UNIVERSITY OF THE WESTERN CAPE

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TITLE: **TEENAGE GIRLS' EXPERIENCES OF PREGNANCY AND MOTHERHOOD**

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DECLARATION

I, the undersigned, herewith declare that the work included is my own original work that was not previously, in its entirety or in part, submitted to any university for obtaining a degree.

Emmerentia C. van Wyk **Date**

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ABSTRACT

Teenage pregnancy and motherhood is a challenging phenomenon worldwide. The goal of this study was to explore and describe the perceptions and experiences of a sample of teenage girls about pregnancy, birth and motherhood. The objectives of the research were to engage voluntary participants in autobiographical "life stories" and semi-structured interviews relating to the phenomenon being studied; to analyze the qualitative information and do a literature control of the findings and compare and verify the findings and make appropriate conclusions and recommendations.

The research methodology was a qualitative approach utilizing autobiographical narrative inquiry. This approach involved the participants writing their life-stories. As the study evolved, the written stories were complemented by semi- structured interviews. For the data-analysis, stories were categorized into themes and sub-themes by means of coding.

The findings suggested that participants experienced family structures and family relationships to play a vital role in preventing sexual risk behaviour. The participants experienced pregnancy, birth and motherhood as life changing and were ill prepared for the challenges that awaited them. The support of their family, boyfriend and friends was an important need expressed in their accounts. The analysis also indicated that the stories were presented as a chronicle with a "point" or morale to other teenagers to make sure that they did not land in the same situation.

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CHAPTER ONE

CONTEXTUAL INFORMATION AND MOTIVATION FOR THE STUDY

1.1 CONTEXTUAL INFORMATION

Teenage pregnancy and motherhood is a worldwide phenomenon, especially affecting young girls in developing countries. Finding effective ways to prevent teenage pregnancy is a concern of public health officials, educators, social workers, parents and legislators (Arnold *et al*, 2000:485). A report by the US-based non-profit organisation Save the Children states that "for too many young girls around the world motherhood is a disabling tragedy, or worse yet, a death sentence" (WHO bulletin, 2004:473). When a teenager becomes pregnant, the continuity of both the physical and the psychological is abruptly interrupted. Several authors confirm this.

Terblanche (1999:62) mentions Le Francois who says that the effects of teenage pregnancies often include a dramatic disruption in important adolescent developmental tasks. Teenage pregnancy that in most cases is unplanned and unwanted, affects negatively on identity formation, educational and career planning as well as socialization.

When teenagers become pregnant, a number of challenges await them to which there are no easy answers. They have three options that await them: they must either have an abortion, or give birth and give the baby up for adoption, or keep the baby and become a teenage mother. The young girls need to have all the information about the different outcomes and then consider their own feelings, ideas and values.

Teenage pregnancy and childbirth interrupts school progress and the young mother is faced with issues such as child rearing, emotional adjustment to her new role, financial constraints and has to cope with the burden of school tasks. Few young teenage mothers are able to offer their children a stable environment and their emotional insecurity stemming from their immaturity is aggravated by adverse social and economic conditions. Williams (1991:35) confirms that teenage mothers and their babies need constant support for a considerable amount of time. Not all teenage

mothers receive the support from their families and it may leave them hopeless. In instances where a pregnancy does occur, it holds repercussions for teenagers, their families and society in general.

1.2 RATIONALE

In the Western Cape, the issue of adolescent pregnancy and motherhood is a great concern for educators, social workers and health practitioners. Staff at the Macassar Day Clinic in Macassar, a residential area near Somerset West in the Western Cape, reported that a total of 50 teenagers visited the clinic and reported their pregnancy in the month of March 2005. As an educator in this area the researcher has observed young girls fall pregnant and observed the insecurities, confusion, ignorance and helplessness of these young girls who were seemingly on their own without the support of their families, the school and community at large. The motivation for this research came from this observation.

1.3 PROBLEM STATEMENT

Literature indicates that teenage mothers face intense strains and challenges. For professional helpers, parents and community members to appropriately respond to these needs, much need to be learned by exploring the lived experiences of these mothers. This study aimed to analyse the stories of participants in a specific social setting about their experiences of teenage pregnancy, childbirth and motherhood.

1.4 RESEARCH QUESTION

The guiding question in this research was “How do participants in this study perceive and experience the pathway of motherhood as it leads through realization and experience of pregnancy, birth and motherhood”.

1.5 RESEARCH GOAL

The goal of this study was to explore and describe the perceptions and experiences of a sample of teenage girls about pregnancy, birth and motherhood.

1.6 OBJECTIVES

The objectives of the research were:

- To engage voluntary participants in autobiographical "life stories" and semi-structured interviews relating to teenage experiences of pregnancy, birth and motherhood.
- To analyse the qualitative information and do a literature control of the findings related to teenage pregnancy, birth and motherhood.
- To compare, verify and synthesize the qualitative findings and make appropriate conclusions and recommendations.

1.7 RESEARCH METHODOLOGY

1.7.1. Research approach

The goal and objectives of the study pointed to the selection of a qualitative approach for enhancing the understanding of the adolescents' experience of pregnancy, birth and motherhood. Creswell (1998:15) defines qualitative research as "an enquiry process of understanding based on distinct methodological traditions of enquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting". Qualitative research is used when a topic needs to be explored, that is when variables cannot be easily identified and theories are not available to explain the behaviour of the participants (Tutty, Rothery & Grinnell 1996:5).

Rubin & Babbie (1999:48) state that qualitative research is also inductive because its purpose is to uncover generalizations and develop hypotheses, which can be investigated and tested later with more designs that are precise. It is also descriptive and interpretive. This means that it does not try to explain but rather aims at interpreting participants' views and experiences. Qualitative research is thus primarily interested in understanding the meaning of events and experiences of the subjects being studied. The qualitative approach was therefore clearly appropriate for research of this nature.

1.7.2 Research Design / Strategy

A research design describes a flexible set of guidelines that link theoretical paradigms to strategies of enquiry and to methods for collecting empirical data (Denzin & Lincoln, 1994:22). The research design in qualitative research is often referred to as the research strategy. Creswell (1998:47-61) identifies five different types of research strategies in qualitative research. These are:

- The phenomenological study, which describes the meaning that the phenomenon being studied, has in the lives of several individuals.
- Grounded theory study attempts to explain a situation or a phenomenon by generating a theory.
- Ethnography describes and interprets a cultural or social group or system.
- Case study is an in-depth study of one or more cases over a period.
- Biography is the study of an individual's experiences as related to the researcher or through information gathered from documents and archival material. There are different forms of biography such as the biographical study, life history, oral history and autobiography. This approach involves the participants writing or telling stories about their own life experiences relating to the phenomenon being studied.

The autobiographical approach and more specific narratives as stories was selected to gain an understanding of the participants' experience of teenage pregnancy, birth and motherhood.

1.7.3. Participants

1.7.3.1 Population and selection of study sample

The sample consisted of 15 to 17 year old teenage mothers who became pregnant over a three year period: 2002-2004 and who live in Macassar, a residential area close to Somerset West in the Western Cape. The method of sampling used was snowball chain network, one form of non-probability sampling. The researcher after getting the first element for the study was lead by the subject to another subject who was known to this subject and the researcher was directed to the next by the former interviewee until the sample size was reached (De Vos et al, 1998)

The first participant identified for the study was in the researcher's class when she became pregnant and volunteered to take part in the study. She then helped to identify another three learners who in turn helped to get another six volunteers. The sample size was ten teenage mothers.

1.7.3.2 Data collection method and process

The method of data-collection was autobiographical narrative inquiry. The researcher briefed participants about the writing of the story (see addendum A). They were asked to write their stories about motherhood referring to experiences of getting pregnant, being pregnant, giving birth and motherhood. The central theme in this study is about perceptions and experiences of being a mother and not in the first place experiences related to physical and reproductive health.

Polkinghorne in Roberts (2002: 116) states, "narrative inquiry is set within the study of qualitative research and deals with the stories that are 'used to describe human action'". Narrative was applied therefore, to refer to both story and a method of inquiry. The author states that the idea of narrative is firmly grounded in the qualitative tradition and that "sharing one's story is a way of purging, or releasing, certain burdens and validating personal experience: it is in fact central to the recovery process" (Roberts, 2002:20). The motivation for selecting this method of data-collection (story writing) was that participants preferred it because it allowed them anonymity and a safe environment of introspection and recorded their in-depth experiences in a very honest way.

The story writing was followed up by semi-structured interviews. The researcher used a tape-recorder to record the responses to a set of questions. Open-ended questions were used to allow the participants to respond freely. The researcher afterwards transcribed the responses word for word. The coding process entailed working though the transcriptions and grouping them in themes and sub-themes.

1.7.4 Analysis of Data

Creswell (1998:142) contends that "data analysis in the qualitative process conforms to a general contour which is best presented in a spiral". Analysis is a process of

moving around in this spiral rather than using a fixed linear approach. Adapting this spiral to analyse stories, the analysis broadly followed the following process.

- Reading through all the stories to get sense of the whole database
- Then go back to individual stories, note and code central themes, and sub-themes.

The researcher then developed categories of themes through a classification system, and provided an interpretation in light of views and perspectives in the literature.

Robertson (2002:119) writes as follows about narrative analysis: "Through narrative, we come in contact with our participants as people engaged in the process of interpreting themselves. We work with what is said, and what is not said, within the context in which life is lived. We then must decode, recognise, re-contextualize or abstract that life in the interest of reaching a new interpretation of the raw data of experience before us".

1.7.5. Data Verification

Creswell (1998:201-203) propose a number of steps to ensure credibility that is applicable in this study:

- **Prolonged engagement and persistent observation**: "includes building trust with participants, learning culture and checking for misinformation that stems from distortions introduced by the researcher or informants. The researcher makes decisions about what is relevant to the purpose of the study and of interest for focus" (Creswell, 1998:202).
- **Triangulation**: Researchers make use of multiple and different sources, methods, investigators and theories to support evidence.
- **Peer review**: provides an external check of the research process.
- **Rich, thick description**: allows the reader "to make decisions regarding transferability, because the writer describes in detail the participants or setting under study". The researcher enables readers to transfer information to other settings and to determine whether the findings can be transferred, "because of shared characteristics".

- **External audits**: An external auditor is allowed to examine the whole process and to check whether the findings, interpretations and conclusions are supported by the data.

In this study peer review, rich thick description and external audits were applied.

1.8 ETHICAL CONSIDERATIONS

Permission was obtained from each participant and her parents after the nature of the study was fully explained. A consent form was read and each participant signed it prior to her participation in the study. Participants were informed that their participation was voluntary and that they could withdraw from the research process at any stage. They were also informed of the confidential nature of the study as well as their anonymity in participating.

1.9 DEFINING KEY CONCEPTS

Teenage or adolescence is defined as "a time of rapid developmental change and emotional upheaval as the teenager makes the transition to adulthood and strives to mould his/her own identity and assert his/her autonomy" (Trad, 1999:221). These changes include physical, cognitive and social changes and can be frightening for the adolescent. Chronologically it begins at age 13 and extends through age 18. The stage of adolescence is technically divided into periods: early adolescence (12-15 years), middle adolescence (15- 18 years). For the purpose of this study, a teenager refers to a school going child in the early and middle adolescent phase.

Motherhood: To define motherhood is highly complex. It is not only the experience of giving birth to and caring for a child but refers to an identity that is linked to adult status (Richardson, 1993:1-2).

1.10 LIMITATIONS OF THIS STUDY

The findings of this study are contextualised in a particular school and cannot be generalized to the entire teenage population of South Africa or the region.

1.11 PROPOSED STRUCTURE OF THE REPORT

Chapter 1: Contextual information and motivation for study

Chapter 2: Research methodology

Chapter 3: Data Analysis and Literature Comparison

Chapter 4: Summary, conclusions and recommendations

CHAPTER TWO

RESEARCH METHODOLOGY: REFLECTIONS ON THE SELECTED STRATEGY OF INQUIRY

2.1. INTRODUCTION

In item 1.6 the research methodology was briefly explained and I have indicated that the selected strategy of inquiry was auto-biographical writing up of "life" stories about the teenagers' experience of teenage pregnancy and motherhood. This strategy was deemed suitable as it provided the participants the opportunity of reflecting anonymously on their lived experiences of what could be regarded as a "sensitive issue" and / or "traumatic time" (Coffey & Atkinson, l996:56). In this chapter I will elaborate on the motivation for choosing this strategy of inquiry and reflect on my experiences of what I planned and how it actually realized in the research. I also acknowledge that this research was conducted within the parameters of a mini-thesis. As a novice researcher I do not claim to be a biographical/auto-biographical researcher, but I am reporting on the use of guidelines of this strategy for a specific confined and demarcated area of research, and more specific on the "translating" of narratives as stories.

2.2 NARRATIVES AS "STORIES" WITHIN THE AUTO-BIOGRAPHICAL GENRE

In recent years there has been, what is termed, a narrative turn in the social sciences and narrative has become an important tool for qualitative researchers to collect and interpret data (see Coffey & Atkinson, 1996:55). Polkinghorne (l995:5) postulates that for biographical research the construction of narrative can be considered as providing the individual with a "purposeful engagement; narrative is the type of discourse that draws together diverse events, happenings and actions of human lives into thematically unified goal directed processes". A more specific meaning of narrative has thus developed which holds that the individual life is storied. Narrative has therefore been applied to refer to both story and method inquiry (Roberts 2002:117).

Narrative typically has a plot, a beginning, middle and an end and describes events that unfold in a temporal, causal sequence (see Coffey & Atkinson, 1996:55). Manning and Cullam-Swan in Roberts (2002:118) add to this by saying that it can be

told to diverse audiences and in various contexts and forms. Roberts (2002:119) adds to this as follows: “Through narrative, we come in contact with our participants as people engaged in the process of interpreting themselves. We work with what is said, and what is not said, within the context in which life is lived. We then must decode, recognise, re-contextualize or abstract that life in the interest of reaching a new interpretation of the raw data of experience before us”.

With the above in mind, the chosen method of data collecting, namely story writing, was decided on because it allowed the participants anonymity and a safe environment of introspection to record their in-depth experiences in a very honest way.

2.3 DATA-COLLECTION

Ten participants volunteered to write up their stories. The researcher undertook a pilot study that reflected that in depth lived experiences could be gathered in this way. However as the actual data-collection for the study progressed it became clear that the depth of the information was dependent on the writing skills of the participants as well as their ability to “tell” a story without probing from a listener. With the disadvantage of not being in a situation to “probe” for aspects that could be of importance to answer the research question, I decided to opt for a combination of semi-structured interviews and story writing. I thus had to renegotiate my initial agreement and ethical considerations with participants because being involved in interviews meant that their identity would be revealed to the researcher. They were reminded that all other agreements as in the consent letter still applied. All participants still wanted to continue and the fact that their identities would be revealed to the researcher did not deter them.

The guidelines of Miller & Brewer (2003:167) for semi structured interviews steered me through the process of data collection. Flexibility was important in structuring the interaction. I used brief notes to remind me of the key topics and issues to be explored and formulated probing open-ended questions to assist me in making connections between different parts of the interaction and in order to gain richer information about attitudes and behaviour. The format was therefore mainly in conversation mode to allow the participants to develop their answers in their own terms and at their own length and depth.

In the structuring of the request for story telling, as well as in the probing and the data-analysis I also kept in mind the assumptions of Roberts (2002) about story telling in data-collection and the guidelines for analyzing of narratives by Coffey & Atkinson (l998): time and narrative (the chronicle nature of narratives), myth and narrative and unity and narrative.

2.3.1 Time and Narrative

As social beings we constantly retell our experiences and lives. This takes the form of a chronicle in which we relate our lives as a series of events, influences and decisions. This is given in a temporal sequence; we recount "how it all happened" or "how I came to be where I am today" (see Coffey and Atkinson, 1996:68 and Roberts 2002:123).

Roberts (2002:125) states that from a narrative viewpoint individuals move between different "time perspectives". They reflect on the past, contemplate the present and rehearse the future. This was most obvious in this research. Within the semi-structured guide for telling the story (see Addendum A) elements of story and chronology of events were integral parts of the way they wrote their experiences. Participants told their stories in reflection and contemplation, and ending with a moral lesson.

In this regard Coffey & Atkinson (1996:63) refer to stories with a moral and didactic function within the genre of children's stories. As indicated in the data-analysis that follow in chapter 3, "stories" were also told with "a point in mind" – advising other teenagers.

2.3.2. Myth and Narrative

Olney in Roberts (2002:126) states that within personal narratives we can often discern "personal myths". In reviewing his/her life, the individual can only partially account for what has happened to him/her and in the process myths may have been formed which constitute a part of his/her self-conception. Narrative and memory are linked by Freeman (in Roberts, 2002:127) when he states that narrative is an interpretive and re-collective process through which individuals can survey and

explore their own histories in an attempt to make and remake sense of who and what they are. It is an inquiry into some of the conditions of self-understanding and selfhood that forms part of today's life.

From the perspective of the explanation given above, it was clear that the narratives provided by the respondents were an account of their lived experiences that have unfolded over time and draw on elements of their own myth making in trying to comprehend what has happened.

2.3.3. Unity and Narrative

According to Richardson in Roberts (2002:128) individuals are the stories they tell; they construct unifying and goal-directed narratives of their education, employment and family life, and are creating and re-creating both for themselves and the audience whom they are.

In this study the participants related their lives and their experiences of pregnancy and motherhood in a coherent pattern and this made it possible to extract common themes and sub-themes as well as a common story-line that runs through all narratives as stories.

2.4. APPROACHES AND METHODS OF ANALYSIS USED IN THIS STUDY

The process of collecting and analysing data by means of narratives as stories inevitably is an overlapping and integrated process. As the stories unfolded I could summarize and reflect my understanding of their accounts and by doing so also verify my interpretations. Data were captured on a tape-recorder and/or in scripts and the recorded data were transcribed. To organize this data the following methods were used.

2.4.1. Coding

Qualitative data in many cases starts with the identification of key themes and patterns (Coffey and Atkinson, 1996:26). To organize, manage and retrieve the most meaningful bits is a key part of what the researcher must do when confronted with the data. The usual way of going about this is by putting tags or labels to the data based

on concepts. The data is condensed into analytic units by creating categories with and from the data. This process is referred to as coding. The term coding encompasses a variety of approaches to and ways of organizing qualitative data. In the analytic process, to attach codes to data and to generate concepts has important functions in enabling the researcher to review what the data is saying.

Coding links different segments or instances in the data. The researcher bring those fragments of data together to create categories of data that we define as having some common property or element. The coding thus link all those data fragments to a particular idea or concept. Coding reflects our analytic ideas, but one should not confuse coding itself with the analytical work of developing conceptual schemes. Seidel and Kelle in Coffey and Atkinson (1996: 27) state that "codes represent the decisive link between the original "raw data", that is the textual material such as interview transcripts or field notes, on the one hand and the researcher's theoretical concepts on the other".

Miles and Huberman in Coffey and Atkinson (1996:27) suggest that "coding constitutes the stuff of analysis", allowing the researcher to "differentiate and combine the data retrieved and what the researcher make of the information". Coding is thus a process that enables the researcher to identify meaningful data and sets the stage for interpreting and drawing conclusions.

Codes are described as tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. Codes are usually attached to "chunks" of varying size; these are words, sentences, whole paragraphs connected or unconnected to a specific setting. They can take the form of a straightforward category label or a more complex one (e.g. metaphor).

2.4.2. Analysing data through coding

Coding operates in three ways, namely:

- Noticing relevant phenomena
- Collecting examples of those phenomena
- Analyzing those phenomena in order to find commonalities, differences, patterns and structures. (Seidel and Kelle in Coffey and Atkinson,1996: 29).

In practice, coding comes down to a mix of data reduction and data complication. Coding generally is used to break up and segment the data into simpler, general categories and is used to expand and tease out the data in order to formulate new questions and levels of interpretation.

Tesch in Coffey and Atkinson (1996: 31) states “an organizing system for data is based on developing pools of meaning. Concepts are identified or constructed from prior material, theoretical frameworks, research questions or the data themselves”. Tesch sees coding as a means of providing new perspectives from which the data can be analysed. Strauss argues that coding is an essential analytic procedure (Coffey and Atkinson, 1996:31). He proposes that coding is much more than simply categorizing the data; it is also about conceptualizing the data, raising questions, providing provisional answers about the relationships among and within the data, and discovering the data. Coding thus entails dissecting the data into analytically relevant units of meaning and subsequently opening up further questions about the data.

In which ever manner we may conceptualize and practice coding, it cannot be the final word on qualitative data analysis. Coding should not be seen as a substitute for analysis, but one of the very useful tools to extract the relevant information.

Coffey & Atkinson (l996) alert to the fact that in the analysis the researcher should move beyond the content and what was said to also look at how it was said. By looking at the form and function of the narrative and the meaning and metaphors used, themes may emerge that may not be uncovered by content analysis.

2.4.3. Form and function in analysis

By looking at the structure of the narrative attention is focussed on how the story is organized, how it develops as well as where and how it begins and ends. It should be added that the structure of the narrative is never the final answer; narrative analysis is used to identify how people recount the events the way they do, how they shape their story and how they express meaning through their recollection of what happened.

As some of the narratives in the next chapter indicate, the language/expression that was used had something to say about the social context and sense making of the experiences of the teenage mothers in this research.

2.5 SUMMARY

This chapter reflected on the data collection and analysis as it realized in this auto-biographical strategy of inquiry. My reflections indicated that this was done on a novice researcher level of implemented story-writing by participants and had to complement this with story-telling.

Guidelines from relevant literature that orientated me in the process of data collection and analysis were introduced.

CHAPTER THREE

DATA ANALYSIS AND LITERATURE COMPARISON

3.1 INTRODUCTION

The goal of this study was to explore and describe the perceptions and experiences of teenage mothers about pregnancy, birth and motherhood. Chapter 2 discussed the research design and methods that were used in the study. This chapter analyzed the research findings about the experiences of a number of teenage girls in a high school setting. The data was collected by means of story telling and the discussion was structured according to experiences of getting pregnant, being pregnant, giving birth and motherhood. The analysis followed the following process:

- Reading the stories to get a sense of the whole database
- Then go back to individual stories, note and code the central themes and sub-themes.

The researcher then developed categories of themes through a classification system and provided an interpretation in light of views and perspectives in the literature. The aim was to situate the findings within a body of established knowledge, to support the findings by existing literature and identify new contributions.

A discussion of the themes and sub-themes arising from the narratives follows. All extracts from the participants' stories were quoted verbatim in Afrikaans. The researcher did not correct any errors and tried to translate the meaning of the narratives as truly as possible to English. Literature reviewed, will be discussed at the end of each main theme that emerged from the analysis.

3.2 CONTENT ANALYSIS

In the content analysis of the collected data, the research question is an important guide to how the various responses were presented here. To rephrase the research question: **How do participants in this study *perceive and experience the pathway of***

motherhood **as it leads through realization and experience of pregnancy, birth and care of a child**.

The emphasis in my account thus falls on presenting the perceptions and experiences of the respondents highlighting individual differences but also showing general patterns. The researcher therefore moves between the individual and the family, the community and society. To this end, the researcher extracts a number of themes and categories in the respondents' accounts and substantiates it with quotations from the transcriptions.

The findings are summarized in the following themes and sub-themes and will structure the discussion that follows.

3.2.1 Discussion theme one: Pre-pregnancy phase: experiences of self and social contexts

The narratives started with an orientation in which the participants introduced themselves and their social contexts. From this topic, the following themes and sub-themes emerged as indicated in the following table:

Themes	**Sub-themes**
3.2.1.1 Diverse personal profile	
3.2.1.2 Diverse experiences of family life	a) Family structure b) Family discipline c) Family relationships
3.2.1.3 Social life	a) Peer influences b) Substance use
3.2.1.4 Community environment	

These themes structured the discussion that follows.

3.2.1.1.1 Diverse personal profile

From what they presented about themselves, it emerged that the participants were a diverse group of individuals in terms of personal characteristics and background. The following extracts from the stories illustrates this point:

"Ek is 'n stil terruggetrokke, vriendelike persoon".
(I am a quiet, friendly person).

"Ek is baie goed daarin om te kommunikeer met ander mense, ... en meng baie gou met ander mense".
(I am good at communicating with other people, of a friendly nature and mingle quickly with other people).

3.2.1.2 Diverse experiences of family life

The participants came from diverse family backgrounds and the way in which they related to aspects of family life differed from person to person. Their experiences of family life will be discussed in **sub-themes such as family structures, family rules (discipline) and family relationships.**

(a) Family structures

Most of the participants grew up in a **nuclear family**. Others indicated growing up in **composite and extended families** or with a family member who in some cases were a relative of the parents. The following excerpt indicates this:

"Ek het nie ouers nie, en bly by my auntie. Ek het nie 'n oop verhouding met my aunty nie".
(I don't have parents, I stay with my aunt. I don't have an open relationship with my aunt).

(b) Family rules (discipline)

In the homes of some of the participants, **discipline** was lacking. This is due to a number of factors, like the attitude of the parents, parents themselves engaging in alcohol abuse and in general neglecting their parental responsibilities. This is highlighted in the next excerpts:

"My ma hulle het nie eintlik maar 'n klein bietjie gewiet ek sit op die smokkeljaart".

(My mother and the others did not in the slightest bit suspect that I was at a shebeen).

"My ma het gedrink daardie tyd toe ek swanger geraak het, alles was deurmekaar in die huis.
(My mom was drinking at the time I got pregnant; everything was in turmoil in the house).

Some of the participants were spoiled by their parents and were allowed to do what ever they wanted, indicating a lack of oversight. See for instance the following remarks:

"My ouers het my bederf en ek kon net maak en doen wat ek wil".
(My parents spoiled me and I could do as I like).

(c) Family relationships

Although in some homes, the circumstances were far from happy and nurturing, the emphasis in their accounts did not fall on this but rather on the fact that they could not speak to their parents about sex, or topics related to sex, and they did not have an open **relationship** with their mothers. They were afraid to talk about sex with their parents, mostly because they were not sure how to address this topic. The following extracts depict the lack of communication with their mothers:

"Ek wou nie hê my ma moes uitvind ek seks al nie".
(I did not want my mom to found out that I was having sex already).

"Ek het na 'n juffrou gegaan om saam na my ma te gaan en vir my ma te sê dat ek swanger was".
(I went to a female teacher to go with me and tell my mom that I was pregnant).

Published research seems to support the findings of the study as apparent in the above themes. *Family structures* are important for getting an understanding of the context in which teenage pregnancy may occur. McWhirter *et al* (2004:41) define the family as "a system consisting of connected components (family members) organized around various functions that interact to maintain balance and a state of equilibrium". Some

of the functions fulfilled in families are the division of tasks, caring and providing and child rearing. Families are interdependent in that each member of the system influences and is influenced by each other member. The implication of this is that if a family structure is not one of stability it could lead to high-risk behaviour. Hudson & Ineichen (1991:40) indicate a number of circumstances that could lead to teenagers falling pregnant more easily. Circumstances at home may not create a happy environment for the girl to grow into adolescence and/or she may not have experienced love and affection because her parents could be separated, divorced, arguing and or fighting.

Regarding family rules and discipline and its effect on teenagers, McAnarney & Hendee (in Trad, 1999:225) indicate that adolescents whose lives lack structure may be at a heightened risk for sexual activity very early in their lives. Lack of structure may be in the form of less parental support, fewer parental controls and less parental supervision over behaviours likely to culminate in sexual activity. Meschke & Bartholomae (1998:3) make a concurring observation when they say "both high levels of parental supervision and close relationships between adolescents and their parents were related to later timing of adolescent sexual activity".

The composition and organisation of a family are key factors in the teenager's sexual development. Where families promote positive sexual values and encourage teenagers to delay sexual intercourse until after marriage, it may rule out the possible negative influences on sexual development.

Family relationships and especially parenting therefore plays an important role in the social and personal development of teenagers. Loving parents who apply strict but consistent discipline in general relate more easily to their teenagers than parents who enforce rules in a dictatorial and indifferent manner (Nielsen, 1996: 289).

Mothers have an influence on the way their teenage daughters feel about their appearance and sexuality. They are placed in the position to help their daughters acquire the ability to feel comfortable with her sexuality and body. Many mothers unfortunately do not feel at ease with their own sexuality or they might even feel dissatisfied and thus are in no position to convey positive attitudes to their daughters (Nielsen, 1996:319).

Anthony (2002:10) in her study of mothers' constructions of daughter's sexuality contends that not only are mothers reluctant to communicate verbally with adolescents about sex, but they may also send non-verbal messages that discourage open communication. Anthony (2002:10) quotes Simanski who found that women recalled negative nonverbal messages in discussions with their mothers about sexuality. Thus, the mother may find it difficult to provide open and positive communication.

According to Macleod (in Moodley, 2003:38) communication patterns within the family have been portrayed as a contributing factor to teenage pregnancy. Communication between the teenage girl and her parents (especially the mother) serves as a channel or means by which important information is conveyed regarding sexual changes, sexual behaviour and dating. Silence is especially not conducive to the development of healthy attitudes and values about sexuality and related matters in the adolescent. It creates ignorance and mystery that leads to curiosity and that is a real danger if the teenager is still naïve and lack real knowledge and experience in having relationships (Anthony, 2002: 10). Mayekiso and Twaise (1993:23) state; "the majority of parents in our community lack the necessary skills and information needed to empower their children for responsible sexuality".

For teenagers a source of learning about relationships is from experiences within their families. A parent's relationship with the other, their interaction with their children as well as with other family members, will have a major impact on the teenager's attitude towards relationships in the future. Freud as quoted by Enfield (2003:32) contended that parents play the major role in the child's psychosexual development during the genital stage. If the child does not resolve the challenges of this stage successfully this could lead to them indulging in risky sexual behaviour.

Positive and reinforcing family communication is crucial for healthy family functioning. On the other hand families characterised by poor interpersonal relationships and ineffective communication could give rise to teenagers turning to their peers for nurturing relationships as a replacement for the family. Small & Eastman (1991:456) mention, "Guiding and supporting children's development remains an important parental function during adolescence even though other people, such as peers, teachers and other non-familial adults gain in influence".

3.2.1.3 Social life

(a) Peer influences

Most of the participants had many friends and their experiences of social life centred on going to nightclubs and parties, being the main leisure activities in a community where there were not many activities for them to participate in. Some of the participants indicated that they were very irresponsible while they were at school due to being influenced by their friends. One of the participants reported the following about the influence of her friends:

”*Toe ek op skool was, het ek baie onverantwoordelike dinge aangevang, maar was somtyds baie beïnvloed deur vriende”*.
(While I was at school I committed many irresponsible things, but was some times influenced by my friends).

Peer relations seemed to have been an important factor in the social life of participants during adolescence. Especially teenage girls turn more and more to their friends for emotional support and modelling their behaviour on each other. Developing emotional intimacy and reciprocal relationships based on mutual support, appreciation and consideration are important components of these friendships.

(b) Substance abuse

Most of the participants reside in a community where access to drugs was easy. There were many shebeens in their vicinity that predisposed them to alcohol and drugs. Family members and members of the community freely and frequently abused these substances. The participants in this study were naïve and most of them were prone to substance abuse. At the time, it was natural for them to go to a shebeen and return totally stoned. The following excerpts are indicative of this:

“Ons het meestal op die smokkeljaart gewies. Ons het gedrink en so aante”.
(We were mostly at the shebeen. We drank and so on).

“As ek nou voel ek gaan uitpass, dan gaan ek huis toe. So was ek gewies.”

(I went home when I felt like passing out. That is how I was).

In one instance, intercourse took place under the influence of alcohol and memory about the incident is sketchy.

"Omdat daar drank betrokke was en ek nie geweet het wat ek doen nie, en ek weet tot nou toe nie, wat alles op daardie dag gebeur het nie, so dronk was ek".

(Because there was alcohol involved and I did not know what I was doing, and up till today I don't know all that happened on that day, that's how drunk I was).

3.2.1.4 Community environment

Most of the participants lived in poor socio-economic conditions. Most of them were exposed to many negative influences such as drug and substance abuse, violence and gangsterism. The participants expressed the desire to grow up in a better community and escape the circumstances they found themselves in. The dissatisfaction with their social environment is expressed in the following utterances:

"Ek sou dit anders wou gehad het, want dit is baie bedrywig daar, moeilikheid oral waar ek kom is moeilikgeid, en daar is baie violence ook".
(I would have liked it differently because it is very hectic there, problems everywhere I come there are problems, and there are a lot of violence too).

"Die omgewing waarin ek woon, was baie deurmekaar , maar dit het nou verander, al wat nou weer aangaan is die wat die kinders in die Tik bedryf is".
(The neighbourhood where I stay was very rough, but that changed now, all that is happening there now is the children who are in the Tik enterprise).

Not in all neighbourhoods was it a situation of doom and gloom, some participants indicated positive aspects such as support and nurturing from the community. One voiced the following:

"In my omgewing is dinge baie rustig, almal is vriendelik en almal het my ondersteun deur my geval."

(Things are quiet in my neighbourhood, everybody is friendly and everybody supported me through my pregnancy case).

Literature consulted on the influences of social and community factors on sexual risk behaviour supported the findings of my study. It indicates that peers are regarded as a source of positive and negative support in the lives of the teenagers.

According to Petersen & Crockett (1986: 164) the need for acceptance and support from peers during the time of transition from childhood to adulthood "may cause adolescents to follow the crowd, rather than making responsible choices for themselves". The inclination to follow their peers, combined with increased libido and a need for emotional intimacy, may cause some teenage girls to become involved in early sexual relationships increasing the likelihood of early pregnancy.

As teenagers build social relationships with their peers they become more detached from their family. To some extent the peer group takes the place of the family. Increasingly they become interested and involved in the peer group that comes to play an important role in their social development (Enfield, 2003: 15). A major social need for teenagers is acceptance by their peers. Pressure to conform to the values of their peers can be overwhelming to some. An excessive need to conform could lead to involvement in high-risk behaviour such as early sexual activity. This is however not the only explanation; other factors can be personality characteristics, family background, cultural and socio-economic determinants.

McWhirter *et al*. (2004:138) expand on this notion by stating that the pressure exerted by peers can lead to norms of risky behaviour and irresponsibility. Peers provide support, clear norms and the structure that most adolescents want. Along with the media, they are important information sources about sex. Peer groups play important roles in the development of the teenager's value system since they spend lots of time with their peers and this allows them the opportunity to develop skills that enable them to assume roles.

Wodarski and Wodarski (in Terblanche, 1999) mention that adolescents are more prone to discuss sex and birth control with friends who may often misinform them. Terblanche (1999) elaborates by saying that studies have confirmed that adolescent

perceptions of frequent sexual activities by peers and their awareness of the use of birth control by peers are directly correlated with greater sexual activity.

Scales & Leffert in Moodley (2003:49) perceive peers as having a strong influence on adolescent behaviour. They however do not just focus on the impact of negative peer behaviour, as in most studies, but also look at the influence of positive peer behaviour. They mention research in which it is indicated that youth who model positive behaviour (such as achieving academically or helping others) are more inclined to promote similarly positive behaviours among their friends.

Many adolescents indulge in sexual activity because they believe that their friends are doing so and they do not want to be left out (Enfield, 2003: 31). Their most important need at this time is to belong and to conform to a group. Identity confusion is a challenge at this stage. This is balanced by identifying with the group and distancing from others who are different.

Participants in this study reported that their peers had influenced them into engaging in sexual risky behaviour. However, some of their peers offered them support when they needed it.

In economically deprived communities young people often use drugs in response to the bleakness of socio-economic conditions. The lack of educational, employment, and economic opportunities often leads to despair and escape in drugs (McWhirter et al, 2004: 118-119). Peers provide information about drugs, shape attitudes toward them, create a social context for their use, give rationales for using them, and make them available. Awareness and monitoring by parents is a key measure for protecting against peers who might expose the teenager to substance abuse. Therefore poor parental-child relationships and erratic communication within families clearly predict higher use of drugs and other substances (McWhirter et al, 2004:119). Adolescents are more prone to use drugs if their family environment is disruptive or disorganised and include an adult who uses drugs in their family (McWhirter et al, 2004: 119).

Nielsen (1996:504) observes that teenagers who use excessive amounts of drugs or alcohol run the highest risk of getting pregnant, catching diseases, and being raped or

otherwise physically abused. Bigner (1998: 403) also observes that the use of alcohol and drugs could lead to sexual situations getting out of control.

3.2.2 Discussion theme two: Experiences of falling pregnant

The participants in this study were ignorant about their sexuality and sexual behaviour. Some of them were not in a relationship very long, but they voluntary became sexually active. They did not know much about sex and contraception at that stage, because they did not communicate with their mothers about sex and turned to their friends who themselves did not know much either. This ignorance of sexual behaviour led them to not using any contraception because at that time they did not foresee the consequences of their actions. Although most of them did not know much about sex at that time, they made voluntary decisions to engage in sexual activities.

The table indicates the themes and sub-themes that emerged from the data and will guide the discussion that follows:

Themes	**Sub-themes**
3.2.2.1 Sexual behaviour	a) Sexual ignorance b) Contraception c) Experimenting
3.2.2.2 Personal emotional reactions to pregnancy	a) Shock and disbelief b) Tough time accepting pregnancy c) Sadness d) Sense of belonging e) The need for a confidant
3.2.2.3 Reactions of family	a) Shock and disbelief b) Sadness and disappointment c) Anger d) Conflict at home e) Eventual acceptance
3.2.2.4 Reactions of boyfriend (biological father)	a) Shock b) Support c) Relationship turned sour d) Questioned paternity

3.2.2.5 Experiences of peer reactions	a) Shock b) Deserted

3.2.2.1 Sexual behaviour

In the discussion literature related to personal, family and friends' reactions to pregnancy will be discussed in an integrated way at the end of the findings about these issues.

Sexual behaviour was discussed in terms of the participants' sexual ignorance prior to their first sexual encounter, knowledge about sex and contraception and impulsiveness, and experimenting.

(a) Sexual ignorance

Most of the participants did not know much about sex, because they did not speak to their mothers openly about this topic. They either engaged in sexual activity without any knowledge or very little knowledge that they received from their peers. This was mostly based on myths and stories. When asked the question what they knew about sex they responded as follows:

"Boggerol niks".
(Nothing at all).

"Baie min. Ek het maar agter stories aangegaan. Hulle (vriende) het gesê as jy dit 1 of 2 keer doen, dan kan jy nie swanger raak nie. So ek het maar agter daardie stories aangegaan".
(Very little. I followed the stories. They (friends) said that you can't get pregnant if you do it once or twice. So I went with those stories).

Most of the participants were **ignorant** in that they did not know about contraception and also did not have an open and trusting relationship with their parents or caregivers and could therefore not speak freely about contraception. The following excerpts indicate this:

"Ek was bietjie dom gewees, en was te skaam om na my ma te gaan en vir haar te vra. Ek was baie dom gewees en het nie geweet van hierdie goed nie."
(I was a little stupid and I was ashamed to go to my mom and ask her. I was very stupid and did not know about these things).

In this study the participants were not in a relationship very long before they decided to become sexually active, while others were in a relationship for a year or more.
"Ek en die vader van my baba was drie maande in 'n seksuele verhouding".
(The father of my baby and I were in a sexual relationship for three months).

The decision to become sexually active is a weighty one for teenagers and as indicated, they are in most cases not adequately prepared for it. The role of the boyfriend also needs to be looked at. The responses in this study indicated that the participants were not pressured by their boyfriends to engage in sex. In most cases it was a mutual decision to become sexually active. They expressed the following:

"*Ons het na tien maande in die verhouding saam besluit om seksueel aktief te raak"*.
(After ten months in the relationship we made a mutual decision to become sexually active).

The participants were also very **ignorant about the use of contraception** because they felt that it was unnecessary and that the possibility of falling pregnant would never occur to them. One stated the following:

"Ek het soe- soe gedink, maar daai tyd is jou gedagtes nie daar nie - jy dink nie jy gaan nou pregnant raak en so aan nie".
(I thought about it a little, but that time your thoughts aren't there - you don't think that you'll fall pregnant and so on).

In most cases, the boyfriend who was more mature and knew a lot more than the respondent influenced the participants. The boyfriend was leading the way even though he was not cautious about the effects of intercourse. He also made promises to the participants that he will make sure, that she will not fall pregnant. A participant stated the following:

"My outjie het vir my gesê hy het binne gelos. Ek het vir hom gevra wat beteken daai en hy het vir my gesê jy verwag. Voor ons dit gedoen het, het hy aan my belowe dat ek nie sal verwag nie".
(My boyfriend told me that he left it inside. I asked him what that meant and he said that you are expecting. Before we did it, he promised that I will not be pregnant).

"Ek het baie min geweet, maar hy het definitief baie meer geweet".
(I knew very little, but he definitely knew more).

(b) Contraception

Because of their sexual ignorance the participants did not use any contraception and each of them had different reasons for not using contraceptives. They **acted impulsively, were in denial and were caught up in the romantic side** of the relationship. One of the participants indicated that she did not see the necessity of using contraception because at that time she did not foresee the consequences of her actions. One of the responses was as follows:

"Ek het nie op daardie stadium gedink dis nodig vir voorbehoedmiddels nie, want ek het nie daai tyd die gevolge geweet van wat ek doen nie."
(At that stage I did not think it was necessary for contraceptives because I did not at the time know the consequences of what I was doing).

Some of the participants acknowledged that they were very stubborn and in **denia**l and that they did not want to hear anything about using contraception. They also denied the fact that they were sexually active. They expressed themselves as follows:

"*Ek was baie hardkoppig en wou niks weet nie, en ek het dit ook ontken dat ek wel seksueel aktief was".*
(I was very stubborn and did not want to know anything, and I also denied that I was sexually active).

"*My ma hulle het ook gesê dat ek moet gaan(na kliniek), maar toe het ek vir hulle gesê ek weet wat ek doen en niks sal gebeur nie".*

(My mom and others said that I must go (to the clinic), but I told them that I know what I was doing and that nothing would happen).

Some of them were so caught up in the **romantic side** of a relationship (for most of them it was their first relationship) that contraception was furthest from their minds. One response was as follows:

"Daai tyd was ek so verlief ek het nie eers aan sulke goed gedink nie".
(At that time I was so in love that I did not think about such things).

(c) Experimenting

The participants **experimented** to gain experience and acted very impulsively**:**

"In daardie tydperk van my lewe het ek nie baie geweet van seks nie, ek wil dit maar net probeer".
(At that time of my life I did not know a lot about sex, I just wanted to try it).

"Om 'n seksuele verhouding te hê, was nog alles nuut vir my. Ek het gedink dit was lekker pret en niks om oor bekommerd te wees nie."
(To have a sexual relationship was all-new to me. I thought it was nice fun and nothing to be worried about).

The data indicated that participants experienced interrelated factors that had an influence on them falling pregnant. Ignorance about sex and contraception, romanticizing, experimenting and acting impulsively seemed to have been the most important factors that played a role in their pregnancy.

Regarding the teenage mothers' experiences of their sexual behaviour at the time of falling pregnant, the following published findings support and add to the findings of my study.

Nielsen (1996: 501) identifies a number of factors in addition to race and family income, which has a bearing on teenage sexual behaviour. These are: (1) the age at which the adolescent enters puberty; (2) use of alcohol and drugs; (3) communication

with the adults in their family about sex; (4) behaviour and attitudes of adults; (5) the friends they choose (6) the amount of accurate information they have about sex and contraception; (7) their self-esteem and future plans and (8) society's sexual attitudes and values.

Teenagers who engage in sexual activity at an early stage often neglect to protect themselves against pregnancy and sexually transmitted diseases. It was stated above that the communication between parents and teenagers plays an important role in influencing their decisions about sex at a later stage. Teenagers who receive honest and accurate information at home usually take a responsible and mature decision on sex. However, as Nielsen (1996: 504) indicates, few adolescents learn about sex from the adults in their close environment and friends seem to be an important information source. Many adolescents cannot talk to their parents about sex and contraception, and if they try to acquire preventative measures, they may be afraid that their parents will find out (Jones & Forrest, 1986:64).

The role of female adults in a family as a shaping influence cannot be underestimated. Nielsen (1996:503) says, "a mother's silence on such topics as sexual desire, sexual passion and love-making conveys to her daughter that female interest in these matters is too embarrassing, unimportant or shameful to merit even a conversation".

Risk behaviour in the sexual domain can be deemed as that behaviour which exposes the individual to be susceptible to unprotected sexual intercourse. Terblanche (1999:14) defined unprotected sex as having sexual intercourse without the use of protection or contraception. As examples, one can refer to not using a condom in order to prevent sexually transmitted diseases or not using the pill or injection to prevent unwanted pregnancy.

Using contraception is often perceived as a burden and is determined by various factors. Chilman (1986:207) indicate the following factors associated with failure to use effective contraceptives:

- Demographic variables, for instance age lower than 18, lower socio-economic status etc.
- Situational variables, e.g. not being in a stable, committed relationship, having intercourse sporadically and without prior planning, contraceptives not

available at the moment of need, not having ready access to a free confidential family planning service that does not require parental consent, lack of communication with parents regarding contraceptives.

- Psychological variables: desiring a pregnancy, high fertility values, ignorant of pregnancy risks and of family planning services, low educational achievement, low self-esteem, poor communication with parents.

Oni *et al*. (2005:54) conducted research on high school students' attitudes, practices and knowledge of contraception in KwaZulu-Natal and proposed the following: "it is therefore not enough just to get teenagers to use contraception. There is a need for adequate information and correct contraceptive usage amongst these teenagers".

Informed use of contraception has a significant effect on reducing the possibility of conception and conversely ignorance about sexuality, contraception and reproduction can be a major contributor to teenage pregnancy. Teenagers often cannot make informed decisions because they do not possess the knowledge about the consequences of their actions. Research has found that South Africans in general lack adequate knowledge about reproductive biology. This is however a gross generalization and not true in all communities (Buga in Macleod, 1999:8).

A teenager's decision about sex is also influenced by the sexual behaviours of their peers. Those whose friends are having sex are more likely to have sex than are those whose friends are still abstaining. Likewise, when teenagers are of opinion that their friends are using contraceptives, they themselves are more likely to use it (Nielsen, 1996:504). Their interest in sexual activities stems in large part from ideas about the sexual experiences of peers. An interesting observation is not the true number of experience the friends have had, but what they are thought to have had. Exaggerated sex stories by completely inexperienced peers create pressure for others (Utrianen in Howes & Green, 1997:11-12).

Young people's sexual decisions are also influenced by society. Many teenage magazines, movies, romance novels, television programs and advertisements send messages that having sex is one of the surest ways to achieve love, romance and excitement. Sadly then, too many girls have sex in the hope of achieving the artificially romanticized experiences they are bombarded with. Although it is

commonly accepted that sexually permissive media create a liberal attitude towards sex and promote early sexual activities there is no research to substantiate it. What has been found is that teenagers who watch a lot of television and who claim that television is their main source of information about sex reported more sexual experiences (see Howes & Green, 1997:12)

3.2.2.2 Personal emotional reactions to pregnancy

When the participants experienced the typical symptoms of pregnancy like nausea and morning sickness they knew that something was wrong and that they needed help. They also knew that they needed to confide in somebody. Only one of the participants confided in her mother. Most of them turned to their friends. They experienced different reactions which ranged from shock to disbelief and that lead to anger and sadness as well as to conflict at home.

The participants were still at school when they conceived and became aware of the possibility that they might be pregnant. Realising they were pregnant they experienced the following emotions:

(a) Shock and disbelief

The participants were in such **shock and disbelief** that they wanted to run away and only then realised what they had to sacrifice due to this unplanned pregnancy. They expressed themselves as follows:

"Ek was baie geskok toe ek uitvind ek is swanger, ek wou net weghardloop en nooit weer terugkom nie".
(I was very shocked when I found out that I was pregnant, I just wanted to run away and never return).

The pregnancies were unplanned and that was the reason why the participants were in such shock, because they then realised what lay ahead of them and the consequences they had to face.

“Ek was baie geskok want dit was onbeplan, en ek het baie dinge voor my gehad, my matriek, my studies, my lewe”.
(I was very shocked because it was unplanned and I had a lot of things planned for the future, my matric, my studies, and my life).

The participants were overwhelmed by the knowledge of being pregnant, but still did not want to accept it. They were in a state of passivity and expressed the following:

“*Ek kon nie slaap nie, ek kon nie eet nie. Ek het eenvoudig nie geweet wat ek moet doen nie. Niemand moes my nou al vertel in watter groot gemors ek my bevind nie.”*
(I could not sleep, I could not eat. I simply did not know what to do. Nobody needed to tell me in what mess I found myself).

“Ek was baie nervous en so aan”.
(I was very nervous and so on).

(b) Tough time accepting pregnancy

They really had a **tough time** accepting that they were pregnant and were totally stressed out. Due to this they became secretive about their pregnancy. This was completely unforeseen for them and the reality of finding out that they were pregnant became a nightmare for them. They expressed it as such:

“Dit het my deurentyd herinner dat dit nie ‘n droom was waarvan ek binnekort sou wakker skrik nie”.
(It kept on reminding me that it was not a dream).

“Op daardie stadium wil ek niks verstaan van ‘n kind nie, ek wil nie ‘n kind hê nie” .
(At that stage I did not want to know anything about a child, I did not want a child).

“Ek het dit stilgehou vir twee maande”.
(I kept it secret for two months).

When confronted with the knowledge of her pregnancy, one of the participants at first wanted to reject the pregnancy but later on accepted the fact and looked forward to having the baby.

"Ek wou nie eers die baba gehad het nie, totdat ek en my ma by die dokter was. Ons het gegaan vir 'n sonar en toe ek die baba op die skerm sien, het dit alles verander".
(I did not want the baby at first, but after seeing the baby on the ultrasound everything changed).

(c) Sadness

The participants were **sad**, disappointed and concerned about how they were going to tell their parents.

"Ek was hartseer omdat ek swanger is, teleurgesteld omdat ek my ouers gaan seer maak, bekommerd oor hoe ek vir hulle gaan sê en ek het gevoel ek kon weghardloop".
(I was very sad because I was pregnant, disappointed because I was going to hurt my parents, worried about how I am going to tell them and I felt like I could run away).

(*d) Sense of belonging*

One of the participants felt elated about being pregnant because she now **belonged** somewhere because many teenage girls in the community were pregnant at that stage. She experienced a sense of belonging to a group.

"Ek wou gehad het die mense moes weet dat ek swanger was. Toe ek swanger was, was almal feitlik swanger. Dit was asof hulle 'kwaai' voel as hulle swanger is. Ek was 'n klein bietjie bly want ek was mos nou een in daardie 'in' groep".
(I wanted the people to know that I was pregnant. While I was pregnant, almost everybody was pregnant. It was as if they felt "cool" being pregnant. I was a little bit happy because I was now one of an "in" group).

Another participant experienced a sense of excitement when finding out that she was expecting a girl:

"Toe ek uitvind dis 'n meisiekind was ek in die wolke, toe kon ek nie meer wag dat my kind moes kom nie".
(I was on a cloud when I found out it was a girl, I could not wait for my child to be born).

(e) The need for a confidant

Because of the lack of communication between the participants and their mothers about topics like sex and contraception, most of the participants did not **confide** in their mothers about their pregnancy, and they were very scared that their mothers would find out that they were pregnant. Most of the participants' mothers found out about their pregnancy after taking them to the doctor. Only one participant confided in her mother, the other participants told their friends first. Another participant confided in a teacher about her pregnancy. They indicate thus:

"Ek het eerste vir die vriendin vertel wat saam met my by die daghospitaal was".
(I first told my friend who went with me to the day hospital).

"My ma was die eerste een vir wie ek vertel het. Ek het vir haar vertel omdat sy die een was wat die naaste aan my was."
(My mom was the first whom I told. I told her because she was the one who was closest to me).

'Ek het na 'n juffrou wat ek baie vertrou het gegaan en vir haar vertel, en sy het saam met my na my ma gegaan om te sê dat ek swanger was".
(I went to a female teacher whom I trusted and I told her, and she went with me to my mother to say that I am pregnant).

One of the participants did not have the courage to tell her mom that she was pregnant although her mother asked her if something was wrong. She first told her ten-year-old brother that she was pregnant. He did not really understand what she meant and did not make a big fuss of it. She reported that that was what she actually wanted, because she could not bear the thought of anyone telling her in what a big mess she was. This is her words:

"Dit was my 10 jarige boetie wat ek eerste vertel het. Hy het nie geweet wat dit beteken nie, en het nie die toedrag van sake besef nie, en ek wou dit so hê".
(It was my 10 year old brother who I told first. He did not know what it meant and did not realize the state of affairs, I wanted it like that).

With all the stressful emotions mentioned above the participants still had to experience the reactions of their families, boyfriend, peer group and the school.
In this study, it became obvious that most of the participants did not count on getting pregnant and that all of them were shaken by the realization of becoming mothers.

3.2.2.3 Reactions of family

When the young girl becomes pregnant and is still living with her parents she knows that she is supposed to tell them because she cannot keep the secret forever and she needs to make serious decisions about her future and that of the baby which she cannot make on her own. These were the reactions of the families:

(a) Shock and disbelief

Most of the family members of the participants expressed **shock and disbelief** when confronted with the news of their daughter being pregnant.

"My ma het net gesê ek het so baie met jou gepraat oor seks, my pa het nie 'n woord uitgekry nie".
(My mother said that she had spoken to me about sex, but my father could not utter a word).

(b) Sadness and disappointment

Feelings of **sadness and disappointment** set in when parents found out about the pregnancies.

"My ma het dit nie goed geneem nie, sy het ook gehuil en het gesê sy is baie teleurgesteld in my, want ek is nog so jonk, en is nog op skool".

(My mother did not take it well, she also cried and said that she is very disappointed in me because I was still so young and still at school).

One of the participants mentioned that her father was very disappointed, because he had so many dreams for her and now everything was ruined. This is her report of his reaction:

"Ek kon die teleursteling op sy gesig lees. Hy't my bestook met vrae soos: besef jy wat jy gedoen het, wie gaan vir jou kind sorg, wat gaan nou met jou gebeur, gaan jy jou skool klaar maak?"
(I could see the disappointment on his face. He peppered me with questions like: do you realize what you did, who is going to care for your baby, what is going to happen to you, are you going to finish school?).

"Hy het baie verwagtinge van my gehad en hier kom ek nou en breek alles af".
(He had many expectations of me and here I come and break it all down).

(c) Anger

The reactions of the fathers were that of **anger** and they struggled to come to terms with the pregnancies of their daughters. One participant reports the disappointment of her father as follows:

"Oeeeeee… my pa was baie kwaad vir my. Hy was baie baie seergemaak en stil. Hy het dit baie kalm aanvaar, maar hy was baie kwaad en seergemaak, want ek was mos sy oogappel gewees".
(Oeeeee … my dad was very angry at me. He was very very hurt and quiet. He accepted it very calmly, but he was very angry and hurt because I was the apple of his eye).

One of the participant's fathers threatened to throw her out of the house:

"*My pa het aanhoudend vir my gesê dat hy my gaan uitsit"*
(My dad repeatedly told me that he was going to throw me out).

(d) Conflict at home

The pregnancies of some of the participants led to **conflict** in their homes. One of the mothers of a participant turned to substance abuse, which made unbearable conditions at home worse and lead to the parents being in conflict all the time. She explained as follows:

"*Dis ook in die tyd dat my ma so erg begin drink het. Sy sê sy het gedrink vir 'n toevlug, maar ek dink ek was die oorsaak daarvan. Ek dink dit was as gevolg van die stress, my pa het elke aand geskel en sy kon dit nie meer vat nie".*
(It is also at this time that my mom started to drink excessively. She said she drank as a refuge but I think I was the cause of it. I think it was because of the stress, every night my dad scolded us and she could not take it any more).

(e) Eventual support of the family

Despite all the mixed feelings that the parents experienced most of them eventually accepted the pregnancies and promised to support her.

"My swangerskap was onbeplan, maar ek het geen bekommernis gehad nie, want ek het geweet my ouers en die vader van my baba sal my ten volle ondersteun".
(My pregnancy was unplanned, but I had no worries because I knew my parents and the father of the child would support me fully).

3.2.2.4 Reaction of boyfriend (biological farther of child)

The boyfriends of the participants were shocked when they found out about the pregnancy but accepted it afterwards. Some of the boyfriends blamed the participants for not taking precautions and in two cases they denied paternity at first. Five of the ten participants' boyfriends stood by them during the pregnancy and gave them their support.

Reactions of the biological partner will be discussed under the following categories namely: **shock, support, questioning paternity, relationship turned sour**.

(a) Shock

All the boyfriends of the participants were **shocked** about the pregnancies and the thought that they will become fathers. However, they accepted it afterwards:

"*Hy was geskok maar het dit aanvaar"*
(He was shocked but accepted it).

(b) Support

Some of the boyfriends were **supportive**, while two of the boyfriends blamed the participant for not taking precaution. They said:

"My maat het my baie ondersteun, veral toe albei ons ouers uitvind van my swangerskap. My maat het my bygestaan van begin tot die einde".
(My boyfriend supported me very much, especially when both of our parents found out about my pregnancy. My boyfriend supported me from beginning till the end).

"Hy het my baie bygestaan deur die hele swangerskap, hy het ook baie vir die baba gekoop en gegee".
(He supported me through the whole pregnancy; he also bought and gave a lot for the baby).

Another participant said the following:

"Hy het vir my gevra hoekom ek nie voorsorg getref het nie. Ek dink dat hy my nog tot vandag toe blameer vir wat gebeur het".
(He asked me why I did not take precaution. I think that up till today he still blames me for what happened).

(c) Relationship turned sour

In some cases, the participants were **not on very good terms** with the boyfriend, because their boyfriends were not supportive of them. One of the participants found

out that her boyfriend was cheating on her with one of her best friends. She reports the following:

"Ek en my kind se pa was ook nie op 'n goeie voet op daardie tydstip nie. My kind se pa was besig om my te verneuk met een van my beste vriendinne en wou niks met ons te doen hê nie".
(The father of my child and I were not on a good footing at that time. My child's father was having an affair with one of my best girl friends and didn't want anything to do with us).

(d) Questioned parternity

Two of the boyfriends **questioned paternity** at first but accepted it afterwards.

"*Hy't eerste gestry ... dis nie sy kind nie. Agterna toe kom hy, toe hy uitvind hoeveel maande ek is, toe aanvaar hy toe dis sy kind"*.
(At first he denied … it's not his child, but afterwards he came when he found out how many months I am pregnant and then he accepted that it is his child).

3.2.2.5 Experiences of peer reactions

Adolescence is a time of increased peer awareness and importance when the need for acceptance and support from others is high. Girls particularly turn to friends for emotional support. Although the participants believed at first that they would always have the support of their friends, they were very disappointed that their friends were not there for them during their pregnancy. In this discussion, most of the participants experienced a sense of loss of their friendships. Most of their friends were not supportive when they found out that they were pregnant.

Participants felt disappointed because they felt that their friends were ashamed of them after finding out that they were pregnant and did not want to associate with them any more. One of the participants also reported that she believed that her friends were influenced by their parents not to associate with her anymore. Reactions of peers will be discussed under the following categories: shock, deserted and ashamed.

(a) Shocked

It came as a real **shock** for some of their friends when finding out that they were pregnant.

"*Baie van hulle was geskok, want hulle vat dit nou so daar is alweer'n vriend wat hulle nie gaan het nie".*
(Most of them were shocked because they accepted that they won't be having a friend anymore).

(b) Deserted

Some participants were surprised at the reaction of their friends because their attitudes changed and it felt as though they were **deserting** them. The following excerpt indicated this:

"Ek het baie vriende gehad voor ek swanger geraak het, maar na hulle gehoor en gesien het ek is swanger, het baie van hulle anders geraak. Hulle het nie baie met my geloop of gepraat nie".
(I had many friends before I became pregnant but after they heard and saw that I was pregnant, they changed. They did not walk or talk with me as before).

The participants felt that their friends were **ashamed** of them when finding out that they were pregnant, and that hurt them a lot:

"Ek weet nie of ek vir hulle 'n skande was nie, maar dit het my baie ongelukkig laat voel, want ons was van kleins af baie goeie vriende en nou draai hulle hul rug op my, wat ek hulle die nodigste het".
(I didn't know whether I was a shame to them, but it made me very unhappy because we were friends since we were kids and now they turn their backs on my when I needed them the most).

The response of one of the participants was that their friends were influenced by the opinions of their parents**.** She reported as follows:

"Ek dink hulle (vriende) sowel as hul ouers was bang dat ek 'n negatiewe invloed op hulle sou hê. Hul ouers het daardie besluit vir hulle geneem dat hulle nie so baie met my moet omgaan nie".
(I think they as well as their parents were scared that I would have a negative influence on them. Their parents took that decision for them that they should not mix with me a lot).

Pregnancy comes with considerable emotional turmoil even when circumstances are favourable and "normal". In the case of a pregnant teenager who has to grapple with the bewildering emotions of pregnancy and adolescence, this can be a daunting time (Brien & Fairburn, 1996:102). They are particularly vulnerable at this time as they confront the challenges of young adulthood as well as the loss of their childhood. The thought of being pregnant can be terrifying and they may deny the fact that they are pregnant until it becomes physically too obvious to be ignored. They can also seem to loose touch with any sense of reality of being pregnant to such an extent that it may seem as if they were not present at the time of conceiving the child (Brien & Fairburn, 1996:103). The adolescent may be shocked, paralyzed and in denial to such an extent, that time runs out to effectively prepare for the pregnancy and delivery (Foster, 1988:9).

Parents may also struggle with difficult emotions about their daughter's pregnancy. These could vary from anger and grief to disappointment. They need to acknowledge their emotions and deal with it to prevent the negative effect and influence over their child (Brien & Fairbairn, 1996:105).

Participants mentioned that there was an atmosphere of shock, disbelief, sadness and disappointment in their homes when their parents found out that they were pregnant. Although their parents were disappointed, most of the participants had their support.

In the parents' acceptance of their daughters' pregnancy and adapting to this reality, communication again plays an important role. Open communication will foster positive feelings which in turn will have a positive effect on the teenage mother and her child. Parents should let their daughter know that they are not afraid to talk about the pregnancy and they will be glad to listen. Pregnant teenagers want to talk about their feelings and their experiences (Phoofolo, 2005:55).

An additional factor is the reaction of the teenage father and in most cases their lack of responsibility and seemingly their absence. There are undoubtedly personal reasons for the avoidance of responsibility that are displayed by teenage fathers. Many of them do not wish to give up their freedom. There appears to be an acceptance of being partially involved with the mother and the child, but not the complete acceptance of parental responsibility.

Elster and Lamb (1986:177) state a number of factors concerning teenagers as parents. They say that teenagers are often "considered at high risk for parenting failure because they are assumed to be psychologically and physically immature, poorly prepared for parenthood, to have unstable relationships with their sexual partners and parents and experience added emotional stress resulting from the negative circumstances which surround 'premature pregnancies'".

In relationships where teenage fathers are committed to their partners they may be surprised by the pregnancy but in a better position to handle the pregnancy. Future decisions on the outcome of the pregnancy are also influenced by the strength of the relationship. Elster & Lamb (1986:182) in their study of adolescent fathers and found the following: when asked to identify some of the problems faced by young fathers their results stated financial responsibilities, parenting skills, education, employment, relationship with the girlfriend and "facing life in general".

As with teenage mothers, young fathers must negotiate the stressful crises of adolescence and parenthood simultaneously rather than consequently. They usually experience special concern about their ability to provide for their partners and children (Elster & Lamb, 1986:187).

The relationship with their friends also undergoes changes. According to Lindsay and Rodine in Phoofolo (2005:46) teenagers often reported that their friends vanished when they became pregnant. Even if their friends stood by them, the pregnant teenager found that the relationship changed. They could not go out as before and they no longer shared the same interests. Phoofolo (2005:46) also refers to Clement who mentions that a lack of adequate support from her friends and her partner has been

found to affect the emotional well-being of the mother in a negative manner. This could lead to postnatal depression and can continue after the birth of the child.

Support may come from different types of relationships, but the support of the family and the biological father of the baby are the most important.

3.2.3 Discussion theme three: Experiences of being pregnant

Being pregnant as a teenager changes life forever and can be a very difficult time. The stresses and strains of adolescence as well as pregnancy multiply and expose the vulnerabilities in the individual. During this stage in their lives teenagers need love and understanding and the support of family, friends and their boyfriend. They need someone to talk to and share all the different feelings that they experience with them. The discussion in this section will be guided by the following themes and sub-themes:

Themes	**Sub-themes**
3.2.3.1 Personal experiences of being pregnant	a) Emotional reactions b) Social reactions
3.2.3.2 Effects on school	a) Ashamed b) Disappointment c) Drop out

A discussion of the literature will follow at the end of the discussion of these themes and sub-themes.

3.2.3.1. Personal experience of being pregnant

The participants in this study experienced different reactions while being pregnant: (a) emotional reactions (e.g. utter loneliness due to a number of factors), (b) social reaction (e.g. concerns about the health of the baby, finances and school).

(a) Emotional reactions

A feeling of **utter loneliness** set in and was caused by being deserted by their friends, and in some cases their boyfriends. The ineffective communication with their mothers

and not being able to share what they are experiencing while being pregnant also played a role.

The following excerpts depict the feelings of **loneliness:**

"Terwyl ek swanger was, het dit gevoel of dit die moeilikste en eensaamste 9 maande van my lewe is, ek was baie alleen".
(While I was pregnant, it felt like the most difficult and lonely 9 months of my life, I was very lonely).

For some of them it was even more heartbreaking, because they could not share their feelings about the baby in their womb and that accentuated their loneliness:

"Ek het maar altyd alleen gevoel hoe my baba in my maag rondbeweeg want ek was te bang om my ma te sê voel gou hier, en my vriende was nooit by my nie".
(I was always on my own when I felt the baby move in my tummy because I was too scared to say to my mom feel here, and my friends were never with me).

The circumstances at home were very difficult and many factors affected the emotions at home, in some cases the alcohol abuse of their mother. The pregnancy aggravated severe situations at home. A participant expressed the following:

"Die swangerskap was vir my moeilik. My pa het vir baie tye nie eers met my gepraat nie, so asof hy my wil afgeskryf het, en my ma wat gedrink het. Dit was baie moeilik".
(The pregnancy was very difficult for me. For long periods my dad did not even speak to me, it was as if he wanted to write me off, and my mom who drank. It was very difficult).

Most of the participants experienced a sense of **despair** because they were scared of being a mom and scared of the responsibility that awaits them.

"Ek was nog nie gereed vir 'n baba nie, want ek was nog self my ma se baba, maar met die tyd het ek besef ek het nou 'n verantwoordelikheid".
(I wasn't ready for the baby because I myself was still my mothers baby, but as time moved on I realized that I now had a responsibility).

Although most of the participants had feelings of regret for being pregnant, for two of the participants it was not easy because they were in matric and only at that moment did they realise what they had to give up. One of the participants reported that during her whole life, she dreamt about her matric ball and now she was unable to attend. She expressed herself as follows:

"Ek kon nie my matriekjaar voltooi nie, nie matriekafskeid toe gaan nie. Ek het besef daar is so baie wat ek gemis het en het baie gehuil".
(I could not complete my matric year, could not go to the matric farewell. I realized how much I missed and cried a lot).

(b) Social reactions

The participants experienced feelings of isolation because some of them had almost no more friends anymore and could not go out as before in a big circle of friends:

"Partykeer het dit my nogal onder gekry, want dan gaan my vriende dans toe of iets en ek moet by die huis sit"

(Sometimes it got the better of me because then my friends would go to a dance or something else and I had to sit at home).

This was a worrisome time for the participants. Their thoughts were in turmoil about what lay ahead. They had many concerns about the baby's health and the financial repercussions because most of the participants were not with their boyfriends anymore. They expressed it as such:

"*Ek het nie gewerk nie. My boyfriend het nie gewerk nie. Ek was bekommerd oor wie vir my kind gaan sorg. Die goedjies wat ek gaan nodig kry. Ek was bekommerd oor waarheen ek gaan. Dit was my grootste bekommernis, waarnatoe ek gaan, waar gaan ek die geld kry".*
(I did not work. My boyfriend did not work. I was worried about who is going to provide for my child; the things that I'm going to need. I was worried about where I'm going. That was my biggest worry, where I'm going, where I am going to get money).

"Bekommerd van baie dinge, want hy het nog niks goed vir die kind gekoep nie. My ouers moes alleen gesorg het en sy familie is as aan".
(Worried about many things, because he didn't buy anything for the child yet. My parent alone provided and his family did not care).

Four of the participants were concerned about their studies. They were excellent students and had many dreams for the future, but being pregnant put a question mark to that and was seen as something that stood in the way of their future plans. The following gives an indication:

"My bekommernis was weer hoe gaan ek studeer en na hom kyk".
(My concern was how I am going to study and look after him also).

3.2.3.2. Effects on school

Most of the participants were aware of the impact that the pregnancy will have on their school careers. They experienced different emotions/reactions towards school. Some of the participants did not really want to go to school anymore, because their friends had dropped out of school already. Three participants were expelled from school and could not write their final examination. Some of the participants returned to school, but due to circumstances at home, they dropped out. One of the participants wrote her examination but after she failed, she decided not to attend school anymore and rather search for a job.

a) Ashamed

The participants felt **ashamed** to return to school because of their physical appearance and they could not cope with the idea of their friends and other learners staring at them. One expressed the following:

"Ek wou nie eintlik met groot pens daar by die skool geloep het nie, kinders wat 'n mens dophou en so aan nie. Ek was skaam, ek wou myself nie eers gewys het op skool nie. My maats was nuuskierig".

(I didn't want to go to school with my big tummy, children who were looking at you and so on. I was shy and did not want to show at school. My friends were inquisitive).

The participants felt ashamed to return to school and were ill equipped to deal with the feelings of shame and scorn from their classmates. Going back to school was not easy. Most of them experienced emotional trauma, had feelings of regret and were ill equipped to deal with the reactions of their classmates. The following are indications:

"Dit het baie my skoolwerk beïnvloed, want ek het lui begin raak, baie moodyrig".
(It influenced my schoolwork a lot because I started to get lazy, very moody).

"Ek kon nie konsentreer op my skoolwerk nie. Ek het gebly tot na die geboorte en eksamen gaan skryf. Toe die uitslae kom het ek gedruip, dit het my plak laat sak en dis toe dat ek daar besluit het om die skool finaal te los en te gaan werk vir my kind."
(I could not concentrate on my schoolwork. I stayed till after the birth and wrote the exam. When the results came, I failed, this broke my resolve and it's then that I decided to leave school and work for my child).

b) Disappointment

Although one of participants was determined to complete school she was expelled from school and had to deal with that **disappointment.**

"Ek kon nie my matriekjaar voltooi nie, matriekafskeid toe gaan nie. Die hoof het geweier dat ek gaan, so daai deel het ek ook gemis. Ek het besef daar was so baie dinge en ek het dit alles gemis, en ek het nogal baie gehuil".
(I could not complete my matric year, could not go to the matric farewell. The principal refused that I go, so I missed that part. I realized that there were a lot of things that I missed and I cried a lot).

The participants had a tough time dealing with their pregnancies and struggled with going back to school and trying to make it work for them. Most of them went back, but due to various factors e.g. circumstances at home, not coping at school, they dropped out. Three of them were determined to complete school and after giving birth, they returned to complete school.

Two of the participants indicated that they did not like school before getting pregnant, because one said that she was the only one of her friends that was still attending school and that she did not enjoy it anymore. The other participant said that she and her friends liked to do irresponsible things while at school. The other seven participants liked going to school although some of them were low academic achievers.

These participants stated that they left school because they got pregnant and because three of them were expelled from school. They emphasized the complications of teenage pregnancy for their school career at this point of their lives. They felt that the physical hardship of being pregnant made it difficult to concentrate.

(c) Drop out

One of the participants left school when finding out that she was pregnant. Peer pressure might have played a role because all her friends already **dropped out** of school.

"Skool was ook nie eintlik meer vir my lekker gewees nie, van agter vrinne aangegaan, want nie een van my vrinne het meer skool gegaan nie, ek was al een wat skool gegaan het".
(School wasn't actually nice for me any more, I followed my friends and because none of my friends went to school any more, I was the only one who went to school).

One of the participants was just allowed to write her final examination and was thereafter asked to leave the school.

"By die huidige skool wat ek was, kon ek net my eindeksamen klaar skryf en toe moes ek van die skool af gaan" .
(At the school where I was at the time, I could only write my final exam en then I had to leave the school).

The literature covering the topics in this theme deals with the dire consequences for the teenager of an unplanned pregnancy. In general, it highlights the emotional

turmoil of the girl with negative emotions overshadowing the positive. The premise is that having a baby at a young age will affect the girl for the rest of her life and that the consequences are greater than she expected. Dreams for the future are shattered leaving no route to escape. There is also the sudden and dramatic change from carefree childhood to the responsibilities of an adult and the fact that motherhood is abruptly forced upon her. The teenage girl is thrust into encountering the dangers, sometimes misery and loneliness of being pregnant and at times she has to deal with it on her own without the support of parents, boyfriend and friends (McCall in Phoofolo, 2005:34).

Teenage mothers are forced into completing a most difficult period of growth since infancy and have to deal with hormonal, psychological and social turmoil compounded by a pregnancy that on its own could trigger enormous challenges.

Trad (1999:222-223) states "pregnancy is a time of emotional upheaval for the expectant mother, even under the most optimal conditions. Women undergo a wide spectrum of physical and psychological changes at this time. In the case of adolescent mothers this may become overwhelming, because the adolescent has not yet attained either physical or psychological maturity".

Within the African context, Mngadi *et al*. (2003:141) in their research on support to adolescent mothers in Swaziland, found that the issue of support was of great importance. Their respondents expressed the need to be "loved and to be given moral and financial support from their partners, parents and other relatives to manage their present and future situation".

As stated above one of the consequences of a teenager falling pregnant, is that they decide to drop out of school. Various factors have an influence on the decision to drop out of school or return to school. It can be related to the age at the time of giving birth, the circumstances at home and at school. Teenagers who had only one child were found to be more likely to finish high school than those who had more than one child, and the younger mothers were more likely to drop out of school than older adolescent mothers (Zachry, 2005:2571). In this study, four of the ten participants returned to complete their schooling.

The assertion that pregnancy is the leading cause of teenage mothers educational difficulties have been critiqued by other researchers who argue that the decision of adolescent mothers to drop out of school has more to do with school policy or their past experiences in school than with their pregnancies. Zachry (2005:2571) mentions a number of scholars who found that adolescent mothers did not make the decision to drop out on their own but was in a sense forced out by rigid school policies that did not allow pregnant and parenting students at school. They also speculate that the teenage mothers' lack of involvement in their school career before they became pregnant may be an important factor in leaving school rather than becoming pregnant itself.

Luker (in Zachray, 2005:2572) argued that the low academic motivation of teenagers that become pregnant increases their risk of academic failure. It follows that those teenagers were already more likely to leave school because of these academic problems, regardless of whether they became pregnant. It might also be that lower educational aspirations may be a factor in placing females at greater risk of becoming pregnant and viewing motherhood as a viable option besides school. Women who do well in school and view education as a means to adult success are more likely to delay childbearing and not become pregnant in their teenage years.

Zachry (2005:2572) refers to the research of Williams and Musick who argued, "For those who do not find value in school, pregnancy may be viewed as alternative option for gaining adult status and stability".

In the same way, that one can argue that teenage mothers' dropping out of school has to do with their experiences in school; one can also argue that continuing in school relates to past academic performance and the belief that education may affect their future lives in positive ways.

3.2.4 Discussion theme four: Birth

The participants were unprepared for birth and did not know what to expect during the whole birth process. Most of them wanted to keep the baby, although they were not sure what to expect. The participants never considered adoption as an option. Three of

them wanted to have an abortion but due to different reasons, they had to carry their babies to term.

The following themes and sub-themes will structure the discussion:

Themes	**Sub-themes**
3.2.4.1 Personal reactions	a) Keeping the baby b) Religion
3.2.4.2 Experiences of the birth process	a) Unpreparedness b) Complications during birth
3.2.4.3 Support during birth process	a) Support of mother b) Support of boyfriend c) Support of medical staff d) First impressions of baby

3.2.4.1. Personal reactions

(a) Keeping the baby

Although the participants had the support of their families the decision **to keep** the baby, giving the baby up for adoption or having an abortion were decisions that they had to make and live with it afterwards. Most of the participants decided to keep the baby, although they were not sure what to expect. The following is an indication of it:

"Ek het besluit om die baba te hou want om te sien hoe dit sal uitwerk".
(I decided to keep the baby to see how it will work out).

One of the participants did not want the baby at first, but after seeing the baby on the ultrasound, she became very excited.

"Ek wou eers nie die baba gehad het nie, maar totdat ek en my ma by die dokter was. Toe ek die baba op die skerm sien het dit alles verander".
(At first I didn't want the baby, but after my mom and I went to the doctor and I saw it on the screen everything changed).

(b) Religion

Three of the participants wanted an abortion but due to a number of reasons, they could not continue the process. **Religion** was a factor in some of their decision-making. Two of the participants' religion forbids them to have abortions.

They expressed themselves as follows:

"Ek het 'n aborsie oorweeg, maar in ons geloof is dit ook nie toelaatbaar nie. Ek het gedink kan ek dit nie maar in die geheim doen nie, dat niemand daarvan weet nie, maar ek was te bang my pa-hulle vind dalk uit. Maar ek het dit definitief oorweeg".
(I considered an abortion but our faith does not allow it. I thought of doing it secretly so that nobody knows about it but I was too scared my dad might find out. However, I definitely considered it).

Two of the participants were uninformed about the process of how to get an abortion and when they actually decided to take that option, it was too late. They said the following:

"Ek wou onmiddelik 'n aborsie gehad het, maar toe sê hulle dis te laat, ek kan dit nie meer nie".
(I wanted an abortion immediately, but they said it was too late, I cannot have it anymore).

"Die dokter sê toe die baba is klaar gevorm en 'n aborsie gaan hy nie toelaat nie.Hy het gesê as hy uitvind ons twee het daai kind laat afmaak sit hy ons self in die tronk."
(The doctor said that the baby was already formed and that he won't allow an abortion. He said if he found out that I had one, and then he would personally put my in jail).

3.2.4.2 Experiences of the birth process

(a) Unpreparedness

Participants **were not in any way prepared** for the birth process. Their recollection of the birth process is that it is so painful that they would never forget it. They never realised that they had to go through such pain. The participants were also not sure what to expect during birth because they did not have the knowledge about the process and the possible consequences. One participant expressed the following:

"*Ek het eers besef toe ek in kraam gegaan het hoe gevaarlik dit op my ouderdom is, baie mense het my vertel jy kan doodgaan in kraam of die baba kan".*
(I only realized when I went into labour how dangerous it was at my age, many people told me that you can die during labour or the baby can).

(b) Complications during birth

One of the participants experienced severe pain and gave birth six weeks prior to her due date. It was also during this time that she was writing her final examination. They rushed her to hospital because the doctors were afraid that there might be **complications.** She expressed herself as follows:

"*Ek het in die middel van die nag wakker geword met die pyn wat net erger word en met 'n papnat bed. Ek kon dit nie glo nie, dit was 6 weke te vroeg en in die middel van my eindeksamen".*
(I woke up in the middle of the night with pain that got worse and worse and in a soaking wet bed. I could not believe it, it was 6 weeks early and in the middle of my final examinations).

Another participant also experienced complications and expressed herself as follows:

"Alles was nie pluis nie. Die verpleegster het hom vinnig by my geneem en in 'n spoed die kamer verlaat. Ek het uitgevind dat hy met die naelstring om sy nek gebore was en dat hy asemhalingsprobleme ondervind het."
(There was something fishy. The nurse quickly took him from me and left the room in haste. I found out that he was born with the umbilical cord round his neck and that he experienced breathing problems).

The baby of one of the participants had jaundice and she too developed an infection in her womb and had to go back to hospital:

"My baba was goudgeel en die dokter het gesê dat sy het geelsug op die hoogste graad en moes nog vier dae in die hospitaal bly. Sy was skaars in die hospitaal toe moes ek ook gaan want ek het baarinfeksie gehad".
(My baby was yellow and the doctor said she had jaundice in a high degree en would have to stay in hospital for four more days. She was not even in the hospital when I had to go too because I had an infection in my womb).

3.2.4.3 Support during the birth process

(a) Support of her mother

Most of the participants had the **support of their mothers** during the birth process. Although it was a very traumatic experience for them, with all the pain that they had to endure, they felt a sense of comfort because of the presence of their mothers. They expressed themselves as follows:

"Die pyn was so erg, maar ek het my ma se hand so styf vasgehou, haar hand was vir 'n week seer".
(The pain was so severe, but I held my mother's hand so tight that it was sore for a week).

(b) Support of the boyfriend

Three of the participants' **boyfriends supported** them during the birth process. One of them said the following:

"Hy was saam en was baie tense, want ek was so. Ek het te veel aangegaan".
(He was with me and was very tense because I was so. I went on too much).

(c) Support of medical staff

The **support of medical staff** varied. In some instances, they were supportive but in other cases not. The participants stated the following:

"Die dokter was baie behulpsaam daar wat ek gaan kraam het en hulle het my alles gesê en gewys wat ek moet doen".
(The doctor was very helpful there where I went to deliver and they told me everything and showed me what to do).

"Die suster het gesê ek moet net my samewerking gee dan is alles ok".
(The sister said that I must give my co-operation then everything will be ok).

Only one of the participants felt that she did not get much support of the medical staff.

"*Hulle het net jou bloeddruk gevat, gekyk of die kind nog reg lê en sulke besighede, verder het hulle niks explain wat gaan nog vir wat nie".*
(They just took your blood pressure, looked at whether the child was still lying rights and thing like that and then they did not explain what will happen next).

(d) First impression of baby

The participants experienced different emotions when they **saw their babies for the first time** and held them in their arms. At first, they could not believe it was their baby, and then were overwhelmed with joy and state that it was a beginning of a new life for them. Although all the participants experienced intense pain, and some of

them had complications during the birth of their babies, they felt a sense of relief and filled with love.

When the baby was born, the participants expressed themselves as follows:

"*Dit was 'n verligting om te sien dat my baba gesond was. Ek het gedink nou begin my lewe saam met my nuwe baba en 'n begin van 'n ander lewe"*.
(It was a relief to see that my baby was healthy. I thought now my life will start with my new baby and it's the beginning of another life).

One participant could not believe it was their baby. She expressed herself as follows:

"Toe sy uitkom het ek die bloederige kind gesoen want ek kon nie glo sy is myne nie".
(When she came out I kissed the child covered in blood because I could not believe that she is mine).

Most of the participants felt that the baby also changed their lives for the better, because some of them were irresponsible before they became pregnant. One of them voiced the following:

"Voor ek swanger geraak het, was ek baie nalatig op die lewe en op myself. Dis hoekom dink ek, ek het op die regte tyd swanger geraak, want dit het my oë oopgemaak".

As time for delivery came closer, much depended on adequate knowledge and preparation for the birth process. Most of the participants in this study were very anxious and afraid and this was all because they had no instruction at all and were so much unprepared for childbirth.

Medical practitioners regard teenage pregnancy as "high risk" cases. They base it on research indicating that girls in their teenage years are more likelier than older woman to have serious problems during pregnancy and childbirth. Girls in their early teenage years are still growing and likely to be more physically immature than older women. Alam (2002:232) makes the following point: "In their early teenage years they compete with their unborn children for limited energy and nutrients needed for

adequate growth. Low pre-pregnant weight and height are associated with a high risk of low birth weight babies and therefore high mortality risks".

Looking at the physical development of the teenager one can conclude that their bone structure will not fully develop to bear the impact of pregnancy. For instance, the pelvic bone structure should develop to such an extent that a baby's head pass normally through the birth canal. In this regard Black & DeBlassie (1985:284) say "the teenage body is not yet physically mature enough to withstand the stress of child-bearing and the birthing process, especially in the case of the early adolescent mother".

High infant mortality rate, malnutrition and even higher risk of neglect are more likely to be the fate of children born to adolescent mothers. Teenagers are also prone to pregnancy related complications. In this study, some of the participants experienced complications during birth. For instance, some of the babies experienced breathing problems, some were born with the umbilical cord around their necks and in one case the mother and the baby contracted jaundice. One further complication is that the infants are much more likely to have low birth weight.

Because of the factors stated above on why teenage pregnancy occurs in unfavourable contexts, e.g. their ignorance, lack of communication. They frequently postpone seeing a doctor until very late in pregnancy, when serious problems may have already developed (Foster, 1988:96). Even after their initial fears had subsided and they have received care and advice from a doctor, they are often still in emotional turmoil because of anxiety, worry about the future and about the attitude of the father amongst other things (Foster, 1988:99). It can be that the emotional state of the girl induce and intensify physical complications during pregnancy.

In the study, it appeared that the relationship between the some of the girls and their doctor was not always one of mutual understanding and respect. A teenage girl would probably be unfamiliar with the medical procedures conducted during pregnancy and may appear resistant and difficult when she is actually only frightened. Unless the doctor makes a real effort to understand the girl's feelings and win her trust she may become resentful and ignore medical advice.

Most of the respondents in this study remarked favourably on the attitude of the medical staff but one complained that the doctor did not take enough time to talk to her. Similar findings in the study of Foster (1988:102-103) supports this observation. It would be commendable if doctors and nursing staff can make time to put their young patients at ease and to explain things to them.

3.2.5 Discussion theme five: Motherhood

Most of the teenage mothers were overwhelmed with their babies but were unprepared to take care of the new baby. They felt insecure and had no knowledge of how to take care of a baby. Although they had to accept the responsibilities that awaited them, they felt that they were not ready to be a mom.

The table indicates the themes and sub-themes in this discussion:

Themes	**Sub-themes**
3.2.5.1 Feelings of being a mother	a) Inexperienced b) Concerns c) Sacrifices d) Responsibilities
3.2.5.2 Support of the family	
3.2.5.3 Relationship with boyfriend	
3.2.5.4 Coping with motherhood	a) Role change b) Handling with pressures

3.2.5.1. Feelings of being a mother

All the participants had mixed feelings of being a mother. All the participants acknowledge the fact that motherhood has major responsibilities. Although the participants loved their babies, they knew that they had to make sacrifices and that they were not carefree teenagers any more, they were nervous about the responsibilities that awaited them. In the study it became very clear that the participants did not have the knowledge to care for a baby.

(a) Inexperienced

They were all **very inexperienced** when it comes to taking care of a baby. One of the participants expressed herself as follows:

" Die volgende dag deel hulle (verpleegpersoneel) my mee dat dit tyd was om hom (baba) te borsvoed. O gaats, ek het nie eens daaraan gedink nie, ek was nie sielkundig en geestelik voorberei nie."
(The next day they (nursing staff) told me that it was time to breast feed him. O God, I never thought of it, I wasn't psychologically and spiritually prepared for it).

The participants realised that to be a teenage mother was not easy and they struggled with many things.

(b) Concerns

They had **concerns** about financial matters, because at the time of the birth of the baby, most of the boyfriends broke up with them. One of the uttered the following:

"Ek het nie gewerk nie. Hy (pa van die kind) het nie gewerk nie, ek was bekommerd oor wie vir my kind gaan sorg, die goedjies wat ek gaan nodig hê."
(I didn't work. He (father of the child) didn't work; I was worried about who will provide for my child, the things that I am going to need).

(c) Sacrifices

The participants all agree that it is definitely not easy to be a mother and that you have to make **sacrifices**:

"Om 'n moeder as tiener te wees is baie moelik, want jy kan nie meer 'n tiener wees en uitgaan om jou te geniet nie, want jy is nou 'n moeder en moet ten alle tye na hom omsien".
(To be mother while being a teenager is very difficult, because you can't be a teenager and go out to enjoy yourself, because your are a mother now and at all time you must care for him).

(d) Responsibilities

Although the participants had the support of their families and help from their mothers, they knew that they had to take **responsibility** for their babies. The following is the response of one of the participants:

" Al was ek maar 'n tiener van 15 jaar moes ek al daardie groot verantwoordelikheid dra."
(Although I was a teenager of only 15 years, I had to carry all that big responsibility).

3.2.5.2. Support of the family

Although the parents were disappointed at first their attitude changed after the birth of the babies. They were excited about the new arrival in the family and in some cases, it brought the family together again and strengthened the family ties. One participant indicated that the baby brought a new characteristic of her father to the fore.

"Dit het alles verander want dit was my pa se kind en dit het 'n nuwe mens van my pa uitgebring wat ek nie geken het".
(It changed everything because it was my dad's child and it brought out a new being out of my dad that I did not know).

Most of the participants' parents helped them financially, because they were still staying with their parents. In most instances, the participants did not receive any financial help from the baby's father. Most of the participants also had the support of their mothers that was a tremendous help, because they would not be able to cope on their own. The following indicates this:

"My ma help my baie ook met die versorging van my baba".
(My mom helps me a lot with caring for the baby).

3.2.5.3 Relationship with boyfriend

Four of the participants indicated that the baby strengthened their relationship with their boyfriends**.** The other participants and their boyfriends broke off the relationship and separated after the birth of the babies.

One of the participants who was still in a relationship with her boyfriend voiced the following:

"*Ek en my kind se pa was baie aan en af met mekaar, maar vandat sy daar is het alles verander en ek en hy stry ook nie meer so baie nie, want dit is nie so goed vir ons kind nie."*
(The father of my child and I were very much on and off, but since she is there everything changed and he and I do not argue so much any more because it not so good for our child).

3.2.5.4 Coping with motherhood

Motherhood had a huge impact on the participants' lives.

(a) Role change

They had to **change roles** from being a young teenager to a responsible young mother. All the participants agreed that it was a major responsibility. Most of the participants had a tough time dealing with everything that comes with a new baby. Most of them had to work and had to take care of the baby when they got home from work. There were definite changes in their lives. The following are examples of this:

"Ek het baie verander van 'n tiener na 'n ma, want as die baba daar is, moet jy ook verander".
(I changed a lot from a teenager to mom, because when the baby is there, you also have to change).

Although the participants were not ready for being a mother they showed strength and positiveness towards their situation. They were determined to do anything for their babies.

"*My tienerlewe is nou daarmee heen, maar al wat ek kan probeer is om die beste vir my kind te gee en daar bo uit te kom al val watter struikelblok in my pad."*

(My teenage life was now gone, but all that I can do was to try and give the best to my child en to reach the top despite the stumbling block that might fall in my path).

(b) Handling the pressures

The participants **felt the pressure** of being a mother, because they had to stay at home and most of them became very stressed out at times. One of them said the following:

"*Partykeer het ek baie kwaad geraak want dan moet ek by die huis bly en nou hou die baba my nog uit die slaap uit. Dit het gevoel of ek kan weghardloop en nie weer terug kom nie."*
(Sometimes I got very angry because at times I had to stay at home and then the baby kept me out of sleep. It felt as if I could run away and never return).

In one case the baby became the responsibility of her mother, because she had to work long hours and was not able to spend much time with baby. The participant expressed herself as follows:

"Ek doen dag en nagskof (7-7), die meeste van die tyd kyk my ma mos eintlik na die baby, ek is min by hom".
(I do day and night shift (7-7), most of the time my mother looks after the baby, I am seldom with him).

Although the participants experienced difficult times being a mother, their babies became the centre of their lives. Most of the participants still wondered what their lives would have been if they did not have the babies so early in their lives. The participants expressed themselves as follows:

" Sy is die sonstraal in my lewe. Ek het rede om wakker te word in die oggend omdat ek weet sy is by my".
(She is a ray of sunshine in my life. I have reason to wake up in the mornings because she is with me).

A discussion of the literature on motherhood will follow.

Scofield (1996:xiii) mentions that as far as motherhood is concerned, it is biologically possible to have a child at a very early age, generally after menstruation which in some girls could be as early as thirteen years. If this should occur, it means that the girl would still be in high school.

Once the teenagers have made the decision to carry the baby to term, give birth and decide to keep the baby, she must come to terms with the reality of motherhood. If the teenager fails to acknowledge and accept the realities of motherhood, it may be a bad experience for the mother and the baby (Trad, 1999: 228). The pregnancy can become a frustrating and negative experience for her and seen as something that interferes with her independence.

This observation is supported by Trad (1999: 228) who indicates that unlike other teenagers, the young adolescent mother will not have time to devote to her own concerns. She spends her days meeting the demands of her baby. Because the infant is dependent on her it can be a burden that she did not anticipate.

De Visser & Le Roux (1996:99) mention the affect that providing for the new baby has on teenage mothers' school career: "when the teenage mother does not resume her schooling but has to earn a living in order to care for the child financially, this has an even greater impact on her life style and development into adulthood".

Hudson and Ineichen (1991:145) observe that one of the regular teenage responses to pregnancy is that "they will have to stay in it now". This indicates a lack of knowledge about how to deal with the pregnancy in a constructive way and to seek for solutions that will help their situations. It is difficult for them to come to terms with the reality of motherhood. Teenagers feel it is the end of their youth because they have entered adulthood and left the freedom and joys of adolescent life behind them.

Research done by Clemmens (2002:557) to explore adolescent mothers' feelings after giving birth found several unique characteristics. These include the following:

- The suddenness of being a mother left them unprepared and lead to feelings of insecurity that resulted in feelings of depression. They felt helpless and unprepared for this task.

- Adolescent mothers felt pulled and torn by the two realities of being both mothers and adolescents in school.
- Many of the adolescent mothers also experienced a deep sense of regret over what could have been: a life with their friends, planning for further education and training and a future career.
- Even though there were people around them in school or at home, some adolescent mothers felt that they were alone with this depression.
- They also felt abandoned by the fathers of their babies.

Kirkman *et al*. (2001:281) in their research found that the young women included among the positive aspects of mothering that "life is enriched by motherhood and the child is a source of pride and pleasure to the extended family as well as a means of bringing the family closer together".

The difficulties that their respondents list, are: the demands of children on their mothers, the restrictions on social life caused by both the child's needs and the reluctance of friends to include the young mother and baby in their social life and their limited incomes.

Furstenburg (1976:171) states that the young mothers often feel that they do not have the necessary skills and that they are unprepared for the task of raising a child, especially if the pregnancy was unplanned. The young teenage mothers are in most cases responsible for supporting and raising the child on their own. The responsibilities of raising a child at such a young age place heavy burdens on the teenage mothers. Having a child forced them to grow up fast and it had been difficult. Some of the participants in this study passed their responsibilities onto their mothers.

Restrictions on personal freedom, losing opportunities for fun and good times with their friends, and the responsibility for the infant, are some of the costs that came with having a baby at that age (Foster, 1988:143). The adolescent mothers acquired knowledge and insight in a hard way and at a cost of growing up carefree.

There is also evidence of a positive perspective on adolescent motherhood. Wilson and Huntington (2005:65) note research that "countering the view that teenagers are ill prepared for parenthood … found that most young women were proud to be

parents". Some of the extracts above gave an indication of this. Foster (1988:143) mentions one other positive fall-out from the pregnancy; in some cases, the teenage mothers even credited their early motherhood with rescuing them from a destructive way of life. This sentiment was actually voiced by one of the respondents in this study.

Overall, the respondents in this study were ill prepared for motherhood. Their experiences as voiced in the responses are in line with the observation of Morehead & Soriano (2005:67): "most of these young women started their mothering careers without a strong view of how their lives will turn out, without any strong preferences for the future".

In conclusion, the narratives and interviews afforded the respondents an opportunity to reflect on what really happened to them and how the pregnancy, birth and motherhood reshaped their lives and they had to adjust to the challenges and opportunities of their new status as mothers of a child. They made a big step from childhood to adulthood and sacrificed much of their teenage years.

3.3 MESSAGE TO OTHER TEENAGERS

The stories of the teenage mothers ended with a message to other teenagers. All the participants mentioned the importance of being informed about sex and the use of contraception. The importance of completing school and be responsible for your education while you are still at school, was also mentioned. The participants made it clear that to have a baby and to take care of that child is a major task. They advised teenagers to abstain from sex or to use contraceptives and complete their education. They also expressed the wish that they will be able to bring about change with their participation in this study and influence the choices that other teenagers make in a positive way.

The following messages were expressed:

"In my geval was dit onkunde wat tot my swangerskap gelei het. Praat met iemand as jy nie weet oor seks nie, en lig jouself goed in".

(In my case it was ignorance that lead to my pregnancy. Talk to someone if you don't know about sex and be informed).

"Sê nee vir seks en geniet jou lewe. Jy is net eenkeer in jou lewe 'n tiener en as jy swanger raak, is daar geen omdraaikans".
(Say no to sex and enjoy your life. You are only once in your life a teenager and when you get pregnant there is no turning back).

"Om 'n baba groot te maak, is nie kinderspeletjies nie".
(To raise a baby is not child's play).

This exercise was useful because it provided another opportunity for the teenagers to reflect on what happened to them and to explore alternatives that they might have pursued.

3.4 SUMMARY

The chapter dealt with the analysis of the findings that emerged from the stories of teenage mothers about pregnancy, childbirth and motherhood. The findings of the study indicated that the participants' stories of their experiences of teenage pregnancy and motherhood could be categorized in broad themes, namely pre-pregnancy phase; falling pregnant, experiences of being pregnant; the birth process and motherhood.

Regarding the pre-pregnancy phase, the main themes of the findings relate to their diverse personal profiles and family structure, their social and community environment. Their experiences of falling pregnant relate to sexual behaviour, personal emotional reactions towards pregnancy, and reactions of the family, boyfriend and peers. With regard to the experiences of being pregnant, themes such as personal reactions to being pregnant and the effect on school were highlighted. Personal reactions and experiences of the birth process as well as support were the sub-themes relating to the birth process. Lastly, feelings of being a mother, support of the family and boyfriend and coping with motherhood were the sub-themes that related to motherhood.

The chapter concluded with the messages that the participants included in the narratives and wished to convey to other teenagers. They highlighted the importance of making informed choices, abstaining from sex and completing school.

Relevant published literature was integrated into the discussion to compare with the findings of my study and a reasonable degree of support for my findings was found in the literature.

CHAPTER 4

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

The overall goal of the study as stated earlier was to gain an understanding of teenagers' perceptions and experiences of pregnancy, childbirth and motherhood through autobiographical narratives. The motivation for this approach was the need "to tell the story" of their experiences through a qualitative approach. This approach entailed the writing of their life stories by the teenagers focussing on the themes indicated.

Chapter one gave the contextual information and motivation for the study. The study was undertaken against the background of the ubiquity of teenage pregnancy and the need to understand this phenomenon from the perspective of teenagers themselves. Chapter two described the research methodology and the strategy of inquiry that was used. Data were collected by means of autobiographical narratives (the writing up of life stories). This strategy was deemed suitable as it provided the participants the opportunity of reflecting anonymously on their lived experiences of what could be regarded as a "sensitive issue. It was followed up with semi-structured interviews to "probe" for aspects that could be of importance to answer the research question. Chapter three analysed the data and proceeded with a literature control of the findings.

This chapter summarises the findings that emerged from the research process and presents conclusions and recommendations.

4.2 SUMMARY AND CONCLUSIONS ON THE METHODOLOGY

The qualitative approach that was chosen for this study was one that offered challenges and opportunities to the researcher. Autobiographical story telling coupled with semi-structured interviews was found appropriate and rewarding for the purpose of the study.

Guidelines offered by Roberts (2002) and Goffey and Atkinson (l996) were found most useful for the content analysis and for understanding the form and function of the stories. Their stories were subsequently analyzed. At this point, a number of silences and hiatuses were found that needed to be further explored. Added to this was the fact that most of the respondents' lacked good writing skills and could not express them sufficiently on paper. The narratives and interviews thus complemented each other and at times enlightened things that were hinted at in the one text or medium of expression.

Nonetheless, the participants' responses in both narrative and semi-structured interviews were experienced as frank and honest. As mentioned earlier, the respondents experienced participating in the research as rewarding; it afforded them an opportunity to come to grips with their experiences and to reflect on their life. The researcher was able to gain rich information from the respondents due to a trusting relationship with the participants.

In conclusion: Despite the challenges that I as a novice researcher experienced in the application of the qualitative auto-biographical approach to data-collection and data-analysis, it was clear to me that in-depth experiences could only be explored by means of qualitative strategies of inquiry. Roberts (2002:119) as quoted earlier makes an apt observation worth mentioning again: "Through narrative, we come in contact with our participants as people engaged in the process of interpreting themselves. We work with what is said, and what is not said, within the context in which life is lived".

4.3 SUMMARY OF RESEARCH FINDINGS

The research findings are summarized according to the following themes that emerged from the data-analysis. The themes followed chronologically and displayed a causal order.

- **Theme one : Pre-pregnancy phase: experience of self and social contexts**

This theme focused on the adolescents' experiences of the self and social contexts. Findings indicated that the participants were a diverse group of individuals, who were part of diverse family structures. A number of interrelated factors seemed to have

predisposed them to high-risk sexual behaviour. Poor communication with parents, lack of parental supervision and a general lack of discipline in the homes of the participants were reported. The participants were also reared in communities where they were exposed to negative influences, such as substance abuse and gangsterism. Peers became an important source of support and information on aspects such as sexuality. Many of them reported that their peers who were involved with drugs influenced them.

- **Theme two: Experiences of falling pregnant**

Sub-themes that emerged from their experiences of getting pregnant were: sexual behaviour; personal emotional reactions to pregnancy; reactions of their family; the reaction of the biological father of child and reaction of peers to the pregnancy.

It was found that the participants were very ignorant about their sexuality and the consequences of their sexual behaviour. They were not amply informed about sex and contraception at that stage. Because of their sexual ignorance, it led the participants to not using contraceptives and engaging in unprotected sexual activities. When the participants were faced with the possibility of being pregnant, they experienced feelings that ranged from shock to disbelief and disappointment. This led to anger and sadness and fuelled conflict at home. The pregnancy had a ripple effect in the lives of the families, the boyfriend and close friends and disrupted the education of the girls. The families where shocked and disappointed but despite all the mixed feelings, they afterwards accepted the pregnancy and supported the participants. Although some of the participants' boyfriends stood by them, most of the relationship with the boyfriends turned sour and in the end, they did not support the baby financially. Relationships with their close friends were experienced as disappointing because the participants felt that their friends were ashamed of them and had deserted them and in most cases, they did not get the support from their friends.

- **Theme three: Experiences of being pregnant**

Findings indicated that participants experienced feelings of loneliness because of the desertion of their friends and boyfriends and also because the participants could not share their feelings with their mothers due to ineffective communication with their

mothers. They also shared concerns about the health of the baby, financial aspects, their education, scared of becoming a mother and the responsibilities that awaited them. They felt ashamed to return to school, because they were ill equipped to deal with the scorn and rejection of their classmates. This was one of the factors that influenced girls'dropping out of school.

- **Theme four: birth**

This theme focused on the experiences during the birth process. Findings indicated that most of the participants decided to keep the baby although they were not sure what to expect. With an unplanned pregnancy, the participants were not prepared for birth because they did not know what to expect during the whole birth process and that caused them to experience a tough time during birth. The experiences were discussed in terms of personal reactions, birth process, and support of their mother, support of the boyfriend and the support of the medical staff. With regard to their personal reaction, they were faced with making decisions about keeping the baby, giving him/her up for adoption or having an abortion.

Religion was a factor in their decision not to have an abortion. They were unprepared for the birth process due to lack of knowledge and not knowing the consequences. The support of most of the mothers during their delivery gave them a sense of comfort. Their boyfriends supported some of them while medical staff was in general also supportive. Their first impressions of the baby were overwhelming. They were overcome with a sense of relief and filled with love for the baby.

- **Theme five: motherhood**

Participants experienced mixed feelings of being a mother. On the one hand they experience the joy of having their own baby but on the other hand they were confronted with the major responsibilities of caring for a baby. They were challenged by being a mother while they still were adolescents and were overwhelmed by the sacrifices they had to make. They had to sacrifice freedom of movement and had to assume the tasks of motherhood. Most participants reported relying on their mothers to take over the responsibility of motherhood.

In summary, the content analysis indicated that the family context as well as the individual characteristics could be related to the fact that the participants engaged in high risk taking behaviour and fell pregnant at a young school-going age. Their experiences of falling pregnant ranged from shock and disbelief and it affected relationships with their families, boy friends and peers as well as their education. Loneliness and concerns about financial matters characterized their experiences of being pregnant. They were unprepared for the birth process due to a lack of knowledge about childbirth. They had a difficult time adjusting to motherhood but adore the babies that became the centres of their lives.

4.4 SUMMARY AND CONCLUSIONS ON LITERATURE

This study found that there was extensive literature dealing with the adolescent and their family and social context. A number of texts covered teenage experiences; however, the literature on teenage motherhood was limited. A number of theses were completed at South African universities on topics dealing with adolescent sexuality and pregnancy but none on motherhood.

Literature related to the themes that emerged from the findings was discussed in chapter 3. A summary of the related literature follows:

- **Theme one: Pre-pregnancy phase: experience of self and social context**

Literature focussed on the importance of family structure, family relations between parents and their children. The literature consulted (McWirther [2004], Nielsen [1996], Trad [1999]) confirmed the important role that mothers' had to play in their daughters' life regarding their sexuality and being comfortable with their bodies. The importance of good communication between mothers and daughters was also discussed. Bigner (1998) also focussed on the importance of friends (peers) during adolescence whether positive or negative.

- **Theme two: experiences of falling pregnant**

Brien & Fairburn (1996), Chilman (1986) confirmed the lack of adequate knowledge about sexuality and the use of contraceptives. In general, adolescents who fell

pregnant had limited knowledge about contraception and often relied on their peers who gave misleading information. The importance of healthy communication between the adolescent girl and her mother once again surfaced.

Foster (1988) also dealt with the intensified impact of being teenager and pregnant in terms of their emotional and physical development. Mention is made of the bewildering emotions with which they have to deal.

The impact on families and the boyfriend is another aspect covered in the literature.

- **Theme three: Experiences of being pregnant**

Trad (1999) and Zachry (2005) supported and described the emotional turmoil in the adolescent girl especially since the consequences of being pregnant was greater than they expected. The challenges of being pregnant at school, concomitant educational difficulties and the option of dropping out of school is discussed at length in a number of sources.

- **Theme four: Birth**

Alam (2002) and Foster (1988) highlighted the dangers to the adolescent mother and her child during the process of childbirth. Adolescent childbirths are regarded as high-risk cases due to the impact on the body of the mother whose bone structure might not be fully developed. Risks for the baby mentioned in the literature are low birth weight and complications during birth.

- **Theme five: Motherhood**

This aspect was the one least covered in the literature consulted. The available sources (Clemmens [2002], Furstenburg [1976], Wilson & Huntington [2005]) covered the fact that adolescent are ill-prepared for the demanding task of caring for the new baby, the reality of having to cope with all the responsibilities, the sacrifices they had to make and the restrictions motherhood placed on them. Some texts indicated the positive outcomes such as the joys of being the mother of a child.

On a personal note, this study was highly challenging and had a major impact on my own perceptions of teenage pregnancies. Through their experiences, I became aware of what they endured and how important effective communication between mothers and daughters is.

4.5 CONCLUSIONS

The research objectives as stated in chapter one were accomplished. The methodology that was applied was found to be effective because it provided the participants the opportunity to reflect on their feelings of being a teenager and being pregnant. The participants could also reflect on their experiences of birth and gave a broad picture of how they coped with motherhood. The researcher found the findings to be enlightening and they contributed to the understanding of the experiences of teenage pregnancy, birth and motherhood.

The findings of this study indicated the importance of the stability within families. The stability of a family structure is important for the healthy development of the teenager. If that structure within the family is not strong, it could lead to engaging in early risk-behaviour. The family structure also has an influence on the family relations and involves the discipline that can influence the teenager's decisions around personal and social matters. Lack of structure may also be in the form of less parental support and supervision over behaviours likely to culminate in sexual activity.

Parents and especially mothers play a vital role in assisting the teenager to attain her own sexuality. Parents and again mothers should have a parenting style that allows for emotional closeness and open communication. Communication between the teenage girl and especially her mother serves as a channel or means by which important information is conveyed with regard to sexual changes, sexual behaviour etc.
Without proper parental support and guidance, the teenager will not be able to develop a positive sexual identity and this could increase the chances of risk-taking behaviour.

The findings of this study indicated that interrelated factors influence teenagers falling pregnant. Ignorance about sex and contraception, romanticizing, experimenting, acting impulsively as well as the persuasion of a partner seems to have been the most

important factors that played a role in their pregnancy. Throughout the findings, it became clear that the teenagers really had a hard time accepting their pregnancy, and were totally stressed out.

The study also found that the pregnant teenager experienced many concerns while they were pregnant. Feelings like loneliness, desertion of their friends and in most cases, their boyfriends as well as anxiety because the circumstances at home changed and were not the same anymore, came out in the responses. They were also worried about the financial aspects and the health of the baby. Due to the ineffective communication with their parents and especially their mothers, they could not share their feelings with anyone.

The pregnant teenagers also struggled to return to school and make it work. Most of them returned but due to various factors like circumstances at home, not coping at school and being ashamed, they left school.

Ignorance about contraception was a factor leading to unplanned pregnancies. The teenagers were therefore not prepared for the birth process because they were not informed of what is going to happen during the birth process. Three of the teenagers wanted an abortion, but could not go through with it, due to different reasons. Most of the giirls decided to keep the baby although they were not sure what the consequences might be. The birth was painful and some of them experienced complications during birth.

The study found that all the teenage mothers were ill prepared for motherhood. Although they had the support of their families and in some cases their boyfriends the responsibilities of raising a child at such a young age placed heavy burdens on them. The teenage mothers stated that the babies became the centre of their lives but still experienced the following difficulties: demands of the children on them as mothers, restriction on their social life caused by both the child's needs and the reluctance of friends to include the young mother in their social life.

The study gave insight into the perceptions and experiences of a group of teenage girls about pregnancy, birth and motherhood and expressed the need for more support structures to address their needs.

4.6 RECOMMENDATIONS

The recommendations described in this chapter are meant to assist and support teenagers concerning their experiences of pregnancy, birth and motherhood.

The researcher's recommendations are as follows:

- The need for effective communication between parents and teenagers about sexuality and sex-related matters should be addressed at various levels. Within the family parents should exercise a parenting style that allows teenagers to communicate freely with them. Parents must be made aware of the need to spend more time with their teenagers and engage them in discussions on the matters mentioned. Support groups and advisory services should be established and strengthened to help parents who might experience problems. Resource centres must stock interesting, relevant and easy reading material that speaks to the point. Spaces can be created where mothers and daughters can meet and exchange ideas and feelings outside the boundaries of their traditional roles.

- Positive sexual identity will minimize risk-taking behaviour. Therefore communities and society at large must invest in activities that promote positive values and healthy life styles.

- Sex education should enhance the ability of young people to feel good about themselves and their bodies, raise self-esteem and encourage the learning of assertiveness and negotiating skills. Although sex education programmes are conducted by various agencies, there should be more integration between what is offered at schools, churches, clinics and community groups. The active participation of teenagers in these programmes should be of paramount importance.

- Sex education should promote the positive components of sexuality like intimacy and not focus exclusively and negatively on detrimental consequences like unplanned pregnancy. The Life Orientation curriculum, specifically Learning Outcome 1 (Personal Well-being) grades 10 to 12 covers aspects such as sexuality and healthy relationships. The effect this will have on

learners depends on the enthusiasm of the educator and the receptiveness of learners.

- Sex education programs should include information on contraception, how to use them and obtain them. One of the findings of the study was that the situation in clinics and day hospitals are not teenage friendly and actually discourage visits by teenagers. This can be addressed by allocating special times for teenagers, negating the stigma of promiscuity if you use contraception and having a more open inviting policy.

- Schools should try to help and encourage teenage mothers to complete their education and to invest in their future. Educators must be encouraged to assist such learners to catch up when they fall behind. The Education Department must provide resources and support structures to schools so that it does not become a burden to educators.

4.7 RECOMMENDATIONS FOR FURTHER RESEARCH

Research is needed about the role that support structures such as schools, social services, clinics, day hospitals, churches can play to assist teenage mothers. Research about the perspectives and behaviour of teenage fathers and their involvement with their child and his/her mother might yield valuable insight into a neglected aspect of the phenomenon of teenage parenthood.

4.8 CONCLUDING SUMMARY

Finally, in looking at how the participants perceive the pathway from pregnancy to motherhood, one sees that a number of factors and circumstances played a role in falling pregnant. The pregnancies were unplanned due to factors like ignorance about contraception, the family structure and relationships, as well as peer influence. Being pregnant was difficult and lead to a situation in which the support of family, boyfriend and friends were important. They were ill prepared for the birth process due to ignorance but made the decision to keep the baby. Motherhood had many challenges and they sacrificed much of their youth. Their regrets were balanced by the joys of having the child in their life.

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ADDENDUMS

ADDENDUM A

INSTRUKSIES

Skryf ‘n storie oor jou ondervinding van tienerswangerskap en moederskap en probeer om so breedvoerig as moontlik oor elke insident te skryf, selfs die inligting wat jy dink onbelangrik mag wees.

Die volgende punte moet in gedagte gehou word wanneer jy skryf, maar jy kan enigiets nog insluit wat jy dink belangrik is:

- Skryf die gegewens in die vorm van **‘n lewensverhaal.**
- Die storie moet geskryf word in ‘n logiese volgorde. Dit beteken dat jy moet begin **deur’n beskrywing te gee oor jouself en jou gesinslewe d.w.s. hoe oud jy is, by wie jy bly, jou vriende, jou persoonlikheid**.
- Die storie moet dan verder geneem word na jou **ondervindings** wat jy onthou van **jou swangerskap en later moederskap**.
- **Die volgende inligting moet asseblief in jou storie ingesluit word**:
  - Jou **ouderdom** toe jy uitvind dat jy swanger is,
  - Hoe lank **jy en die vader van jou baba in ‘n seksuele verhouding** betrokke was,
  - Het jy enige **voorbehoedmiddels** gebruik?, indien nie verskaf redes waarom nie,
  - **Hoeveel het jy geweet van seks o**p daardie tydstip in jou lewe,
  - Hoe het jy uitgevind dat jy **swanger is?**
  - Hoe **oud was jy en in watter graad** was jy toe jy uitvind dat jy swanger is
  - Jou **gevoelens** toe jy uitvind dat jy swanger was?
  - Vir wie het jy **eerste** vertel dat jy swanger was en **hoekom,**
  - Was die swangerskap beplan of onbeplan,
  - Wat was jou **bekommernisse** terwyl jy swanger was?,
  - Het jy **uitgesien na die koms van jou baba**,
  - Was jy gereed om ‘n moeder te wees?
  - Hoe het die swangerskap jou skoolwerk beïnvloed,
  - Wie het jou **ondersteun** tydens jou swangerskap?

- Was die pa van die baba **deel van die besluit om** die baba te behou,
- Was daar **enige beloftes** van sy kant indien jy die baba sou behou,
- Die geboorteproses: **wie** was **saam met jou tydens die geboorte**, was dit pynlik,
- Hoe het dit gevoel toe jy **die baba die eerste keer sien** en vashou?
- Hoeveel het jy op daardie tydstip geweet van die **versorging van 'n baba**?
- **Moederskap**: hoe voel dit om 'n tiener te wees en 'n moeder te wees**,**
- Hoe voel jy nou omtrent **jouself en die baba,**
- Jou **verhouding met die vader** van jou baba,
- Jou **toekomsdrome,**
- Hoe jy **"cope";**
- Wat is **goed** en wat is **nie so goed;**
- Hoe sal jy dit **anders** wou gehad het?
- Jou **boodskap aan ander tieners oor tiener swangerskap en moederskap.**

Baie dankie vir jou deelname.

ADDENDUM B

LETTER OF CONSENT

RESEARCH TOPIC: **A qualitative study of teenage girls' experiences of pregnancy and motherhood**

RESEARCHER: E.C. VAN WYK

I ……agree to participate voluntarily in this research. I am aware that my participation is based on anonymity and that I can withdraw from the research at any time. I am also aware that the information I provide will be used for research purposes only.

Signed ……

Date……

Place……

Parent……