TEENAGE MOTHERS' REFLECTIONS OF THEIR UNINTENDED, REPEAT PREGNANCIES

by

MURIEL JOHNSTONE

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Supervisor: Dr. M. de Jager

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Student number: 3112633

DECLARATION

I hereby declare that the mini-thesis, TEENAGE MOTHERS' REFLECTIONS OF THEIR UNINTENDED, REPEAT PREGNANCIES, is my own work and that all resources that were used or referred to by me during the research study, are indicated by means of a complete reference and acknowledgement.

Signature: _____ Date: _____

Ms. Muriel Johnstone

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Abstract:

Globally, teenage pregnancy remains a disturbing phenomenon which impacts on the lives of teenagers, their families and society as a whole. Numerous attempts at addressing the problem have seen a decline in fertility rates but agreement still exists that the incidence of young girls bearing children is unacceptably high. Studies conducted over the years have emphasised both the causes and consequences of teenage births. Many studies too have explored the benefits of preventative strategies. Yet, despite all this, teenage pregnancy remains a cause for concern with many teenage girls remaining sexually active after a first pregnancy, and exposing themselves to subsequent pregnancies and births.

This study was focused on teenage girls who had experienced unintended repeat pregnancies. Through the research a deeper understanding of the meanings that female teenagers ascribe to repeat pregnancies, were sought. A sample group of teenage mothers were allowed to take a step back from their experience of the repeat pregnancy; to think deeply about the experience, and to reflect on what they had learnt and how it has impacted on their current lives. The researcher employed a qualitative approach with a descriptive, explorative design in order to obtain a rich description of the experiences of teenage mothers who have been through a repeat pregnancy. The goal of the study was to explore and describe the reflections of these teenage mothers who had experienced unintended, repeat pregnancies. Data was obtained through semi-structured individual interviews where an interview guide was used. The data was analysed according to the steps outlined by Creswell (2009). Findings were noted and recommendations made. These recommendations are designed for role-players involved with teenagers and youth in general. Emphasis was placed on recommendations to professionals, like educators, healthcare workers and social workers who are at the coalface of dealing with teenagers who engage in sexual activity. Finally, recommendations for further research were made.

Keywords: Reflections, Teenager/Adolescent, Pregnancy, Teenage/Adolescent pregnancy, Repeat pregnancy, Unintended pregnancy

Definitions of Terms:

Reflections: Daudelin (1996:39) defined this as "the process of stepping back from an experience to ponder, carefully and persistently, its meaning to the self through the development of inferences; learning is the creation of meaning from the past or current events that serve as a guide for future behaviour." Reflection thus becomes an integral part of learning.

Teenager/Adolescent: According to the World Health Organisation (WHO) the term "adolescent" is often used synonymously with "teenager". Adolescence begins with "the onset of physiologically normal puberty, and ends when adult identity and behaviour are accepted." This period of development corresponds roughly to the period between the ages of 10 and 19 years (Canadian Paediatric Society, 2003:1).

Pregnancy: Pregnancy is defined as "the period from conception to birth. After the egg is fertilized by a sperm and then implanted in the lining of the uterus, it develops into the placenta and embryo, and later into a fetus. Pregnancy usually lasts 40 weeks, beginning from the first day of the woman's last menstrual period, and is divided into three trimesters, each lasting three months" (Farlex, 2012).

Teenage/Adolescent Pregnancy: "Adolescent pregnancy" means pregnancy in a woman aged 10-19 years. WHO notes that a considerable difference sometimes exists between a 12-13 year- old girl, and a young woman of 19. Authors sometimes distinguish between adolescents aged 15–19 years, and younger adolescents aged 10-14 years (WHO, 2004). For the purpose of this study, the age of the woman is defined as her age at the time the baby was born. Only teenagers between the ages of 15 and 19 years, who have had two or more live births, will be considered.

Repeat Pregnancies*:* Raneri & Wiemann (2007:39) define repeat teenage pregnancies as "multiple pregnancies" experienced by women during their adolescent years.

Unintended Pregnancies: An unintended pregnancy is a pregnancy that is mistimed, unplanned or unwanted at the time of conception (Centre for Disease Control & Prevention, 2010). It is seen as a decision which is not consciously made or planned. (Santelli, Rochat, Hatfield-Timajchy, Colley Gilbert, Curtis, Cabral, Hirsch, Schieve, 2003).

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CHAPTER ONE

INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Recent South African news proclaimed the concerns of the education fraternity by warning against "teens swapping books for babies". The article quoted a staggering number of 160,754 teenage pregnancies amongst schoolgirls between 2008 and 2010 (Govender, 2012:6).

Teenage pregnancy remains a worrying phenomenon throughout the world despite statistics showing an overall decline in adolescent fertility rates over the past decade (Dryburgh, 2012; Guttmacher, 2010). Most countries in both the developed and underdeveloped world still perceive teenage pregnancy as both a health and social problem (Acharya, Bhattarai, Poobalan, van Teijlingen & Chapman, 2010). The causes of teenage pregnancy have been identified by many researchers and the teenagers who may be at risk are constantly described, yet a solution to the problem seems a long way off. Logically, identifying the causative and risk factors of teen pregnancies should have decreased the incidence of the problem (Macleod, 1999b) but this has not occurred and the problem still persists.

Consensus exists that teenage pregnancy is mostly unplanned (Santelli et al., 2003; Guttmacher, 2010), and because it coincides with other life changes, it has negative consequences for the teenage mother (Lemos, 2009). Premature childbearing has deleterious effects on the well-being of teenagers. Available literature documents the psycho-social, physical, educational and economic impact of early motherhood on the lives of teenagers. Not only teenagers are affected by this phenomenon, but also families and society. The high rate of school drop-out lowers the level of academic achievement and affects the teenagers' ability to access the labour market. Teenagers often become a

burden on the state and depend on welfare assistance. They are also stigmatised and victimised and are often socially excluded because of their new-found status of parenthood.

Many attempts have been made nationally to curb a problem which poses severe risks to teenage mothers (Jewkes, Morrell & Christofides, 2009). The causative factors and the negative impact of childbearing in teenage years are documented throughout the literature. In South Africa, preventative efforts have focused on various interventions. Educational programmes, mass media campaigns, community-based programmes and school-based sex education have all been created. Policies relating to the dissemination of information on sexual matters, family planning services and increased awareness-raising have all been put in place (HSRC, 2009). Despite all these interventions, however, teenage pregnancy still remains a significant concern in our society.

1.2 LITERATURE REVIEW

Teenage pregnancy constitutes a major social and health issue in countries throughout the world. Numerous countries have reported on the decline of teenage fertility (Makiwane, Desmond, Richter & Udjo, 2006; Guttmacher, 2010; Dryburgh, 2012). Statistics, however, show that the problem remains significant. In the United States of America, 750,000 teenagers under the age of 20 were reportedly pregnant in 2006 despite the pregnancy rate dropping to an all-time low in more than 30 years in 2005 (Guttmacher, 2010). In South Africa, more than 30% of girls who attain the age of 19 years are reported to have had at least one child (Kaufman, de Wet & Stadler, 2001).

Most researchers agree that numerous factors contribute toward teenage pregnancy. In South Africa, different authors (Macleod, 1999b; Woods & Jewkes, 2006; Jewkes et al., 2009) have suggested culture, forced sexual relations, family structure, reproductive ignorance, peer group influence and socio-economic status as some of the major causes. Culturally, the value placed on fertility may encourage teenagers to fall pregnant (Macleod, 1999b). Woods & Jewkes (2006) in their study noted that teenagers are often

coerced into sexual relations by partners who need to prove their masculinity. The structure of the family and the way in which it is organised is also a contributory factor in teenagers sexually debuting earlier with subsequent pregnancy (Sturgeon, 2008).

Teenagers often engage in risky sexual behaviour through ignorance and limited sexual knowledge (Macleod, 1999b). Sometimes this risk-taking behaviour is further influenced by the use of substances which increase sexual activity (Kanku & Mash, 2010; Flisher, Kramer, Hoven, King, Bird, Davies, Gould, Greenwald, Lahey, Regier, Schwab-Stone & Shaffer, 2000). Preston-Whyte & Zondi (1992) conclude that pressure exerted by peers plays a key role in the initiation of sexual activity and teenage pregnancy. Peer pressure influences adolescents and challenges them to take all kinds of risks to be part of a group (Ncube, 2009). In addition, Macleod (1999b) notes that a very strong association is made in South African literature between socio-economic status and teenage pregnancy. This matter is confirmed by the Human Sciences Research Council (HSRC) who report that a strong link exists between early pregnancy and poverty in particular (HSRC, 2009).

Parenthood generally is perceived as a positive, life-changing experience (Swann, Bowe, McCormick & Kosmin, 2003) but it may also result in numerous negative consequences particularly for a young mother (Lemos, 2009). The negative consequences associated with giving birth at a young age remain a grave cause for concern to many writers (Acharya *et al*., 2010; Fraser, Brockert & Ward, 1995). Teenagers are reportedly at greater risk of experiencing adverse outcomes to pregnancy; they are more susceptible to poor health, both physically and mentally, and to other socio-economic effects after giving birth (Lau, 2010). Increased adverse effects are further exacerbated by pregnancies that are unintended. Unintended pregnancies increase the risks to both mother and baby because the lack of planning a pregnancy could mean that the woman is not in the best of health for bearing a child, with teenagers being most at risk (Centre for Disease Control and Prevention, 2010).

Many researchers expound the adverse birth outcomes which are associated with teenage pregnancies (Chen, Tsai, Sung, Lee, Lu & Ko, 2009; Chen, Wen, Fleming, Demissie, Rhoads & Walker, 2007; Fraser *et al.*, 1995). These authors agree that giving birth at a young age increases the risk of preterm delivery, low birth weight of infants and neonatal mortality. Neonatal mortality (defined as the probability of the infant dying within the first month of life) in South Africa amongst adolescents has been shown to be somewhat higher than for women between the ages of 20 and 40 (Department of Health, 2007). About 20% of these cases have been attributed to low birth weight (Macleod & Tracey, 2010). For young mothers, having a seriously ill or dying child can be immensely stressful and distressing. A preterm infant may require a great deal of extra care and attention when being discharged home (World Health Organisation, 2004).

A further negative consequence of teenage pregnancy is the high incidence of abortions. In the United Kingdom nearly half of the teenage pregnancies end in legal abortions (Lemos, 2009). In America, the teenage abortion rate in 2006 had reached 19 abortions per 1,000 women (Guttmacher, 2010). These surgical terminations of pregnancy pose extensive risks to the physical and mental health of teenage mothers. Lemos (2009) expands on the physical risks which include haemorrhaging, perforations of the womb, damage to the cervix and other complications which could result in long-term damage. Post-abortion stress can result in even more damaging mental health effects ranging from feelings of grief and remorse to more severe expressions of depression (Lemos, 2009). In South Africa, statistics for abortion are more difficult to obtain, but by 2003 approximately 70,000 legal abortions were being performed per year. Thirty percent of these abortions were for women between the ages of 15 and 19 years (Makiwane as cited in HSRC, 2009). Obbes (2011) concurs that in work done with mothers in South Africa the incidence of Post-Abortion Stress Syndrome is extremely high and leads to feelings of sadness and guilt which manifest in later years as more severe symptoms.

A serious mental symptom related to early childbirth is the high level of postnatal depression. Findings suggest that teenage mothers are three times more likely than older

mothers to develop postnatal depression (Lemos, 2009). In America it is estimated that 47% of adolescents experience postpartum depression as opposed to only 13% of adults (Logsdon, Simpson, Birkier & Looney, 2005). Liao (2003) in a study conducted amongst British teenagers found that the incidence of postnatal depression was particularly high in the first three years postpartum. The implication of suffering from postnatal depression is that young mothers, owing to their condition, may not be able to attend to infant behaviours like crying, or have any desire to feed their infants (Liao, 2003).

Teenage pregnancy is often associated with the curtailment of schooling (Lemos, 2009). Many studies emphasise the socio-economic impact of early motherhood on teenagers (Lemos, 2009; Department for Children, Schools and Families, 2007). In the United Kingdom, only about 30% (as opposed to 90% of non-mothers) of young mothers remain in any form of training or education, as they view spending time with their infants at home as taking precedence (Department for Children, Schools and Families, 2007). In addition, Lemos (2009) notes that having a baby often leads to the abandonment of further education, thus lowering the level of educational attainment. This in turn leads to poor employment preparation and training, which places the teenage mother at a huge disadvantage in the labour market. Poverty and a high level of reliance on welfare assistance usually result (Lemos, 2009). In South Africa, too, school drop-out is seen as a concern, with only one third of teenagers returning to school after having a child, despite the progressive legislation of the Education Department which permits young mothers to return to school after giving birth (HSRC, 2009).

Teenagers also experience problems with parenting. Corcoran & Pillai (2007) suggest that teenage parents often exhibit behaviours which compromise parent-child interaction. Teenagers are often more punitive in disciplining their children, but also tend to lack the skills to provide adequate stimulation for their children, especially verbally. They are also more prone to abusing and neglecting their children (Corcoran & Pillai, 2007). As a result of all the negative consequences associated with teenage pregnancy, questions are raised about the reasons for repeat pregnancies (Klerman, 2004).

1.3 THEORETICAL FRAMEWORK

The Theory of Problem Behaviour attempts to explain dysfunctional and maladaptive behaviour in adolescence (Steinberg & Morris as cited in Costas, 2008). The theory is premised on the idea that all behaviour results from the interaction between the person and the environment, and that problem behaviour is any behaviour which raises some concerns and elicits a control response (Costas, 2008). Teenage pregnancy is seen to be one of the problem behaviours which raises concern in society (Bunting & McAuley, 2004). Control responses in the form of research and intervention have been instituted; yet disapproval by concerned parties are still expressed (Vundule, Maforah, Jewkes & Jordaan, 2001).

This theoretical framework takes into consideration the social context within which adolescents function, which includes family, friends, school or work, and attempts to measure how they affect the behaviour of the adolescent (Costas, 2008).

Conceptually, the theory of problem behaviour focuses on three systems, namely 1) the perceived-environment system; 2) the personality system, and 3) the behaviour system (Jessor, Donavon, & Costas, 1991). Costas (2008) notes that the perceived environment relates to the amount of support and control as well as the role models which the adolescent has in her teenage years. In the teenage years, the control of the parent is no longer as significant to the teenager. This is a period in which teenagers search for some identity, and more emphasis is placed on socialising with peers. Peers exert more control on the teenager who attempts to find roles within which they are more comfortable. As the teenager therefore establishes his/her own identity, friends become acceptable role models who then set the boundaries for behaviour (Heaven, 1994). This implies that teenagers who are exposed to peers who exhibit promiscuous sexual behaviour may therefore identify with them and engage in similar behaviour.

The personality system is defined by the beliefs, values and attitude the adolescent has towards life, and is often shaped through social learning and experiences during the developmental process (Costas, 2008). Kamphaus & Frick (2005) assert that the personality is often a reflection of different traits which a person possesses, which determine the way in which they interact with the environment. For teenagers this may be particularly relevant, as traits such as irresponsibility or even timidness could predispose them to involvement in sexual activity (Costas, 2008). The behaviour system includes both acceptable (conventional) behaviour and behaviours which are problematic and deviant in nature (Costas, 2008). Jessor *et al*. (1991) note that conventional behaviour relates to behaviours which are seen as good, for example church attendance, whereas deviant behaviour is deemed to be unacceptable, such as smoking and engaging in early sexual activity.

In each of these systems there are factors which help to push adolescents into engaging in problem behaviours, also referred to as "instigating factors" or otherwise factors which help to steer adolescents away from engaging in such behaviours, called "controlling factors" (Jessor *et al*., 1991). The theory of problem behaviour contends that the likelihood of teenagers engaging in problem behaviour is determined by the balance which exists between the instigating and the controlling factors in the three systems (Costas, 2008). Thus the teenager's likelihood of engaging in continued sexual activity could be determined by instigating factors which outweigh the control factors. This theory further contends that involvement in one problem behaviour increases the likelihood of continued problem behaviours by virtue of the social nature of youth (Costas, 2008). Sexual activity is therefore a behaviour which may be very difficult to curb once the teenager has had a first pregnancy, and repeat pregnancies are then more likely to follow.

A second assumption of the theory of problem behaviour is the implication that problem behaviour may result from the teenager's need for a developmental behavioural change. Costas (2008) explains that certain behaviours are more acceptable at certain ages. For

example, sexual activity is more acceptable during adult years. This could lead adolescents to want to be more mature, thus engaging in sexual activity in order to improve their status by progressing from adolescence to young adulthood. This transition is very much a striving by adolescents to reach a higher level of development by virtue of their problematic behaviour. Therefore as teenagers progress from one developmental stage to the next in this age group, the theoretical assumption that adolescents are more prone to improving their status is established (Costas, 2008). The need for teenagers to move into a higher stage of development could therefore contribute towards indulging in adult behaviour which affords them the opportunity to appear superior to their peers.

1.4 PROBLEM STATEMENT

Globally, teenage pregnancy remains a disturbing phenomenon which negatively affects not only the individual, but family and society as well (Chen, *et al*., 2009). Although the past decade has seen a decline in fertility rates (Klerman, 2004: Macleod & Tracey, 2010), consensus still exists that the incidence of teenage girls bearing children is unacceptably high (Schuyler Centre for Analysis & Advocacy, 2008). Studies (Macleod, 1999; Woods & Jewkes, 2006) conducted over the years have focussed mostly on the causes and consequences of teenage pregnancies and the subsequent births of these babies. Improved reproductive healthcare services and an increase in sex education programmes have been instituted to address the causes of this phenomenon and to curb the high rates of teenage pregnancy. Yet, despite these attempts, the escalation of teenage pregnancy in South Africa still remains an ongoing concern among social service, educational and healthcare professionals.

Teenage girls, despite experiencing a host of negative consequences after a first pregnancy, such as dropping out of school, postpartum depressions and severe financial constraints, still remain sexually active and expose themselves to second and third pregnancies and births. The resultant repeat pregnancies often magnify the negative consequences of teenage parenthood and may limit the teenage mother's chances of success in life (Klerman, 2004).

The researcher is a social worker at the Mowbray Maternity Hospital (MMH), a facility that provides obstetric care to women both ante-natally and post-natally, who observed a significant increase of teenage girls with unintended repeat pregnancies. The researcher therefore embarked on this study in order to reflect on teenage girls who have experienced such unintended repeat pregnancies. Their personal experience places them in the best position to reflect on the course of events in order to provide professionals with a better understanding of teenage repeat pregnancies.

1.5. RESEARCH QUESTION

What are teenage mothers' reflections of their unintended repeat pregnancies?

1.6 GOAL AND OBJECTIVES

1.6.1 Goal of the study

To explore and describe the reflections of teenage mothers who have experienced unintended repeat pregnancies.

1.6.2 Objectives of the study

To explore and describe the events that lead to unintended, repeat pregnancies amongst teenage girls.

To explore and describe the changes that followed after the unintended, repeat pregnancies of teenage girls.

1.7 RESEARCH APPROACH

The researcher chose to use a qualitative research approach for this study. Qualitative research is a way of exploring and understanding the meaning ascribed to social or human problems (Creswell, 2009). This research approach is focused on collecting data which comes mostly from the written and spoken word (Durrheim, 2006). Babbie and Mouton (2007:53) view the qualitative research approach as an approach which "takes as

its departure point the insider perspective on social action." They contend that human behaviour is studied from the perspective of the participants themselves and is focussed on describing and understanding behaviour. Qualitative research is also aimed at providing detailed and in-depth descriptions of the actions of the participant as well as the event (Geertz as cited in Babbie and Mouton, 2003). A qualitative research approach therefore helped the researcher to gain a more thorough understanding of teenage mothers' reflections of their experiences of unintended repeat pregnancy. Clarke (2010) suggests that most studies have painted a one-dimensional picture without recognising the thoughts and feelings of teenage mothers themselves. Ascribing meaning to the experiences of teenage mothers who had gone through a repeat pregnancy therefore helped to cast a different light on the problem and provided valuable first-hand information.

1.8 RESEARCH DESIGN

The researcher chose to use an **explorative, descriptive research design**. Exploratory studies, according to Terreblanche and Durrheim (1999), are used to investigate areas of research which are relatively unknown. In South Africa in particular, repeat pregnancies have not received the same attention as, for instance in Britain and America. By using an explorative and descriptive research design, the researcher was therefore able to gain a deeper insight into the problem, which remains fairly un-researched in South Africa. Descriptive studies on the other hand, provide a richer meaning aimed at giving a more accurate account of exactly what the participants experience in their daily lives (Rubin & Babbie, 2001). Through this study the researcher explored and described how teenage mothers were able to reflect on their own experiences of unintended repeat pregnancies.

Furthermore, a **narrative strategy of enquiry** was used to allow the researcher greater insight into the lives of participants. Creswell (2009) notes that a researcher studies the lives of the participants by allowing them to tell their stories. By gathering these stories and spending time with the participants, the researcher is able to collect information for the study (De Vos, Strydom, Fouche & Delport, 2011). Narrative enquiry can also be

described as a means by which the researcher systematically gathers, analyses, and represents people's stories as told by them, which challenges traditional and modernist views of truth, reality, knowledge and personhood (Etherington, 2004). It can furthermore be interpreted as an umbrella term that captures personal and human dimensions of experience over time, and takes into account the relationship between individual experience and cultural context (Clandinin & Connely, 2000).

The researcher chose this design based on the assumption that the life world of a teenager can best be understood from his or her own account and perspective, and "thus the focus is on individual, subjective definition and experience of life" (Schwandt, 2007:22).

1.9 RESEARCH METHODOLOGY

1.9.1 Population

The population of a study is usually that group of people from whom we wish to draw the conclusions of a study (Babbie & Mouton, 2007). For the purpose of this study, the population was defined as teenage girls who had given birth to live infants at MMH. The majority of patients served by the facility require care of a more specialised nature, hence the inclusion of teenage mothers. The geographical areas serviced by the hospital include Guguletu, Khayelitsha, Mitchells Plain and the Southern Suburbs of Cape Town, South Africa.

1.9.2 Sampling

Sampling is a procedure used by the researcher to select participants for a study (Babbie & Mouton, 2003). For this study, the researcher chose to use non-probability, purposive sampling to target teenage girls who had experienced unintended repeat pregnancies. Non-probability purposive sampling allowed the researcher to select a sample which was based solely on the judgement of the researcher and for the purpose of the research study (Rubin & Babbie, 2008). Ten participants who met the sampling criteria were identified by two (one being the researcher) social workers at MMH, who perused medical files and

statistical data. Although a sample size of ten participants was selected, only eight participants were interviewed, as saturation point had been reached prior to conducting all the interviews. Sarantakos (2005) notes that saturation is the point which is reached in the research process, where no further new or significant data emerges and the categories are well developed. The researcher was able to establish this through continuous evaluation of the data collected throughout the study (Neuman, as cited in De Vos *et al*., 2002). Only teenage mothers between the ages of 15 and 19 years, who had experienced an unintended second or third live birth in the last two years, were considered for participation. Participants were invited to participate in the study on a voluntary basis, and permission for minors was obtained from a legal guardian (Appendix E).

Prior to the actual study, the researcher conducted a pilot study with one participant who met the criteria of the study. Through this the researcher was able to test the interview guide and gain some clarity on certain areas that seemed unclear, and to make sure that the interview guide (Appendix F) was appropriate to collect the relevant data. The pilot study also provided the researcher with an opportunity to estimate the time required for each of the interviews and for the full study (De Vos *et al*., 2011). Prior to the interview, the researcher further clarified the aims and objectives of the study with the participants, requested permission to audio-tape the interviews, explained the informed consent form (Appendix D), and requested them to complete and sign the document. Voluntary participation and the participants' right to withdraw from the study at any time was emphasised.

1.9.3 Data Collection

Data was collected by using in-depth interviews which were semi-structured in nature. De Vos *et al.* (2011) assert that data collection in a narrative strategy of design is primarily personal narrative interviews; although it may incorporate personal documents in order to generate thick descriptions.

The researcher met with the participants individually and had face-to-face interviews. An interview guide (Appendix F) was used to give direction to the interview. An interview guide does not provide the exact sequencing and wording of the questions, but serves as a guideline for relevant topics that need to be addressed in the interview (Rubin and Babbie, 2008). By using the interview guide the researcher was able to use interviewing techniques and communication skills more effectively to discuss the topics which were relevant to the study.

The interview was also audio-recorded, to provide the researcher with a vivid version of the words which were used during the respective interviews. This allowed the researcher to pick up on any voice changes or significant words which might have been missed during the interview. The researcher also made field notes during the interview to capture the non-verbal data. Interviews were conducted in an interview room at the MMH. This venue was carefully chosen with consideration given to privacy and minimal disturbance and interruption during the process of data collection. The services of a trained interpreter were offered to participants who experienced difficulty communicating in English or Afrikaans. Appointments were made with participants for a date and time convenient to each individual.

1.9.4 Data Analysis

Creswell (2009) suggests that data analysis should be conducted in steps starting with the specific and leading on to the general. For the purpose of this study, the researcher employed the following steps: **Step 1**: The data was collected, organised and prepared. The process involved transcribing and scanning the notes made during the interview, writing down any further notes which needed to be made, and sorting through and arranging the data. **Step 2**: The researcher was able to obtain a thorough feel of the data. Creswell (2009) suggests that it is important to read through all the data obtained as this will assist the researcher in gauging the general meaning and tone being conveyed by the participants. **Step 3**: Coding was done which allowed the researcher the opportunity to organise the data into smaller more understandable parts before assigning any meaning to

them. **Step 4**: The coding process allowed the researcher to generate descriptions and themes important for describing the phenomena studied. The researcher was then able to elaborate on them building a more complex analysis. **Step 5**: Using the themes and descriptions, the researcher conveyed, in written narrative, the findings of the analysis. **Step 6**: As a final step the researcher was able to assign meaning to the data obtained through interpretation of the data and describing what had been learned.

1.9.5 Trustworthiness

Krefting (1991) recognises the need for researchers to evaluate the trustworthiness of qualitative research and proposes the use of Guba's (as cited in Krefting, 1991) model for assessing the worth of such studies. In striving towards trustworthiness, the researcher focussed on the four basic concepts described by the model, namely: 1) truth value, 2) applicability, 3) consistency, and 4) neutrality. In obtaining **truth value**, the researcher ensured that only the original information shared by the participants was used, and that all data was a true reflection of the participants' lived and perceived experiences. The researcher, through self-reflection, also ensured that her own interpretations, understandings and personal experiences did not influence the information received from the participants. Krefting (1991:216) cites Sandelowski who suggests that when human experiences are described and interpreted in such a way that others who share the experiences may immediately identify with the descriptions, the qualitative study is credible. Truth value may be determined using the strategy of credibility, which can be established by, for example, prolonged and varied field experience, triangulation, reflexivity, peer examination, interview technique and establishing the authority of the researcher (Krefting (1991:217).

As suggested by Lincoln and Guba (as cited in Krefting 1991:218), a field journal was kept in which the researcher noted her thoughts, experiences, decisions, frustrations and methodology to help identify any bias or preconceived ideas. Triangulation, a method of comparing data gained from various sources such as semi-structured interviews, observations and field notes, was used (Knafl and Breitmayer in Krefting 1991:219). The

researcher drew on the knowledge of colleagues with experience in either the research methods or through the research topic (peer examination). The interviewing process itself enhanced credibility by verifying interviewees' interpretations and portrayals of their experiences. Inconsistencies or divergent data were described and interpreted to enhance structural coherence, and contributed to describing a range of experiences.

Finally, Miles & Huberman (in Krefting, 1991:220) state that the authority of the researcher as instrument should be included as a means for establishing credibility. The researcher is a social worker who has been working in a multi-disciplinary team within a maternal healthcare setting for the past twenty-one years with a special interest in teenage pregnancy.

In terms of **applicability**, the researcher attempted to provide sufficient descriptive data to allow comparisons with other situations. Guba (as cited in Krefting, 1991) suggests that applicability or transferability is only possible if the researcher's findings are able to fit into other contexts outside of the study. Through ensuring applicability similar results would be obtained if research of the same nature was conducted in another situation. The strategy that was utilised to ensure applicability is that the researcher drew a purposive sample to include teenagers with unintended repeat pregnancies from different contexts, ages and race groups. This strategy will make it possible for other researchers to judge whether the demographics of the sample are representative of teenagers with unintended repeat pregnancies.

In obtaining **consistency**, the researcher believed that replicating the same study using the same subjects within a similar context, would produce the same findings. The strategy, applicable to the concept consistency, is to explain and describe methods of data collection, data analysis and interpretation in a "dense" way. It also determines whether the phenomenon and setting are unique or whether the study might be able to be repeated (Krefting, 1991:221). The coding and recoding of the data in the analysis phase of the study increased the consistency. The researcher also made use of an independent coder in

order to enhance consistency. However, as consistency is defined in terms of dependability, the researcher ensured that any variability in replicating the research could be tracked to identifiable sources.

Neutrality signifies that bias, perspectives or motivations, do not, in any way, impact on the data gained from participants, findings and research procedures. Contrary to quantitative research, where neutrality is situated in the objectivity of the researcher and distance from subjects, the qualitative researcher narrows the distance between him/herself and the participants. Neutrality thus shifts from the researcher to the data (Krefting, 1991).

Auditing by an independent researcher of the research proposal, the research process, data collection, research findings, data analysis, interpretation and recommendations ensured neutrality and confirmability. This audit was done on an ongoing process by the study supervisor who has both training and experience in qualitative research. The researcher was therefore able to confirm the data by ensuring that truth value and applicability were achieved.

Creswell, (2009) concludes by stating that trustworthiness is a distinct strength of qualitative research, as the time spent in the field, the closeness to participants and the detailed description of the research process, all contribute to the value of the study. Trustworthiness emphasises qualitative research as a distinct, legitimate mode of inquiry.

1.10 SELF-REFLEXIVITY

Reflexivity encourages the researcher to "explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research" (Nightingale & Cromby, 1999:228). Etherington (2004) on the other hand, emphasises the fact that reflexivity is a dynamic process of interaction within and between ourselves and our participants, and the data that informs decisions, actions and interpretations at all stages of the study. Researchers are therefore operating on several different levels at the

same time. Reflexivity is therefore an ongoing conversation about the experience of the research while simultaneously living in the moment.

The researcher was aware of the fact that teenagers would be hesitant to discuss an unintended repeat pregnancy. However, having worked with the "phenomenon" as a social worker in the MMH for a number of years, the researcher felt that she possessed the skill and ability to be both sympathetic and empathetic toward teenage mothers. The researcher's love of working with young people stood her in good stead when conducting the interviews, and her ability to remain non-judgemental was of great benefit in the study. The researcher was continuously aware of her role as researcher, and not that of a social worker, during the data collection phase, the data analysis and presenting the findings of the study. The researcher also received debriefing from a professional consultant as well as her research supervisor.

1.11 ETHICAL CONSIDERATIONS

De Vos *et al*. (2011) identify informed consent, avoiding harm to study subjects, guarding against deception, violating privacy and debriefing respondents to be key to the research process. The researcher, as a social worker, is also bound by the professional Code of Ethics of the South African Council for Social Service Professions (South African Council for Social Service Professions, 2012).

For the purpose of this study, **informed consent** (Appendix D) was obtained from all the participants who took part in the study. For teenagers under the age of 18 years, the permission was obtained from a guardian (Appendix E). Participants (and guardians) were fully informed of all aspects of the study before being required to consent to their participation. De Vos *et al*. (2002) emphasise the importance of providing accurate and adequate information to participants to allow them to make a voluntary decision about participating in the study. Permission should therefore only be obtained from participants once they have been thoroughly and truthfully informed about the purpose of the study (Welman, Kruger & Mitchell, 2005). In line with this**, deception** was avoided at all costs

and participants were not misled in any way. This implied that no information was withheld from the participants, neither was incorrect information supplied to coerce participation in the study (Corey as cited in De Vos *et al*., 2002). The researcher ensured that all participants were fully aware that interviews would be audio-taped and that field notes would be made. This permission was obtained by allowing participants to sign consent forms.

Babbie & Mouton (2007), note that social research should never cause injury to the participants, whether they participate voluntarily or not. They suggest that information, which may result in embarrassment or endanger the lives of participants, should never be revealed to other sources. De Vos *et al*. (2011) suggest that emotional harm may be more difficult to predict but that it has more severe consequences than physical harm which may be caused to participants in the research process. Often information may be so revealing that participants feel a sense of discomfort which could result in psychological harm (Babbie & Mouton, 2007). In the research, cognisance was given to any **physical or emotional harm** which could result from the study. The researcher ensured that a social worker at the MMH was available to the participants if they felt a need to be debriefed after the interviews were conducted. **Debriefing** constitutes an important part of the research process as it gives the participants the chance to work through their experience and to address any negative consequences of their participation in the study (De Vos *et al*., 2002).

Babbie & Mouton (2007) suggest that the interest and well-being of the participants requires that their identity is protected. This can only be achieved by adhering to the principles of privacy and confidentiality. Privacy according to De Vos *et al*. (2011) implies that a degree of personal privacy is always maintained when dealing with participants, while confidentiality ensures that information which is obtained is treated in a manner where others do not have access to this private information. In ensuring **privacy and confidentiality**, the researcher assured participants that information obtained in the interviews, would not be made public and that pseudonyms would be used to protect the

participants' identity. The researcher ensured that **personal privacy** was respected at all times by conducting interviews in a private location and not disclosing to others the attitudes, behaviours and beliefs that were shared by the participants (De Vos *et al*., 2011).

Finally, in ensuring adherence to ethical practice, the researcher sought permission to conduct the study. Permission for the study was obtained from the University of Western Cape Ethics Committee, the Western Cape Department of Health and the CEO of MMH where the research took place.

1.12 CONCLUSION

This chapter has provided an overview of the research study that was conducted. As an introduction, a literature review as well as a theoretical framework within which the study was positioned, was discussed. This was followed by posing the research question which flowed into the goals and objectives of the study. The research methodology which defined the methods and techniques that were to be followed in the study was outlined. Emphasis was placed on the sampling, the data collection, the data analysis and the trustworthiness of the study. The chapter was concluded with a discussion on the ethical considerations which were pertinent to the study, as well as reflections by the researcher on her position in relation to the study. What follows in Chapter 2 is a more detailed account of the literature reviewed for this study, which provides a background for the ensuing chapters.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 provided an overview of the research study which was conducted. Emphasis was placed on the research problem, research question, goal and objectives, research approach, research design and the methodology which was used, as well as trustworthiness and ethical considerations. The chapter also provided a background and rationale for the study, a brief overview of literature pertinent to the topic and a discussion of some theoretical assumptions underlying the study.

What follows here in **Chapter 2** is a more detailed review of the literature. It focuses on the developmental changes which impact on the teenager and then goes on to discuss the causes and consequences of teenage pregnancy. This is followed by a discussion on the options to becoming a teenage parent as well as the challenges faced in parenting as a teenage mother. The chapter concludes with preventative strategies aimed at curbing the high incidence of teenage pregnancies in our communities.

2.2 THE TEENAGE YEARS

The teenage years are located in the adolescent phase of human development. Adolescence is the period which bridges the gap between childhood and becoming an adult (Louw & Louw, 2007). Teenagers entering adolescence experience many changes and for both male and female, bodily changes are evident. Puberty for females results in the development of breasts, the enlargement of sexual organs and the appearance of bodily hairs. Reaching menarche – where the female experiences her first menstruation – is probably viewed as the most significant step to having matured sexually (Louw & Louw, 2007). For males, similarly, an increase in the size of the sexual organs and the appearance of bodily hairs is experienced. But different from females, the male bodily hairs are more facially evident with the development of beards and moustaches. Males

are still further affected with the deepening of their voices and an increase in masturbation (Lidz, 1983). Emotionally too, changes are particularly evident in the way in which teenagers develop relationships. Relationships established in these years are more intense and have a larger degree of emotionality (Swanson et al., 2010). As relationships develop, sexual drives also exert a strong influence on the way in which teenagers think and behave (Lidz, 1983). Louw & Louw (2007) note that sexual behaviour in teenagers usually starts with holding hands and kissing, moving on to petting and eventually to sexual intercourse. The tendency for teenagers is to become more sexually involved as the relationship develops.

Despite their physical maturity, many teenagers are however not ready to handle sexual experiences, which often leads to them engaging in risky behaviours such as drug abuse, delinquency and unprotected sexual activity (Santrock, 2010). Unprotected sexual activity in most instances leads to unintended teenage pregnancy.

2.3 THEORETICAL ASSUMPTIONS

In discussing teenage pregnancy it is evident that numerous theoretical frameworks and models have played an important role in dealing with the phenomenon. The theories/models that are discussed below, place great emphasis on both personal and environmental factors. This section explores the assumptions of three relevant theories/models and concludes with the motivations for choosing the Problem-Behaviour theory for this study.

Social learning theory is premised on the idea that behaviours are learnt from the surrounding environment (Swarts, de la Rey, Duncan & Townsend, 2010) and that the environment also exerts a great deal of influence on behaviour (Miller, 1983). Brindis, Sattley & Mamo (2005) elaborate, suggesting that there is a continuous interaction between the person, the behaviour and the environment which is of such a nature that a change in one can result in a change in the other. They therefore emphasise that behaviour cannot be viewed separately but should rather be seen as an outcome of the

dynamic interplay between personal and environmental factors. Miller (1983) explains that two important components of the theory involve modelling and self-efficacy. Modelling relates to the person's ability to learn from experience and imitate the behaviours of others (Brindis *et al*., 2005), whereas self-efficacy is established in the person's ability to successfully perform specific actions, as well as their perception of their competence in dealing with the environment (Miller, 1983).

The psycho-social model stems from the Systems Theory, which proposes that people experience problems in their daily lives as a result of an imbalance which exists between themselves and their environments. In an attempt to change this imbalance, individuals strive to change their environmental conditions and certain aspects of themselves. This is achieved through intervention, which is aimed at enhancing self-esteem and perception, as well as learning behaviours which will allow them to negotiate and solve future problems (Woods & Hollis as cited in Brindis *et al*., 2005). Brindis *et al*., (2005) on the other hand, note that the individual's current functioning is determined by past and current events as well as other external factors. All these have an influence on the way in which the individual perceives things.

The social ecology theory was developed in response to health issues rooted in the social, cultural, political and economic fabric of society (Wandersman *et al*. as cited in Brindis *et al*., 2005). This theory suggests that the individual is not solely responsible for issues and problems which arise, because behaviour is influenced more broadly by groups and systems. Brindis *et al*. (2005) maintains that behaviour does not occur in isolation but is influenced by environments, institutions, laws and policies.

Problem behaviour theory, as previously stated in Chapter 1, is premised on the idea that all behaviour results from the interaction between the person and environment, and is focused on problem behaviours exhibited by adolescents (Costas, 2008). An important aspect of the theory is that it takes into consideration the social context within which adolescents function and the impact of these social systems on the adolescent's behaviour (Jessor et al., 1991). The theory of problem behaviour is focused on three systems,

namely 1) the perceived-environmental system; 2) the personality system, and 3) the behavioural system in which certain "instigating" or "controlling" factors dictate the likelihood of teenagers engaging in problem behaviour (Costas, 2008:2). The theory posits that if the instigating factors outweigh the controlling factors, problem behaviours may result. It further contends that involvement in one problem behaviour may increase the likelihood of additional problem behaviours. The assumption is made that adolescents may engage in problem behaviour in an attempt to progress to a higher developmental stage (Costas, 2008).

The researcher chose to use the Problem-Behaviour Theory as a theoretical framework for this study for the following reasons:

1) The theory is focused on **adolescent behaviour**. As discussed earlier in the chapter, the teenage years are located in the adolescent phase of human development, and the theory therefore was appropriate for the research sample that was chosen.

2) The theory is also focused on problem behaviour. Teenage pregnancy has been well documented in the literature as being a problem (Acharya *et al*.). The causes of teenage pregnancy have focused on **problematic behaviours** exhibited by teenagers.

3) The theory also takes into consideration the **social context** within which these teenagers function and its effects on their behaviour. This is particularly relevant to the South African context, which has great cultural and social diversity. Many teenage pregnancies are reported in lower socio-economic communities where social ills abound (Santelli & Schalet, 2009; HSRC, 2009). Teenagers are also often exposed to additional social problems which predispose them to early sexual activity. Their pregnancies and subsequent childbirths have resulted in further social problems. An assumption of the theory is that one problem behaviour increases the likelihood of further problem behaviours.

4) A further assumption of the theory is that teenage pregnancy may be an attempt by young girls to become adults prematurely by getting involved in activities which are usually reserved for adults. As the theory was specifically focused on this aspect of problem behaviour, it seemed appropriate for the topic under discussion.

2.4 CAUSES AND CONSEQUENCES OF TEENAGE PREGNANCY

The causes and consequences of teenage pregnancy have long been debated in the literature. Literature (Macleod, 1999(a) & (b), Woods & Jewkes, 2006) has focused on numerous factors that contribute to causing teenage pregnancy and others that might result from it. The discussion in this study is focused on both the contributory and consequential factors associated with the phenomenon. An important aspect to note is that causes and consequences are sometimes interrelated. This implies that some causes may also be construed as consequences. Lower socio-economic status and school drop-out are two such factors. However for the study, the researcher has chosen to only discuss one aspect of each.

2.4.1 Causes of teenage pregnancy

The idea of children having babies is nothing new as young girls historically have experienced early childbearing. Luker (1996), notes that teenage pregnancy has been in existence especially for the past three centuries but it is only in the past three decades that serious concerns have been raised. In South Africa, most researchers have viewed teenage pregnancy as a social problem. This has led to a concerted effort to establish the causes of early childbearing in an attempt to reduce the incidence of the problem (Macleod, 1999b). Many factors resulting in teenage pregnancy have been identified in the meantime. Some of these factors such as risk-taking behaviours, culture, forced sexual relations, family structure, ignorance about reproduction, peer group influence and socio-economic status, are considered in the following sections.

2.4.1.1 Risk-taking behaviour

Teenagers often increase their chances of falling pregnant by engaging in behaviours that are risky. Many teenagers refrain from using contraception for various reasons. In a study conducted in Cape Town, researchers found that teenage pregnancy was strongly associated with young girls having frequent sex without using any form of contraception (Vundule *et al*., 2001). The reasons for not using contraception vary. Many teenagers report being pressurised into conceiving because being able to conceive proves their

fertility. Male partners too place immense pressure on teenage girls to prove their love, by not using contraception and condoms, thus allowing these young girls to fall pregnant (Woods & Jewkes, 2006).

Apart from not always using contraceptives, teenagers still further risk pregnancy because of the attitudes displayed by healthcare staff at healthcare facilities. There are reports of young girls being subjected to abuse by nursing staff who refuse to acknowledge teenagers as users of contraceptives, often driving them away from accessing these facilities and avoiding contraceptive use (Woods & Jewkes, 2006).

Problem behaviour theories furthermore contend that one problem behaviour increases the likelihood of more such behaviour because of the social nature of youth (Costas, 2008). Teenagers who participate in risky behaviours may therefore be likely to indulge in other risky behaviours too. The use of substances has been shown to further place adolescents at risk of falling pregnant. A study conducted amongst school-going adolescents in Cape Town showed that the use of drugs had increased the likelihood of engaging in sexual activity, as well as pregnancy (Pludderman, Flisher, Mathews, Carney & Lombard, 2008).

2.4.1.2 Culture

Culture has significantly impacted on the incidence of teenage pregnancy, with an increasing number of pregnancies occurring within marriage. Societies particularly in Africa and South Asia are supportive of teenagers marrying at a young age (UNICEF-United Nations Children's Fund, 2001). Arranged marriages in South East Asian countries are largely responsible for early childbearing. Studies have shown that at least 80% of teenage girls were not involved in decision making about marriage, as their parents arranged marriages without their consent (Acharya *et al*., 2010). Similarly, in sub-Saharan Africa, pregnancies due to cultural norms constitute 70-80% of teenage childbirths (WHO, 2008). Many cultural marriages are encouraged as a means to provide greater financial security, in preventing unwanted sexual advances or as an attempt to

build families (UNICEF, 2001). Once marriage takes place, the young girl is assumed to be a woman and the social expectation exists that she will become reproductive. In developing countries, 90% of all teenage pregnancies occur within marriage (WHO, 2008).

Premarital sexual activity, however, remains a significant concern in many societies. Macleod (1999b) notes that a high value is placed on fertility particularly in the African communities. In South Africa, African adolescents resort to early pregnancy as it proves they are fertile, and fertility increases their chances of marriage (Kaufman *et al*., 2001). African men on the other hand view early childbearing as an assurance that their wives will not be infertile after marriage (Anagnostara as cited in Macleod, 1999b). However, the high rates of fertility amongst both African and "Coloured" teenagers in South Africa have resulted in teenage pregnancies being perceived as almost normal (HSRC, 2009). This normalisation of teenage behaviour contributes to the breakdown of traditional societal values and gives young girls permission to engage in early sexual activity (Macleod, 1999b). Contrary to this, the freedom to engage in early sexual activity in a developed country like Sweden, has not necessarily increased the incidence of teenage pregnancy. Studies show that at least a third of young girls in Sweden are sexually active by the age of sixteen. However, their low incidence of teenager pregnancy is attributed to the open attitudes of society towards the phenomenon and the high levels of education on the matter (Jones, Forrest, Goldman, Henshaw, Lincoln, Rosof, Wesloff & Wulf, 1985).

2.4.1.3 Forced sexual relations

Intimate relationships today are governed by the way in which teenagers are socialised. Gender roles and power relations are determined by this socialisation process (Jewkes *et al.*, 2009). Some countries are more heavily characterised by gender hierarchies which impact on power relations. In the Philippines, as in many other countries, males are viewed as superior and strong whereas females are expected to fulfil a more submissive and caring role. This sets the tone for relationships where the man plays a more active role in courting and sexual relations, and females are expected to wait for the man to

make the first move (Serquina-Ramiro, 2005). Similarly, young women in South Africa are relatively powerless as a result of the gender inequalities that exist in our society (Jewkes, Penn-Kekana & Rose-Junius, 2005). Although teenage girls may generally be quite willing to become involved in relationships, they are not always willing to participate in the sexual acts that may be associated with such involvements. This often leads to young girls being forced into having their initial experience of sexual intercourse (Jewkes *et al*., 2009).

Woods & Jewkes (2006) in their study noted that teenagers are often coerced into sexual relations by partners who need to prove their masculinity. Dunkle, Jewkes, Yoshihama, Gray, McIntyre & Harlow (2004) in their study at an antenatal clinic in Soweto, confirmed that 32% of respondents between the ages of 15 and 18 years reportedly had been coerced into their first sexual experience. Woods, Maforah & Jewkes (1996) elaborated on this and found that pregnant adolescents who were forced into having sex, indicated that they continued having intercourse as they feared that their partners might lose interest in them. For many of these young girls, sex was equated with love. Jewkes *et al.* (2009) conclude that despite being forced into having sex, many teenagers remain sexually active, leading to early pregnancies.

2.4.1.4 Family structure

A major factor that contributes to teenage pregnancy and early childbearing is the structure of the family. Macleod (1999b) notes that the initiation of early sexual activity which often leads to teenage pregnancy is often a result of the way in which families are structured and organised. Single parent families as well as female-headed households are typically regarded as problematic structures (Macleod, 1999b). In many instances, growing up in a single-parent household raises the risk of early pregnancy. Pregnant teenagers, it was found, were less likely to live with both parents (Vundule *et al*., 2001). Bonell, Allen, Oakley, Copas, Johnson & Stephenson (2006) in their study supported the fact that family types influence the likelihood of teenage conception. In a quantitative

study done in the United Kingdom, they reported that teenagers from single parent families were more likely to report conception by the age of 15 to 16 years.

American studies on the other hand confirm that adolescents from intact family backgrounds engage in sexual activity at an older age than their peers from non-intact family structures (Sturgeon, 2008). Adolescents who reside with both parents tend to delay sexual activity as opposed to children who experienced divorce and who are more likely to engage in sexual intercourse at an early age. This link between family structure and sexual behaviour is attributed to the more permissive sexual values and attitudes which some single or divorced parents display (Dittus & Jacquard, 2000).

2.4.1.5 Reproductive ignorance

Puberty in adolescents occurs at a much younger age than in the past. This means that adolescents are engaging in sexual activity and gaining experience much earlier (Xie, Cairns & Cairns, 2001). The early onset of puberty coupled with the increased pressure exerted by peers often leads to teenagers making premature sexual decisions (Macleod, 1999b). Many teenagers lack the basic knowledge associated with sex. Boult & Cunningham (1991) in a study conducted in Port Elizabeth, noted that the knowledge and use of contraceptives by teenagers was sorely lacking and that a large percentage (85%) were not using any form of contraceptive when they fell pregnant. Similarly, in their study, Wood & Jewkes (2006) concluded that contraceptive use was ineffective as teenagers possessed limited knowledge about reproduction and how contraceptives worked. This ignorance and lack of knowledge is often caused by the role that peers, family and healthcare professionals play in disseminating information on the use of contraception. Vundule *et al*. (2001) confirmed in their study that friends were reportedly the most common source of information on sex-related matters. Caution should be taken however as the information provided by peers may not always be accurate and reliable (Macleod, 1999b). Parents are said to only play a small role in transferring valuable information regarding sexuality to teenagers. Teenagers have in fact reported that talking to their parents about sex was not easy (Vundule *et al*., 2001). Nursing staff in a study

conducted in a Limpopo clinic also failed to provide adequate education, resulting in incorrect use of contraceptives (Woods & Jewkes, 2006).

2.4.1.6 Peer group pressure

The transition from childhood to adolescence is marked by the teenagers as a search for some identity. The increased tendency to socialise with peers results in teenagers being influenced far more easily by their peers, who also tend to exert greater control over them. As teenagers establish their own identity, friends become acceptable role models who then set the boundaries for behaviour (Heaven, 1994). Adolescent sexual behaviour studies have found that teenagers are easily influenced by the attitudes and behaviours of friends. Sieving, Eisenberg, Pettingell & Skay (2006) found that teenagers in America believed that they were more respected by their friends if they were sexually active. Similarly, in a study conducted in Cape Town, researchers reported that adolescents engaged in sexual activity because they perceived other people in their age group, to be sexually active. Falling pregnant was also easier if their friends were pregnant (Vundule *et al*., 2001).

2.4.1.7 Socio-economic status

Socio-economic status has been strongly associated with teenage pregnancy throughout the world. Statistics in the United Kingdom have shown that children born to teenage mothers have an exceptionally higher chance of being born into poverty than babies born to mothers in their twenties (Lemos, 2009). Young girls, according to Santelli & Schalet (2009), who are reared in poor families, are more likely to become teen mothers. This is attributed to the fact that poverty is associated with earlier initiation of sexual intercourse and a decreased use of contraception. Being disadvantaged socially and economically can therefore lead to early childbearing in different ways. The inability of poor people to access resources due to a lack of knowledge may hinder their ability to make informed choices (Kearney & Levine, 2007). This is particularly relevant to the South African context where the apartheid era has resulted in inequalities which have hindered access to resources that increase education, health and better life prospects (Jewkes *et al*., 2009).

This has resulted in a sense of hopelessness for many disadvantaged teenagers who become so overwhelmed by their situations that they see no benefit in staying in school or in entering the labour market, and resort to childbearing instead (Kearney & Levine, 2007).

Low socio-economic status and poverty are still strongly linked to risky sexual behaviour and teenage pregnancy in South Africa (HSRC, 2009). Vundule *et al*. (2001) in their study found that numerous factors associated with socio-economic status had increased the risk of pregnancy amongst teenagers. Factors like material possessions, parental employment and number of rooms in the house, all contributed to the increased incidence of pregnancy amongst teenagers from lower socio-economic backgrounds. They cited examples such as overcrowding and bigger families in African communities which result in teenagers receiving less attention at home, causing them to succumb to pressures outside the home (Vundule *et al*., 2001).

2.4.2 Consequences of teenage pregnancy

Parenthood is perceived as a positive life-changing experience but when it occurs prematurely, as with teenagers, it may have serious negative consequences for both the parent and the child (Lemos, 2009). Most researchers view teenage pregnancy as a social problem because giving birth at a young age has a negative impact on both young mother and her child (Macleod, 1999a). Many young mothers, in fact, seem to have little idea of the responsibility of parenting in terms of time, energy and finances (Boult & Cunningham, 1991).

2.4.2.1 Poor physical outcomes

Teenage pregnancy and subsequent childbirth may result in adverse outcomes for both mother and child (Domenico & Jones, 2007). For many teenagers, giving birth to a baby can be associated with a magnitude of maternal complications. Anaemia, iodine deficiency and hypertension are some of the complications frequently encountered during teenage pregnancy (WHO, 2004). In addition, consequences of these medical conditions

often lead to preterm birth, low birth weight, stillbirths and neonatal deaths (Acharya, *et al*, 2010). Low birth weight and prematurity results in a higher incidence of stillbirths and neonatal deaths, according to a Confidential Enquiry into Maternal and Child Health (CEMACH) study conducted in the United Kingdom. The report notes that during 2007 a staggering 9.6% of all births to mothers under the age of 20, resulted in neonatal deaths (Boseley, 2009). Infant mortality is still further exacerbated by teenagers who show a greater reluctance to breastfeed their babies. This increases the rate of infant mortality by 60% as compared to older mothers (Lemos, 2009). Emotionally too, the birth of a premature infant with low birth weight has a severe impact on the young teenage mother. For young mothers, having a seriously ill or dying child can be immensely stressful and distressing (WHO, 2004). The survival of a premature infant also brings further complications; premature infants require additional care and attention when being discharged home (WHO, 2004).

2.4.2.2 Post-partum depression

Teenage mothers have three times the rate of post-natal depression of older mothers, and a higher risk of poor mental health for three years after the birth (Lemos, 2009). Almost half of the teenage mothers in the United States are affected by postpartum depression with resultant developmental and psychological challenges. The onset of depression, in fact, hinders the transition to motherhood for the adolescent, who may experience problems in caring for her child, as emotions are affected in the period after birth (Baginsky, 2008). This has serious implications for infants who display irritable and crying behaviour as it may result in negative responses from the teenage mother (Secco, Profit, Kennedy, Walsh, Letourneau & Stewart, 2007). Child abuse in the form of hitting or shaking may also result (Baginsky, 2008). Secco *et al*. (2007) further establish that a strong association exists for postpartum depression when teenaged mothers feel inadequate about caring for their infants. One such example of perceived inability is reported by Horgan & Kenny (2007) who suggest that even difficulties experienced with breastfeeding may result in teenage mothers succumbing to postpartum depression.

2.4.2.3 School drop-out

Teenage pregnancy has a significant effect on the career prospects of the adolescent mother. Pregnancy and the subsequent birth often lead to the disruption of schooling (Macleod, 1999a) and sometimes even the curtailment thereof (Lemos, 2009). Grant & Hallman (2006) in their study observe that having a child at a young age affects the teenager's subsequent educational attainment. Teenagers are more likely to leave school if they are unable to access adequate care for their child, especially when there is no female adult in the home. Teenagers who perform poorly at school are also less likely to return after having had a baby, as they find little benefit in improving their education (Grant & Hallman, 2006). Although South Africa is one of the few countries in Sub-Saharan Africa that encourage teenage mothers to return to school after giving birth, statistics show that only about 33% actually do opt to continue their education after childbirth (HSRC, 2009).

Abandoning a school career often leads to more serious economic consequences for young mothers (Lemos, 2009).Teenagers who do not complete their education do not qualify for well-paying jobs, which affects their income (National Campaign to Prevent Teen Pregnancy, 2010). Ermisch (2003) further suggests that young mothers are also more likely to find partners who are unemployment-prone and earn lower incomes, which leads to increased financial struggle. Poverty and a high level of reliance on welfare assistance usually results (Lemos, 2009).

Welfare systems throughout the world have been developed to alleviate poverty. Makiwane *et al*. (2006) point out that in countries like America, teenage mothers have benefited considerably from welfare assistance. In South Africa, the right to special protection for children is enshrined in the constitution which places the responsibility on the government to provide social assistance to children whose caregivers cannot adequately support them financially. Through the Child Support grant the government fulfils this obligation (Black Sash, 2013). Great debate however exists about the benefits of the Child Support Grant (CSG). Some sources (News 24, 2011) suggest that the GSG

assists in alleviating poverty whilst others assert that it encourages teenage pregnancy. In a study conducted over a three-year period in Doornkop, by the Centre for Social Development in Africa, findings showed that very few teenage mothers (only 7%) actually accessed these grants even though they lived in abject poverty (Patel, Hochfield, Moodley & Mutwali, 2012). The study concluded that teenagers do not fall pregnant in order to access CSGs. Contrary to this, CSGs have also been perceived as contributing to the increase in young girls falling pregnant. In a study conducted in Limpopo, 15.5% of teenage participants cited the CSG as a reason for their pregnancy. These teenagers said that they had been forced by their families to fall pregnant in order to access the CSG (The Sowetan, 2011).

Makiwane *et al*. (2006) found in their study to determine whether teenagers were falling pregnant in order to access the CSG, that no association could be found between teenage fertility and the CSG as insufficient evidence supported the assumption.

2.4.2.4 Repeat pregnancies

In studies in America, Polit & Khan (1986) found that a high incidence of repeat pregnancies exists amongst young mothers. In fact, one in every five teenage mothers becomes pregnant within twelve months following the first birth. In the United Kingdom, at least 20% of teenage mothers are likely to conceive a second child whilst still in their teenage years (Department for education and skills (Dfes), 2006). Kalmuss & Namerow (1994) observe that the experiences of young mothers after the birth of the first child will have an impact on whether a repeat pregnancy occurs. Numerous factors predispose teenage mothers to repeat pregnancies. In studies with economically disadvantaged teenagers in America, it was found that dropping out of school as well as irregular school attendance was motivation for teenage mothers to fall pregnant a second time. By focusing on the care of the infant, teenage mothers often neglect to care for themselves by not considering the need for contraception or not finding the time to visit healthcare facilities (Polit & Khan, 1986). Raneri & Wiemann (2007) studied school-going teenagers and claimed that 42% of the sample they tested had fallen pregnant shortly after

the first birth. They also noted that violence and abuse by the intimate partners of teenage mothers added to the incidence of repeat pregnancy. This they attributed to the fact that teenager mothers, due to the violent nature of their relationships, had difficulty refusing sexual favours or even negotiating the use of contraceptives.

The consequences for teenagers who succumb to repeat pregnancies have a significant impact on their futures. Evidence suggests that teenagers who fall pregnant a second time face numerous hurdles in their quest for better education and greater economic independence, with the likelihood of school drop-out being high (Manlove, Mariner & Romano-Papillo, 2000). Kalmuss & Namerow (1994) however comment that school drop-out may be determined by the teenagers' level of performance at school. Those who perform well are more likely to continue their schooling careers as opposed to those who underperform.

The incidence of repeat pregnancies amongst teenage girls in South Africa has however not caused much concern. Kaufman *et al*. (2001) claim that contrary to other countries, South Africa provides the opportunity for teenage mothers to return to school after giving birth. This is reinforced by policy and this they see as being strongly related to the long delay before second births in the country (Panday, Makiwane, Ranchod and Letsoalo as cited in HSRC, 2009).

2.5 OPTIONS TO BECOMING A TEENAGE PARENT

Teenage parenting presents with many challenges. As many young teenage mothers are not fully prepared for the commitment required to parent a child, alternatives such as abortion and adoption are often sought (Donnelly & Voydanoff, 1996; Theron & Dunn, 2006). For those who choose to parent the child, the task of raising a child at a young age often becomes a struggle, whether or not there is support and help from the family or from the child's father (Klerman, 2004).

2.5.1 Abortions

For teenage girls, abortion is seen as an alternative to enduring the difficulties of pregnancy and the demands which may be placed on them through early parenting (Donnelly & Voydanoff, 1996). In the United Kingdom, abortion is more likely to occur amongst teenagers than older women. Unofficial abortions are however associated with severe negative consequences which include haemorrhaging, womb perforation and damage to the cervix (Lemos, 2009). The risk of infection, infertility or even death is magnified as teenagers resort to late terminations and unskilled practitioners (Horgan & Kenny, 2007). Statistics state that a staggering 2.2 to 2.4 million adolescents seek illegal abortions in a single year in developing countries, which results in escalating admissions to hospital for complications associated with this practice (WHO, 2004).

In South Africa, the Choice on Termination of Pregnancy Act (Act. No. 92 of 1996), provided for the legalisation of abortions (South Africa, 1996). The Choice on Termination of Pregnancy Act, Act 92/1996, makes provision for females of all ages to consent to terminations of pregnancy. The implications are that any pregnant teenager is eligible to have an abortion. In the case of minors, however, this Act requires that medical practitioners and other healthcare workers advise these minors to consult with their parents, guardians, family members or friends before termination occurs. However, the termination of the pregnancy may not be denied if the minor decides not to consult with their parents, guardians, family members or friends. This has implications for teenagers who are faced with having to deal with terminations on their own. Varkey (2000) asserts that a general reluctance on the part of health workers in particular to support the rights of young teenage girls to choose without parental consent, is a big limitation.

Abortion statistics in South Africa are fairly difficult to obtain (HSRC, 2009). However, data confirms that in 1999, about 40 000 legal terminations were performed. This increased to a staggering 70 000 in 2003 (Makiwane, as cited in HSRC, 2009), similar to

a more recent newspaper article that reported a figure of 77 771 for 2011 (IOL News, 2012).

Although abortion laws in South Africa are progressive in nature, quantitative studies show that only 3% of teenagers reported using legal services. Reasons for not utilising legal services showed a general ignorance of how to access these services, or at which point to do so. A fear of negative reaction to the pregnancy and termination by community and healthcare staff also resulted in failure to use these legal services (HRSC, 2009). A further study conducted by the South Africa Medical Research Council in 2010 showed that 49% of abortions undergone by young people between the ages of 13 and 19 years were likely to have been unsafe, as they were not carried out in a hospital or clinic (Osman & Thompson, 2012). This further highlights the fact that the Act may have little effect on decreasing the number of illegal abortions amongst teenagers.

Choosing the option of abortion to terminate a pregnancy has ramifications. Lambeau (2005) concludes that emotional consequences, post-abortion, are often delayed because teenagers have a need to repress any feelings of guilt associated with the decision to terminate. Post-Abortion Stress reactions can lead to extremely high feelings of sadness and guilt which may manifest in later years as more severe problems (Obbes, 2011). These could include depression and suicidal ideations, an inability to maintain interpersonal relationships, and a decreased sense of self-worth felt by the teenage mother (Lambeau, 2005).

2.5.2 Adoptions

Adoption was generally viewed as a solution to early child bearing (Theron & Dunn, 2006). However, it is not always a popular option amongst contemporary teenagers. In most countries the decision by teenage girls to give a baby up for adoption has declined. In South Africa, statistics show a marked decline in adoptions. According to the National Adoptions register, national adoptions between 2004 and 2007 averaged about 2 000 per annum. A steep decline was noted in 2008/2009 when adoptions decreased to 1150

despite large numbers of children being placed in foster and residential care (Mokomane & Rochat, 2011). This decline is attributed to the destigmatisation of teenagers who conceive out of wedlock and the greater acceptance by society of the phenomenon (DHSSPS, 2010). Despite this, for some young girls, adoption seems the most sensible solution to an unintended pregnancy, holding benefits for both young mother and child (Donnelly & Voydanoff, 1996). Many young mothers have in fact chosen this option as they are aware of the major commitment required for motherhood at a time when they are not fully prepared for it. Furthermore, choosing adoption helps young mothers to avoid dealing with the emotional conflicts, societal attitudes and financial challenges with which they may be confronted (Theron & Dunn, 2006).

Teenage pregnancy is strongly associated with lower socio-economic status and poverty (HSRC, 2009). For many low-income teenagers the future holds little incentive (Jewkes *et al*., 2009). Kearney & Levine (2007), are of the opinion that disadvantaged circumstances often increase the likelihood of early childbearing. With poor prospects for jobs, financial security or even stable relationships, teenagers envisage adoption as providing a future for the child, which may be different from their own (Theron & Dunn, 2006). Adoption therefore holds benefits for teenaged mothers. Donnelly & Voydanoff (1996) in their study concluded that the socio-economic benefits for teenaged mothers who opted for adoption, persist for at least two years postpartum. The fact that they are also able to continue their schooling careers and gain better employment opportunities has a positive effect on the teenagers' overall chances in life.

2.6 RAISING A CHILD AS A TEENAGE MOTHER

The effects of teenage parenthood on both the teenage mother and the baby are well documented in the literature. Raising a child at a young age can have many negative consequences, particularly for the child. Terry-Humen, Manlove & Moore (2005) point out that children of teenagers often bear the brunt of early parenthood. Many teenaged parents are predisposed to low levels of educational attainment, school dropout and financial difficulties which make them dependent on the government for support. These

disadvantages are further perpetuated in teenage parenthood, and the children of these mothers face similar adversity in their lives. Generally, the children of teenage mothers experience greater developmental disadvantage than children born to older mothers (Furstenberg, Brooks-Gunn & Chase-Lansdale, 1989). According to Corcoran and Pillai (2007), teenage mothers interact much less with their children, especially on a verbal level. Terry-Humen *et al*. (2005) in their study of children born to teenage mothers concluded that a child's command of language and the ability to communicate effectively is determined by the age of the mother at time of birth. This was reflected in their study which concluded that language and communication skills in children were much better if their parents were in the later teens (seventeen years and older) at the time of giving birth. Many studies have also noted that teenage mothers are less sensitive and responsive to their children's needs and provide less stimulation within the home environment, which further disadvantages child development (Coley & Chase-Lansdale, 1998).

Teenage mothers are also less well equipped emotionally as parents, and may lack parenting skills (Furstenberg *et al*., 1989). Liao (2003) emphasises that the responsibility of being a mother and taking care of a baby can be very demanding, and can be emotionally draining on mothers. This may often result in risks to the well-being of the children, with abuse and neglect being more common amongst teenage parents (Corcoran & Pillai, 2007).

Teenage parenting also brings with it the pressure of having to perform two roles simultaneously. Being a mother and a student or employee, often creates role confusion which leads to conflict in time management as teenage mothers battle to fulfil multiple tasks (Liao, 2003). Coley & Chase-Lansdale (1998) assert that the increased responsibilities experienced by teenage mothers in trying to balance the various roles, often result in teenagers having greater difficulties with parenting than older mothers who are prepared for parenthood.

2.6.1 Family support in raising a child

Due to the challenges of motherhood, the role of the family becomes so much more important. Teenage mothers initially rely heavily on both tangible and emotional support from their families (Caldwell, Antonucci & Jackson, 1998). Caldwell & Antonucci (1997) have found that the mothers of these teenage mothers (grandmother of baby) often in the beginning are the primary source of housing, finances and child-care assistance. For poorer families this may constitute extreme difficulties. In fact, in a study conducted with teenage mothers and their mothers, it was found that the financial burden placed on families where a baby was incorporated into the family system, resulted in increased levels of depressive symptoms. This was attributed to the additional strain placed on families who were already struggling financially.

The support to teenage mothers of their families can, however, also have an extremely positive effect on teenage mothers. Teenage mothers with guidance from their families can increase their knowledge about parenting behaviours and practices. To the teenage mother herself, the benefits of living with her family may increase the likelihood of further schooling and subsequent stable employment, which could result in better outcomes for the children (Bunting & McAuley, 2004).

Apart from the support received from the family, support from the father of the child may also benefit both the teenage mother and child.

2.6.2 The role of the father of the child

Fatherhood can be experienced as positive for some teenage fathers who may embrace the role with enthusiasm (Ministry of Social Development, 2010). This enthusiasm may be welcomed by the teenage mother, who may feel a sense of support from the partner. Roye & Balk (as cited in Bunting & McAuley, 2004) indicate that support from teenage fathers has the positive effect of improving the economic and psychological well-being of teenage mothers.

However, for some young fathers, their desire to fulfil a parenting role may be hampered by certain obstacles. Fathers from disadvantaged backgrounds often do not have the support or the resources they need to fulfil the role (Ministry of Social Development, 2010). In a study conducted by the HSRC in South Africa, findings showed that many teenage fathers have a strong sense of responsibility towards their children, but are unable to assume these responsibilities due to economic, cultural and relationship barriers. On an economic level, the study suggests that teenage fathers usually continue their schooling and therefore have no source of income. Their impoverished circumstances further make child support virtually impossible and this stops many fathers from assuming their role (Swartz, Bhana, Richter & Versveld, 2013). Culturally the expectations placed on young men to assume a fatherly role, differ. The Ministry of Social Development in New Zealand (2010) points out that some cultures may expect young men to follow a more traditional route to fatherhood by first completing their education and establishing their careers before assuming responsibility for caring for a child. In South Africa the effects of fathering a child are particularly evident in certain cultures. African teenagers who father a child are expected to pay damages for impregnating a young girl. By paying these "damages", the young father accepts paternity. Paternity however is often not accepted because of financial constraints, resulting in the non-payment of damages (Varga as cited in Jewkes *et al*., 2009: 681). Non payment of damages may limit the teenage father's access to the child (Swartz *et al*., 2013).

Swartz *et al*. (2013) further suggest that teenage fathers are seldom involved in long-term relationships with the mother of the child. A poor relationship with the birthmother may therefore reduce the chances, for the teenage father, of fulfilling his role.

2.7 INTERVENTIONS TO REDUCE TEENAGE PREGNANCY

Preventing teenage pregnancy has been prioritised in many countries, and the decline in fertility rates has been largely attributed to successful interventions (Jewkes *et al*., 2009; Santelli *et al*, 2007). Many of these interventions have focused on contraceptive use and

access to family planning facilities, the provision of sex education programmes at schools and churches, and providing alternatives to early pregnancy and childbearing (American College of Obstetricians & Gynaecologists -ACOG, 2007).

2.7.1 Contraception

Despite the fact that teenage pregnancy still poses serious concern, it has declined significantly in some countries throughout the world. Jewkes *et al*. (2009) suggest that this is largely due to the use of contraceptives. America has seen an 86% decline in teenage pregnancies through the effective use of contraception (ACOG, 2007). In sharp contrast to this, many underdeveloped countries are still battling to achieve such targets. In Africa, fewer than 50% of sexually active teenagers use contraception, and many do not even know how to avoid pregnancy (WHO, 2008). Jewkes *et al*. (2009) state that many teenagers, despite using contraception, do not use it regularly. In South Africa, statistics show that more than half of young people who are sexually active do not use contraception when having sex (HSRC, 2009). The non-use of contraceptives is attributed to various factors. Kirby (2007) observes that sex is often not planned and teenagers engage in the activity impulsively. These spur-of-the-moment decisions often mean that they are not well prepared for the sexual encounter and that they might become impregnated. Furthermore, the stigmas attached to teenagers having premature sex and the inability of some healthcare professionals to acknowledge that teenagers are contraceptive users, often result in teenagers being treated quite harshly at healthcare facilities (Woods & Jewkes, 2006).

Kirby (2007) suggests that efforts to increase teenage girls access to contraception do not necessarily increase sexual activity. In fact, in schools where condomising was encouraged, twice as many teenagers reported using condoms to prevent pregnancy (Blake, Ledsky, Goodenow, Sawyer, Lohrman & Windsor, 2003).

2.7.2 Sex Education Programmes

Ideally, sex education programmes should commence in the first years of schooling and continue to Grade 12 and even beyond. Such programmes should be aimed at postponing sex till an older age, or increasing the use of contraceptives amongst those who are already sexually active (Planned Parenthood, 2012).

Some sex education, like the abstinence-only programmes, have focused predominantly on encouraging teenagers to refrain from having sex. Kohler, Manhart & Lafferty (2008) maintain that abstinence-only programmes do not reduce the risk of sexual behaviour amongst teenagers. The reason for this is that these programmes do not include information on contraceptive use. In a study conducted in schools in America, researchers found that abstinence-only programmes (as opposed to abstinence-plus programmes) had prevented the dissemination of information on contraceptive use to students. The study concluded that by prohibiting access to sex education, students were at greater risk of falling pregnant (Bennett & Assefi, 2005).

Comprehensive sex education programmes usually encompass information on both abstinence and contraceptive methods (Cornerstone Consulting Group Inc., 2003). Such programmes are more balanced and realistic, and encourage the postponement of sex till an older age. It also promotes safer sex practices for those who are already sexually active (Planned Parenthood, 2012). A key aim of such intervention would be to change the attitudes of teenagers to saying no to early sexual involvement as well as using contraceptives effectively (Furstenberg *et al*., 1989).

2.7.3 Reproductive healthcare services

Family planning information and services are vitally important for teenagers who are sexually active. In order to further reduce the high incidence of teenage pregnancies, healthcare facilities should be easily accessible and teen-friendly (Cornerstone Consulting Group, Inc., 2003). This not always the case as most literature is focused on the barriers which confront teenagers who attempt to access reproductive healthcare facilities (UC

ANR Latina/o Teen Pregnancy Prevention Workgroup, 2004; Woods & Jewkes, 2006; Brindis, Peterson & Wilcox, 2000).

Studies with teenagers who have accessed healthcare facilities have reported consistent problems that are experienced in family planning services. In South Africa, nurses who admonish teenagers for their early sexual involvement have driven teenagers away from attending family-planning clinics and many young girls fear the wrath of these professionals, especially if they are not accompanied by an adult (Wood & Jewkes, 2006). Teens also have experienced problems with a lack of confidentiality. Teens who are minors do not want their parents to be aware of their sexual activity, and would prefer confidential access to contraception without obtaining consent from parents (Cornerstone Consulting Group, Inc., 2003). Woods & Jewkes (2006) confirm in their study that confidentiality attracts teenagers to contraceptive use and that any negative experiences result in decisions to refrain from accessing contraception.

Sex education is not only about raising awareness but should also increase knowledge of contraceptives and how to use them effectively (HSRC, 2009). Woods & Jewkes (2006) note that reproductive healthcare staff who themselves are not knowledgeable enough about contraceptives, have difficulty communicating the pro's and con's of contraceptives to teenagers. This often results in teenagers not using contraception properly, causing unintended pregnancy.

2.8 CONCLUSION

This chapter has focused on numerous aspects of teenage pregnancy and provided a more in-depth review of the phenomenon. The causes and concerns were discussed, as were the alternatives for teenagers who fall pregnant at an early age. The realities of raising a child were touched on, as were the roles played by the family and reputed fathers. The chapter concluded with common interventions in the quest to prevent or reduce teenage pregnancy at all levels.

What follows in Chapter 3 is a detailed description of the research approach and design used in this study. It also reviews the methodology used in the study and further discusses its implementation.

CHAPTER 3

RESEARCH METHODOLOGY OF THE STUDY

3.1 INTRODUCTION

Chapter 2 provided a detailed review of literature relevant to teenage pregnancy. Reference was made to the causes and consequences of teenage pregnancy as well as the interventions that have been instituted in order to further curb the high incidence of the phenomenon.

Teenage pregnancy as a major health and social problem remains an area of concern in many parts of the world (Makiwane *et al*., 2006). In South Africa in particular, teenage pregnancy often occurs within a context of unstable relationships which results in unintended or unwanted pregnancies for young girls (Vundule *et al*., 2001).

This study is focussed on the reflections of teenage mothers who have experienced unintended repeat pregnancies. Teenage girls through their narratives explored and described their experiences and reflected on the impact that the unintended repeat pregnancy had had on their lives. Their narratives provided a personal account of their life experiences and shed light on their cultural and social worlds. This chapter outlines in greater detail the implementation of the research methodology that was used in conducting the study. The research approach and research design of the study are discussed. Emphasis is also placed on key aspects which include population and sampling, data collection, data analysis and limitations of the study.

3.2 RESEARCH QUESTION

Research begins by identifying and formulating a research problem which is then expressed as a question (Babbie & Mouton, 2007). De Vos *et al*., (2011) note that the research question is focussed on what the researcher wants to find out or achieve by undertaking the study. The research question to a large extent determines the research

design which will be used in the study (Babbie & Mouton, 2007). It is therefore important to ensure that the research question is properly formulated to ensure that the most appropriate design is employed.

The research question for this study is: What are the reflections of teenage mothers who have experienced unintended repeat pregnancies?

3.3 RESEARCH GOAL

Social research has three common purposes which may be exploratory, descriptive or explanatory in nature (Babbie & Mouton, 2007). This study was conducted for exploratory and descriptive purposes. Exploratory research is aimed at establishing the most basic criteria of the topic, whereas descriptive research is aimed at describing social relations, systems and events (Sarantakos, 2005).

The goal of the study was therefore to explore and describe the reflections of teenage mothers who had experienced unintended repeat pregnancies.

3.4 RESEARCH OBJECTIVES

The following objectives were set in order to obtain the above-mentioned goal:

-To explore and describe the events that lead to unintended, repeat pregnancies amongst teenage girls.

-To explore and describe the changes that followed after the unintended, repeat pregnancies of teenage girls.

3.5 RESEARCH APPROACH

This study follows a qualitative approach. Qualitative studies are focussed on exploring and understanding the meaning ascribed to social or human behaviour (Creswell, 2009). Leedy and Ormrod (as cited in De Vos *et al.*, 2011:64) note that this approach is used to answer questions about the complex nature of a particular phenomenon. Through this, the researcher seeks to better understand the complexity of the situation. Creswell (2009) suggests that qualitative researchers usually collect data in the field, from the site where the participants experience the problem. This data collection process is enhanced by

gathering information in a variety of forms such as perusing documents, interviewing participants and observing their behaviour. Qualitative studies allow participants to provide detailed and in-depth descriptions of the event and the associated actions (Geertz as cited in Babbie and Mouton, 2003). In the process of data collection, the researcher is thus focussed on learning about the **meanings that participants attach** to the problem and interpreting what they have seen, heard and understood in their experiences (Creswell, 2009).

The researcher chose this methodology as it was most suited to the goal of the study which was focussed on describing and exploring the meanings ascribed to teenagers' experiences of an unintended repeat pregnancy. The researcher felt that by collecting data on the participants' experiences of the phenomenon, a better understanding of repeat teenage pregnancy could be obtained. As the researcher was employed at the MMH and most of the participants had given birth at the hospital, the data collection process was in keeping with the approach, which suggests that qualitative study is usually done on the site where the problem was experienced. The researcher was also more easily able to examine data on the files of these participants as she had access to the information required. By also observing behaviour and conducting in-depth interviews, the researcher was able to gain a deeper understanding of participants' experiences and the meanings they attached to their experiences.

3.6 RESEARCH DESIGN

All research requires planning and designing; a strategy is therefore important in achieving what one wishes to study (Babbie & Mouton, 2007). The design is usually a detailed account of how the researcher intends to conduct the study (Sarantakos, 2005).

For the purpose of this study, the researcher followed an explorative and descriptive research design. Explorative research is useful when the researcher examines a new interest or investigates areas of research which are relatively new (Babbie & Mouton, 2007). Descriptive research, on the other hand, gives richer meaning to a study as it provides more accurate accounts of participants' experiences in their daily lives (Rubin &

Babbie, 2001). By combining the two designs, the researcher was able achieve greater depth in an area of interest and obtain meaningful information relating to the lives of the participants. In this study the researcher explored and described how teenage mothers were able to reflect on their own experiences of repeat pregnancies.

A narrative strategy of enquiry was also used to allow the researcher greater insight into the lives of participants. Creswell (2009) notes that through this the researcher studies the lives of the participants by allowing them to tell their stories. Narrative interviews are more about real life, and this enables the researcher to adopt a more relaxed and casual role in the interview as participants share stories of their life experiences (Sarantakos, 2005).

3.7 RESEARCH METHODOLOGY

Research methodology is concerned with the methods and techniques used in the research process (Welman, Kruger & Mitchell, 2005). Babbie & Mouton (2007) note that the research methodology focuses on the kind of tools and procedures to be used, and ensures that the process is completed step by step and as objectively as possible. The research methodology that was implemented in this research study is presented according to the following steps and procedures:

- A population and subsequent sample were identified;
- Participants were selected and the data collection process was carried out through individual interviews. Prior to the actual study, a pilot study was conducted;
- Data was coded and analysed and presented as findings.

These steps and the procedures followed are expanded on below.

3.7.1 Population and sampling

Babbie & Mouton (2007) note that a population is usually the group of people from whom a researcher wants to draw conclusions. Welman *et al*., (2005) explain that the population consists of the total number of units that are to be analysed and from which the researcher wishes to make specific deductions. The population of this study consisted

of teenage mothers who had given birth to live infants at MMH in the Cape Peninsula. The population was confined to the Western Cape and specifically to the geographical areas serviced by the institution. These areas included Mitchells Plain, Guguletu, Khayelitsha and the southern suburbs of Cape Town.

Sampling is a procedure used by a researcher to select participants for the study (Babbie & Mouton, 2003). Sampling allows a researcher to study a small part of the population to obtain data which is representative of the whole (Sarantakos, 2005).

This study was conducted using a non-probability, purposive sampling technique. Non-probability purposive sampling was chosen to allow the researcher to select a sample which was based solely on the judgement of the researcher and the purpose of the study (Rubin & Babbie, 2008). Purposive sampling allows researchers to rely on their experience and skills to select participants who are representative of their study (Welman *et al*., 2005). In this study, the researcher purposively chose to interview ten teenage girls who were less than 20 years old and who had experienced more than one pregnancy and birth. Participants were selected by the researcher from files and statistical data at the MMH, Cape Town.

The following criteria for sampling were employed:

- Only teenage mothers between the ages of 15 and 19 years of age were considered;
- Teenage mothers were expected to have given birth at the MMH;
- Teenage mothers were required to have given birth to two or more live infants before attaining the age of 20 years;
- The last birth should have occurred within the last two years before data collection, to facilitate access to the files;
- Teenage mothers were required to obtain permission for participation from a legal guardian if they were under the age of 18 years, and

- Participants had to indicate a willingness to participate in the study.

The sample was purposefully selected by the researcher who works as a hospital social worker at the MMH and was therefore able to access files and data. The participants gave birth at the facility and were therefore familiar with the setting.

Permission to access files and data was obtained from the Western Cape Department of Health (Appendix B) and senior management at MMH. Files were selected for teenage mothers who, according to delivery statistics, had given birth to a second or third infant and who met the inclusion criteria for the study. The files of the researcher and the other social worker at the hospital were also accessed because all teenagers are routinely referred for social work assessment and intervention, and the social work files reflected the number of live births experienced by these teenage girls. Although numerous prospective participants were identified, some difficulty was experienced in getting them to attend their appointments at the facility. Although many agreed to participate in the research study, some did not arrive for interviews and then displayed some avoidance behaviour. The researcher continued to approach potential participants until data saturation occurred.

3.7.2 Data collection

Semi-structured, one-on-one interviews were selected as the method for data collection. Semi-structured interviews contain elements of both structured and unstructured interviewing (Sarantakos, 2005). Generally, semi-structured interviews allow for greater flexibility in the interview and provide a more detailed account of the participants' beliefs and perceptions (De Vos *et al.*, 2011).

The researcher met with the participants individually and conducted face-to-face interviews. An interview guide (Appendix F) was used to provide direction to the interview. An interview guide does not provide the exact sequencing and wording of the questions, but serves as a guideline for relevant topics that need to be addressed during

the interview (Rubin and Babbie, 2008). By using the interview guide the researcher was able to think, in advance, about areas which the interview might cover. A hard copy of the interview guide was given to each participant as part of preparing and informing them about the nature of the research. Through this the participant was allowed to play a significant role in determining how the interview proceeded (De Vos *et al*., 2011).

With consent from the participants, all the individual interviews were recorded on a digital recorder, which assisted the researcher with transcribing the data verbatim. De Vos *et al*. (2011) note that it is essential to record all interviews as it not only provides a more thorough record than note-taking but also allows the researcher to concentrate more on what is happening in the interview. For the researcher, the use of the voice recorder also allowed the researcher to pick up on any voice changes or significant words which may have been missed during the interview. Throughout the interviews, the researcher was cognisant of non-verbal communication expressed through the actions and emotions of the teenage mothers. The researcher therefore also made field notes during the interview to assist in transcribing the interviews and subsequently analysing the data. Note-taking is therefore an important part of data collection as it helps a researcher to remember what transpired during the interviewing process (De Vos *et al.*, 2011).

Prior to each interview, the researcher clarified the aims and objectives of the study with the participants, explained the informed consent form (Appendix D), and requested that they each complete and sign these documents. Voluntary participation and the participants' right to withdraw from the study at any time were emphasised. Interviews were conducted in an interview room at the hospital. The venue had been carefully selected to ensure privacy and minimal disturbance and interruption. Participants were consulted about the use of interpreters, but all participants felt that this was not required as they were all conversant with English and Afrikaans. The researcher conducted a total of nine interviews, one of which constituted a pilot study. The pilot study was not included in the data analysis. After seven interviews the researcher had reached data

saturation, but an additional interview was undertaken in an attempt to increase the diversity of the study.

3.7.3 Pilot study

Prior to conducting the actual study, the researcher used a pilot study to test the data-collecting instrument. This allowed her to test the interview guide and establish clarity on certain areas that may have seemed unclear or problematic. Welman *et al*., (2005), note that a pilot study is effective in detecting any flaws which may occur in the measurement procedures as well as picking up any ambiguities which may occur in the interviewing process. A pilot study also provides a researcher with an opportunity to estimate the time required for each of the interviews and the full study (De Vos *et al*., 2002). Sarantakos (2005:256) sums it up by alluding to a pilot study as being a "dress rehearsal" of the main study.

The pilot study was conducted using the same sampling criteria set down for the main study. One participant was interviewed. The participant appeared extremely willing to participate, which seemed to indicate that the study might not be as threatening as initially perceived by the researcher. Some valuable information was gleaned from the pilot study. It was evident that the questions needed to be clarified, because they were not clearly understood by the participant, especially those who were not fluent in English. It also emerged that the interview, owing to its narrative nature, could be quite long for some participants. It was also evident that some participants might discuss the experiences in detail and this would require the researcher to control the interview in a careful manner. Welman *et al*. (2005) emphasise the need for researchers to manage time and carefully control interviewees who are overly detailed in sharing their experiences.

3.7.4 Accessing participants

After having accessed the files and data bases of the hospital in order to identify potential participants, the researcher was able to make telephonic contact with them. The telephonic contact was used to explain the purpose, goals and details of the study and to

ascertain their willingness to participate. Prospective participants were informed of the significance of the study and of the significance of their participation. Issues of confidentiality and practical arrangements were also discussed. Although some were keen to partake in the study, others were not prepared to cooperate, and their decisions were respected by the researcher. Sarantakos (2005) points out that researchers should be prepared for failures as not all those who are approached, may agree to participate. Participants who willingly agreed to take part were invited to an interview on a date and a time convenient to each party concerned.

3.7.5 Conducting the interviews

All interviews were conducted in an interviewing room at the hospital. At the start of the interview, participants were once again briefed on the purpose, goals and details of the research. Emphasis was placed on the maintaining of confidentiality, and attempts were made to put participants at ease. Permission was also obtained from each participant for audio-recording and note-taking. Sarantakos (2005) states that, although the use of recordings and notes may be important for the researcher, the participants' approval is vital as some may object to its use. Once participants had agreed to take part and the consent forms (Appendix D) were completed, some biographical data was extracted from each participant, which was ticked on the interview schedule. This was followed by questions which were guided by the interview guide (Appendix F). The following questions were used to guide the interviews:

- Talk about how it came about that you fell pregnant a second/third time;
- Tell me about your second/third pregnancy;
- Talk about how your second/third pregnancy changed your life;
- Tell me how your second/third pregnancy changed your children’s lives;
- Tell me how your second/third pregnancy changed your extended family’s life.

Although the interview guide assisted the researcher in guiding and directing the interview, the use of the narrative strategy allowed participants to communicate naturally. Communication was further enhanced as the researcher became an active listener,

encouraging the participants to relate their stories with minimal interruptions (Sarantakos, 2005). The following interviewing techniques (as cited in De Vos *et al*., 2011) were employed to elicit the maximum response from the participants:

- Probing: The researcher was able to increase the richness of the data by encouraging , acknowledging and allowing the participants to elaborate on their responses and asking direct questions to obtain further information;
- Paraphrasing: On numerous occasions the researcher reworded the participants' responses ensuring that the meaning remained the same. This helped to enhance meaning;
- Minimal verbal response: The researcher was focussed on listening attentively to the participant and therefore only used responses like, "mmm" and "I see" at times;
- Clarifying: This was used to obtain clarity on information that the participant had shared. The researcher used questions like, "Please tell me more about…." to clear up certain statements;
- Reflection: The use of reflection allowed the researcher to obtain more in-depth information from the participant. This was achieved by throwing back to the participant what she had just said and allowing the participant to elaborate on it.

3.7.6 Terminating the interviews

In drawing the interview to a close, the researcher was very aware of emotions that had surfaced in the course of the interview. Where participants had expressed deep emotions, they were referred to another social worker at the hospital for further debriefing. In all instances, participants were made to feel appreciated for their participation, and the interviews were terminated in a friendly manner. Ending the interview on a smooth note is always important when conducting research, as the participant then feels appreciated for the contribution made to research (Sarantakos, 2005).

3.7.7 After the interviews

The researcher took time to jot down information that was generated during the interview as soon as possible after the interviews. These notes contained both observations and reflections of the teenage mothers and their unintended repeat pregnancies. Welman *et al*. (2005) suggests that writing down what has transpired in the interview is essential to minimise confusion and prevents the researcher from forgetting some important aspects of the interview. Each interview, despite being recorded, was also transcribed verbatim (immediately after the interview) and submitted to the research supervisor for perusal. The research supervisor fulfils an important role in ensuring that interviewers complete interviews, probe adequately and record the data correctly (Sarantakos, 2005).

3.7.8 Data analysis

Through data analysis the researcher attempts to make sense of the written and observed data collected in the interview (Creswell, 2009). In qualitative research, data analysis includes both coding and analysing the datum which has been collected (Babbie & Mouton, 2007). Sarantakos (2005: 353) suggests that datum analysis in the narrative strategy of design strongly resembles normal qualitative analysis. Differences are however noted in the fact that with narrative analysis, the focus shifts to the conversation, and the researcher is not as interested in the description of social events as in the story being told by the participant. Emphasis here is placed on various aspects of the conversation, which include the structure, the amount of detail supplied, the fluctuation in the voice, the hesitation and the flow of the conversation and the contradictions and inconsistencies of the data received. In analysing the data, the researcher used the steps as described by Creswell (2009). Data was analysed as follows:

- **Preparation of Data**: The audio-taped data was initially transcribed by the researcher. Field notes and observations were typed and the different types of data were perused in an attempt to organise and sort through all the information;
- **Getting to know the data:** The researcher then read through the data in order to get a sense of the whole. Taylor-Powell & Renner (2003), note that a thorough

understanding of the data is essential and this may require the researcher to re-read texts numerous times. In this process the researcher also jotted down ideas and impressions in the margins of the text. Field notes and general observations were also considered;

- Coding: The researcher was then able to begin a more detailed analysis of the data by means of coding. Coding involves categorising of data (Taylor-Powell & Renner, 2003) into smaller segments to allow the researcher to attach meaning to the information (Creswell, 2009). Having returned to the transcripts, the researcher was able to organise the data through the coding process into categories. These categories were then labelled with terms similar to those verbalised by the participants;

- Creating Themes: Having utilised the coding process, the researcher was able to generate themes and sub-themes of a chronicle. Creswell (2009) suggests that the themes that emerge are usually those that appear as major findings in the study. To understand the participants' construction of reality, the analysis moved beyond content analysis, (**what** was said) to also note the structure and format of the "story" **(how** it was said). The way in which the experiences and perceptions were conveyed, their interpretations and reflections of the sequence of events and the expressions used to portrait the story, helped the researcher to gain insight into the participants' views (Coffey & Atkinson 1996:83);

- Interpretation and reporting: Having identified the central themes (storylines) that emerged, the researcher then represented these themes in a qualitative narrative. Creswell (2009) states that this is often the most popular way of conveying the findings of the analysis. Using the narrative strategy of design enabled the researcher to discuss the findings chronologically and to illustrate the interconnectedness of the themes and sub-themes.

3.8 LIMITATIONS

Numerous limitations were identified in the process of conducting the study. These are discussed below:

- The researcher found that although face-to-face interviews provided great depth in the data that was obtained, it also became extremely time-consuming. At times the researcher experienced difficulty in interjecting a detailed story for fear of derailing the participant's line of thought. The length of the interviews also resulted in the researcher having to concentrate quite hard, which was extremely tiring.
- The lower levels of educational attainment coupled with (at times) the difficulty of fully grasping the questions contributed to participants at times asking the researcher to rephrase the questions. The researcher therefore felt that rephrasing the questions could possibly have resulted in the participants also interpreting the questions differently.
- Despite all the participants refusing to make use of the interpreting service which was offered to them, some participants definitely experienced difficulty understanding the language of choice, and also experienced difficulty in expressing themselves properly. However, the researcher was aware that participants might feel some discomfort at having to discuss a personal issue such as repeat pregnancy with a third party present.
- The researcher was particularly aware of how the participants perceived her. Several of them had previously been counselled by the researcher in her role as social worker at the organisation. This might have resulted in some role confusion where participants felt the need to focus mostly on social issues.
- The researcher too, in the course of the interviews, had difficulty distinguishing between the roles of researcher and social worker, especially when emotion was involved. Many of the participants were emotional in the course of the interviews and it was hard to not focus on the feelings of participants.
- Participants, except for a few, showed great reluctance to take part in the study. They initially used all kinds of excuses and avoided telephonic contact after the initial call. This the researcher attributed to a general apathy regarding repeat teenage pregnancies, as it seemed that participants had simply accepted their situation and did not deem it necessary to talk about it. This general apathy resulted in the data collection taking much longer than expected.

- A major limitation too was the difficulty experienced in finding participants from the "white" race group. This resulted in the study being delayed somewhat in an attempt to obtain representivity across the racial groups in the Western Cape.

3.9 CONCLUSION

This chapter provided a detailed view of the research design and methodology employed by the researcher in her quest to allow teenagers to reflect on their repeat pregnancies. The process employed by the researcher in obtaining the data was described and the limitations which may have influenced the study, explored. The researcher believed that she had adhered to the ethical obligations required of her as a researcher and that she had upheld all moral standards in conducting the study.

The discussion in Chapter 4, which follows, will focus on the data that was collected and analysed. It provides a detailed account of the themes and sub-themes that were identified, and compares and contrasts the findings with available literature.

CHAPTER FOUR

RESEARCH FINDINGS AND LITERATURE CONTROL: TEENAGE MOTHERS' REFLECTIONS OF THEIR UNINTENDED REPEAT PREGNANCIES

4.1 INTRODUCTION

Chapter 3 provided a detailed explanation of the research methodology which was employed in the study. This chapter will present the findings that emerged through the process of analysing the datum. Datum obtained from the semi-structured individual interviews was analysed, verified and compared to relevant literature. A literature control is presented to compare previous findings to the findings of this study (De Vos *et al*., 2011).

In this study, participants presented their reflections as a sequence of events which resembled the general structure of a story. A story, when narrated by participants as in this study, is usually an attempt to make sense of past experiences by giving it meaning in the present (Coffey & Atkinson, 1996). Narratives, as stories, usually consist of a plot, a beginning, a middle and an end and make sense to the narrator (Denzin, 1989). This analysis begins when participants reflect on their repeat pregnancies and try to make sense of how it all happened. As the story builds, the middle of the story emerges and participants start reflecting on the consequences of the repeat pregnancies. Various themes and sub-themes emerge as participants discuss what has gone before. However, as the end emerges, the researcher realises that what is to come remains a mystery, and results in an open-ended story. These reflections are a clear portrayal of how each participant is affected by their own particular circumstances. Coffey & Atkinson (1996) suggest that the way in which a story is told can provide insight into the culture or social status of each narrator.

What follows are the biographical details of participants as well as background information regarding their repeat pregnancies, as presented by each participant. This

information contextualises the "story" and is thus presented as an introduction to the themes that emerged. Biographical details (Table 4.2.1) and emerging themes and sub-themes (Table 4.2.2) are portrayed in separate tables to provide further clarity regarding the findings. The discussion of the findings is based on the themes that emerged.

4.2 BIOGRAPHICAL DETAILS AND SUMMARY OF CURRENT CONTEXTS

Table 4.2.1: Biographical details of participants

P	*Age*	*Race*	*Source of Income*	*No. of Children*	*Current Grade*	*Area of Residence*	*Lives with*
1	17	B	Parent; Child Support Grant	2	Gr. 11	Guguletu	Mother
2	18	B	Reputed Father	2	Dropped out Grade 11	Guguletu	Reputed Father
3	18	C	Child Support Grant; Reputed Father	3	Dropped out Gr.6	Mitchells Plain	Reputed father's family
4	17	B	Child Support Grant; Grandmother	2	Dropped out Gr.10	Nyanga	Grand-mother
5	18	C	Child Support Grant/Parents/ Reputed Father	2	Gr. 11	Mitchells Plain	Mother
6	17	C	Child Support Grant; Grandmother; Reputed Father	2	Dropped out Gr. 11	Mitchells Plain	Grand-mother
7	19	C	Parent; Child Support Grant; Self supporting	2	Employed Matriculated 2011	Manen-berg	Mother, stepfather and grand-mother
8	19	W	Parent	2	Dropped out Gr. 9	Claremont	Mother and stepfather

Semi-structured individual interviews were conducted with 8 participants. All interviewees were selected from a data base at MMH. Participants were chosen from the three dominant **race** groups in the Western Cape namely "Coloured," "Black" and White". Four of the participants were “Coloured”, three were “Black” and only one was “White”. Macleod (2011: 94) suggests that “race” is often cited as an issue in literature on teenage pregnancy. South African statistics as provided by the Department of Health in 2007 (as cited in Macleod, 2011) break down the rates of teenage pregnancy in the country as follows: Black: 12.5%; Coloured: 11.7%; Indian: 2.2% and White: 2.4%. These rates are similarly reflected in this research study. Jewkes et al., (2009:678) show even more inflated figures for teenage pregnancy amongst Black and Coloured race groups. The authors suggest that Black and Coloured teenage pregnancy rates are seven times as high as those of Indian and White teenagers.

All the participants had **given birth** to either two or three children whilst still in their teenage years. Five of the teenagers were no longer attending school. Only one of these five participants had matriculated, whilst the other four had dropped out of school and were currently unemployed. Their levels of school education were fairly high (**most were Grade 9, 10 and 11**) except for one participant who had left school in Grade 6 (aged 12 years) when she had fallen pregnant a first time.

The findings of this study compare with a study by Meade & Ickovics (2005), who note that at least one-third of teenagers who fall pregnant and have a child before the age of 18 years, are likely to drop out of school. Dropping out of school results in young mothers not completing high school or obtaining further tertiary education, thus placing them at a greater disadvantage in society (Hofferth, Reid & Mott, 2001).

The **ages** of the participants ranged from 17 to 19 years at the time the interviews were conducted. All participants, except one, had given birth to two children at the time of the research. The one exception, an 18-year-old, had already had her third baby when she participated in the study. Literature (Domenico & Jones, 2007; Makiwane *et al*., 2006)

suggests that the rates of teenage pregnancy are extremely high in many parts of the world. In America, 40% of pregnancies occur in women under the age of 20 years (Domenico & Jones, 2007). Similarly, in South Africa about 50% of young girls between the ages of 15 and 19 years reported having had sex (Makiwane *et al*., 2006) with more than 30% of girls who attain the age of 19 years reportedly having given birth to at least one child (Kaufman *et al*., 2001).

All the participants were **resident with family members** except for one who resided with the reputed father who was also her current boyfriend. The majority of participants who stayed with family, either stayed with a **parent or a grandparent**, except for one who stayed with the reputed father's family. Parents and grandparents were responsible for the upkeep of the respective teenage mother and her children. One participant who was employed still depended on the family whilst she was on maternity leave, as she had not made provision for the period that she would not receive a salary. Bunting & McAuley (2004) note that the majority of teenagers live with their mothers for the first five years after giving birth. The mother of the teenage mother is also often the greatest source of financial support.

Seven of the eight participants came from suburbs in the Cape Flats in the Cape Peninsula. These suburbs included areas such as Mitchells Plain, Manenberg, Guguletu and Nyanga. These are areas previously demarcated for "Coloured" and "Black" communities in terms of the Group Areas Act (Act No. 41 of 1950) which ensured that different race groups lived in specified residential areas (Jacobs, 2010). The eighth participant resided in a more affluent suburb in the Cape Peninsula, namely Claremont.

In the following discussion, the findings of the study will be presented in three different phases, each with its respective themes and sub-themes.

4.3 RESEARCH FINDINGS THAT EMERGED FROM THE ANALYSIS OF THE REFLECTIONS/STORIES OF TEENAGE MOTHERS

Both the researcher and an independent coder used the framework for qualitative data analysis as proposed by Creswell (2009) in order to analyse the data acquired from eight individual interviews with teenage mothers who had experienced unintended repeat pregnancies. After completing the data analysis, the researcher, the independent coder and the research supervisor engaged in joint discussions to decide upon the themes and sub-themes that emerged from the process of data collection and data analysis.

From the discussions held between the three parties, agreement was reached that three distinct phases had emerged in the data analysis process. These three phases provided the themes and sub-themes of the study as reflected by the teenagers who had experienced unintended repeat pregnancies.

Table 4.2.2 below provides a graphic representation of the three phases and their respective themes and sub-themes, which are discussed in accordance with the narrative strategy of design which the researcher chose for the research study. The reflections of the participants were presented according to their stories as they emerged from the data analysis. The literature control was mostly presented at the end of sub-themes in order for the reader to follow the stories of teenage mothers' and their reflections of their unintended, repeat pregnancies.

Table 4.2.2: Findings relating to teenagers mothers' reflections of their unintended. repeat pregnancies

PHASE 1. The beginning: "how did it happen?"	
Theme 1.1: "I met this man"...	**Sub-theme 1.1.1** Teenage mothers fell pregnant after **e**xpressions of "love" and "care" by partners **Sub-theme 1.1.2** Teenage mothers fell pregnant when men offered money
Theme 1.2: It can't happen to me...again!	**Sub-theme 1.2.1** Teenage mothers reflected on having sex for pleasure **Sub-theme 1.2.2** Teenage mothers reflected that they did not use contraception
Theme 1. 3: Contextual issues	**Sub-theme 1.3.1** The teenage mothers reflected poor relationships with their parents **Sub-theme 1.3.2** The teenage mothers reflected social problems in their families of origin **Sub-theme 1.3.3** The teenage mothers were dependent on substitute/biological mothers for the care of their child
PHASE 2. The middle phase of the story: "What happened then?" Reflections on consequences of the repeat pregnancy	
Theme 2.1: Teenage mothers initial reactions when they learnt that they were pregnant	**Sub-themes 2.1.1** The teenage mothers reflected on their emotional turmoil when they learnt of their repeat pregnancy **Sub-theme 2.1.2** The teenage mothers reflected on loss of childhood /youth and freedom
Theme 2.2: The consequences of the repeat pregnancy for teenage mothers	**Sub-theme 2.2.1** The teenage mothers reflected the effect on their social life **Sub-theme 2.2.2** The teenage mothers reflected on their schooling; **Sub-theme 2.2.3** The teenage mothers reflected the changes in relationships and the reactions of their families due to the repeat pregnancies **Sub-theme 2.2.4** The teenage mothers reflected on their parental responsibilities after a repeat pregnancy **Sub-theme 2.2.**5 The teenage mothers reflected on the loss of support from extended families
PHASE 3. An open-ended story: To be continued…...	
Theme 3.1: The ambivalence of teenage mothers	

4.4 PHASES, THEMES AND SUB-THEMES

4.4.1 PHASE 1: The beginning: "How did it happen?"

Teenage mothers' reflections of their unintended, repeat pregnancies on "How did it happen?" indicated some general themes that are reported below with longer narratives where appropriate in order to also indicate individual experiences within the general themes. The researcher chose to present the themes in a narrative form and not according to neatly numbered sections, to allow the story to flow. Quotations of the participants that support, or those that are indicative of the selected themes, are highlighted in the discussion. It should be noted that many of the quotations are expressed in colloquial language generally used by the participants during data collection.

4.4.1.1 Theme 1.1: "I met this man…."

The theme: "I met this man…" illustrates how the teenage mothers' stories unfold as they reflected on the initial meeting with their partners. For most of the participants, getting involved with a male partner appeared to happen very quickly. It seemed as if they were overwhelmed by a need to have someone special in their lives.

4.4.1.1.1 Sub-theme 1.1.1: Teenage mothers fell pregnant after expressions of "love" and "care"

In analysing the data it became clear that the teenage girls, when approached by their male partners, exhibited a need for love and care. Many participants in narrating their experiences were taken in by the ways in which men expressed feelings of love towards them. Participants easily reciprocated and verbalised what they perceived as love, for these men very early in the relationship. Their vulnerability as insecure adolescents was clearly demonstrated by their need for attachment. Significantly, seven of the eight participants came from single-parent families where the father had not played a significant role in their lives.

The following narratives support this theme and illustrate how participants were manipulated by the words expressed by men owing to their own insecurities and the need to feel that they belonged:

> "I *meet (sic) this boyfriend while walking on the street.* ***He tell (sic) me that he love (sic) me. I also feel the same, I told him.*** *Then he came to my place to meet me and then I go (sic) to his place..."*

> *"I met this guy at church.* ***The first night we went out, we kissed and that night I fell in love with him and he fell in love with me…."***

One participant even reflected on how the care expressed for her first child by the male partner had influenced her need to reciprocate his love:

> *"He was like very over my daughter and I could see in her eyes that she needed a father figure…….and* ***that's why I fell in love with him because I thought to myself, 'Somebody like really cares about me and my child.' "***

In addition to the fact that teenagers perceived intimacy as love, they often engaged in sexual activities when men offered them money and support.

4.4.1.1.2 Sub-theme 1.1.2: Teenage mothers fell pregnant when men offered money and support

The participants who took part in this study also interpreted their partners' involvement in providing for their material needs as care and love. As many of the participants came from poor economic backgrounds it appeared that they were attracted to men who could provide for their material needs as well. At least five of the teenagers' partners from whom they fell pregnant were employed at the time when these teenagers were impregnated. These partners were therefore able to provide material support to both the participants and their families.

One participant reflected on her decision to get involved in the relationship at the time as follows:

> *"He was prepared to take me with my child and* ***he said that he had a job, he was working****. And then I thought to myself maybe this will do good this time."*

Another participant as a naïve 14-year-old was an extreme example of manipulation by her partner with money, love and presumed care (following a first pregnancy at the age of 12):

> *(Afrikaans version as related by participant):*
> *"Ek het nie geworry met vriende nie maar die een Vrydag kom die man na my toe; ek weet nie hoe't hy geweet nie my kind drink melk nie. Dan* ***koop hy my kind 'n groot blik melk*** *en* ***hy koop my kind kimbies****, en hy se toe, jy kan die ander change hier hou. Maar* ***ek het nie geweet hy wil dinges met my.*** *Maar ek kon sien hy is 'n baie goeie mens. Toe gaan bly ek by sy ma hulle."*
>
> *(Translated English version):*
> *"I did not worry with friends but this one Friday this man came to me. I don't know how he knew that my child drinks milk.* ***He bought me a big tin of milk and he bought my child 'kimbies' and he told me, "You can keep the other change."*** *But* ***I didn't know he wanted to have sex with me****. But I could see that he was a very good man. So I went to stay with his mother and them [referring to the partner's family]."*

From the above reflections of teenagers' unintended repeat pregnancies, it became apparent that young girls are easily taken in by men who promise love and care. They are also easily swayed by men who provide for their material needs.

Attachment theorists have emphasised the importance of secure attachments, especially during infancy. Failure to bond effectively with a primary caregiver during the early

stages of life often results in a need for attachment in later life (Santrock, 2010). Jorgenson (1991) maintains that teenage pregnancy often results when needs of affection and love are not met by early caregivers. This was confirmed in research conducted by Furstenberg *et al*. (1989) who found that teenage pregnancy was delayed when adolescents felt a strong sense of support and connectedness with a parental figure. Pistole (1999) on the other hand viewed teenage pregnancy within the context of attachment theory, which addresses both love and care needs. Attachment during infancy differs from the attachment sought in the adolescence years. Infants usually attach to a primary caregiver who also provides a sense of security if the relationship develops well (Louw & Louw, 2007). With the onset of adolescence, teenagers strive to gain independence and begin to feel capable of taking charge of their own lives, and they are motivated to form emotional relationships with sources outside of the family (Lidz, 1983). As with the early love and care bonds that are formed with primary caregivers, teenagers' needs for closeness are also motivated by a need to find a person who provides some security (Pistole, 1999). For teenagers, parental attachment diminishes and attachments are transferred to romantic partners (Ainsworth, 1989). The sexual component of these romantic relationships helps still further with attachment (Cassidy & Shaver, 2008).

Studies suggest that girls who grow up with a father are less likely to exhibit a need for attachment in their adolescent years. They are therefore less likely to engage in early risky sexual behaviour and are more capable of forming and maintaining romantic relationships (Holborn & Eddy, 2011).

In support of the findings, Jewkes *et al*. (2009) suggest that teenager pregnancy is often sought after for the benefits which it brings. Poor socioeconomic conditions contribute considerably to sexual relations, especially between teenagers and older men (Kanku & Mash, 2010). Literature points out that in sub-Saharan Africa sexual acts with adolescents are often transactional in nature. Young girls are involved in sexual relationships to

receive either material gifts or money and are motivated to accepts these gifts in order to survive or simply because they desire greater material possessions (Hope, 2007).

Sexual relationships follow soon after meeting the partner, without considering the consequences, as attachment needs are falsely met. This is demonstrated in the following quotes which show how easily teenage girls are lured into sexual encounters.

> *"I was working with this guy.* ***I just started working****.* ***Then our work had a staff party and we went away for a weekend and that's when we like got together and we slept together."***

Another participant reflected on how a one night stand had resulted in her having sex.

> *"You know* ***we were just together that one night*** *and* ***not thinking that anything's going to happen and then something did happen****. And it was only that one night and after that I never saw him again."*

The same participant expressed the hope that having sex might result in a more permanent relationship.

> *"In June I met someone that was friends with my friends and* ***we saw each other for a week*** *but then after that* ***I realised he just wanted to use me and then the deed was done."***

This participant also indicated that she was uncertain about who the father of the baby was.

Congruent with the findings, literature suggests that most relationships which involve some degree of romance, are initially about connecting with a partner on a sexual level. Romantic partners only fulfil attachment and caretaking needs once the relationship

becomes more stable and committed, usually only by early adulthood (Karandashev, Benton, Edwards & Wolters, 2012).

The participants appeared to have misconstrued the true meaning of love due to their intense need for attachment. The pregnancy that follows, which they appear not to have foreseen, is therefore often the result of their search for affection. They are often lured into sexual activities by men offering money and support and they are under the impression that they will not fall pregnant again. This is evidenced by the responses of teenagers' reflections of their unintended repeat pregnancies under the following sub-theme.

4.4.1.2 Theme 1.2: "It can't happen to me again!"

Participants did not refer to, or indicate a reluctance to engage in unprotected sex, nor did they make a conscious decision to avoid pregnancy based on their previous experience of getting pregnant. They were "bowled over" by sex for pleasure, acceptance of the "*love*" word and promises of being cared for (as indicated in theme 1) and the perception that "**It can't happen to me again.**"

In relating their stories, participants expressed shock at discovering that they had fallen pregnant a second or third time. The majority had difficulty accepting that they were pregnant and said that they had not wanted this to happen again. From their stories emerged the ensuing sub-themes which explore the teenager's sexual behaviour of having sex for pleasure without contraception, thus setting themselves up for unintended consequences such as pregnancy.

4.4.1.2.1 Sub-theme 1.2.1: Teenage mothers reflected on having sex for pleasure

Participants seemed to indulge in sexual activity for pure enjoyment and pleasure. Despite having fallen pregnant earlier and having a first child it seemed that they had not learnt from their previous experience but had been caught up once again in a similar situation as they had not considered the consequences of having casual sex.

Teenagers reflected on their unintended repeat pregnancies as follows:

> *"It was because **of the fun** so I wasn't responsible enough**.** I **wasn't concentrating** on me**; I was just having fun** so I just fell pregnant like that."*

Another participant reflected the same experience:

> ***"He wanted to do it and so I also did it** but it wasn't that anything was going to come out of that…**it just happened**."*

Two of the participants who were still involved with the same partners, who incidentally were the fathers of their first children, viewed the continuation of the sexual relationship as a normal way of expressing intimacy with their partners.

> *"The father of my second child is the same father of my first baby. Yes **we were not planning to have a baby but because we do (sic) this activity of having sex, I just happened to fall pregnant again."***

Another participant who reflected the same experience was also involved with the same partner and expressed herself as follows,

> ***"I slept again (sic) with my boyfriend but I never thought that I would fall pregnant again."***

It became clear that although these participants fell pregnant a first time when they became sexually involved with their partners, they continued the practice without realising that it might happen the second time.

4.4.1.2.2 Sub-theme 1.2.2: Teenage mothers reflected that they did not use contraception

Teenagers' reflections on their unintended repeat pregnancies indicated that sex after having had a first child, was still engaged in without taking into account the consequences. During data collection participants discussed sex as being a normal part of their lives. In general they showed that they had not considered the consequences of having sex without contraception. Seven out of the eight participants had not considered the need for protection at all. They all experienced the repeat pregnancy as unintended by referring to the repeat occurrence as a "mistake" but had not attempted to prevent the pregnancy in any way.

The following reflections demonstrate how these teenagers, despite having had a first unintended pregnancy, fell pregnant a second or third time due to lack of contraceptive use:

> *"**I wasn't on any contraception.** I never fell pregnant after my first child. It had been four years and nothing happened, and so I told myself it was going to happen. You knew it was."*
>
> *"**We slept together without using protection.** And then **it went on and on until I found out I was pregnant**."*

Literature suggests that adolescents are motivated by inner drives. They are at a developmental stage where they develop a deeper need for love and affection. This leads to greater emotional and sexual attractions which often manifest in more intimate relationships (Focus on the Family, 1999). Research conducted amongst ninth graders in America confirmed that those who had had previous sexual experience engaged in sex more for pleasure, and reported higher expectations that sex would meet their need for intimacy (Ott, Millstein, Ofner & Halpern-Felsher, 2006).

Research studies that were reviewed also showed that teenagers very seldom consciously make a decision to fall pregnant but very few actively take steps to prevent it (Wood &

Jewkes, 2006). In addition, Macleod (1999a) and Raneri & Wiemann (2007) have shown that many teenagers fail to use contraception even though they are aware of this method of preventing pregnancy. Even when using condoms, which are considered to be fairly effective in pregnancy prevention, teenagers are often not familiar with their correct usage, thus often resulting in pregnancy (Raneri & Wiemann, 2007).

The transactional nature of relationships alluded to in the previous theme (sub-theme 1.1.2) is further supported by literature which suggests that the adolescents' have difficulty negotiating sex without using contraception as it is compounded by their willingness to accept gifts (Hope, 2007). Older partners in particular take advantage of adolescents' insecurities and financial dependence and refuse to use contraception (Raneri & Wiemann, 2007).

4.4.1.3 Theme 1.3: Contextual issues

Participants did not explicitly reflect on family and social factors as contributing to their falling pregnant again. However, their reflections on the context of the first, second and in one case, a third pregnancy, most of them (6 out of 8) indicated unstable relationships with biological parents and insecure living conditions, and in most cases, financial struggles for basic family needs. Comparing theoretical guidelines for preventing teenage pregnancies, the assumptions can be made that social conditions and family relationships may have contributed to repeat pregnancies. The following contextual issues emerged from this theme.

4.4.1.3.1 Sub-theme 1.3.1: The teenage mothers reflected poor relationships with their parents

Participants in narrating their life-stories explicitly reflected on the impact that unstable family life had had on their life course. At least two of the eight participants indicated that their parents had divorced and that they had been reared by step-parents (either stepmom or stepdad) who had, according to them, negatively affected their upbringing. In both these instances, the step-parents had had difficulty accepting the participants into

their lives and had shown even greater dissatisfaction when they presented with a first and second pregnancy. It was evident that both participants and their children were subjected to rejection by the step-parents.

The severity of their poor relationships with step-parents is reflected in the following quotes:

> *"**I have a step-daddy and we, me and my step-daddy, is (sic) like strangers. We don't talk.** Whenever I make food, he don't (sic) eat the food. Whenever he makes food, I don't eat his food. It's like, you know, **'step.'***

The same participant reflected upon how the step-father relationship had impacted on the way in which her mother interacted with her:

> *"My step-daddy told my mommy that her grandchild is not her responsibility. So when he's (my step-daddy) there, **she will just come into my room, talk to me and leave**. **She don't (sic) worry about me."***

Furthermore, three of the participants indicated that they were reared by a caregiver other than their mother. Their biological mothers were almost absent or played an insignificant role in parenting them as children. They reflected on how they had been raised by their grandmothers (or an aunt in one case) who often substituted as mothers and provided for all their needs.

The following quotes reflect how these teenagers were deprived of a mother as they were growing up, and the role that the grandmother had taken on:

> *"Well, my ma [grandmother] brought me up all the years. **My mommy she was never a part of me. She will come now and then she will go…..She was always***

never (sic) there for me. *It was always my ma. She [referring to her mother] used to live in her own house. She used to have her own things.*

Another participant sadly reflected:

> *"My **mother she was here and there**, you see. She was in Johannesburg, here in Cape Town. Sometimes **she would leave me with my aunt**, then **she will go** and sometimes she will come and **steal me from my aunt** and go with me and my grandmother would take me. Then she found out that she was **HIV positive.** She was staying with a man. I think I was eight or 9 years old, she fell sick. Then she died."*

Some participants reflected on how fragile their relationships with their mothers had been and still were at the time of the interview. It was evident that the lack of emotional support received from their mothers had impacted significantly on their lives. This poor relationship with a mother seemed to have had dire consequences for the way in which they now viewed life. The following quotes demonstrate how they perceived their relationships with their mothers:

> *"**My mother didn't want anything to do with me**. So I told my grandmother that my mother don't really care about me and the baby, the firstborn. **She just goes and drinks the whole weekend.** She comes back and shouts at me. So my grandmother decided to take me."*

In the following extract, a participant angrily reflects on her mother's absence as she was growing up:

> *"**There is no relationship to talk about because we didn't really have a relationship as a mother and daughter because I grew up with my grandmother.** When she [referring to mother] got married, I was three years old and that's where it started, when she pushed me away. I was the eldest and she didn't want*

nothing (sic) to do with me. When I saw her, I saw her and when she's there, she's there. We never like talked about mother and daughter stuff, like the birds and the bees and she never sat down with me and asked if I had homework. She was never there. I got used to the fact that she's never there and I accepted it."

Theory suggests that family structure impacts significantly on adolescent pregnancy and becoming a mother (Domenico & Jones, 2007). Single-parent families place the teenager at higher risk of engaging in early sexual behaviour and subsequent pregnancy (Miller, Benson & Galbraith, 2001). In a longitudinal study conducted in New Zealand and America, researchers confirmed that the absence of a father was a significant factor that increased a teenager's likelihood of engaging in early sexual activity which could result in pregnancy (Ellis, Bates, Dodge, Fergusson, Horwood, Pettit & Woodward, 2001). Significantly, the findings of this study are similar to Raneri and Wiemann (2007) who in their studies on repeat pregnancy noted that teenagers were more likely to fall pregnant a second or third time if they did not have close relationships with their mothers.

Studies furthermore suggest that the lack of warmth and affection shown by parents often results in adolescents needing to improve their self-esteem by engaging in relationships outside of the family (Miller, Benson & Galbraith, 2001). Boardman, Allsworth, Phipps & Lapane (2006) suggest that teenagers who have a poor connection with a parent or parents and lack support from the family are at increased risk of teenage pregnancy. Their findings confirmed that repeat pregnancies were more likely to be experienced in families which were not intact. These authors attributed this to poor parental support.

The poor relationships experienced with family members were still further exacerbated by social issues which existed in many of the participants' homes. Many of these participants reflected on family issues which were prevalent and which had affected their childhood.

4.4.1.3.2 Sub-theme 1.3.2: The teenage mothers reflected social problems in their families of origin

Social factors were mentioned as playing a major role in the way in which the teenagers in this study reflected on their unintended repeat pregnancies. The circumstances under which participants had been reared were evident in their narratives. All but one of the participants lived under circumstances which had numerous social challenges. Poverty and financial struggle, sexual abuse, drug abuse, domestic violence, alcohol abuse and HIV/AIDS were only some of the challenges with which the teenagers who took part in the study were confronted during their childhood.

One of the participants clearly noted some of the social issues which affected her life:

> "My mommy ***she's actually a drug addict.*** *So she will come and say, "Do you want something?" and then she will give. However, after a time if she has arguments she will 'skel' [scold] about that thing that she gave. So she was always never there for me."*

The following excerpt from a selected narrative of one of the teenagers who took part in the study reflects the extreme story of **living conditions and unstable relationships** that could have had an influence on her repeat pregnancy:

> *"At that time, we were **living near Luzuko at Phillipi in those shacks**_there. Therefore, there was this old guy who was living in front of us. I mean he had his house in front of ours. He was **abusing me sexually** because he'll come at home early in the morning before I go to school and he will say to me he want to sleep with me the first time that's what he said. He just came home like he wanted a stick of matches. Then my aunt was already gone to work. He came in when I opened the door... **I trusted him because I was calling him a grandfather** because he was too old... He tried to sleep with me, forcing me to do so. I tried to cry but I didn't have enough strength, I was sick. He told me if I tell anyone, he*

would kill me. He shut my mouth. Then when I had the strength, I told myself, I see that thing that at school I was struggling because I couldn't concentrate clearly. So ***I told my mom but other people did not believe me.*** *They thought I was lying or something. I don't know why they thought I was lying.... Then* ***my mom sent me home at Eastern Cape to stay with my grandparents.*** *There I wasn't staying good because they would* ***call me names*** *that I like old "mans". I don't know why. I can say that they didn't know what really happened to me.* ***They didn't see the pain that I was feeling.*** *There was this girl who told me that she didn't have* ***a mother who was HIV. They said: Why am I still staying with them while I have a mother who was HIV?*** *It's me who is irresponsible for falling pregnant but on the other side it does have an impact because* ***ever since then I didn't care about myself, I didn't respect myself."***

A next participant's narrative should also be noted because of the **multiple social issues** that she experienced since the first pregnancy at 12 years of age. She reflected as follows:

"*.. ons het nog nooit onse eie plek gehad nie nie.* ***Ons het altyd by mense gebly. Mense het ons nagte uitgesit.*** *Mense het nie twee keer gedink om vir ons te se, "daar's die deur, gaan." Dan het my ma hulle nou 'board'geld betaal dan se hulle nog altyd vir ons ons moet loop.* ***My pa was daai tyd op drugs*** *ook gewees. En ek het ook nie ge'likes' die idea dat ek by my ma hulle gebly het nie.* ***My pa is baie dronk en ombeskof.*** *Die tyd wat hy begin te siek raak het, was hy baie onbeskof.* ***Hy vloek en skel of hy wil my ma jag****, dink ek maar lieweste ek gaan maar trek."*

*"Nou het ek toe my tweede kind (*at age 14) *en* ***die pa is in die tronk*** *in, nou moet almal daai goed voor my kop gegooi word aanmekaar. Dan dink ek maar liewer gaan bly daar onder by sy suster om aanmekaar sukke goed te hoor. Maar daar gaan dit ook nie so lekker nie. Ons (referring to her and boyfriend) het mos onse eie kamer. Maar* ***nou is ek uit sy kamer uit gesit*** *want hy is in die tronk en*

because sy suster het nou 'n ander boarder aangevat daar. My kooi en my kas is uitgegooi,..Eerste kind is by my ma, die tweede kind is by haar pa se ma. En die derde een is by my nou."

Translated:

"…we never had our own place. ***We always stayed with other people****. These* ***people put us out in the middle of the night****. They did not think twice to say, "There's the door, go!" Then my mother them had already paid board money but they said we must go.* ***My father was on drugs*** *at that time. And I also didn't like the idea that I stayed with my mother them.* ***My father was always drunk and rude.*** *The time he started getting sick, he was very rude. He would* ***swear and scold and want to chase my mother****. Then I thought I should rather move."*

"Now then I had my second child (at age 14) and ***this father was in jail*** *and now everyone keeps reminding me of this all the time. Then I thought, rather go and stay down there with his [boyfriend] sister than to hear this all the time. But there it also did not go so well. We [my boyfriend and I] have our own room. But* ***now I was put out of his room*** *because he is in jail and his sister has put another boarder into the room. My bed and cupboard were thrown out…."*

The same participant's multiple social issues led to the following:

"The first child is with my mother, the second child is with the father's mother and the third child is now with me…."

Research studies suggest that economic and social factors often affect the incidence of teenage pregnancy (Acharya *et al*., 2010; Macleod, 1999b). Kirby (2007) notes that families who earn lower incomes have an increased rate of teenage pregnancies due to financial struggle. Financial struggle is often associated with earlier initiation of sexual intercourse and a decreased use of contraceptives (Santelli & Schalet, 2009). Kirby

(2007) also suggests that family use of substances often results in teenagers engaging in substance use as well. Studies have shown that a strong association exists between substance use and teenage sexual activity which can be extrapolated to higher teenage pregnancy rates (Hamdulay & Mash, 2011).

Despite poor relationships and social problems being experienced in the homes of teenagers who underwent unintended repeat pregnancies, they were all still dependent on family to assist them emotionally, financially and in other ways, in caring for the first child. Most of them reflected on how mothers and grandmothers had stepped in to play a substitute mothering role.

4.4.1.3.3 Sub-theme 1.3.3: **The teenage mothers are dependent on substitute/biological mothers for the care of their child**

Many participants spoke about how they were allowed to continue with their lives and either a grandmother or mother had assumed responsibility for the first child. Five of the eight participants returned to school after the initial pregnancy. With **mothers and grandmothers** assuming the parenting role of the first child, participants were left with some freedom for further social interaction.

The following quote reflects how **a mother takes on the role of substitute parent** in an attempt to improve the teenager's opportunities in life:

> *"I thought I will **not** go back to school after the first child. But then my **mother** talked to me. **She said she will take my baby as her baby and let me go to school to study.** She wants me to have a career and have a better life in years to come."*

The teenagers' freedom for social interaction, whilst a grandmother plays a substitute parenting role, is reflected in the following:

> *"**My ma [grandmother] will always look after the baby** if I have to go somewhere and if I want to go out maybe one night with my friends, she will look after the child. **She's always there to help with the child.** I never leave them with other people; **she will always be there to help me.**"*

Literature confirms that teenagers who live with caregivers who provide care for the first child, are more likely to succumb to a repeat pregnancy (Best start Resource Centre, 2009). In South Africa in particular, teenagers are often not expected to rear their own children. The maternal grandmother is often the primary caregiver and the child is reared as the youngest child in the family (Jewkes *et al*., 2009). At times, children may be sent away as a strategy to improve the life chances of the mother. In these instances grandmothers are often the ones to take care of the child (Kaufman *et al*., 2001).

Teenage pregnancy, particularly in African and Coloured communities in South Africa, has been normalised to the extent that many girls are accepted back into their peer group circles and continue normal lives. This is made easier by a caregiver who assumes the mothering responsibility (Varga, 2003).

Despite the instability caused by dysfunctional relationships and the social issues which many participants reflected upon, many continued with their lives after the first child was born. With mothers and grandmothers taking care of the firstborn, some participants resumed their schooling careers. All were, however, left with the freedom to carry on with their social lives as adolescents with little regard for the consequences it might bring.

As indicated in the next phase of the story, the repeat pregnancy did have far-reaching effects as teenage mothers who were given this "freedom and support" by their family members.

4.4.2 Phase 2. The middle phase of the story: "What happened then?" Reflections on the consequences of the repeat pregnancy

This phase reflected the extreme emotions that teenagers felt at discovering they had fallen pregnant a second time. The consequences of the unintended repeat pregnancies became real, and themes of emotional despair and turmoil emerged during their stories. As the reactions and feelings were so closely interlinked, the researcher has chosen to first discuss the emotions expressed together with possible actions considered. This is followed by the possible consequences for the participant's future and the impact a second child has had on her life.

4.4.2.1 Theme 2.1: The teenage mothers initial reactions when they learnt that they were pregnant

Although none of the teenagers who took part in this study reported using contraceptives, all were shocked to learn that they had fallen pregnant a second time, and reported that they could not "accept" this as reality. Their initial reactions indicated that they were **in emotional turmoil, all reporting extreme disappointment, self-blame and anger to the point** that some of them had suicidal thoughts at the time. Their reflections on their unintended repeat pregnancies also indicated that most of them tried to **deny the pregnancy** by not telling their primary caregivers, running away from the family (in one case) or isolating themselves, with some even considering abortion.

4.4.2.1.1 Sub-theme 2.1.1: The teenage mothers reflected their emotional turmoil when they learnt of their repeat pregnancy

It was evident that participants were traumatised to discover that there was another baby on the way. At least seven of the eight participants had difficulty accepting that they were experiencing an unintended repeat pregnancy. Emotions such as denial, anger and guilt were manifested in thoughts which were verbalised by them. These emotions were so intense that participants did not know how to deal with them.

The teenagers' feelings **of disappointment, anger, denial and a need to escape** after they learnt of their unintended repeat pregnancy were expressed as follows**:**

> *"I was thinking,* ***"****What am I going to do with this baby? What will the baby eat?" I feel* ***angry with myself because I didn't know how I would support the baby****. I had nothing. It was difficult with the first, one.* ***It will be worse with the second*** *one...*
>
> *"I* ***didn't want the child.*** *I tried to do everything. So for me it was even harder because I felt* ***disappointed in myself****.* ***My family was disappointed in me*** *and I couldn't take it because the experience wasn't nice at all."*

One participant expressed her **guilt and self-blame** in the following way:

> **"I** *ask myself the same question, 'Why didn't you learn from the first time it happened*."

Another participant reflected her feelings as follows:

> ***"****I do understand* ***that it was my own fault.*** *I just* ***blame myself*** *for* ***not*** *even caring about the first one and here I got (sic) the second one.*

Still another teenager expressed her emotional turmoil in the following way:

> *"The* ***second pregnancy was really hard because I had hidden it and then there was no father...I said I'm going for an abortion*** *and going to get rid of the child. But I couldn't because I knew the consequences"*.

The emotional turmoil was exacerbated because participants feared the reactions of their families. An isiXhosa-speaking lady, who reported that her "family meant everything to her" reflected her experience as follows**:**

> ***"I ran away**. I was afraid, **I was ashamed and I was angry.** I have hurt my family so much. I **cry a lot in my room** and I just feel, 'Why, why did I do this to myself?"*

The realisation that they were indeed pregnant for the second or third time, resulted in at least four of the participants considering a termination of the pregnancy. Although termination appeared to these teenagers to be a good choice for escaping from the situation in which they found themselves, only one of the participants visited a healthcare centre to enquire about the procedure. In the end, not one of the four went ahead with an abortion. Similarly, two participants expressed suicidal ideations at discovering they were pregnant a second time. However, neither attempted to harm themselves in any way.

The following excerpts from narratives illustrate the need to escape from the initial emotional turmoil of discovering the unintended repeat pregnancy:

> "*I just **did not want the child** at all and my mommy never knew, he never knew. I wanted to kill myself actually. I was **about to commit suicide** and everything because I did not want a second child because I wanted to make matric and make the best of it. I felt disappointed in myself. My family was disappointed in me and I just could not take it because the experience wasn't nice at all. Because **I did not want to accept that I was pregnant**."*

Another participant reflected:

> *"It was terrible, if I have to say it though. I was in tears for a whole week. I did not know if I am going to tell anybody **I was ready to commit suicide, I did not want this.** I was single yet again for a second time and I was just trying to get my life on track having a full-time job and everything for more than a year and living on my own and everything. It was going good and then I felt so bad **I wanted to have an abortion."***

A third participant spoke of the psychological impact the second pregnancy had on her life at the time:

> ***"I was just there in the house all the time and I didn't even go to church. I did not go anywhere. I didn't even take my son to crèche. I could not go out there and face people. It just made me crazy!"***

Kessler (2004) suggests that most young people experience loss in their lives through some traumatic event like death, divorce or even relocation to a new neighbourhood. In the same way, loss of childhood is experienced through unintended teenage pregnancy. Literature suggests that loss is often associated with feelings of denial, guilt and anger (Davis, 2009). Denial is viewed as being an essential response in the process of grieving a loss. Feelings associated with loss are initially so overwhelming that denial serves as a coping mechanism by helping to numb these feelings (Davis, 2009).

Feelings of guilt, which also surfaced in the study, were experienced as participants tried to make sense of something stressful that had happened (National Centre for PTSD, 2009). According to Kessler (2004), guilt is a form of anger which is turned inward and serves to protect the individual from the extreme pain felt at the loss. Guilt, often experienced as self-blame, takes control and helps to protect the unconscious at a time when the individual, who has experienced a loss, is at his/her most vulnerable.

Anger on the other hand is seen as a much stronger emotion. Davis (2009) states that anger is often associated with traumatic events which the victim usually perceives as unfair or unjust. Kessler (2004), however, views anger as a bridge between denial and grief. This author suggests that anger protects the individual against the sadness and helps to make the loss more bearable in the beginning.

The initial feelings and reactions experienced by the participants had severe consequences for the way in which the teenagers who participated in the study dealt with

the news. This was exacerbated even further by the losses felt in the ways in which the participants were deprived of other normal adolescent experiences.

4.4.2.1.2 Sub-theme 2.1.2: The teenage mothers reflected on how the repeat pregnancy resulted in the loss of their childhood/youth and freedom

All the teenagers who took part in this study expressed sorrow at losing out on their childhood and teenage years due to their unintended pregnancies. They verbalised being neglected and deprived in favour of the second child and showed sadness at having the baby's needs take precedence over their own. The family, it appeared, no longer viewed the teenage mother as a child after the second pregnancy, but more as a young adult whose needs were now different. This had a distinct effect on the way in which they were treated in the family. The teenagers who participated in the study expressed clearly that they had experienced feelings of loss **of their childhood and freedom.** The following quote succinctly expresses these feelings:

> "***I am now an old person. My mother finds it difficult to take me as the child****. She takes me as an old person to do all my things in my way. I want them to make me happy taking me as their child and not my children…"*

This quote also reflected the ambivalence felt by the teenagers. The ambivalence seemed to relate to their wanting still to be treated as children, yet having to fulfil the responsibilities normally associated with adults now that they were mothers themselves. The loss of childhood also became obvious to most of the participants when their baby's needs were placed above their own. The following quotation aptly describes the feelings of a teenager who now had to accept her new role as an adult while her baby was regarded as the child:

> *"The* ***second child she gives me trouble because it's difficult for my mom to buy me clothes****. In December* ***she buys new clothes for the baby*** *and* ***we don't have money to buy for me.****"*

The birth of a second (or third) child also had consequences for the way in which teenagers were allowed freedom to do what they wanted, as they had done before the unintended repeat pregnancy. They reflected on how they always had to consider their children before they could leave the house. The majority of participants therefore spent most of their time at home caring for their children when they were not at school or at work.

> *"**The second** baby, it changed my life. I have problems of **I can't go outside having fun with my friends** and it was difficult even if I had homework because I couldn't go outside to my classmates to do this homework with them."*

Contrary to the assumption made in "problem behaviour theory" (Costas, 2008), our findings suggest that teenagers do not necessarily strive to achieve a higher level of development by engaging in sexual activity. Many are instead catapulted into the next stage by their own parents or caregivers who treat them more as adults than children, particularly after the birth of their second child.

This loss of freedom to be just be a teenager because of the added responsibility of now being a parent, also had significant consequences on other aspects of the participants' lives.

4.4.2.2 Theme 2.2: The consequences of the repeat pregnancy for teenage mothers

Participants' initial experiences of the reality of pregnancy and another child were followed by reflections on the consequences for personal, social and family life. Each of the participants reflected vividly on the impact a second child had made on their lives. Most of these were expressed as negative consequences that evoked further ambivalent feelings.

4.4.2.2.1 Sub-theme 2.2.1: The teenage mothers reflected on the effects on their social life

Many of the teenagers who took part in this study reflected on how the birth of a second (or third) child had isolated them from friends in particular. Two participants emphasised the fact that their friendships were limited after the repeat pregnancy. Although friends still visited them, they did not spend as much time with them as before. Furthermore, they expressed sadness at experiencing the loss of their childhood as they now had to assume the role of motherhood. Most of the participants felt that they no longer had a social life as they could not "go out" without considering who would take care of their children. Apart from this, the inability to socialise also had far-reaching emotional consequences on teenagers who became almost isolated from friends because the second (or third) baby caused them to spend more time at home.

The **effects on their social life** are illustrated in the following excerpts:

> "It is ***hard to go outside. I must take care of her [referring to the second child] always, staying with her, trying to play with her***. *My mother she don't want me to go outside again to see my boyfriend"*

> "***I used to have lots of friends. Now*** *there are* ***only two friends come (sic) visit me***. *They just come once because I can't go to them. I must look after the baby."*

> ***"****My mom used to babysit B [referring to first child]. We used to go out and still have a* ***bit of a young life but I can't do it now. . . I've got no friends except my brother.*** *However, the situation with him, he also has his own tune: "Didn't you learn from the first time? You wanted to fall pregnant, it's not my problem."*

> *"It changed my life because with the first child I could have still said, "Mommy, will you look after the child because I'm quickly going here with friends." Now I can't do that anymore because* ***I have two responsibilities. I have to stay at***

home. *Before I do something I have to first think about who is going to look after my children now. Who is going to do this for me now again?"*

Not being able to socialise had further consequences for this specific participant, who reflected the following feelings:

"Socially I've become very quiet. *I'd rather say no if someone asks me for something because then I have to find someone to look after my children. It makes me* ***feel guilty*** *that I want to go out by myself and get something for myself."*

Literature suggests that early parenthood increases the likelihood of teenagers experiencing social isolation (DCSF, 2007). Harden, Brunton, Fletcher, Oakley, Burchett & Backhans (2006) note that teenage pregnancy is a serious problem which has strong links with social exclusion. "Social exclusion" refers to an individual or group being deprived of the opportunity to participate in social activities which have the capacity for developing meaningful relationships (Silver, 2007). Early parenthood decreases the teenagers' ability to interact socially, thus exposing them to a higher incidence of mental illness (Ermisch, 2003). Research in the United Kingdom showed that the poor mental health of teenagers in the three years following childbirth was attributed to teenagers living on their own and having to cope with parenthood when they should still be experiencing the activities of adolescence (DCSF, 2007).

Teenagers were even further deprived of social interaction with schoolmates as many had either dropped out of school or were too occupied with the responsibilities of taking care of their children.

4.4.2.2.2 Sub-theme 2.2.2: The teenage mothers reflected on their schooling

Falling pregnant a second time had a definite impact on the lives of all the participants. Five of them noted that they were forced to drop out of school when they discovered that they were pregnant a second time. Families appeared to have difficulty supporting them

in their education as well as providing for another baby. Dropping out of school seemed the only solution when families of the teenage mothers experienced financial difficulty. Those participants who dropped out of school reflected the following:

> "***It changed my life*** *because* ***I dropped school because I'm pregnant.*** *I couldn't go back to school because I don't have money. I must support the child with the grant, with my baby's grant and my relationship with my mother was not good."*

Future aspirations for continuing with school seemed to fade away, as one teenager reflected in the following quotations:

> *"I feel bad because* ***I was hoping maybe I will go to school but now*** *I have a second child* ***I don't think that I still have a chance.****"*

> *"I feel sad because I can't work without a Grade 12.* ***I'll be stuck here, I can't get a job****. I don't know what to do. So I don't feel right because people at my age are in Grade 12 and* ***I was only starting Grade 10****. I have some way to go."*

Two of the participants continued their schooling with encouragement from their parents. However, continuing with schooling presented a challenge as participants struggled to balance studies with their responsibilities of caring for their children. The dual demands of parenting and education were so overwhelming that it seemed their schoolwork suffered. One participant was forced to repeat a grade after her second child was born.

The following quotes reflect the difficulties experienced by teenaged mothers after an unintended repeat pregnancy:

> *"Having a second baby,* ***it gave me a tough time*** *because* ***I don't have full time for my studies*** *because I must spend time with her [referring to second child]. It*

also gives me a difficult time when it's writing [exam] as I don't have time to study for the exams."

The participant who repeated a grade sadly noted her difficulties with her schoolwork:

"I have to wash them and then I feed them and then it's still schoolwork because ***I can't study like other girls*** *who can just take a book and study and don't have to worry what's going on around them. I first have to think of them before I can study. I have to put them at rest before I can be at rest."*

"You also have to study during early morning hours because once they see you sitting with a book then they want to come and tear your pages. So it's hard for me because I don't really get rest because I have to think of them."

Kaufman *et al*. (2000) note that returning to school after giving birth to a baby impacts heavily on a teenage mother's life, and without the support of teachers and family, teenagers often struggle to find a balance between schoolwork and parenting. As discussed in Chapter 2, Section 2.3.3, teenagers' lives are still further affected if they have to take care of their children on their own. This often results in teenagers dropping out of school (Grant & Hallman, 2006).

Congruent with studies (Grant & Hallman, 2006) done in the past, the findings of this study confirm that teenage pregnancy does result in a high incidence of school dropout. However, contrary to the suggestion of these authors that teenagers are more likely to leave school if they do not have adult support at home, almost half the participants did not return to school even though they had access to adequate childcare. Whereas previous statistics (HSRC, 2009) suggest that 33% of teenage mothers return to school after giving birth, this study showed that after a repeat pregnancy fewer teenagers returned to school because it appeared they had difficulty taking care of **two children** now.

Leaving school seemed to have a distinct impact on how family members viewed the teenagers' second (or third) pregnancy. It was obvious that family members were angered and upset about their repeated pregnancy, and they showed their disapproval by being less supportive of the participants.

4.4.2.2.3 Sub-theme 2.2.3: The teenage mothers reflected on the changes in relationships and the reactions of their families due to the repeat pregnancies

The birth of a second child was especially hard for those participants whose families did not want to support them anymore. Except for one teenager, a mother of three children, who seemed never to have experienced family support and stability, all the participants reported that some family member(s) supported them after the first child was born. However, the repeat pregnancies had now left the family in disarray.

Participants reflected strongly on the reactions received from family members after their unintended repeat pregnancies. Most of them were afraid to break the news of their second or third pregnancies to their families as they feared their responses. One participant in particular feared the family reaction so much that she ran away from home. For others, families withdrew their support for the teenagers after the repeat pregnancy and out rightly rejected them, as portrayed in the following reflection of teenagers who took part in this study:

> *"**It** was hard for my ma, it was hard for me, it was hard for everybody because they didn't expect that to happen. **Everybody ill-treated me because 'you're so young and you have a child and now you're coming with another child** and who says this guy's going to support you?' "*

Another participant expressed her pain from the rejection of her grandmother (who used to be her caregiver) in the following narrative:

*"My father's mother, she was very over me and she was really like my **grandma**. But I think when I fell pregnant the second time, **she didn't want anything to do with me.** And I think everybody makes a mistake even though it's my second time, but even like till today, **she won't phone me**. **She won't even say, 'How's the children doing, how's school?' She will never be there to encourage me.** I was very attached to her and to see my own grandma doing this to me, hurt me a lot."*

An isiXhosa-speaking teenager who took part in the study who had been sexually abused by a "grandpa" and with strong attachment needs and extended family bonds, ran away from her aunt/mother. Her mother took the teenager's first child to live with her in the Eastern Cape and the teenager seemed to be in total despair at losing her family and her first child. She expressed her pain at the rejection of her family members as follows:

***"It changed my life a lot because firstly I love to be with my family. Secondly, I love my first daughter and I miss her a lot.** So now, I'm afraid to call home, I'm afraid to be with my family that they will judge me, they will say some things they will call me names as usual because with my first baby they were calling the names but then that stopped but now I have a second child. I think it did affect my first child a lot because she doesn't know where her mom is. She doesn't know what's happening. Also the people that she's living with like her grandmother, which is my aunt, they don't know where I am. I'm blaming myself, I can say. My boyfriend does care but what I care about most is my family. So, I don't know if they still care because I'm the one who ran away from them."*

Selected mothers/grandmothers/aunts came forward and offered support to some of the teenagers after their repeat pregnancy. Some of the participants however, reported feelings of guilt about the **pressure placed on their carers who had to take on the additional responsibilities. Their feelings are** reflected in the following quotations:

*"**I could see that there is this thing that makes her [my mother] sore** - to see how I am sitting with the second child now and **we struggling, we are struggling and here I'm giving them more pressure.**"*

*"**It was hectic for me to hurt my mother again** like that. To see that she's a single parent and she struggled alone to raise us **was just heart sore for me** because I don't even think I will be able to do it on my own if it wasn't for my mother."*

Preston-Whyte *et al*. (1992) suggest that teenage pregnancy may initially result in negative feelings being experienced by parents of teenagers, but that with time these feelings dissipate and the new baby is accepted and welcomed into the family. Family responses may however vary, and some teenagers may be punished and stigmatised by their parents and communities. The anticipated responses, from the family in particular, evoke a great deal of fear in many pregnant teenagers, which may result in the development of strained relationships (Varga, 2003).

Contrary to popular belief, teenage pregnancy also has its benefits within the family context. Arai (2009) suggests that mothering a child in the teenage years can actually result in healing family disputes and bringing estranged families closer together. The benefits are particularly important for those teenaged mothers who have experienced adversity in their lives at an early age.

The reactions of family members of the teenage mothers with unintended repeat pregnancies resulted in relationships being strained, with some meaningful relationships even being terminated. This means that some teenagers were therefore left to assume their parental responsibilities with even less support from those who had assisted them after the first pregnancy.

4.4.2.2.4 Sub-theme 2.2.4: Teenage mothers reflected on their parental responsibilities after a repeat pregnancy

Parenting a second child brought with it some unique challenges for the teenagers who took part in this study. Participants reported how they had become almost **totally reliant on their families** (or boyfriend in one case) for support when they fell pregnant a second [or third] time. They described difficulties experienced in providing financially for their children's needs. Although all but one had struggled previously, they emphasised the financial consequences of having to take care of a second [or third] child. For most of the participants, their mothers and grandmothers did not always have the means to provide financially for a second child, as illustrated in these reflections:

> *"**No one is supporting my babies except my grandmother.** She must buy food for me and my sister. She must buy food for the babies. **We don't have clothes to wear** to look like other children because **we must buy the babies clothes and food**."*

> *"Having a second child changed everything because **I can't buy the first child everything she wants, like buying her clothes.** Now I can't do that because **I must buy for the small one….for the other baby.** I sometimes feel that I don't love her [the first child], that she feels lonely, like she doesn't have a parent."*

This reliance on family for one participant in particular created extreme feelings of guilt, and placed pressure on her as she constantly felt indebted to her mother, as expressed in the following quote:

> *"Because my mother is working and I'm living with my mom and **she's paying for everything,** I want to clean the house 24/7 to make sure I'm doing something. I always ask everybody if they know about a job for me so I can start paying something back. **I always feel so guilty that my mom has to pay for everything."***

For another participant who emerged from rather harsh social circumstances, the reality of fulfilling her parental responsibilities (for three children) became too much for her, as reflected in her narrative:

> *"Ek is nie eintlik so gelukkig nie omdat ek nou alleen moet "cope" nie. Die eerste kind se pa …hy weet nie eers hoe lyk sy pa nie. Sy pa het nie vir hom "ge-support" nie. Hy bly by my ma en my ma het al die tyd vir hom "ge-support." Die tweede kind se pa het vir haar "ge-support" en sy bly by sy familie. En die ene se pa is weer tronk in en tronk uit en nou moet ek opgeskeep sit en ek kry nie geld of enige iets nie."*

Translated:

> *"I am really not happy because I have to cope on my own. The first child's father….he doesn't even know what his father looks like. His father never supported him.* ***He (the child) stays with my mother and my mother has supported him all the time.*** *The second child's father supports her and* ***she stays with his family****. And this one's father is in and out of jail and now I have to sit with this and I don't even get money or anything."*

Parental responsibilities were further challenged as the second child **had an influence on the first child. A**s teenage mothers, most participants had a hard time coping with two (or three) children. Although they had some support from family, the children needed their constant attention. This often resulted in the first child exhibiting attention-seeking behaviour, as indicated in the following quotes:

> "***He [the first child] wants to fight with the baby*** *and* ***if he sees the baby eat, he wants to take the baby's stuff.*** *He wanna* ***drink his bottle****, he wanna* ***eat his porridge****, everything".*

"When she [the second child] came along, ***he was like distant.*** *His teacher phoned me and called a meeting and she told me that* ***he's very one-sided at crèche.*** *I must talk to him and tell that there is a second baby and he's no longer the first one because* ***he started fighting and taking the other children's stuff at crèche."***

The change in the first child's behaviour seemed to change the way in which participants viewed their parenting abilities, and forced them to re-look at previous parenting styles, as demonstrated in the reflections of two of the teenagers who took part in this study:

"When baby [the second child] was born, ***I had to include him [the first child] in everything I did with her.*** *Whenever I buy her something, I would buy him also. When I change her nappy, I told him, "Throw away your 'tieties' nappy or "Come we are going to wash her now." I included him in everything because I felt I'm his mommy and I can't push him away because of the second child."*

*"****I had to go onto the internet and do research*** *because I didn't want to neglect my first child because of the second one. Going onto the internet looking for things and speaking to people* ***made me realise that he's*** *[the first child]* ***not doing anything wrong****…he's being his own two year old self and it became better between us."*

Caring for more than one child also had an emotional impact on many of the participants. The teenagers who took part in this study expressed the difficulties of having to care for and cope with a second child whilst the older child still needed so much of their attention. Despite assistance from the family, they still reflected on how caring for another child made them feel inadequate. Their reflections are expressed in the following quotations:

*"****It seems to me as if I'm putting him*** *[the first child]* ***down and not taking care of him*** *[the first child] and just taking care of the baby. It* ***makes me feel sad***

seeing that I can't be with him [the first child] because the baby needs more attention."

*"**I feel like I'm a bad mother**. Almost **like I can't give her [the first child] what she wants.** She used to be with me alone. I think I confused her because she was used to being with me and she became very jealous because she couldn't understand why the baby gets all the attention."*

Literature, as discussed in Chapter 2, Section 2.4.3, suggests that teenage parenting comes with many challenges. Many teenage mothers grow up in homes that are economically and educationally disadvantaged. These teenagers themselves have low levels of education owing to early school drop-out, and they are faced with financial difficulties which often make them reliant on welfare assistance (Terry-Humen *et al*., 2005). The consequence of this is that children born to these teenage mothers often start life at a distinct disadvantage. This is attributed to the fact that many young mothers do not have the skills, maturity and life experience required to care for a child (Schuyler Centre for Analysis & Advocacy, 2008). Studies (Terry-Humen *et al*., 2005) suggest that children born to young mothers often have lower levels of cognitive, communication and social skills than children born to older women. These children also experience increased problems relating to physical and emotional well-being. The aforementioned study concludes by encouraging teenagers to delay childbearing in pursuance of education, employment and marriage before parenthood (Terry-Humen *et al*., 2005).

The impact of parental responsibilities was felt even more as the extended family withdrew their support to the teenagers after a repeat pregnancy.

4.4.2.2.5 Sub-theme 2.2.5: Teenage mothers reflected on the loss of support from extended families

The experience of a repeat pregnancy proved to have dire consequences for the teenaged mothers who took part in this study. They were left to fend for themselves when members

from their extended families withdrew their support of them and their children in various ways. The effect of this was felt even more as it evoked emotions from the family which the teenagers had perhaps not anticipated.

> *"**They are angry** because I had a second child. Like my mother.... She doesn't want nothing (sic) to do with me. She's drinking, she doesn't care about me. I only have my grandmother who understands. She's the only one who helps me**...my relationship is not the same with everybody who I'm really tight with. My boyfriend doesn't want me anymore. My mother doesn't want me and the family doesn't care about me anymore.** I'm on my own, I feel bad."*

> *"My grandparents **when I told them the second time I'm pregnant, there was no response**. It was like, you know those faces, like, **how could it happen again, didn't you learn from the first time**? I ask myself the same question, 'Why didn't you learn from the first time it happened." They didn't say anything, didn't offer, or they offered to help pay for the wedding that I was supposed to have in December but because of situations we didn't end up doing that. But there was no one really saying anything like if I need anything I must just ask them. **It was just like a big silenc**e. It's like we didn't speak. **It's just like I kind of cut them off."***

Losing the support of family members appeared to be a common occurrence as families in no uncertain terms demonstrated their displeasure at the participants experiencing a second or third pregnancy. They withdrew their financial, emotional and material support in a show of dissatisfaction. The loss of family support and father-of-the child support left the teenage mothers (including the two who had been working) dependent on selected family members who were also struggling **financially**. Four of the teenagers who took part in this study received financial contributions from reputed fathers and the receipt of the Child Support Grant (CSG) supplemented their income.

The following quotes illustrate the difficulties experienced as financial contributions by family members were withdrawn:

> *"**They used to pay my school fees**. **They used to buy clothes for me**. **They used to bring food at our house. Now they don't do that."***

> *"With my first child, my grandfather decided to support me. I stayed in my own little flat and he paid everything including private medical aid. The support was good. But **when I told them I was pregnant a second time, it all changed.** I felt a bit disappointed in them because even though I did not expect anything from anybody, they are supposed to help you and love you no matter what. And I just didn't have that feeling that I could ask them."*

It is clear from the reflections of the teenagers who took part in this study that the family member(s) with whom most of them lived, or a boyfriend, were also finding it hard to provide for the basic needs of their children, let alone the basic needs of the teenage mothers themselves.

According to literature, the extended family has traditionally been very effective in assisting in situations where there is economic or social crisis. This is because traditional life has always embraced the values of unity, association and being part of a group, rather than functioning in isolation (Foster, 2000). However, in these days, many extended families are already severely stretched and may therefore not be able to fulfil the traditional roles which they previously fulfilled (Jackson, 2002). This is largely due to factors such as the critical state of the economy, increased families, and urbanisation (Foster, 2000).

Although many of the participants received CSGs, they remained financially dependent on family support. Literature suggests that CSGs do not necessarily alleviate poverty, but remains a vital supplement and regular source of income for poorer families (News 24,

2011). Peters (2009) however argues that the low value of the CSG makes it difficult for caregivers to improve the life situation of a child.

As the teenagers reflected on the "what happened then" consequences of the repeat pregnancies, it was evident that they were left with lots of ambivalence about having a second and sometimes third child. The repeat pregnancies appeared to have significantly affected the lives of all the participants, in both positive and negative ways. The following theme will discuss the last phase of the story, and indicates how the consequences of their unintended repeat pregnancies continued.

4.4.3 Phase 3: The (open) end/ to be continued……

Teenagers' final reflections of their repeat unintended pregnancies left the story unfinished, but indicated their honest experiences and feelings.

4.4.3.1 Theme 3.1: The ambivalence of teenage mothers

The feelings expressed about where the teenage mothers found themselves at the time of the study clearly indicated a **theme of mixed feelings about their situation –** deprived of a young life, their childhood, and an opportunity for independence, but still having some hope, the majority **wanted to care for their children.** Despite having experienced various losses, they had eventually come to accept the situation, although some of the participants still indicated unresolved feelings and emotions about their unintended repeat pregnancies.

In the following section the researcher links different quotations that reflect these final feelings in reaching the conclusion of the study.

> "*If I could turn time back, I would not have any children even though I love my children very much and they changed my life a lot but I still feel* ***that I've missed out on my whole young teenage life.*** *Ja, but having to be a parent before you expect to be one. I feel quite upset about having two children ..."*

"Somtyd laat dit vir my anderste voel. Dan vra ek vir myself hoekom het ek dan so 'n lewe deurgemaak. Hoekom het ek dan nie vooruit gedink nie."

Translated:

"Sometimes it makes me feel differently. Then I ask myself why I put myself through this life. Why did I not think about the future?"

The following narrative comes from the participant who was employed at the time of the second birth and expressed her honest **ambivalence and mixed feelings towards herself and her children**:

"But for me it feels like I can't do nothing (sic). ***It just feels like I'm stuck up with them. Like I can do nothing that I really wanted to do. It's almost like they holding me back.*** *But I do want to go study further and I do want to make something of my life. Why the hell are you here. Can't you just disappear or something. And then the next day I just love them and I just want to be there Sometimes, I love them. I want to be close to them and I just feel happy. And then the next, I just hate being me. I just hate that they're in my life because how would I have been if they wouldn't (sic) have been here. So it's a love/hate relationship. I know it's really not right to feel like that...* ***I've got something that's mine that no one can take away*** *from me. I am their provider, I am their everything and you know that kind of makes me happy because I want to be something for someone and with L [the second child], that just proved again to me that I am worth having children."*

The last narrative illustrates the open ending, as this participant struggles to reach the point of fully accepting her situation and expresses her inability to continue with a "normal" life:

"Physically it changed me. The feeling, the drama that goes with it, I don't want that. Socially, it changed my life. I've got two children now I have to look after. I can't just go where ever I want to. I can't just find a baby sitter for one child now. I have to find one who is prepared to look after two children."

"There's so much that I do want to do. I want to be able to walk and go sit just by myself but I just can't do that. My children are my everything and I have to look after them. ***That's my responsibility. That's my fault..."***

Ambivalence is commonly experienced amongst adolescents. In a study conducted in America, adolescents reportedly showed the highest incidence of ambivalence when compared to emerging and young adults. The study was consistent with literature which suggests that ambivalence in this stage of development results from the conflicts which arise between the adolescent striving for independence and the need of parents to maintain closeness (Tighe, 2011).

Teenage girls generally display ambivalence toward pregnancy. Although many do not want to fall pregnant, many also do not prevent pregnancy (Kendig, 2010). Steven-Simons, Kelly & Singer (1999) confirms that teenagers fall pregnant mostly as a result of not using contraception. Literature suggests that ambivalence is often reflected in the way in which teenagers perceive pregnancy. Teenagers who have ambivalent feelings towards pregnancy are more likely to use contraception albeit inconsistently at times (Bruckner, Martin & Bearmen, 2004). Rosengard, Phipps, Adler & Allen (2004) in a study conducted with teenagers, explored the intentions of teenagers to fall pregnant. They found that although many teenage girls did not plan to fall pregnant, they were actually perceived as being at risk and likely to fall pregnant because they did not consider contraceptive use.

Falling pregnant also results in mixed feelings. Furstenburg *et al*. (1989) suggest that teenagers who fall pregnant often exhibit ambivalence regarding the pregnancy. Although

many teenage girls, towards the end of their pregnancy, are highly motivated to become parents, many may not have felt the same in the beginning. The initial ambivalence about the pregnancy is, however, most felt in decisions relating to schooling, their relationships with the father of the child, and their perceptions of family support (Fox as cited in Furstenburg *et al*., 1989). This initial ambivalence may lead to decisions which provide alternatives to teenage parenting, such as abortion (Donnelly & Voydanoff, 1996) or even adoption (Theron & Dunn, 2006).

As teenage girls reflected on their mixed feelings about their unintended repeat pregnancies, it became evident that many were not prepared for either the pregnancy or the difficulties of parenthood. Despite all the hardships they endured, their emotions told a story of two different worlds, one of which was hard and distressing and the other pleasant and joyful. Being focused so much on their current parenting experiences made them uncertain about their futures.

It became clear from the findings of this study that the "stories" of teenage mothers who underwent unintended repeat pregnancies are still unfinished, and will continue to challenge them in many ways. In phase 1, their reflections on "how it all happened" made the reasons for unintended teenage pregnancies clearer. Young girls are drawn into sexual relationships by their needs for love, care, and money. In phase 2, their reflections of "what happened then" portrayed a picture of consequences which created emotional turmoil and disrupted individual, family and social life for these teenage mothers. Phase 3 described the ambivalence which teenage mothers feel after having experienced an unintended, repeat pregnancy. Their reflections leave phase 3 open-ended as they try to reconcile what they had dreamed of with the current realities of their lives.

4.5 CONCLUSION

This chapter presented an analysis of the data which was collected from teenage mothers with unintended repeat pregnancies. Data was presented as a narrative which provided some insight into the lives of these teenage mothers. Their narratives reflected the deeper

meaning attached to giving birth to a second or third infant in their adolescent years and the consequences which followed such unintended, repeat pregnancies. Numerous themes and sub-themes emerged in the data analysis process, which were discussed along a story line which consisted of three phases. These themes and sub-themes were then contrasted and compared with current and previous literature.

The final chapter will conclude the study and provide a summary of the previous chapters as well as conclusions which were reached in relation to the research problem, the research question, the goals and objectives, the research methodology and the literature review. A more in-depth summing up of the findings will be done, as well as a summary of conclusions reached in each of the three phases. The chapter will conclude with recommendations for relevant stake-holders and future research.

CHAPTER 5

SUMMARY OF FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 4 provided a detailed account of the findings of the study. The discussion of the findings was based on the themes and sub-themes which had emerged in the analysis of the data. These findings were presented as a narrative and contrasted and compared with relevant available literature. The goal of the study was to explore and describe the reflections of teenagers who had experienced unintended repeat pregnancies.

This final chapter of the study provides a brief summary of each of the previous chapters. These chapters include the introduction and orientation to the study, the literature review, the research methodology and the research findings as it relates to existing literature. All these chapters will be presented to reflect on how the goal and objectives of the study were achieved. These summaries will also draw conclusions about the various aspects of the research process as experienced by the researcher.

Finally, the three phases depicted in the research findings will be discussed and conclusions that were drawn under each theme in the data analysis process will be summarized. The chapter concludes with recommendations that will be made based on the researcher's experiences with the participants and the stories they related in the data collection process; the review of relevant literature and the findings of the study. These recommendations are useful for all stakeholders of social service professions to gain a better understanding and improve service delivery to teenage mothers and their families.

5.2 SUMMARY OF RESEARCH PROBLEM, RESEARCH QUESTION, RESEARCH GOAL AND OBJECTIVES OF THE STUDY AND CONCLUSIONS

Chapter 1 provided an orientation to the research study that was conducted. An overview of the literature and theoretical framework within which the study was positioned, was

provided. This was followed by the researcher posing the research question; namely, "What are the reflections of teenage mothers who have experienced unintended, repeat pregnancies," which flowed into the goals and objectives of the study. The goal of the study was to explore and describe the reflections of teenage mothers who had experienced unintended, repeat pregnancies. The goal was to be achieved through the objectives which explored and described the events which led to teenage mothers experiencing repeat pregnancies and the changes which followed these pregnancies.

The research methodology which defined the methods and techniques that were to be employed in the study were outlined with emphasis being placed on the sampling, the data collection, the data analysis and the trustworthiness of the study. The researcher chose to use a qualitative approach with an explorative, descriptive design to gain more detailed and in-depth descriptions of the teenagers' reflections of their unintended repeat pregnancies. This approach was chosen as a suitable approach as the researcher was able to explore more deeply the perspectives of the participants and gain a thorough understanding of their experiences. The approach and design were also used in order to reveal new information on the teenage mothers' experiences of their unintended repeat pregnancies.

The researcher further chose to employ a narrative strategy of enquiry which allowed her insight into the lives of the participants by allowing them to tell their stories.

Participants were selected through the purposive sampling technique which enabled the researcher to obtain a sample based on her judgement and best suited to the purpose of the study. Data was collected through face-to-face interviews with participants, which allowed the researcher greater flexibility in employing relevant skills and techniques. The use of the interviewing guide furthermore enhanced the interviewing process by providing a guideline for relevant topics which needed to be addressed during the interview. The data was analysed using the steps proposed by Creswell (2009) and

themes and sub-themes were generated through the coding process. The trustworthiness of the study was discussed using Guba's model (as cited in Krefting, 1991).

The chapter was concluded with a discussion on the ethical considerations which were pertinent to the study, as well as reflections by the researcher on her position in relation to the study. In conclusion, the researcher deduced that the qualitative research approach and the designs and methodology used in the study were adequate in reaching the goals and objectives of the study.

5.3 SUMMARY: LITERATURE REVIEW AND CONCLUSIONS

Chapter 2 was presented as a review of literature relevant to the research topic. The research topic was initially placed in context by exploring the developmental changes in adolescents; whereafter the reasons for choosing the Problem-Behaviour theoretical framework were explored. Major emphasis was placed on the causes and consequences of teenage pregnancy. Here the researcher provided literature relating to the objectives of the study, namely; factors which lead up to teenagers experiencing unintended repeat pregnancies and the changes which follow as a result of the pregnancy. Literature was still further presented on the options teenagers face when choosing not to fulfill the parenting role. Here alternatives such as abortion and adoption were explored. The realities of becoming a teenage parent then revealed some of the challenges associated with teenage pregnancy and the roles played by significant others when unintended pregnancies are experienced.

The chapter was concluded with evidence of intervention programmes which have used globally in an attempt to stem the tide of teenage pregnancy.

It was obvious in reviewing the literature that teenage pregnancy constitutes a major problem throughout the world. Understanding some of the possible causes and concerns provided the basis from which comparisons and contrasts about unintended repeat pregnancies could be made. The researcher concluded that the literature reviewed was

indeed in line with the goals and objectives of the study and served as a reference for the study.

5.4 SUMMARY: RESEARCH METHODOLOGY IMPLEMENTED IN THE STUDY AND CONCLUSIONS

Chapter 3 outlined in greater detail the implementation of the research methodology. The goals and objectives were presented as starting point to ensure that the research approach, research design and execution of the methodology were suitable for achieving these goals and objectives. The research approach and research design of the study were discussed in depth as were the reasons for choosing them. As discussed in 5.2, the researcher chose to use a qualitative approach with a descriptive, explorative design. This was best suited to the study as it allowed the researcher to gain detailed, descriptive information of the experiences of teenagers and their unintended repeat pregnancies. Furthermore, a narrative strategy of design was employed to allow participants to relate their stories with as much detail as possible.

The population and sampling were discussed and detailed descriptions were provided on how the population and the sample were selected for the study. Purposive sampling was chosen and implemented in the study as this allowed the researcher to select a sample which was based solely on the judgement of the researcher and the purpose of the study.
Data collection, as discussed in Chapter 3, was carried out using semi-structured, face-to-face interviews. This allowed for greater flexibility in the interviews and provided the researcher with more in-depth accounts of the teenagers' stories. Data collection was further enhanced by the researcher using a voice recorder and taking notes during the interviews.

Prior to the study, a pilot study was conducted in order to test the data collecting instruments. Deductions made from this study were used to improve on areas which were problematic.

An account is provided on the process which was followed in collecting the data. The researcher after conducting the pilot study, accessed files to select appropriate participants; conducted the interviews; appropriately terminated these interviews and completed the necessary note-taking and transcribed the interviews verbatim in preparation for the data analysis.

Following the data collection and transcribing of the interviews, the strategies and techniques used in the datum analysis process, were described. Data was coded and analysed using the steps described in Creswell (2009), from which themes and sub-themes emerged. Strategies and techniques included the transcribing of interviews, coding, creation of themes and sub-themes, interpretation and reporting.

The final section in the Chapter 3 provided some insight into the limitations of the study. Limitations ranged from intellectual and language barriers to role confusion. Accessing participants also presented a problem as was the difficulty in achieving representivity across the racial grouping in the Western Cape.

Chapter 3 provided a detailed account of the research methodology and the implementation thereof. The research approach, design and strategy of enquiry were effectively used to provide detailed information which could be utilized in the data analysis process.

5.5 SUMMARY: FINDINGS OF THE STUDY AND CONCLUSIONS

In Chapter 4, the findings of the research study were identified as themes and subthemes. During the analysis of the data, it had become clear that the narratives had indeed become a story which clearly was divided into a beginning, a middle and an end. The findings were therefore presented as three phases in which the participants reflected on the three aspects of the story, namely; “How it all happened”; “What happened then” and “the open ending.” The emphasis of this Chapter was focused on the themes and sub-themes which emerged and which were compared and contrasted with relevant literature. The

conclusions to the findings reached in Chapter 4 will be presented in the following section.

The findings as discussed earlier were divided into three phases. Each of these phases will be discussed separately, touching on the main themes which emerged in each phase.

5.5.1 Phase 1: The beginning: "How did it happen?"

5.5.1.1 Theme 1.1: "I met this man…."

Findings suggest that teenage girls become sexually involved with men as they have intense needs for love and care. The study revealed that teenage girls easily became involved in relationships shortly after meeting men who showed an interest in them or expressed any feelings of love or care towards them. Sexual relationships developed soon afterwards. The deduction can therefore be made that teenage girls are easily taken in by men's expressions of 'love' and 'care', and in an attempt to hold onto these men, reciprocate these feelings with sexual favours. The findings further suggest that teenage girls are extremely vulnerable. Their vulnerability as insecure adolescents is clearly demonstrated in their needs for attachment. Significantly, seven of the nine participants came from single parent families where the father had not played a major role in their lives. The conclusion can therefore be drawn that teenage girls who do not have a fatherly figure in their early developmental stages yearn for someone to fill that role as they grow older. They are therefore likely to become more easily attached to men in their teenage years as they have a greater yearning for love and care from someone who represents the father that had never been part of their lives.

Findings further suggest that teenage girls become involved in relationships as a means of obtaining financial support. For seven out of the eight participants who came from economically disadvantaged backgrounds, having a first child had already placed severe constraints on their financial resources. All of the teenage girls in the study struggled financially and were dependent on their families for support. Findings revealed that many

of the partners of these teenage girls were employed and able to contribute toward the upkeep of the first child and the household. Therefore having a man in their lives who could assist financially, provided the teenage mothers and their families with the support they needed. Based on these findings, the researcher concluded that teenage girls became involved in relationships for the benefits that it brings.

The conclusion was also reached that men were able to manipulate relationships by providing money, love and care to teenage girls who showed an intense need to have these needs fulfilled.

5.5.1.2 Theme 1.2: "It can't happen to me again!"

Findings show that teenage girls have sex for pleasure and pay little attention to the possible consequences. As all the teenage girls in the study had already had a first child, one would have thought that they had learnt from the first unintended pregnancy. However, all the participants reflected that they had had sex casually and for pure enjoyment which had resulted in a second unintended pregnancy. Many too, in the interviews, were nonchalant about having sex and reported having sex on the spur of the moment. The findings also suggest that the teenage girls who are still involved with the same partner, viewed sex as a natural part of the relationship.

Teenage girls, who have sex, often do not use contraception or any other form of protection. Findings in this study showed that seven of the eight participants had not used protection. These participants reported that they had not fallen pregnant since the first child and had therefore continued taking chances having unprotected sex. Based on these responses it seemed appropriate to conclude that teenage girls, despite having fallen pregnant previously, still continued having sex without considering the consequences of their actions.

5.5.1.3 Theme 1.3: Contextual Issues

Findings suggest that teenage girls who experience repeat pregnancies, generally have poor relationships with their parents. Most of the participants in sharing their stories revealed that they had either been reared by single mothers, aunts or grandmothers. In three instances, grandmothers had assumed responsibility for participants from an early age, as mothers were not capable of doing so due to social problems like drug or alcohol abuse. For these teenage girls, their mothers were never a constant factor in their lives. The deduction can therefore be made that parents, and especially mothers, play an important role in the early stages of the child's life. The researcher concluded that the poor relationships between teenage girls and their parents (particularly mother) contributed to the experience of a repeat unintended pregnancy.

In two instances, step-parents were involved and this also had serious implications for relationships in the family. Participants reported that step-parents had difficulty accepting them into their lives and had even greater difficulty accepting the second pregnancy. This had further ramifications for the way in which they were treated by their own parents who were torn between their loyalty toward the teenager and the partner. Based on this it was evident that teenage girls experienced difficulties in homes where step-parents (either step-mom or step-dad) were present. The inference can therefore be made that step-parents do not substitute for biological parents as they are less likely to tolerate problem behaviour.

All of the participants in the study were exposed to social problems at some stage in their lives. Findings of the study further suggest that social problems that exist in the family predispose teenage girls to unintended repeat pregnancies. The participants in this study all reported that they had experienced or were experiencing social issues in their families. Issues such as divorce, substance abuse, domestic violence, poor socio-economic circumstances and HIV/AIDS all presented these teenage girls with social challenges. These social challenges had impacted on their lives in different ways and in some way had also contributed to the unintended repeat pregnancy.

The findings also suggest that teenage girls depend on family support to help care for the first child. The participants reported that they were almost fully dependent on their families for the upkeep of the first child. Only two participants took care of their children daily; whilst others relied on their mothers and grandmothers for assistance with care. Five of the eight participants returned to school after the initial pregnancy and mothers and grandmothers assumed the parenting role for the first child. The researcher concluded that shifting the responsibility of care for the first child onto significant others, allowed the teenage girls greater freedom for social interaction which led to a second (or third) unintended repeat pregnancy.

5.5.2 Phase 2: The middle phase of the story: "What happened then?" Reflections on the consequences of the repeat pregnancy

5.5.2.1 Theme 2.1: The teenage mothers' initial reactions when they learnt that they were pregnant

In this phase, the findings suggest that teenage girls experience a great deal of emotional turmoil and have difficulty accepting a second pregnancy. The study revealed that participants were traumatized when they discovered that they were pregnant again and verbalised emotions such as denial, anger, guilt and disappointment. For those who had difficulty verbalising their feelings, their actions displayed their inner turmoil. The findings show that teenage girls, in their turmoil, consider other options to parenting a second child. In this research study, four of the participants considered abortion but none of the participants however carried out the procedure. Two participants also went to the emotional extreme of having suicidal thoughts. The researcher thus concluded that participants who experience unintended repeat pregnancies are so overwhelmed by its occurrence that they consider extreme measures to remedy the situation. However, they do accept the situation over time.

Findings further suggest that teenage girls experience the loss of childhood and freedom when falling pregnant a second time. All the participants felt the pressures associated

with falling pregnant a second time. This was evidenced in the way in which they expressed remorse at losing out on their childhood and teenage years by having to care for a second child. They further revealed that they were neglected and deprived of things they wanted, in favour of the second child. The findings also showed that these teenage mothers were now no longer treated as children, but that they had been elevated to adult status by their families who now expected them to take responsibility for their own children. The conclusion drawn was that repeat pregnancies and births were no longer viewed as accidental by families in particular. Families therefore adopted a stricter stance on the matter and expected the teenage mother to take responsibility for her actions.

5.5.2.2 Theme 2.2: The consequences of the repeat pregnancy for teenage mothers

Unintended repeat pregnancy has a definite impact on the social life of teenage mothers. Findings showed that having a second child resulted in the participants no longer having the freedom to socialise. The study revealed that teenage mothers become isolated from friends after the birth of the second child in particular. Participants reported that friends only visited occasionally and for short periods at a time. Most of the participants were also distraught that they no longer were able to leave the house freely without having to consider who would take care of their children. Based on this, the researcher concluded that teenage mothers are more isolated from friends after giving birth to a second (or third) child because of their increased responsibility.

School drop-out often results when teenage girls experienced a repeat pregnancy. The findings suggest that teenage girls are more likely to drop out of school when they fall pregnant a second time. Five of the eight participants dropped out of school when they discovered they were pregnant again. They cited reasons for dropping out as the families' inability to support them at school and the additional responsibility of having to care for another baby. Dropping school meant that participants were able to care for their own children and that the family was able to save on schooling costs that might have been incurred.

Findings also showed that where participants had resumed their schooling careers, they experienced great difficulty in balancing the dual roles of learner and parent. Parenting two children placed greater demands on teenage mothers as they needed to provide care for the children as well as fulfil schooling requirements. From this, the researcher concluded that school drop-out further disadvantages teenage mothers as they do not have the necessary educational attainment to ensure good jobs and therefore better prospects in life. Dropping out of school also impacts on the childrens' chances in life.

A further finding suggests that repeat pregnancies in teenage girls affects family relationships and evokes strong reactions from family members. Participants reported that the birth of the second (or third) child was especially hard for those participants whose families did not want to support them anymore. Although some families had supported them after the first child, the repeat pregnancy had resulted in disunity amongst family members. Participants further reported that family members had completely withdrawn all their support and had outrightly rejected them. It was for this reason that participants had feared breaking the news of another pregnancy to the family. The inference can be made that families do not approve of repeat pregnancies in teenage girls and therefore react in a way which shows their disapproval.

The birth of a second (or third) child increases the parental responsibilities of teenage parents. Findings suggest that teenage mothers have to assume greater parental responsibility after a repeat pregnancy. Participants reported that having a second (or third) child had brought with it some additional challenges and responsibilities. Many experienced greater difficulties financially as they now had to provide for another child. The burden on the family was also increased as participants reported being almost completely reliant on their families. This resulted in further problems in the family as at least seven of the eight participants came from socio-economically disadvantaged backgrounds. Participants noted that they experienced a sense of indebtedness to family for all the support and assistance they received.

Parental responsibility of the teenage mothers was further increased as the first child exhibited behavioural problems. Participants reported that their parenting skills were pushed to the limit as the first child presented with acting-out and attention-seeking behaviour. From this the researcher concluded that teenage ggirls who have a second (or third) child experience parental challenges which are perhaps way beyond what is expected at this age.

The extended family often withdraws their support from teenage girls who experience unintended repeat pregnancies. In the findings, participants reported loosing the support of the extended family when they presented with a repeat pregnancy. Loosing the support of family resulted as extended families in no uncertain terms demonstrated their displeasure at the participants experiencing a second (or third) pregnancy. They withdrew their financial, emotional and material support in a show of dissatisfaction which left the participants dependent on family members who were already struggling financially. The minimal assistance from the reputed father of the child or Child Support Grants obtained from the state at times helped to alleviate the financial burden. The withdrawal of assistance from extended families therefore left the teenage mothers to fend for themselves and their children. The conclusion drawn from this is that extended families are willing to overlook a first pregnancy and offer their support. However, a repeat occurrence of a teenage pregnancy is not accepted and met with disdain as reflected in their reactions.

5.5.3 Phase 3: An open-ended story: to be continued…

5.5.3.1 Theme 3.1: The ambivalence of teenage mothers

Unintended repeat pregnancies result in teenage girls experiencing mixed feelings about the situations in which they find themselves. The findings show that these teenage mothers clearly display ambivalence. Not only are they confronted with parental responsibility at a young age but they have also been deprived of a young life and independence. Yet, despite this, they still have hope for the future for themselves and

their children. Participants reported experiencing varying emotions when they fell pregnant a second (or third) time but all eventually accepted the situation, although at times not fully. The conclusion can be drawn that unintended repeat pregnancy is not a desired outcome for many teenage mothers but it is one which they nevertheless accept.

The open ending of the story further suggests that for teenage girls who have experienced a repeat pregnancy, the story continues. The findings relating to the consequences of unintended repeat pregnancies explored in Phase 2, may not be definitive as further consequential changes may still occur. The researcher can therefore conclude that as the story continues, more changes may arise which relate to the second objective of the study.

The researcher, in this Chapter provided a brief overview of the previous chapters of the study and drew conclusions relating to each. This was following by a discussion on each of the findings of the study together with the conclusions drawn by the researcher. Based on the findings and conclusions drawn, the researcher will now provide some recommendations which could be effective in dealing with the problem of unintended repeat pregnancies.

5.6 RECOMMENDATIONS

Through this study, the researcher acknowledges that unintended repeat teenage pregnancy is a phenomenon which could escalate if appropriate action is not taken timeously. Jewkes & Christofides (2008) clearly state that teenage pregnancy will remain a problem if we continue to think that the problem lies only with teenagers. In fact, many other social aspects impact on the phenomenon and intervention should therefore be addressed on a broader level. In view of this the following recommendations are made:

5.6.1 To all helping professions

1) Educators, healthcare professionals and social workers are at the forefront of interacting with teenagers and they need guidance to work with teenagers in a way which

encourages teenagers to approach them on matters relating to reproductive health. Training programmes should therefore be instituted to mentor and coach these professionals so that teenagers find their services more meaningful and accessible.

2) The implementation of programmes to reduce the incidence of unintended teenage pregnancies could have far-reaching effects on young mothers. Such programmes need to be tailored to suit the needs of teenage parents, particularly after they have had a first child. The following programmes are recommended:

- Reconstruction programmes that provide support to teenage mothers and increase their capacity to cope with children. The focus of such programmes however should be placed more on personal growth for teenage mothers to re-focus and re-establish their lives. Through this teenage mothers should be supported and encouraged to rebuild and reconstruct their lives to improve their life outcomes as well as those of their children.

- Access to grants should be filtered into these reconstruction programmes where teenage mothers are regularly monitored to ensure that they are up-skilled and educated on matters relating to pregnancy prevention and child care. Such monitoring determines accessibility to the Child Support Grant. This system would be similar to the monitoring which is implemented for foster care grants except that these programmes would be presented more on a macro level.

- Teenage mothers who have returned to schools should be monitored through extra-mural activities as part of the school programme. Such monitoring should be facilitated by school social workers and psychologists who already exist in the schools. An increase in school social workers is however recommended.

- Social media remains one of the most popular mediums accessed by teenagers. Programmes on these sites could be used more effectively in not only preventing teenage

pregnancies and repeat teenage pregnancies but also in discussing the consequences of having repeat births in one's teenage years.

5.6.2 To parents

1) Parents of teenage girls, who have experienced the birth of a first child, should be encouraged to only supervise the care of the first child and not to take full responsibility for these children. By releasing the teenage mothers from their responsibilities, they fail to experience all the difficulties associated with childcare and this predisposes them to similar occurrences of teenage pregnancy.

2) All new parents should receive basic education related to caring for children. As a long-term project, government should consider rolling out parenting programmes to all parents at maternity care facilities where infants are born. This will assist parents in acquiring parenting skills and techniques that can be implemented with children from a young age. By teaching these skills, parents will be able to understand and address some of the needs that children have as they progress through their developmental stages. This may alleviate some of the attachment needs identified in the study. Such programmes should also be rolled out in the communities where it could become an essential part of up-skilling parents. Government department like Health, Social Development and the South African Social Services Agency should collaborate in devising such programmes with assistance in implementation coming from non-governmental organisations.

5.6.3 To educational institutions

1) Sex education should be formalized in schools from Grade 1 right through to Grade 12 and even beyond. This should be appropriately done to allow even very young children access to information. As discussed earlier in Chapter 2, Section 2.4.1.2, countries like Sweden have successfully reduced their teenage pregnancy rates by developing more open attitudes toward sex and increasing education on the matter (Jones *et al*., 1985).

2) Schools should be more flexible in accommodating pregnant learners. Currently the Department of Education has a very progressive policy relating to teenage pregnancy.

Problems however arise as the policy is interpreted and implemented differently by different role-players. These role-players and particularly school principals should be mentored and guided to enforce these policies uniformly to ensure that preference is not given to certain learners. Unfair treatment may result in learners dropping out of school.

3) Educators have an important role to play in helping to improve the education levels of learners and they should therefore be willing to be of assistance to learners who experience pregnancy. Because teenagers spend so much of their time at school, teachers are often taken into their confidence. This opens doors for teachers to encourage dialogue with learners on the matter and engage in discussions which motivate learners to aspire to better prospect in life.

5.6.4 Recommendations for future research

1) The researcher recommends that future research into unintended repeat teenage pregnancies be focused more on the experiences and consequences of teenagers after a second or third child. From this study it was evident that teenagers were met with many challenges which were far beyond their capabilities and the findings remained inconclusive in the final phase as teenagers were faced with on-going consequences. An interesting sequence to this study could be done to follow up on these same participants in a few years' time, to establish whether their life courses have changed and what the long-term effects of these repeat pregnancies have been on their lives.

2) Future research should also pay more attention to the consequences of these unintended repeat pregnancies on the families of these teenage mothers (including their children) to determine how they have been affected.

5.7 CONCLUSION

In this chapter, the researcher provided a synopsis of each of the previous chapters. A brief summary and conclusions were drawn on the most pertinent points in each chapter. Chapter 1 had provided an orientation to the study; chapter 2 provided a review of

literature; chapter 3 provided a discussion of the research methodology employed and chapter 4 provided a discussion of the research findings.

Through the study, the researcher explored and described the reflections of teenage girls who had experienced an unintended repeat pregnancy. This goal was attained by focusing on the objectives which sought to explore and describe the events which led up to the unintended repeat pregnancies of teenage girls and the changes that had occurred following these unintended repeat pregnancies. Through the reflections of these teenagers, which were related as a story, the researcher gained insight into; how the pregnancies came about; what the consequences of the pregnancies were; and the ambivalence felt at having experienced an unintended repeat pregnancy. The researcher however concluded that the stories told by these teenage mothers still continue leaving an open ending.

Numerous findings and conclusions were summarized in this final chapter and a number of recommendations were made to relevant stakeholders who could be effective in reducing the high incidence of female teenage pregnancies and ultimately ensuring that unintended repeat pregnancies do not reach similar proportions.

In conclusion, this study showed that teenage girls who had experienced unintended repeat pregnancies were able to reflect on some of the events which may have led up to the pregnancy. These were however heavily outweighed by the consequences of the unintended repeat pregnancies which also left their stories unfinished as they reflected on the on-going effects the unintended repeat pregnancies still had on their lives.

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LIST OF APPENDICES

Appendix A: ***Information Sheet***

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959
E-mail:

INFORMATION SHEET

Project Title: Teenagers' reflections of their unintended, repeat pregnancies.

What is this study about?
This is a research project being conducted by Muriel Johnstone, a master's student at the University of the Western Cape. We are inviting you to participate in this research project because you have been identified as a teenager who has experienced a repeat pregnancy. The purpose of this research project is to reflect on your experience of the repeat pregnancy/pregnancies.

What will I be asked to do if I agree to participate?
You will be asked to participate in an individual face-to-face interview which will require you to reflect on your experience of the repeat pregnancy. Reflection is the process whereby you look back at your experience to discover what you have learnt from it and how it influenced the future. Interviews will be conducted in an interview room at Mowbray Maternity Hospital. These interviews are estimated to last about 60 - 90 minutes. A possible follow-up interview may be requested. The interviews will focus on the reflections you may have of your repeat pregnancy. Questions will be related to the repeat pregnancy and how it came about, how it changed your life and that of your children and the extended family and the impact it has had on your current and future life.

Would my participation in this study be kept confidential?
We will do our best to keep your personal information confidential. To help protect your confidentiality, the researcher will ensure that only herself and the study supervisor has access to the data. All data will be stored in a locked cabinet to which the researcher alone has access. Your name will be masked in the recording and you will be assigned a pseudo name when the coding and analysing of the data is done. Therefore, your name will not be included on the data collected; a code will be placed on the data collected, an identification key will allow the researcher to link the data to your identity and only the researcher will have access to this identification key. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or

authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

This researcher will request you to audiotape the interview. The tapes will be made to ensure that the researcher is able to record everything that you say. It will also help the researcher to write down the whole interview after it has been conducted by listening to the tapes. The tape will be stored digitally on the researcher's personal computer and it will be protected by a by a password known only to the researcher. The tapes will be used only for transcribing the
interview between the participant and the researcher and will be disposed of once the study has been fully completed.

___ I agree to be audio-taped during my participation in this study.

___ I do not agree to be audio-taped during my participation in this study.

The researcher will enlist the services of a trained interpreter at the facility to assist you to express yourself in the best way possible. The interpreter will be sworn to confidentiality and will not have access to any of the information obtained in the research process.

What are the risks of this research?

There may be some risks from participating in this research study. The research is a reflection on your experience of the repeat pregnancy and it may awaken some emotions within you which could cause you to feel embarrassed, uncomfortable, guilty, angry or sad.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the meanings that teenagers ascribe to their experiences of repeat pregnancy. We hope that, in the future, other people might benefit from this study through improved understanding of how teenagers reflect on the experiences of repeat pregnancy. It is hoped that service providers will become more cognisant of the need to consider the meanings that teenagers ascribe to their experiences as they reflect on what they have been through. By understanding teenagers better, the incidence of teenage pregnancies could be addressed.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. If during the course of the interview you wish to terminate, you may inform the researcher who will ensure that any negative consequences of the study receives the attention of a counsellor.

What if I have questions?

This research is being conducted by *Muriel Johnstone and* the University of the Western Cape. If you have any questions about the research study itself, please contact Muriel Johnstone at Mowbray Maternity Hospital, 12 Hornsey Road, Mowbray, 021 – 659 5580 or mjohns@pgwc.gov.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Social Work
Dean of the Faculty of Community and Health Sciences:
University of the Western Cape
Private Bag X17
Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix B: *DOH Approval*

Western Cape Government
Health

STRATEGY & HEALTH SUPPORT
healthres@pgwc.gov.za
tel: +27 21 483 9907; fax: +27 21 483 9895
1st Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za

REFERENCE: RP 104/2012
ENQUIRIES: Dr Sikhumbuzo Mabunda

12 Terblanche Street
Silveroaks
Kuils River

For attention: Muriel Johnstone, Dr. M. De Jager

Re: Teenagers' reflections of their unintended, repeat pregnancies

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries.

Mowbray Maternity Hospital	**Prof Sue Fawcus**	**(021) 659 5578**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (healthres@pgwc.gov.za).
3. The reference number above should be quoted in all future correspondence.

We look forward to hearing from you.

Yours sincerely

DR NT Naledi
DIRECTOR: HEALTH IMPACT ASSESSMENT
DATE: 23/8/2012

Appendix C: *UWC Ethics Approval*

UNIVERSITY of the
WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

20 June 2012

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:
Mrs M Johnstone (Social Work)

Research Project: Teenagers' reflections of their unintended, repeat pregnancies.

Registration no: 12/5/14

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

Appendix D: ***Consent Form for Participants***

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9593674, Fax: 27 21-959 2845
E-mail: mdejager@uwc.ac.za

Social Work Department
Tel: 021 9592277 **Fax: 021 9592845**

CONSENT FORM

Title of Research Project: Teenagers' reflections of their unintended, repeat pregnancies.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name……

Participant's signature…….

Witness…….

Date……

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Dr. Mariana de Jager
University of the Western Cape
Private Bag X17, Belville 7535
Telephone: (021)959-3674
Cell: 0833062599
Fax: (021)959-2845
Email: mdejager@uwc.ac.za

Appendix E: ***Parental Permission Form***

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9593674, Fax: 27 21-959 2845
E-mail: mdejager@uwc.ac.za

Social Work Department
Tel: 021 9592277 **Fax: 021 9592845**

Parental Permission Form

Title of Research Project: Teenagers' reflections of their unintended, repeat pregnancies.

We are inviting your child to participate in a research project which will require her to reflect on her experience of her repeat pregnancy. The study has been described to your child in language that she understood and she has freely and voluntarily agreed to participate. However, in view of the fact that she is under 18, your permission as parent/guardian is required.

Parent's name……..

Parent's signature……...

Witness……

Date……..

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Dr. Mariana de Jager
University of the Western Cape
Private Bag X17, Belville 7535
Telephone: (021)959-3674
Cell: 0833062599
Fax: (021)959-2845
Email: mdejager@uwc.ac.za

Appendix F: ***Interview Guide***

Demographical Data:

15 years	16 years	17 years	18 years	19 years

English	Afrikaans	Xhosa	Other

Black	White	Coloured	Indian	Other

Source of income:

Parents	Child Support Grant	Father of Child	Other	

Age of 1st pregnancy	Age of 2nd pregnancy	Age of 3rd pregnancy

- Current grade at school……
- If not at school, at what age did you leave school……..
- Employed/unemployed……..

Pregnancy Info:

Tell me how it came that you fell pregnant for a second and/or third time

Tell me about your second/third pregnancy

Tell me how your second/third pregnancy changed your life

Tell me how your second/third pregnancy changed your children's lives

Tell me how your second/third pregnancy changed your extended family's life

Appendix G: ***Editors Verification***

HELEN ALLEN APEd

Accredited Professional Text Editor, SATI
Plain Language Practitioner

---

34 Heritage Village
Tzaneen 0850
Cell : 072 1966900
Home : 0877 509638
Email : helanallen11@gmail.com

14 November 2013

VERIFICATION

TO WHOM IT MAY CONCERN:

I am a professional text editor, accredited by the South African Translators' (and Editors) Institute (SATI), and a full member of The Professional Editors' Group (PEG).

On 14 November 2013 , I completed a linguistic edit of an academic thesis

by

Muriel Johnstone

titled

Teenagers' reflections of their unintended repeat pregnancies

H P Allen (Mrs)

Appendix H: *'Turnitin'Report*