INVESTIGATING THE PSYCHO-SOCIAL CONSEQUENCES OF TEENAGE

PREGNANCY:

AN EXPLORATORY STUDY

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The author hereby declares that this whole dissertation, unless specifically indicated to the contrary in the text, is his own original work.

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DEDICATIONS

This dissertation is dedicated to my wife (Zodwa Simelane), sons (Mzwandile Simelane and Siyabonga Simelane), my three daughters (Philisiwe, Bongiwe and Nomfundo), my mom (Irene Ntombela Simelane), and, most importantly, my late dad (Nongilimba Nqwababa Simelane), who denied himself the necessities of life to ensure that I am educated, although he himself never set foot inside the classroom – thank you very much for the unwavering support and love; without your patience, understanding and encouragement, this study would never have seen completion.

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LIST OF ACRONYMS

DBE   Department of Basic Education

DBST   District-based support team

KZN   KwaZulu-Natal

SBST   School-based support team

WHO   World Health Organization

ABSTRACT

The aim of this study was to investigate the psycho-social consequences of teenage pregnancy of secondary school teenagers in the Amajuba district, KwaZulu-Natal (KZN). The study sought to establish whether teenage pregnancy has an impact on the psychological and social wellbeing of pregnant teenagers and teen mothers. Eleven teenagers from the Amajuba district were sampled for the study. Data were collected using semi-structured focus-group and individual interviews to allow a platform to ask open response questions, to probe and explore the participants' perspectives on the consequences of teenage pregnancy. The data were analysed thematically by carefully identifying and expanding significant themes that emerged from the participants' perceptions surrounding the consequences of teenage pregnancy. The findings reveal that teenage pregnancy has detrimental effects on the psychological and social wellbeing of teenagers. These include psychological challenges such as low self-esteem, poor self-image, depression, and emotional problems; social challenges such as poverty, bad friendships and poor family relationships; and academic challenges. The negative effects of teenage pregnancy are not limited to these and can also include school challenges such as quitting school early and health- or risk-related challenges, among other effects.

Recommendations include that schools must have supporting programmes to prevent teenage pregnancy and to support those teenagers who are pregnant. In addition, provision of support must continue after birth. Schools cannot win this fight alone but need to rope in health professionals, parents and other stakeholders who may come up with preventative and protective measures to educate teenagers to postpone engaging in sexual relationships.

Key terms: psycho-social challenges; sexuality education; teenage pregnancy; teen mothers

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 Introduction

Teenage and adolescent pregnancy is acknowledged as a major public health problem with medical, psychological, social and emotional implications. The aim of this study is to investigate the psycho-social consequences of teenage pregnancy in secondary schools within the Amajuba district in KwaZulu-Natal (KZN). This chapter covers the background of the study, where after the theoretical framework used, statement of the problem, research questions and objectives of the study will be presented. This is followed by an overview of the methodology. Lastly, the limitations of the study are presented.

1.2 Background to the Study

The United Nations International Children's Emergency Fund (UNICEF, cited in Boia, 2016:22) states that globally in 2013, an estimated 13 million children were born to teenage mothers under 19 years of age. In the following year, the World Health Organization (WHO, 2014) reported that the rate of babies born to girls between the ages of 15 and 19 years accounted for a 49:1000 ratio of all babies born. Given such high rates of teenage pregnancy around the globe, this indicates that teenage pregnancy is a socially widespread phenomenon both internationally and nationally. One can deduce that the challenges these young girls face are immense. This calls for further investigation to be undertaken, particularly regarding the psycho-social challenges of these teenage girls as well as the support needed by them.

Mngoma (2010) states that schoolgirl pregnancy is considered a disastrous phenomenon. The figures of teenage pregnancies are escalating yearly and pregnancies occur at increasingly tender ages. Masondo (2015:1) clarifies that teenage pregnancies in South Africa saw a rapid increase from 2011 to 2013, from 68,000 in 2011 to 99,000 in 2013. This is an indication that teenage pregnancies in South Africa are dramatically escalating. This is especially true for rural areas. According to Population Reference Bureau (2012), the pregnancy rate among schoolgirls in South

Africa remains high by international comparison. In addition, the rate of 13% in rural areas in KZN is twice the national average of 6.5%.

This is an indication that the prevalence of teenage pregnancies in secondary schools is increasing, and Hadebe (2016) found that it is substantially higher in the Amajuba district. She found that the youngest girl to give birth in this district in 2016 was 13 years old. In 2017, the pregnancy crisis was reported as the worst in KZN, with 9135 in the province learners falling pregnant (Newcastle Advertiser, 2017). This was declared as the highest rate of teenage pregnancy in all nine provinces of South Africa.

Factors that contribute to teenage pregnancy in the developmental phase that teenagers find themselves in include risk-taking behaviour, early occurrence of menarche, psychological problems, peer influence and dysfunctional relationships to mention a few (Yako & Yako, 2007). Adolescence is viewed as a time of exploration and experimentation, with sexuality being a major area of development and change (Harrison, 2010). Sexuality education is vital for holistic development and overall well-being of young people; however, teenagers do not feel comfortable to discuss sexuality and contraception with parents (Pickhardt, 2010). Furthermore, when teenagers communicate with adults, they must feel safe, happy and secure in expressing themselves and exploring the meaning of life in the presence of adults. In short, this engagement will have lasting effects on the lives of teenagers. The study of Phetla *et al.* (2008) conducted in the Limpopo province further suggests that parent-child communication about sex is important. It can inculcate desired behavioural change that could reduce or eliminate the psycho-social consequences of teenage pregnancy and ultimately prevent HIV infections in communities.

Population Reference Bureau (2012:15) found that most schoolgirls perceive falling pregnant while still at school as something negative. It carries consequences such as early school dropout, unemployment, feelings of quitting, alienation from family members and friends and loss of intimate relationships. As a result, their self-esteem could also be influenced negatively. Teenage pregnancy complicates the efforts of a teenage girl to remain in school to pursue studies while having to look after a baby (Panday, Makiwane, Ranchod & Letsoalo, 2009). The pregnant

teenager is thus more likely to face critical social issues like poverty, poor health and early school dropout and psycho-emotional issues such as depression, mood swings and anxiety.

Morake (2011), Mothiba and Maputle (2012) and WHO (2009) postulate that many pregnant teenagers and teenage mothers come from poverty-stricken families. This could deter further education as pregnant teenagers may feel obligated to quit school before having finished grade 12 (Ipantenco, 2014). Kirchengast (2016) adds that teenage girls from poor families have higher rates of falling pregnant. This does not, however, exonerate teenage girls coming from medium and/or rich families from falling pregnant during secondary school. Teenage pregnancy in poor families may be attributed to many factors, such as lower literacy level of the family and lower income (Kirchengast, 2016). Bissel (2000) and Hobcraft and Kiernan (2001) agree by stating that teenage pregnancy is more common among young people who come from a poor family and have low expectations of education.

Teenagers who fall pregnant are viewed as vulnerable, as it implies that they did not take control of their lives or made uninformed decisions. This could present them with a number of challenges. Consequently, this study aims to explore the psycho-social consequences of teenage pregnancy.

1.3 Theoretical Framework

The study employed Bronfenbrenner's Ecological Systems Theory as theoretical framework. The Ecological Systems Theory articulates that a child is surrounded by numerous interconnected systems: the microsystem, mesosystem, exosystem and macrosystem (McGuckin & Minton, 2014). The child (in this study, the pregnant teenager or teen mother) is at the centre of her environment and involved in interactions with other systems such as with family members, peers, civil society, schools and government which have an influence on her development, actions and behaviour. These systems could influence the child in all aspects of their life, such as education, relationships, health or risk-related issues. It is interesting to note that it is not only the child that is influenced by these systems, but all systems influence one another because they are interwoven.

The microsystem is the first system that the child as a developing person comes into contact with. This includes individual personal relationships, including friendships and sexual relationships; and familial issues and household factors. This system comprises structures such as family, school, neighbourhood and other systems that the child has immediate and direct contact with (Ryan, 2000; Paquette & Ryan, 2001).

An individual is also influenced by a mesosystem, which includes, among other factors, the parents' educational level, teachers' attitudes and their ability to manage, *inter alia*, teenage pregnancy in schools. Paquette and Ryan (2001) agree by stating that the focus should not only be on the child and their immediate environment, but also on the interactions within their larger environment.

The Ecological Systems Theory also includes the environment. For instance, children are not born in a vacuum but are influenced by the community and culture that they are surrounded with. Issues that are not controlled by the child could also influence decisions made, such as those resulting from media and politics.

Engaging teenagers in the process of investigating the psycho-social consequences of teenage pregnancy is especially relevant when viewed in the light of Bronfenbrenner's Ecological Systems Theory. This is especially true in understanding the contextual dynamics of the psycho-social consequences of teenage pregnancy.

1.4 Statement of the Problem

Teenagers are increasingly becoming involved in sexual activities at an early age, which contributes to the high prevalence of teenage mothers (Bhana, Shefer & Morrell, 2012). They furthermore state that this is a major public concern in South Africa, as falling pregnant poses a health risk to the teenage girls, and they are also likely to suffer from psycho-social challenges such as poverty and isolation. In exploring the environment and engaging in sexual behaviour, underage girls often make risky and uninformed decisions, not considering the consequences of their deeds and experiences (Schifirnet, 2014). They do this because they may feel that they are

old enough and entitled to start with sexual activity. I conducted the study to acquire more knowledge about the topic and to assist other teenagers, especially those who are attending secondary school, in reducing and curbing the spread of this pandemic in the communities. I was touched and inspired by this topic because there was a teenage girl at my school who was experiencing labour pains during the exams. As the principal of the school, I was called to assist. This experience motivated me to investigate the psycho-social consequences of teenage pregnancy. This research will focus on exploring the psycho-social consequences of teenage pregnancy in an effort to establish ongoing support for teenagers.

1.5 Research Questions

The research problem will be addressed by answering the following main research question:

- - What are the psycho-social consequences teenagers of the Amajuba district experience after falling pregnant?

Secondary questions

The following secondary research questions are posed to answer the main question of the study:

- How do teenagers perceive themselves after falling pregnant?
- What are the challenges commonly experienced by teenage mothers?
- How does pregnancy influence teenagers' relationships with their family and friends?
- What are the available support structures available for pregnant teenagers within the Amajuba district?

1.6 Aim and Objectives of the Study

The primary aim of this study is to establish how teenage pregnancy influences the psychological and social wellbeing of girls within the Amajuba district by exploring the psycho-social consequences that teenage mothers experience.

The objectives of the study are:

- To determine how teenagers perceive themselves after falling pregnant.
- To determine the common challenges experienced by teenage mothers.
- To explore the influence of pregnancy on teenagers' relationships with their family and friends.
- To determine if there are support structures available for pregnant teenagers within the Amajuba district.

1.7   Significance of the Study

This study adds value by exploring the psycho-social consequences of teenage pregnancy in depth to identify and examine context-specific problems and strategies to assist pregnant and parenting young mothers to cope with the challenges they face. All teenagers may draw valuable lessons from the affected group, which might lead to the postponement of sexual relations, or alternatively, to making informed decisions. Furthermore, it will assist the various stakeholders or concerned parties such as family, school people, policymakers and social workers to engage with pregnant girls and devise effective interventions to address this social problem.

1.8   Overview of Methodology

Research methodology is a systematic way to solve a problem. This involves the procedures the researcher goes through regarding their work describing and explaining phenomena. This section discusses the method of research implemented in this study.

1.8.1   Research design

Qualitative research is concerned with understanding the processes and the social and cultural contexts which shape a variety of behavioural patterns (Nieuwenhuis & Smit, 2012). Qualitative research involves meaning-based rather that statistical data analysis methods. Owing to the social and people-centred nature of the research, qualitative research methods will be used to determine the psycho-social consequences of teenage pregnancy in the Amajuba district, KZN.

Semi-structured individual and focus-group interviews were employed. These interviews allow for participants to talk freely and thus be 'emancipated', contributing further to the data compilation (Madriz, 2003:364).

1.8.2   Research paradigm

A paradigm refers to a way of looking at something. An interpretivist paradigm was used as the study sought to understand the challenges experienced by pregnant teenagers and young mothers. In terms of interpretivism, it is the researcher's belief that no person's values are wrong; they do, however, differ from those of others. This is relevant to the study as pregnant teenagers were interviewed to find out what they experienced with regard to the phenomenon under study.

1.8.3   Data collection

The research was conducted in the Amajuba district in Madadeni Township. Seven pregnant teenagers and four teen mothers from three high schools participated.

Participants' ages ranged between 13 and 19. It was initially scheduled that all participants would participate in one focus-group interviewed at a central place. However, three did not show up and hence only eight participated in the focus-group interview. For the absent three, individual appointments were secured and they were visited at their homes, where individual interviews were conducted with them. Participants were drawn from three of the four randomly selected high schools situated within the Amajuba district.

The research was explained to the schools via a letter from the Provincial Department of Basic Education (DBE) in KZN as well as in person. Schools were asked for a list of names of pregnant teenagers and teen mothers. From each list of names provided, a number of pregnant teenagers and teen mothers were randomly selected. The selected girls were contacted and the research was explained to them. They were then asked if they would be willing to participate in the project. Those who agreed were given letters to their parents/guardians asking for their consent to interview their daughter on the topic. Consent from parents/guardians was necessary because the girls were minors. Of the 11 letters of consent sent to the parents/guardians, 11 were signed, which signalled the go-ahead for the interviews. Interviews were recorded and transcribed. The

data were then categorised, analysed, compared and presented. The details of the research methodology are discussed in Chapter 3.

1.9   Limitations to the Study

The present study was limited to three secondary schools and 11 participants from the Amajuba district of KZN. There is a possibility that the views of the participants regarding the psycho-social consequences of teenage pregnancy may not represent the entire population of the Amajuba district secondary schools. The results can therefore not be generalised to the whole Amajuba district or KZN. However, it highlights important aspects of the psychological and social consequences of teenage pregnancy, such as anxiety, low self-esteem and quitting school. There may thus be a need to carry out this kind of research in the entire KZN and South Africa as consequences of teenage pregnancy is a major public issue in the country.

1.10 Ethical Considerations

Ethics can be defined as a method, procedure or perspective for deciding how to act and for analysing complex problems and issues (for instance, in considering the psycho-social consequences of teenage pregnancy). Ethical norms help to ensure that the researcher can be held accountable to the public. Research norms promote a variety of other important moral and social values, such as social responsibility, compliance with the law, and public health and safety. These make sure that human subjects are protected and that animals receive the necessary care, also holding those researchers funded by public money accountable. For this study, ethical clearance was sought and obtained from the University of Free State to conduct the research. The study has furthermore obtained approval from the Department of Education in KZN.

There are ethical issues that had to be considered to ensure that the information collected remains confidential (McLeod, 2015). The first consideration was to explain the purpose of the study to the principals of the schools as well as the participants. The participants were also assured of their anonymity and that the results of the data would only be used for research

purposes. Written consent was sought from the schools to interview learners, and also from parents as the participants were minors.

1.11 Chapter Outline

The study is divided into the following chapters:

Chapter 1: This chapter covers the background of the study, statement of the problem, research questions and objectives of the study, significance of the study, overview of methodology, theoretical framework, limitations to the study, and definition of concepts.

Chapter 2: Chapter 2 deals with the literature study on the psycho-social consequences of teenage pregnancy.

Chapter 3: This chapter deals with the research design and methodology utilised in the study.

Chapter 4: Chapter 4 presents the findings of the empirical study. This chapter analyses the data and interprets the results.

Chapter 5: Chapter 5 deals with a summary of the findings, and conclusions and recommendations based on the findings.

1.12 Definitions of Concepts

The following concepts are to be defined for the purposes of this study:

Teenager

Hindini and Fatusi (2009:2) and Mothiba and Maputle (2012:1) state that a teenager is a young person who is developing into an adult, one who is in the state of adolescence. Adolescence typically describes young people aged 13 to 17 (but also including 18- to 19-year olds) and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occur in adolescents can start earlier, during the preteen or "teen" years (ages 9 through 12).

Teenage pregnancy

The term teenage pregnancy relates to a teenager or underaged girl (usually between the ages of 13 and 19) who becomes pregnant (Kanku & Mash, 2010:564). Mothiba and Maputle (2012:1) are of the same view, that a pregnant teenager is a pregnant woman younger than 19 years of age. In this study, pregnant teenagers refer to teenage girls between ages 13 and 19.

Teenage mother

A teenage mother refers to a teenage female parent of a child and is between 13 and 19 years old (Mothiba & Maputle, 2012:1).

Depression

Doverspike (2013) states that depression is known as major depressive disorder or clinical depression and is a common and serious mood disorder. Those who suffer from depression experience persistent feelings of sadness and hopelessness and lose interest in activities they once enjoyed. Aside from the emotional problems caused by depression, individuals can also present with physical symptoms such as chronic pain or digestive issues. To be diagnosed with depression, an individual must experience five or more of the below symptoms during the same two-week period and at least one of the symptoms should be either 1) a depressed mood or 2) loss of interest or pleasure:

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Significant weight loss when not dieting, or weight gain, or decrease or increase in appetite nearly every day.
- A slowing down of thought and reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.

- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Psychological distress

In this study, psychological distress is a general term used to describe unpleasant feelings or emotions that impact teenagers' level of functioning, with related symptoms being somatic complaints, anxiety, insomnia, social isolation and depression (Stansfeld & Rasul, 2007).

Psycho-social factors

Social factors include general factors at the level of human society concerned with social structure and social processes that impinge on the individual. Psychological factors include individual-level processes and meanings that influence mental states. Sometimes, these words are combined as "psycho-social". This is a shorthand term for the combination of psychological and social, but it also implies that the effects of social processes are sometimes mediated through psychological understanding (Stansfeld & Rasul, 2007).

The relationship between psychological factors and the physical body can be influenced by social factors, the effects of which are mediated through psychological understanding. Examples of psycho-social factors include social support, loneliness, marriage status, social disruption, bereavement, school environment, social status and social integration (Gellman & Turner, 2013:1580-1581).

1.13 Conclusion

This chapter covered the background of the study, the theoretical framework used, the statement of the problem, and the research questions and objectives. It also looked at the significance of the study, an overview of the methodology, limitations to the study, and definitions of concepts. The next chapter will deal with a literature study on the psychosocial consequences of teenage pregnancy.

CHAPTER 2: THE PSYCHO-SOCIAL CONSEQUENCES OF TEENAGE PREGNANCY

2.1 Introduction

Teenage pregnancy is a widespread phenomenon both locally and globally. Literature reviews on teenage pregnancy reveal that in 2013, about 13 million teenagers gave birth globally (Boia, 2016). When teenagers fall pregnant, there are implicit consequences, with restrictions and restrains. Teenage pregnancy is more prevalent in developing countries such as those in sub-Saharan Africa, especially in rural areas where most of the families are poverty stricken and have restricted access to healthcare facilities (Mothiba & Maputle, 2012).

This chapter will therefore focus on the psychological and social challenges that teenagers face as a result of falling pregnant. The following thematic areas will be covered: cultural influence on sexuality, challenges faced by pregnant teenagers and what strategies can be employed in assisting these teenagers to overcome these challenges. These themes will also assist in answering the research questions posed.

In addition, the theoretical framework guiding the study will be outlined. The consequences of teenage pregnancy can best be understood in terms of the Ecological Systems Theory outlined in this chapter. According to the Ecological Systems Theory, the individual and the environment are dependent on each other and the behaviour of the individual always occurs within a particular environment (Bronfenbrenner, 1979). Consequences of teenage pregnancy vary and do not only affect the concerned pregnant teenager but also her family, the unborn baby, the father of the baby, the school and the entire community. This will be elaborated in this chapter.

2.2 Cultural Influences on Sexuality

Culture has a significant influence on sex and sexuality during puberty. Communities around the world have unique cultural systems and practices that assist them in handling any matters related to sex and sexuality. Hogan (1982) states that cultural practices may differ from one community

to another and that these have a great influence on the growth and development of teenage girls. Although sexual freedom and sexual-activity patterns among teenage girls differ according to cultural background (Kirchengast, 2016), they are really affected when practicing sexual activities at an early stage. In some cultures, these teenagers tend to develop an increased interest in sexual activities while young and attending secondary schools. Consequently, we are face with increasing rates of teenage pregnancy, which comes with a ripple effect that eventually ruins their lives (Kirchengast, 2016).

Some teenage moms are exposed to early motherhood by their mothers. They unintentionally tend to emulate the behaviour of their mothers because it is the only example that they know (Akella, 2014). The Swazi culture, for instance, view childbearing as important for determining and maintaining social position in the community. The study by Ziyane (2006) suggests that teenage pregnancy is a practice that conforms to societal expectations. In short, a teenage girl growing up in a society adhering to Swazi cultural practices is more likely to succumb to the pressures of falling pregnant.

In Lesotho, sexuality is only discussed with young people considered ready to be married (Sekese, in Khau 2012). Discussions usually take place in initiation schools in a mountainous terrain to discourage interference from the community. In these schools, information often takes the form of religious or morality-based conservatism. Adults still have the notion that young people who get information on sexuality are more likely to engage in sex earlier, although there is strong evidence to counteract this point of view.

Ethnic groups have developed their own puberty rites which serve to prepare young women for acceptable behaviour in their culture. For example, in the Limpopo province, Xitsonga-speaking people have evolved an initiation rite known as "vukhomba" ('kgopa' in Sepedi and 'vhusha' or 'khomba' in Tshivenda). This particular practice is culturally meaningful and important as it is intended to encourage acceptable behaviour in young girls after menarche (Maluleke, 2003). As Maluleke (2003:49) puts it, vukhomba is a period during which the young initiate changes from one state of being to another, that is, from childhood to womanhood.

Due to the cultural diversity of South Africa, there are many different views surrounding teenage pregnancy. Some perceive teenage pregnancy as something positive, whereas others view it as negative. According to Cunninham and Boult (1996), teenagers are socialised in the beliefs of their domestic culture and structure. In some cultures, becoming pregnant is a means of gaining status and becoming independent and responsible (Sieger & Renk, 2007). In other communities and cultures in South Africa, falling pregnant at a young age is perceived as morally wrong, or a disgrace, and is stigmatised (James, Van Rooyen & Strumpher, 2011). Bolton (1980) states that the stigma associated with teenage pregnancy could evoke either harsh or supportive responses from others, depending on the social beliefs of the domestic structure. Consequently, these cultural beliefs may evoke various responses from parents of teenage mothers belonging to different African cultures.

According to Mlambo's research (2018), Statistics South Africa claims that there were 97 143 teenage mothers who gave birth in 2017. The report shows that 119 645 young women aged between 15 and 19 registered births in 2017. Of these 119 645 births, more than 97 000 births were from 2017, while 22 000 were registered late. The ones registered late means that the children were not born in the year of registration with government. In addition, the statistics reveal that more than 3000 teenagers aged between 10 and 14 years became mothers in South Africa in the same year. The recorded live births report, which is commissioned by Statistics South Africa, shows that a total of 3261 girl children aged between 10 and 14 were registered as mothers in South Africa in 2017. Of the 3261, 1959 registered their births in 2017. The statistics provided above clearly show that the level of teenage pregnancy in South Africa is indeed a challenge.

It is clear from this discussion that the culture in which a teenage girl grows up has a great influence on moulding and determining the future of the girl. This is also in line with the Ecological Systems Theory that emphasises the influence of systems such as culture and communities on the individual.

2.3 Challenges Experienced by the Pregnant Teenager

Eggengerger, Grassley and Restrepo (2006) state that by listening to the voices of pregnant teenagers or teenage mothers, one can better understand the common phenomena faced by these girls in today's teen culture. It is clear from this assertion that the challenges faced by teen girls can be best answered by themselves, as it mostly affects them psychologically and socially. Some can share their stories, experiences, lifestyles and the different challenges they face. Being the main aim of this study, it was important to listen to the challenges experienced by teenage mothers/pregnant teenagers, thus drawing one into their world, their realities and lives.

2.3.1 Psychological challenges

Teenage pregnancy has various psychological implications for the teenage girl. These will be discussed in this section.

2.3.1.1 Low/reduced self-esteem

Teenagers are at the developmental stage where they are faced with challenges posed by puberty and sexual growth. These include educational, psychological, social, health and behavioural challenges. Meeting the social and academic demands at school further draws teenage mothers into challenging and stressful situations (Skobi & Makofane, 2017). There is evidence to support this contention, provided by Zabin, Astone and Emerson (1993), who state that when teenagers are pregnant, they are concerned about what others think of them, sensitive about their bodies and often find themselves socially isolated. Even if their friends support them, they struggle to socialise as before. Other recent studies (Inanir, Cakmak, Nacar, Guler & Inanir, 2015; Ngozi, 2013; Macola, Nogueira & Carmona, 2010) report low self-esteem among pregnant teenagers and teenage moms. A reduced self-esteem may affect the bond between mother and child (Macola *et al.* 2010). Self-esteem may decrease due to some changes in body image, such as gaining weight and skin changes (Inanir *et al.*, 2015). Therefore, teenage pregnancy has many psychological consequences,such as low self-esteem, disturbed body image and a new feeling of parenthood responsibilities. Pregnant teenagers may also find that they no longer have the same interests as their peers (Lindsay & Rodine, 1989).

Behavioural problems and lower levels of self-esteem are reported to be more prevalent in pregnant teenagers and teenage mothers than their non-pregnant or non-mother counterparts (Milan *et al*., 2004). These issues may suggest that this group thus demands higher levels of social support in order to cope well.

2.3.1.2   *Poor self-image*

Having a good self-image is what everyone seeks – especially teenagers. They are forever seeking approval from others to prove that they are special. Although studies are not consistent regarding the notion that pregnant teenagers have a low self-image (Ugoji, 2013), most researchers found a correlation between low self-esteem and adolescent pregnancy (Cense & Ganzevoort, 2019; Skobi & Makofane, 2017). A teenage girl's image is tarnished when she falls pregnant while pursuing studies at secondary school. In the eyes of the public, she may be viewed as a disgrace (Cense & Ganzevoort, 2019). Therefore, she may be marginalised and stigmatised by peers, educators and some community members as being immoral, a bad girl, irresponsible and unable to practise sexual restraint or privacy.

To conceive or fall pregnant is not a favourable status in all communities and does not guarantee a relationship with the partner. Teenage pregnancy deprives teenage girls from participating in social and cultural activities, which could, in turn, affect the way they feel about themselves. There are many emotional problems associated with teenage pregnancy, for example resentment towards the partner and frustration that they cannot do the things that they would like to do. These could result in low self-esteem (Kaplan, 1997). A possible consequence of this negative self-image is that it may lead to the teenager committing suicide as they feel belittled and valueless in their communities.

2.3.1.3   *Depression*

A serious psychological challenge pregnant or mothering teens face is depression. Depression can be described as feelings of sadness, loneliness and futility combined with fatigue, disturbed sleep patterns and confusion (Mirowsky & Ross, 2003:98). Hallahan and Kauffman (2007) further clarify that depression is one of the serious problems of pregnant teenagers and teenage mothers.

Depression may be noted by disturbances in moods, inability to concentrate, pessimism, demotivation, sleep deprivation, despair and feelings of hopelessness (Windle & Mason, 2004).

The reasons teen mothers or pregnant teens are at risk of developing depression differ. Some may fall into depression while trying to handle the emotions a pregnancy creates such as the possible negative feedback about the pregnancy from friends and family. The mood swings and feelings may negatively affect the teenager's self-concept, leading to loneliness, deprivation of sleep and eating disorders.

Windle and Mason (2004) attribute depression to factors like traumatic life experiences, for example: excessive pressure from parents, peers and educators; negative self-image; and falling pregnant at a young age (Sue, Sue & Sue, 2010). Teenage mothers are three times more likely to get postnatal depression than older mothers (Miller, Sable & Beckmeyer, 2009). According to Nall (2016), symptoms of postpartum depression include: difficulty forming a relationship with the baby, overwhelming fatigue, feeling worthless, anxiety, panic attacks, feelings of self-harm and harming the baby, as well as difficulty enjoying activities enjoyed before falling pregnant. Huni (2010) adds to this by stating that failure to meet the pregnant teenager's or teen mother's psycho-social needs may harm or cause aggravated behavioural and emotional challenges.

LePatte, Rosenblum and Muzik (2012) state that it is a big challenge for teenage mothers to parent young babies on top of having no financial backup and lacking socio-economic resources and support. The realisation that they cannot contribute financially to the household can worsen their depression. This, in turn, places them at increased risk of engaging in unsupportive and even abusive relationships, increasing the chances of their babies being exposed to abuse or neglect. Consequently, babies of teenage mothers are more likely to have problems at a later stage, including intellectual and psycho-social malfunctioning (Hofferth, 1987).

When a teenage mother makes the decision to either abort the pregnancy or relinquish a baby for adoption, it has implications such as maternal distress and depression (Donnelly & Voydanoff, 1996; Major *et al.*, 2000). Pregnancy can furthermore bring about relationship dissolution with the baby's father, or the recognition of having a lifelong connection to the baby's father, both of which can be distressing to a pregnant teenager (Barber & East, 2009).

2.3.1.4   Emotional challenges

Falling pregnant may also cause emotional problems to a teen girl. A young girl who falls pregnant could regret that she came into this position because of the negative consequences that she is experiencing. The emotional burden is not only experienced by the teenage girl but also by her friends and family. Regret is a negative emotion that involves some degree of self-blame, wherein one chides oneself for not having acted differently to achieve a better outcome (Roese *et al.*, 2009).

As with all mothers of young babies, teenage mothers have many demands, including babysitting, caring for a sick baby, finding time to work or study and other psycho-social demands. Chang, Pien, Duntley & Macones (2010) state that teenage mothers bear more of the burden than teenage fathers, which adds to their emotional stress and regret. He makes it clear that the role of motherhood is associated with emotional distress such as fear and worry, regret and frustration, guilt and shame and depression. Mokoena (2003) agrees when stating that teenage mothers are more anxious compared to teenage nonmothers.

2.3.2   Social challenges

Pregnant teenagers or teen mothers do not only experience psychological problems; they also experience social problems. In a social context, a pregnant or mothering teenager may face a myriad challenges, such as poverty, deterioration of friendships and family problems.

2.3.2.1   Poverty

Poverty refers to limited resources and low standards of living which cannot fulfil the basic human needs (Roberts, 2018). Globally, teenage pregnancy is more common among disadvantaged communities. Stonehocker (1997) mentions that for some disadvantaged youth, in particular "girls whose self-esteem tends to drop as they mature", engaging in sexual relations may be the only thing that they find valuable. She further states that the girls do not see a future for themselves, and falling pregnant may be perceived as a means to fill this gap.

Children of teenage parents are more likely to become teenage mothers themselves, thus preserving the cycle of poverty that already exists (Stonehocker, 1997; Kunio & Sono, 1996). Poverty is also closely related to psychological challenges experienced, as children from poor families experience stress and unstable lives (Duncan & Brooks-Gunn, 2000).

Pregnant teenagers are often forced to drop out of school because the family cannot afford the school fees and look after the baby. This denies teenage mothers the support to pursue education and yet again condemns them and their babies to the vicious cycle of poverty and ignorance (Kunio & Sono, 1996:4).

2.3.2.2   *Deteriorating friendships*

Falling pregnant or being a teen mother can lead to fewer social contacts which may lead to withdrawal from peers and family. Pregnancy can be daunting for any teenage mother, but even more when a teenage girl is still attending school (Duncan & Brooks-Gunn, 2000). Although some teenage mothers can still participate socially in some activities, they mostly find themselves overwhelmed by their new life circumstances. To contribute to their relationships and to keep up old friendships or make new friends, they have to work hard to maintain or see what they have in common with their peers.

Teenage mothers experience a social change during pregnancy. The lifestyle changes required with pregnancy mean that activities like drinking or smoking are no longer an option, and the extra rest required in pregnancy can cut back on the energy available for time spent with friends (Ben-Joseph, 2018). Because the pregnant teenage girl cannot participate in most extra-mural activities anymore as she cannot cope with the normal, day-to-day activities, she is excluded from the main class. Consequently, pregnancy could become a buffer to form or nurture relationships with some people, such as some teammates, teachers and family members.

Bhana and Shefer (2012) report that the pregnant teenagers they interviewed in their study all experienced instances of being shunned by peers. Some of the participants left school at an early stage of pregnancy because of stigma and discrimination by fellow learners (Chigona & Chetty, 2008). The disapproval of friends and peers was found disturbing by the pregnant teenagers.

When a pregnant teenager is faced with condemnation, she might take on a position to disassociate herself with those who do not accept her because she is pregnant and try to group herself with those who do accept her.

2.3.2.3   Family relationships

Parent-child communication about sex and its consequences is essential for every family. Some families view these discussions as embarrassing, having no value, and leave the topic in the hands of the school. This does not absolve the responsibilities of the parent as they have a role to play in raising their children.

Teenage pregnancy, according to James *et al.* (2011), is perceived as morally wrong or a disgrace and is stigmatised in some communities in South Africa. After receiving the news that their teenage daughter has fallen pregnant, parents may initially feel disappointed, dispossessed, angry and embarrassed. For instance, in white and Indian cultures, teenage pregnancy is perceived as a taboo by most parents. If a teenage girl becomes pregnant, she is reprimanded by parents and considered as having acted in a disgraceful or improper manner and sometimes pushed out of the family. Naong (2011) concurs when she asserts that teenage-pregnancy prevalence is very low in Indian- and white dominated schools, and high in black and coloured schools, implying that the family and cultural values may have an influence on the prevalence of teenage pregnancies in certain communities. She attributes the difference in prevalence to the no-tolerance stance taken by Indian and white parents towards teenage pregnancy.

Related results were found in a study by Barclay, Everitt, Rogan, Schmied and Wylie (1997), who state that a pregnant teenager experiences fear about her family's reaction to the news that she is pregnant. Fear of discrimination is a daily reality for most pregnant teenagers as pregnancy may be the start of noxious relationships with others within their environment. The study showed that there was uncertainty about what the future holds for pregnant teenagers. Under these circumstances, this phenomenon is viewed as pressing and presents demands that could lead to negative psychological and social effects on family relationships (Mba, 2003; De Jong, 2001; Parekh & De la Rey, 1997). In this regard, most pregnant teenagers perceive teenage pregnancy

as a shameful thing and they look for 'others' to blame for their pregnancy, including their parents and partners (Leishman, 2004).

2.3.3 Academic challenges

In addition to psychological and social challenges, pregnant teenagers or teenage mothers also experience academic challenges. Pregnant teenagers and teenage mothers do not necessarily drop out of school. However, for many who remain in school or return following childbirth, grades are affected, and sometimes, academic, sports and cultural progression is impacted. Bhana *et al*. (2012:139) and Ardington *et al.* (2012) agree by stating that when teenage mothers do return to school after childbirth, their performance is affected. Many transition from doing well academically to becoming average or 'under-achievers' once they are confronted with balancing motherhood and schooling. Hunter and May (2002:11) found that 41% of teen mothers repeat at least one grade when returning to school after giving birth. In support of this, Ardington *et al.*'s (2012) study found that teenage mothers were two thirds of a grade behind their peers, 20% less likely to matriculate and 25% more likely to drop out of school. In addition, the study highlighted that younger pregnant teenagers in rural areas were the most at risk of falling behind academically. Pillay (2011) reveals that pregnant teenagers from child-headed households lack support and mostly have negative experiences in their homes characterised by abject poverty. As a result of their poverty-stricken conditions, they are often sad, depressed and angry or upset, which could negatively affect their concentration and academic performance.

Pregnant teenagers face a variety of challenges when it comes to academic achievement and success (Bridges & Alford, 2010). The educational challenges that pregnant teenagers and teenage mothers face are closely linked to economic challenges such as poverty. Teenagers coming from poor families are sometimes forced to leave school as there is no one to look after the baby. In addition, the quitting of school by teenage mothers is commonly associated with long-term implications, such as finding jobs that are poorly paid and insecure.

Teenage mothers who return to school can also experience various forms of discrimination from peers and educators. School and educator attitudes differ widely, and there are many schools and educators who are not supportive of either pregnant teenagers or teenage mothers. Afrose,

Chattopadhyay, Habib and Rashid (2015) state that teenage mothers reportedly experience the greatest stigma while pregnant, especially when it is visible that they are pregnant. Stigmatisation hampers effective schooling, contributes to teen mothers' multiple challenges in secondary school and violates the right that these teenagers should have access to school and should be treated with respect and dignity. Mpanza and Nzima (2010) affirm that some educators are not willing to allow pregnant teenagers to continue attending school. This is due to the traditional belief that schools are not meant for pregnant teenagers and are not adequately equipped to meet pregnant teenagers' needs. This can force the teenagers to leave school to avoid the emotional trauma that the experience brings. Challenges could include bullying and isolation, which may lead to a sense of lethargy and dispassion toward school. Because of stigmatisation and discrimination, pregnant teenagers often choose not to disclose their pregnancy to their teachers and parents (James *et al.*, 2011). This makes it difficult for the home and school to work together to meet the pregnant teenager's academic needs. This is directly opposed to what is proposed by the Ecological Systems Theory (Bronfenbrenner, 1994), which advocates the interaction between the home and the school. Consequently, these teens suffer from being prevented to further their schooling.

Teenage pregnancy remains a challenge for secondary schools as it has the potential to disrupt education. For example, some pregnant teenagers miss classes, some sleep during teaching time and some are unable to do physical training as demanded by the syllabus. Clowes, D'Amant and Nkani (2012) emphasise that some schools give pregnant teenagers and teenage mothers a tough time during and after pregnancy. Being a teenage parent becomes a struggle upon returning to school as most schools continue to discriminate against or ostracise the teenage mother. This is in opposition to what the Constitution of South Africa (1996) stipulates, that it is illegal to mistreat or discriminate against teenage mothers on the basis of their pregnancy.

Very few schools seem to have formal or effective mechanisms in place to offer adequate chances for pregnant teenagers and teenage mothers to catch up on missed work. Clowes *et al*. (2012) note that the lack of support is not directed especially at pregnant or mothering teenagers. It is a consequence of the ways in which schools are institutions with very specific mandates with

specific ways in which these are structured, staffed and financed (Clowes *et al.,* 2012:41). Challenges experienced in schools are likely to prevent or deny pregnant teenagers the opportunity to further their studies.

2.4 Meeting the Challenges

Since the above section outlined and discussed the challenges faced by pregnant or mothering teens, this section will focus on how to provide support in overcoming these challenges.

2.4.1 Psychological support

Psychological support can be defined as a scale of continuous care and support aimed at meeting the pregnant teenager and teenage mother's development needs in a holistic manner, in the social and environmental context she is found in (Richter, 2006). People who feel concerned about the pregnant teenager should find it easier to form a relationship with her, making her feel that she is a member of the community and is important, without looking at her pregnancy as something distressing. After giving birth, a teenage girl needs the support of all those who live with her to help in raising and caring for the baby. Not receiving support in raising the child will likely aggravate common risk factors associated with the consequences of teenage pregnancy. These include chronic sleep deprivation, which may end up affecting the teen psychologically.

The pregnant or mothering teenager needs to be roped in to be part of the bigger family to have healthy, warm relationships with others (Grieve, Grischenko & Cairus, 2009). This will afford her the opportunity to share and acquire the social skills needed in life and hence becoming an active citizen in her community.

2.4.2 Social support

Familial support is crucial and required for a teenage mother to return to school (Chohan, 2010:72). Families need to provide support to young teenage parents to alleviate poverty and increase the likelihood of positive parenting (Bunting & McAuley, 2004:207). The goal of family support is mainly providing material things to the pregnant teenager and teenage mother. These include supplying food, shelter, finances and clothing, helping with healthcare expenses and

equipping them with parenting skills and education. According to Chohan and Gina (2009), strong familial support and the availability of adult caregiving are required for a teenage mother to return to school. Phetla *et al.* (2008) suggest that parents should be allowed to examine and reflect on their own values and knowledge gaps on sexuality, sexual socialisation, sexual risks and discomforts that they have with sexual communication. This parental reflection will create an environment where teenagers will feel at ease to communicate their perceptions about the consequences of teenage pregnancy, without fear or prejudice.

The school should also support teenage mothers to enable them to return to school and at least complete their basic education. Schools should take cognisance of stigmatisation, discrimination and bullying which could lead to isolation of the teen mother or pregnant teenager. The working together of school and home might yield good results in reducing or eliminating abject poverty, a critical requirement to support the child, as stipulated by Bronfenbrenner (1994).

Community support is pivotal for the teenage mother in terms of advice, financial aid, childcare and the distribution of chores and responsibilities (Sieger & Renk, 2007). A study conducted on teenage mother experiences in England found that motherhood can be experienced positively if there is sufficient support (Alfe, 2008). According to Goodnewardene and Waduge (2005:116-120), some authors have suggested that teenage pregnancy may be characterised by aspects of an unsupportive community environment. Community support is imperative as it may protect pregnant and mothering teenagers from the harmful consequences of negative life events (Sarason, Sarason, Shearin & Peirce, 1983).

2.4.3 Academic support

Some teenage mothers have reported different experiences, such as doing well academically, often linked to the fact that they had had childcare support at home. Bhana *et al.* (2012:140) support this when sharing the experiences of one of their participants: "Everyone was surprised that I managed to do so well after having the baby and all that." Cunningham *et al.* (1996) emphasises that teenage mothers are faced with psycho-social challenges which affect their academic achievement, and therefore need support to complete schooling.

There are support structures in place to assist teenagers in need. Schools have a supportive structure called the school-based support team (SBST), a structure that supports teenagers who experience barriers to learning or other challenges. Their interest is to support these teenagers academically, psychologically and socially on a daily basis. Where possible, they involve other social partners (social workers, health practitioners, psychologists) to come in and intervene so that the affected teenagers can cope with the difficulties they are facing. At district level, there is a similar support structure called the district-based support team (DBST). The two structures work together to advance the interests and careers of teenager at school (Vogel, Denam, Lansberg & Nel, *et al.* 2002).

Willan (2013) contends that it is important to offer pregnant and parenting teenagers increased opportunities to access formal education to successfully complete their formal education. This will add future chances of employment, with improved economic wellbeing for the young girls. Bhana (2012) is clear when he says that principals who do not support pregnant teenagers in remaining at school during pregnancy should face the full force of the law (Bhana, 2012:41). At school, measures should be taken to assist the teenage mothers to continue in school without any breaks or interruptions. Schools should have sufficient formal or effective mechanisms in place to offer adequate chances for pregnant teenagers and teenage mothers to catch up on missed work.

Pregnant teenagers with a supportive school environment cope better in making the physical and mental transition to motherhood (Lee & Grubbs, 1995). Despite the fact that teenage girls fall pregnant in their school years, the school is duty bound to provide support to these girls. Furthermore, a good environment that supports learners gives learners a sense of belonging (Khalil, 2008). Conversely, a negative and unsupportive school environment could add additional stressors for the teenage mother. Morrell *et al.* (2012) posit that despite the majority of learners being supportive of peers caring for their babies, they were opposed to the idea of schools being spaces where mothering itself is supported. This again emphasises the interaction needed between systems such as family and community to provide support to teenage mothers, as posited by Bronfenbrenner.

Khalil (2008) is of the opinion that teenagers often look to adults who are not their parents for support and thus educators play a pivotal role in terms of helping with and guiding and motivating academic achievement. Therefore, good interpersonal relationships at school with educators serve as a measure of social support that could positively influence teenage mothers' academic performance and future aspirations (Khalil, 2008). In line with inclusive education, it would be valuable if a school could have access to a psychologist or professional school counselor to provide support to these teenage mothers.

Hallfors *et al.* (2011) pointed out that supporting pregnant girls to stay in school improves opportunities for them, consequently limiting chances of repeated pregnancy and contracting HIV. This, in turn, reduces chances of these teenagers quitting school. The authors maintain that staying in school strengthens teenagers' bonds with the school, peers and teachers, which makes them feel that they are part of the school, accepted and cared for by others. This motivates them to work harder to improve their lives (Hallfors *et al.,* 2011).

Teachers must be mindful of the fact that it is no longer custom in South Africa to prevent pregnant and mothering teenagers from continuing with their education. These girls have rights to access education which cannot be denied by schools, parents or any other structure because of their pregnancy, as stated in the Constitution of the Republic of South Africa (108 of 1996: section 29).

2.5 Theoretical Framework

This study adopted Bronfenbrenner's Ecological Systems Theory as theoretical framework to explain the phenomenon of teenage pregnancy in South Africa, particularly in the Amajuba district of KZN. Bronfenbrenner's theory places emphasis on the quality and context of the child's environment. Bronfenbrenner (1979, cited in Ryan, 2000) argues that as a child develops, interactions within the environment become more complex, especially as the child grows and matures physically and cognitively (Ryan, 2000). These interactions and their resulting experienced complexities are seen through various 'systems' that surround the child (Figure 2.1).
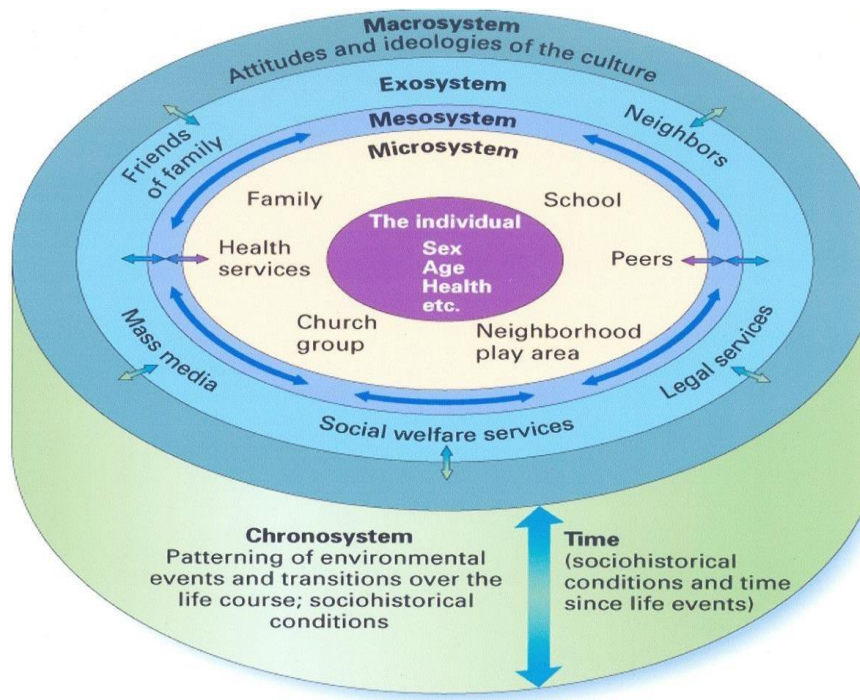
Figure 2.1: Bronfenbrenner's Ecological Systems Theory

Adapted from Berk (2000)

As seen in Figure 2.1, the interacting systems surrounding the child are the microsystem, mesosystem, exosystem, macrosystem and chronosystem.

The **microsystem** looks at individual personal relationships, which possess the strongest influences on the individual, in this study, the pregnant teenager or teenage mother. Family members, teachers and the peer group fall within the microsystem. The **mesosystem** is more structural in nature and looks beyond immediate interactions. The mesosystem connects the structures in the micro-settings in shaping the behaviour of learners (Berk, 2000). It includes schools, workplaces, religious institutions, neighbourhood service delivery and communal norms, beliefs and practices. The **exosystem** is broader and looks at the contextual issues, such as the public, community projects and the workplace of parents. Lastly, the **macrosystem** includes societal, religious and cultural values and influences. These are not stagnant and can change over time.

The Ecological Systems Theory argues that the behaviour of an individual always occurs within a particular environment. It focuses on how the local environmental processes and conditions direct human development (Bronfenbrenner, 1994) by taking into account the "four types of systems which contain roles, norms and rules that shape development" (Ryan, 2000). Bronfenbrenner's Ecological Systems Theory explains how the development of individuals differs depending on the "support, guidance and structure of the society in which they live" (Ryan, 2000). This perspective assists in bringing about an understanding of the different ways in which a person may adapt to a changing environment in order to survive (Bronfenbrenner, 1979).

Bronfenbrenner (1994) argues that there are two main positions taken on the Ecological Systems Theory. The first approach states that human development takes place through a series of complex interactions between the active developing individual and the people, objects and symbols in their immediate environment. Bronfenbrenner (1994:38) refers to these interactions in the immediate environment as proximal processes. The second approach states that the form, power, content and direction of proximal forces differ significantly as a result of the combined function of the characteristics of the developing person, the environment and the nature of the developmental outcomes under consideration (Bronfenbrenner, 1994:39).

Bronfenbrenner's theory considers a child's development within the context of the system of relationships that forms their environment. The theory defines complex layers of the environment (microsystem, mesosystem, exosystem, macrosystem and chronosystem), each having an effect on the developing person. These layers are closely connected and the effects of changes or conflict in any one layer are often observed throughout other layers (Paquette & Ryan, 2001).

According to Salazar *et al.* (2010), the Ecological Systems Theory of Human Development helps one to gain a proper understanding of the contextual factors that influence teenager sexual behaviours. This is because contextual factors provide a means of shaping knowledge and attitudes, which provides the basics for a teenager's decisions regarding sexual behaviour (Langille, Flowerdew & Andeou, 2004:84). To study teenage pregnancy from an ecological point of view, the focus should not only be on the teenager and her immediate environment, but also

on the interactions within and with the larger environment (Paquette & Ryan, 2001). The following sections will describe Bronfenbrenner's structure of the environment.

2.5.1.1   The microsystem

The microsystem is the first system the developing person comes into contact with. The child is considered not growing up on an island but finds themselves in an environment where they are in contact with others and interacting with other systems. This system includes structures such as family, school, neighbourhood, as well as other systems with which the developing person has immediate and direct contact with. These have the most and earliest influence on the child's development (Krishnan, 2010). In supporting the ecological systems theory, McGuckin and Minton (2014) maintain that the environment in which a child grows up plays a critical role in shaping the relationship between the child and his/her development. (Ryan, 2000; Paquette & Ryan, 2001). These systems have an impact on the developing child. At the microsystemic level, relationships have "bi-directional influences" on the developing child – both towards and away from the child (Paquette & Ryan, 2001:2). In short, this means that the child can influence and be influenced by some of these systems.

Regarding this study, the microsystem includes factors such as parent educational level, which is perceived to have an impact on teenage pregnancy. It also includes factors such as educators' attitudes and ability to manage teenage pregnancy in schools. For example, some educators have negative attitudes towards pregnant teenagers and teenage mothers and even mistreat them until they drop out of school (Mpanza & Nzima, 2010). Pregnant teenagers feel traumatised and confronted by stigma and educators being intolerant of them because of their pregnancy. They face difficulties, such as not coping well with their studies. In addition, by providing them with support, schools possess great opportunity to help teenagers avoid pregnancy in order to achieve success (Alford, 2010:21).

2.5.1.2   The mesosystem

The mesosystem involves "linkages and processes taking place between two or more settings containing the developing person" (Bronfenbrenner, 1994:40). It focuses on the inter-

relationships between the developing person's microsystems (Paquette & Ryan, 2001). This system includes, for example, interaction between the home and the school, which plays a crucial role in the child's development. Good interpersonal relationships with educators at school serve as a measure of social support that could positively influence teenage mothers' academic performance and future aspirations (Khalil, 2008). Willan (2013) contends that it is important to offer pregnant and mothering teenagers increased opportunities to access formal education to successfully complete their formal education. This will increase future chances of employment, with improved economic wellbeing for young girls. Educators and parents should discuss the continuation of schooling with pregnant teenagers and also consider the views of other structures such as clinics, doctors and nurses. These have a unique role in assisting the developing, pregnant teenager (Ngabaza & Shefer, 2013).

2.5.1.3   *The exosystem*

The exosystem involves "linkages and processes taking place between two or more settings in which one of them does not contain the developing person" but the events indirectly influence the developing person (Bronfenbrenner, 1994:40). The child is not actively involved in the exosystem but the activities taking place here tend to affect their development (Tudge, Mokrova, Hatfield & Karnik, 2009). According to Beck (2000), structures within the exosystemic level influence the developing person by interacting with structures within the microsystem. Exosystemic structures include aspects like the work environment of the parent/s. Some parents leave their children at home and look for jobs in the cities, thus usually spending relatively little time with their children. These parents are not always available to guide their teenage girls in making informed decisions about sexual behaviour. The website dictionaryfordads.com has an article titled *Absent fathers*.

The article explains that "absent fathers usually do not reside with their children or are away for long periods of time. This includes fathers who are divorced, separated, incarcerated, in the military, travel regularly for business and are absent in the home more than they are present" (dictionaryfordads.com). Thus, the absence of a father has its effects on a developing, pregnant teenager.

2.5.1.4　The macrosystem

Bronfenbrenner (1994) defines the macrosystem as the overarching pattern of micro-, meso-, and exosystemic characteristics of a given culture or subculture. The macrosystem includes the larger cultural context (Ryan, 2000). This system is the outer layer in the child's development, consisting of "cultural values, norms and beliefs systems" (Paquette & Ryan, 2001:2). Paquette and Ryan (2001) further state that the effects of the principles defined by macrosystems have a strong influence on the interactions between and within all other layers. In the Swazi culture, for instance, childbearing was found to be important as it determines and maintains the social position of a family. In the Swazi culture, the prevalence of teenage pregnancy is influenced by childbearing practices and cultural values, norms and belief systems.

2.5.1.5　The chronosystem

The chronosystem focuses on the concept of time as it relates to the developing person (Ryan, 2000). It "encompasses change and consistency" not only in the features of the developing person but in the environment as well (Bronfenbrenner, 1994:41). Paquette and Ryan (2001) maintain that elements within this system can be either internal (those happening within the developing person, e.g. the timing of puberty) or external (those happening outside of the developing person, which may include, e.g., the new era called the fourth industrial revolution, where pregnant teenagers are expected to assume the roles and responsibilities of being the digital generation). The chronosystem may include changes in family structures, address and parents' employment status. It may also include immense societal changes, such as economic cycles and wars. All five systems discussed above are inseparable and intertwine and play a big role in influencing the aspects of a developing teenager, such as education and relationships.

2.6　Conclusion

This chapter reviewed literature on the challenges faced by pregnant teenagers and strategies to mitigate these challenges. The theoretical framework to ground the study, Bronfenbrenner's Ecological Systems Theory, was furthermore unpacked. This theory comprises of five interactive

systems that impact a child's development. The following chapter will cover the research methodology which was followed in this study.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter will discuss the detail of the methodology adopted for the study. The chapter describes the research approach used, gives an overview of the research design, and elaborates on the data collection and analysis methods utilised. Ethics in research is also discussed.

The aim of this study was to investigate the psycho-social consequences of teenage pregnancy among teenage girls at secondary schools within the Amajuba district in KZN. A qualitative research design was employed to investigate the psycho-social consequences of this phenomenon from the perceptions and experiences of young mothers and pregnant teenage girls. Due to the pathological nature of this study, these teenage girls are viewed as people who are agents and experts on this phenomenon. This is because they are exposed to not only experiencing being pregnant, but also being responsible for a baby.

In understanding the perceptions towards teenage pregnancy and the psycho-social consequences of teenage pregnancy, participants were engaged by way of semi-structured individual and focus-group interviews. According to Eggengerger *et al.* (2006), pregnant teenage girls and young mothers could narrate their stories and the challenges they face in a suitable way because of their experiences. Therefore, it is important for them to be afforded opportunities and space to "voice" their own stories to bring alive their experiences, lifestyles, beliefs and challenges. For this reason, participants were given opportunity to air their thoughts to assist in gaining an understanding of the psycho-social consequences of teenage pregnancy.

3.2 Research Methodology

The study was explorative, descriptive and contextual in nature (Babbie & Mouton, 2001). The objective of this study was to explore and describe the psycho-social consequences of teenage pregnancy in the Amajuba district in KZN. An interpretive approach was suitable to answer the

research question of this qualitative study, namely: What are the psycho-social consequences teenagers experience after falling pregnant?

3.2.1 Qualitative design

The study was based on a qualitative research design. The main requisites for a qualitative approach are creativity, systematic doggedness, some good conceptual sensibilities and cognitive flexibility – the capacity to rapidly undo your way of construing or transforming the data to try another, more promising approach (Huberman & Miles, 2002:394). A qualitative approach was used in this study to answer the questions posed, as this approach afforded the participants the chance to express their views, opinions and experiences about the topic. Qualitative methodology fit with the epistemological standpoint and theoretical perspective by giving participants opportunities to voice their views, opinions and beliefs and to share their experiences.

The influence of positivism, hermeneutics, structuralism, semiotics and phenomenology is inherent in qualitative research (Denzin & Lincoln, 1998). Babbie and Mouton (2001:270) point out that qualitative research is differentiated from quantitative research according to these important features:

- Research is conducted in the natural setting of social actors.
- The actor's perspective (the 'insider' or 'emic' view) is emphasised.
- The focus is on process rather than outcome.
- The qualitative researcher is seen as the 'main instrument' in the research process.
- The research process is often inductive in its approach, resulting in the generation of new hypotheses and theories.
- The main concern is to understand social action in terms of its specific context (ideographic motive) rather than attempting to generalise to some theoretical postulation.
- The primary aim is in-depth ('thick') descriptions and understanding of actions and events.

The research study was characterised by the above features in the following way:

- Natural setting: The research was conducted at a secondary school identified, with eight of the participants participating in a focus-group interview, and the other three participating in individual interviews at their respective homes.

- Focus on process: Events were studied as they occurred – the psycho-social consequences of teenage pregnancy as experienced by pregnant teenagers and teenage mothers, respectively. This includes the participants' perceptions and challenges faced after falling pregnant.

- Actor's perspective: An attempt was made to understand the psycho-social consequences of teenage pregnancy from the participants' viewpoints to try to understand their actions and decisions from their own standpoint. Participants were thus seen as active agents in the study.

- In-depth descriptions and understanding: The narratives of participants in the research are described in detail, with attempts to understand their portrayal in terms of the participants' own beliefs, historicity and contextuality.

- Ideographic motive: An attempt was made to understand events, actions and processes in their context. In other words, the broader context was taken into account.

- Qualitative researcher as main instrument and objectivity: As the most significant instruments in the study, the researcher was unbiased in his observations, descriptions, reflections and interpretations.

In the next section, an overview of the methodology is provided. This includes a summation of the research phases and processes, a synopsis of the sample, and an explication of the procedures.

3.2.2   Methodology

Methodology refers to a range of approaches used in educational research to gather data to be used as basis for inferencing and interpretation, for explanation and prediction (Cohen & Manion, 1985:42). Methodology refers to the strategies, plans of action, processes or designs foundational to the choice and implementation of the desired outcomes (Crotty, 1998). Methodology is the

corpus of knowledge that describes and analyses methods, including their strengths and weakness (Miller & Salkind, 2002).

3.2.3   Sampling

The research was conducted in one ward in the Amajuba district, with three out of the four secondary schools randomly selected. Eleven learners, either pregnant or teenage mothers, were randomly selected from a list of names provided by the school principals (gatekeepers) to form part of the study because they are perceived as active agents and resourceful participants in relation to the study topic. These participants met the requirements, being either pregnant teenagers or teenage mothers, to answer the questions posed. As a precaution, as this is a sensitive topic, the school psychologist was asked to be available at the time of the interviews in the event that participants experienced psychological distress (Appendix A).

3.2.4   Procedure

Semi-structured individual and focus-group interviews were conducted in 2018. (See Appendix B for the interview questions.) Participants answered and debated questions posed on issues of the psycho-social consequences of teenage pregnancy. The information obtained from the interviews was recorded, transcribed and used to contribute to the emergent picture of the psycho-social consequences of teenage pregnancy.

3.2.5   Methods employed

The data collection methods for the study were selected in accordance with the aim and objectives of the study. A semi-structured focus-group interview was conducted with eight participants, which lasted approximately one hour and thirty minutes, and three semi-structured individual interviews were carried out, which lasted approximately thirty minutes each. Participants could respond in their preferred language, either isiZulu or English.

Interviews were guided by open-ended questions. The interviews were informal and conversational, allowing participants to explain their experiences and understanding of the consequences of teenage pregnancy in their own words. A set of probes based on initial responses

was used where necessary. In an attempt to reduce the influence of response bias, posing leading questions was avoided. In addition, the researcher remained neutral and reinforced to participants that there were no right or wrong answers. Participants were involved as collaborators in the research project and interviewing was done by remaining close to questions in the protocol.

3.2.6   Focus-group and individual interviews

Babbie (2010) and Cohen, Manion and Morrison (2007) define a focus group as a group of subjects interviewed together, promoting a discussion on a specific topic. Forester (2010) advises that, to derive optimum benefit from using focus groups, the purpose of the research must be defined clearly, in everyday language, be flexible and take care of group dynamics. A focus-group setting was selected for the study as most suitable or productive technique in terms of answering the research questions. This is because it promotes interaction and assures that the discussion remains on the topic of interest. Morgan (1998, cited in Denzin & Lincoln, 2003:363) regards focus groups as "a way of listening to people and learning from them" in an interview. A focus group interview was deemed advantageous because, among other reasons, it allowed researching teenage girls, who may find one-on-one and face-to-face interaction intimidating (Madriz, 2003:364). Opposed to this assumption, the three individual interviews conducted proved that the relevant participants felt comfortable during the interviews.

The focus-group interview proved to be suitable and fruitful, even though time was limited (one hour and thirty minutes). Participants also felt that it would be more informative and less intimidating if they were interviewed in a group (Leedy & Ormrod, 2005). It was anticipated that the familiar venue would be suitable and provide reliability and validity to the responses from the participants (Leedy & Ormrod, 2005; State, 2010).

Those participants who did not show up at the identified central venue for the focus-group interview were accommodated by setting another day and time suitable for them. The services of the psychologist/health professional were requested again to accompany the researcher to interview these participants at their respective venues. During the interview sessions, participants had the opportunity to answer questions and narrate their stories, and this information was

recorded. Follow-up questions which sought clarity for responses were also asked (Bless, Higson-Smith & Kagee, 2007; Bell, 2010). Each interview took approximately 30 minutes. Their inputs, together with the inputs of the focus group, were used as data. The next section will focus on the data analysis.

3.3 Data Analysis

Thematic analysis was used to analyse the data collected. Thematic analysis is a qualitative research method that can be used across various theoretical perspectives and research questions. In thematic analysis, the researcher analyses and reports on themes (patterns) contained in the data (Braun & Clarke, 2013). Furthermore, data are analysed through classifying and presenting patterns (themes) that relate to the research. The aim of this method is to make sense of the data by not merely summarising it (Maguire & Delahunt, 2017). It is a process of identifying, analysing, organising, describing and reporting themes found within a data set (Braun & Clarke, 2006).

3.4 Quality Criteria

To ensure the rigour and trustworthiness of the study, quality criteria as described by Denzin and Lincoln (2005) was adhered to. This includes the credibility, transferability, dependability and confirmability of the research findings.

3.4.1 Credibility

Credibility refers to the accuracy or truthfulness of research findings – it is the soundness of the research results (De Vos, Strydom, Fouche & Delport, 2005). To ensure the credibility of all conclusions, Mertens (2010) advises that adequate time be spent in the research venue to become familiarised with the project. Issues of trustworthiness in qualitative research are generally addressed through focusing on research credibility (Gray, 2009). The research credibility can be enhanced by "the use of persistent observations, triangulation (of data, methods, theories and investigations), and member checks" (where data and interpretations are tested with research participants) (Gray, 2009). The credibility of the research was ensured, as I attempted to

objectively report and acknowledge the subjectivity of participants (Thomas, 1993:17). In addition, quality control can be ensured through accurate recordkeeping of the main narratives which occurred during the research process (Mouton, 2008). The interviews were audio-recorded, and the data kept in a locked cabinet to maintain confidentiality.

3.4.2   Transferability

Transferability is another concept that is generally used in qualitative research to strengthen both rigour and trustworthiness of qualitative research results. Transferability is the ability of the research to produce rich, detailed descriptions of the context so that understanding can be transferred to other studies. Transferability is concerned "with purposive sampling to show pertinent issues and factors when comparing two contexts for similarity, and thick descriptions to provide evidence for making judgements about similarities between cases" (Gray, 2009:194).

3.4.3   Dependability

Dependability is the extent to which results would be consistent if the enquiry was replicated on the same subjects or in similar contexts. Dependable results convince the reader that the results are reliable and consistent (Bryman & Bell, 2007). Data were captured in the form of audio recorders. Verbatim transcriptions from the participants' responses were used to ensure the authenticity of the results regarding participants' views on the psycho-social consequences of teenage pregnancy. Debriefing sessions with the research supervisor were also held on a continuous basis.

3.4.4   Confirmability

Mouton (2008) defines confirmability or neutrality as the extent to which the research is free of bias during the research process and interpretation of the results. Confirmability is achieved when credibility and transferability are established. In this study, only credibility could be established. To ensure confirmability, objectivity was maintained by not allowing personal values to influence the research results (Bryman & Bell, 2007). Discussions with the research supervisor helped to verify and confirm results and to reduce bias.

3.5   Ethics in Research

Ethics has to do with the application of a system of moral principles to prevent harm or wrongdoing to others, to promote good and to be respectable and fair (Forrester, 2010). For this study, ethical clearance was sought and obtained from the University of Free State to conduct the research (Appendix C). In conducting this study, the ethical guidelines as presented by the Ethics Committee of the University of the Free State were adhered to. In addition, the KZN Department of Education granted permission to conduct research in the province (Appendix D). Prior to the interviews, the school principals of each of the three identified schools were initially approached to ask for permission to conduct research at their school. After this, prospective participants were contacted to brief them about the research project and to obtain their informed consent to participate in the study. Informed consent means that participants are aware of the research purpose, what the research hopes to achieve, what is required of them and whether there is any potential harm if they choose to participate (Forrester, 2010). Informed consent forms were signed by all relevant parties interested to participate in the research project (Appendices E and F).

Participants were informed that participation in the research project was voluntary and that they could withdraw from the project at any time should they no longer feel comfortable with the questions asked (Cohen *et al.,* 2007), without any subsequent consequences for them (Forrester, 2010). Participants were assured that their opinions would be respected, irrespective of whether they were controversial or not. Confidentiality, anonymity and respect to privacy were also guaranteed, because some information may be personal and sensitive. Bell (2010) emphasises the necessity of ensuring that confidentiality has been promised, so that participants should under no circumstances ever be identified. This was achieved through assigning an alphabet letter to participants during the data collection process and reporting of findings. Guaranteed anonymity and privacy of participants could allow participants to answer questions in an honest manner (Babbie, 2009).

In addition, participants were assured of the absence of any form of deception or potential harm (Cohen *et al.,* 2007). They were told explicitly that the research would not cause them any physical

or emotional harm (Babbie, 2005). Participants were also given a full account of the purpose of the project and how information would be disseminated (Forrester, 2010).

Lastly, honesty and integrity in dealing with participants had to be demonstrated. Forrester (2010) outlines the requirements to ensure honesty and integrity. These include declaring potential conflicts of interest and how these can be avoided; avoiding dishonesty through fabrication of data, presentations and results; and full acknowledgement of the contribution of all who were involved in the research.

3.6 Conclusion

In this chapter, the qualitative research method used in the study was discussed. The data collection technique used for this study was semi-structured interviews, both individually and in a focus group. This study focuses on teenage girls who either were pregnant or had already given birth while still in school. Participants were randomly and purposely selected in the Amajuba district of KZN. The data collected from the participating teenagers were analysed using thematic analysis. All the relevant quality criteria and research ethics were adhered to. In the next chapter, the results of the study will be presented.

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF THE RESULTS

4.1 Introduction

Chapter 3 explored and established the research design used as well as the methods employed to collect data, and their justification. It was mentioned in the previous chapter that a qualitative design was used, with semi-structured focus-group and individual interviews as instrument of data collection.

This chapter therefore presents the analysis of data and interprets the findings of the study. It discusses responses to the research questions firstly by presenting the profiles of the participants. Thereafter, significant patterns of themes and subthemes relevant to the research questions are presented and discussed. These themes and subthemes were elicited from the empirical data collected during the interviews.

4.2 Presentation and Analysis of Data

To ensure reliability, the data were collected by me personally conducting the focus-group interviews as well as the individual interviews. I had the opportunity to explain the purpose and importance of the study: to explore the psycho-social challenges experienced by teenage mothers or pregnant teenagers.

Data are presented under the objectives of this research. This includes finding out from participants how they perceived themselves after falling pregnant; common challenges experienced and how they subsequently cope with these; exploring the impact of their pregnancy on their relationships with their families, friends and partners; and ascertaining whether support structures are available for them at their schools. Answers obtained were assumed to be reliable because they were spontaneous.

4.3 Profile of the Participants

The profiles of the participants in the study are presented in Tables 4.1 to 4.3. Each table indicates participants' pseudonym, age, race, grade and class, pregnancy status and the date on which they were recruited.

Table 4.1: Participant Profile School 1

Name	Age	Race	Grade and class	Pregnancy status	Date recruited
Participant AA	19	African	Grade 12A	Delivered	05/03/2018
Participant BB	17	African	Grade 11A	Delivered	05/03/2018
Participant CC	18	African	Grade 10F	Fifth month	05/03/2018

Table 4.2: Participant Profile School 2

Name	Age	Race	Grade and class	Pregnancy status	Date recruited
Participant DD	18	African	Grade 12A	Delivered	05/03/2018
Participant EE	17	African	Grade 9B	Eighth month	05/03/2018
Participant FF	18	African	Grade 10D	Third month	05/03/2018
Participant GG	18	African	Grade 11E	Fifth month	05/03/2018

Table 4.3: Participant Profile School 3

Name	Age	Race	Grade and class	Pregnancy status	Date recruited
Participant HH	18	African	Grade 12B	Delivered	16/03/2018
Participant II	19	African	Grade 12C	Sixth month	16/03/2018
Participant JJ	18	African	Grade 12C	Fifth month	16/03/2018
Participant KK	18	African	Grade 10B	Fourth month	16/03/2018

4.4 Results of the Study

In this section, the themes and subthemes of the study, identified through thematic analysis of the data, are discussed, as depicted in the diagrammatic representation in Table 4.4.

Table 4.4: Themes and Subthemes Identified

Psycho-social Consequences of Teenage Pregnancy			
Theme 1 Cultural influences on sexuality	**Theme 2** Psychological challenges	**Theme 3** Social challenges	**Theme 4** Academic challenges
Subthemes • Pregnancy perceived as something positive • Pregnancy perceived as something negative	**Subthemes** • Low self-esteem • Poor self-image • Depression • Emotional problems	**Subthemes** • Poverty • Bad friendships • Poor family relationships	**Subthemes** • Finding time to study • Understanding course content • Maintaining a high degree of motivation

As seen in Table 4.4, four themes were identified through data analysis. These are cultural influences on sexuality and psychological, social and academic challenges. These general themes and subthemes or pre-determined descriptive categories primarily emerged from the literature review, and was supported by the participants. This will be substantiated by direct quotations from interview transcripts to verify the validity or authenticity. The subthemes were elicited from the data after perusing the interview transcripts.

4.5 Description of Themes Identified

4.5.1 Theme 1: Cultural influences

In some communities, teenage pregnancy is viewed positively, especially among cultures where economic oppression affects ways of self-development (Shanok & Miller, 2007). To these communities, being pregnant means gaining status and becoming responsible and independent (Sieger & Renk, 2007). This was also supported by some of the participants who said:

> "I reported to my boyfriend I missed my periods, I am pregnant. He thought I was kidding. I had the privilege to meet an intelligent boyfriend. He corrected me: "we are pregnant … we are both responsible for the baby; I will support you and our baby." **(Participant CC)**

> "I was excited to discover that I was pregnant. I needed to be loved because I was disappointed by a boy who proposed me in the church … before I made up my mind, he made a pronouncement that he was going to tie a knot with one of the girls in the church; I felt disappointment at that time as I loved him, but later I was healed. Another boy, the father of my baby, approached me and we fell in love and when I reported to him that I was pregnant, he was also happy." **(Participant HH)**

Teenage pregnancy in South Africa is viewed as a cultural problem (coloured and black) and is often blamed on the deficiencies of the teenage mother's cultural background (Rolfe, 2008). Furthermore, teenage pregnancy is viewed more negatively among the white population than the coloured and black populations (Macleod & Durrheim, 2002).

As indicated before, some communities or cultures do not accept teenage pregnancies, and it was clear from some participants that their pregnancy was not met with optimism.

Following are excerpts on how participants experienced their pregnancy as negative:

> "I was so stigmatised, to the extent that during pregnancy [first month] … according to the cultural beliefs of my community I lived in, I have to go and report pregnancy to the family of the boy who impregnated me. I was supposed to wake up at dawn, so that when the sun rises we were at the gate of my boyfriend. I was accompanied by elder sisters … we were not certain whether we were going to be welcomed or embarrassed by this family. Even after reporting you would be lucky if you are visited by the boyfriend's sisters or mother at the hospital to provide emotional support. The partner is no more to be seen. I drew up a lesson that in some communities, cultural systems are not supportive to some female pregnant teenager; we are perceived as "bad girls."
> **(Participant BB)**

> "In some public platforms as a pregnant teenager I was perceived as a bad girl or acted immorally to the norms and values of the community because I had a baby before I finished my secondary education." **(Participant KK)**

The conflicting messages received from the participants indicated that there is not a right or a wrong way of looking at teenage pregnancies. This is in line with what Bronfenbrenner (1994) meant when he postulated that the cultural demands of a society tend to have a significant influence on the everyday interactions between individuals. Some communities still send the message that falling pregnant at an early age is wrong, and others find it a joyful event.

Schools in general do not share the notion that pregnancy is a blessed event. Although pregnant teenagers have the right in today's age and time to attend school, many teachers (and parents) still think that they should not attend school, making it difficult for the girls to be open with their teachers and parents about pregnancy. This is an example of an influence at the macrosystemic level of Bronfenbrenner's theory. As Participant DD mentioned:

> "Teachers frown upon me; I feel as if I am watched all the time."

This is in line with what James *et al.* (2011) pronounce when they agree that teenage pregnancy could be perceived as morally wrong or as a disgrace, as it is stigmatised in some communities in South Africa. Similarly, Mpanza and Nzima (2010) found that some educators have a negative attitude towards pregnant teenagers and teenage mothers, even mistreating them until they

drop out of school. In keeping with this perception, empirical data show that some participants were barred by educators or parents from attending school.

4.5.2 Theme 2: Psychological challenges

In addition to cultural influences on their pregnancy, some participants reported to have suffered psychologically from their pregnancy, including suffering from low self-esteem, poor self-image, depression and emotional problems.

4.5.2.1 Low self-esteem

Some participants reported that they did not feel comfortable with themselves as a result of teenage pregnancy, indicating a deterioration in self-esteem:

> "I was seen as a failure by my peers and educators because I got a baby when I was at school. It did not make me feel good about myself." **(Participant AA)**

> "My neighbour was gossiping about my pregnancy in [School 1] … "why do educators allow teenagers with big tummies to come to school wearing school uniforms" … that is when I felt ashamed because of my body." **(Participant AA)**

> "… some peers gossip about me saying I am irresponsible, why did I get conceived at a young age. I tried to ignore them, but it is not always easy." **(Participant DD)**

> "People thought I was uncontrollable … I had a baby early in life and I am a bad girl." **(Participant II)**

4.5.2.2 Poor self-image

It came up from one of the participants that it took time for her to own up to her falling pregnant. She indicated that when months had gone by and she noticed that she had skipped periods, she definitely knew she was pregnant. She started seeking advice and consulted healthcare practitioners. The result was positive and she felt shameful:

> "I had a difficult [time] to let my parents know about my health situation when I first discovered I was pregnant. I knew I have disappointed them, my peers, my educators and the community by

becoming pregnant when attending secondary school, but it was an unplanned pregnancy which resulted in unwanted baby. I felt ashamed." **(Participant AA)**

4.5.2.3   Depression

In the discussions with the participants, it surfaced that some of them became victims of their circumstances. They were labelled and ridiculed as if they were different from other teenagers of their age group because they were pregnant or had babies. Some parents did not even want to allow their children to associate with them, as they hold different views, such as that pregnancy is contagious, and this results in depression. This led to some of the participants feeling that their lives had no meaning, and they were feeling lonely. *One even said that she thought of committing suicide:*

> "… some members of the community ostracise me, whenever I was trying to participate in the social activities and cultural events … by many I was seen as someone who has committed the worst crime or sin on earth by falling pregnant; I felt lonely and isolated … I have been vindicated as a sexual predictor, hence I felt to withdraw from participating in the social activities and the cultural events. I even thought about taking my own life." **(Participant AA)**

Others also indicated the depressive effects that the pregnancy had had on them:

> "I have always been stigmatised and ostracised by my peers and I am used to live alone." **(Participant BB)**

> "My health was at risk because I had a premature birth; doctors reported my heart was full of water, before I gave birth, I collapsed but eventually I gave birth to twins through bridging, I was between life and death. I was so depressed. I had to stay at the hospital for five months and unfortunately my twins passed on." **(Participant DD)**

4.5.2.4   Emotional problems

Emotional challenges are a danger to any young person, because if ignored they can broaden into other challenges such as behavioural challenges. Emotional challenges are less obvious, because of the fact that the young people are often humiliated and therefore choose not to disclose how they feel. The silence of the challenges can also affect academic performance and social

development. It seems as if pregnant teenagers and young mothers go unsupported in this area. Some participants reported to have suffered from emotional problems:

> "Educator X used to call me 'teenager mother' in class and I used to stomach it as I felt I was discriminated from the rest of the class … the educator lacks knowledge of how does it feel to be in this situation … I was seen as a failure by my peers and educators because I got a baby when I was at school." **(Participant AA)**

> "… suffered **humiliation** from some of my peers." **(Participant DD)**

> "People thought I was uncontrollable … I had a baby early in life and I am a bad girl." **(Participant II)**

> "I cried and I was so angry and shameful the moment I found that I was pregnant." **(Participant DD)**

> "I felt I was down after falling pregnant and I attempted to make an abortion but I stopped when I realised my life will be between life and death." **(Participant EE)**

4.5.3   Theme 3: Social challenges

In addition to psychological challenges, the social challenges faced by participants were also clearly seen. Participants' experiences of pregnancy seemed to be difficult as some were from lower-class backgrounds.

4.5.3.1   Family relationships

The families of participants did not have much money to buy things for the babies. Participants expected their families to take responsibility to raise them and their children, and to also support them to continue with their education. They become a burden to parents; live off welfare by becoming welfare recipients; become victims of neglect or abuse; become involved in crime, abuse, drugs and/or alcohol; and face the possibility of repeat pregnancies. Lack of resources and services tends to influence pregnant teenagers at the microsystemic level. They experience emotional, financial and family issues. These family issues can lead to the feeling that they do not belong and they thus do not feel accepted. As one participant said:

> "I wish I could just go away from these people." **(Participant AA)**

This participant expressed that she did not feel as if she was a member of the family, because her parents had dejected her, especially her dad. He was even reluctant to ask her to do home chores for him as he used to do before. Some dads even asked their daughters to leave the home. Following are more excerpts on how family relationships, especially father-child relationships, were affected by the pregnancy:

> "I was disappointed and confused the time I discovered that I was pregnant. I have to confront my mom to say I am sorry that I have let her and the family down by becoming pregnant when I am attending secondary school." **(Participant EE)**

> "My relationship with my father deteriorated immediately when my parents discovered I … conceived, especially my father; he imposed heavy sanctions to me – he refrained from asking me to do some work for him. Whenever I asked something from my father to buy it for me, he never bought it as he used to do it before I got pregnant. Even to ask me to do for him any home chores, he even avoided talking to me in most of the times." **(Participant II)**

> "My father chased me away from his home, I am living with my mother's relatives … the time I fall pregnant, and this was the beginning of a noxious relationship with my father." **(Participant KK)**

> "… unable to report the pregnancy incident to my family, I was scared that they were going to rebuke and stop me from attending the school. It did not end there because I had no place to hide. Eventually, they became aware that I was pregnant and I was called to a family meeting to account and indeed I was reprimanded and I busted into tears." **(Participant DD)**

> "My dad was reluctant to provide support to me immediately after he discovered I was pregnant … not even understand what I was going through as a teenager. He felt ashamed that the community would look down upon his family because of me falling pregnant as a teenager." **(Participant II)**

Relationships with the father of the child also seemed to be a challenge to participants:

> "My pregnancy bring about relationship dissolution with the baby's father." **(Participant BB)**

> "My relationship with my partner broke up immediately when he discovered that I was pregnant and that inflated pains to me." **(Participant AA)**

"I have to carry the cross alone, something which I have never anticipated. Pregnancy was the worst traumatic experience I have ever seen in my lifetime. My partner crushed with me the day I reported to him I was pregnant; it was so painful, I never expected this to happen to me from the person I loved." **(Participant II)**

The opposite was also true. Some participants indicated that they still felt loved by both family members and the father of the child:

"My relationships with my parents during and after conception is warm and cordially, they had forgiven me for violating the home and school rules by becoming pregnant when I am attending secondary school … my parents organised a baby shower for me." **(Participant BB)**

"I have … good relationships with my mom and the family; she bought clothes for my unborn baby." **(Participant EE)**

"My pregnancy was welcomed by my boyfriend and our relationship … warm and cordially." **(Participant HH)**

4.5.3.2   *Poverty*

Poverty is also a consequence of teenage pregnancy, as argued by Popenoe (1998) and Spear (2002), who say that children born from teenage mothers often grow up in poverty. Pregnant teenagers are also more likely to have health problems and are more likely to commit delinquent acts and adult crimes. Poverty is an environmental factor that impacts on the pregnant teenager at microsystemic (family home; parent-child relationships), mesosystemic (parent-teacher meetings barred by absent working parents), and macrosystemic (lack of community resources) levels. Participants reported during interviews to have suffered from poverty:

"… my mom had to foot the bill of my pregnancy as both of us, my partner and I, are minors." **(Participant EE)**

"I and my baby are becoming a burden to my parents, as we are depending on them for everything and this is not good." **(Participant HH)**

"I do not have the financial muscles to raise my baby; I am always depending on my parents to assist me to buy food, clothes, toys and pay for nanny when I am attending school." **(Participant BB)**

4.5.3.3   Friendships

Participants in general experienced good relationships with friends when they disclosed their pregnancy:

> "I received unflinching support from my peers, which I was not expecting even when it was my turn to sweep the class; my peers relieved me, our relationships was warm and cordially." **(Participant BB)**

> "My relationships with my peers is intact ever since I became pregnant." **(Participant EE)**

4.5.4   Theme 4: Academic challenges

Pregnant teenagers and teen mothers also face a number of academic challenges in secondary school, including finding time to study, understanding course content and maintaining a high degree of motivation.

4.5.4.1   Finding time to study

Along with meeting the above challenges, pregnant teenagers and teenage mothers often struggle to balance academic demands with schoolwork and home chores, personal responsibilities and coming to terms with their pregnancy (Law for all, 2019). This is reflected in Participant AA's response:

> I had to take the baby to the clinic when the baby is not well and missed classes and it also affect my life because sometimes you had to look after the baby the whole night and this disturbed the sleep patterns and the performance at the school. **(Participant AA)**

In addition, participants mentioned how having a baby or being pregnant affected them academically:

> "I did not sleep well because of the crying baby, I could not even focus on my homework … I regret why did I fall pregnant, I quitted [school] … cannot get necessity of life, I am starving." **(Participant BB)**

"Sometimes I found it difficult to cope at school having not slept well at night; situation becomes worse when the baby is ill. I had to suffer from chronic sleep deprivations paying attention to the sick baby and unable to do well at school the following day." **(Participant BB)**

"I have to be honest, my pregnancy resulted in me not regular attending the school; I have missed classes attending to my baby's need." **(Participant EE)**

"I was confronted by the stigma of both educators and peers in the secondary school after I fell pregnant … sometimes Educator Y used to refer to me as 'pregnant teenager', instead of calling me by my name. The other learners in class laughed at me as if the educator wants to ridicule me; that worries me a lot and I found it even more difficult to respond to the educator's questions." **(Participant EE)**

"If I missed out lessons, then the educator will only tell me to consult my friends about what they have been learning when I was absent and if I had got a question, I may ask the educator. But I am made aware that the educator would not go through the whole lesson … the situation is compounded if my friends were also absent or did not understand the educator, as the educator made it clear that s/he was not going to be held responsible to start the lesson afresh." **(Participant EE)**

"I have to repeat grades several times … I had to leave the school and raise my baby." **(Participant HH)**

As seen from these excerpts, becoming pregnant or having a baby has had an effect on participants' ability to find adequate time to study. They are constantly burdened to take care of their babies, which prevents them from focusing on their studies.

4.5.4.2   Understanding course content

Maddock and Maroun (2018) explain that a lack of education has many consequences. These include poverty and by implication, lack of food, poor health or nutritional deficiency. Pregnant learners, as mentioned before, are not necessarily welcomed at school, as teachers still believe that they do not belong there because of their own socialisation within a certain community and culture. Pregnant teenagers are encouraged to stay at home when they are six months pregnant and parents are told to come to school to fetch their homework. In addition, participants

sometimes skipped classes to visit clinics. This becomes an extra load for educators to design a catch-up programme to accommodate the pregnant teenager/s. However, participants indicated that they want to finish school as they are aware of the consequences of dropping out.

In many cases, schools are reported doing nothing at all when teenagers fall pregnant. Pregnant teenagers remain with a stigma and feel shameful. Most importantly, there are no programmes assisting these girls back into mainstream education. There are no reintegration methods or crèche/childcare facilities that would encourage them to return to school and complete their basic education. These teenagers become increasingly isolated and results show that their problems escalate because they are invisible in their communities. It is noted that these problems have resulted in some pregnant teenagers and teenage mothers quitting school.

Most of the participants voiced out that some educators showed intolerance towards them simply because they were pregnant. Furthermore, educators indicated to them that the school is a place for teaching and learning, not a "maternity ward". To complicate matters, educators did not possess midwifery skills to help the pregnant participants to give birth in the event it happens while they are at school. All these concerns affected participants' ability in understanding and completing course content, as indicated below:

> If I missed out lessons, then the educator will only tell me to consult my friends about what they have been learning when I was absent and if I had got a question, I may ask the educator. But I am made aware that the educator would not go through the whole lesson … the situation is compounded if my friends were also absent or did not understand the educator, as the educator made it clear that they were not going to be held responsible to start the lesson afresh. **(Participant EE)**

> "Sometimes I found it difficult to cope at school having not slept well at night; situation becomes worse when the baby is ill. I had to suffer from chronic sleep deprivations paying attention to the sick baby and unable to do well at school the following day." **(Participant BB)**

> "I was confronted by the stigma of both educators and peers in the secondary school after I fell pregnant … sometimes Educator Y used to refer to me as 'pregnant teenager', instead of calling me by my name. The other learners in class laughed at me as if the educator wants to ridicule me; that

worries me a lot and I found it even more difficult to respond to the educator's questions."
(Participant EE)

It is evident from participants' responses how their situation impacts their understanding and completing of academic work.

4.5.4.3   *Maintaining a high degree of motivation*

The question of how mainstream schools deal with pregnant teenagers has been discussed for a long time. The key question has been whether teenage mothers should be allowed to come to school with their babies to continue their education? Some participants were more positive and spoke about their aspirations for their future, which included professional and tertiary education, to become educators, police or traffic officers, etc. Khalil (2008) posits that school-going teenage mothers are no different from their peers in terms of having future aspirations and goals.

In an individual interview, one participant indicated that she hid her pregnancy for different reasons. She wears an oversized school uniform (maternity uniform) to conceal her pregnancy. She wants to complete her schooling as she realises that that is the only way of being appointable at a "*decent workplace*". Due to the pregnancy, she is afraid that she will drop out of school, have no or low qualifications, be unemployed or low paid and live in poor housing conditions:

> "Most of the time was wasted raising the baby, I missed classes and I had to repeat the grade."
> **(Participant AA)**

> "… schoolwork suffered when I was at the hospital, but I managed to go through all the challenges I faced, especially when I lost my babies. It seemed as if there was a film where I watched all the episodes that happened when I was in hospital, but I was so resilient because I managed to go through my studies. I am doing grade 12 now and I do not hesitate that I will pass at the end of the year; everything is behind me now and it's history." **(Participant DD)**

> "I realised that my studies were disrupted by me after falling pregnant, but I had a desire and a will to go back to school to further my studies, and that dream came through … I am grateful that today I am a student and I will never look back." **(Participant HH)**

"I realised that my studies were disrupted by me after falling pregnant, but I had a desire and a will to go back to school to further my studies, and that dream came through … I am grateful that today I am a student and I will never look back." **(Participant HH)**

"I have to repeat grades several times … I had to leave the school and raise my baby." **(Participant HH)**

Linking this to the macrosystemic influence, the Children's Act (No. 38 of 2005) stipulates that every child has the right to education. Therefore, schools cannot deny learners access to education because of pregnancy. Even though the act stipulates that all children must be taken care of, it does not bind teenage mothers to stay at home and take care of their babies. Primarily, the act focuses on the needs of the young mother while ignoring the associated consequences.

The current inclusive-education school system in South Africa advocates that pregnant girls must not be denied access to teaching and learning institutions because of their pregnant condition. This is in line with the United States No Child Left Behind Act. The act was signed into law by President George W. Bush and later repealed. It was later adopted and gazetted by the South African government (Education White Paper 6, 2001).

Another piece of legislation that schools believe perpetuates teenage pregnancy and thus its related psycho-social consequences is the Termination of Pregnancy Act (No. 92 of 1996). Some schools believe that some teenagers fail to use contraceptives because they know that they can terminate the pregnancy if they do fall pregnant. Even though teenage mothers and pregnant teenagers are covered by law, the participants felt that the challenges associated with the responsibility of schoolwork and having a baby are sometimes too much for them to handle.

Some of the teachers make jokes of the situation in the staff room and/or are intolerable towards the pregnant teenagers. Consequently, some participants have opted to drop out of school because of these tendencies. It was indicated by some of the participants that, at times, some teachers displayed negative attitudes towards them simply because they were pregnant. They did not receive any support:

"Educator X used to call me 'teenager mother' in class and I use to stomach it as I felt I was discriminated from the rest of the class … the educator lacks knowledge of how does it feel to be in this situation … I was seen as a failure by my peers and educators because I got a baby when I was at school." **(Participant AA)**

"I was confronted by the stigma of both educators and peers in the secondary school after I fell pregnant … sometimes Educator Y used to refer to me as 'pregnant teenager', instead of calling me by my name. The other learners in class laughed at me as if the educator wants to ridicule me; that worries me a lot and I found it even more difficult to respond to the educator's questions." **(Participant EE)**

"If I missed out lessons, then the educator will only tell me to consult my friends about what they have been learning when I was absent and if I had got a question, I may ask the educator. But I am made aware that the educator would not go through the whole lesson … the situation is compounded if my friends were also absent or did not understand the educator, as the educator made it clear that they were not going to be held responsible to start the lesson afresh." **(Participant EE)**

"I had to take the baby to the clinic when the baby is not well and missed classes and it also affect my life because sometimes you had to look after the baby the whole night and this disturbed the sleep patterns and the performance at the school." **(Participant AA)**

As seen from the above, participants experienced many challenges at school due to their pregnancy or having had a baby. These challenges affected their motivation to continue studying and some subsequently dropped out of school. Others, however, were able to stay motivated and continue regardless of challenges. This section showed how becoming pregnant or having a baby while at school presented participants with various academic challenges.

4.6 Discussion

The results that emerged during the data analysis indicate, firstly, that participants experienced discrimination in their classrooms as teachers perceived them as "bad and immoral" and were negative towards them. It has been reported that pregnant teenagers are frequently absent from school, perform badly and drop out of school. According to the Ecological Systems Theory, the

school is one of the first lines of contact which has a great influence in positively shaping the life and future of the learner. All systems influence one another, though, and have an impact on the teen's development.

The results show that those participants whose education were disrupted because of their pregnancy felt that they would have little or no skills to attract employers in the market world. In addition, even if they are employed, they are paid less and do not have job security or even if they are self-employed their business will not be sustainable. Fernando *et al.* (2013:269-284) agree that teenage pregnancy is associated with a low level of education and job insecurity. Consequently, this may lead to these teenagers suffering from poverty and becoming a burden to parents and the state by becoming social grant recipients.

The relationships of pregnant teenagers with other people and structures (such as friends, family members, teachers, the school and neighbours) differ. Some experience support, but others have disclosed that they sometimes feel as if they do not belong. All these individuals and structures have an influence on many aspects of the teenager's development. This is in line with the Ecological Systems Theory, which advocates good interpersonal relationships with all surrounding the child (pregnant teenager) for her to realise her goal. There must be collaboration between and continuous support by the home and environment.

A teenage mother is more vulnerable and exposed to different risks compared to a non-pregnant teenager or an adult mother. As participants were exposed to various risks during pregnancy, they might suffer from depression, which may result in them committing suicide if undetected, unattended to or not effectively managed. They are still confronted with invitations by peers to attend entertainment events, smoke and use drugs. Participants did some of these activities to meet the needs of the peer group because if you they did not comply you would be rejected.

According to Goonewardene and Waduge (2005:116-120), pregnancy could have disastrous consequences on a teenage girl. A similar view is shared by Bridges and Alford (2010:21), that teenagers who become pregnant experience difficulties and challenges, such as health problems. Among the most serious consequences of teenage pregnancy are complications during pregnancy and childbirth, low birth weight of new-borns, increased infant mortality rate, child

abandonment, school abandoning, major contribution to poverty and cycle of ill health, and serious psychological consequences that may result in risky behaviours. Teenage pregnancy poses risks to maternal and infant health as well as decreased social and economic wellbeing.

4.7 Answering the Research Questions

The discussion of the results will be presented by considering each of the secondary research questions.

4.7.1 Secondary question 1: How do teenagers perceive themselves after falling pregnant?

The results of the current study suggest that teenage pregnancy is associated with distressing psychological issues like reduced self-esteem, poor self-image, depression and emotional problems. Low-self-esteem of pregnant girls was found to be a contributing factor to low morale and poor performance in school, as Participant BB confirmed: "[I] [c]ould not focus on my homework, I quitted [school]." Similar feelings are reported by Wirkus and Maxwell (2012:5). These authors report that teenage mothers and pregnant teenagers experience psychological distress in many ways, as some perceive teenage pregnancy as a shameful event and a form of social isolation. With the feelings of uncertainty and anxiety, one could expect that the development of pregnant teenagers will be hampered when compared to those of non-pregnant teenagers.

It emerged from the study that pregnant teenagers usually suffer from an inferiority complex, lack confidence and are laughed at by their peers and come into conflict with other teenagers. They are usually picked on and made to feel discomfort, especially in a school environment. This affects their learning and collaboration with fellow teenagers. Pillow (2004) concurs with the results of this study.

The results also show that both pregnant and mothering teenager participants shared pessimism about their future. Relationships with the father of the child seem to deteriorate in most cases. Some boyfriends either left their pregnant girlfriends and/or distanced themselves or shed responsibility from making them pregnant. The pregnancy thus becomes "her thing" and not

"their thing". Most of the participants felt that they do not have a chance to succeed in a career as their needs are overlooked and disregarded by their partners and, to a larger extent, the community. Some felt that this is what they deserve. This partly explains some of the problems they go through alone, but also reflects the kind of mechanisms pregnant teenagers have to deal with.

4.7.2 Secondary question 2: What are the challenges commonly experienced by teenage mothers?

4.7.2.1 Cultural influences on sexuality

Due to the cultural diversity of South African society, there are different views towards teenage pregnancy. Some perceive it as something positive and some as something negative. The positive girls have reported a solid family structure which supports them. Others perceive it as negative because it complicates the teenager's life, and it is also perceived as a disgrace to some communities to see a girl having a baby.

4.7.2.2 Psychological

Participants reported having experienced fear and denial upon realisation of being pregnant. These experiences are in line with what is reported in the literature. For example, the study by Lindsay and Rodine (1989) show that teenagers' first reactions when discovering they are pregnant include being shocked and in denial. The study reveals that lack of resources for a teenage mother to raise her baby may cause harm or the teenage mother may experience depression. LePatte *et al*. (2012) concur that teenage mothers who are challenged with parenting young babies experience problems. They have no financial backup and lack socio-economic resources and support. Because of this, they are likely to suffer from depression. The results of this study concur with Hallahan and Kauffman (2007), who explain that depression is one of the serious problems experienced by pregnant teenagers and teenage mothers. Windle and Mason (2004) argue that mood swings and negative feelings may negatively affect a teenager's self-concept, leading to loneliness, emotional depression or even committing suicide.

Similar challenges are reported by Cunningham and Boult (1996), who posit that teenage mothers are faced with big psycho-social challenges ahead of their careers. Therefore, meeting the academic and psycho-social demands at school draw these teenagers into difficult situations.

Pregnant or mothering teenagers suffer a lot of humiliation and pains and are depressed and stigmatised (Wirkus & Maxwell, 2012:5). The pregnancy presents demands that could lead to negative psychological and social effects on the still developing teenagers (Mba, 2003). The pregnant teenage girl suffers most from the emotional burden of being pregnant or having a child compared to the non-pregnant teenager.

4.7.2.3   Social

The study by Macleod (1999:1-7) indicates that in South Africa, teenage pregnancies have been viewed as a social problem by many communities and cultures, with unintended negative psycho-social consequences. Again, the results of this study seem conflicting, as some participants experienced acceptance and support from their families and friends. It must, however, be noted that most of the participants experienced negative responses from family members especially.

4.7.2.4   Academic

Bridges and Alford (2010:21) maintain that students who become pregnant or have children face difficulties or challenges with, for example, academic success. This concurs with the findings of this study. The study conducted at Arlington Public School (2004) reveals that one mothering teenage participant's baby cried unceasingly and did not want to go to anyone. The teenage mother did not have time to do schoolwork as she had to compromise looking after her baby, causing her schoolwork to suffer.

The results on the delayed return to school after giving birth concur with Sodi's (2009:21), which show that, in many cases, teenage mothers are not in a position to go back to school after childbirth as they are forced to look after their babies. The study by Natalie Rico (2011:10) shows similar results, that dropping out of secondary school is a negative consequence of teenage pregnancy. Quitting school by teenage mothers is commonly associated with long-term implications, with a myriad social problems, such as seeking a job, of which some pay poorly and

are insecure. Due to teenage pregnancy imposing big challenges on teenagers, such as interrupted education (Chang'ach, 2012:4), this could carry negative consequences of hindering these teenagers from furthering their studies. The empirical data, in collaboration with the literature, also show that pregnant teenagers and teenage mothers, just like non-pregnant teenagers and those who are not mothers, are desperate to continue furthering their studies irrespective of their condition. They know that completion of secondary education will at least open doors for better employment opportunities to continue improving their lives.

The study also revealed that some schools refrain from playing an active role in attending to the specific needs of pregnant teenagers. This is also shown in the study conducted by Mpanza and Nzima (2010:433), which reveals that some schools turn a blind eye to pregnant teenagers' specific needs.

Many of the participants in this study mentioned that when they fell pregnant, their families and the teachers at the respective schools were not supportive, which forced them to either drop out early or repeat their year. They felt as if they do not have a future and they were afraid that they would never get a well-paid job. In line with this, Kearney (2008:451) reports that teenage pregnancy and its complications often predispose school nonattendance and dropping out and permanent leaving of school. Mpanza and Nzima (2010) state that some educators are not willing to allow pregnant teenagers to continue attending school due to the traditional belief that schools are not meant for pregnant teenagers. This may add to the consequences of teenage pregnancy being perpetuated, such as these teenagers quitting school. Ngabaza and Nzima (2013) concur that some schools are intolerant towards pregnant teenagers, which partly explains the reluctance by the pregnant teenagers to continue with their studies.

Disruption of schooling is one of the challenges teenagers are likely to experience after falling pregnant. Schools have the opportunity to help students to untangle these barriers to success. The results of this study on the psycho-social consequences of teenage pregnancy concur with literature which advocates that dropping out of school can be one of the most detrimental actions teenagers can take, with potentially disastrous effects on their economic future.

The study shows that teenage pregnancy is classified as a high-risk condition in many aspects. Teenage mothers are marginalised due to narratives about pregnancy or motherhood which have evolved in communities. There are many risks and difficulties associated with teenage pregnancy, ranging from health, education, lack of resources, pressure and feeling shameful.

4.7.3 Secondary question 3: How does pregnancy impact the teenager's relationships with her family, peers and partner?

Intimate and reciprocal relationships between pregnant teenagers and others are essential. Relationships like these can assist pregnant teenagers and teenage mothers to untangle the consequences of their pregnancy. A present father figure is especially important. Stock, Bell, Boyer and Connell (1997) explain that an absent father figure may increase a daughter's risk of early sexual activity and subsequent pregnancy. Similar suggestions are reported by Bonell *et al.* (2005), that an absent father may cause a teenage girl to undergo accelerated development changes that orient them towards early and unstable bonds with men. Bronfenbrenner (1994) supports the claim that an absent father may have negative repercussions on the development of a teenage girl.

The study shows that the relationships of most participants with others deteriorated after they had become pregnant. Some were even pushed out of their families, to such an extent that some lines of communication were even broken between them and their parents, and the benefits they used to enjoy before were cut off. The unstable relationships between pregnant teenagers and parents or other people reveal that these other parties are angry or disappointed about the news that the girl had fallen pregnant. The news shocked them and consequently set off noxious relationships. The pregnant teenager also suffers humiliation from the people in her environment. In addition, pregnancy may bring about relationship dissolution with the baby's father, which can be distressing to a pregnant teenager (Barber & East, 2009).

The consequences of teenage pregnancy increase the likelihood of teenagers having greater difficulty in forming and maintaining stable relationships with others. It also increases difficulties in taking advantage of opportunities for social and economic development. As a result, pregnant teenagers may resolve to live in isolation and distress, which may make them suicidal and lead to

disastrous psycho-social consequences, with major impacts on the life of the teenager. Similar reports are made by Grieve *et al.* (2009), who state that socially isolated pregnant teenagers cannot form healthy relationships with peers. They are lonely, insecure and unhappy, lack self-confidence and have a low self-esteem. If the relationships between the parents and the teenage mother is good, however, the teenager's self-identity and self-esteem are likely to improve (Parker & Benson, 2004).

The empirical data from this study revealed that intimate and reciprocal relationships may assist pregnant teenagers or teenage mothers to untangle the consequences of the pregnancy. The dissolution of a romantic relationship with a partner inflicts much pain and causes a lot of confusion and consequently leads to losing focus on studies.

Relationships at schools are also affected, as some people may view the pregnant teenager as inferior and a bad example. This could cause pregnant teenagers to isolate themselves from others. Chigona and Chetty (2008:263) describe the "discourse of contamination" that develops from the perception that the immorality of teenage motherhood would set a bad example to other learners at school. The results revealed unhealthy relationships between teenage mothers and their peers. These include mocking of the teenager or labelling them as "poor or incapable students".

Deteriorating relationships could be linked to what the media depicts. Some media houses have portrayed the teenage mother as "a failure" or the "bad" girl who behaved uncontrollably, irresponsibly and immorally (Pillow, 2004:11). Mpanza and Nzima (2010) advocate that pregnant teenagers are mistreated by peers and educators to the extent that they stop attending school. It emerged from the study that educators are not prepared and willing to support pregnant teenagers, especially in helping them to catch up their studies because of time lost during childbirth. This is not always because they are not willing to assist them to recover; the reality is that they sometimes do not understand the challenges faced by these learners. The results on lack of support concur with Prater (1992), who argues that pregnant teenagers suffer misunderstanding and peer pressure. These teenagers are marginalised by their educators and peers and consequently stop attending school.

4.7.4   Secondary question 4: What are the available support structures for teenage mothers?

The results of the study revealed that some teenage mother participants were supported as vulnerable teenagers to cope with the psycho-social consequences of teenage pregnancy, while others were not supported. Connelly (1998) states that social support provides protection and facilitates coping with problems and adjustment to change. For example, the participant whose twin babies had passed on was referred by the SBST to a social worker for services of counselling at the hospital. On a follow-up visit from the researcher, she was found to be adapting and coping. Her weekly visits were helping to improve her state of mind, physical appearance and mental health and she found herself socially accepted by the community members.

In this study, it was mentioned that the fathers were mostly unsupportive, and that they sometimes treated the pregnant teenager as if she did not exist. It emerged from the results that the lack of support may bring about negative psycho-social consequences to teenage mothers. Participants reported that they felt excluded from the family and were treated as if they did not belong. This made them feel ashamed and anxious. Support is important for teenage mothers in how they will reintegrate with education, employment and social life. Support systems are the most underestimated contributors to the health and wellbeing of individuals. Teenage mothers with a psycho-socially supportive environment cope better in making the social and mental transition to motherhood (Lee & Grubbs, 1995). Family support has been considered as one of the most important factors to keep emotions stable among teenage mothers, with the mother of the girl identified as the most important supporter (Held, 1981; Turner, Soreson & Turner, 2000). Teenage mothers are mostly too young and emotionally immature when they fall pregnant, such that they need to be provided with tremendous support to facilitate their schooling. The family is a primary unit to nurture and provide extra support to reduce behavioural problems.

It is highly commendable that in some participating schools, educators provided support to the participants. This will yield excellent results. Teachers are identified as the most appropriate secondary resource that is proxy to shape up and develop the teenager's life, the home being the primary resource.

4.8 Conclusion

Chapter 4 presented and analysed the qualitative data sourced from the empirical study. To some parents, teenage pregnancy is a taboo. They avoid talking about it in their homes and teenagers thus explore and experiment for themselves through different media platforms. These teenagers find the topic to be very interesting, not knowing the negative consequences of teenage pregnancy. It is important for parents to take this topic seriously because it impacts greatly on both parent and child. Through the lines of education, it is important to highlight the channels of preventing teenage pregnancy, for example abstinence, family planning, contraceptives, injections and abortions.

Even though teenage pregnancy is not prohibited at schools, it seems like schools do not have the proper infrastructure and the right personnel to address teenage pregnancy. If the government can afford mobile clinics, they should provide this service to address the topic of teenage pregnancy at schools as its occurrence is rapidly increasing. To reduce or prevent teenage pregnancy, parents should introduce the topic early and inform their children on which channels to follow to prevent teenage pregnancy, as prevention is better than cure. The last chapter, Chapter 5, will present the findings and conclusions drawn from the findings as well as give recommendations on how to deal with the psycho-social consequences of teenage pregnancy.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The aim of this study was to investigate the psycho-social consequences of teenage pregnancy in secondary schools in the Amajuba district of KZN. This chapter summarises the results and discussions made and provides conclusions to the psycho-social consequences of teenage pregnancy as found in this research. In addition, the chapter provides recommendations on ways in which the psycho-social consequences of teenage pregnancy in secondary schools can be prevented or reduced.

5.2 Summary of Results

The results of this study revealed various psycho-social consequences of teenage pregnancy on teenage girls in secondary schools. These include but are not limited to the following challenges: psychological, social and academic.

5.2.1 Psychological challenges

Psychological challenges may easily be ignored or deemed less important, as the teenager usually hides these behind a mask, very often for self-protection. As a result, many teenage mothers and pregnant teenagers may not be supported in this area. Psychological challenges will furthermore affect the holistic development of these learners and impact them in all areas of life, but specifically academically.

For the participants who indicated that they have positive relationships with their family members and friends, positive results emerged. It seemed that they have strong coping mechanisms and a sense of wellbeing. Some of the participants mentioned, though, that they feel isolated and excluded, not belonging in a system, as proposed by Bronfenbrenner. The poor relationships are mostly caused by the fact that the teenagers had fallen pregnant. However, it is also possible that it can be aggravated by the teenagers' aggression as they respond to the stigma

attached to them, mood swings and low self-esteem, and little or no cooperation with the school authorities.

5.2.2 Social challenges

Social challenges normally faced by pregnant or mothering teenagers in their environment include abject poverty, bad friendships, poor family relationships and the possibility of unemployment. It surfaced from this study that some educators and peers in secondary schools perceive pregnant teenagers as "others" because of their condition. The pregnant teenagers are thus affected as they may feel that they have lost all friends and family who they cared for. Linked to psychological challenges, they feel stigmatised, ostracised and discriminated against by the mainstream system of education. This again contributes to them having psychological problems such as depression, withdrawing, being isolated, and experiencing anxiety and social problems. They also lack concentration and do not participate in school activities. For example, some participants reported feeling uncomfortable in the company of others as they continue to feel stigmatised and marginalised.

5.2.3 Academic challenges

It emerged from the empirical data of the study that some teenage mothers have a lot of challenges related to motherhood. These challenges cause them to repeat grades or quit school since they affect their school performance. This may, however, be a temporary setback because other teenage mothers make it under the same difficult circumstances.

The high rate of absenteeism by pregnant or mothering teenagers may be due to them attending antenatal and neonatal clinics and having pregnancy-related sicknesses and responsibilities related to pregnancy and mothering. Those who have already given birth have to take their babies to clinics and/or attend postnatal clinic consultations. All these are difficulties faced by teenage mothers and could, to some extent, cause the immature mother to drop out of school. There is also a delay by teenage moms to resume school after childbirth. This is because of a lack of parental support and immature motherhood, with teen moms having to stay at home for at least one year to babysit.

5.3 Strategies to Prevent or Overcome the Consequences of Teenage Pregnancy

Pragmatic strategies and mechanisms to address the consequences of teenage pregnancy need to be introduced to fill the existing gaps in the school curriculum, such as in subjects like Life Orientation. This will likely assist in fighting the perpetuation of this scourge. It is suggested that strategies to prevent and reduce the consequences of teenage pregnancy be considered by the Department of Education. These can be, for example, teaching about abstinence, using contraceptives and making condoms readily available to secondary school teenagers.

Curriculum designers should consider including the psycho-social consequences of teenage pregnancy and sexuality education in educators' training programme and/or offer ACE qualifications for educators to enrol at institutions of higher learning. Slowiski (2001:3) advocates that sex education programmes are more effective if they provide accurate information and include training on decision-making, assertiveness and negotiation skills, as well as life skills. In addition, these programmes should perhaps consider introducing sexuality education from an early age.

Phetla *et al*. (2008) suggest that parent-child communication about sex is important to bring about the desired behavioural change that could reduce the psycho-social consequences of teenage pregnancy and ultimately prevent HIV infections in communities. Parents must not delegate this duty to the educators and think they have abdicated their responsibilities. Talking about sex is not an embarrassment. Parents should consider the scope and age of their teenager when engaging in these kinds of conversations.

According to Imamura *et al.* (2007), an enabling environment to arrest the stigmatisation of teenage pregnancy should be created in communities and cultures. This will help to prevent the consequences of teenage pregnancy from escalating.

The psycho-social consequences of teenage pregnancy are likely to be reduced at secondary schools if no teenage girl is left behind during advocacy campaigns of sex education and the consequences of teenage pregnancy. In addition, teenage girls are likely to be emancipated from becoming victims of the consequences of this social ill (Horkheimer, 1972:246).

Bhana *et al.* (2010) state that educators are not well equipped to meet the psycho-social consequences of teenage pregnancy. If sex education and the consequences of teenage pregnancy are incorporated into the curriculum of educators in their training at tertiary institutions, their negative attitudes towards pregnant teenagers are likely to improve drastically. Furthermore, they will be better placed to understand and treat teenage girls in particular in a respectful way. Continuous education about the consequences of teenage pregnancy might yield some desirable positive outcomes (Ngabaza & Shefer, 2013).

The most important thing for every teenage girl is to be taught what is right and wrong, to be given boundaries and to be taught about the consequences of teenage pregnancy. They should not be controlled, regulated and contaminated or barred from attending secondary school, as this is against the Constitution of the Republic of South Africa (Act 108 of 1996: section 29). This may facilitate in reducing the consequences of teenage pregnancy which impact the lives of these teenagers negatively.

School-going teenagers should be provided professional counselling to assist them to cope with the various challenges they are faced with and be assisted to have access to this programme. This should not be limited to pregnant and mothering teenagers but also include those who are not pregnant. This will help in preventing the consequences of teenage pregnancy. This gap exists in most secondary schools. A full-time psychologist or professional counsellor should be staffed in each school to assist in preventing or reducing the consequences of teenage pregnancy.

Kindergarten or crèches linked to schools where teenage mothers are schooling should assist these mothers in unburdening them and taking responsibility to take care of the baby or to take it to a nanny. They can also assist the teenage mother to breastfeed the baby during breaktime. This programme will demonstrate to the non-pregnant teenagers and the school community the huge responsibility of having a baby when you are still young and immature. The non-pregnant teenagers will have the opportunity to draw many lessons from the programme and hopefully delay pregnancy until they are mature and married. This is one programme the government can introduce to curb the consequences of teenage pregnancy.

In addition, the school health services programme should be revived in South African schools to offer basic health services to teenagers. Mobile clinics should be provided for teenagers to have access to healthcare. This will assist in preventing the consequences of teenage pregnancy (Mohlabi *et al.*, 2010).

5.4 Conclusions

The following conclusions have been drawn from the results of this study:

5.4.1 Psychological wellbeing

If relationships between both pregnant and mothering teenagers and others are perceived as negative and poor, it will affect the holistic development of the teenagers, including their emotional, social and academic behaviour. Feedback and support that teenagers receive can determine the levels and impact of challenges experienced, as well as how they deal with it. These teenagers need support from teachers, friends and family members to feel that they belong. If they are not supported, it may lead to feelings of aggression, low self-esteem, depression and even thoughts of suicide.

5.4.2 Social wellbeing

Negative perceptions have detrimental psycho-social effects on the education and future plans of pregnant teenagers in secondary schools. Teenagers perceive being ostracised, with the need to be accepted and feel respected. Teachers are responsible not just for academic teaching but also for life skills and stress management. The demands placed on teachers do not necessarily mean that they will meet them. Related to the Ecological Systems Theory, it should be clear that it is not the task of the teacher only to make pregnant teenagers feel accepted, but also that of friends, family members and peers in general.

5.4.3 Academic success

Teenage mother participants in this study believed that the consequences of teenage pregnancy and mothering resulted in a myriad challenges. These include deteriorating relationships both at

home and at school and sometimes with the father of the baby. When pregnant teenagers skip school for a variety of reasons, such as feeling isolated, feeling ill or having no prospects in their own minds for their future, schoolwork will obviously lag. This will result in negative and sometimes disastrous consequences on the academic performance of the teenager. Some schools and parents create the impression that these learners should not prioritise the attendance of classes. During late pregnancy, it is difficult to even perform some tasks at school and they are warned to be extremely cautious to engage in certain activities.

Support may play an important role in determining whether teenage mothers continue with their studies or not regardless of the motherhood challenges they are faced with. If they lack support from home, they may attend school irregularly and sometimes even drop out, come to school late and be truant.

5.4.4   Strategies to reduce or prevent the psycho-social consequences of teenage pregnancy

There are various strategies for reducing or preventing the psycho-social consequences of teenage pregnancy on teenagers as suggested by the teenagers who participated in this study. Firstly, the psycho-social consequences of teenage pregnancy should be made known. In addition, comprehensive sexuality education should be introduced in secondary schools. The departments of health (nurses) and social development (social workers) can also come to school regularly and empower both educators and learners with knowledge and counselling on teenage pregnancy. Lastly, parents should be involved as they are one of the important components to fight this battle.

5.5   Recommendations Based on the Findings

This section presents recommendations made based on the results that emerged from this study:

- Firstly, participants in this study suggested introduction of comprehensive sexuality education and information on psycho-social consequences of teenage pregnancy in secondary schools as an examinable subject. This may reduce escalation of this phenomenon in schools. The DBE should introduce an examinable learning area from

Grades 6 to 12 with content based on "**the psycho-social consequences of teenage pregnancy and sexuality education**". The content should be age appropriate. The DBE should also consider taking some female educators for training and giving them basic midwifery courses.

- Curriculum designers should consider including the psycho-social consequences of teenage pregnancy and sexuality education in educators' training programmes at tertiary institutions to empower and capacitate student teachers.

- The psycho-social consequences of teenage pregnancy need to be featured in the mainstream curriculum of the education system. This is likely to provide teenagers exposure to the negative consequences of this scourge, such as possible consequences of risky behaviour.

- The DBE should roll out programmes to offer ACE qualifications for in-service teachers to enrol with institutions of higher learning. This will assist teachers to improve their understanding of what the pregnant teenager goes through during pregnancy and the consequences thereafter. This might address the negative attitudes and intolerance some of these teachers have towards pregnant teenagers.

- Furthermore, it was suggested that condoms should be made available in public places at secondary schools. Learners should also be encouraged to practise abstinence and to use contraceptives to avoid unplanned babies during secondary school. Willingness to share experiences of being pregnant with your peers in class in the presence of an educator may also help to prevent the consequences of teenage pregnancy.

- Phetla *et al.* (2008) emphasise that parent-child communication about sex is important to bring the desired behavioural change that could decrease the prevalence of teenage pregnancy and, in turn, prevent its psycho-social consequences among teenagers. This communication will also reduce HIV and Aids infections in the community. Families should not view these kinds of discussions as an embarrassment or delegate this responsibility to the school. Doing this absolves their responsibilities as the teenage girls may still fall pregnant or be infected with HIV/Aids. Parents must be in charge and take responsibility before it is too late.

- Support services programmes for pregnant teenagers should be introduced by government in homes, schools and communities. These programmes will enable these teenagers to attend school and complete their secondary education without hindrances.

- School health programmes (mobile health clinics) should be revived to offer basic health services to teenagers in secondary schools and assist in advocating programmes on abstinence and use of contraceptives to avoid unwanted babies.

- Full-time school psychologists or professional school councillors should be employed in every secondary school. Schools should adopt a zero-tolerance stance to the exclusion of pregnant teenagers in mainstream education and communities because of their circumstances.

- School-going teenagers should be subjected to professional counselling to assist them to cope with the challenges they are faced with.

- Teenagers should be provided with social support during and after pregnancy to mitigate the psycho-social consequences of the pregnancy.

5.6 Limitations of the Study and Recommendations for Further Research

It is important to emphasise that the views of participants expressed in this study do not represent the entire population of pregnant teenagers and teenage moms in secondary schools in the Amajuba district. There may thus be a need to conduct a similar study in other parts of KZN and South Africa as the consequences of teenage pregnancy is a widespread phenomenon both locally and globally.

The study failed to involve important support structures such as SBSTs and DBSTs in the research process, although some of their key roles were highlighted in the study. Involving these structures in the research process may have provided more in-depth knowledge about the consequences of teenage pregnancy. SBSTs and DBSTs are entrusted with the responsibility to take care of and support learners who experience barriers to learning (e.g. pregnant teenagers, teenage moms with young babies and those with psychosocial challenges). Inclusion of these structures in the

study would have added more value, strengthened the argumentation and highlight the phenomenon studied as a typical South African problem.

Furthermore, the study failed to contextualize the support needs of pregnant teenagers and teenagers with young babies in the current South African inclusive education policy, as stipulated in White Paper 6.

The study also failed to contextualize the research in the Screening, Identification, Assessment and Support (SIAS) policy (for learners who experience barriers to learning).

Lastly, if promoting health in schools was being considered in the study, this would have assisted the study to ensure health compliance by all stakeholders at the schools.

Further research on the psycho-social consequences of teenage pregnancy should be conducted to determine the consequences of teenage pregnancy in other communities and cultures, and to explore support structures to provide pregnant teenagers and teenage mothers the same opportunities than their non-pregnant and non-mothering counterparts.

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Looking back on my time conducting this study, I value the experience and appreciate all that was learnt from the unique challenges that these young people go through.

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Appendix A: Requesting psychologist/social worker services

Researcher:	Supervisor:
Mr E.B.Simelane	Dr.Christa Beyers
10 Taurus, Avenue. Signal hill	Faculty Education-office 102
Newcastle	WinkieDirenko building
2940	Free State University
T: +27(0)818519175	T: +27(0)832575823
simelanebha@gmail.com	beyersC@ufs.ac.za

Dear Sir/Madam

REQUESTING THE SERVICES OF THE PSYCHOLOGIST/ SOCIAL WORKER WHEN CONDUCTING RESEARCH:

My name is Excellent Bha Simelane, and I am a Master student at the University of the Free State in Bloemfontein. I am a school principal at Ncandu Combined School in the Amajuba district.

My study is directly linked to the teenage pregnancies. The title of my research is: "Investigating the psycho-social consequences of teenage pregnancies". As a researcher I was cognizant of the fact that I would be working with a vulnerable sample. The chances of rape, sexual harassment, within the area of the Amajuba district schools may be high and this topic is being considered sensitive. Thus, the psychologist/ or social worker will be at the ready for problems raised which I cannot undertake.

Should you have any questions, you are welcome to contact me or my supervisor (see details at the top of the page). Should there be any personal problems during the interview process I would contact qualified psychologist/ or social worker who will be accompanying the main researcher.

Kind regards

Excellent Simelane

....

Study: "Investigating the psycho-social consequences of teenage pregnancies".

Researcher: E.B.Simelane

....

Herewith I, Mr/Ms (Full names)...

Psychologist/ Social worker (Full names of institution)...

Agree that I will accompany the researcher to conduct his study. I am informed and understand what the study is about and I am aware of the possible risks and benefits the study poses. I will be on standby should there be any personal problems during the interview process.

....

Signature   Contact number   Date

Appendix B: Interview schedule

Interview questions:

1.   How did you feel when you found out that you were pregnant?

2.   What were your needs after falling pregnant and or becoming a teen mom?

3.   What challenges did you experience while pregnant or as a young mother?

4.   How did the community, teachers, peers, parents and your partner react when they found out that that you were pregnant?

5.   Did falling pregnant or becoming teen mom influence your relationships with the following people: parents, family members, peers, teachers, community members and your partner?

6.   Did you receive any support from any of the structures or individuals in the community when you fell pregnant or when you were a teen mom?

7.   Do you think culture played a role in the sexuality education that you received?

Appendix C: Ethical approval

UFS·UV
EDUCATION
OP YOE BEUNDE

Faculty of Education

03-Oct-2017

Dear **Mr Excellent Simelane**

Ethics Clearance: **Investigating the psycho-social consequences of teenage pregnancy: An exploratory study**

Principal Investigator: **Mr Excellent Simelane**

Department: **School of Education Studies (Bloemfontein Campus)**

APPLICATION APPROVED

With reference to you application for ethical clearance with the Faculty of Education, I am pleased to inform you on behalf of the Ethics Board of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence is: **UFS-HSD2017/0224**

This ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours faithfully

Prof. MM Mokhele
Chairperson: Ethics Committee

Education Ethics Committee
Office of the Dean: Education
T: +27 (0)51 401 9683| F: +27 (0)86 546 1113 | E: NkoaneMM@ufs.ac.za
Winkie Direko Building | P.O. Box/Posbus 339 | Bloemfontein 9300 | South Africa
www.ufs.ac.za

Appendix D: Permission by KZN Department of Education

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma	Tel: 033 392 1063	Ref.:2/4/8/1469

Mr E.B Simelane

P.O Box
Newcastle
2940

Dear Mr Simelane

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: "**INVESTIGATING THE PSYCHO-SOCIAL CONSEQUENCES OF TEENAGE PREGNANCIES: AN EXPLORATORY STUDY**", in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 March 2018 to 09 July 2020.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

Bethamoya Secondary School
Hlalanathi High School
Sabela Secondary

Dr. EV Nzama
Head of Department: Education
Date: 01 March 2018

...Championing Quality Education - Creating and Securing a Brighter Future

Appendix E: Consent form: Participants and parent(s)/legal guardian

ASSENT FORM

Title: Investigating the psycho-social consequences of teenage pregnancy: An exploratory study

If you want to, you can be part of this research study. People do research to try to find answers to questions.

Why are we doing this research study?

The reason we are doing this research is to determine the psycho-social consequences of teenage pregnancy.

Why are you being asked to be in this research study?

You spend many hours of your day at school around your peers and teachers; therefore, you can share your knowledge and experience of being a pregnant teenage girl and/or teenage mom in the school environment.

What will happen during this study?

This study will take place at different venues, namely a central school identified by the researcher and/or participants' individual homes. Semi-structured focus-group interviews will last approximately one hour thirty minutes and semi-structured individual interviews will last approximately thirty minutes. During the interview, you will be asked questions. Bear in mind that there will be no right or wrong answers expected of you. What is most important is the responses you give to the questions. Those responses will be catalogued into themes and subthemes by the researcher and those meanings will be considered in line with your responses at the end.

Your responses will be kept confidential.

What are the good things that might happen in this study?

The benefits of this study to you might be that teachers will be aware of the consequences of teenage pregnancy and will provide the relevant support and desist from discriminating against pregnant teenagers and teen moms from the mainstream school.

What problems may arise from this study?

No physical harm will happen to you, but you might experience emotional outbursts if you were once exposed to or have experienced teenage sexual harassment resulting in teenage pregnancy. A social worker/psychologist will be available during the interview day should you experience emotional distress.

Who should you ask if you have any questions?

If you have questions, you should ask me, the researcher. Or if you or your parents have other questions, worries or complaints, please call me at 083 664 4245.

What if you or your parents do not want you to be in this study?

Your parent(s) needs to give me permission for you to be in the study. You do not have to be in the study if you do not want to, even if your parent(s) has already given me permission.

What if you change your mind?

You may stop participating in the study at any time. If you want to stop, just inform us and we will stop right away. If you decide to stop, no one will be annoyed or upset with you. You can ask questions at any time.

……

Title of study: Investigating the psycho-social consequences of teenage pregnancy: An exploratory study

Principal Researcher: E.B. Simelane

If you sign your name on this page, it means that you agree to take part in this research study. You may change your mind at any time for any reason.

…………………………………………………………………………..   …………………………………..

Sign your name here if you want to be in this study   Date

……………………………………………………………………………..

Print your name here if you want to be in this study

I have explained this study to and answered questions of the teenage girl whose name is printed above. I informed the teenager that she could stop being in the study and can ask questions at any time. From my observations, the teenager seemed to agree to take part in the study.

……………………………………………………   ………………………………..

Signature of E.B. Simelane   Date

Researcher: **Supervisor:**

Mr E.B. Simelane   Dr. Christa Beyers

10 Taurus, Avenue. Signal hill   Faculty Education-office 102

Newcastle   Winkie Direnko building

2940   Free State University

T: +27(0)818519175   T: +27(0)832575823

simelanebha@gmail.com   beyersC@ufs.ac.za

Dear Parent(s)

I am a school principal at Ncandu Combined School and I am currently enrolled for a Master in Education Psychology at the University of the Free State. My study is directly linked to the teenage pregnancies. The title of my research is: **"Investigating the psycho-social consequences of teenage pregnancies".**

When considering the high numbers of teenagers who fall pregnant while they are pursuing their education at secondary schools in South Africa is immensely high, and this has some ripple effects to the careers of teenage girls. The question needs to be posed whether teenage pregnancy has any influences in the mental and behavioural patterns of pregnant teenagers in the community. Do these learners have sufficient knowledge about the psycho-social consequences of teenage pregnancies?

I would like to ask whether your child may participate in this study. The study entails that she be part of a research, where I will pose a few questions. A number of young girls will participate in those discussions on the questions, which will be facilitated by myself. I will act as gatekeeper to ensure that no improper comments will be accepted. The following focus areas will be addressed:

- How did you feel when you discover that you were pregnant?

- What are your needs when you found out about teenage pregnancy?

I am sure that your child will benefit from the study, since teenage pregnancy is a social problem. It will assist us to pave new ways to come up with new strategies and mechanisms to address this phenomenon.

Although I would greatly appreciate your child's participance, participation is entirely voluntary and she will be under no obligation to take part in the study. Your child will be free to withdraw at any time. I can further assure that each participant's privacy and identity will be protected at all times, hence we will make use of pseudonyms.

Should you have any questions, you are welcome to contact me or my supervisor (see details at the top of the page). Should there be any personal problems during the interview process, I will contact a qualified individual to see to your child's needs, if necessary.

Kind regards

Excellent Simelane

……….

Please complete the consent form below and return as soon as possible.

………..

Study: **Investigating the psycho-social consequences of teenage pregnancies: An exploratory study**

Researcher: E.B. Simelane

………..

Herewith I, Mr/Ms (full names) …………………………………………………………………………………………..,

parent/ guardian of (full names) …………………………………………………………………………………………,

agree that my child may participate in the study. I am informed on and understand what the study is about and I am aware of the possible risks and benefits the study poses. I understand that my child's identity and privacy will be protected and that she is free to withdraw at any time, without consequences. I hereby consent that all data obtained from participants may be used for publication purposes.

……………………………………….   ………………………………….   …………………………

   Signature   Contact Number   Date

Researcher:

Mr. E.B.Simelane

10 Taurus, Avenue. Signal hill

Newcastle

2940

T: +27(0)836644245

simelanebha@gmail com

Supervisor:

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Mzali

NginguThishomkhulu osebenza esikoleni saseNcandu, okwamanje ngenza izifundo ze Master in Education Psychology eNyuvesi yase Free State e Bloemfontein. Izifundo zami zithinta ukukhulelwa kwabantu abasha besesezikoleni. Isihloko sami: "**Investiagting the psycho-social consequences of teenage pregnancies**".

Uma sibuka izinga lokukhulelwa kwabantu abasha besezikoleni liyamangaza, lokhu kunemiphumela engemihle ezimpilweni zabo nabantwana babo. Kumele sizibuze ukuthi ngabe ukukhulelwa kwabantwana abasha kubahlukumeza kanjani ngokwemigqondo nangokuhlala emiphakathini abakuyona. Kungabe bona banolwazi olwanele ngalokhu?

Bengicela imvume yomzali ukuthi umntwana wakho abe yinxenye yaloluhlelo. Loluhlelo luthi umntwana wakho akabe yinxenye yophenyo, lapho khona ngizobuza imibuzo emibalwa. Uzobe engeyedwa, kunabanye abantwana abaqokiwe abazoba yinxenye yaloluhlelo lapho kuzobe kuxoxwa ngaloludaba, yimina engizoba ngibabuza imibuzo.

Ngizoqikelela ukuthi akekho umntwana obandlululekayo nohlukumekezayo ngesikhathi senza lomsebenzi. Ukukunikeza isithombe ezinye zezinto okuzobe kukhulunya ngazo yilezi:

- Wazizwa kanjani uma uthola ukuthi usukhulelwe?
- Kwakuyini izinjongo zakho uma uthola ukuthi ukhulelwe?

Ngiyaqiniseka ukuthi umntwana wakho uyozuza lukhulu ngokuba yinxenye yaloluhlelo, njengoba ukukhulelwa kwabantwana abasha kuyinkinga yesizwe nezwe ngobubanzi. Kuzosisiza ukuthi siqhamuke namusi amasha ukuzama ukugwema ukukhulelwa kwabantu abasha besezikoleni.

Noma ngizokuthokozela ukuba umntwana wakho abe yinxenye yaloluphenyo, ukuba yinxenye kwakhe akaphoqiwe. Usenokuphuma engabi yinxenye uma ezwa engasathandi kunoma yisiphi isigaba sophenyo.

Ngingakuqinisekisa ukuthi labo bafundi abayinxenye yophenyo bavikelekile ngasosonke isikhathi – namagama abo nezibongo, kanjalo nesikole abakusona angeke saziswe yinoma ubani, kunalokho kuyosentshenziswa imifaniso magama (pseudonomys).

Uma unemibuzo, umukelekile ukuxhumana nami (researcher) noma ongiphethe (supervisor) – imininingwane esenhla kulo lelikhasi. Uma kuba khona noma iyiphi inking engavela ngesikhathi sophenyo, ngiyoxhumana nabezenhlalakahle, noma ebezengqondo ukusiza umfundi ongadinga lolosizo.

Ozithobayo

uMnu Excellent Bha Simelane

....

Uyacelwa ukuba ugcwalise lelifomu ngezansi uma sewufundile, bese libuyiswa esikoleni ngokushesha.

....

Isihloko sophenyo: "Investigating the psych-social consequences of teenage pregnancies".

Researcher: E B.Simelane

....

Mina Nkosikazi/Nkosazana/Mnumzane (amagma akho agcwele)……………………………………………

NginguMzali/umqaphi ka (amagama omfundi agcwele)………………………………………………………

Ngiyavuma ukuthi umntwana wami abe yinxenye yophenyo.Ngazisiwe futhi ngiyaqonda ubuhle nobubi bokuba yinxenye yaloluhlelo. Ngiyazi futhi ukuba yinxenye komntwana wami kulolu hlelo, ubuyena bakhe buvikelekile futhi angashiya uma engasathandi ngaphandle kokuthi kube nemiphumela emibi. Ngilapha ngigunyaza ukuthi noma yiluphi ulwazi olutholakele lungasentshenziswa ukuba lusicilelwe.

....,.

Isisicilelo   Izinombolo zocingo   Usuku

Appendix F: Consent form: Principals

Researcher:

Mr. E.B.Simelane

10 Taurus, Avenue Signal hill

Newcastle

2940

T: +27(0)836644245

simelanebha@gmail.com

Supervisor:

Dr. Christa Beyers

Faculty Education-office 102

WinkieDirenko building

Free State University

T: +27(0)832575823

beyersC@ufs.ac.za

School Principal Consent Form

I hereby grant permission for the researcher to approach learners to participate in the research project entitled **"Investigating the psycho-social consequences of teenage pregnancies"**. The learners I provide to be approached will be given letters to their parents/guardians by the researcher to allow them to participate by the researcher before the research project commences.

I understand that:

- All information regarding the learners, educators, myself as principal and the school itself will be treated under utmost confidentiality, and that anonymity will be ensured on part of all parties involved during the full process of the study.
- The learners may decide to withdraw from the study at any time without penalty.
- The learners who participate will sign the needed informed consent before the study commences with the interviews.
- No deception of any form will be taking place.
- No written reports will reflect the identity of the school or parties involved on part of the school itself.
- A report of the research findings will be made available to the schools who show interest and leaners who decide to participate.

......Msimanga SF...... ......ℬm❡...... ...6.los.l.8...

Principal

Signature

Date