach at the schools that re-admitted the teenage mothers. As it is usually impractical to include everybody in the target population, one has to draw a sample from the target population (Fife-Schaw, 2002:351; Shaughnessy *et al.*, 2009:139; Strydom, 2007:193, Nieuwenhuis, 2007:79).

The sample should be representative of the population for valid conclusions to be drawn from the findings. Nieuwenhuis (2007:79) says a sampling is a process that is used to select a portion of the population for study purposes. This qualitative study was based on non-probability convenience and purposive sampling since the participants were available, willing to participate in the study and were typical of the targeted teenage mother population as well as teachers (Strydom, 2007b:202; Maree & Pietersen, 2007:177; McBurney & White, 2004:248; Terre Blanche *et al.*, 2007:139).

Sampling is decided upon based on specific characteristics and properties of the population (Terre Blanche *et al.*, 2007:139). Qualitative researchers work with small samples that are rich in information, until data saturation is achieved.

Purposive sampling is the most important type of non-probability sampling as researchers rely on their experience, ingenuity and previous research findings to obtain participants deliberately in such a manner that the sample may be regarded as being representative of the relevant population.

Purposive sampling means that participants are selected because of some defining characteristic or characteristics that make them the holders of the data needed for the study. Sampling is therefore made for the explicit purpose of obtaining the richest possible source of information to answer the research question. Qualitative research usually involves small sample sizes. Purposive sampling decisions are not only restricted to the selection of participants but also involve the settings, incidents, events and activities to be included for data collection (Nieuwenhuis, 2007:79; Strydom, 2007:202, Marshal, 1996:522).

I purposively selected a sample (Fife-Schaw, 2002:351; Shaughnessy *et al.*, 2009:139; Strydom, 2007:193; Marshal, 1996:522) of 10 teenage mothers and 10 teachers who taught the teenage mothers directly. According to Strydom (2007:202) and Marshal (1996:522), purposive sampling is based entirely on the judgement of the researcher, in

that a sample is composed of elements that contain most characteristics of the target population, and is representative of the typical attributes of the population.

The teenage mothers' ages ranged from 14 to 18 years. They were in grades ranging from 9-11. The teenage mothers were from poor socio-economic backgrounds, a characteristic that did not play a role in their enrolment in the study. Teenage mothers who were in Grade 12 were not included in this study, since they could possibly complete their schooling before the study was concluded.

I targeted children that fitted the legal definition of a child in South Africa, namely, any person who is 18 years and younger. For this reason I did not wish to include those above 18 and those who were about to turn 19 in a few months since I wished to have them in my study longer.

The teachers who volunteered to participate in my study had proximal interactions with the teenage mothers and had first-hand knowledge of their experiences. As such, the researcher regarded the teachers as key informants. The teachers' ages ranged from 25 to 52. They had been involved in teaching for periods that ranged from 10 to 31.

I chose the 2 samples for the following reasons (Strydom, 2007:193; Terre Blanche *et al.*, 2007:139):

- They were easily accessible;
- The costs involved were fairly low; and
- The researcher would spend less time on field work.

These twenty participants (ten teenage mothers and ten educators) take part in in-depth semi-structured interviews.

### **1.4.3 Data analysis**

Data analysis helps the researcher to understand the phenomenon he/she is interested in studying (Dunbar, 1998:26; McBurney & White, 2004:244; Welman *et al.*, 2009: 211; Nieuwenhuis, 2007:99). According to Lyons (2000:275-276); Dunbar (1998:26) and Welman *et al.* (2009:211) the analysis of data in research is an interactive process and should be started in the early stages of the research process.

Furthermore, data can be very rich with information that can lead to unearthing real experiences, attitudes, behaviour, perceptions and knowledge and to be able to reveal these underlying characteristics, researchers need systematic approaches to data analysis (Dunbar, 1998:5; Kruger, De Vos, Fouche & Venter, 2007: 217; Welman *et al.*, 2009:211; McBurney & White, 2004:244; Nieuwenhuis, 2007:99).

The purpose of conducting qualitative research is to produce findings and qualitative analysis transforms data into findings (De Vos, 2007:333; Dunbar, 1998:26; McBurney & White, 2004:244; Welman *et al.*, 2009:211; Nieuwenhuis, 2007:99). This involves reducing the volume of raw information, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals (De Vos, 2007:333; Dunbar, 1998:26; McBurney & White, 2004:244; Nieuwenhuis, 2007:99).

Data analysis is regarded as the process of bringing order, structure and meaning to the mass of collected data (De Vos, 2007:333; Dunbar, 1998:26; McBurney & White, 2004:244; Welman *et al.*, 2009:211; Nieuwenhuis, 2007:217). It is a way of finding general statements about categories of data and builds a grounded theory.

Qualitative data analysis is based on interpreting data which is aimed at examining meaningful and symbolic content of qualitative data (Nieuwenhuis, 2007:99; Dunbar, 1998:26; McBurney & White, 2004:244; Van der Riet & Durrheim, 2007:86; Welman *et al.*, 2009:86; Kruger, De Vos, Fouche & Venter, 2007:217).

It is aimed at establishing how participants make meaning of a specific phenomenon by analysing their perceptions, attitudes, understanding, knowledge, values, feelings and experiences in an attempt to approximate their construction of the phenomenon (Nieuwenhuis, 2007:99; Dunbar, 1998:26; McBurney & White, 2004:244; Van der Riet & Durrheim, 2007:86; Welman *et al.*, 2009:211; Kruger, *et al.*, 2007:217).

Achieving this analysis is done in such a way that research findings emerge from the frequent, dominant or significant themes contained in the raw data. Qualitative data analysis is an on-going and iterative process (Dunbar, 1998:26; McBurney & White, 2004:244). This implies that data collection, processing, analysis and reporting are intertwined and not just a number of steps that are following each other.

In qualitative research it is sometimes necessary for the researcher to go back to the collected raw data to verify conclusions or to the participants to collect additional data and to verify it (Nieuwenhuis, 2007:99; Dunbar, 1998:26; McBurney & White, 2004:244; Van der Riet & Durrheim, 2007:86; Welman *et al.*, 2009:21). Based on this, the researcher will have to go back to participants after the semi-structured interviews were conducted to seek clarity on data that is collected, to collect additional data or to solicit feedback participants consulted in the research.

Shaughnessy *et al.*(2009:193), Nieuwenhuis (2007:99), Dunbar (1998:26), McBurney and White (2004:244), Van der Riet & Durrheim (2007:86), Welman *et al.* (2009:211) and De Vos *et al.* (2007:217) say qualitative data analysis can be taken as any technique that allows researchers an opportunity to make inferences based on specific characteristics they objectively identify in collected data.

The analysis of data must be guided by the procedures of a specific type that will be followed by the researcher. The procedures that the researcher followed in analysing data are outlined below:

#### **1.4.4 Qualitative data analysis**

As it is easier to refer back and forth to different parts of an interview when it is written down on paper, all interviews were tape-recorded after obtaining permission from the participants. All data collected by electronic means must be transcribed by the researcher (Nieuwenhuis, 2007:104; Dunbar, 1998:26; McBurney & White, 2004:244; Van der Riet & Durrheim, 2007:86; Welman *et al.*, 2009:211; Kruger *et al.*, 2007:217) and include some non-verbal cues in the transcripts.

According to Kelley in Terre Blanche, Durrheim and Painter (2007:302) raw data needs to be processed so that it can be analysed. This includes converting recorded interviews into written form that can be read, edited for accuracy, commented on and analysed. Tape recordings must be transcribed into text before they can be subjected to processing to facilitate analysis.

The transcription of interviews was done by making use of a word processor to facilitate the moving around of data and searching for particular words later on. Everything said in the interviews was transcribed. The correctness of the transcriptions was

accomplished by reading through the transcripts while listening to the recorded tape. By doing this, I got an increasingly clearer image of the interviews as a whole. I also annotated the text with notes on non-linguistic expressions such as sighs, laughs and silences which I might have missed in the transcriptions and added information from my process notes.

Transcribing interviews was followed by data coding. Nieuwenhuis (2007:205) and McBurney and White (2004:244) define coding as the process of reading through transcribed data line by line and dividing it into meaningful analytical units, while De Vos (2007:340) and Nieuwenhuis (2007:99) say coding represents the breaking down of data, conceptualizing it and putting it back together in new ways.

According to Terre Blanche, Durrheim and Kelly (2007:324), coding entails marking different sections of the data as being instances of, or relevant to reasons, explanations or motives of the data that is collected. The content of the text may refer to a discrete idea, explanation or event and any piece of text may be labelled with more than one code.

According to Welman *et al.* (2009:215) the purpose of coding is to analyse data that have been collected. Coding is therefore aimed at understanding material that is unclear by putting names to events, incidents, behaviours and attitudes. In this study, coding is therefore regarded as the process of marking the segments of the data with descriptive words or unique identifying names (Nieuwenhuis, 2007:105; Welman *et al.*, 2009:211). This means that whenever I found a meaningful segment of text in a transcript, I assigned a code or label to signify that particular segment. It is a central process of establishing theories from data.

According to Welman *et al.* (2009:214) and Kruger *et al.* (2007:217) there are different types of coding, namely, descriptive coding, interpretative coding, pattern codes, reflective remarks, and marginal remarks. In this study, interpretative code is used. These codes are used because they relate to the reasons, explanations and motives of the factual information and are identifiable when the researcher is familiar with the text (Welman *et al.*, 2009:214; Kruger *et al.*, 2007:217).

Interviews were analysed and interpreted through the use of thematic analysis approach. Dunbar (1998:30), Nieuwenhuis (2007:99), as well as McBurney and White

(2004:146) define thematic approach as a method of interpreting data in the basic sense of reflecting on the data until a better understanding of what is meant is achieved.

Themes were identified inductively (Nieuwenhuis, 2007:108; De Vos, 2007:338). This implies organising or combining related codes to build themes. According to De Vos (2007:338) and Nieuwenhuis (2007:108) the process of generating themes involves noting regularities in the setting or people chosen for study. As themes emerge, the researcher looks for those that have internal convergence and external divergence. This means that themes should be internally consistent, but distinct from one another (De Vos, 2007:338; Nieuwenhuis, 2007:108).

When establishing themes, the researcher looks at his coded data and tries to work out what the organising principles are that underlie the data naturally (Terre Blanche *et al.*, 2007:323; De Vos, 2007:338). The researcher should use the language of his interviewees instead of abstract theoretical language to label their themes (Terre Blanche *et al.*, 2007:323; De Vos, 2007:338). The following steps which will also be followed when thematically analysing the in-depth semi-structured interviews (Dunbar, 1998:30; McBurney & White, 2004:146; De Vos, 2007:338; Nieuwenhuis, 2007:108; Terre Blanche *et al.*, 2007:323):

- After transcribing the interviews, an overall impression is obtained by reading through all the scripts.
- Ideas about possible categories are jotted in the margin as they come to mind.
- Similar topics are clustered together.
- A list of topics is returned to the data and abbreviated as codes.
- The codes are recorded next to the appropriate segment of the text.
- The most descriptive wording is turned into themes.
- Related topics are grouped together to reduce the number of themes.
- Interrelated themes are identified and final decisions made about the themes.

## **1.5 TRUSTWORTHINESS IN QUALITATIVE RESEARCH**

Qualitative researchers need to demonstrate that their studies are credible. According to Creswell and Miller (2000:124), trustworthiness refers to how accurately the findings represent the realities of the social phenomena of the participants. Trustworthiness can

be ensured by researchers through making use of the views of the people who conducted, participated in, read and reviewed the study (Gulafshani, 2003:599).

The researcher may decide to use time spent on the research project to enhance trustworthiness of the findings (Mays & Pope, 1995:180). Data collected should be saturated to establish good categories or themes, and analysis of data should evolve into a persuasive narrative (Sinkovics, Penz & Shauri, 2008:188).

Ensuring trustworthiness of the findings means the qualitative analysts return to their data over and over again to see if the constructs, categories, explanations and interpretations make sense (Davies & Dodd, 2002:145). In Chapter Four I elaborate on how I went about ensuring trustworthiness in my study.

## **1.6 ETHICAL CONSIDERATIONS**

Carrying out research is an ethical process. Research ethics can be defined as a system of morals or rules of behaviour that exist to provide researchers with a code of moral guidelines on how to carry out research in a morally acceptable manner (Struwig & Stead, 2001:66; Tindall, 1999:152; Leedy & Ormrod, 2005:100; Maree & Van der Westhuizen, 2007:41; Strydom, 2007:57-66; Welman *et al.*, 2009:181; Terre Blanche *et al.*, 2007:68).

Maree and Van der Westhuizen (2007:41) say essential ethical issues to be considered are the confidentiality of the results and findings of the study and the protection of the identity of the participants. This may include obtaining letters of consent, obtaining permission to be interviewed and undertaking to destroy audiotapes when the research project is completed. In the study the names of the participants and school were not mentioned. I also undertook to store the audio tapes when the study is completed. Participants were given codes to keep their anonymity. TM represents teenage mothers and EDU represents educator participants.

According to Strydom (2007:57-66) and Welman *et al.*, 2009:181) important ethical issues to be considered are avoidance of harm to participants, informed consent, deception of the participants, violation of privacy, anonymity and confidence, appropriate actions and competence of the researchers, co-operation with contributors, release or publication of the findings and debriefing of the participants. The participants

were informed that they would not be harmed in any way and that participation in the study was voluntary.

Ethical behaviour is important in research (Welman *et al.*, 2009:181; Strydom, 2007:57) and certain ethical considerations concerned with such matters as plagiarism and honesty in reporting findings are found in all kinds of research. Additional ethical issues such as informed consent, right to privacy, protection of participants from harm and the involvement of the researcher arise when the research involves human participants (Welman *et al.*, 2009:181 & 201; Strydom, 2007:57). All sources used in the study received appropriate acknowledgement in the form of referencing in the study and the compilation of a reference list at the end.

Terre Blanche *et al.* (2007:68-73), as well as Strydom (2007:57), say elements of ethical research are collaborative partnership between the researcher and the participants, social values, scientific validity, fair selection of participants, a favourable risk/benefit ratio, informed consent and on-going respect for participants from the study community. Participants were briefed about the study before it started and they made a decision to take part in it, having been given complete information.

The Department of Education in the Free State province was approached and requested to grant permission for this study to take place. An ethics application form developed by the North-West University was completed in compliance with ethical research requirements and the ethics number is: NWU-00069-10-S2.

## **1.7 PARADIGM PERSPECTIVE**

Researchers are guided by their philosophical assumptions as they do research work. Kuhn (in De Vos, 2007:40) sees a paradigm as a way in which researchers or scientists view their material and participants, or the model or pattern according to which scientists view their subject of research within their particular discipline.

Paradigm perspective in this case refers to the particular research tradition. Likewise, in this study, the researcher was guided by his philosophical assumptions that were shaped by the interpretivist post-positivist paradigm perspective. My qualitative study was influenced by the interpretivist post-positivist paradigm perspective that supposes

that access to reality is only possible through language, consciousness and shared meanings (Nieuwenhuis, 2007:58).

Therefore, looked at through the interpretivist paradigm, phenomena are understood through the meanings that we assign to them. In my study, I wished to understand the stress associated with teenage pregnancy from the perspectives of teenage mothers and their teachers. I looked at their realities through the interpretivist post-positivist paradigm, whose assumptions follow:

- **Human life can only be understood from within**

Interpretivism focuses on the subjective experiences people have, how they construct the social world through shared meanings, and how they daily interact with or relate to one another in their natural settings (Nieuwenhuis, 2007:59; Babbie & Mouton, 2007:28).

Interpretivist researchers analyse texts in order to understand how people make meaning in their lives (Terre Blanche *et al.*, 2007:8). In my study, I looked at the subjective experiences of teenage mothers, how they constructed their social worlds and how they tried to interact with one another. In their narratives, I followed stories about their personal struggles as they played out dual roles of being mothers and learners.

- **Social life is a distinctly human product**

Interpretivists believe that reality is not objectively established, but that it is socially built (Nieuwenhuis, 2007:59; Terre Blanche *et al.*, 2007:9). Studying people in their social environments improves opportunities for the researcher to understand how they perceive their own actions (Nieuwenhuis, 2007:59).

Therefore the distinctiveness of each context is pivotal to understanding and interpreting the meanings that participants construct. Phenomena are understood through the mental processes of interpretation that are influenced by and interact within their unique social contexts (Henning *et al.*, 2005:20).

Families and schools represented natural social contexts for teenage mothers and it was in these environments where they socially constructed their realities.

- **The human mind is the purposive source or origin of meaning**

It was important for the researcher to explore the richness, depth and complexity of phenomena such as teenage motherhood and stress, in order to develop a full understanding of the various meanings teenage mothers imparted to them in their social environments (Nieuwenhuis, 2007:59; Terre Blanche *et al.*, 2007:8; Babbie & Mouton, 2007:28).

According to Henning *et al.* (2005:20), knowledge is not only established via observable phenomena, but also through the explanations of the participants' intentions, beliefs, values and reasons, meaning-making and self-understanding. In my study, interviews provided me with rich explanations of teenage mothers' beliefs and meaning making. In this way, I uncovered the way in which they understood their situations.

- **Human behaviour is affected by knowledge of the social world**

According to Nieuwenhuis (2007:60), there are several realities to phenomena and these realities differ in terms of time and place. Henning *et al.* (2005:20) add that researchers have to glance at different contexts and at different objects constantly in order to understand phenomena.

By involving teenage mothers and teachers in my study I was able to look at the stress of teenage motherhood from different perspectives, namely that of each teenage mother and those of each participating teacher.

- **The social world does not exist independently of human knowledge**

Like other researchers, my knowledge of teenage motherhood and the accompanying stress were influenced by the types of questions I asked as part of my interview guides and the way in which I conducted my study (Nieuwenhuis, 2007:60). Therefore, the knowledge generated by my study, was influenced by the world-views of the teenage mothers and teachers.

I believe in multiple realities as a qualitative researcher. I also believe that in different contexts, people develop mechanisms that enable them to cope with their lives, however stressful. In my study the focus was on teenage motherhood and the stresses

thereof. However, I was mindful of coping strategies that teenage mothers could have developed as well as the strengths embedded in their social ecologies.

These views are influenced by positive psychology that focuses not only on pathology, but also on the strengths that enhance people's capacities to achieve positive growth despite adversity. My views as stated here influenced the way I collected data, analysed and interpreted them.

## **1.8 DEFINITION OF KEY TERMS**

The following terms are used frequently in this study and therefore require defining:

- **Teenagehood/ A teenager**

De Villiers and Kekesi (2004:25) define a teenager, who is also an adolescent, as someone who is in the age bracket of 13 to 19 years. For the purpose of this study, a teenager is regarded as a young person who is aged 13 to 19 years (De Villiers & Kekesi, 2004:25).

- **Teenage pregnancy**

Teenage pregnancy is the phenomenon that occurs in the adolescence stage wherein young people aged 13 to 19 starts experimenting with sex and become pregnant (De Villiers & Kekesi, 2004:25).

- **Teenage motherhood**

Teenage motherhood refers to the phenomenon whereby 13 to 19 year old people experiment with sex, become pregnant and ultimately give birth (De Villiers & Kekesi, 2004:25). It is also possible for children younger than 13 to fall pregnant.

- **Stress**

There are also many different definitions of stress used by different researchers. However, for the purpose of this study, stress is defined as a dangerous, difficult or painful situation that occurs unexpectedly to an individual and that requires adjustment to the normal life of an individual, though there are no resources to cope with this readjustment (Canwell-Ward, 1990:23; Bartlett, 1998:34).

- **Stress management program**

This is a program developed with the aim of assisting people who are experiencing stress to cope with or alleviate their stress (Gustafsson & Worku, 2007:21).

- **Program evaluation**

Program evaluation involves a process of measuring the efficacy of the stress management program and how effective the program is (Monat & Lazarus, 1985:23).

## **1.9CHAPTER DIVISION**

The chapters of this study are divided as follows:

### **Chapter 1: Orientation to the study**

### **Chapter 1: Orientation to the study**

It provides a brief overview of the whole study.

### **Chapter 2: Teenagehood and pregnancy**

It focuses on the phenomenon of teenage pregnancy.

### **Chapter 3: Teenage motherhood and stress**

It deals with the phenomenon and nature of the stress of teenage motherhood.

### **Chapter 4: Empirical research**

In this chapter the empirical research of the study is given.

### **Chapter 5: Data analysis**

In this chapter the analysis of the data collected in this study is offered and

### **Chapter 6: Conclusions and recommendations**

In the final chapter, conclusions, recommendations for further study, limitations and contributions are made.

## **1.10 CONCLUSION**

This chapter presented detailed information on how the researcher intended to conduct the study.

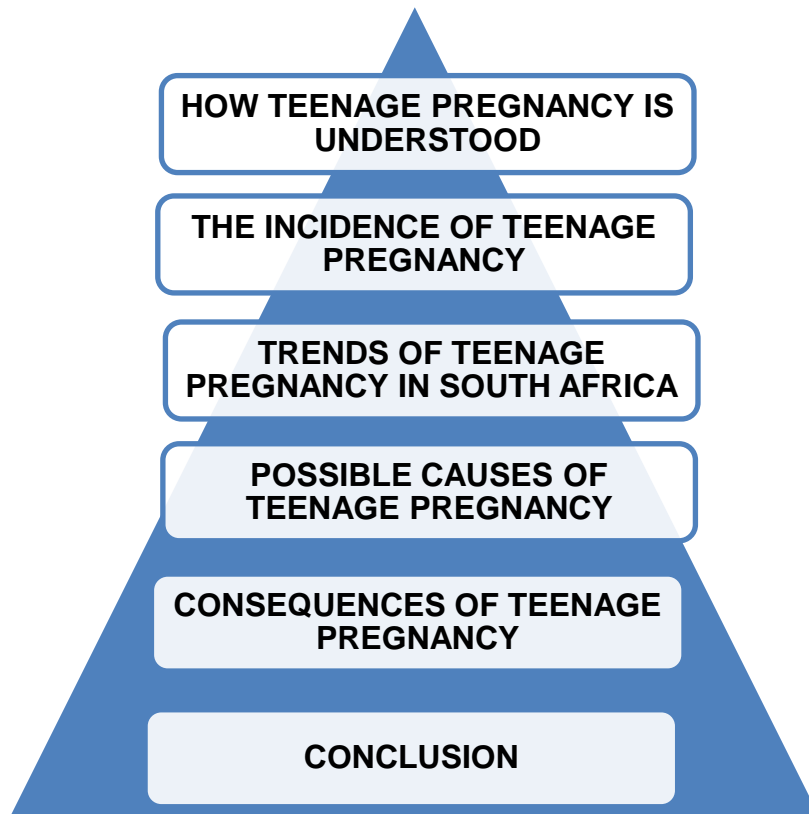
The next chapter will deal with the phenomenon of teenagehood and pregnancy.

## CHAPTER 2

### TEENAGEHOOD AND STRESS

#### 2.1 INTRODUCTION.

The phenomenon of teenage pregnancy, which will be discussed in more detail later in this chapter, is a global, social and health problem. It has devastating effects on teenagers since it hampers their physical, social and academic development. This chapter deals with how teenage pregnancy is understood, the incidence of teenage pregnancy globally, trends of teenage pregnancy in South Africa, the possible causes of teenage pregnancy and the consequences of teenage pregnancy. The following diagram gives a clear indication of what is included in this chapter:



**Figure 2.1 Layout of Chapter Two**

#### 2. 2. HOW TEENAGE PREGNANCY IS UNDERSTOOD

Teenage pregnancy is a phenomenon that occurs among teenagers when young people who are below the age of 19, start experimenting with sex and fall pregnant. The

teenagehood is an important developmental stage between childhood and adulthood that is characterised by changes in all the domains of development, such as the deepening of the voice in boys, growing arm-pit and pubic hair, development of interest in sexual relationships and sexual intercourse. Furthermore, according to De Villiers and Kekesi (2004:25) and Macleod (2003:23), a teenager, who is also an adolescent, is someone who is in the age bracket of 13 to 19 years. Therefore according to this understanding, teenage pregnancy is regarded as pregnancy that occurs among 13 to 19 year old girls.

There is no agreement on exactly when teenagehood starts and ends and there are several views which deal with this issue. For example, due to individual and cultural differences, the age at which the teenagehood begins differs from 11 to 13 and the age at which it ends varies from 17 to 21 (Louw, 1991:377; Gustafsson & Worku). According to this view, teenage pregnancy is pregnancy among girls in the age group of 11 to 19.

In another context, the teenage stage is seen as an important biological and social stage of development that starts from 10 to 19 years of age (Dangal, 2006:3; Chigona & Chetty, 2008:262). According to this view, pregnancy in girls aged 10-19 is called teenage pregnancy too (Dangal, 2006:3; Chigona & Chetty, 2008:262).

It is clear that pregnancy occurs not only in teenagers, but also in young children aged ten. For the purpose of this study I am adopting the view of De Villiers and Kekesi (2004:25) and Macleod (2003:23), namely that a teenager is a young person who is aged 13 to 19 although I am mindful of the fact that children who are not in their teens do also fall pregnant prematurely in developing and developed countries. The global and local trends of teenage pregnancy are dealt with in the next section.

## **2. 3THE INCIDENCE OF TEENAGE PREGNANCY**

Teenage pregnancy and the resulting teenage motherhood are increasing in developed countries which include Japan, Spain, the Netherlands, Ireland, France, New Zealand, Hungary, Yugoslavia Australia, Canada, United Kingdom, Bulgaria and the United States. Teenage pregnancy and the resulting motherhood are among the key issues concerning the health of teenagers worldwide (Dangal, 2006:4; Langille, 2007:2). There are more than 13 million children born to young people aged 13 to 19 in developed and developing countries (Hellemeier, 2004:23).

**Japan** has the lowest rates of teenage pregnancy and births in the developed world. In Japan, the pregnancy rate is 4 per 1 000 teenage girls aged 13 to 19 and the successful birth rate is 20%. This rate indicates an increase of 0.2% from the year 2001 (Smith & Elander, 2006: 398). **Spain** can also be regarded as one of the developed countries with a low teenage pregnancy rate of 12 per 1 000 teenage girls aged 13 to 19 and successful births which constitute 20% of these pregnancies. There is a recorded 0.45% annual increase of teenagers who become pregnant in Spain (Somers, 2006:3).

**The Netherlands** has a pregnancy rate of 12.2 and the successful birth rate of 8.2 per 1000 teenagers, which is low when compared to other developed countries (Angwin & Kamp, 2007:97). The Dutch have a high average age at first intercourse and an increased level of contraceptive use, including the hormonal contraception method and condoms (Whitehead, 2000:438). Abortion is also legal in Netherlands, which is why the birth rate among teenagers is so low (Whitehead, 2000:438).

In **Ireland** the teenage pregnancy stands at 16 pregnancies for every 1 000 female teenagers aged between 13 and 19, with successful births making up 36%. Between 2004 and 2006 this rate showed a slight increase of about 1% annually (Mokoena: 2006:124). Teenage pregnancy in **France** stands at 20.2 per 1 000 female teenagers aged 13 to 19 with successful births of 10% and there is an annual increase of reported teenage pregnancy cases of about 0.5% (Langille, 2007:3). **New Zealand** has a teenage pregnancy rate of 35 for every 1 000 teenagers and a successful birth rate of at least 41%. This increases by 1.3% every year (Mokoena, 2006:123).

**Hungary** has a teenage pregnancy rate of 41 per 1 000 teenagers whereas successful births account for 42% of these pregnancies. There is also a recorded 0.8% increase of the incidents of teenage pregnancy every year (Kaufman, 2008:198, Whitehead 2000: 438). There is a pregnancy rate of 43 per 1 000 teenage girls and the successful birth rate of 33% in **Yugoslavia**. This pregnancy rate increases by about 1.45% yearly (Kaufman, 2008:197). **Australia** currently has a teenage pregnancy rate of 43.7 per 1 000 teenagers with 19.8% of successful birth rates. This indicated an annual increase of 0.4% from the year 2004 (Smith & Elander, 2006:397; Whitehead, 2000:439).

In the year, 2000 **Canada** had 38 600 reported teenage pregnancies, which is 40.9 pregnancies per 1000 teenage girls aged 13 to 19, and the majority of them decided to

keep their babies (Langille, 2007:2; Koehler & Chisholm, 2009:53). In the year 2002, Canada had a pregnancy rate of 45.4 per 1000 teenage girls aged between 13 and 19 and this was much lower than the rate that year in England, Wales and the United States (Langille, 2007:1; Koehler & Chishom, 2009: 60). Currently Canada is among the European countries that are said to have moderate pregnancy rates of 40 per 1000 female teenagers (Langille, 2007:3; Koehler & Chishom, 2009:60). There is an annual increase of about 0.5 in teenage pregnancies.

The **United Kingdom** is regarded as the country with the worst teenage pregnancy rate in Europe (Manlove, 1998:399; Whitehead, 2000:25). 80% of young Britons reported engaging in sexual intercourse while in their teenage years (Cordosso, 2007:399). Teenage pregnancy in the **United Kingdom** is six times that of the Netherlands, nearly three times that of France and more than twice that of Germany (Fomenky, 2008:111). According to Trad (1995, 45) as well as Whitehead (2000: 31), the United Kingdom has a pregnancy rate of 46.9% and 28.4% successful live births per 1000 women aged 13-19. There is an indication of a 0.25% increase of teenage pregnancies a year in the United Kingdom.

In **Bulgaria** the official teenage pregnancy rate is 59 for every 1 000 teenagers aged between 13 and 19 every year and the successful birth rate makes up 36% of these pregnancies. The rate increases by 0.5% each year (Bhattacharjee, 2008:73; Whitehead, 2000:29). In the year 2000, the total number of teenage pregnancies in the **United States** was 821 810, meaning that there were 44 pregnancies per 1000 teenagers (Harrison & Shacklock, 2007:211; Whitehead, 2000:29).

According to Bickel *et al.* (2001:175) as well as Smith and Elander (2006:399) in the United States, there were 83.6 pregnancies per 1000 women aged 13-19 with a successful birth rate of 54.4% in the United States for 2002-2005 and an annual increase of 0.8 %. This implies that the United States has an estimated 750 000 teenage pregnancies a year (Bickel *et al.*, 2001:175; Report of Population Action International (2007:143). Young (2004:361) argues that each year in the United States 800 000-900 000 teenagers become pregnant.

An estimated 80% of all USA female teenagers have premarital sex and most of them are not consistent contraceptive users (Hallman, 2007:211). As a result, an estimated

40% of females become pregnant at least once before the age of 20 and 95% of these pregnancies are unintentional (Whitehead, 2000:26). About 20% of female teenagers in the United States bear a child and these rates of pregnancy and childbirth are the highest among Western industrialized nations (Whitehead, 2000:26). The United States is among the top five developed countries that have pregnancy rates of 70 or more per 1000 teenage girls aged 15-19 a year (Langille, 2007:3, Hindini & Fatusi, 2009, 58).

The following table gives a clear indication of teenage pregnancy rates per year per 1000 teenage girls aged 13-19, successful birth rates in some of the developed countries, as well as the annual percentage increase:

<b>Country</b>	<b>Pregnancy rate/per 1000 teenagers)</b>	<b>Successful birth-rate (%)</b>	<b>% increase per year</b>
Japan	4	20	0.2
Spain	12	20	0.45
Netherlands	12.2	8.2	0.1
Ireland	16	36	1
France	20.2	10.0	0.5
New Zealand	35	41	1.3
Hungary	41	42	0.8
Yugoslavia	43	33	1.45
Australia	43.7	19.8	0.4
Canada	45.4	24.2	0.5
United Kingdom	46.9	28.4	0.25
Bulgaria	59	36	0.5
United States	83.6	54.4	0.8

### **Table 2.1: Pregnancy and birth rates globally**

It is clear that teenage pregnancy and the resulting teenage motherhood are on the increase in developed countries. Teenage pregnancy is common in both developing and developed countries. In the following section, teenage pregnancy in developing countries is discussed.

In **South Korea** and **Singapore** teenage pregnancy rates are low, at 8 per 1000 teenage girls (Shuttleworth Foundation Report, 2007:2; Hindini Fatusi, 2009:59). This is relatively low when compared to the rest of the world.

The rate of teenage pregnancy has decreased sharply in **Indonesia** and **Malaysia**; however, it remains high in comparison to the rest of Asian developing countries (Hindini & Fatusi, 2009:59) and in 2003 it increased by 6.7%. Indonesia has a pregnancy rate of 60 per 1000 teenage girls aged 13 to 19 while Malaysia is at 23 per 1000 (Hindini & Fatusi, 2009:59).

In **Thailand** 80% of teenage girls are sexually active and their first sexual experience is without contraception (Hindini & Fatusi, 2009:60). The teenage pregnancy rate in Thailand is relatively high at 57 per 1000 and 20% of the women admitted to hospitals for complications of induced abortions are students under the age of 20 (Hindini & Fatusi, 2009:60). The Thai government has undertaken measures to inform the youth about the prevention of sexually transmitted diseases and unplanned pregnancies.

In **Botswana** the teenage pregnancy prevalence rates range from 22% to 50% in different towns (Botswana, 2006:23). The highest rate of teenage pregnancy is found in the rural areas of Botswana where even parents themselves have a problem with contraceptives because the level of awareness of family planning is low (Botswana, 2006:23). In 2000 there were 55 reported cases of pregnancy per 1000 teenagers, 65 per 1000 teenagers in 2004 and 69 per 1000 teenagers in 2006. The official successful birth rate among teenagers is 75% (Botswana, 2006:23).

According to Fomenky (2008:1) and Kaufman *et al.* (2000:4), teenage pregnancy in **Cameroon** is on the rise, with most pregnancies occurring during school holidays. In 2002 Cameroon had a pregnancy rate of 68 per 1000 teenagers aged between 13 and

19 and a successful birth rate of 78%, whereas in 2005 the pregnancy rate was 71 per 1000 teenagers (Fomenky, 2008:1; Kaufman *et al.*, 2000:4).

According to Kaufman *et al.*, (2000:6) teenage abortions are among the top five reasons for admission to hospitals in **Lesotho**. In 2002 there were 49 reported pregnancies per 1000 girls aged 10 to 19 in Lesotho with 68% successful birth rate (World Health Organisation, 2007:10). This pregnancy rate increased from 49 to 78 per 1000 teenagers in 2004 (Report of World Health Organisation, 2007:11; Kaufman *et al.*, 2000:6).

In **Brazil**, teenage pregnancy has had far-reaching implications that extend into adulthood and trends in teenage pregnancy rates have been the subject of concern over the years (Cardoso, 2007:1). In 1980 teenagers aged 13-19 accounted for 9% of births, 14% in 1991 and 20% in 2000 and from 1980 to 1994 the average number of children born each year per thousand teenage mothers (13 to 19 years old) increased from 58 to 88 (Cardoso, 2007:1).

In **Kenya**, 84% of teenage girls aged between 13 and 19 have experienced sexual intercourse (Maluma, 2007:3; Cramer & McDonald, 1996:4). There are 103 teenage girls who become pregnant per 1000 every year and the successful birth rate is 78%, with more than 80% choosing to keep and bring up their babies (Cordosso, 2007:2; Cramer & McDonald, 1996: 4).

The rate of pregnancy in Kenya increases with more than 7% each year (Cordosso, 2007:3; Cramer & McDonald, 1996:4). The Kenyan government was compelled to embark on an intensive campaign of teaching adolescents about contraceptive use, sexually transmitted diseases as well as unwanted and unplanned pregnancies in 2005 (Hebir, 2008:3; Cramer & McDonald, 1996:4). However, this campaign did not succeed, because teenage pregnancy and child bearing are increasing rapidly in Kenya.

In **Bangladesh** and **Afghanistan**, a large proportion (37-55%) of deaths among female teenagers can be attributed to maternal causes (Hall, 2004:3; Macleod, 2003:24). The pregnancy rate in these countries is 143 and 129 per 1000 teenagers respectively and there is a slight increase of 2.3% every year in both countries (Macleod, 2003:24).

In **Zambia**, there are more deliveries in the early teenage group (13-15) than late in teenagehood group (17-19) (Chalwe, 2006:5; Tjaronda, 2008:5). According to Chalwe (2006:5) and Tjaronda (2008:5), 576 out of 1 833 deliveries recorded at the University Teaching Hospital in Lusaka in 2004 took place for teenagers aged 13 to 19, giving an incidence of 31.4%. This means that for every 1000 teenage girls, 177 falls pregnant and ultimately become teenage mothers in Zambia (Chalwe, 2006:5; Tjaronda, 2008:7). The successful birth rate was more than 80% and the pregnancy rate among teenagers increased by 3% each year (Chalwe, 2006: 5; Tjaronda, 2008:7).

Teenage pregnancy and birth rates in **Namibia** are among the highest in the world, with about 187 births for every 1000 teenage girls aged 13 to 19 (Santelli *et al.*,2007:12). The population of Namibia is about two million. 70% of the total population are people under the age of 30 years, 43% between 13 and 19 and about two in every five pregnancies occur in the 13 to 19 age group, translating into 20% of all pregnancies in that country (Dommissie, 2007:21). The rate of teenage pregnancies in this country increases with about 3.4% every year (Kruger & Lesch, 2005:112).

The following table outlines teenage pregnancy rates, successful birth rates and the annual percentage increase in pregnancies rates in some of developing countries per 1000 women aged between 14 -18 years:

<b>COUNTRY</b>	<b>PREGNANCY RATE (per 1000 teenagers)</b>	<b>SUCCESSFUL RATE (%)</b>	<b>% INCREASE PER YEAR</b>
South Korea and Singapore	8	89	1.5
Malaysia	23	70	6.5
Thailand	57	77	4.5
Indonesia	60	70	6.7
Botswana	69	75	2.5
Cameroon	71	78	2.8
Lesotho	78	76	3.5

Brazil	88	70	2.3
South Africa	97	66	2.9
Kenya	103	71	3.0
Afghanistan	129	78	2.3
Bangladesh	143	78	2.3
Zambia	177	77	3.0
Namibia	187	79	3.4

**Table 2.2: Pregnancy and birth rates in developing countries per 1000 women aged 14-18 years**

The highest rate of teenage pregnancy in the world is 187 per 1000 girls aged 13-19 years. This is occurring in the African developing country of Namibia (Kaufman, 2008:12; Whitehead, 2000:438). Out of 13 million children born to women under the age of 20 worldwide, more than 90% of these births involve women living in developing countries.

This really poses a serious challenge for governments of these countries. It is clear from the above information that teenage pregnancy and resulting motherhood is a serious problem in developing countries.

## **2.4 TRENDS OF TEENAGE PREGNANCY IN SOUTH AFRICA**

Teenage pregnancy has recently been the subject of substantial debate in the social science research and policy circles. The Youth Policy Initiative Report (2007:8) and Kaufman (2008:8) mention the fact that while South Africa's total fertility is low compared to other African countries, South Africa still has high levels of fertility among the adolescent females. Teenage pregnancy has become an issue that educators and public policy makers and communities are obliged to treat as a serious problem (Bickel *et al*, 2001:175). It seems as if local communities will continue to be faced with the

unenviable task of coping with teenage pregnancy (Caufield & Thomson, 1999:49; Shuttleworth Foundation Report, 2007:4) for much longer.

The following table gives clear indication of reported incidences of teenage pregnancy recorded in provinces in 2007:

<b>PROVINCE</b>	<b>REPORTED PREGNANCY CASES</b>
Kwa-Zulu Natal	5 868
Limpopo	5 000
Gauteng	2 542
Free State	1 748
Western Cape	1 651
Northern Cape	1 612
Mpumalanga	1 600
North-West	1 543
Eastern Cape	1 435
<b>Total</b>	<b>22 999</b>

**Table 2.3: Reported pregnancy cases according to S.A provinces in 2007**

Table 2.4 shows alarming statistics of children who fell pregnant while they were still at school in South Africa. A number of initiatives have been implemented in order to

prevent and mitigate the impact of teenage pregnancies. These include compulsory sex education as part of the life skills program at schools, terminating early and unwanted pregnancies, the fact that they could return to school immediately after the birth of the child, youth friendly services at government clinics and hospitals as well as funding programs like Love Life which combine a highly visible sustained national multi-media HIV education and awareness campaign (Youth Policy Initiative Report, 2007:8; Shuttleworth Foundation, 2007:4).

However, it is clear that the multiple problems of teenage pregnancy and resulting teenage motherhood need comprehensive and multi-component intervention programs (Shuttleworth Foundation Report, 2007:4; Amin *et al.*, 2006:172). In the next section, possible causes of teenage pregnancy are presented.

## **2.5 POSSIBLE CAUSES OF TEENAGE PREGNANCY**

It is difficult to point to one universal reason for teenage pregnancy because of personal and contextual differences. However, some causes have been suggested and it is important to note that they are influenced by personal circumstances and the context in which they occur, suggesting that they may not be regarded as universal.

A study of literature pointed to the following possible causes of teenage pregnancy: lack of information among teenagers, risk-taking behaviour and promiscuity, drug abuse, lack of recreational facilities, mass media and pornography, poverty, peer pressure, rape, incest, rebellion, a history of illegitimacy in the family, early sexual maturity, lack of adequate parental supervision and discipline, the desire to be married, changed values and attitudes, poor sex education, ignorance, lack of access to health services; curiosity; fear of attending clinics among young contraceptive users, as well as coercive male-dominated relationships (Richter & Mlambo, 2005:67; Dangal, 2006:4; Mohase, 2006:13-21; Mokoena, 2006: 29-35; Bhattacharjee, 2008:8).

The following table summarises the factors that possibly cause teenage pregnancy:

PERSONAL FACTORS	CONTEXTUAL FACTORS
❖ Lack of information among teenagers	❖ Drug abuse
❖ Risk-taking behaviour and promiscuity	❖ Lack of recreational facilities
❖ Rape	❖ Mass media and pornography
❖ Incest	❖ Poverty
❖ Rebellion	❖ Peer pressure
❖ Early sexual maturity	❖ A history of illegitimacy in the family
❖ The desire to be married	❖ Lack of adequate parental supervision and discipline
❖ Changed values and attitudes	❖ Coercive male-dominated relationships
❖ Ignorance	❖ Poor sex education
❖ Curiosity	❖ Lack of access to health services
❖ Fear of attending clinics	❖

**Table 2.4: Causes of teenage pregnancy**

Causes overlap sometimes. Teenage pregnancy and the resulting teenage motherhood have long-term consequences for the affected young mother. Teenage pregnancy is associated with many different negative consequences that are discussed in the following section.

## 2.6 CONSEQUENCES OF TEENAGE PREGNANCY

There are huge numbers of teenagers who drop out of school worldwide as a result of teenage pregnancy (Bempechat, 1989:3; Linares, Leadbeater, Kato & Jaffe, 1991:379, Manlove, 1998:189; Caufield & Thomson, 1999:49; Bickel, Weaver & Williams, 2001:8 Dangal, 2006:6; James, 2006:2; Angwin & Kamp, 2007:95; Harrison & Shacklock, 2007:133; Hallman, 2007:82; Langille, 2007:2).

This clearly suggests that many young people lose opportunities to actualize their potential, since not many of them manage to return to school and continue their education. Pregnancy accounts for more than 50% of teenagers who drop out of school (Dangal, 2006:8; Hallman, 2007:82; Langille, 2007:2). Less than 20% of teenage mothers graduate from high school (Dangal, 2006:8; Hallman, 2007:83; Langille, 2007:2).

The adverse consequences of teenage pregnancy and the resulting teenage motherhood include poor academic performance among those who resume their studies and low educational aspirations (Amin *et al.*, 2006:173; Kaufman *et al.*, 2000:2). Educational outcomes, measured by grade performance and aspirations for high school completion and tertiary education is low among pregnant and parenting teenagers (Amin *et al.*, 2006:179; Kaufman *et al.*, 2000:2).

This may offer an explanation why females are over-represented among the unemployed populations worldwide. Low educational levels mean that teenage parents are more likely to have difficulties getting employment due to an inadequate educational level (James, 2006:20:6; Spalding, 2008:16). Teenage pregnancy seems to start a cycle of poverty, especially if the teenage mother comes from a destitute family background.

Young women who left school early are the most economically disadvantaged group (Caufield & Thomson, 1999:49; De Villiers & Kekesi, 2004:21; Dangal, 2006:5; Mohase, 2006:21) in most societies. This brings about life-time poverty for the young mother and her child (Makiwane & Udjo, 2006:3). Poverty may, however, be the result of factors such as expulsion or exclusion from education, as well as lack of material and social support (Caufield & Thomson, 1999:49; Makiwane & Udjo, 2006:3; Hallman, 2007:82). Lack of parental support may, in turn, result from negative attitudes in some societies towards young people who fall pregnant.

In some societies, teenage pregnancy and subsequent teenage motherhood are stigmatized and perceived to be disgraceful (Mokoena, 2002:49; Dangal, 2006:5; James, 2006:60; Hallman, 2007:81). This creates unfavourable conditions for young people to adapt to the changed circumstances. Therefore, pregnant and parenting teenagers experience significantly higher levels of maladjustment than their non-parenting counterparts and these groups also differ significantly in maternal competencies (Rickel & Thomas, 1995:200; Mokoena, 2002:33; Bezuidenhout, 2007:45).

Young mothers tend to engage in maladaptive activities that, in a way, push them further into the periphery of societies. For example, teenagers who experience early sexual intercourse and become teenage mothers are likely to engage in alcohol and other drug abuse (Mokoena, 2002:30; Young *et al*, 2004:362; De Villiers & Kekesi, 2004:24). Sexual activities carry added risks for young people. For example, early experience of sexual intercourse in teenagers increases the risk of contracting HIV and other sexually transmitted diseases (Rickel & Thomas, 1995:65; Allen, Philliber, Herrling & Kuperminc, 1997: 729; Kirby, 1999:89; Mokoena, 2002: 41; Kruger & Lesch, 2005: 1071; James, 2006:19).

In light of the severe HIV/AIDS pandemic that is causing havoc in South Africa, it is a very disturbing fact that so many teenage pregnancies occur, and questions arise such as: How many of these teenage girls are infected with HIV and what does the future hold for these girls and their babies (Shuttleworth Foundation Report, 2007:2; Dommissse, 2007:2)?

This also leads to questions such as whether teenage pregnancy is a life hazard for a young expectant girl. Girls under the age of 16 are five times more likely to die during or immediately after pregnancy than women of 20 to 24 years (Mokoena, 2002:43; James, 2006:22; Dangal, 2006:6). Young girls who fall pregnant have been found to be exposed to high levels of stress during pregnancy and after their babies are born (Dangal, 2006:3), especially if they receive little parental support. The following section focuses on the symptoms of teenage pregnancy.

## **2.7 CONCLUSION**

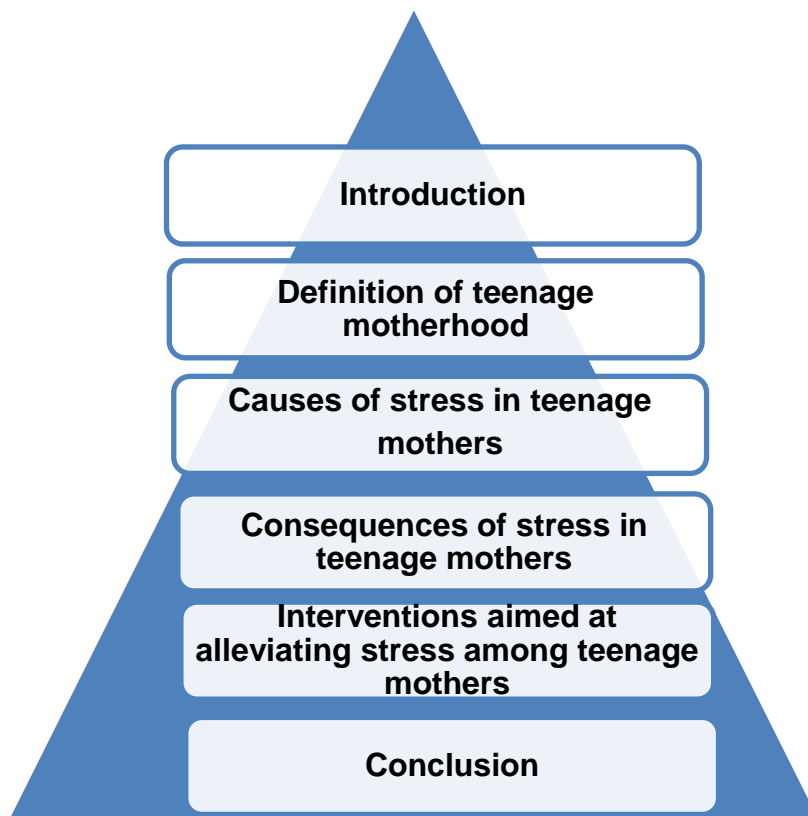
It is impossible to discuss teenage motherhood away from teenage pregnancy. The high rate of teenage pregnancy should correspond to high rate of teenage motherhood, however, lower successful births results in lower teenage motherhood. Teenage motherhood occurs when teenagers are poorly prepared for motherhood. The next chapter shows how teenage motherhood is understood and stress related to it.

## CHAPTER 3

### TEENAGE MOTHERHOOD

#### 3.1 INTRODUCTION

Chapter 3 covers definition of teenage motherhood, causes and consequences of stress as well as interventions aimed at reducing the stress of teenage motherhood.



**Table 3.1: Layout of Chapter Three**

#### 3.2 DEFINITION OF TEENAGE MOTHERHOOD

Literature shows that teenagehood covers the age of 13 to 19 years of age in some contexts (Larson, 2004:457; Koehler & Chisholm, 2009:59; Hindini & Fatusi, 2009:2). A teenager who becomes pregnant and gives birth to a baby at this age is called a teenage mother (Larson, 2004:457; Koehler & Chisholm, 2009:54; Hindini & Fatusi, 2009:2).

Teenage parenting is further regarded as an early transition to an adult role that is out of sequence with the social norms (Larson, 2004:457; Koehler & Chisholm; 2009:54) and this transition is associated with considerable acute stress. A huge number of teenage mothers clinically show higher levels of parenting stress in comparison to adult mothers (Larson, 2004:458; Koehler & Chisholm, 2004:54).

Teenage mothers often experience multiple stressors, including decreased financial resources, physical exhaustion, task overload, role restriction and confusion, social isolation and depression symptoms (Larson *et al.*, 2004:458; Koehler & Chisholm, 200:54). When comparing mothers of different ages, depression occurs more frequently in teenage mothers.

Stress, just like relativity, is a scientific concept that has suffered from the mixed blessing of being too well known and too little understood (Patel, 1991:9; Rice, 1992:3). Lu (2004:30) says we are all vulnerable to stress and if one is vulnerable, one is open to attack and likely to be wounded by stress. According to Canavan (2007:6), no one can live without experiencing some degree of stress all the time, because life is largely a process of adaptation to the circumstances in which we exist.

Stress is regarded as an unavoidable part of life and human beings are affected by stress even before birth (Singh & Darroch, 1999:13). Stress is an inevitable part of life and a certain amount of stress is normal and necessary for survival. However, intensive and prolonged exposure to stress can have different long and short term negative health effects (David, 2003:3). David (2000:111) sees stress as a psychological and physical strain or tension generated by physical, emotional, economic or occupational circumstances, events or experiences that are difficult to manage or endure.

However, intensive and prolonged exposure to stress can have different long and short term negative health effects (David, 2003:113). Beangstrom (2006:14) defines stress as an internal or external influence that disrupts an individual's normal state of well-being and mentions three types of stress, namely:

- ❖ **Positive stress** which results from adverse experiences that are short-lived. This type of stress is considered normal and coping with it is an important part of life.

- ❖ **Tolerable stress** which refers to adverse experiences that are more intense, but still relatively short-lived. In many instances, tolerable stress can become positive stress and benefit the individual.
- ❖ **Toxic stress** that results from intense and adverse experiences that may be sustained over a long period of time like weeks, months or even years.

Canavan (2007:4) mentions three basic types of stress which are:

- ❖ **Systematic or physiological**, which is concerned primarily with the disturbances of the tissue systems.
- ❖ **Social** stress that causes disruption of a social unit or system.
- ❖ **Psychological stress** which is concerned with cognitive factors leading to the evaluation of the threat.

David (2004:105) says stress is brought about by a situation which demands adjustment from an individual and which results in a stress reaction, involving both **physiological** and **psycho-social** aspects. Stress is a negative discrepancy between an individual's perceived state and desired state, provided that the presence of this discrepancy is considered important by the individual.

According to James (2006:123) stress involves an arousal of body and mind in response to demands made on them. Gustaffsson and Worku (2007:12) states that stress is a dynamic and multidimensional construct and it poses a serious challenge for psychologists and its victims. Lu (2004:12) sees stress as external and internal demands that are appraised as taxing or exceeding the resources of the person. Here stress is more conceptualized as originating from external situations, such as major life events or everyday hassles encountered by individuals.

### **3.3 CAUSES OF STRESS IN TEENAGE MOTHERS**

Identifying factors that may cause stress in teenage mothers is critical because of the potentially harmful effects of stress on both teenage mothers and their children. According to Cassidy (1999:37), factors that induce stress responses in individuals' lives are called stressors and stressors occur at work, at home, at school and in our

social life. This holds true for teenage mothers who obviously lack skills to adjust to teenage motherhood in the absence of parental and teacher support.

Cassidy (1999:5) mentions four categories of stressors, namely, personality factors; occupational stressors; domestic stressors; as well as economic, political and social stressors. Factors to be discussed in detail in the following paragraphs are personality and domestic stressors. Occupational as well as economic, political and social factors will not be discussed as they are not relevant to teenage mothers.

### **3.3.1 Personality factors**

Personality traits are very critical in the chain of events that lead from excessive stress to the development of specific stress-related disorders. Selye and Schafer (1996:243) argues that when life events cluster and the level of stress score is high; these personality patterns are important determinants of how that stress is likely to manifest itself. Research has proved that personality correlates with both the type and intensity of the stress and it is related to certain types of health problems (Rice, 1992:85).

According to Cassidy (1999:87), personality theories focusing specifically on stress are relatively recent in origin, but the relationships between personality and both mental and physical illness have been around for a much longer time. Personality types range from normal to abnormal, with some traits such as psychoticism being developed specifically to describe and explain abnormal behaviour (Cassidy, 1999:88).

Teenage mothers are reported to have negative attitudes towards themselves, being unsatisfied with themselves, feeling that they have bad qualities and they are worthless people who are incapable of taking care of their children (Meadows-Oliver, Sadler, Swartz & Ryan-Krause, 2007:117). Generally, adolescent mothers show low self-esteem and high life stress and depression compared to their non-parenting counterparts.

As teenage mothers are trying to cope with their parenting roles, they are simultaneously also trying to cope with their own developmental tasks such as identity formation, emerging independence and forming intimate relationships with peers (Beangstrom, 2006:16). It is also noted that the tasks of adolescent development often

conflict with early motherhood and inability of the teenager to strike a balance between the two tasks leads to toxic stress (Lu, 2004: 122).

### 3.3.2 Domestic stress

Rice (1992:175) defines domestic stress as pressure that disrupts or changes the family system. The birth of a child from the teenager in a family brings about disruption or changes in the family. Larson (2004:460) mentions the fact that a teenage mother's experience of criticism from her own mother about her parenting in particular, is found to be associated with great stress. Intimate relationships play an important role in the lives of teenage mothers, especially in their transition to adulthood, argues Lu (2004:100).

David (2003:213) also found that although the relationships with parents were important in a teenage mother's experience of stress, the quality of a relationship with an intimate partner has even greater significance. Many teenage mothers experience severe stress because of strained relationships between themselves and the fathers of their infants. A large number of teenage mothers experience violence in the context of an intimate partner relationship and this experience of violence is associated with maternal depression and an increased number of stressful life events (Trad, 1995:43).

Lack of emotional support from both parents and the fathers of the babies also bring about depression and maternal stress for the teenage mothers (Hall, 2004:189).The following table summarizes personality and domestic factors as causes of stress in teenage mothers:

PERSONALITY FACTORS	DOMESTIC FACTORS
❖ Negative attitude	❖ Criticism from the parents
❖ Dissatisfaction	❖ Strained relationship with both parents
❖ Feeling of worthlessness	❖ Strained relationship with the father of the baby
❖ Inability to care for the baby	❖ Violent partner
❖ Low self- esteem	❖ Lack of emotional support from the parents and the father of the baby

**Table 3.1: Causes of stress in teenage mothers**

Stress can have a negative impact on the physical and psychological health of an individual (Canwell-Ward, 1990:71; Patel, 1991:115; Cassidy, 1999:123). In the following section consequences of stress in teenage mothers are discussed.

### **3.4 CONSEQUENCES OF STRESS IN TEENAGE MOTHERS**

Many psychological and physical symptoms appear after stressful events and research findings also demonstrate that stress encountered during adolescence has a negative impact on adult health (Canwell-Ward, 1990:71; Patel, 1991:115; Cassidy, 1999:123). Stress has psychological as well as physical effects or consequences. The **psychological effects** of stress include panic, anxiety, phobic fear, vulnerability, guilt, isolation, withdrawal, depression, suicide attempts, anger, frustrations as well as interpersonal and marital problems (Patel, 1991:128:2; Rice, 1992:47).

Disorientation, lack of attachment and loss of a sense of security may also occur (Mohale, 2006:189). Sleeping and eating disorders are also very common (Ungar, 2005:21). Quinlivan (2005:901) also says that prolonged exposure to stress can impact the brain and impair functioning in a variety of ways. Stress can cause an individual to develop a low threshold for stress, thereby becoming overly reactive to adverse experiences throughout life.

Sustained high levels of stress hormone can damage the hippocampus, an area of the brain responsible for learning and memory, and these cognitive deficits can continue for the rest of an individual's life. The above-mentioned psychological effects of teenage motherhood stress have negative implications for the teenage mother. Young mothers have adjustment problems and difficult times dealing with the demands of parenthood and the needs of their children while attempting to address their own personal needs (Holub, Kershaw, Ethier, Lewis, Milan & Ickovics, 2007:153).

They have found that teenage mothers show unrealistic child development expectations, more parenting problems and increased rates of maltreatment. These young mothers are also less responsive and less sensitive in interactions with their infants compared to their adult counterparts (Holub *et al.*, 2007:154). The physical effects of stress involve increased fatigue, headaches, colds and other illnesses, as well as weight loss from both sleeping and eating disorders (Hall, 2004:39). Canavan

(2007:87) also warns that the amount of physical illness is much more than might be expected.

The severity and duration of physical effects depend on the significance of the damages produced by the stressors and the effects reported here are universal. Dangal (2006:134) further warns that some people may feel unable to cope and drown themselves in alcohol and drug abuse, while others experience mental or physical breakdown in the form of depression or a heart attack. It is clear from the above paragraphs that stress is a major cause of individuals becoming sick (Selye, 2006:15).

Schafer (1996:9) mentions the fact that stress contributes to illness in the following four ways:

- ❖ by imposing long-term wear and tear on the body and mind, thereby reducing resistance to disease;
- ❖ by directly promoting an illness such as a heart attack or tension headache;
- ❖ by aggravating an existing illness; and
- ❖ by encouraging unhealthy or even illness-generating coping habits such as smoking, alcohol abuse, eating over or sleep deprivation.

According to McBride and Gienapp (2000:36), stress also leads to disruption of early brain development and compromise functioning of the nervous and immune systems. It is further argued that stress causes eating disorders, heart disease, cancer and other chronic diseases (Dlamini, Van der Merwe & Ehlers, 2003:29). Adolescent mothers who are experiencing high parenting stress have significantly no positive feelings about motherhood and exhibit fewer infant care activities like feeding, bathing and putting the baby to sleep (Holub *et al.*, 2007:156). This tendency of teenage mothers has a negative impact on the well-being and the development of the infant.

Parenting stress among teenagers has harmful effects on both the teenage mother and the child, as it is linked to ineffective parenting practices, child abuse and neglect, as well as to poor mother-child relationships, adds Mohase (2001:128). The stress of teenage motherhood has also been found by Cramer and McDonald (1996:163) to have a negative impact on the psycho-social health of these young mothers. The teenage

mothers tend to have poorer academic records, aspirations, family relations and psychological health (Lu, 2004:182). Adolescent mothers are also at risk for socio-emotional problems such as low self-esteem and depression.

The following table summarizes the consequences of teenage motherhood stress:

<b>PSYCHOLOGICAL EFFECTS</b>	<b>PHYSICAL EFFECTS</b>
❖ Panic	❖ Fatigue
❖ Anxiety	❖ Headache
❖ Phobic fear	❖ Colds
❖ Vulnerability	❖ Weight loss
❖ Guilt	❖ Alcohol and drug abuse
❖ Isolation	❖ Heart attack
❖ Withdrawal	❖ High blood pressure
❖ Depression	❖ Heart disease
❖ Suicide attempts	❖ Cancer
❖ Anger	❖ Constipation
❖ Frustration	❖ Tension
❖ Disorientation	❖ Diarrhoea
❖ Sleeping disorders	❖ Arthritis
❖ Eating disorders	❖ Eczema

**Table 3.2: Consequences of teenage motherhood stress**

In the following section, programs that are aimed at alleviating stress of teenage motherhood are discussed.

### **3.5 INTERVENTIONS AIMED AT ALLEVIATING STRESS AMONG TEENAGE MOTHERS**

In response to multiple problems faced by pregnant and parenting teenagers, many school-based program models have been established (Lu, 2004:288). These programs are designed to reduce adverse consequences of teenage pregnancy and teenage motherhood (Lu, 2004:123). Existing studies provide evidence of the fact that intervention programs for pregnant and parenting teenagers can alleviate many of the problems associated with teenage pregnancy and motherhood (Langille, 2007:17).

The following section focuses on existing stress management programs for teenage mothers. The programs to be discussed are the following:

- ❖ School-Based Health Centres
- ❖ An Alternative School for Pregnant and Parenting Teens
- ❖ Abstinence and Improved Contraceptive Use
- ❖ On-Campus Child Care Centre
- ❖ Teenage Pregnancy Prevention Programs, which are divided into three sections as follows:
  - Baby Think It Over.
  - Youth Asset Development Program.
  - Postponing Sexual Involvement Program

- **School-Based Health Centres**

Due to the prevalence of health risk behaviours among teenagers and an emerging understanding of the many health issues affecting adolescents, this intervention program focuses on the school setting as a logical delivery point (Ricketts & Guernsey, 2006:588). Provision of comprehensive physical and mental health care can be accomplished effectively by locating services in schools, argues Canavan (2007:4).

This intervention program reduces barriers to access and increases confidentiality, compliance, early identification of risk factors and follow-ups (Hall, 2004:165). When School-Based Health Centres are well implemented, a large number of students can make use of these services, because it is a population-based health promotion strategy (Hall, 2004:165).

These centres change the social climate of the school by supporting healthy behaviour even for those students who do not use the direct health care services, say Ricketts and Guernsey (2006: 588). Quinlivan (2005:743) further argues that these School-Based Health Centres are very controversial in other communities, with the potential of providing reproductive health services as top priority. At the same time, health care providers, concerned about the consequences of adolescents foregoing reproductive health care, have been intrigued by the potential for delivering these services in an accessible environment (Gustafson & Worku, 2007:19).

According to Lu (2004:101), School-Based Health Centres are faced with institutional and logistical barriers to provide recommended reproductive health care within the current political climate and policy. Although over 90% of these centres claim to be providing a broad array of reproductive health services, most offer contraception only to students (James, 2006:169). The researcher does not judge this as an effective program as it does not promote inner strength of teenagers and it is not multi-faceted to address various challenges of teenage mothers.

- **An Alternative School for Pregnant and Parenting Teenagers**

According to Beangstrom (2006:12), a stand-alone alternative school model may provide school-based, one-stop, comprehensive and special support services that teenage parents need. An alternative school-based comprehensive program for pregnant teenagers provides an integrated range of services (David, 2003:177). The assumption underlying a model of comprehensive and integrated services is that most pregnant teenagers are not well served by typical fragmented service delivery systems designed to deal separately with their educational, social, economical, psychological and health needs (Harrison & Shacklock, 2007:173).

Consequently, says Mkhwanazi (2001:3), efforts have been made to establish one-stop comprehensive programs that are designed to provide pregnant and parenting teens with multiple services. A school-based alternative program for pregnant and parenting teens provides regular academic courses, in-school reproductive health and family planning services, skills training, financial assistance and social services (Singh & Darroch, 1999:18).

The services may be provided either by one agency or by several different agencies with formal or informal agreements, often using a case management approach (Caraway & Tucker, 2003:444). Lu (2004:120) further argues that the need for a comprehensive school-based program for pregnant and parenting teenagers is well recognized.

These alternative school-based comprehensive programs are not only needed to provide critical services and support to teenagers, but also for shaping their healthy development, stability, productivity, long-term self-sufficiency and well-being. However, Hallman (2007:82) further argues that much still remains to be learned about the range

of intervention models that might be effective. Only limited attention has been given to the potential role that a school-based program can play in the delivery of services to pregnant and parenting adolescents (Hallman 2007:82). Many alternative, school-based, comprehensive programs have not been carefully studied (Beangstrom, 2006:12).

Evaluation of these programs is needed to identify the strengths and weaknesses of model programs and to assess their effectiveness in dealing with various problems faced by pregnant and parenting teenagers (Quinlivan, 2005:914). However, Hallman (2007:86) as well as David (2003:174) state that although creation of a separate school is a common way to serve pregnant and parenting students, many people are debating the choice to segregate students based on their status as pregnant or parenting. This program is comprehensive. However, it focuses only on the physical well-being of teenage mothers, ignores psychological well-being and is also not strength-based.

- **Abstinence and Improved Contraceptive Use**

A growing number of sex education programs that support abstinence and the use of contraception for sexually active teenagers have shown positive results in delaying first intercourse, improving contraceptive use or preventing pregnancy or sexually transmitted diseases (Lu, 2004:109). The reduction in teenage pregnancy and the resulting motherhood in most parts of the world can be achieved by paying attention to two key underlying behaviours: sexual activity and contraceptive use (Caraway & Tucker, 2003:165).

Age at sexual initiation among teenagers has become increasingly younger, as demonstrated by a number of teenagers (Quinlivan, 2005:131). At the beginning of 1990 the number of teenage pregnancy cases reported declined drastically till 1999 in the United States, and declines in early sexual experience have since been documented in both school-based and households surveys (Quinlivan, 2005:131).

Social conservatives have attributed this decline in teenage pregnancy rates to increased abstinence from sexual intercourse (Santelli *et al.*, 2007:8; Greer & Levin-Epstein, 1998:3). As a result, the United States government promoted abstinence until marriage (Santelli *et al.*, 2007:8; Geer & Levin-Epstein, 1998:3).

Federal government requirements for abstinence-only programs specify that these programs must have as their exclusive purpose, the promotion of abstinence outside marriage and that they must not advocate contraceptive use or discuss contraceptive methods other than to emphasize their failure rates (Lu, 2004:139). However, significant increases in the use of contraceptives among 15-17 year olds between 1991 and 2001 was found, argues Lu (2004:139). It was also proved that increased use of contraceptives and delayed sexual intercourse initiation contributed equally to declining teenage pregnancy rates (Santelli *et al.*, 2007:9; Geer & Levin-Epstein, 1998:3).

This program is not comprehensive, strength-based nor multi-faceted. It only emphasizes abstinence and contraceptive use by teenagers.

- **On-Campus Child Care Centre**

On-campus child care centres provide numerous benefits to parenting teenagers (Caufield & Thomson, 1999:50). Specifically, teenage parents are given the opportunity to return to school until graduation, place their children in high quality child care on campus, learn effective parenting skills from the care-giving staff at the centre and consider tertiary education and vocational options (Canavan, 2007:6). This facility concentrates only on providing day-care centres while the teenage mothers attend school. It is therefore not strength-based and multi-faceted.

- **Teenage Pregnancy Prevention Programs**

Teenage pregnancy prevention programs will be divided into three sections which are the postponing sexual involvement program, baby-think-it-over and the youth asset development program.

- **Postponing Sexual Involvement Program**

This program includes a more comprehensive approach as it involves information and guidance about contraceptive use and sexual relationships (Yampolskaya *et al.*, 2004:70). The program is administered by Prevention Specialists who are certified by the Department of Education to provide counselling and health education to adolescents in a school setting (Mokoena, 2002:106).

According to Singh and Darroch (1999:111), the following are the goals of the program:

- ❖ To increase awareness of school and education importance
- ❖ To encourage high school graduation and explore career awareness as well as plans for future careers
- ❖ To learn risks associated with sex and about negative consequences of early involvement in sexual relationships
- ❖ To promote healthy life-styles

However, Kirby (2007:11) argues that abstinence-only sex education programs do not work. Presently there is no strong existing evidence that any abstinence program delays the initiation of sex, speeds up the return to abstinence or reduces the number of sexual partners among teenagers (Dane & Scheneider, 1998:111). Hebir (2008:28) adds that sex education alone has little impact on the rate of teenage pregnancy. She (Mkhwanazi, 2006:128) also says that compulsory sex education will not end teenage pregnancy. Greer and Levin-Epstein (1998:1) argue that though there is a national interest in reducing the teenage birth rate, many strategies designed to achieve this goal have failed.

This stress management program for teenagers emphasizes delayed sexual activity among teenagers, gives information about contraceptive use and sexual relationships, and ignores engaging these teenagers psychologically. The researcher therefore feels that this program is somewhat deficient on a psychological level.

- **Baby-Think-It-Over**

Somers (2006:4) explains Baby-Think-It-Over as a program designed to create a realistic experience of the responsibility and burden involved with baby care. The model is a computerized baby that was engineered to simulate typical unpredictable infant behaviour, primarily by crying at irregular intervals and for durations that are unpredictable (Somers, 2006:4). When the baby cries, the student must hold the key in the baby's back until the crying stops (Somers, 2006:4).

The program is continually increasing in popularity among educators and schools are the most common places in which the program is used, although it is also used in other settings (Somers, 2006:5). The idea for this program is to create a lasting impression on both teenage girls and boys of the personal sacrifice and challenges required of new parents (Somers, 2006:5)

The main purpose of this program is to create a realistic experience of the responsibilities and burdens accompanying baby care. This approach is good, although it is not comprehensive or strength-based. It gives teenagers a very important real-life experience of taking care of the baby. The researcher therefore argues that this technique could be part of a multi-faceted approach or model to be developed.

- **Youth Asset Development Program**

The program was designed with the goal of preventing teenagers from becoming sexually active and pregnant (Lu, 2004:117). The program provides after-school and summer activities in neighbourhood-based locations and uses an open enrolment strategy (Yampolskaya *et al.*, 2004:71).

This program attempts to build strengths and resiliency in teenagers so that they can develop positive decision-making skills, and can choose not to get involved in problematic behaviours such as early sexual involvement, substance abuse, violence and poor academic performance (Beangstrom, 2006:11).

The strength-based approach used by this program involves augmenting positive qualities in a child's family and community, rather than solely focusing on deficits, (David, 2003:171). The program's leaders spend a considerable amount of time engaging children in organized activities, encouraging them to study, helping them with their homework and providing informal individual counselling (David, 2003:171).

This intervention strategy is very close to what the researcher is looking for because it is strength-based, comprehensive to a limited extent and has the intention to build resilience in teenagers. It is also relevant to the South African situation as it is a culture-sensitive tool. The researcher will therefore recommend this approach with necessary improvements, using other programs so that it becomes a much needed multi-faceted intervention program.

### **3.6 CONCLUSION**

It is evident that the major problem encountered by parenting teenagers is the lack of knowledge, advice and emotional support before, during and after their pregnancies. Parents, partners, peer groups, health personnel, teachers, church leaders and communities are failing to empower parenting teenagers with knowledge and skills to prevent pregnancy or to facilitate motherhood. The lack of support impacts negatively on the social, cultural, economic, spiritual and emotional dimensions of the teenage mothers. These effects bring about acute stress for the teenage mothers, their families and their communities.

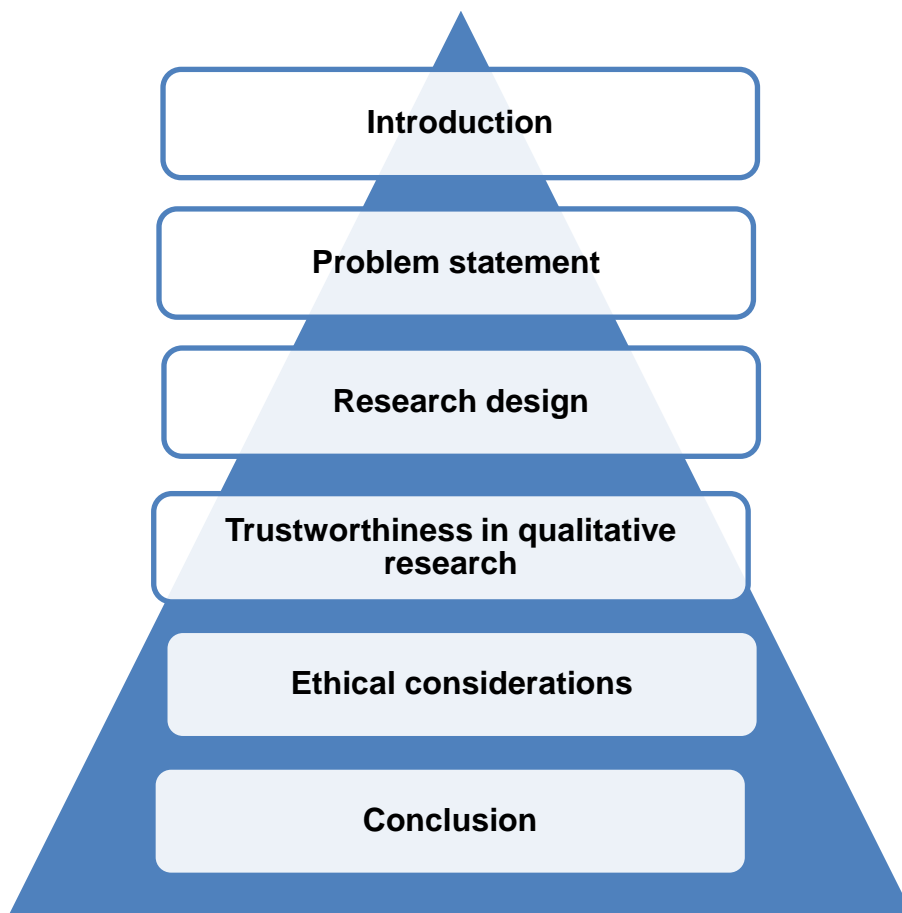
In the following chapter, the researcher will focus on the research methods used in this study.

## CHAPTER 4

### RESEARCH METHODS

#### 4.1 INTRODUCTION

Chapter 4 elaborates on the empirical investigation that I conducted during this study. It provides information regarding the problem statement, aims of this study, the research design, data collection, data analysis procedure and the research ethics that guided the study. The following diagram provides an overview of Chapter Four:



**Figure 4.1: Overview of Chapter Four**

## 4.2 PROBLEM STATEMENT

Literature shows that incidences of teenage pregnancy are common in developing and developed countries. Teenage pregnancy and motherhood that accompany it bring about negative impacts for teenagers. In South Africa, teenage mothers are allowed to return to school after their babies are born. However, there are no programs that are designed and implemented to support teenagers in schools. Teenage pregnancy and subsequent motherhood are generally regarded as poor life choices because responsibilities of early childbearing have long lasting effects on the socio-economic well-being of the mothers involved and the children born in this way.

Based on the aforementioned information the problem statement appears below:

To investigate the stress of teenage motherhood and the need for multifaceted interventions in South African Schools

### 4.2.1 AIM OF THE STUDY

The overall aim of this study was to investigate the stress of teenage motherhood and the need for multi-faceted interventions. The following sub-aims were used to achieve the overall aims of the study:

- ❖ to conduct literature study to:
  - define teenage pregnancy,
  - explore the incidence of teenage pregnancy;
  - explore the incidence of teenage motherhood and interventions;
- ❖ to conduct empirical research to:
  - to investigate the stress of teenage motherhood;
  - to determine whether teenage mothers receive the necessary support from schools in South Africa; and
  - to suggest guidelines for strength-based support programs to alleviate the stress of teenage motherhood in South African schools.

### 4.3 RESEARCH DESIGN

A research design is an exposition or plan of how the researcher plans to carry out the research project (McBurney & White, 2004:333; Mouton, 2001:55; Fouche & De Vos, 2007:93; De Vos, 2007:389; Welman *et al.*, 2009:52). The objective of the research design is to plan, structure and execute the relevant project in such a way that the validity of the findings is maximized (McBurney & White, 2004:333; Mouton, 2001:55; Fouche & De Vos, 2007: 93; Fouche & Delport, 2007:389; Welman *et al.*, 2009: 52). Creswell (1998:2) and McBurney & White (2004:333) define a research design as the entire process of research from conceptualizing a problem to writing a report.

Welman, Kruger and Mitchell (2005:52) define a research design as the plan according to which we obtain research participants and collect information from them and according to De Vos (2007:389) a research design is a logical strategy for gathering evidence about knowledge desired.

As indicated in Chapter One, the approach for this study involved a literature review on the phenomenon of teenage pregnancy and stress experienced by teenage mothers in South African schools, as well as empirical research. This study was aimed at determining the stress of teenage motherhood and the need for strength-based interventions. It was also aiming at establishing the effectiveness of the programs and suggesting a comprehensive, strength-based program that can help teenage mothers to cope with their lives.

#### 4.3.1 Empirical research

The empirical research for this study adopted a qualitative approach because it was more likely to generate workable and authentic results or data (Leedy & Ormrod, 2005:97; Ivonkova, Creswell & Clark, 2007:260). According to Ivonkova *et al.* (2007:268) the qualitative approach has the following advantages:

- ❖ Production of a well-validated conclusion
- ❖ The researcher is able to base the study on a design which is well known and well developed
- ❖ The researcher has the ability to collect two types of data simultaneously

Data collection for this study was in the form of semi-structured interviews (McBurney & White, 2004:330). A group of 10 teenage mothers and 10 educators voluntarily took part in this study. They were requested to participate in one-on-one semi-structured interviews in their classes after school. The data collection process was discussed in details in Chapter 1.

#### **4.3.2 PARTICIPANTS**

Population is the collection of individuals of interest for a particular study, while a sample is defined as a set of individuals selected from a population to represent a population under study (Fife-Schaw, 2002:351; Welman *et al.*, 2005:53). As it is impractical to study everybody in the target population, one has to draw a sample (Shaughnessy, Zechmeister & Zechmeister, 2009:139-140; Nieuwenhuis, 2007:79).

The population of this study were the teenage mothers who are enrolled in South African schools. A sample (Fife-Schaw, 2002:351; Nieuwenhuis, 2007:79) of 10 teenage mothers and 10 educators was purposefully selected from the population to participate voluntarily in in-depth, face-to-face, semi-structured interviews that were conducted after classes at the school.

The age range of the sample of teenage mothers was between 14 and 18 years. They were in Grades 8; 9; 10 and 11. The teachers were also teaching these grades and they includes 6 females and 4 male teachers .Teenage mothers who were in grade 12 were not included in the study as they might complete their studies before the study is concluded. This sample was selected for the following reasons:

- ❖ It was easily accessible;
- ❖ The costs involved were fairly low; and
- ❖ Less time was spent on field work.

The participants were mostly from poverty-stricken families and attended a no-fee government school. All their children were not older than four years. The family incomes did not exceed R2 000-00 and most of the families were headed by a single parent. Teachers who participated in interviews were teaching the teenage mothers. They had teaching experience that ranged between 10 and 32 years, with ages that ranged between 25 and 50. The following tables give demographic information of

teenage mothers, grades of teenage mothers and teenage mothers' and their children's ages:

TEENAGE MOTHER	BOTH PARENTS ALIVE	ONLY FATHER ALIVE	ONLY MOTHER ALIVE	EMPLOYED PARENT/S	FAMILY INCOME PER MONTH
TM1	✓	-	-	Father	R800-00
TM2	-	-	✓	-	R650-00
TM3	-	✓	-	Father	R1 200-00
TM4	-	-	✓	Mother	R800-00
TM5	✓	-	-	Both	R1 800-00
TM6	-	-	✓	Mother	R600-00
TM7	-	✓	-	Father	R1 800-00
TM8	-	-	✓	Mother	R850-00
TM9	✓	-	-	Father	R1 850-00
TM10	-	-	✓	Mother	R680-00

**Table 4.1: Demographic information of teenage mothers**

As previously indicated, the ages of teenage mothers were from 14 to 18 and they were in Grades 8,9,10 and 11. The following table summarises the ages and grades of teenage mothers:

TEENAGE MOTHER	AGE OF TEENAGE MOTHER (IN YEARS)	GRADE
TM1	16	10
TM2	18	10
TM3	13	8
TM4	14	9
TM5	17	11
TM6	16	10
TM7	18	11
TM8	15	9
TM9	17	11
TM10	18	11

**Table 4.2: Summary of ages and grades of teenage mothers**

At the time the study was conducted, the babies of the teen mothers were fairly young; as Table 4.3 below indicates.

TEENAGE MOTHER	AGE OF THE CHILD (IN YEARS)
TM1	1
TM2	3
TM3	1
TM4	2
TM5	4
TM6	1
TM7	3
TM8	1
TM9	2
TM10	4

**Table 4.3: Teenage mothers and the age of their children**

Table 4.3 shows that the four babies were one year old, two babies were two years old, two babies were three years old and two were four years old.

#### **4.3.3 DATA COLLECTION**

This study was based on qualitative data gathered through face-to-face, in-depth semi-structured interviews conducted after school in class with ten teenage mothers and ten educators. The interview with each participant was recorded on the voice recorder. This was done to make it easier for me to transcribe the interviews at a later stage. Notes were also taken during the interviews.

- **Semi-structured interviews**

James (2006:266) defines interviews as the interaction between the interviewer and the participants in the form of conversations. Semi-structured interviews were conducted to

collect qualitative data for the study. Because of the sensitive nature of the study, unexpected responses emerged during the interviews (Mohale, 2006:5) cautioned.

All 20 participants, 10 of whom were teenage mothers and another 10 being educators, voluntarily took part in face-to-face, in-depth semi-structured interviews. I was taking notes, as well as recording the interviews with a voice recorder. The interviews were conducted after school in the classes with both educators and teenage mothers.

According to McBurney and White (2004:244), personal, face-to-face interviews are advantageous as they have the opportunity to establish rapport with people being interviewed. Furthermore, the attention of the participants can be directed to the material and they can be motivated to elaborate on their answers.

Before the interviews started, I ensured that I was not going to be unduly disturbed in the middle of the interview. As the interviews were recorded, I ensured that no sound in the environment was going to drown out my recordings. In other words, I chose venues that were away from noise and distractions. The interviews were conducted in the afternoon when everybody had gone home, except the two participants who were going to be interviewed on that day. I ensured that the interviewees' adequate time so that they could pay their undivided attention to the interview.

As mentioned earlier, all the interviews were recorded. However, before each interview started, I requested permission from the participants to make a recording. Fortunately all of them, both teenage mothers and teachers, granted me permission to record the interviews. I also promised the participants that I was I was going to store the recordings in a safe place where access would be controlled by me. No one else would have undue access to the recordings and I asked their permission to use their responses in writing up the findings. Recording the interviews gave me an opportunity to keep a full record of interviews without being distracted by detailed note-taking. The interviewees also realised that I was taking them seriously.

Each interview was started with a brief explanation of what the study was about, and that interviews were my primary data collection strategies. Interviews would enable me to gather information about the challenges faced by teenage mothers in schools, the support they received from school, home and the community. As an interview is a process of getting to know each other better, the first question for each interview was a

non-threatening open-ended question that helped the interviewees to start talking and put them at ease. Difficult, sensitive and important questions were asked towards the end of the interview when trust had developed between me and the interviewee.

Although I was recording the interviews, I was scribbling down questions or thoughts that were coming to my mind as the interviewee talked. I knew my interview schedule sufficiently well, so I was not referring to interview format frequently or interrupted the contact and flow of the interview. During the interview I kept reminding myself about why I was doing the interview, that is, to know how teenage mothers see themselves, what challenges they experience, how they deal with these challenges, the support they receive and whether the support is appropriate or not. I tried to make my interaction with the participants a conversation, not a question and answer session.

During the interview, I listened more and talked less, followed up what the participant was saying, asked questions when I did not understand, asked for more information about the subject under discussion, explored and did not probe, avoided leading questions, asked open-ended questions that did not presume answers, followed up and interrupted, kept the participant focused and asked for concrete details, requested participants to rephrase and reconstruct their responses, did not reinforce the responses of the participants, tolerated silence and allowed the interviewee to be thoughtful.

I was also keeping process notes during the interview. This implies that I was quickly jotting down things that happened that might not be noticed from the tape recorder. I knew that people cannot concentrate for a long period but I was not driven by time limits. I asked the interviewees if there was anything more that they would like to say towards the end of the interview. I was also considering what the participants said after the recorder was switched off and found that some important information was revealed.

This information was noted down. At the end of each interview, I made notes about it. I wrote down anything that I thought might not be recognised from the tape. I wrote down things like how I was feeling during the interview, interesting things that were said when the recorder was switched off, ideas that came to me in the course of the interview and additional questions that I wanted to ask but could not ask. If I did not do this

immediately at the end of each interview and before I started with another interview, it is likely that I would have forgotten it all. Tape recordings were then stored in a safe place.

An interview with one participant took about forty-five minutes, but we agreed on one hour per interview. Two interviews were conducted on one day. This implies that I spent five days interviewing teenage mothers and another five days interviewing teachers.

#### **4.3.4 DATA ANALYSIS**

Data analysis was aimed at helping me to understand the phenomenon I was interested in studying (Dunbar, 1998:26; McBurney & White, 2004:244; Shaughnessy *et al.* (2009:288). According to Lyons (2000:275-276); Dunbar (1998:26); McBurney and White (2004:244) and Shaughnessy *et al.* (2009:288), the analysis of data in research is an interactive process that should be started in the early stages of the research process.

Dunbar (1998:5) adds that data cannot be analysed mechanically, guided by a flow chart, and ending with a snapshot from one test. Furthermore, real data can be very rich with traces of the real psychological mechanism that creates behaviour and to be able to reveal these underlying processes, researchers need intelligent and creative approaches to data analysis (Dunbar, 1998:5). Data analysis procedures used in this study are outlined below.

- **Qualitative data analysis**

All interviews were tape-recorded after reaching the agreement with the participants. After completing all twenty interviews, ten teenage mothers attending school and ten teachers, the interviews were transcribed. This means converting recorded interviews into written form that can be read, edited for accuracy, commented on and analysed. It implies converting tape recordings into text. According to Nieuwenhuis (2007:104), audiotapes must be transcribed verbatim, meaning that they must be transcribed word for word. I personally carried out the transcribing of the interviews.

Transcribing the interviews was followed by coding. According to Nieuwenhuis(2007:205) and McBurney and White (2004:244), coding is the process of reading through transcribed data line by line, word for word, dividing it into meaningful

analytical units. De Vos (2007:340) defines it as breaking down data; conceptualizing it and putting it back together in new ways. The purpose of coding was to analyse data that was collected. I had to go through each interview several times so that codes could be assigned to meaningful segments of the transcripts.

All meaningful segments of transcripts were coded using open coding, followed by axial coding. I used open coding because it relates to reasons, explanations and motives of the factual information and were easily identifiable. I was marking different sections of the data as being instances of or relevant to reasons, explanations or motives of the data that was collected. There were sections of the text that were labelled with more than one code. Similar codes were grouped together.

In other words, data were broken down into discrete parts, closely examined and compared for similarities and differences, and questions were asked about the phenomenon as reflected in the data. Codes were allowed to emerge from the data collected. An audit trail is attached as annexure D in order to indicate how I processed the data.

Thereafter I identified themes inductively by carefully studying coded interview scripts. I used a thematic approach to analyse and interpret interview transcripts. The interview scripts were carefully studied in order to unearth themes. The thematic analysis approach was used to interpret interviews. Dunbar (1998:30) as well as McBurney and White (2004:146), define the thematic approach as a method of interpreting data in the basic sense of reflecting on the data until a better understanding of what is meant is achieved. Related codes were combined to build categories. Each category was then assigned a theme. I noted regularities in the data and formed themes.

The following is a summary of the analysis of interviews that I conducted:

- ❖ After transcribing the interviews, an overall impression was obtained by reading through all the scripts.
- ❖ Ideas about possible categories were jotted down in the margin as they came to mind.
- ❖ Similar topics were clustered together.
- ❖ A list of topics was returned to the data and abbreviated as codes.
- ❖ The codes were recorded next to the appropriate segment of the text.

- ❖ The most descriptive wording was turned into themes.
- ❖ Related topics were grouped together to reduce the number of themes.
- ❖ Interrelated themes were identified and final decisions made about the themes.

#### **4.4 TRUSTWORTHINESS IN QUALITATIVE RESEARCH**

Lincoln and Guba (in Merriam, 2008) see trustworthiness as a process that is promoted by the researcher who pays attention aspects such as credibility, transferability, confirmability and dependability. I briefly explain these processes and indicate how they played a role in my study below:

- **Credibility**

Researchers are challenged to ensure that their findings are sufficiently convincing. This means that a researcher must be able to explain the research setting, participants, procedures followed, and the nature of interactions that took place with the participants so that the findings can be credible and believable (De Vos, 2007:346). Part of credibility is a process referred to as peer debriefing (Babbie & Mouton, 2007:277). Peer debriefing refers to allowing a fellow researcher to review one's perceptions, insights, analyses and conclusions. In my study I requested a fellow Masters student to review my perceptions, insights, analyses and conclusions. Her comments and recommendations were incorporated. In order to ensure referential adequacy (Babbie & Mouton, 2007:277) I used audio-tapes to record the interviews and kept them safe for later reference. I added an audit trail (Annexure D) taken from the transcript. This will make it possible for the reader to check the analysis and interpretations I made.

- **Transferability**

Transferability is understood to be the extent to which the findings of a qualitative study can be generalised to other settings and contexts, or similar groups of participants. In this case it would mean the degree to which the findings of my study involving teen mothers can be transferred to other contexts, settings or teenage mothers. I therefore had to provide the details of the context in Chapter One in order to enable generalisation. I chose and included the most effective quotations in my analysis and

interpretation and ensured that I did not misinterpret the data (Nieuwenhuis, 2007b:115). In order to further promote transferability, I sampled purposefully, choosing participants who would provide the richest data (Babbie & Mouton, 2007:277).

- **Dependability**

As the researcher, I described the contexts and circumstances of the research in detail, reflected on previous research findings and results that were similar and reflected the differences (De Vos, 2007:346). I did this in order to ensure dependability in my data. Therefore, I improved the dependability of my data by including an interview excerpt and an example of preliminary open and axial coding. I described the data collection process in detail in Chapter One and Four. In my analysis, I chose the best quotations and used inductive codes and themes as meaningful segments of data. In this way I was able to unearth the stressors and the nature of stress experienced by teenage mothers. I attempted to provide a thick description (Babbie & Mouton, 2007:277) of the data guided also by the research paradigm that I chose namely, the interpretivist approach.

- **Confirmability**

Confirmability is a process of ensuring that the findings of a study can be confirmed by an impartial person (De Vos, 2007:347). In this regard, a fellow colleague with a masters degree kindly reviewed my analysis and interpretation in order to confirm them. She critically commented on my findings and her comments were considered in reworking the final document. This was also to ensure that I eliminated bias in my interpretation and in fact report the findings honestly.

#### **4.5 ETHICAL CONSIDERATIONS**

I conducted this study according to the ethics that are outlined below:

- **Informed consent**

I received permission from the Free State Education Department to conduct this study. The letter granting me permission to do so is attached as annexure E. Before

conducting the study, I ensured that the participants voluntarily agreed to take part in it. They were informed that they were free to decline participation and withdraw at any point in the research process. An ethics application form developed by the North-West University was completed in compliance with ethical research requirements.

- **Protecting participants**

The participants of this study, namely teenage mothers, had suffered both emotionally and physically and their self-esteem was very low. As a result, I took care not to expose them to further emotional and physical stress to which they are exposed. The participants were also informed that they might withhold their response to questions that made them feel uncomfortable. They were also informed that they were free to request the researcher to stop interviews for a while. However, all participants responded to interview questions and not even one teenage mother requested that interviews be halted for a while.

- **Confidentiality and anonymity**

Participants were not asked to mention their names and the names of the institution at which the research was conducted.

- **Deception**

Participants were informed given all the information and their role regarding the study. They were not misled in such a way that, had they been aware of the nature of the study, they might have declined to participate in it.

- **Plagiarism**

In this study all sources consulted received proper acknowledgement by appropriate referencing throughout the study and in the reference list.

#### **4.6 CONCLUSION**

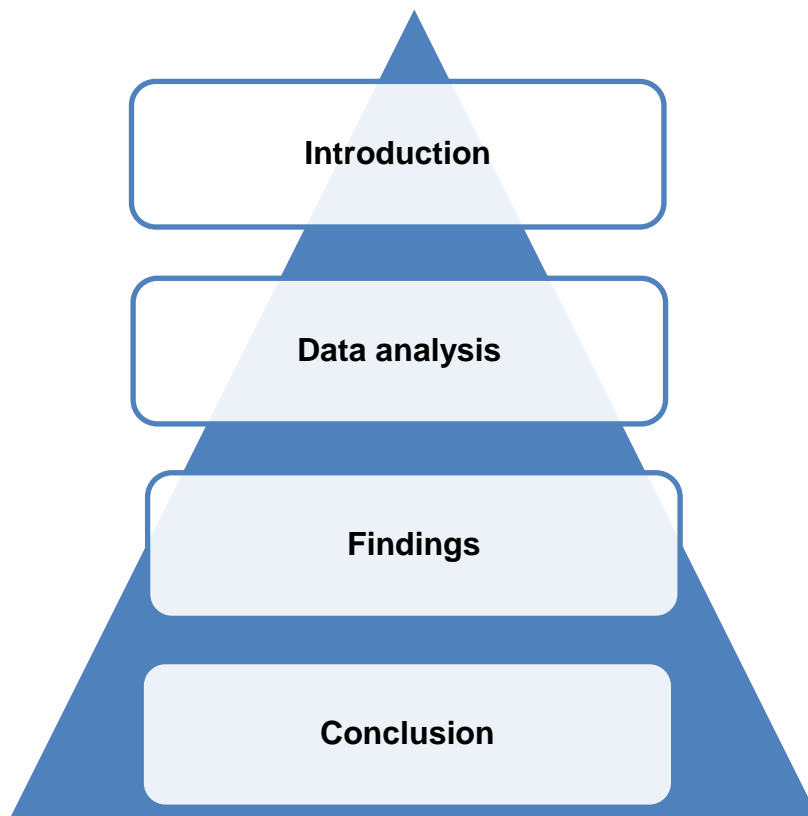
This chapter provided detailed information with regard to the problem statement, aim of the study, research design, participants, data collection and analysis methods, as well as the ethical aspects. The following chapter will present the qualitative data analysis which was used in this research project.

## CHAPTER 5

### QUALITATIVE DATA ANALYSIS

#### 5.1 INTRODUCTION

In this chapter I present and analyse the qualitative data that I collected using in-depth, semi-structured interviews with ten teenage mothers attending school and ten educators from the same school (n=20) as stated in chapter One and Four.



**Figure 5.1: Layout of Chapter Five**

#### 5.2 DATA ANALYSIS

Firstly the data were coded, the codes were grouped and themes developed. In this chapter, the themes are discussed. The participants will be identified according to the following key:

- TM 1 to 10 will be used to identify teenage mothers;
- EDU 1 to 10 will be used to identify educators;
- All the participants means 10 teenage mothers or 10 educators;

- Most participants means 6-10 teenage mothers or educators;
- Few participants means 1 to 5 teenagers or educators

In each case, reference will be made either to teenage mothers or educators.

### 5.3 FINDINGS

I repeatedly read the transcripts so as to immerse myself in the data. This gave me a good idea of the nature and depth of the data. The following themes were arrived at: *teenage mothers were not ready for motherhood, there is a lack of motherhood education, minimal support was available to teen mothers, teenage mothers were vulnerable, teen mothers lacked time management skills, teen mothers performed poorly at school, teachers needed in-service training and teenage mothers coped by talking to caring adults.* Themes that were identified and the associated sub-themes are discussed below:

- **Teenage mothers were not ready for motherhood**

It emerged from the close reading of the transcript that all teenage mothers were not ready for motherhood. The participants faced many challenges for which they were not ready. The participants' sleeping patterns changed due to the difficulties associated with being a mother while attending school. The following quotation bears evidence of the above:

*"I have many challenges. More especially that I have a child. I have to face a very difficult work of raising a child and attend school. It is very difficult for me. When you are a child and have a child, you are used to sleeping enough during the night. But now I have to take care of the child during the night and wake up early in the morning to bath the child and wash the napkins. I am not ready for this huge responsibility" (TM8).*

All educators also supported the view that teenage mothers were not ready for motherhood. Motherhood apparently changed the teenagers as the following excerpt shows:

*"The challenge is that most of the teenagers are not ready themselves to be mothers. The child (teenage mother) changes altogether and her age does not allow her to be a mother and she is still hooked to teenage activities" (EDU1).*

However, the idea that teenage mothers felt that they were not ready for motherhood was not found in the literature study I conducted.

- **There is a lack of motherhood education**

Most participants, especially educators, indicated that there was a dire need for teenage mothers to be provided with what they called motherhood education. Presently teenage mothers do not receive any motherhood education in South African schools. It was also evident from the interviews that teachers believed that if motherhood education could be provided, the lives of teenage mothers would be improved.

Response like the following from educator's bear evidence of the above assertion:

*"They need to be educated about motherhood. We need the intervention of the Social Development Department because I have indicated that some are pregnant because they were raped, others abused, others is due to lack of knowledge hence I have indicated that they are in need of motherhood education" (EDU1).*

It is noteworthy that teachers believed that intersectoral collaboration was needed in supporting teenage mothers. Collaboration between schools and other government departments such as Social Development was considered to be crucial in providing motherhood education. Furthermore, it is evident from the above quotation that incidents such as rape and sexual abuse could be implicated in the occurrence of teenage pregnancy, leading to teenage motherhood.

Less collaboration is happening in this regard. A few educators lamented the fact that the Education department as well as the Health department were not doing much to provide education about motherhood in schools:

*"The Education and Health Departments are not doing anything so far concerning this matter. They are supposed to be providing motherhood education to these young stars." (EDU7).*

The responses above indicate that teenage mothers are not ready for motherhood and there was a need for motherhood education to be provided to teenage mothers. They also indicate that two key government departments, namely, Education and Health were

not doing much in providing the much needed motherhood education to teenage mothers.

The need for motherhood education was not mentioned by teenage mothers; however, it was very common in the responses of most educators. The need for motherhood education for teenagers was also found in the literature (Dangal, 2006:4; Mohase: 2006:13; Mokoena, 2006:29; Bhattacharjee, 2008:80).

- **Minimal psycho-educational support was available**

Dropping out of school briefly as a result of pregnancy causes young girls to experience backlogs in learning. It then becomes important that these girls receive psycho-educational support aimed at assisting them to cope academically. However, it became evident in my study that all teenage mothers did not get enough support with school work at home.

*“No, there is no one at home who can help me with school work. My mother and sister did not go to school and they cannot read and write. So they cannot help me with school work” (TM3).*

The participants came from poor socioeconomic backgrounds where parents had low literacy levels and this made it difficult for them to give the teen mothers the needed support. This finding mirrors the broader South African society that had limited educational opportunities due to the imbalances that pervaded aspects of life in South Africa.

Lack of academic support was observed by most educators too. Teachers felt that teenage mothers were not receiving the care and support that they needed. The following extract bears evidence of the above assertion:

*“In actual fact these learners are left to fend for themselves. There is no one who cares about them. They don’t get support at home and at school” (EDU7).*

Most educators, pointed out that lack of support from home caused teenage mothers not to do their school work and arrive late at school. The young mothers were frequently absent from school and performed below expectations. Their parents could not support them as the following quotation shows:

*“I think the problem that might be experienced by teenage mothers is the problem of late coming at school, not doing their school work properly, absenteeism and poor performance. Their parents cannot help them with their homework. I think these are the major challenges that they are facing” (EDU7).*

It is clear educators felt that teenage mothers were facing numerous challenges that required concerted efforts if those mothers were to achieve their future goals. Furthermore, the interviews showed that schools did not have plans in place to assist teenage mothers in catching up. Most of the teenage mothers reported that some caring and concerned educators would ask they did not do their school work. It is also clear that such teachers gave the teen mothers time to finish school assignments as the following excerpt shows:

*“They call me aside and ask why I didn’t do my work. I will tell them the child was sick and could not come to school. The teachers will give me time to finish. They normally give a day or two to get finished” (TM6).*

Ill-health in babies was cited as one of the reasons why teenage mothers did not do their work regularly. The issue of absenteeism was also evident in the literature study (Amin, Browney, Ahmed & Kato, 2006: 179).

Most teenage mothers felt that the child support grant was not enough in order to support the child for the whole month. They felt that financial assistance from the government was not sufficient. Although few educators raised the issue of the support grant, it was the main focus of teenage mothers. Therefore, the child support grant was supplemented by financial assistance from the parents.

*“They (parents) support me financially because the grant is not enough” (TM5).*

A few educators also felt that the grant was insufficient:

*“It is R 280-00 and it is not sufficient to take care of the child.” (EDU1).*

It appeared from most participants that some educators did not show much concern. Such teachers did not seem to care whether teenage mothers attended school regularly or not as the following statement indicates. For example, one teenage mother said:

*“The teachers are not worried whether you are in class or not. When you enter the class they continue as if there is nothing that has happened. There is no government department that is taking care of us young mothers” (TM3).*

There was limited government involvement in supporting teenage mothers in schools. Both educators and teenage mothers said the involvement of the government was not enough. For example, one educator stated:

*“There is nobody really. There is no government department that is offering assistance with regard to teenage mothers in schools” (EDU4).*

All educators indicated that professional nurses and psychologists should be readily available in schools in order to assist teenage mothers. This points to the teachers' lack of skills to handle teenage mothers in schools:

*“Each school should be provided a full-time nurse and the psychologist to work with teachers” (EDU8).*

Teachers believed that the availability of nurse, psychologists and counsellors would go a long way towards making life easier for teenage mothers since these professionals would work with teenage mothers in their naturalistic environments, schools:

*“We need people who can help these learners. We need professionals like psychologists and counsellors to be employed in schools so that they can work with these teenage mothers. They should be trained on how to raise children” (EDU9).*

The availability of health professionals was also identified in literature. Caufield and Thomson (1999:50) brought this aspect up when they stressed the importance of on-campus child care centres. On-campus child care centres provide teenage mothers with an opportunity to return to school until graduation, place their children on high quality child care on campus, learn effective parenting skills from the care-giving staff at the centre and consider tertiary education and vocational options.

- **Teenage mothers were psychosocially vulnerable**

Teenage mothers were psychosocially vulnerable since they lacked the life skills that would enable them to cope with their lives. For example, most teenage mothers

regarded themselves as poor problem solvers. Although educators did not mention that they thought teenage mothers were poor problem-solvers; this was confirmed by teenage mothers themselves as the following extract shows:

*“I can say it is 1/10. I ‘m not a good problem solver. Even when I am with my friends. I always leave my problems as they are. It is really difficult for me” (TM6).*

It is evident that participant TM6 considered herself to be passive in problem situations and felt overwhelmed. However in the case of participant TM9, it is encouraging that she received social support from her mother:

*“I can give myself three over ten because I am not able to solve all of my problems. My parents are helping a lot in this regard” (TM9).*

The sub-theme of dependency also came up since all teenage mothers saw themselves as dependent people. They needed their parents, friends, communities and government in order to cope with their problems as the following quotation shows:

*“I am a dependent person because my parents still play an important role in my life” (TM7:208).*

This makes it important for learners to be equipped with life skills such as problem solving so as to enable them to cope with life. Without this and others skills, young people are rendered vulnerable.

Furthermore most teenage mothers were rendered vulnerable by their reluctance to ask for help when they needed it. This is apparent from most of their responses. For example, participant TM7 said:

*“No, it is not easy. I am afraid to ask for help from other people because they get tired of helping me. Others talk too much and I don’t want them to spread my problems to their friends” (TM7).*

It is apparent that lack of social skills prevented a few teenage mothers from asking for help and support. A few teenage mothers were prevented by their own personalities from asking for help and support as the following statement shows:

*“No, it’s not easy for me to ask for help and support. I’m a person who doesn’t talk too much. Whether at home or at school” (TM4).*

It is clear that participant TM4 was an introverted person. However, the issue of vulnerability due to lack of social skills was not mentioned by educators and was also not found in the literature.

- **Teenager mothers lacked time management skills**

Most teenage mothers as well as educators consider poor time management as one of the challenges that was experienced by teenage mothers. Teenage mothers have many responsibilities (household chores, caring for the child and school) and find it difficult to manage their time properly so that they can cope with their hectic lives. This leads to teenage mothers not having enough time for their studies, household chores and sleeping. One teenage mother responded that she could not cope as follows:

*“I cannot cope with my school work because there is also a child to take care of. I have to play with the child and go to the shops. I also have to visit my friends to do our own things. Truly speaking there is no time for all of these things” (TM2).*

Teenage mothers did not spend enough time sleeping during the night and this added to their stress levels. Lack of sleep as a result of the child’s sickness and crying was evident from the responses of most participants as the following quotation shows:

*“I am not sure because sometime I don’t sleep at all, especially when the child is sick and cries all night. Having a child is a big problem. You can spend the whole night thinking and not sleeping” (TM4).*

All educators tended to support the view that teenage mothers were unable to manage time effectively:

*“The challenge teenage mothers have is time management. They don’t have time because of the children that they look after at home. They don’t have time to study and do their home works (EDU5).*

It is clear that the mothers' inability to manage time caused them to not do homework. The mothers' time is limited by caring for babies. Most educators felt that teenage mothers were failing to cope with motherhood and could not pay attention in class.

*"One of the challenges is that they cannot cope with being mothers and teenagers at the same time. When the child is sick the teenage mother does not sleep for the whole night due to the fact that the child could not sleep. This leads to inability to concentrate in class"* (EDU8).

Most participants (teenage mothers) agree that teenage mothers spend more time on household chores than on school work. It is an issue of equal concern for both educators and teenage mothers. One learner said:

*"In one day I spend one and half hours on school work and three hours on household chores. This is ten hours in a week on school work and twenty-one on household chores"* (TM8).

However, there were few participants who indicated that they were able to cope with their household chores and school work because they managed their time effectively. Effective time management plays an essential role in enabling them to cope with their lives. For example, one teenage mother, said:

*"I think I control my time accordingly. There is time for household chores and school work. When I come back from school, I start with household chores and then my school work"* (TM6).

It is evident that participant TM6 had learned the skills to share and manage her time effectively. However, this aspect was not found in literature.

- **Teenage mothers performed poorly at school**

All teenage mothers as well as educators who participated in the study agreed that teenage mothers did not perform well at school. Poor performance was attributed to responsibilities associated with teenage motherhood versus school. One teenage mother responded as follows when asked whether she was experiencing challenges:

*“I have many challenges. I have a child and attend school and I must deal with them at the same time, the child and school work. I can’t concentrate on my books because I must have time with the child. When I’m busy studying the child will always disturb me with something like crying or needing to be fed or many things. I am also not doing well at school because of this new burden” (TM3).*

It is evident that the participant could not concentrate and that caused her to do badly in her studies. Motherhood was experienced as a burden. This suggests that the participant felt overwhelmed by the dual role of mother and learner.

Educators also believed that the participants were not doing well in their studies. The educators attributed poor performance to frequent absenteeism and being distracted. The following quotation bears evidence of the above:

*“It is like having a child at an early age is a challenge because they cannot handle the consequences that come with a child at an early age and it leads to absenteeism. There is a high rate of absenteeism among teenage mothers. Majority of them are absent in most cases because they have children to look after. They are also distracted. If the child was performing well in class, when she becomes pregnant and give birth her performance drops” (EDU5:73).*

According to teenage mothers and educators, being a mother while attending school affected the school performance negatively. Educators mentioned that a learner who was doing well at school, when she falls pregnant and becomes a mother, her school performance drops. Even teenage mothers accepted that they do not perform well at school due to multiple responsibilities that they are carrying.

Moreover, this aspect was also picked up in the literature. De Villiers and Kekesi (2004:24), mention the fact that teenagers who experience early sexual intercourse and become teenage mothers are likely to fail at school due to the multiple responsibilities they have.

- **Teachers needed continuing professional development**

All educators indicated that they needed intensive training in handling teenage mothers appropriately. Teachers felt that they were unable to support teenage mothers. They

needed to be trained concerning this matter. The following statement bears evidence of the above assertion:

*“There is supposed to be an intensive training for educators so that they are able to support them (teenage mothers) as some of them did not fell pregnant deliberately” (EDU5).*

Specifically, teachers felt that they would benefit from training that entailed basic counselling:

*“Teachers really need to be trained on how to work with teenage mothers. They need to have some basic training on counselling as they are dealing with them (teenage mothers) every day” (EDU8).*

Providing teachers with training on dealing with teenage mothers would decrease the levels of stress in the lives of teenage mothers. The training of teachers can form part of initial teacher training or be provided as an in-service training for educators who are already practicing. The aspect of training teachers was not established during the literature study that was conducted.

- **Teenage mothers coped by talking to caring adults**

Only a few teenage mothers were coping very well with their lives. However, this aspect was only indicated by teenage mothers. It was not indicated by any of the educator participants or found in the literature study. Few participants pointed out that they were able to talk to someone at home about things that make them sad. This enabled them to cope with their lives to some degree as they sometime got advice from this discussion. The following is an extract from the response of one of the teenage mothers:

*“Yes, I talk to my grandmother and everyone because I’m just a person who likes talking. I can tell you that what you are doing is wrong while I’m still smiling. So it’s very easy for me to talk about what makes me sad” (TM2).*

This shows that participant TM2 was able to source social support from her grandmother and others in her family. Other participants coped with their lives because of the support that they received from their mothers:

*“Yes, I am able. I always talk to my mother about everything. She is always willing to listen and talk to me” (TM8).*

The words of these participants indicate that they are using this as an important tool for their daily survival. In order to survive, they talked to someone who will be able to give proper advice. It is noteworthy that male adults were not mentioned as sources of social support.

Most teenage mothers showed signs of personal agency by locating help within their social ecologies. In this regard, participant TM8 sourced help and support from her mother. It is also clear that she avoided teachers and neighbours:

*“I would say yes, it is easy because in most cases I go to my mother to ask for help and support. Besides her there is no one I can go to and ask for help and support. The only person that I can go to for help is my mother. I can’t go to other people like teachers and neighbours. I can only talk to her. She is so important to me” (TM8).*

Few teenage mothers indicated that they were able to say how they felt at home. They showed that they could at least talk to someone at home about how they were feeling.

*“Yes, I am able to tell my father when I am with him and he is always willing to listen to me” (TM1).*

Participant TM1 could approach her father if and when she needed someone to talk to. There were few of teenage mothers who had indicated that talking to friends made them felt better and much stronger to face their daily challenges. This was evident when one of them responded as follows:

*“When I have problems we sit down and talk about them. But with only those friends I trust. When I have stress they give me advises” (TM5).*

There were few teenage mothers who have indicated that they coped by spending quality time with their children. They mentioned the fact that when they were with their children, they forgot about their challenges and felt much better:

*“It is difficult for me to leave my child with someone. I always want to be with her. I regard this as a source of strength for me to be able to deal with daily challenges that I face” (TM7).*

It is remarkable that Participant TM7 sourced strength from her interaction with her baby. Few teenage mothers raised the fact that they were able to cope with their lives because of the interaction with other teenage mothers. They had indicated that by associating with other teenage mothers, they were able to get along with their lives. They received important advice from their associates who were also teenage mothers:

*“Sometime if I need to go somewhere I request one of my friends to look after my child because their children are older than mine” (TM1).*

This indicates that support from friends was crucial for teenage mothers too. Perhaps what is noteworthy was the fact that supportive teenagers were also teenage mother:

*“They (teenage mother friends) encourage me and try to give me strength as their children are older than mine” (TM7).*

There were a few teenage mothers who indicated that they were able to cope with their lives because they kept themselves busy. When they were busy with their school work they forgot about the challenges that they were experiencing.

*“If I’m studying I forget about the problems that I have. Although it’s difficult, when I’m busy with my school work I forget the problems that I have” (TM4).*

It is noteworthy that school engagement enabled the participants to cope with their lives. School provides opportunities for meaningful social interaction and connectedness to caring teachers and peers. The following quotation bears evidence of the above assertion:

*“Coming to school helps me to cope with my life” (TM5).*

There were few teenage mothers who indicated that they coped with their lives because they were driven by vision. The following response from a teenage mother supports this:

*“I think it’s because I focus on what I want. I have a vision. This vision helps me to cope with my life. I want to raise my child responsibly and give him a brighter future” (TM5).*

The clarity of focus and vision was evident in the above statement. It seemed to be the driving force that propelled the participant:

*“I want to be somebody in future and provide good life for my child. I don’t want my child to suffer in future. I’m motivated by this child to cope in life. The vision to provide good future for my child keeps me moving. I’m doing everything possible for my child”* (TM7).

Most teenage mothers showed that they had accepted that they were experiencing challenges. They accepted that to be a teenage mother was a big challenge. The following quote supports this assertion:

*“The biggest challenge is that I have a child and no parents. I’m staying with other children only at home. There is no adult. The only adult is not mentally healthy I just have to accept that I am a mother now”* (TM5).

It was also evident that simply coming to terms with their circumstances enabled the participants to feel better. It was evident that the birth of children to teenage mothers was life-changing too:

*“My biggest challenge is having a child while attending school. But I have accepted that it is my problem. Since the birth of the child my attendance at school is no longer good. When returning from school I cannot do other things because I have to look after the child”* (TM7).

The participants indicated that they were coping with their lives by talking to others, saying how they felt at home, talking to friends, spending time with their children, having good relationships with family members, association with other teenage mothers, keeping themselves busy, being driven by vision for success and acceptance of the challenge.

However, a few teenage mothers are not coping. The coping strategies of teenage mothers were not mentioned by educator participants. This implies that teachers are not aware of them. This also deserves urgent attention of the authorities in empowering teachers to handle teenage mothers in the manner that they deserve.

## **5.4 CONCLUSION**

Chapter Four presented the findings of semi-structured in-depth interviews with ten teenage mothers and ten educators. Themes and their sub-themes that emerged during the closer scrutiny of interview scripts were presented in details.

It is evident from the findings of semi-structured interviews that teenage mothers experience stress and there is a need for multi-faceted and strength-based intervention program to assist them to cope with the stress.

In the next chapter, conclusions, recommendations, contribution of the study and limitations are presented.

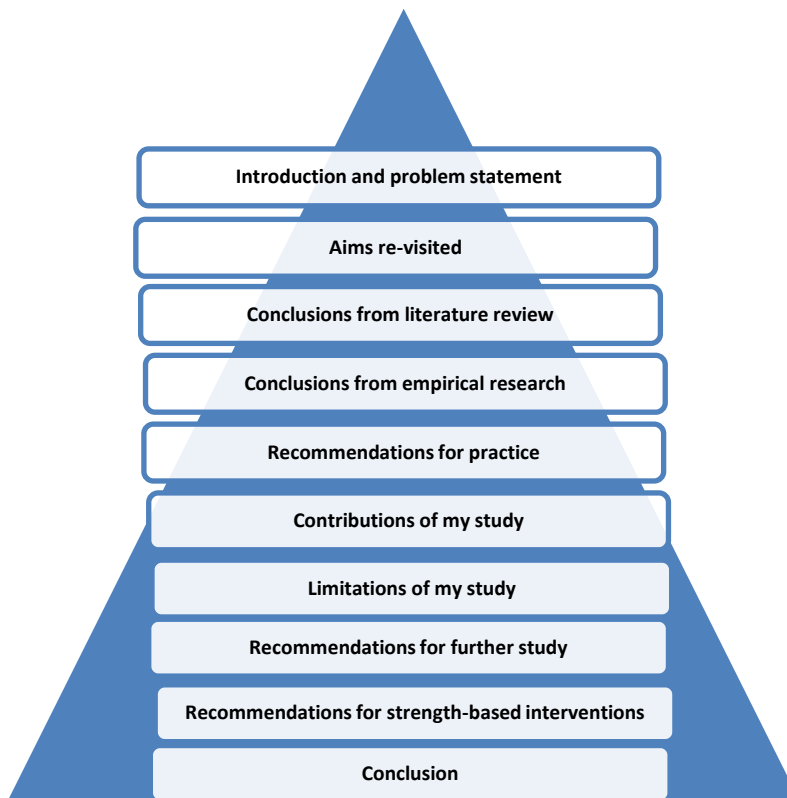
## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 INTRODUCTION AND PROBLEM STATEMENT

I conducted this study in parts of North Eastern Free State where teenage pregnancy and motherhood persist, with no solution in sight. The study that I conducted focused on the phenomenon of motherhood in school-going learners as well as the stress associated with it.

The central problem of this study was therefore to investigate the stress of teenage motherhood and the need for multifaceted interventions in South African Schools? This chapter brings together the findings of literature study as the first phase of my study and empirical research as the second phase of my study. The layout of this chapter is as follows:



**Figure 6.1 Layout of Chapter Six**

## 6.2 AIMS REVISITED

The central aim of my study was to conduct a qualitative study in order to explore the extent to which teenage mothers experience stress and the support they were receiving, develop guidelines for comprehensive, context-specific and strength-based programs that can be implemented in order to support teenage mothers in South African schools. The study sought to pursue the following objectives:

OBJECTIVE	ACHIEVED
<ul style="list-style-type: none"> <li>• to conduct literature study to:               <ul style="list-style-type: none"> <li>○ define teenage pregnancy,</li> <li>○ explore the incidence of teenage pregnancy;</li> <li>○ explore the incidence of teenage motherhood and interventions.</li> </ul> </li> </ul>	<p>These objectives were achieved after relevant literature was reviewed. Literature showed that teenagehood was conceptualised differently worldwide and that developing and developed countries were struggling to contain teenage pregnancy. Especially in South Africa, schools were unsuccessful in supporting teenage mothers. Literature showed that an assortment of programs has been tried in different contexts internationally with minimal results.</p>
<ul style="list-style-type: none"> <li>• to conduct empirical research to:               <ul style="list-style-type: none"> <li>○ to investigate the stress of teenage motherhood;</li> <li>○ to determine whether teenage mothers receive the necessary support from schools in S.A; and</li> <li>○ to suggest guidelines for multifaceted support programs to alleviate the stress of teenage</li> </ul> </li> </ul>	<p>Empirical research demonstrated further that there were weak attempts aimed at containing teenage pregnancy and assisting teenage mothers to cope with the stress of teenage motherhood. Empirical research highlighted the need for primary and secondary interventions in order to prevent teenage pregnancy and to support teenage mothers in South African schools. Guidelines are proposed for such interventions.</p>

motherhood in South African schools.	
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**Table 6.1: Aims of the study**

According to the table above, it can be concluded that the aims of the study were achieved.

### **6.3 CONCLUSIONS FROM LITERATURE STUDY**

The literature that I reviewed is covered in Chapter Two and Three. Broad themes became visible from literature.

- **Teenage pregnancy occurs while young girls are still less prepared for parenting roles**

Literature on teenage pregnancy showed that teenage pregnancy is regarded as pregnancy among girls aged between 10 to 19 years who are not ready for parenting (cf.2.2).The incidences of teenage pregnancy and motherhood are on the increase in developed countries with Japan having the lowest rate of 4 pregnancies per 1 000 teenage girls aged 13 to 19 whereas the United States of America is regarded as the country with the highest teenage pregnancy rate of 84 pregnancies per 1 000 teenagers(cf. 2.3).

Similarly, the rates of teenage pregnancy are on the rise in developing countries that include Indonesia, Thailand, Botswana, Lesotho, Brazil, Zambia and Kenya (cf. 2.3). Countries with the lowest teenage pregnancies are South Korea and Singapore which are at 8 pregnancies per 1 000 teenagers and Namibia is the country with the highest rate of 187 per 1 000 teenagers (cf. 2.5).

- **Teenage pregnancy has various causes.**

Teenage pregnancy is caused by lack of information among teenagers, risk taking behaviour and promiscuity, drug abuse, lack of recreational facilities, mass media and pornography, poverty, peer pressure, rape, incest, rebellion, a history of illegitimacy in the family, early sexual maturity, lack of adequate parental supervision and discipline, the desire to be married, changed values and attitudes, poor sex education, ignorance,

lack of access to health services as well as coercive male-dominated relationships (cf.2.5). It is clear that no single risk factor causes teenage pregnancy on its own; rather a combination of risk factors could be responsible for it.

- **Teenage pregnancy has wide-ranging impacts on teenage girls.**

There are many different consequences that are associated with teenage pregnancy. Some of the consequences of teenage pregnancy are school drop-out, unemployment, poverty, stigma, maladjustment, alcohol and drug abuse, HIV and other sexually transmitted diseases, population growth, stress and death (cf. 2.5).

- **Teenage motherhood-related stress is poorly handled in schools**

Teenage pregnancy and teenage motherhood do not get sufficient attention in South Africa. The high rate of school dropout and poor academic performance among teenage mothers supports the fact that teenage mothers are not getting the attention from the authorities (cf.3.3.1). This serves as a confirmation that the government is not doing enough to preventing teenage pregnancy and supporting teenage mothers in schools.

- **Several risks render young girls susceptible to teenage motherhood and stress.**

It is important to identify factors that cause stress in teenage mothers because of the potentially harmful effects of stress on both teenage mothers and their children. Personality traits are very critical in the chain of events that lead from excessive stress to development of specific stress-related disorders. Rice (1992:85) and Patel (1991:35) argue that when life events cluster and the level of stress score is high; these personality patterns are important determinants of how that stress is likely to manifest itself.

Research has also proved that personality correlates with both the type and intensity of the stress and it is related to certain type of health problems (cf.3.3.1). Teenage mothers have negative attitude towards themselves, feel that they have bad qualities and they are worthless people who are incapable of taking care of their children (cf.3.3.2). Generally teenage mothers show low self-esteem and high life stress and depression compared to their non-parenting counter-parts.

The birth of a child in a family from the teenager causes disruption or changes in the family. According to teenage mothers' experience of criticism from her own mother about her parenting in particular, is found to be associated with great stress. Intimate relationships play an important role for teenage mother to cope with stress. Many teenage mothers have strained relationships with the fathers of their infants and as a result experience severe stress. Many teenage mothers experience violence with an intimate partner relationship and this experience of violence is associated with maternal depression and an increased number of stressful life events (cf. 3.3.2).

- **Teenage motherhood has deleterious consequences for young mothers**

Stress has negative impact on the physical and psychological health of teenage mothers (cf. 3.4).

- **Programs on stress management in teenage mothers**

In reaction to many problems facing pregnant and parenting teenagers, many school-based support programs were established (Amin, Browney, Ahmed & Kato, 2006:173). These programs are meant to reduce adverse consequences that are attached to teenage pregnancy and teenage motherhood.

Programs that I found through literature study are School-Based Health Centres, An Alternative School for Pregnant and Parenting Teens, Abstinence and Improved Contraceptive Use, On-Campus Child Care Centres as well as Teenage Pregnancy Prevention Programs (cf. 3.5).

## **6.4 CONCLUSIONS FROM EMPIRICAL STUDY**

I conducted qualitative research in which I used semi-structured interviews with 10 teenage mothers who are in schools and 10 educators. The purpose was to establish whether teenage mothers in schools experienced stress. Most participants, educators and teenage mothers, indicated in my study that teenage mothers were experiencing tremendous stress due to fact that they were mothers and school children at the same time. The following are the indicators that teenage mothers experience stress:

- **Teenage mothers were not ready for motherhood**
  - The participants faced many challenges
  - Their sleeping patterns changed
- There is a lack of motherhood education
  - Motherhood changed the teenagers' lives
- There is a lack of motherhood education
  - Lack of intersectoral collaboration
- Minimal psycho-educational support was available
  - Parents had low literacy levels;
  - Lack of academic support;
  - Lack of plans to assist teenage mothers to catch up;
  - Struggle to deal with ill-health among babies
  - Child support grant was not enough;
  - Teachers not caring whether teenage mothers attended school regularly or not; and
  - Unavailability of nurses, psychologists and counsellors to teenage mothers.
- **Teenage mothers were psychosocially vulnerable**
  - They were poor problem solvers;
  - Lack of independence; and
  - Reluctance to ask for help when they needed it.
- **Teenager mothers lacked time management skills**
  - They had many responsibilities (household chores, caring for the child and school);
  - They could not spend enough time sleeping during the night;
  - They could not deal with child's sickness and crying; and
  - They could not pay attention in class.
- **Teenage mothers performed poorly at school**
  - They could not concentrate
- **Teachers needed in-service training**
  - Lack of intensive in-service training for educators

- **Teenage mothers coped by talking to caring adults**
  - Teenage mothers talked to their mothers

It is evident from the above stressors that the participants need to be exposed to stress reducing programs in schools.

## **6.5 RECOMMENDATIONS FOR PRACTICE**

The findings of my study could be used as a foundation for support programs aimed at alleviating the stress associated with teenage motherhood in South Africa.

- **Inclusion of motherhood education in school curriculum:**

My study demonstrated lack of parenting skills among teenagers. This probably caused stress among teenage mothers. This begs collaboration among parents, School-Based Support Teams, District-Based Support Teams, social development department and non-governmental organisations. Teenage mothers can be prepared for the roles of mother and learner through this collaboration.

- **Provision of sex and sexuality education:**

The National Department of Education should strengthen compulsory sexuality education in schools. This is included in Life Skills and Life Orientation for secondary schools. Sexuality education should be taken very seriously by teachers so that teenage pregnancy and resulting motherhood are reduced. Collaborative campaigns should be initiated at primary and secondary prevention levels.

- **Continued teacher development**

The study I conducted established that teachers cannot appropriately deal with pregnant and parenting teenagers in schools. This aggravates stress that is associated with teenage pregnancy and motherhood. The National Department of Education should be encouraged to include skills in dealing with pregnant and parenting teenagers in the in-service training of teachers.

Dealing with motherhood can be included in modules dealing supporting learners experiencing barriers to learning in the four-year Bachelor of Education degree, Honours Bachelor of Education degree, Advanced Certificate in Education and the

Postgraduate Certificate in Education that are currently offered by universities in South Africa. This will equip teachers with basic skills of dealing with pregnant and parenting teenagers in schools and reduces the stress levels in teenage mothers.

- **Availability of health-care in schools:**

Department of Education in collaboration with Department of Health should be encouraged to work together in assisting learners who fall pregnant and return to school as mothers. For example clinic nurses could adopt schools and regularly visit these schools and educate learners about sexuality and risks of falling pregnant. Such programs could include contraception, parenting skills for the young mothers and sexually transmitted infections.

## **6.6 CONTRIBUTIONS OF THE STUDY**

My study unearthed stressors associated with teenage motherhood. these stressors suggest that these learners are struggling to cope with motherhood:

- **Teenage mothers were not ready for motherhood**

- The participants faced many challenges
- Their sleeping patterns changed
- There is a lack of motherhood education
  - Motherhood changed the teenagers' lives
- There is a lack of motherhood education
  - Lack of intersectoral collaboration
- Minimal psycho-educational support was available
  - Parents had low literacy levels;
  - Lack of academic support;
  - Lack of plans to assist teenage mothers to catch up;
  - Struggle to deal with ill-health among babies
  - Child support grant was not enough;
  - Teachers not caring whether teenage mothers attended school regularly or not; and

- Unavailability of nurses, psychologists and counsellors to teenage mothers.
- Teenage mothers were psychosocially vulnerable
  - They were poor problem solvers;
  - Lack of independence; and
  - Reluctance to ask for help when they needed it.
- Teenager mothers lacked time management skills
  - They had many responsibilities (household chores, caring for the child and school);
  - They could not spend enough time sleeping during the night;
  - They could not deal with child's sickness and crying; and
  - They could not pay attention in class.
- Teenage mothers performed poorly at school
  - They could not concentrate
- Teachers needed in-service training
  - Lack of intensive in-service training for educators
- Teenage mothers coped by talking to caring adults

## **6.7 LIMITATIONS OF THE STUDY**

The following were noted as the limitations of the study:

- I worked with only twenty participants, namely, 10 teenage mothers and 10 teachers. This implies that generalisation should be attempted with caution.
- Within this group of participants, some (namely four out of ten teenage mothers) responded to interview questions using their home language, either Isizulu or Sesotho. After conducting the interviews, I had to translate the interviews into English. This might have led to real meaning being distorted when answering questions and translation was taking place.
- The participants in this study were all Black (for lack of a more suitable word) and not White, Coloured or Indian teenage mothers and teachers. Therefore my findings should be transferred to these cultural contexts with caution.
- Lastly, it is possible that the participants gave responses that would please the researcher because they might have provided socially desirable responses. Often

participants try to please the researcher and by so doing provide pleasing rather than realistic answers.

## **6.8 RECOMMENDATIONS FOR FURTHER STUDY**

My study points to possibilities for future study such as:

- a replication of this study with a larger group of South African teenage mothers and teachers so that my findings can be verified;
- a replication of this study with teenage mothers from other race groups. In this way it will be possible to determine whether teenage mothers from other race groups share similar stressful experiences; and
- a study similar to this one but focusing on coping strategies of teenage mothers.

## **6.9 RECOMMENDATIONS FOR MULTIFACETED INTERVENTIONS**

The findings of my study show that dealing with motherhood requires multifaceted primary and secondary interventions. Primary intervention refers to prevention of first pregnancies whereas secondary intervention involves empowering teenage mothers so that they can deal with motherhood. Secondary prevention manages the after-effects of not succeeding in preventing the problem in the first place (Theron, 2006:201; Coyle, Basen-Enguist, Kirby, Parcel, Banspatch, Collins, Baumler, Carvajal & Harrist, 2001:116).

A multifaceted intervention refers to a program that builds on the strengths that teenage mothers have at their disposal. On an individual level focus could be on the following assets:

- ❖ Assertiveness
- ❖ Coping with peer pressure
- ❖ Communication
- ❖ Coping with change
- ❖ Coping with grief
- ❖ Coping with loneliness
- ❖ Coping with rejection
- ❖ Coping with stress

- ❖ Career planning
- ❖ Study skills
- ❖ Positive thinking
- ❖ Decision-making skills
- ❖ Goal setting
- ❖ Positive relationship formation
- ❖ Problem-solving
- ❖ Time management
- ❖ Self-esteem
- ❖ Coping with trauma

On the ecological level, efforts must be made to encourage families to also take part in teaching values and promoting the acquisition of the assets listed above. The availability of community resources that include health-care and social services must be escalated too. These community resources or assets can be sourced from the formal and informal sectors. This shows the need for collaboration among government departments and non-governmental organisations.

## **6.10 CONCLUSION**

In summary, this study confirmed that teenage mothers are experiencing stress due to dual role they are playing, that is, being mothers and attending school at the same time. The study has also confirmed that teenage mothers need multifaceted intervention programs to be designed and implemented in schools to alleviate the stress of teenage motherhood. The challenges that are facing teenage mothers are captured in the poem below (Challenges of Teen Mothers), with which I conclude my study:

## THE CHALLENGES OF TEEN MOTHERS

She cries, I can't help her.

She's hungry, I can't feed her.

She needs medication, I can't treat her.

No money, No support.

I don't think I can keep her.

Another statistic they say.

Another teen who has lost her way.

But I love my daughter anyway.

If only there was another way.

To provide love; care and support she needs.

I should have been the teen that heeded.

Now I'm stuck and alone.

My parents say I can't come home.

1/3 of girls aged 12-19 get pregnant each year.

I know I could have prevented.

A short moment in bliss,

That ended with Christina my daughter.

My parents should have taught me more,

Because Christina is more than I ever ask for.

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