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**IMPROVING THE WELL-BEING OF TEEN MOTHERS THROUGH RESILIENCE-
FOCUSED INTERVENTIONS IN RURAL SCHOOLS**

By

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BLOEMFONTEIN

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DECLARATION

I, Johan Harold Dirk van Schalkwyk, declare that the dissertation titled: **Improving the well-being of teen mothers through resilience-focused interventions in rural schools** is my own independent work and that it has not been previously submitted for a qualification at another institution of higher education. The sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Johan H D van Schalkwyk

14 December 2021

SIGNED

DATE

DEDICATION

This Master's dissertation is dedicated to the following family members:

My late grandfathers and grandmothers: Willem and Marie van Schalkwyk and Pieter Hermanus and Sofie Abrahams;

My late father and mother (Pappa and Mamma), Dirk en Babs Christina van Schalkwyk;

My late brothers and sister, Hennie van Schalkwyk, William Nowbel van Schalkwyk and Lydia Marleen van Schalkwyk;

Jeff's late mother: Mrs Makgauta Francinah Nhlapo Semela;

Cathy's late parents: Frans Andries (Oupa Frans) and Johanna Phillips (Ouma Joey).

The love and emotional and material support that I got from these family members were unwavering and unconditional. They encouraged me to embrace and focus on my education. To my father and mother watching from heaven, the following words you shared with us as your children will always be dear to my heart: "My kinders, jou ma en ek het nie geld om julle te gee nie, maar ons kan julle geleerdheid gee" ("My children, your mother and I cannot give you money, but we can give you education") - (Dirk van Schalkwyk – my father), and how can I give up, when I remember my mom's inspired Bible verse: Fill 4:13 – "Ek is tot alles in staat deur Christus wat my die krag gee" (Phil 4:13 – "I can do all things through Christ who strengthens me"). They inspire me to keep my eyes fixed on Jesus throughout my life. They disciplined me and provided the advice that motivated me to do my best, to believe in God, to pray, and always respect everyone in life.

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ABSTRACT

The well-being and resilience of teen mothers (TM) is adversely affected after the sudden transition into motherhood, due to lack of sufficient support in their social environment, such as the family, church, and the school, leading to an increase in school "drop-outs". This study used the Social Ecology of Resilience model as its building block and theoretical framework. The interpretivist paradigm used in qualitative research was used to conduct this research in rural secondary schools in QwaQwa, where the researcher aimed to explore and articulate the feasibility of resilience-focused intervention programmes for teen mothers in rural schools as a way of improving their well-being. The researcher used the amended semi-structured interviews and the draw-and-write technique, as an arts-based method, to generate data. These data gathering methods explain the factors that could either enable or constrain resilience-focused interventions for teen mothers whose well-being needs to be improved in rural schools. The selection of the teen mothers was based on their demographics and location. Five teen mothers from five different rural schools were purposefully selected to participate in the current study. This study used thematic analysis to analyse text with conferred and demonstrated results. The main aim of this study was to investigate how enhancing the well-being of teen mothers through resilience-focused interventions in rural schools can effectively enhance their learning and personal development. The findings of the study were multi-faceted. The study proposed intervention strategies which involve a support package for teen mothers that entails unified, interconnected, and inclusive community structures, such as local health institutions, FBOs, neighbourhoods, inter alia. The draw-and-write technique, as an arts-based method of investigation, was an alternative form of communication other than words which was used by teen mothers to recreate and share their life experiences. One of the teen mothers explained that drawing pictures and sharing her story was also therapeutic. Lastly, the schools should play a critical role in implementing effective, resilience-focused interventions to support and empower teen mothers to cope with early parenthood, academic responsibilities and psycho-social demands.

Keywords: Improving; Resilience-focused intervention; Rural schools; Teen mothers; Well-being

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LIST OF ABBREVIATIONS AND ACRONYMS

ACRWC	The African Charter on the Rights and Welfare of the Child
ASRHE	Adolescent Sexual and Reproductive Health Education
AYC	African Youth Charter
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CGE	Commission for Gender Equality
CRC	Convention on the Rights of the Child
CSTL	Care and Support for Teaching and Learning
CWIG	Child Welfare Information Gateway
DBE	Department of Basic Education
DW	Draw and Write
DSD	Department of Social Development
FAST	Family and Schools Together
GPFSA	Gender Policy Framework of South Africa
HIV/AIDS	Human Immune-deficiency Virus/Acquired Immune Deficiency Syndrome
IE	Inclusive Education
ISHP	Integrated School Health Programme
KZN	KwaZulu-Natal
LO	Life Orientation
MDG	Millennium Development Goals
MEC	Member of Executive Council
NGO	Non-Governmental Organisation

NHS	National Health Service
PDE	Provincial Departments of Education
PPASA	Planned Parenthood Association of South Africa
RSA	Republic of South Africa
SASA	South African Schools Act, 84 of 1996
SBST	School-Based Support Team
SER	Social Ecology of Resilience
SRHR	Sexual and Reproductive Health Rights
SSA	Sub-Saharan Africa
SSI	Semi-structured Interviews
TA	Thematic Analysis
TM	Teen Mother
TM's	Teen Mother's
TMs'	Teen Mothers'
TMED	Thabo Mofutsanyana Education District
TPP	Teenage Pregnancy Policy
UFS	University of the Free State
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
USA	United States of America
WHO	World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction

Teen mothers are regarded as hopeless individuals who are unlikely to succeed in school due to their undeveloped age (Xiong, 2015). Teenage mothers have been demarcated as "adolescent mothers who are women between the ages of 11 and 19 who become pregnant and parent their children" (Cosden, 2014:1). In South Africa, most pregnant teenage women from low-income African and Coloured groups realise the necessity of returning to school, though this poses challenges (Madhavan, Harrison and Sennott, 2013). The mothers of teen mothers and their female kin solely take the responsibility of caring for the teen mothers (Madhavan, 2010). Without support, teenage mothers are most likely to drop out of school (Grant and Hallman, 2008). Like in other African environments, there is an overwhelming agreement that finishing secondary education is mandatory to and a requirement for the attainment of success and socio-economic accomplishments (Lloyd, 2005; Smith, 2001).

While studies have concentrated on the necessity of empowering teen mothers by inspiring them to return to school (Jewkes, Morrell and Christofides, 2009), there is hardly any consideration for caregivers who assist with their re-appearance at school. African teenagers count on household associates for support in many contexts, for instance when they, or their offspring, are in need of clothes, medicine, money, schooling, and food (Madhavan, Harrison and Sennott, 2013)

The Department of Basic Education's (DBE) Draft Policy on the Prevention and Management of Learner Pregnancy states that schools in the basic education system provide a positive and supportive environment where all pregnant learners can access professional advice, information, referrals, treatment, care, counselling, and support (DBE, 2018:17). No person, school, policy or practice may unfairly discriminate against learners based on their pregnancy or post-pregnancy status (The Constitution of the Republic of South Africa, 1996; South African Schools Act (SASA) No. 84 of 1996 (as Amended); National Education Policy Act: Learner Attendance Policy, (2011)). The importance of 'the retention and re-enrolment of affected learners (teen mothers) in

school' is also stressed (DBE, 2018:8).

Current interventions in South Africa and abroad are chronicled below. The United States of America (USA) developed online intervention programmes (Logsdon et al 2018:1), school-based programmes with social work participation (Van Pelt, 2012), and an abstinence education programme. Underway in the United Kingdom (UK) are group work intervention programmes called FAST (Family and Schools Together) (Campbell-Wilson, 2011). In sub-Saharan African countries like Zimbabwe, Uganda, Nigeria, and South Africa, school-based, peer-based, mass media-based, health facility-based and community-based Adolescent Sexual and Reproductive Health Education (ASRHE) intervention programmes were introduced to support teen mothers in schools (Kalembo, Zgambo and Yukai, 2013).

Empowerment of teenage mothers in Kenya involves creating opportunities for teen mothers to go back to school, acquire life skills training, enhancing their self-esteem, and fostering their economic enablement. In KwaZulu-Natal, South Africa, policies are required to guarantee the setting up of multi-disciplinary teams that accommodate the all-inclusive needs of teen mothers, including retaining them so that they eventually complete school (Nkani and Bhana, 2016). In Gauteng, pastors, biological parents, teachers, peers, and partners, as socio-ecological resilience resources, enhance teen mothers' resilience (Malindi, 2018).

1.2 Significance of the study

The study is significant in that it contributes to the body of knowledge, which focuses on improving the well-being of teen mothers through resilience-focused interventions in rural schools. Other schools, whether based in rural or urban environments, might benefit from the study's findings on the improvement of the well-being of teen mothers. The arts-based method, particularly the draw-and-write technique, has devised another approach to response-triggering and could be found useful by other professionals, for example, school-based support teams, teachers, therapists, etcetera, and community members are made to focus on establishing support for the vulnerable learners in society. The findings and recommendations can assist interested government departments and even the public in addressing the surge in teenage pregnancies, but also perusing for society-based lifelines that can be indispensable in their effort to improve the well-being of teen mothers through

resilience-focused interventions applicable in a rural context. It can motivate future studies related to and leaning towards arts-based research studies. By employing other forms of arts-based methods, it can be determined whether there is a lack of support within the socio-ecological environment in terms of improving the well-being of the impoverished members of society. Lastly, teen mothers are provided with a "voice" that is captured in a drawing.

1.3 Statement of the problem

The main problem is the lack of programmes suitable for the improvement of the well-being of teen mothers through resilience-focused interventions applicable to rural schools. However, this study intends to identify the resilience-focused interventions as catalysts in obtaining the resilience factors that can enhance the well-being of teen mothers in rural schools.

Most support programmes that aim to improve the lives of teen mothers are not stand-alone, but vary in terms of intervention (Kulkarni, Kennedy and Lewis, 2010). Grandmothers provide advice and nurturing to teen mothers, thus enabling them to continue with their education (Black, Papas and Hussey, 2002; Hess, Papas and Black, 2002). Through their involvement in church events that promote morals, inspire positive relations, and establish long-lasting social bonds, the personal competency of teen mothers appears to increase (Brody, Stoneman and Flor, 1996). Educational and family support, together with motivation, is heralded as primarily helping teen mothers to become resilient and graduate from high school (Vogel and Watson, 2017).

Due to the relevance of cultural mores, psychosocial interventions remain a challenge in the South African context (Williams, Herman and Stein, 2008). Theron and Theron (2010) stated that, to date, South African studies have failed to outline the cultural and related origins of resilience. The youth are not appropriately assisted to sustain resilience by researchers and professionals from various youth-focused sectors (for example, educators, psychologists, social workers, ministries, and sports instructors). Communities should be urged by the collective encouragement of the South African indigenous experience of resilience because that is what they lack. There is a non-existence of commitment towards and insight developed into especially understanding of the history of resilience that has empowered the South African youth. Resilience is gradually being theorised as an ethnically and contextually nuanced concept. Efforts

to make psychosocial mediations, intercessions and reconciliations more available by addressing cultural significance are still lacking (Marsella, 2009).

1.4 Aims and objectives of the study

This study investigates how resilience-focused interventions could improve the well-being of teen mothers in rural schools.

The objectives of the study are:

1. To identify the current understanding of resilience-focused interventions by teen mothers in rural schools;
2. To identify and explain the existing resilience-focused interventions that are available for teen mothers in rural schools;
3. To determine how the available resilience-focused interventions improve the well-being of teen mothers in rural schools;
4. To examine the factors that can enable and constrain resilience-focused interventions for improving the well-being of teen mothers in rural schools.

1.5 Research questions

1.5.1 Main research question

The main research question guiding this study is: How do resilience-focused interventions improve the well-being of teen mothers in rural schools?

1.5.2 Secondary questions

The secondary research questions below emanated from the main research question.

1. What is the teen mother's understanding of resilience-focused interventions?
2. What are the existing resilience-focused interventions available for teen mothers in rural schools?
3. How can the available resilience-focused interventions improve the well-being of teen mothers in a rural school context?
4. What factors can enable and constrain resilience-focused interventions for improving the well-being of teen mothers in rural schools?

1.6 Research methodology

1.6.1 Research approach

The qualitative approach was used to solicit data for this study. It is a naturalistic approach. Marshall and Rossman (2016:25) observed that qualitative design is not direct and entails multi-methods strategies of data collection. The choice of qualitative design was also based on the selection of the site, which is a rural school, with vulnerable teen mothers as the respondents.

The qualitative methodology permits the author to ask questions to research participants. Thus, interviews were used during the data collection process. Du Plooy-Cilliers, Davis and Bezuidenhout (2014) agree that data can be gathered through open-ended questions through interviews that replicate a conversation. Face-to-face interviews were conducted with the participants, who consisted of five (05) teen mothers from five (05) rural schools in Eastern Free State (Qwa Qwa). The data generated from the participants determined responses to the question: "How can resilience-focused interventions improve the well-being of teen mothers in rural schools?"

During the data gathering process that involved the identified and selected teen mothers, the author would make use of the 'draw-and-write' method because, according to Malchiodi (1998) and Gross and Hayne (1998), there is presently a renewed awareness of the use of youngsters' drawings, as the focus swings to what the teenager says about the picture. Thus, the participants will be drawing using papers and pencils. They will then interpret their drawings for data gathering.

Renslow and Maupin (2018:15) mentioned that the draw-and-write technique can raise teen mothers' awareness on health. The technique can also be applicable in studies that research on cross-cultural resemblances. Draw-and-write techniques involve drawing on paper with a writing instrument and writing a particular statement or responses. Thus, the drawing and writing can be evaluated or assessed for further development of either skill or cognitive development. The barriers between the researcher and the learner are also eliminated. Through drawing and writing, the researcher can capture the participant's understanding and experiences with certain life conditions.

1.6.2 Research methodology

1.6.2.1 Sampling

Sampling is 'the procedure through which we pick out, from a set of units that make up the object of study (the *population*), a limited number of cases (*sample*), chosen according to criteria that enable the results obtained by studying the sample (05 teen mothers) to be extrapolated to the whole population" (Corbetta, 2011:2-3), meaning "observing a part (05 teen mothers) to consolidate information about the whole" (Singh, 2015:2)

The five (05) teen mothers that participated in the research were selected through purposive sampling, which is a probability sampling method that makes it possible for the outcomes to be generalisable to the bigger population; it forms the basis for making selections of cases and human subjects, assists with our research and is grounded on a customary list of physical characteristics (Du Plooy-Cilliers et al, 2014:138-143; Alasuutari et al, 2008:223).

Five (05) teen mothers from different rural schools at Qwa Qwa in the Thabo Mofutsanyane Education District were selected for the interviews. The selection was based on location (Corbetta, 2011:2-3; Singh, 2015:2) of the five different rural schools in Qwa Qwa and the demographics of the teen mothers (Alasuutari et al, 2008:223). Aurini et al (2016:55) explained that the backbone of the qualitative research design requires several premeditated selections of where, how and with whom the researcher conduct the research, hence the adoption of purposive sampling. Sampling signifies some form of purpose because it is fundamentally tied to the project's objectives and diverse research questions and entails multiple possibilities for purposive sampling. Corbetta (2011:3) and Singh (2015:3) point out that several advantages are offered by using sampling (05 teen mothers) in terms of:

- *Budget* for the data collection process;
- Requisite of *time* for the data gathering and handling;
- *Organisation* regarding observing, training and watching over a large number of questioners, similar to a survey of people; as well as

- *Complexity* and precision reduced organisational difficulty, and resources focused on quality control.

1.6.2.2 Data generation methods

According to Du Plooy-Cilliers et al (2014), qualitative data collection techniques allow researchers to get the richness and complex data in a particular community context. In this study, these are teen mothers. Qualitative data assist in comprehending the "why", "what", and "how" of occurrences by viewing them through the contributors' (teen mothers') eyes (Neuman, 2011:424). Two methods were used to generate data for this study: face-to-face interviews and the draw-and-write technique, an arts-based method.

The draw-and-write technique open up the door for participants to share information about experiences which are difficult to communicate verbally when ask directly to do so. The participants interpret their drawings by themselves and express their feelings, emotions or experiences. Thus, the drawings prompt the teen mothers to open up and tell more about their perceptions regarding the experiences of their well-being as well as their resilience.

In-depth face-to-face interviews, consisting of open-ended questions, were conducted with all the relevant participants (teen mothers). These interviews were audio-taped and transcribed (Creswell, 2012:213; Du Plooy-Cilliers et al., 2014:188). *[Amended due to the Covid-19 pandemic – Ref: Ethical Clearance – Date: 2020-05-19]*. Normal face-to-face interviews were inapplicable in this era of the Covid-19 pandemic, in which participants were required to practice social distancing, wear masks, and sanitise. Therefore, the interviews were strictly followed as amended.

Leonard and Leonard (2003) stated that the topics to be included and questions to be probed (by the interviewer to the teen mothers) are decided upon well ahead of the interviews. For the communication to be organised, flexibility is critical, and the interviewer may alter the arrangement of the key questions to inquire for more facts. The interviewer can use an aide-memoir to be prompted of the key themes and matters they are broadly engrossed in and to help them link the different fragments. Therefore, the interviewer can modify the research tool to suit the interviewee. Sufficient freedom to digress is the prerogative of the interviewee (teen mother).

Stokes (2011) indicated that during semi-structured interviews, the interviewee (teen mothers) would also be asked several but essential open questions. The interviewee may elaborate on topics that can be perplexing to analyse but could make the available perceptions richer and more detailed. An in-depth interview is a qualitative data collection technique that permits the researcher to ask participants (teen mothers) questions to acquire more insights into their interpretations, opinions, and principles about a particular phenomenon. Data were collected using open-ended questions throughout interviews that replicated a conversation (Du Plooy-Cilliers et al 2014). The researcher envisages the need to explore the improvement of the well-being of teen mothers through resilience-focused intervention in rural schools.

Face-to-face interviews [*Amended due to the Covid-19 pandemic – Ref: Ethical Clearance – Date: 2020-05-19*] were conducted with the participants, five (05) teen mothers from rural areas in Qwa Qwa in the Free State, to collect data to determine how resilience-focused interventions can improve the well-being of teen mothers in rural schools. As participants in the case study, the teen mothers had to explain their different experiences and perceptions regarding whether the support provided by different stakeholders is significant and whether sufficient resources are available to support them or if more support is needed to assist them in coping with their situations.

According to Yin (2014), dwelling on the holistic feature of the case being studied, is the main aim of the case study research, which seeks to understand “the case” – what it is, how it works, and how it interacts with its real-world contextual environment. Since Qwa Qwa is classified as a rural area according to its level of infrastructure and access to basic services, the schools where the research with five (5) teen mothers were conducted, are also situated in different rural settlements in Qwa Qwa in the Eastern Free State. The schools are situated in the Thabo Mofutsanyana Education District, which accommodate many learners from diverse socio-economic backgrounds.

During the data collection process, which involved the identified and selected teen mothers, the researcher employed the "draw-and-write" approach because, according to Malchiodi (1998), there is a renewed awareness of the need to recognise the use of youngsters' drawings presently, as the focus swings to what the teenager says about the picture.

This perception is centred on the belief that "starting where the children are" is essential, that is, children's sketches and words are of fundamental significance (Prosser and Burke, 2012:10; Soffer and Ben-Arieh, 2014:8,9). This is also the same with teen mothers in rural secondary schools in QwaQwa Liamputtong (2011) believes that the draw-and-write technique complements in-depth interviews. Children's drawings frequently elevate their self-confidence and their interpretations can be pursued; the technique allows them to fabricate delicate data, and they can express their "inner world, and it allows them to 'speak.'" As Prosser and Burke (2012:2-12) observe, drawings enable children to capture their feelings and emotions by reconstructing or returning to them (Prosser and Burke, 2012:10; Diem-Wille, 2001; Hanney and Kozłowska, 2002; Guillemin, 2004). Thus, the teen mothers are able to re-living or having a flashback of what they have experienced by way of drawing-and-writing.

1.6.2.3 Ethical considerations

The basic ethical principles that were considered were informed consent and protection from harm. The UFS ethical committee approved this research study and the reference number is **UFS-HSD2019/1827/2802**. In case of any unintended harm, the researcher would refer the participants to a registered Educational Psychologist in the Thabo Mofutsanyana Education District for free counselling services, who is employed by the Department of Education. Furthermore, the participants (teen mothers) would be provided with a Toll-Free number 0800 055 555, which they could use to communicate through all networks and always be connected to a counsellor at no cost.

1.7 Definitions of terms and key concepts

1.7.1 Well-being

According to Govender, Bhana, McMurray, Kelly, Theron, Meyer-Weitz, Ward and Tomlinson (2019:53), building long standing resilience and forming a positive developing trajectory is possible through the advancement of a strength and asset-based approach in young individuals. Thus, it is imperative to realise how the term well-being is employed in academic circles.

Thompson and Aked (2011) describe well-being as a concept comprising five characteristics: connect, be active, take notice, keep learning, and give. The latter statement suggests that well-being can be understood as a mental, physical, and social phenomenon. From the perspective of positive psychology, Trask-Kerr, Chin and Vella-Brodrick (2019) noted that well-being is suggestive of prosperity and success. In addition to the findings of prior researchers, the Children's Society (2012) suggests that what should be considered priority areas that potentially lead to some practical steps to improve children's well-being include environments promoting learning and change, holding an optimistic opinion of themselves and being an esteemed character with plenty of what matters, being in constructive relations with their families and friends, being in a nonviolent and appropriate home-based setting or local area and embracing the prospect of taking part in hopeful events for them to thrive.

1.7.2 Teen mothers

According to Cosden (2014:51), "adolescent mothers are women between 11 and 19 who become pregnant and parent their children". These are women and men aged nineteen years or younger, who give birth to and parent a child. This is how adolescent parenting is primarily documented in the Encyclopedia of Marriage and Family (2016).

Related to this concept is adolescent pregnancy, which is understood as teen pregnancy and is generally defined as a situation when a teen woman conceives before turning 20 years old (Multimedia Encyclopedia of Women in Today's World, 2016). From the researchers' view, teen mothers are brittle young mothers aged below eighteen but become unexpected, unprepared mothers with rawness in terms of motherhood.

1.7.3 Resilience

Out of seven (7) criteria of resilience acknowledged by Adrian, van Breda and Theron (2018:239), only two have a strong link with this research. One explains resilience socially and identifies explicit and implicit social determinants of resilience, and the other identifies empirical, child or youth-generated, descriptors of resilient-enablers.

Ungar (2011) noted that resilience is a reciprocal process embedded in a given social ecology and relies on culturally appropriate interaction between youths and their social ecologies. On the other hand, Ebersöhn and Bouwer (2013:4) describe resilience as "the ability to utilise personal strengths (intrinsic properties), which include a positive disposition, ecological resources, and constructive demand characteristics, as well as assets (all extrinsic resources within the interdependent systems), to optimise the proximal processes on interaction."

1.7.4 Rural schools

According to Government Gazette (2018:15-16), rural schools are "public schools in rural areas situated on government land, communal land, or private land (primarily on farms and church land). Rural settlement is also characterised by its separateness and remoteness and is a dispersed settlement with various social and economic deprivation factors, poverty and distance from services or facilities".

The Rural Education Draft Policy – ECDoE defines a public school as 'a school where learners and teachers have access to the following basic social services: health, social development, a library, and transport (Government Gazette 2018:15-16). However, ultimately, the technical definition of a rural school corresponds to the general understanding of rural areas, which are characterised by geographic isolation and a small population size. All schools are categorised into four locales by their size, population density, and location. Rural schools are also defined in the Macquarie Dictionary (ibid) as "one of the various kinds of country schools, most often a one-teacher school."

1.8 Limitations of the study

Two limitations were identified; firstly, the research focused on rural areas, excluding urban areas. Secondly, it focused on rural-based teen mothers, ignoring their urban counterparts. Therefore, this research study cannot generalise the experiences of all teen mothers residing in South Africa.

1.9 Organisation of the study

The chapters constituting this study are outlined as follows:

Chapter One outlines the study's introductory background and summarises the study. Furthermore, it highlights the study's objectives, aims, and research questions.

Chapter Two details the study's conceptual framework regarding the relevant literature that defines teen mothers, specifically focusing on improving their well-being.

Chapter Three provides the theoretical framework underpinning the study. The chapter highlights the relevance of the Social Ecology of Resilience Theory to this study with regards to improving the well-being of teen mothers through resilience-focused interventions in rural schools.

Chapter Four provides the qualitative approach and its position in the study's interpretivist paradigm. It presents the research design, sampling procedures and data generation methods used in the study, participant selection criteria and the data generation process.

Chapter Five validates the research findings, sums up the participants' understanding of the resilience-focused interventions available in their socio-ecological environment and how these interventions can be used to improve the well-being of teen mothers.

Chapter Six provides the study's summary, highlights the significance of the study and proffers recommendations for further research and the employment of the Social Ecology of Resilience (SER) Theory in improving the well-being of teen mothers through resilience-focused interventions in rural schools.

1.10 Conclusion of the chapter

This chapter started by providing a contextual introduction to the study, highlighted the study's aim, rationale, and importance. It clarified the key research questions guiding the current study. It presented a summary of how the research has been designed, the methodology, research paradigm, research approach, sampling, data gathering and analysis procedures, and the ethical considerations guiding the study. The next chapter presents a review of extant literature on improving the well-being of teen mothers through resilience-focused interventions in rural schools.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Chapter 1 presented an introductory background to the study. This study aims to propose how an improvement in the well-being of teen mothers through resilience-focused interventions in rural schools can be beneficial to teen mothers through improved learning and development amongst teen mothers, mainly in rural secondary schools of QwaQwa. This chapter reviews extant literature related to the study's objective. It reflects on the theorised context of the research area presented beforehand. The literature review involves a situational analysis of teen mothers, an outline of Inclusive Education and the perceived benefits to all learners, including teen mothers, definitions of 'teen mothers', literature associated with the challenges faced by teen mothers and factors enhancing the well-being of teen mothers. Subsequently, the chapter deliberates on how other studies were steered on schooling for teen mothers and the factors influencing their well-being in rural schools. Moreover, the review ends with a look at resilience-focused interventions that can be employed, charted, and organised to improve teen mothers' well-being. The chapter ends with a conclusion.

2.2 Situational analysis of teen mothers

Adolescent pregnancy figures remain high in several countries. According to Whelehan and Bolin (2015), teenage pregnancy has rapidly become a global concern. The number of adolescent pregnancies is estimated to surge globally by 2030 (WHO, 2020). The predictable rise in teenage pregnancies is probably most predominant in Sub-Saharan Africa (SSA), which now records the highest immature, undeveloped and unripe pregnancies, globally (Ahinkorahet al., 2021).

Ayele et al (2018:1) noted that roughly 16 million adolescents aged 15-19 years and two million teenagers aged below 15 years give birth every year, which translates to approximately 11% of all global childbirths (Habitu, Yalew and Biseng 2018:2). Ayele et al (2018:1) further stated that 95% of these births occur in developing countries.

Further, Ahinkorah et al (2021:1) cited that the occurrence of teenage pregnancy in Sub-Saharan African countries is high. Ethiopia is "topping" as a Sub-Saharan African country with the highest teenage fertility rates. Habitu et al (2018:2) added that the highest teen pregnancies and childbearing occur in Latin America, the Caribbean, South Asia, West and Central Africa, as well as East and Southern Africa. SADC member states totalled a 65% increase in early pregnancies (Basic Education Committee on Teenage pregnancy and Comprehensive Sexuality Education, 2021; Yah et al., 2020), suggesting that, because of pregnancy, about one million teen mothers in Sub-Saharan Africa are at risk of not returning to school.

Annually, a projected 21 million girls aged 15–19 years in developing districts turn out to be pregnant, with almost 12 million of them giving birth. In developing countries, not less than 777,000 births involve girls younger than 15 years. In East Asia, for example, teenage fertility stands at is 7.1%, although the comparable proportion in Central Africa is 129.5%. The maximum quantity of births involving adolescents were observed in Eastern Asia (95 153 births) and Western Africa (70 423 births) (WHO, 2020).

Recent data published by the UN indicate that teenage pregnancies in South Africa have spiked exponentially, with around four per cent of the girls and women aged between 14 and 19 reported being pregnant between 2013 and 2018 (United Nations Population Division 2022). Statistics published by the Government of South Africa indicates that between 2017 and the first quarter of 2021, over 512,000 girls and young women aged 10 to 19 gave birth in health facilities and close to 57,000 ended their pregnancies (ReliefWeb 2021).

Teenage pregnancies in South Africa escalated from 16% to 60% all through the COVID-19 pandemic (Save the Children, 2021). Media statement in South African Parliament indicated that teenage pregnancies appeared to be increasing since the start of the COVID-19 pandemic, which saw a full preliminary lockdown. The Basic Education Committee, briefed by the Department of Basic Education, heard that more than 30% of adolescent girls fall pregnant in South Africa, and in excess of 65% of these pregnancies are unintentional (Parliament 2021). Delivery data in health facilities for all South African provinces show that between April 2020 and March 2021, the Northern Cape had the uppermost number of teen pregnancies (19,3%), tailed by the Eastern Cape with 17.1%, Kwazulu-Natal with 16,5% and Mpumalanga 15,5%.

Gauteng Province documented the fewest teen pregnancies, with 8.9% (Parliament 2021). These are verified pregnancies of girls aged between 10 and 19 years. The Free State recorded 13,1 births by teen mothers within that age bracket (Parliament of the Republic of South Africa, 2021).

Of the 34,587 births from teen mothers in SA in 2020, 16,042 were aged 17, while 688 were 9 and 10 years young (News 24, 2021). Girls as young as 10 are among the 23,226 learners who expected babies in Gauteng between April 2019 and March 2021, with a staggering 934 babies born by girls aged between 10 and 14 years (Makhetha, 2021). "Pre-teen mothers" can be defined as 9-10-year-old girls entering the arena of motherhood at such a tender age. The above statistics provide a brief rundown of the escalation of teen motherhood at a global scale, including African countries, specifically those in Sub-Saharan Africa in general and then South Africa and its provinces, in particular.

2.3 Inclusive Education and its perceived benefits to all learners, including teen mothers

Children's rights are fundamental and enshrined in international law. The Convention on the Rights of the Child (CRC) offers governments and civil organisations with essential fundamentals for girls' and boys' protection until they reach adulthood. Any violation of the aims and ethics of CRC constitutes a desecration of the children's human rights, and governments, as responsibility bearers, are liable to answer to these violations (Loaiza and Liang, 2013).

Worldwide, schools are governed by provincial governments, national and international laws. Whatever the educational specialist, social worker, school psychologist, etcetera wants to develop in schools, should be parallel to the laws. Even the interventions developed to assist teen mothers to regain strength, well-being, and resilience should be within the appropriate regulations. According to Draga, Stuurman and Petherbrigge (2016:163), the fundamental rights are encapsulated in numerous national and provincial laws and policies and have made hopeful and noteworthy changes to ensure access to basic education and promote equality. These international and national laws also guard against recklessness, abuse, and mistreatment of teen mothers and their children. It also ensures the recognition and implementation of these laws and the positive role networking amongst socio-

ecological stakeholders can improve the well-being and resilience of teen mothers in rural areas.

Hereafter follows a discussion on the identified articles and declarations related to the rights and improvement of the well-being of teen mothers.

"Improving the life opportunities of women and young girls" has long been a feature of development agendas and is now prominent in the Millennium Development Goals, intended to halve extreme poverty by 2015. Six of the eight goals impact policy relating to teenage pregnancy. They goals are: (1) to eradicate extreme poverty and hunger; (2) to achieve universal primary education; (3) to promote maternal health; (4) to reduce child mortality; (5) to promote gender equality and empower women and (6) to combat HIV and AIDS, malaria and other diseases (Jewkes, Morrel and Christofides, 2009:676).

According to Loaiza and Liang (2013:3-4), "adolescent girl pregnancy undermines the achievement of the Millennium Development Goals". In order to achieve the Millennium Development Goals, there is need to reduce the number of girls falling pregnant during their school going age. These Millennium Development Goals include:

Goal 1: End hunger and extreme poverty

Support given to girls to circumvent pregnancy, stay in school and delay family formulation translates into greater junctures in terms of developing skills and producing income for themselves and their immediate families, building a monetary base to lift future generations out of poverty.

Goal 2: Achieve universal primary education

Adolescent pregnancy abruptly limits girls' potential because they drop out of school and become mothers. Children of mothers with little education are less likely to be educated.

Goal 3: Promote gender equality and empower women

Girls often get impregnated by much older men or husbands without their involvement in the decision. Sizeable spousal age gaps also mean huge power differentials between girls and their partners or husbands. Girls who get pregnant before age 18 are more likely to experience violence in their marriages or sexual partnerships than those that postpone childbearing.

Goal 4: Reduce child mortality

Stillbirths and deaths in the first week of life are 50% higher among babies of teen mothers than among babies of mothers in their 20's.

Goal 5: Improve maternal health

Significant risks first-time mothers face during pregnancy include obstetric fistula and maternal death. Because they start childbearing early, married girls are likely to have more children at shorter intervals during their lifetime. Factors such as a young age, multiple children, and a short interval between births are linked to a higher risk of death and disability due to pregnancy or childbirth.

Goal 6: Combat HIV and AIDS, malaria and other diseases

Adolescent pregnancy exposes young girls to the risk of HIV and sexually transmitted infections (STIs). Girls in a marriage or matrimonial union often have older, more sexually experienced husbands or partners, lack the authority to negotiate safer sex, and have little admittance to family planning information.

The South African schools, by law, should create a conducive environment for counselling, and support for all learners who might encounter difficulties, including pregnancy. The Government Gazette published on 23 February 2018 (Department of Basic Education, 2018:6.3) list the following policy objectives:

(a) Policy objectives

Schools in the basic education structure make available a bright and supportive background where all pregnant learners can access specialised advice and guidance, information, recommendations or referrals, treatment, care, therapy, and support.

(b) Care, counselling and support for pregnant learners

Schools are mandated to become health and rights-endorsing establishments and act as inclusive or all-encompassing centres of education, care, and support through the Integrated School Health Policy (ISHP) (2012), which offers a comprehensive variety of services, together with appointments or referrals for pregnant learners whose desires cannot be accommodated inside the school. Teachers and other elected school personnel should be skilled and proficient to provide comprehensive sexuality education and information on prenatal period or pregnancy and motherhood and offer a humanitarian and compassionate environment by providing care, counselling, and support for pregnant learners.

(c) Gender

The policy on learner pregnancy considers female learners' biological, social, religious, and cultural needs and recognises gender impartiality and equality. Policy execution strategies also acknowledge that the female learner, whether pregnant or not, is predominantly vulnerable to sexual and gender-based violence, occasionally leading to intimidation and assault, including rape.

(d) Procedures for handling incidence of learner pregnancy

Fundamental to the accomplishment of this policy are strong guiding principles designed to address measures for managing the incidence of learner pregnancy and the responsibilities of the critical role players involved. When learners become expectant, the school can then manage the circumstances by protecting the learner's right to education and providing access to care. Schools develop many activities that build communities and shape individual personalities.

South African schools are governed by school governing bodies (SGBs). There are guidelines of how SGBs should conduct themselves and govern the school. Pregnant teenagers are allowed to continue with their studies. The government has the duty and responsibility to adhere to the country's constitution regarding teenage mothers and pregnant teens in schools. On the 15th of May 1998, the then Minister of Education, S.M.E. Bengu, operationalised the Guidelines for the Consideration of Governing Bodies in Adopting a Code of Conduct for Learners (Gen N 776, GG 10900 of May 1998) in Schedule (3) (3.9), which states that a learner who falls pregnant may not be disallowed from being present at school. A pregnant girl may well be referred to a

hospital for pregnant girls (Code of Conduct for Learners Section 8 of the South African Schools Act 84 of 1996 (hereafter the Schools Act)). Moreover, the governing body of a public school must adopt a code of conduct for the learners in the school, which contains the disciplinary rules that are crucial in maintaining school discipline.

It is vital to take note of the regulations, laws, and policy guidelines governing teenagers. These assists researchers in implementing interventions that promote equality in education and lessen the challenges teen mothers face in rural schools. Outlined below are the vital guidelines and laws as stated by Draga, Stuurman and Petherbridge (2016:165-166).

2.3.1 United Nations guidelines

Article 28 (1)(e) of the UN Convention on the Rights of the Child (UNCRC) (1989) states that South Africa must:

'Take all appropriate measures to eliminate discrimination against women ... to ensure to them equal rights with men in the field of education and in particular to ensure (t)he reduction of female students drop out proportions.'

2.3.2 Maputo Protocol (2003)

12(2)(C) States:

'State parties shall take specific positive action to (c) promote the enrolment and retention of girls in school....'

2.3.3 African Youth Charter (2009)

Article 23(g), p.18 states that South Africa must:

'Provide educational systems that do not impede girls and young women, including married and/or pregnant young women, from attending.'

2.3.4 The African Charter on the Rights and Welfare of the Child (ACRWC) (1990)

Article 11(6), p.12 states:

'State Parties to the present Charter shall have all appropriate measures to ensure that children who become pregnant before completing their education shall have an opportunity to continue with their education based on their ability.'

2.3.5 Constitution of South Africa (1996)

29 (1) Everyone has the right-

(a) to basic education (p.6 of 48)

With statistics pointing to around 120 000 learners falling pregnant every year, The Commission for Gender Equality (CGE) welcomed the announcement that the Teenage Pregnancy Policy that Cabinet recently approved would be implemented from January 2022. This will "allow female learners who are pregnant to continue with their education", as do male learners who impregnate them. The proposal by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (29 September 2021) contains information on pregnant learners' admission to education and teenage pregnancies (Articles 5, 10, 12).

According to The Constitution of the Republic of South Africa (1996) and the South African Schools Act (SASA) Number 84 of 1996 (as Amended): "No person, school, policy or practice may unfairly discriminate against learners based on their pregnancy or post-pregnancy status", which the National Education Policy Act supports (Learner Attendance Policy, 2011). Department of Basic Education (2018:8), underscores "the retention and re-enrolment of affected learners in school", including teen mothers. That is over and above the Draft DBE National Policy on the Prevention and Management of Learner Pregnancy (2018), which reaffirms teen mothers' right to basic education and support.

Furthermore, Education White Paper 6 of July 2001 on Inclusive Education promotes the principles of inclusion along with care and support. Teen mothers want to feel welcomed by classmates and teachers when reintegrated into the school, which is an important component of the Social Ecology of Resilience model and an essential source of support that enhances their well-being, resulting in them remaining in the school and completing their careers.

In addition, the SIAS (Screening, Identification, Assessment and Support) Policy (2014) safeguards that schools recognise the support needs of all learners, including teen mothers, concerning their home and school contexts. Physical, psychological, social, spiritual and academic needs are associated with early parenthood. It might also include the inability of teen mothers to plan and make decisions related to adult parenting and lack of maternal skills. According to SIAS policy, the school will then have to establish the level and extent of additional support teen mothers need, and in response, come up with a collaborative (school, psychologist, health) support package (a modified time-table, therapeutic sessions, fortnightly visits to the clinic, etcetera) 'tailor-made' for the teen mothers' individual needs. These resilience-focused sources of support or intervention will improve the well-being of teen mothers in rural schools.

International, continental and local policies, guidelines or laws relating to teen mothers are propagating for the urgency and prioritisation of ensuring that teen mothers well-being is improved holistically (physically, cognitively, emotionally, socially, academically, and spiritually).

2.4 Case studies - African countries regarding support for teen mothers in improving their well-being

Literature attests to the fact that several African countries developed interventions to improve the well-being of teen mothers. The countries discussed hereafter are the Congo, Zimbabwe, Kenya (Nairobi), Nigeria, Malawi, and Ghana.

Ahinkorah et al (2021:1) aver that in Sub-Saharan Africa, Congo experienced the highest prevalence of first adolescent pregnancy (44.3%) among all adolescents in that region. All over Sub-Saharan Africa, there are school and peer (school mates or friends in the community within the same age bracket) interventions, as well as mass media, health facilities, and community-based Adolescent Sexual and Reproductive Health Education (ASRHE) interventions which are aimed to support teen mothers in schools (Kalembo et al, 2013:1-8). According to Ahinkorah et al (2021:1-2), this welcomes the development of effective social policies such as family planning and comprehensive sex and relationship education in Sub-Saharan Africa and can help ensure healthy lives and promote adolescents' well-being, including teen mothers.

According to Tinago et al. (2021), studies conducted in Zimbabwe on teen mothers revealed that participants frequently experienced stigma, loneliness, and lack of resources and coping skills to effectively steer motherhood. Their poor mental health was a direct result of stigma and social isolation. At this stage, the Zimbabwean context shows that their mental health concerns were not addressed. Peer care groups for teenage mothers in Zimbabwe were positively acknowledged to improve their psychological well-being, social support, information sharing, and also skills building. Sharing of information was made possible through digital intervention, via WhatsApp Messenger, which was a user-friendly and affordable platform.

In a study conducted in Nairobi, Wainaina et al (2021:1--10) confirm that mental stress during pregnancy and early motherhood affected the health and well-being of teen mothers, mainly due to psychosocial challenges namely, to name but a few, refused entry at home by parents; financial hardship; neglect and rejection by the person liable for the pregnancy; stigmatisation by family, friends, and the public; emotional state of crushed dreams, etcetera. The need arose to focus on a multifaceted approach to address the well-being of pregnant and adolescent mothers. In addition, teenage mothers in Kenya are empowered by crafting opportunities to go back to school, life skills training, enhancement of their self-esteem, and economic enablement (Just Giving, 2018).

In Nigeria, there is a lack of social policies to empower adolescent mothers with demanding conditions and inadequate support (Braine, 2009; WHO, 2007). Due to the growing problem of teenage pregnancy and mothering complications in Sub-Saharan Africa and Nigeria (Bankole et al, 2006; WHO, 2007), it was obligatory to explore adolescent mothers' day-to-day practices and parenthood experiences. Studies undertaken on how teenage mothers deal with and overcome their mothering encounters in Nigeria are almost absent (Chohan and Langa, 2011; Lewis et al, 2007; Yardley, 2007). The experiences and practices of teenage mothers have captivated little consideration to contemporary inventiveness and efforts designed to endorse their social status and well-being (Chohan and Langa, 2011). Spiritual and cultural values still affect the tolerability of sexuality education among some Nigerian parents (Izugbara, 2008). Some adolescent mothers become involved in economic events supported with devotions, prayers and resilience in empowering themselves

(Agunbiade, 2014).

Luchuo Bain et al (2020) mentioned that a study conducted in Ghana sought to understand the supposed policymaking likings and bases of early teenage pregnancy and unplanned pregnancy among teen mothers, on whether to opt for abortion or continue with the pregnancy. The authors further pointed out that this poses more challenges for teen mothers due to a lack of policy direction besides cultural and social considerations. Weak financial independence and insufficient and unsuitable communication practices around sexuality were identified as key early adolescent pregnancy forecasters in the community under study. The recommendation places the responsibility on policy-makers to consider if the baby's father is entitled to the final decision-making body in the community regarding the unborn child's life.

Research piloted in Malawi sought to observe reasons related to teen mothers' usage of modern-day birth control devices after childbirth. The study's outcome revealed that 54.8% of teen mothers are still facing the risk of repeated pregnancy due to their failure to use contraceptives. In Malawi, healthcare challenges still occur, affecting women's usage of contraceptives, notwithstanding efforts made by the government to improve family planning access. Addressing teen births comprehensively averts the scourge of early motherhood and high fertility in Malawi, thus requiring the implementation of a wide range of approaches (Machira and Palamuleni, 2017)

2.4.1 Definitions for teen mothers

Cosden (2014) defines adolescent mothers as women between the ages of 11 and 19, who become pregnant and engage in parenting their children. Teen pregnancy is generally defined as a teen woman conceiving before attaining the age of 20 (Jones and Jones, 2011). Habitu, Yalew and Biseng (2018) define adolescent pregnancy as a pregnancy in girls aged between 10 and 19 years. According to Lilaroja in Pitso *et al.* (2014:610), teenage motherhood is formally defined as a pregnancy in a young woman who has not reached her 20th birthday when the pregnancy ends, notwithstanding whether the woman is married or is legally an adult depending on the country's laws.

2.4.2 Challenges faced by teen mothers

Finding a balance between being a "child-mother" and a "mother-learner" can instantaneously be demanding for a teen mother, as she has to juggle around with early parenthood, academic responsibilities and psycho-social demands. Eastbrooks et al (2010:42) highlighted that "Early parenthood is associated with challenging life trajectories, both antecedents to and following the transition to parenthood." This includes volatile family conditions, poverty, restricted educational prospects (Letourneau, Stewart and Barnfather, 2004) along with depression, social exclusion, financial constraints, over-tiredness, and etcetera. On the other hand, Pfeiffer et al (2017:11) mentioned that young individuals hold the key to their future, but hitherto, they are still facing different and complex challenges. This aligns with Vandenberg's (2012) views, who strongly posited that teen mothers face increased challenges when rearing children. According to Wahn, Nissen, and Ahlberg (2005:592), the stage of development or age when a girl turns out to be expecting is critical. Nevertheless, becoming a teen mother disrupts the path of her life. Supporting the previous statement is Mr P Moroatshela (ANC), who commented that 'it is important that they deal with one of the most sensitive challenges, which does not affect only the basic education system, but the entire society' (Basic Education Committee, 2021). Academic, social, economic, health, and cultural challenges that teen mothers face and that affect their overall health and well-being while attending rural schools, are discussed hereafter.

2.4.3 Academic challenges

Nelson Rolihlahla Mandela once said, 'education is the most powerful weapon we can use to change the world' (Mandela, 1990) However, pregnancies among teenagers are well-thought-out as an impediment as they favour schooling "stoppage" (Salazar-Pousada et al, 2010:1), is associated with a low literacy level (Sychareun et al, 2018:18), and often forced teen mothers to leave school due to child-rearing issues, being vulnerable and the need for support (Lekganyane, 2014:70). Planned Parenthood Association of South Africa (Greathead et al, 1998) further noted that there could be a scarcity of secondary and tertiary education for the pregnant teenager and roughly one-half of the girls who procreate before the age of eighteen do not

complete school, underlining the demands that early parenthood places on teen mothers at this stage.

South Africa has had a policy on the prevention and management of schoolchild pregnancies since 2007, which states that school children who are pregnant shall not be unethically discriminated against and cannot be expelled. Nonetheless, CEDAW (2021) noted that a study conducted by South African non-governmental organisations (NGOs) reported that not the entirety of the schools respects this rule, and schools have habitually shown prejudice against female students. Some school representatives continue to dismiss pregnant girls from school or ask them to transfer or move to other schools, violating their obligations to respect students' right to education. According to South Africa's 2018 General Household Survey, nearly 33% of the girls hardly resurfaces for school after falling pregnant (Statistics South Africa, 2018).

A study conducted by Chigona and Chetty (2008:265) found that teen mothers did not get appropriate support from the school. They were not viewed as learners with special needs. The uncooperativeness regarding support for teen mothers within the school environment could be seen in the following sub-categories;

- Nonexistence or lack of support from teachers;
- Shortage of counselling to contest stigma attached to teenage pregnancy;
- Prejudices and pressure from teachers and fellow learners.

2.4.4 Social challenges

Whitehead (2001:437) noted that pregnant teenagers who chose not to terminate their pregnancy face an array of retorts from family and friends, which, if antagonistic, results in them feeling socially left out and lonely. This view is supported by Lekganyane (2014:70), who affirms that teenage mothers often become socially excluded from society when they have landed in a parenthood-related crisis.

Parents and community members put their school girls in high regard. They expect them to remain in and complete their schooling career, and on top of that, end up as successful citizens, but when they fall pregnant, families and society often turn their backs on them, treating them as outcasts. Furthermore, Chigona and Chetty

(2008:271) reiterate that teen mothers are unsuccessful with their education because their home-based support was inadequate to see them through with their schooling. The lack of support from home can be categorised into the following themes;

- Parents' egotism due to shame, disgrace and embarrassment associated with teenage pregnancy;
- Communication failure at home;
- Socio-economic position of the family.

According to McDermott, Graham and Hamilton (2004:5), teenage parents are most likely to be from poor or socially excluded backgrounds, and becoming a teenage parent tends to worsen matters. Easterbrooks et al (2010:43) maintained that the task and everyday parenting responsibilities might inhibit the distinctive behaviour correlated to naturalness, liberation, self-support, suggesting that those pregnant teenage girls, all of a sudden, had to take on the role of adult parenting, instead of enjoying their freedom of being "child-free" and focusing solely on their school career. Another challenge noted by Greenblatt, Cockrill and Herold (2015:3) is that undeveloped parents, in particular, find themselves extremely stigmatised by society. This implies that society believes that children fit in at school, not children rearing children, or children jumping school and become parents.

Not all "baby-daddy's" support teen mothers intending to return to school and complete their educational careers. Bunting and McAuley (2004:212) believe that they have been connected with the non-completion of schooling for teen mothers. It has also been proposed that male partners may inspire young women to absent themselves from school because they fear meeting other men while attending school. Voigt et al (in Bunting and McAuley, 2004:213) mentioned the hostile relationship teen mothers sometimes had to endure at the hands of parents, siblings and their partners.

2.4.5 Economic challenges

The socio-economic background of a family, including the circle of poverty, can impose major limitations on a teenage capacity to make sustain childcare. This places an undue burden on the family, resulting in parents normally disapproving rather than helping pregnant teenagers (Nkani and Bhana, 2016:2). Being a teen mother who still has the responsibility to take care of your child's daily needs can surely be

economically demanding. The Child Support Grant of R460 instituted by the South African Government through SASSA is not enough to cover the child's monthly costs. As a result, teen mothers depend financially on their immediate and extended families, relatives, friends, baby-daddies and even resort to becoming "machonisas" (community money-lenders) in order to meet the demands of their children. Collins (2010) and Pitso et al (2014:1) emphasised this notion, strongly agreeing that adolescent parenthood is closely connected to an inconsequential socio-economic position.

2.4.6 Health challenges

"Worldwide, adolescent pregnancy is the second leading cause of mortality amongst the 15- 19-year-old age group. It's also regarded as a major public health concern. In rural areas, age-related pregnancy risks are compounded by malnutrition and limited access to maternal healthcare" (Sychareun et al, 2018:18). This is supported by the Planned Parenthood Association of South Africa (1998), which indicated that the pregnant adolescents possibly face an advanced risk of health problems if the pregnancy is unsupervised. The subsequent risks include problematic labour, a higher likelihood of delivering through caesarean section, early labour, and birth-related difficulties. On the other hand, Pfeiffer et al (2017:11) noted that a key concern is youth's sexual and reproductive health, including teen mothers. Teen mothers experience an emotional state of isolation and depression, which are unfavourable to the quality of their lives (Skobi and Makofane, 2017:236), signifying the fact that they have to come to terms with their circumstances and deal with their feelings. They might also be overwhelmed by the physical, emotional, and psychological demands of teen motherhood.

Furthermore, Wahn, Nissen and Ahlberg (2005:592) professed that more tension is added to this formerly turbulent time when life-changing events occur for teenagers. Failure to flourish may result in teenagers losing self-confidence, feeling defenseless, and experiencing self-destructive behaviour. This is a worrying factor, bearing in mind that, according to Odimegwu, Amoo and De Wet (2018:44), 'despite extensive programs (the Love life Campaign and the Born free dialogues), considerable financial investment, and several studies and reports on teenage pregnancy, the increasing

proportion of unintended pregnancies among teenagers has remained a public health concern in SA'.

2.4.7 Cultural challenges

Culture at the individual level generally reflects an intersectionality across groups (e.g., race, gender, ethnicity; Cole, 2009) as well as the combination of experiences in compound social contexts (e.g., for the child, family, school, peer group, community; Bethancourt, 2003) over time. According to the researcher of this study, the family that we are born into, where we grow up and live, the environment with all its different people and establishments, with its entire interconnectedness and their philosophies on how we should behave, and what can be done to resolve, exemplify culture. This declares teen mothers as an integral part of this culture. However, psychosocial interventions remain a challenge in South Africa (Williams, Herman and Stein, 2008:4). Theron and Theron (2010:1) stated that, to date, South African studies have failed to outline the cultural and related origins of resilience. Instead of support, this can be debilitating to the health and well-being of teen mothers, who could benefit from cultural intervention to sustain and to propel them to better outcomes.

They further indicated that communities lack the collective encouragement of indigenous (that is, South African) experience of resilience, which can impede the well-being of teen mothers. Moreover, there is a lack of commitment to and insight into an understanding of the history of resilience that has empowered the South African youth. Thus, teen mothers could also flourish if the community caters for their overall well-being and boosts their resilience mechanisms. Teen mothers are undeniably culturally bound, but attempting to develop psychosocial interventions that are more accessible by addressing cultural relevance is still inadequate (Marsella, 2009:4). This is supported by a media statement to the Basic Education Committee, which said that “background and culture do not permit families to discuss sexuality education in the home” (Parliament of the Republic of South Africa, 2021), and ANC’s Mr P Moroatshela commented that, ‘traditionally it was taboo for our communities to engage children on matters of sexuality’ (Basic Education Committee, 2021).

2.7 Factors enhancing the well-being of teen mothers in rural schools

Factors that improve the well-being of teen mothers exist within and outside the school (Ricks, 2016:5). However, this study focused on sources of support in the social environment in rural areas in QwaQwa that teen mothers can network and utilise to improve their well-being. This is supported by Saleebey (in Ricks, 2016:2-3), citing that all people, no matter how awkward their situations might be, possess strengths that can be marshalled to improve the quality of their lives. The programme and interventions that assist teen mothers to attain well-being are the responsibility of the educational department, health services, communities, NGOs, and society in general.

2.7.1 Peer support

Teen mothers can confide in, rely on, and experience respect, protection and unconditional love from their peers despite their situation. This is in line with the findings of Voigt et al (in Bunting and McAuley, 2004:213), who mentioned that friends could offer a selected type of self-affirming support and may help cushion adolescents from the pressure and problems of the family. Amod, Halana and Smith (2019:9) also asserted that the main source of support for the mothers during their pregnancies and some mothers even after the birth of their babies was the peer group.

According to Tinago et al (2021), studies conducted worldwide indicated that peer support group intercessions with teen mothers offer them coping mechanisms that enable them to handle the stigma they experience and have been effective at snowballing social interrelationship, self-worth, and self-efficacy. This is in addition to empowering adolescent and teenage mothers as well as improving their psychological health and emotional well-being. Peer support groups afford a platform for knowledge and experience input to provide emotional, social and practical support. By digitally involving peer support groups to support teen mothers to get well and stay well, for example, online or virtually via mobile messaging applications, teen mothers are also reaping the rewards. Improved social connectedness, humiliation mechanisms, and valuable psychological health and social support are improved contributions. Furthermore, trained peer mentors in Canada use mobile phone voice calling to support adolescent mothers to cope with depression. Australia involved adolescents in improving adolescent mental health and emotional well-being, suggesting that health and well-being can be boosted by involving teen mothers' peers in several

ways. This can be done by arranging opportunities at schools, churches, via social media platforms, emergency venting podia, etc. for teen mothers to share their experiences with their peers which can reduce stress, loneliness, anxiety but also improve their self-esteem and give them hope for life.

2.7.2 Schools as a node of care and support

Education has become the cornerstone of success; thus, educational attainment is vital in securing a successful future for pregnant teenage learners (Ramalepa, Ramukumba and Masala-Chokwe, 2021). Teen mothers need appropriate mentoring and education for them to grow, progress in life and to reach their goals.

According to Ricks (2016:5), the school environment has several resources that can foster problem-solving skills and life enhancement. Again, a supportive school environment comprises a positive relationship between teachers and learners, learners and their peers, and home and school. These relations can be sources of support and strengths for teen mothers.

Thus, teen mothers should experience the school as a welcoming, accommodative, and a conducive and supportive environment that improves their well-being. This is supported by Cowan et al (2013), who pointed out that care and support activities within the school environment can contribute to the health and well-being of teen mothers, namely: providing school health services through a partnership, using a database to capture the services needed for pregnant teenagers, developing interventions that prevent learner pregnancy and encourage wellness based on teen mothers' needs, the incorporation of general screening for the health conditions of pregnant learners in schools, employing a policy that reinforces positive behaviour towards teen mothers practised by teachers of all schools, initiate networking between the Department of Health and the Department of Education regarding learner pregnancy in schools, and lastly, too, in case any emergency arises regarding the health of teen mothers, schools are equipped and ready to deal with crises and emergency.

2.7.3 Financial support

Bhana et al (2010:877) cited that teachers suggested that pregnant learners are not affected by pregnancy alone, but also by societal structures that inhibit young women from handling schooling, pregnancy and child-rearing in socially and financially disadvantaged communities, hence the Child Support Grant of R460 provides financial relief to a teen mother for her to take responsibility for her child's daily needs. According to Willan (2013:5), in South Africa, the comeback of learners to school after pregnancy rests on socio-economic factors, such as family funding to support with childcare errands or the ability to have the funds for childcare services.

2.7.4 Teen-organised marriages

According to Mangeli et al (2017:2), research has shown that numerous aspects are effective on early marriage and parenthood as well as financial factors (poverty and joblessness), societal factors (gender judgment, school dropout, social standards, mass media, relocation from rural to inner-city areas, the impact of peers), cultural and spiritual factors (deterrence from uninhibited sexual promiscuousness, holy and cultural enticements, background and race), security factors (conflict, rape, abduction), mental factors (little self-esteem, psychological health problems, antisocial conduct, sense of expressive maturity), party-political and lawful factors (countrywide laws for wedding and sexual relationships, legal gap), structural factors (understandings of healthcare givers and admission to facilities), household factors (collapse of family structures, the nonappearance of father, family morals, social and psychological complications of fathers and mothers, parents' mandate), and personal factors (failure to continue with education, love, longing to have children, sense of enablement).

2.7.5 Social support

Teen mothers are social beings interconnected to a socio-ecological environment where their interaction with different sources of support can play a pivotal role in overcoming health-related barriers which can inhibit their well-being. Positive support from society, community and family can help decrease teen mothers' stress and depression. According to Angley et al (2015:2), teen mothers can draw support from several resources, including parents, partners, relatives and friends, which is

necessary for improving teen mothers' well-being. Bunting and McAuley (2004:208) supported this notion, commenting that the majority of teenage mothers live with their mothers for up to five years after giving birth. Grandmothers are the prime source of housing, as well as financial and childcare assistance. Co-residence with grandmothers has also been associated with increased educational attainment and steady employment for young mothers and restored parenting and child development outcomes for their children.

Furthermore, the teen fathers play an essential part in improving the teen mothers' well-being by providing them with money to support their offspring's needs. Bunting and McAuley (2004:208) support this view by pointing out that partner support is believed to improve the financial position of teenage mothers.

Amod, Halana and Smith (2019:10) noted that teen mothers recognise community-based church groups as sources of support. Churches assist them with material and emotional care during their pregnancies. Some young mothers felt that interacting with church members that they could confide in enabled them to realise coping plans that they could use to sustain a positive lifestyle. Connecting teen mothers with church members and their spiritual connection with God through prayers, hymns, and the Bible can improve their well-being.

2.8 Resilience-focused interventions for the improvement of teen mothers' well-being

Most support programmes that aim to improve the lives of teen mothers are not stand-alone, but vary in terms of intervention (Kulkarni, Kennedy and Lewis, 2010:21). A variety of sources of support within their socio-ecological environment are available for teen mothers to improve their well-being. The source of support will depend on the need or needs of the teen mothers. Advice and nurturing provided by grandmothers to teen mothers enable them to continue with their education (Black, Papas and Hussey, 2002:573; Hess, Papas and Black, 2002:620), and involvement in church events promotes morals, inspires positive relations, and establishes long-lasting social bonds; thus, the personal competency of teen mothers appears to increase (Brody, Stoneman and Flor, 1996:2).

The school and home are valuable sources of support in the socio-ecological environment. Vogel and Watson (2017:17) stated that education and family support, together with motivation, which is heralded as the primary cause for teen mothers' graduation from high school, helps enhance their resilience. Networking amongst and collaborative support for teen mothers by the different structures in their socio-ecological environment enhances the well-being and resilience of teen mothers. According to Ricks (2016:6), various institutions and organisations play a vital role in developing interventions that assist teen mothers in coping with the demands of schooling and parenting. Some of the persons who play a critical role in assisting teen mothers are the social workers. Social workers capitalise on teen parents' drive and motivation by assisting them with goal development, implementing interventions that will facilitate goal obtainment, locating the resources to attain goals, and realising their aspirations.

Skatrud, Bennet and Loda (1998:23) mentioned that the universal goals of pregnancy prevention programmes have been intensifying information about sexuality. It must offer knowledge regarding the dangers of early motherhood. Then, it should enable contact to proper health services. This means that sexuality education programmes can improve the well-being of teen mothers as it will prevent recurring pregnancies, exposure to STI's, prevention of HIV and AIDS infections, etcetera. They further state that plans have combined comprehensive prevention policies, such as improving career prospects, increasing self-respect, encouraging religious membership, and firming up parent-child communication. According to Pearce, Little and Perez (2003:267), it has become evident that religiousness is one relatively unexplored factor that may promote well-being in adolescents.

Social support changes as the developmental needs of young mother's change. During their teen years, young mothers may benefit from guidance and care-giving assistance, particularly as they complete the adolescent's education and career preparation (Blacket al, 2002:578). When teen mothers participate in social activities, they develop coping strategies that enable them to deal with their challenges and risks. Dumont and Provost (1999:346) stated that self-esteem and involvement in social activities seem as important as academic programmes for youth development.

2.9 Summary

The main problem teen mothers are facing is the lack of interventions or programmes that improve the well-being of teen mothers through resilience-focused interventions in rural schools. However, this study intends to identify the resilience-focused interventions that act as a catalyst in obtaining the resilience that can enhance the well-being of teen mothers in rural areas.

This chapter reviewed the relevant literature detailing how teen mothers are correlated to Inclusive Education and defining teen mothers, with specific emphasis on improving their well-being. Literature clarified the challenges faced by teen mothers, the factors that enhance the well-being of teen mothers in rural schools, and interventions for the improvement of teen mothers' well-being. Conceptualising the well-being of teen mothers in this chapter has been realised in coupling it to the fundamental principle of the Social Ecology of Resilience (SER) Theory obtainable in the next chapter as the theoretical framework to improve the well-being of teen mothers in such a way that they can change their circumstances, capable of bouncing back despite their corresponding distresses related to early motherhood. The theoretical framework encapsulated in the Social Ecology of Resilience (SER) Theory, on the other hand, corresponds with the aim of the study, which recognises components within the socio-ecological environment (rural areas), for example, the school, family, neighbourhood, community, and culture, and many more, of teen mothers, that, as life-lines of support, can assist them become contributors to the improvement of teen mothers' well-being within the community, through resilience-focused interventions. This chapter tapped into the theoretical framework, the Social Ecology of Resilience Theory in improving the well-being of teen mothers through interventions. The chapter mainly focused on highlighting the usage of the theoretical framework and for society not to lose touch with the fact that teen mothers are human beings who deserve the same love, comfort, care and support, and "sunshine" as any other human being across the world.

CHAPTER 3

THEORETICAL FRAMEWORK FOR IMPROVING THE WELL-BEING OF TEEN MOTHERS

3.1. Introduction

The previous chapter explored and reviewed the literature relevant to this study. This chapter discusses the Social Ecology of Resilience (SER) Theory (Ungar, 2011) as the theoretical framework or the lens informing the study. Firstly, the researcher provides a brief overview of the origin of the theoretical framework. Secondly, the chapter dwells on the components of the Social Ecology of Resilience Theory. Thirdly, the chapter outlines the importance or advantages of the theory. Fourthly, the chapter explains the relevance of the Social Ecology of Resilience Theory to the current study. Finally, it highlights the limitations of the theoretical framework as noted by other researchers. The chapter ends with a concise conclusion.

3.2. The origin of Social Ecology of Resilience

Social Ecology of Resilience (SER) was an advancement from the Bio-Social-Ecological Systems model of human development (Bronfenbrenner, 1979:3,9; Ungar, 2008:7, 2011:2, 2012:1,14; Ungar, Ghazinour and Richter, 2013:348; Lerner, 2006:41,42; Luthar, Cicchetti and Becker, 2000:3; Schoon, 2006:20,23; Masten, 2001:3; Rutter, 2006:8). This group opposed the idea that an individual relies on his or her strengths to develop and become resilient. They argued that resilience takes place within the multisystem, including interaction with the self, other people, and the environment. Folke et al (2016:41) mentioned that the Social-Ecology of resilience stresses that persons, societies, economies, and cultures are rooted parts of the environment and shape it, from local to universal scales. Therefore, the researcher understands that teen mothers are human beings, come from various cultural and socio-economic backgrounds, and are community members, regardless of their status or stature. These notions should not be disregarded in conversations relating to their resilience.

The most important proclamation endorsed by SER is reciprocity (mutuality/interchange/exchange) or the reciprocal (give-and-take/share/mutual) process. Ungar, Ghazinour and Richter (2013:348-350) and Ungar (2018: 9-11) state

that interaction takes place between individuals and their environments where one is not more important than the other, but both the person and their background are equally significant. This is affirmed by Lerner (2006) who indicated that resilience is not distinctive of neither the individuals nor the societies around them, but rather a dynamic feature of the association between elements, denoting their communal regulation (reciprocity) and change over time.

The two issues that pertain to SER's reciprocal process are individuals and environments (Ungar, Ghazinour and Richter, 2013:350). The researcher's understanding of the first issue is that individuals exposed to risk cannot independently become resilient but depend on structures or organisations from within their socio-ecological environment for support. The researcher's understanding of the second issue is that teen mothers can gain support from the socio-ecological environment, for example, school, family, neighbourhood, community, and culture can help them bounce back, recover or survive despite the misfortune preventing them from becoming resilient. Hence, interactions of teen mothers with multi-layered socio-ecological systems for support can enhance their well-being and resilience over time. In this regard, SER helps us understand people and their environments as resources relating to resilience (Ungar, 2008:225; Ungar, Ghazinour and Richter, 2013: 348-361).

The critical role the environment plays in people's lives provides avenues through which to explore how people live and thrive amid adversities. In this way, one can discover the value inherent in what rural areas can do to improve the well-being of teen mothers. Therefore, SER affords the opportunity for all the people and their environments to be part of the conversation that leads to interventions that improve the well-being of teen mothers in their context. According to Ungar (2012:1), this perspective makes the comprehension of resilience cover the discourse relating to constructive human growth even under hardship. This relates to social-ecological aspects such as adversity, social and environmental issues such as family, schools, neighbourhood, community services, and cultural practices as believable as emotional facets of positive development when under stress.

The researcher views SER as allowing him to learn about teen mothers' challenges as individuals, challenges emanating from teen mothers' communities, reflect on what they can do about the challenges, suggest ways to be supported, and improve their lives. The research question for this study echoes the SER agenda of individual-environment networking or person-context exchanges, seeking a profound realisation of the current state of teen mothers in a selected rural area and ways in which their lives can be improved. Through the lens of SER, which emphasises the individual, collective and social-ecological factors (Ungar, 2012:1-13; Theron and Theron, 2010: 1-2), improved well-being of teen mothers can be experienced.

3.3 The components of Social Ecology of Resilience

The adopted Socio-ecological framework by Ungar (2012:1) integrates five components of support, which are referred to as resources that can be utilised by teen mothers to improve their well-being and resilience. These components, from their socio-ecological environment, are the family, school, neighbourhood, community services, and cultural practices. Ungar (2012:1) pointed out that these components are as significant as psychological characteristics of positive change under stress.

Based on the above understanding, this study adopts Ungar's (2012) model, which fits in the five components from the socio-ecological environment. Teen mothers in rural schools can exploit these sources of support to recognise and enhance their well-being and resilience. Figure 3.1 below presents the five sources of support, signifying the five categories (see Figure 3.1): Family, school, neighbourhood, community services and cultural practices (Masten, 2014:29-40; Ebersöhnet al, 2018:332).

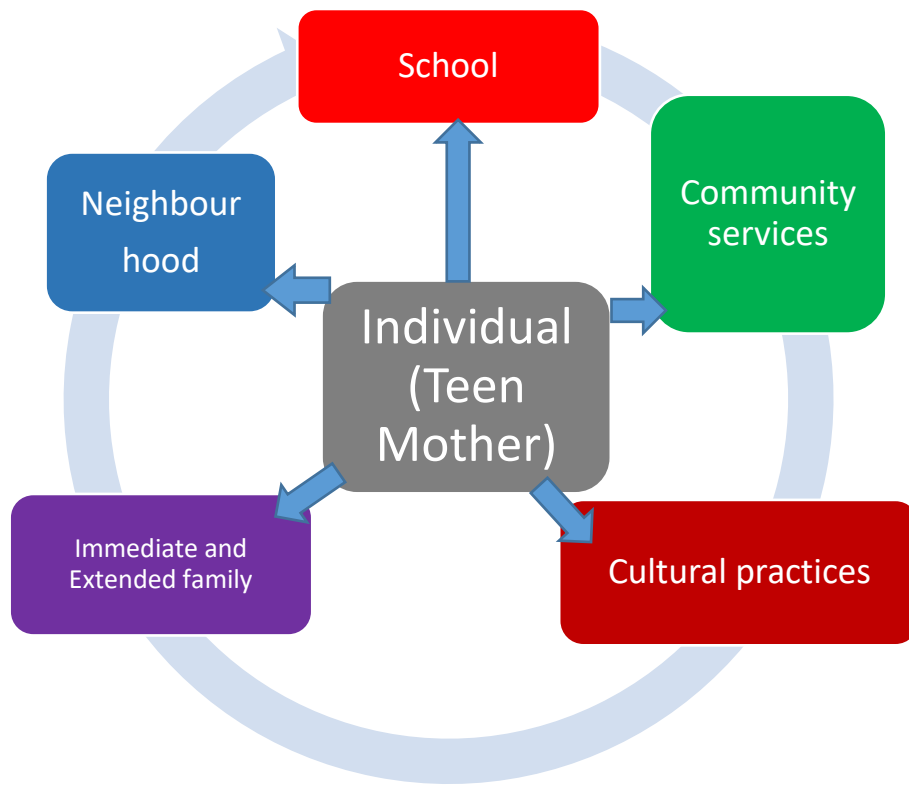


Figure 3.1: The Social Ecology of Resilience model for employing support resources (adapted from Ungar (2012:1))

The Social Ecology of Resilience model presented in Figure 3.1 above has been selected to illustrate the theoretical underpinning of this study. It illustrates the sources of support as components on which the improvement of teen mothers' well-being and resilience within rural backgrounds rest. The interventions to be introduced would align themselves with "contributors that highlighted the need to ensure ongoing nurturance and support for mothers through relational, interpersonal, therapeutic approaches and by fostering close networks with people in their everyday life setting" (Luthar and Eisenberg, 2017:338). The latter statement highlights that support for teen mothers, not only at the school level but beyond the school's borders, underscores the appreciated role these components can play in their socio-ecological environment for them to cope and enhance their positive development. This is in line with the findings of Kulkarni, Kennedy and Lewis (2010:218), who indicated that most support programmes for teen mothers are not stand-alone but vary in terms of intervention.

The model directly indicates that “interaction takes place between individuals (teen mothers) and their environments”, that “one (teen mother) is not more important than the other (environment)”, but “both the person (teen mother) and the background are equally significant” (Ungar, 2018:9-11), denoting that for the improvement of their well-being and resilience, the interconnectedness of the teen mothers and the five components of the Social Ecology of Resilience, is paramount. To improve teen mothers’ overall well-being and resilience, the combination of the components, which are the family, school, neighbourhood, community services and cultural practices, can be very beneficial and be regarded as momentous “life-lines” in the backdrop of this study. The components of the Social Ecology of Resilience are addressed in the next section.

3.3.1 Individual (teen mother)

According to Ebersöhn and Bouwer (2013:2), “children are active participants in their development, with unique personal abilities”. The individual’s abilities, in this case, the teen mothers’ abilities, are emphasised by the first component of the Social Ecology of Resilience model. Ebersöhn and Bouwer (2013:4) and Ungar (2012:17) contended that individuals rely on these abilities for support to find solutions to their own challenges. The abilities of teen mothers, which are shared by Children's Bureau (2015:3), refer to: (a) cognitive knowledge, (b) sense of optimism, (c) self-efficacy, (d) academic skills and (e) problem skills. Ramatea (2020:45) echoed this view in her studies, stating that individual strengths, capacities, talents and social skills are qualities of individual abilities, denoting that it can be the motive for building resilience for teen mothers enabling them to cope with the responsibilities related to early motherhood.

According to Masten (2014:303), an individual’s ability and the interactions between the components of an individual’s environment determines resilience. So, by drawing support from some or all components in their environment, TM’s can improve their well-being and build resilience. Ricks (2016:2) noted that teen mothers possess strength. They are driven to be respectable parents, go-getting, and hold the potential to live highly productive lives. In practice, they employ an asset viewpoint with regard to those strengths. Thus, all individuals have inner and outer resources that are

unrelated to their circumstances. Those resources serve as strengths that are more related to well-being and resilience.

Distinct abilities, such as positive character and the intellectual skill to process undesirable practice by the building of the hopeful, are fundamental in the development of resilience (Rutter, in Collins, 2010:8), signifying that despite the trauma and responsibilities that come with teenage pregnancy, surrounding oneself with positive people and having a positive mindset reaps positive outcomes. In addition, Liebenberg and Moore (2018:2) posit that resilience encompasses both individual abilities and interpersonal resources situated in societal ecologies, which denotes that, as unique individuals, teen mothers can tap into their inner strength, agency or sense of optimism (Children's Bureau, 2015:3), and reach out to either their immediate or extended family, school, neighbours, community structures or cultural practices (components of SER) to enhance their overall well-being.

3.3.2 School

Another component of the Social Ecology of Resilience that can offer continuing educational and social support for teen mothers is the school (Collins, 2010:11), as it enshrines other resources of support. Schools, as a resource of support in the background of this research, refer to rural Secondary schools in QwaQwa. Examples of these support structures are the School-Based Support Team (SBST), responsible for the identification and referral of learners experiencing barriers (teen motherhood) to learning and development, and the Care and Support for Teaching and Learning (CSTL) committee, which ensures that learners across the board (including teen mothers) receive adequate support and are not excluded from or left behind during the teaching and learning process. Vogel and Watson (2017:17) alluded to the vital role education plays in fostering teen mothers' resilience and enabling them to complete school.

Furthermore, Kalil and Ziol-Guest (2008:527) perceive the school as an important support resource for TMs' educational attainment. They clarify how crucial it is to identify the resources needed to help young teenage mothers remain in and progress with school. When teen mothers are emotionally distressed or experiencing academic challenges, the support provided by peers can only be favourable to them (Ricks,

2016:5). In his research findings, Malindi (2018:4) explained that peers play a pivotal role in enhancing resilience in teen mothers. This is unswerving with the conclusions reached by Ricks (2016:5), who cited that those positive relationships between teen mothers and their peers are fundamental pillars of strength and support. This means that away from home, tolerance and companionship by their peers and schoolmates remain vital ingredients of support for teen mothers during this time that is characterised by uncertainty and serve as enablers or enhancers of their well-being and resilience.

According to Ricks (2016:5), the school setup contains more than a few resources that can be utilised for problem resolution and life enrichment. Again, a caring educational milieu endorses positive relationships amongst teachers and schoolchildren, peers and pupils, as well as school and home. These relations can be foundations of strength and support for teen mothers. Therefore, in this study, the school can be seen as a tremendously valuable resource providing care and support for teen mothers to boost their resilience and improve their well-being.

3.3.3 Family and extended family

The cornerstone or foundation of support for children is their families (Hess, Papas and Black, 2002:620; Vandenberg, 2012:22). According to Zakeri, Jowkar and Razmjooe (2010:1068), resilience is enabled when biological mothers provide social support to young mothers (their children).

The family and extended family remain part of teen mothers' daily living. This component comprises parents, siblings, grandparents and relatives as sources of support. Asomani (2017:29) clarifies that "the immediate setting of a developing person includes the home and the family". The presence and role of the family in teen mothers' lives are significant. The importance of the extended family amongst the rural communities is explicit. Immediate and extended families take over responsibilities such as caring for the children of teen mothers when they are at schools, community projects and when teen mothers are away from home. For example, aunts, uncles, brothers and sisters are co-parenting with teen mothers.

In the current study, the researcher acknowledged the existence of a lot of collaborative work amongst family members. This concurs with Wahn, Nissen and

Ahlberg (2005), who maintain that teenage mothers cope resiliently with the challenges of early parenthood, with social support from the whole family. Vogel and Watson (2017:17) also observed that family support assists teen mothers to graduate from high school.

The family component is a source of support because teen mothers, like children, grow up, surround themselves and interrelate with family members on a daily basis. It is a source where they can draw positive elements appropriate for improving their well-being and resilience development. This aligns with the perspectives of Luthar, Cicchetti and Becker (2000:543-544), who affirmed that family factors also enhance resilience. This stresses the interrelationship of the teen mother (individual) with the rest of the family (Socio-ecological environment), which is deemed beneficial to their well-being (Bunting and McAuley, 2004:208), signifying that they cannot socially exclude themselves from the socio-ecological environment or exist in complete isolation. Family support can help teen mothers cope with their problems. The family remains a fundamental component for growing and developing individuals (Ramatea, 2020:46).

3.3.4 Neighbours

Neighbours constitute another component of the Social Ecology of Resilience. According to the Collins English Dictionary (2021), neighbours are ‘the people who live near or close to you’ or ‘in the house or flat which is next to yours’. This suggests that teen mothers live close of their neighbours. Ebersöhn (2017:2), Schoon (2006:19), and Theron and Theron (2010:1-2) mentioned the role neighbourhood plays as an interrelated structure to the positive outcomes and personal growth of individuals facing adversity. The researcher avers that neighbours contribute to the improvement of the well-being and resilience of teen mothers by being friendly, available, approachable, tolerant, accepting, respectful, helpful, and trustworthy to as well as being caring for and supportive of them.

3.3.5 Community structures

An individual is undeniably part of the community web. Asomani (2017:29) affirmed this view, and indicated that “the immediate setting of a developing person includes the community”, which is the fourth component in the Social Ecology of Resilience

framework. Community structures consist of government departments, for example, the Department of Health, the Department of Social Development, local clinics, SASSA, non-governmental organisations, churches and faith-based organisations. These are sources of support existing outside the school environment. Teen mothers can tap into any valuable sources of support inside, outside and all over the community that to improve their well-being and resilience. In the process, relationships develop among people (teen mothers and the socio-ecological environment).

According to Clark (2000:3), a social ecology necessitates the need to ponder on the whole planet as a kind community in which individuals are the members, including teen mothers. On the other hand, Child Welfare Information Gateway (ibid) noted that a positive community environment presents protective factors with the most persuasive current evidence for expectant and child-rearing teens. This is in line with the views of Sherman and Greenfield (2013:75), who indicated that it becomes evident that the emotional and psychological well-being of expecting teenagers and teenage mothers is related to, in particular, relationships with and level of support received from other community members. Furthermore, Van Pelt (2012:1) maintained that partnership with external community organisations is another effective school-based programme with social work participation designed to prevent teen mothers from dropping out of school, which signifies that psycho-social support is imperative in improving the well-being of teen mothers. The overall well-being of teen mothers can be improved by nurturing ties with community structures at large (NGOs, FBOs, DSD, etcetera).

3.3.6 Cultural practices

The last component of the Social Ecology of Resilience Theory, that plays a definite role in improving the well-being and resilience of teen mothers, are cultural practices. Ale and Howe (2010:1) pointed out that culture and environment have an influence on the well-being of teen mothers in rural schools because it's a health issue with possible complications for teen mothers. They can also run the risk of dropping out of school due to lack of academic support from teachers, financial support from parents and the father of the baby as well as social isolation by their peers. Based on this understanding, Theron and Theron (2010:2) maintained that processes for teen mothers inform resilience in bounded contexts and cultures. On the other hand,

community and culture make available well-being resources and understandings in a traditionally eloquent way (Ungar, 2008:225), contributing to the improvement of the well-being of teen mothers.

Theron and Theron (2010:1) mentioned the urge for collective encouragement of indigenous (that is, South African) experience of resilience. The history of resilience has empowered South African youth. Resilience is gradually being theorised as an ethnically and contextually nuanced concept. This indicates the relevance of cultural practices that contribute to the improvement of teen mothers' well-being and resilience. This means that any positive encouragement, guidance, effort, input, or idea from the past that relates to teen mothers' well-being should be regarded as a building block on the improvement of the well-being of teen mothers. Ungar (2011, cited in Shean, 2015:22) suggests that positive growth is embedded in the cultural and historical background. Resilience, therefore, is construed as a “reciprocal process that is embedded in a given social ecology and that relies on culturally appropriate interaction between youths and their social ecologies” (Ungar, 2011:10). Therefore, values or contributions, as sources of support from the past, improve the well-being of teen mothers and built their resilience; thus, they should be acknowledged and implemented.

So, 'building bridges' between and networking with and receiving support from any component of the SER can be very valuable for teen mothers to cope, enhance their competence and improve their general health and well-being as well as boosting their resilience during and throughout their schooling and overall contribute to successful and positive development.

3.4 The relevance of Social Ecology of Resilience to this study

The literature around the Social Ecology of Resilience proposes an interconnectedness of individuals (teen mothers) with resilience-focused interventions from their socio-ecological environment, for example, the family, school, neighbourhood, community services, cultural practices, etcetera, which consequently improve the well-being of teen mothers (Walsh, 2012:173; Lane and Dorfam, 1997:12).

In addition, Luthar, Cicchetti and Becker (2000:3) concur with the concept that resilience results from an individual's networking with components within the socio-ecological environment. The application thereof is also appropriate in child psychology (Cicchetti, 2013; Clauss-Ehlers, 2008; Coifman et al, 2007; Nix et al, 2005).

The researcher has positioned his concern within the description of the theory to validate the status of the Social Ecology of Resilience (SER) Theory to this research. The Social Ecology of Resilience Theory is relevant to this study in that it shows that the concept can be approached in various domains. Luther, Cicchetti and Becker (2000) acknowledged it when stating that individuals can exhibit resilience in various domains such as education, emotion and behaviour.

However, many factors contribute to teen mothers' resilience and psychological well-being (Biggs, 2015). Schluter and Schoon (2015) also mentioned that resilience principles are built. This study utilised the Social Ecology of Resilience to build resilience among teen mothers in the face of challenges and adverse change. "A social-ecological understanding of resilience recognizes the important contributions of family and social networks, community services, and cultural influences in the positive development of youth in conditions of adversity" (Walsh, 2012:173). Reciprocated relations are formed among communities, schools, and families, making them interdependent. The social ecology of resilience framework clearly explains this dependency. "As such schools, families and communities are an integrated system that involves every member of the community in pluralistic and co-ordinated educational activities" (Lane and Dorfam, 1997:12)

This is consistent with the findings of some South African academics whose research studies used this theory, for the most part in rural contexts. Such studies were carried out by Singh and Naicker (2019), Theron (2016) and Gopal and Nunlall (2017), and Bezuidenhout, Theron and Fritz (2015).

Correspondingly, Hall and Theron (2016) regard the Social Ecology of Resilience Theory as meaningful, as the positive collaboration between adolescents and their social ecologies results in resilience. Thus, this study avers that resilience-focused intervention by supportive social ecologies (Hall and Theron, 2016) can improve the

well-being of teen mothers (Biggs, Schluter and Schoon, 2015; Singh and Naicker, 2019; Walsh, 2012).

3.5 The limitations of the Social Ecology of Resilience Theory

It should be noted that not all psychological, resilience and ecological approaches are absolute or objective. Thus, conceding that the Social Ecology of Resilience (SER) Theory had been criticised by several scholars, its importance cannot be ruled out.

The identified limitations of the theory, according to Wang, Liu and Zhao (2014:3262), include three factors which are: (a) resilience is a multifaceted structure, and many factors are swaying the change process, which suggests that supplementary studies should not only concentrate on societal, psychological issues, but also have compensatory considerations based on the social ecology perspective, (b) there is a limitation of this theory on the exploration of the living mechanism of resilience through inbred research or event-related possible way; lastly, (c) there were no further investigations by the Social Ecology of Resilience Theory on cultural diversity and environmental differences in the investigation of resilience mechanisms.

‘From a policy point of view, what the resilience literature is showing is that there needs to be a link between public policy and the behavioural and social sciences’ (Ungar, Ghazinour and Richter, 2013:360). On the other hand, Marie, Hanning and Jones (2018:30) cited a gap in the research exploring resilience, specifically in underdeveloped nations such as Palestine.

Furthermore, other limitations comprise deficiency of drive for transformation in the environment, altering existences can be tremendously tough, not entirely ailments can be barred, and countless individuals are in repudiation. They do not accept it as true; they are at risk (Anjorin, Carter and Kelly, 2021).

3.6 Conclusion

This chapter traced the theoretical framework used in this research project. It focused on how social ecology can be utilised in understanding teen mothers’ resilience in rural areas and how their well-being can be improved through their interconnectedness with their social-ecological environment. Over and above all, it stressed the need to identify

and utilise the sources of support from the components in the socio-ecological environment to improve the well-being of teen mothers.

The researcher recommends that the SER – Social Ecology of Resilience Theory be used to recognise existing sources of support within the SER components that can be utilised to improve the well-being of teen mothers, but also to uncover those that are operational “in the shadow” of the familiar and existing ones. Combined, and through networking, all these sources existing in the community, in conjunction with their strength and abilities, could be used to improve the well-being of teen mothers through resilience-focused interventions.

The Social Ecology of Resilience Theory, as the theoretical framework underpinning the study, emphasises the all-inclusiveness of all community systems and these components in bringing about well-being for teen mothers through collaborative support.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

The previous chapter reviewed the theoretical framework that informed the study. This chapter presented the research design and methodology, which were utilised in this study. It presents a synopsis of the considered paradigm in which the research is located. This is followed by the description of the research's qualitative process, emphasising the methodological reflections as well as sampling and data gathering procedures and techniques used to conduct this research. The chapter concludes with matters of trustworthiness and ethical considerations.

4.2 Research design

The use of the Social Ecology of Resilience (SER) Theory in selected secondary schools of QwaQwa in improving the well-being of teen mothers is explored by this qualitative research study. To propose awareness of the need to improve the well-being of teen mothers in selected rural secondary schools in QwaQwa, an arts-based method, the draw-and-write technique, and face-to-face interviews were used in this study. A plan of how the research should be accomplished was provided in detail in the research design to validate the necessary process of SER as it applied to this study.

4.2.1 The interpretivist paradigm

First of all, a research paradigm refers to “a cluster of beliefs and dictates which scientists in a particular discipline influenced what should be studied, how research should be done, and how results should be interpreted” (Bryman, 2012:630). Still, this study is located within the interpretivist paradigm.

A qualitative case study located within the interpretivist paradigm was employed. According to Creswell (2009), the interpretivist paradigm is qualitative research. This paradigm considers the participant's view (teen mother) regarding their condition (teen motherhood) through contact. It provides insight into their life backgrounds (rural

schools) on a social basis or personal historical meaning (socio-ecological environment), with a focus on how individuals (teen mothers) live. The individuals, who are teen mothers, are shaped by their background, and the researcher intends to construe the significance of their life backgrounds. The ontology of the interpretivist paradigm focuses on the perceived world and reality, particularly with regard to the reality of teen mothers. The epistemology adopted for this research accepted that knowledge is not static, but constantly emerges, as interpreted by both observer (researcher) and participants (teen mothers). Ontology and epistemology entertain the idea that reality can only be understood through the researcher's experiences and the analysis of real-world data and social interactions. This is best supported by a qualitative research design aiming at understanding the phenomenon of teen mothers in rural schools under study.

Furthermore, the case study method enables researchers to have a reflective understanding of particular occurrences of a phenomenon (teen mother) and its emphasis on understanding the subtleness of the setting on its own. The overriding qualities of unique know-how and the connotations linked with phenomena are what qualitative research deals with. Therefore, qualitative researchers are interested in the 'whole-world experience', the complexity of human familiarity, and personal and independent uniqueness, distinctiveness of individual involvements and meaning connected with a specific phenomenon (Du Plooy-Cilliers et al, 2014:173-174). Keyton (2011:58) maintains that personal feelings influence qualitative research, and it takes human values into account, as the researcher is the main research instrument in qualitative research.

Babbie and Mouton (2001) and Gomm, Hammersley and Foster (2000) defined a case study as a thick and in-depth description of a societal phenomenon (teen mothers) existing in a real-world setting (rural school). This method provides an expression to 'ordinary' people, offers a full and detailed understanding of the experience and perceptions of a partaker (teen mother) and permits a profound exploration of a phenomenon in its natural background (rural school).

The case studies conducted with the teen mothers were structured around background rather than individuals. Multiple perspectives were captured during the interview with every teen mother, and further detailed understandings of the phenomenon were collected (Aurini, Heath and Howells, 2016:48).

4.2.2 Qualitative research

Du Plooy-Cilliers et al (2014:172-174) stated that the fundamental qualities of personal experiences and the connotations related to the phenomenon (teen mothers) is what qualitative research deals with. Qualitative research taps into the lived experiences of individuals. Moreover, exploring 'whole-world experience' is the aim of qualitative research, with its interest in the depth of human experience. On the other hand, Quinn (2015:46-55) stated that qualitative research inquires into, documents, and interprets the meaning-making process. In this study, the participants (teen mothers) made interpretations of their drawings, meaning that the focus swings to them (Malchiodi, 1998:43). Furthermore, as Quinn (2015:55) explains, 'qualitative research often uses Art-based approach to inquire into the stories of individuals to capture and understand their perspectives, but often the answer to why people do what they do is found not just within the individual but, rather, within the systems of which they are a part: social, family, organisational, community, religious, political, and economic systems'. This validates the perceptions of Ungar (2008:7; 2011:2; 2012:1,14; 2018:9,11) and Ungar, Ghazinour and Richer (2013:348), who pointed out that the socio-ecological environment plays a critical role in the life involvements of people, in particular, teen mothers who are interacting with their societies around them.

The teen mothers' responses to the interview questions in the questionnaire, as well as their interpretations of the drawing of their teen motherhood, are stories expressing their unique teen motherhood experiences, respectively, and the role the socio-ecological environment plays in improving the well-being of teen mothers in rural schools. Qualitative research provides insight into and knowledge about what works, what does not, and why not (Quinn, 2015:56).

4.2.3 Arts-based research design

According to Eisner (2008:26), people's daily experiences are often visual and sensory, and these cannot be fully articulated in words, as not all facts are reducible to language. Thus, other means of communication like drawings, may capture diverse stages of life experiences (Bagnoli, 2013:2).

The draw-and-write method is often used in situations involving children, including teen mothers. The technique is also useful in multicultural studies, where participants may find it hard to clearly express themselves orally. Pictorial and artistic approaches can be employed by people of all ages. During their draw-and-write sessions, teen mothers articulated their multiple experiences that could hardly be expressed vocally (Gauntlett, 2007:118). Thus, drawings are used in this study by teen mothers in order to make the interviewing process extra profound through worth memory-aids (Scott, 2000:149). As young respondents, teen mothers participated in arts-based research.

As Morrow (1998:11) observes, the whole knowledge production process is valuable, and not just the drawing. The production of the picture as a response, together with the participants' written interpretation can be regarded as first-hand feedback of their experience. For example, the teen mothers' drawings substantiate their response to the question: Who supported you the most since you became a teen mother? The teen mothers' own meanings mattered, rather than the rendition of drawings based on some pre-existing concept. Thus, sketches served as 'openers' and 'ice breakers' during the interview (Morrow, 1998), and in so doing, they 'kick-started' a conversation between the teen mother and the researcher.

4.2.4 The context of the research

The teen mothers in this study were the participants. They were learners from the rural schools based in QwaQwa in the Eastern Free State. A total of five (5) female participants from five different schools in Grade 12 participated in the study. All of them resided with their families, and not with their partners.

4.2.4.1 Teen mother's profiles

Teen mother 1, 2, 3, 4 and 5 were all learners in Grade.12 at 05 different secondary schools A, B, C, D and E. which are in rural areas. They were all from the Thabo

Mofutsanyana Education District in QwaQwa which is located in the Free State Province. The ages of their children ranged between seven months and four years. They were living with either their parents or guardians. All of them were African learners, speaking Sesotho, as their Home language. Table 4.1 describes the participants' profiles.

Table 4.1: Profile of the Teen mothers

PARTICIPANT	GRADE	AGE OF THE BABY	SEX	PARTICIPANTS GUARDIAN	PARTICIPANTS SCHOOL	ENVIRONMENT	EDUCATION DISTRICT
1	12	2 years	Girl	Guardian (Sister)	Secondary School A	Rural	Thabo Mofutsanyana Education District
2	12	01 year,04 months	Boy	Mother and father	Secondary School B	Rural	Thabo Mofutsanyana Education District
3	12	08 months	Boy	Father	Secondary School C	Rural	Thabo Mofutsanyana Education District
4	12	04 years	Boy	Mother	Secondary School D	Rural	Thabo Mofutsanyana Education District
5	12	07 months	Boy	Mother	Secondary School E	Rural	Thabo Mofutsanyana Education District

4.2.5 Sampling procedures

According to Singh (2015:2), sampling is "the procedure through which we pick out, from a set of units that make up the object of study (the population), a limited number of cases (sample), chosen according to criteria that enable the results obtained by studying the sample (05 teen mothers) to be extrapolated to the whole population", meaning "observing a part (05 teen mothers) to consolidate information about the whole".

Wiid and Diggins (2013:186) defined a population as the "total group of people or entities [social artefacts] from which information is required". Including a sufficient number of participants in the selection to reach a saturation point is more imperative in qualitative research than focusing on an example large enough to be distinctive of the entire population.

All the five (05) teen mothers that participated in the research have been selected using purposive sampling, which is a probability sampling method that ensures that the outcome is generalisable to the bigger population; the sampling method forms the basis for making selections of cases and human subjects, assists with the research and is grounded on a standard list of features (Du Plooy-Cilliers et al, 2014:138-143; Alasuutari et al, 2008:223).

Five (05) teen mothers from different rural schools at Qwa Qwa in the Thabo Mofutsanyane Education District were selected for the interviews. The selection was based on location (Corbetta, 2011:2-3; Singh, 2015:2) of five (different rural schools in Qwa Qwa) and demographics (teen mothers) (Alasuutari et al, 2008:223). Aurini et al (2016:55) explained that the backbone of the qualitative research design requires several prearranged selections regarding how, where and with whom the research will be conducted, hence the adoption of the purposive sampling technique. Sampling signifies some form of purpose because it's fundamentally tied to the project's objectives and diverse research questions, and entails multiple possibilities for purposive sampling.

Corbetta (2011:3) and Singh (2015:3) pointed out that several advantages are offered by using sampling (05 teen mothers) in terms of:

- *Budget* for the collection of data;
- Requisite of *time* for data gathering and handling;
- *Organisation* regarding observing, training and watching over a large number of questioners, similar to a survey of people; as well as
- *Complexity* and precision, reduced organisational difficulty, and resources focused on quality control.

4.2.6 Data generation methods

According to Du Plooy-Cilliers et al. (2014:173-174), the qualitative data collection techniques allow researchers to get rich and complex data from participants residing in a particular community context. Qualitative data assist in comprehending the "why", "what", and "how" of occurrences by viewing them through the contributors' (teen mothers') eyes (Neuman, 2011:424). The two methods that were employed to generate data during this research were semi-structured interviews and the draw-and-write technique, an arts-based method.

4.2.6.1 Semi-structured interviews

In-depth, face-to-face interviews guided by open-ended questions were conducted individually with all the relevant participants (teen mothers). These interviews were audio-taped and transcribed (Creswell, 2012:213; Du Plooy-Cilliers et al, 2014:188). *[Amended due to the COVID-19 pandemic – Ref: Ethical Clearance – Date: 2020-05-19]*

Leonard and Leonard (2003:13) stated that the topics to be included on the interview guide and questions to be asked (by the interviewer to the teen mothers) are decided upon long before the face-to-face interviews are conducted. For the communication to be organised, flexibility is critical, and altering the arrangement of the key questions to inquire for more facts can be done by the interviewer. To be prompted of the key themes and matters they are broadly engrossed in and to help them link the different fragments, the interviewer can use an aide-memoir. Therefore, the interviewer can modify the research tool to suit the interviewee's needs. Sufficient freedom to digress is the prerogative of the interview (teen mother).

Stokes (2011:11) indicated that during face-to-face interviews, the interviewees (teen mothers) would also be asked several essential open-ended questions. The interviewee elaborates on topics that can be too perplexing to analyse but could generate richer and more detailed perceptions. Alasuutari et al (2008:218) emphasised that it permits probative continuation questions and exploration of themes unexpected by the questioner, enabling the development of an indirect understanding of what transpires in the situation and why.

Rubin and Rubin (2012:3) pointed out that, by posing research questions, focusing on the individuals (teen mothers), is key; their emotional state and experiences will be better understood, including viewpoints on social life. According to Richie and Lewis (2003:71), this technique aids the interviewer in search of understanding the outlooks of individuals contextualised within their specific history and/or experiences, allowing the researcher to connect these to personal circumstances because it facilitates the comprehensive exploration of multifaceted issues.

A qualitative data collection technique that permits the researcher to ask participants (teen mothers) questions to acquire more insights into their interpretations, opinions, and principles about a particular phenomenon is referred to as an in-depth interview. Data were collected using open-ended questions throughout interviews that replicated a conversation (Du Plooy-Cilliers et al, 2014:188).

It is envisaged that these data collection techniques would enhance exploration of the improvement of the well-being of teen mothers through resilience-focused interventions in rural schools.

Face-to-face interviews [*Amended due to the COVID-19 pandemic – Ref: Ethical Clearance – Date: 2020-05-19*] would be conducted with the participants, who are the five (05) teen mothers from rural areas of Qwa Qwa in the Free State, in order to collect the data to address the question: "*How can resilience-focused interventions improve the well-being of teen mothers in rural schools*". As participants in the case study, the teen mothers explained their different experiences and perceptions as teen mothers regarding whether the support provided by different stakeholders was significant and whether sufficient resources were available to support them or if more support was needed to assist them in coping.

4.2.6.2 The draw-and-write technique

Another data collection method, the draw-and-write technique, was identified and used with selected teen mothers. According to (Malchiodi, 1998:43), the method gives rise to a transformed awareness by using youngsters' drawings presently, as the focus swings to what the teenager says about the picture.

1. It is centred on the belief that "starting where the children are," meaning that teenagers' sketches and words are important, creates more insights into the phenomenon under research (Prosser and Burke, 2012:10; Sogger and Ben-Arieh, 2014:8-9).
2. Integrating the draw-and-write technique with in-depth interviews is a means of soliciting rich about from vulnerable children (Liamputtong (2011:10).
3. Children's drawings frequently elevate their self-confidence; their interpretations can be pursued and it allows them to fabricate delicate data, as they express their inner world, and it allows them to speak (Prosser and Burke, 2012:2)
4. Drawings enable children to capture their feelings and emotions by reconstructing or returning to them (Prosser and Burke, 2012; Diem-Wille, 2001; Hanney and Kozłowska, 2002; Guillemin, 2004).
5. Additionally, the action of undertaking art is perceived as calming, decreasing individual self-protective and supplementing message (Arrington, 2001).
6. Form and meaning are often given to both acquainted and unacquainted experiences come across home-based, the school environment, the street, through mass media, in books and during playful activities, when children draw (Engel, 1995:3)
7. Children's drawings depict and narrate severely sensitive content, inexpressible family challenges, full discussions, and heart-wrenching stories (Malchiodi, 1998:114-116; Guillemin, 2004:4).
8. Children's drawings can be used in the process of therapeutic intercession (Malchiodi, 1998:4).
9. When young children draw, they focus on sensory and perceptual data; their drawings are necessary for the recovery development that is sensory and

produced on the inside. It helps them profile their storylines before sharing them. Ultimately, it results in a more child-centred description. Children feel more relaxed and contribute more informative insights into the phenomenon being studied. Through the images on the page, children can be referred back to the story, entirely remembering it (Gross and Hayne, 1998:2-4).

10. Children's voices are placed at the centre of the research process (Barker and Weller, 2003:1).
11. Children might find those events difficult to enable them to talk when they draw (Pipe, Salmon and Priestley, 2002:161-174).
12. The drawings provide the main vehicle for their ideas, and their descriptive texts in writing afford vital information regarding their drawings (Bland, 2012:7)
13. Non-verbal techniques encourage children to draw and share their experiences verbally, transfer information and decrease dependence on language ability (Pipe, Salmon and Priestley, 2002).
14. Combining the children's drawings and writings can be regarded as a powerful way of getting to know their side of the story as they might say less when they talk, but through drawing, another world of their lives might be unravelled (Piko and Bak, 2006:4).
15. Researchers can interact with participating kids in a friendly, unrestricted and flexible way. Therefore, children's observations are tapped into as they communicate naturally. Additional data from kids can be drawn much better than any component on its own (Horstman et al, 2008:2-5).
16. Children can answer the research questions without an interviewer's prompting or interference (Horstman and Bradding, 2002:2-8).
17. Drawings help researchers discover and understand how people (teen mothers or children) interpret their world and social experiences (Guillemin, 2004:2-5).

While the drawing sessions were in progress, the researcher was on the school premises to attend to questions and concerns raised by the participants.

4.2.7 Data generation procedure

Data generation procedure started on 2 March 2020 soon after getting the ethical clearance, which was amended due to the COVID-19 pandemic and re-granted on 19 March 2020. On 20 May 2020, the researcher began to contact principals from several rural schools in QwaQwa telephonically (by landline and mobile phone) in order to obtain their consent to carry out the research project and to identify willing participants (teen mothers) in respective schools. The principals indicated that there were teen mothers, but as agreed, consent ought to be granted by their parents or guardians using signatures authorising their participation in the research. Some principals requested that the consent forms for teen mothers, the permission letters for principals, and the consent forms for parents should be emailed to the schools. Still, this was not easy since processes were delayed by load shedding, electricity shutdowns and challenges pertaining to mobile network connectivity.

Principals advised that the semi-structured interview questions be typed and that the draw-and-write activity be presented through the questionnaire method as they indicated challenges previously referred to. In the meantime, all the necessary documents and instruments for the research were in place. Admittedly, the telephonic interaction with principals to get the ground research was extremely difficult due to network challenges, power load shedding and prolonged electricity shutdowns. Eventually, the data was collected as shown in Table 4.2 (Data generation activity sheet) on 27 May 2020 and completed on 11 June 2020.

4.2.7.1 Discussion schedule

Inputs by participants are essential, as they accordingly determine time allocation. The table below shows the timetable that was adhered to. This timetable was designed in such a way that the research would not interfere with participants' daily school activities.

Table 4.2: Planning Schedule ([Amended due to the COVID-19 pandemic – Ref: Ethical Clearance – Date: 2020-05-19])

DATE	DAY	SESSION	VENUES
Session 1 Time: 15H00-16H30	1	Face-to-face interview	Venue Booked
Session 2 Time: 15H00-16H30	2	Face-to-face interview	Venue Booked
Session 3 Time: 15H00-16H30	3	Face-to-face interview	Venue Booked
Session 4 Time: 15H00-16H30	4	Face-to-face interview	Venue Booked
Session 5 Time: 15H00-16H30	5	Face-to-face interview	Venue Booked
Session 6 Time: 15H00-16H30	6	Drawing and writing session	Venue Booked
Session 7 Time: 15H00-16H30	7	Drawing and writing session	Venue Booked
Session 8 Time: 15H00-16H30	8	Drawing and writing session	Venue Booked

Session 9 Time: 15H00-16H30	9	Drawing and writing session	Venue Booked
Session 10 Time: 15H00-16H30	10	Drawing and writing session	Venue Booked

One hour and thirty minutes were dispensed for each of the semi-structured interviews and the drawing-and-writing sessions. According to Malebo (2016), the desire and will to get the research project done constitute a single vital component that enables the viability and realism of the research venture, which should be sustained and finalised.

4.2.7.2 Empirical plan for the research

For this research project to be executed within the realistic schedule, with all practicalities taken into consideration, the following factors played a critical role:

- Period: The researcher and the participants jointly decided on the schedule.
- Sessions: Using consultations, the researcher regularly updated the supervisor about the study.
- Sites: As per school rules, venues were reserved before usage. However, the author had managed to book the venues as required by the school authorities.
- Ethics Board: The Research Ethics Committee in Education of UFS stated: "The ethical approval number shall not be used for over three years." This implies that the planning of the actual work of the study was done.

The schedule was flexible. The timeframe did not interfere with participants' class attendance. Timeframes and urgencies were recognised to enable a smooth, real-world generation of information. In their study, Zerihun and Krishna (in Malebo, 2016:92), a set of preferences were listed that are essential when conducting qualitative research. Thus, the researcher should:

- Decide what is required;
- Capture the fieldwork schedule, materials needed to conduct the research, the venue, contact details of participants, etc.
- Set a time limit to accomplish the goal;
- Organise the list into a strategy;
- Execute the strategy; and
- Move towards the primary goal and be committed to be doing something every day.

For the execution of the semi-structured interviews and the draw-and-write technique, questionnaires were used to gather generated data. The questionnaires were prepared in English. No translation of data was required. It should be noted that English was the second language for both the researcher and the co-researchers. As Sandelowsky (in Malebo 2016:96) advocates, “data collection in qualitative descriptive studies is typically directed towards discovering the ‘who’, what and where of events or experiences, and their fundamental nature and shape, with the choice of an increasing array of theoretically and technically sophisticated methods”.

4.2.7.3 Questionnaire and draw-and-write sessions

Before the researcher’s arrival, the data gathering process would unfold, as already telephonically discussed with the principal, parents or guardians and the participating teen mothers.

Questionnaire session

On the researcher’s arrival, the questionnaire with the semi-structured interview questions was handed over to the participants who would complete it and hand it back.

Draw-and-write sessions

The teen mother received the draw-and-write questionnaire on the same day; so, just after finishing completing the questionnaire with the typed "semi-structured interview" questions, she would take a break, if need be. Then she would do the drawings and writings and hand them back.

The following table outlines how all the teen mothers progressed during the sessions involving the questionnaire with the "semi-structured interview" questions and the draw-and-write technique.

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FIELDWORK (Data generation)

Table 4.3: Data generation activity sheet

DATE	TEEN MOTHER	ACTIVITY
27/05/2020	TM -1	Complete questionnaire with semi-structured interview questions
	TM -1	Draw-and-write session
28/05/2020	TM -4	Complete questionnaire with semi-structured interview questions
	TM -4	Draw-and-write session
29/05/2020	TM -5	Complete questionnaire with semi-structured interview questions
03/06/2020	TM -5	Draw-and-write session
03/06/2020	TM -3	Complete questionnaire with semi-structured interview questions
	TM -3	Draw-and-write session
11/06/2020	TM -2	Draw-and-write session
	TM -2	Complete questionnaire with semi-structured interview questions

4.2.8 Supervision of the study

To ensure the research project met its priorities and timeframes, it had to be monitored against the backdrop of realistic strategic planning sessions, aims, and objectives, and most importantly, the commitment to the project itself (Malebo, 2016:95). All the co-researchers were informed about the progress of the interviews and drawing sessions.

4.2.9 Data analysis

This research study used the thematic analysis to analyse data. Braun and Clarke (2006:6) defined thematic analysis as ‘a method for identifying, analysing, and reporting patterns (themes) within qualitative data. It minimally organises and describes your data set in (rich) detail’.

Analysis would mean organising collected data into themes and sub-themes. This puts the researcher on track in terms of understanding how the well-being of teen mothers could be improved. According to Braun and Clarke (2006:3-5), the benefits of thematic analysis is encapsulated in its usefulness and flexibility. It is regarded as a method instead of a methodology (Braun and Clarke, 2006; Clarke and Braun, 2013). Hence, it was ideal for this study to improve the well-being of teen mothers. On the other hand, Lapadat (2012:2) cited that ‘thematic analysis is a systematic approach to analysing qualitative data that involves identifying themes or patterns of cultural meanings, coding and classifying data, usually textual, according to themes’. This notion is supported by Braun and Clarke (2006:11), who mentioned that; ‘a theme captures something imperative about the data regarding the research question and embodies some level of *patterned* reaction or connotation within the data set’.

Furthermore, different theoretical frameworks can accommodate the thematic analysis (Braun and Clarke, 2006:3-5), which include the SER Theory, by which the improvement of the well-being of teen mothers through resilience-focused intervention in rural schools are explored. The relevancy of thematic analysis (TA) is appropriate as the teen mothers who participated in this study textualised their responses to questions on the questionnaire. The cultural meanings of what they wrote would be analysed from a cultural understanding. It should be noted that this study was conducted in rural areas where tradition and culture are valued. Coding was done using the same principles of thematic analysis and ethical considerations. Codes were

used to refer to the teen mothers, the commonalities and differences also were classified; lastly, all the whole data were categorised. Namely et al (in Ibrahim 2012:2) highlighted that:

‘thematic moves beyond counting exact words or phrases and focuses on identifying and describing both implicit and explicit ideas. Codes developed for ideas or themes are then applied or linked to raw data as summary markers for later analysis, which may include comparing the relative frequencies of themes or topics within a data set, looking for code-co-occurrence or graphically displaying code relationship’ (Namely et al., cited in Ibrahim 2012:2).

The diagram below provides a step-by-step guide on the application of the thematic analysis technique as suggested by Braun and Clarke (2006).

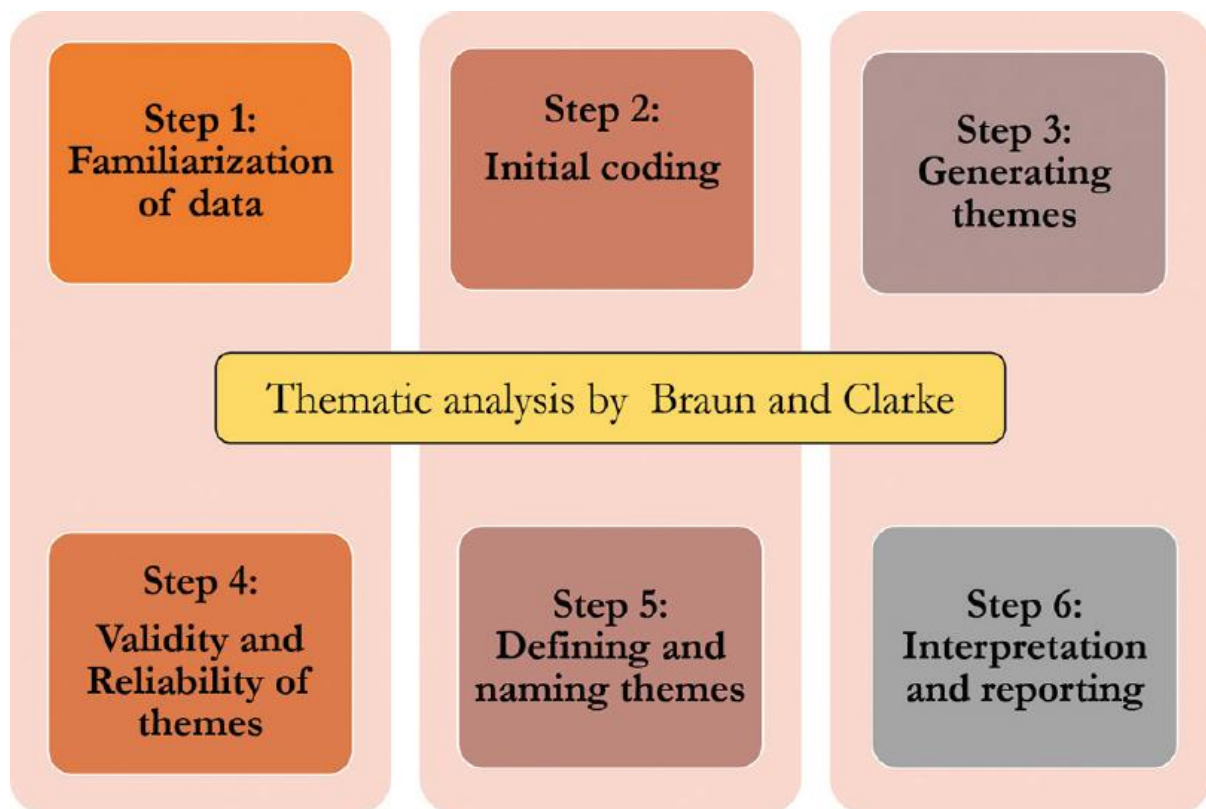


Figure 4.1: An adapted six-phase framework for doing a thematic analysis (Braun and Clarke, 2006)

Clarke and Braun (2013) maintained that a clearer direction is required on the practical features of how qualitative analysis should be done. This corroborates the views of Maguire and Delahunt (2017:3) who argued that it is by furthestmost the persuasive process probably because it advocates such a clear and operational outline of undertaking thematic analysis. Furthermore, they expounded that 'the goal of a thematic analysis is to identify themes, i. e. patterns in the data that are important or interesting, and use these themes to address the research or say something about an issue', and that 'a good thematic analysis interprets and makes sense of it'.

The word-by-word responses of the participants (teen mothers) were acknowledged as part of the coding process. Colour codes were used to cluster related codes together from which themes were formed out of originated categories. The natural extracts of participants' questionnaires and the draw-and-write technique were analysed thematically, and themes were classified according to the responses to each research question. The researcher then categorised data into themes, which was about the participants' data for using SER to improve the well-being of TMs within their designated schools.

A six-phase guide, which is a very useful framework for conducting this kind of analysis, is provided by Braun and Clarke (2006) (see Figure 4.1).

4.2.9.1 Step 1: *Becoming familiar with the data*

Firstly, the researcher used a questionnaire and the draw-and-write technique to familiarise with the data. The researcher then started the process of reading and re-reading (Maguire and Delahunt, 2017:5) the questionnaires, visualising the drawings and responses related to the drawings of the teen mothers; thus, the researcher acquainted himself with the entire body of the data. Also, that helped in code identification and the codes were grouped into categories and themes based on thematic analysis (Braun and Clarke, 2006:6-11). Notes on early impersonations were jotted down.

4.2.9.2 Step 2: *Generating initial codes*

In this phase, coding is inductive (Maguire and Delahunt, 2017:5) because it reduces lots of data into small, meaningful pieces. This assisted the researcher in organising the data in a meaningful and systematic way. The researcher used *line-by-line coding*

to code every single line of the hard copies during the inductive analysis. By reducing the data into smaller chunks, similarities or differences in the responses of the teen mothers could be identified, indicating aiding or constrictive factors related to the improvement of the well-being of teen mothers through resilience-focused interventions.

4.2.9.3 Step 3: Searching for themes

A theme can be regarded as something noteworthy or fascinating concerning the data and/or research inquiry, which is consistent with Braun and Clarke's definition of thematic analysis (Braun and Clarke, 2006:6). Significance is whereby a theme is characterised. A theme will then be comprised of preliminary codes with a corresponding meaning after the researcher has organised these codes into the original theme. After the researcher has examined the codes, the codes can then be fitted into one theme. The initial theme will be formed after collating the codes.

4.2.9.4 Step 4: Reviewing themes

The preliminary themes are re-read, altered, and developed to check whether they are logical. All the theme-related data should be grouped. Reading enables the researcher to determine whether the data correspond with each theme and the entire data set context and whether the themes work. The frequency of themes (how often they occur) might also interest the researcher, relying on the research question (Braun and Clarke, 2006:82).

4.2.9.5 Step 5: Defining themes

This involves the last stage of fine-tuning the themes, and the purpose is to '...identify the 'essence' of what each theme is about' (Braun and Clarke, 2006:92). It involves determining what the themes are saying, if sub-themes are there, and how each sub-theme is linked to the main theme.

4.2.9.6 Step 6: Write-up

A report of the findings is presented in Chapter 5. The write-up can only be done after the preliminary themes were grouped into codes and refined.

4.2.10 Methods of ensuring trustworthiness

According to Morgan and Ravitch (2018:2), the term trustworthiness is defined as ‘an overarching concept used in qualitative research to convey the procedures researchers employ to ensure the quality, rigour, and credibility of a study while (re)establishing congruence of the epistemological and ontological underpinnings of the researcher with the design, implementation, and articulations of a research study". Hence, trustworthiness can be regarded as encapsulating both the study aim and practice.

Furthermore, Morgan and Ravitch (2018:2) posit that “quality research in this paradigm is concerned with how valid and reliable the data, procedures, and analysis of a study reveals this objective truth. How well a study meets the scientific method's established requirements is called Validity. On the other hand, quality by ensuring that the outcomes of a study are repeatable and replicable is called reliability”.

This study focuses on two strategies: triangulation (two or more data generation methods) and participant (teen mother) validation (also known as member checks). Triangulation in qualitative research relates to trustworthiness. A study's dependability, credibility, and likely transferability throughout a research task are key.

The purpose of the research is to explore how the Social Ecology of Resilience framework could be applied to improve the well-being of teen mothers through resilience-focused interventions in rural schools. The researcher employed the following strategies and procedures to ensure trustworthiness in this study.

Credibility

The accuracy of findings in this study determined reliability and validity of the results (Morgan and Ravitch, 2018:2). The following techniques were employed to address the credibility of this research.

Participant validation

Morgan and Ravitch (2018:2) mentioned that participant validation is ‘the systematic process of engaging the study participants (teen mothers) with the data, findings, and/or analysis of a project both to ascertain if researchers accurately reflected their

lived experiences (challenges, support, lack of support, well-being) and to garner new data that may spur richer insights, a fuller understanding of context (teen mothers in rural schools) and how it mediates experiences and events, and deeper analysis'. In a research project involving a participant (teen mother), authentication can be done at any phase (availability for the study, consent, questionnaire, draw-and-write session, therapy sessions, ethics/analysis of data) in a research project.

Triangulation

Morgan and Ravitch (2018:2) cited that triangulation in qualitative research relates to trustworthiness. Throughout a research project, various indicators are employed to convey dependability, credibility, and likely transferability. Triangulation means the use of various approaches to eliminate the weakness of any one technique. Data triangulation involves looking for two or more forms of data from varied sources to build more all-inclusive understandings of a phenomenon, which was used during this research, denoting that several data generation approaches were employed. The data generation methods the researcher used were the interview and the draw-and-write questionnaires.

4.2.11 Ethical considerations

The foundation of research is grounded on ethics. In the research procedure, not only the status and integrity of the researcher but numerous other interested parties within the research community and those using the suggestions are affected and have a right to anticipate that research be directed in an ethically defensible manner (Du Plooy-Cilliers et al, 2014:273; Cohen, Kelleher and Mannarino, 2007:68) This is supported by Malebo (2016:99) who cited that 'in any academic or scientific research, ethical considerations are vital. Ethics is the building block of humanity. A board of ethics is not only found in educational policies but different academic spheres, including religion and bioethics".

The Ethical Clearance Guidelines of Human Research (UFS, 2014) establishes the basis on which a study should be steered and guides the researchers over the full progression and yonder with nine main concepts that are critical in research ethics. The nine concepts are relevant to the current research which involves teen mothers as the human subjects. These are as follows:

Harm or risk and mitigation: All harm or risk of harm must be mitigated.

Informed consent/assent: This means the people granting permission must fully understand the purpose and process of the research, what the risks are, how these will be alleviated and why the research is taking place.

Vulnerable participants: These are participants at particular risk of harm due to their circumstances, or are vulnerable to manipulation or forced to participate in the research.

Conflict of interest: This occurs where the researcher has a vested interest in particular outcomes of the research.

Confidentiality and anonymity: Participants, be they individuals or institutions, have a right to privacy, and there should always be an intention to maintain confidentiality, unless expressly waived by the participants.

Beneficiation, reciprocity, and remuneration: Beneficiation is the direct benefit participants, the community or organisations, and the larger society gain from the research.

Reciprocity: This occurs in situations where certain participants do not benefit implicitly from the research, considering the risk of harm they are subject to.

Remuneration: This involves paying money or a token for participation is an accepted practice in much of the world. It is imperative to examine the direct impact of such remuneration on the participants and their communities.

Deception: This essentially relates to not informing participants of the true purpose or methods of research or deliberately falsifying information to misrepresent or conceal the precise nature of the research.

Three crucial considerations regarding consent apply; this impact on communication, which becomes the data:

1. Is the consent informed? If so,
2. Is consent voluntary? and

3. Is the consent competent? (What is the status of the consent?) (Lepper, 2011:3; Aurini, Heath and Howells, 2016:59-60)

Based on the latter, the participants (teen mothers) were informed of their involvement in the study on the "The need for resilience-focused intervention programmes for teen mothers in rural schools" despite enormous adversity during audio-recorded one-on-one interviews. They were informed of the nature of the research, the data collection process, that the research study was for academic purposes and were assured of their anonymity and the confidentiality of their information.

They were assured that their contribution would neither harm nor advance them in any way. The researcher made it clear to all the participants that they had the right to pull out during the interviews, without incurring any disadvantages. Signed consent had to be given by their parents, grandparents, or guardians. They were made to know about their requirements during their contribution, the research theme, the protection of their personalities and the use of the outcomes and their assent (Aurini, Heath and Howells, 2016:60; Du Plooy-Cilliers et al, 2014:264-271).

Record keeping of official papers took place. The data gathered from interviews conducted with the participants were kept confidential. Also, their identities were not exposed or harmed. No data was changed and no imaginary data or misleading and altered results were proffered to cause misappropriation of information; there was no prevention of the use of research methods unfittingly, which should be carefully planned and communicated to the interviewees (Du Plooy-Cilliers et al, 2014:264-271; Aurini, Heath and Howells, 2016:60).

The teen mothers were informed of the nature of their involvement in the study in terms of:

- (a) Consent and participation (Du Plooy-Cilliers et al, 2014:264);
- (b) Protection from harm (Du Plooy-Cilliers et al, 2014:266); as well as
- (c) Privacy, confidentiality and anonymity (Du Plooy-Cilliers et al, 2014:267).

According to Darley et al (2013:3), ethical concerns remain even after completing a new research task. One set of difficulties challenges the original data collectors, and a second opposes the data miners. Others are the accountability of data archivists

who function as links between former and forthcoming while upholding ethical standards. The original research members may also have moral issues in particular.

The researcher first applied for ethical clearance from the University of the Free State. He was a registered student, which indicated that the researcher followed ethical clearance procedures with the University of the Free State before data were gathered. For permission to conduct research in the respective schools, an application letter seeking permission to conduct research was furnished to the principals of the five rural schools. Consent letters were handed over to the respective parents and guardians, and assent letters were given to the participating teen mother, explaining all the ethical considerations and they were made to append their signatures. Numbers were used to protect participants' (teen mothers') identity and the confidentiality of their contributions to the study.

Since the participants teen mothers were a vulnerable group of learners in the society, attention was paid to any emotional distress (Barnard, 2005:13). The intention was to avoid harming the research participants (teen mothers). Thus, their safety and well-being were considered (Liamputtong, 2006:32; Dickson-Swift, 2005:21; Du Plooy-Cilliers et al, 2014:266).

In case of any unintended harm, the researcher would refer them to a registered Educational Psychologist in the Thabo Mofutsanyana Education District, employed by the Department of Education, who would provide free counselling services. All participants would be provided with a toll-free number: 0800 055 555, which they could use for contact purposes across all networks, and ensure that they were always connected to a counsellor at no cost.

4.3 Conclusion

This chapter presented a step-by-step procedure directing this research project. It described the Social Ecology of Resilience Theory which formed the theoretical framework underpinning this study. The paradigm and data generation methods, including trustworthiness were also presented. Issues related to ethical considerations were recognised as essential components of research. Data analysis, interpretations, and findings will be presented and discussed in the next chapter.

CHAPTER 5

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

5.1 Introduction

From participants' personal responses and drawings, interpretations and analyses are presented in this chapter. A two-fold analysis of the data gathered is provided. Firstly, it includes the sentiments from participants' responses, and secondly, it includes the interpretations of the drawings and their explanations as clarified by the participants themselves. The challenges in improving the well-being and resilience of teen mothers in rural schools and possible resolutions are reviewed. The researcher incorporated the thematic analysis (TA) for the participant's analysis and responses.

5.2. Analysis of participants' responses

5.2.1 Personal

Personal issues are critical and valuable to an understanding of the dynamics of intervention to which the learners are exposed. The questions and responses are as follows:

Question: Who supported you the most since you became a teen mother (while attending school), and what kind of support did you receive?

Teen Mother 1 response: *"My mother supported me by reassuring me that having a child is not the end of the world and that I could still continue with my life as normal."*

"The father of the child is really supporting me by taking the child to crèche and looking after her whilst I'm at school."

"My sister supports me by looking after the child while I'm doing my school work."

"The grandmother's children are really giving me a lot of the support I need the most by looking after my child while I'm at school. She bathes her and feeds her before she goes to the crèche."

Teen Mother 2 response: *“My mother always does things that help me with my baby. She is the one who fetched me at the hospital when I had finished giving birth. She came for me and brought new clothes for my newborn.”*

“The father of my child makes sure that I get what I need for the baby, even if he doesn't have money. He asks for money from his father and sends it. That money helped me a lot as I managed to buy the baby's stuff like pampers and formulas (baby powder milk).”

Teen Mother 3 response: *“Father is the one who supported me with most of the things that a mother can do for me, doing laundry as well as feeding the child.”*

“My little sister helps me by checking on my son while I'm out going to the clinic or town and when I go out to school and even after classes.”

“Grandmother gives me advice every time by making a call to check how I'm progressing with education.”

“Friends never push me away. Instead, they always support me, always encouraging me to go back to school. The baby's daddy would come home every day not knowing about the child until I ask for permission for him to see his son.”

Teen Mother 4 response: *“My aunt helps me by buying food for us. She even buys medicine when the child is sick. My sister also helps me by buying clothes for my child and takes care of my child, fetching the child at crèche. She even supports my education.”*

“The twins help me to fetch my son from crèche while I am at school.”

“At weekends, the twins come at my home to take my son while I prepare to go to school. They also bath him on weekends. When it is my son's birthday, they buy him some gifts.”

Teen Mother 5 response: *“My mother and sister help me. My mom was disappointed because she wanted me to complete my studies without any disturbance. However, she never made me feel bad about anything. She wasn't angry at all; even the*

community or other people were not angry. It was all about me and the baby. She supported me through the whole process without any judgment.”

“When my sister found out that I was pregnant, she was heartbroken. I could tell, since she was the breadwinner. She wanted me to finish my Matriculation the previous year but I could not. I also wanted to finish very hard so that I could help her somehow to take care of our family. Even though it was also a disappointment to her, she offered the best support. She gave full support and made sure that I did not regret being pregnant at such a young age.”

The responses show that the support systems within the African culture are vital. From the above perspectives, learners' support is more or less related to the scaffolding process. Most teen mothers are in the developmental stages cognitively, physically, behaviourally and physically. Support is important at their age. The equivalent work of caring for the babies at their age is challenging and can significantly impact their families, relationships, and careers. The above participants responded to the question ***(Who supported you since you became a teen mother?)***. All of the above participants responded by naming close family members like their mothers, sisters, aunts, fathers and grandmothers. However, their mothers seem to be the ones that played the most dominant role of assisting with child-rearing. This has been emphasised by many authors who stressed the important role the mothers, care givers and family members of especially African teen mothers are playing by supporting them in a different context, to concentrate on their education and prioritising remaining in and to completing school (Madhavan, 2010:4; Jewkes, Morrell and Christofides, 2009:12; Madhavan, Harrison and Sennott, 2013:11; Vogel and Vogel, 2017:17; Black, Papas and Hussey, 2002:573; Hess, Papas and Black, 2002:620).

The text in the above transcripts shows that what was said, to some degree, is reflective of the meaning-making that participants engaged in as they responded to each other's conversational turns. According to Fairclough (2003:11), interpretation can be complex, as it is characterised by various aspects. It is partly a matter of understanding – understanding what words or sentences or longer stretches of text mean; this implies understanding what speakers or writers mean. Again, it is also partly a matter of judgment and evaluation: for instance, judging whether someone is saying something sincerely or not. Judging involves determining whether the claims

that are explicitly made are true. Teen Mother 5 wrote (*When my sister found that I was pregnant, she was heartbroken*), the latter statement shows emotional realisation by Teen Mother 5, which can be internalised as a challenge to her.

All participants wrote in genres and styles associated with what Fairclough (2003) called genre structure text. The participants responded that family members were taking care of their babies more than the teen mother herself. The most serious challenge faced by teen mothers was that they had multiple tasks to execute. For Fairclough (2003), if a sentence involves action, it broadly implies social relation between somebody who recognises (i.e. the teen mother who acknowledges that care is been taken by family members) and another who does not. The latter statement can be related to all the responses of TM 1, 2, 3, 4, and 5 above, as their responses "can" be true in the sense that they do not know how to go about child-rearing and comprehending school work, peers, and the current relationship with their partners. This resembles the findings of Madhavan, Harrison and Sennott (2013:11) who alluded to the fact that teen mothers comprehend the necessity of re-integrating themselves back into the educational environment, but that it would not be an easy process taking into consideration, the encounters that they might come across during and after child bearing.

5.2.2 School

QUESTION: How did your school, friends, peers support you?

Teen Mother 1 response: *"Friends really support me. She gives me positive word to stay focused. My friend told me that having children is not a bad thing. She visits me at home to see the baby."*

Teen Mother 2 response: *"My school friends were telling me that everything is going to be okay."*

"My friends took me as their sibling. They did not judge me even in the class; they did not tease me or say something that hurt me."

Teen Mother 3 response: *"After they knew about my situation, they did not go to the office to tell the principal or any teachers about it. They were even feeding my craving."*

Even when I gave birth, still nobody insulted me when I went to school. Instead, they were hurt.”

Teen Mother 4 response: *“My friend supported me by encouraging me to study harder so that I would be a good mom to my child. They would encourage me not to give up because of the situation at home. One of my friends would help me when I had not written the homework because the baby was crying at night, then I would fall asleep. They helped me to cover work.”*

Teen Mother 5 response: *“Some teachers were fine to me; but others would just stare at me until I feel very ashamed of myself. Others would talk to me nicely, trying to show that it was not the end of my world.”*

The above responses show the similarities in the situations of TMs 1, 2, 3, 4, and 5. All of them used ‘I’, ‘me’”, and ‘my’, which show their personal perspective of story or narrative. Their view has noted the creation of meaning from their point of view. This is supported by the Faircloughian application of the concept of discourse in usage from three different ways. Jørgensen and Phillips (2011:7) mentioned that Fairclough (2003) applies the concept of discourse in three different ways. Discourse refers to language use as a social practice in the most abstract sense. Second, discourse is understood as the kind of language used within a specific discourse. Third, in the most concrete usage, discourse is used as a countable noun referring to a way of speaking which gives meaning to experiences from a particular perspective. TMs 1, 2, 3, 4 and 5 had positive and tolerant experiences with teachers and peers.

This corresponds with Malindi’s (2018:4) observation that resilience in early parenting is a product of complex combinations of personal and socio-ecological resilience resources. The personal resilience resources for of early mothers include having a positive outlook on life, a sense of humour, tenacity, toughness, determination, as well as lifestyles characterised by religiosity and prayerfulness. The socio-ecological resilience resources included social capital sourced from biological parents, partners, peers, teachers, and pastors. A secure and supportive environment as a physical resilience resource was beneficial for early parenting and school. Interventions to support early mothers should take into account personal, physical, and socio-ecological resources. This is an indication that the teen mothers’ positive experiences

with their teachers and friends, teen mothers' resiliency and well-being could be enhanced, and enabling them to confront and overcome possible challenges they might bump into upon being teen mothers and learners simultaneously.

However, not all teachers left a positive impression in the life of Teen Mother 5, as she expressed her dismay over the way some teachers were gazing at her, making her feel uncomfortable, mortified and unwelcomed. This caused an emotional state of isolation for TM 5, which is similar to the findings of a study conducted by Skobi and Makofane (2017:236). Hence, many teenage mothers express feelings of loneliness, fear and isolation. Discrimination and stigmatisation are a major challenge faced by pregnant teenagers, which may lead to isolation and suicidal ideations. Thus, social isolation and stigmatisation are major personal problems faced by pregnant teenagers. The negative attitude exhibited by some teachers, as mentioned by Teen mother 5, contrasts sharply with the DBE's draft policy on the Prevention and Management of Learner Pregnancy, outlining the school to be a supportive socio-ecological environment (DBE, 2018:17), as well as a milieu where no-one is supposed to unfairly discriminate against the pre-pregnancy and post-pregnancy status of teen mothers (The Constitution of the Republic of South Africa, 1996).

5.2.3 Family

Question: How did your family or extended family support you?

Teen Mother 1 response: *"The grandmother of my baby really supported me by looking after the baby on weekend while I'm at school and during the holidays."*

Teen Mother 2 response: *"My extended family just supported me with words. They motivated me, but that's all they have done to me."*

Teen Mother 3 response: *"They laugh at me and discourage me, gossiping about my situation; until my son was born, they loved him and asked me so many times to visit them."*

Teen Mother 4 response: *"My child's aunt would call and ask how we were fairing. She would come and visit us and see how we were progressing. She would even sleep over to find out for herself."*

Teen Mother 5 response: *“My baby’s father’s family members, particularly his sisters, were supportive. They were so happy that were having a baby, and they would come to our place. The elders from their side did not tolerate my mistakes, and encouraged me to go back to school.”*

“From my side, they quickly understood my mistakes, and they encouraged me to go to school.”

TM 1 and TM 2 mentioned catching words (‘my extended family’ and ‘my grandmother’). Their connotations show the involvement of the nucleus family in child-rearing amongst teen mothers. Cultural issues, in this case, cannot be put aside together with the traditional ways of bringing up a child.

The challenge the young mothers were facing was taking various responsibilities and caring for their young children. The problem the researcher identified as affecting the teen mothers is that they seemed to disassociate themselves from their children; for example, TM 1 noted that the grandmother of her baby really supported her, TM 2 indicated that her extended family was just supporting her, TM 5 said that her baby's father’s family and his sisters were supportive).

The above statements or responses by the teen mothers corroborate what Giddens (in Fairclough, 2003:215) termed *disembedding*, ‘a socio-historical process in which elements that develop in one area of social life become detached from that particular context and become available to flow; into the others’. One would have to also check participants’ grammatical expression; for example, there are the social actors in this scenario, but they refer to passive nouns like "his sisters" and they also indicate that they were not being the owners of the social act, which is taking care of their babies.

5.2.4 Partner (Father of the child)

Question: How did the father of the baby support you?

Teen Mother 1 response: *“The father of the baby did duties that all responsible fathers do. He looks after the baby while I’m in school. He takes the baby to a crèche and later goes to fetch her. Sometime while I’m doing my homework, he looks after the baby. He feeds the baby when I’m busy with school work.”*

Teen Mother 2 response: *“The father of the baby supported me with money to do everything I needed. He wanted me to go to school the year that I got pregnant, but unfortunately, I stayed at home. He did everything in his power to avoid making me suffer alone as he met me halfway by giving me cash every month, even though it was not a lot of money. He managed to contribute towards the baby's growth.”*

Teen Mother 3 response: *“He was there every time I needed him, making time for his son, buying what his son needed. He would even give me and his son love and care, even though he made mistakes that he thought I wouldn't find out about.”*

Teen Mother 4 response: *“The father of my baby did not support me because of our fighting and the conflict between our families. Although he was working in Johannesburg, he did not care about us. He would call me and ask about the baby how. After that, we would fight because he only asked about the baby that he did not support. He wouldn't give us even R200 for the baby's pampers or the milk (formulas).”*

Teen Mother 5 response: *“At first, it was surprising and shocking for us that we were going to have a baby, but soon enough, it really got to him and that it was really happening.”*

“Honestly, he never tried to run away from the matter, but he always wanted to find a solution to the problem we were going through.”

“It was heartbreaking for me that I was the only one who was supposed to leave school and stay at home, although we were together in it. However, I was then able to get over it.”

“My baby's father never wanted me to have an abortion, and we decided to keep the baby right away. He couldn't do much for me as he was still at school, but he always called to check on me and the baby. Sometimes, he would even give me some money for the doctor if I was not feeling well. Even now, he still takes part in our life and that of the baby.”

This study was mainly conducted in a rural area. One can imagine the economic and social structure of the rural areas, which cannot be compared to urban areas in terms of resources and capital circulation. TM 4 highlighted the dilemma related to the lack

of income and economic issues. TM 4 noted the challenge of being involved in a relationship as a couple or as young parents. Money is a big issue and the child's financial support comes into focus. Various interventions would be required to care for the child's needs and various factors of integrating that child into the community.

Here, the researcher critically analysed the discourse, narrative, language and text used by the participants in this study. The researcher identified economic challenges, specifically money, as playing a critical role in influencing a child's upbringing and the happiness of both young parents.

5.2.5 Social or community support

Question: How did your immediate neighbour support you?

Teen Mother 1 response: *"The sister of my neighbour comes to my home to see me and the baby. She usually says if there is no one to look after the baby on weekend when I have to go to school I may leave the baby with her."*

Teen Mother 2 response: *"My neighbours did not support me. All they expressed were congratulatory messages. My neighbours are not people you can live with because sometimes they seemed jealous; on other days they would be happy or angry. So, they did not show up much when it came to support."*

Teen Mother 3 response: *"My next-door neighbour provided me with some stuff that was useful to my son because her child is a boy too, and he is growing up."*

"Others didn't know me because I was new in that area; so, I'm always indoor even though they don't do anything because they want us to leave and go back to where we had been staying because they wanted to take the house."

Teen Mother 4 response: *"My neighbours really helped me a lot because they would take my son away from me when it was time to study. They would fetch him from school when I was at school. They wanted me to study all the time and they would take the baby. Those people only wanted what was best for me. Sometimes, the neighbours would take my child to sleep with them at their home."*

Teen Mother 5 response: *“Our neighbours did not offer much support and would not say anything to me; it was just another disappointment to them.”*

It is important to take note of the participants' worldview, perspective, and background when analysing their written text. It is sobering to note that contextuality is crucial in TA; consequently, placing specific text in their context is important when using this technique. On the one hand, this means taking the social, cultural, and institutional setting seriously (Vaara and Tienari, 2012:2).

This study is problem-orientated as it seeks to underline and highlight the problems experienced by the TMs. The researcher had the interest and questions in advance.

The researcher focused on what participants wrote in their text and identified what was critical; the participants' written text was analysed to see the patterns in the data set. Cameron and Panavic (2018:3) posited that the linguistic features of particular interest to TA are those which could potentially be involved in a non-neutral pattern of representation that is not immediately obvious on the surface. Patterns of this kind may be found examining the vocabulary or metaphors used in a text, its grammar at the level of phrases and sentences, its textual organisation, its framing in relation either to other texts or too familiar cultural scripts or schemas, and how it addresses and positions the recipient.

5.2.6 Teachers or Department of Education

Question: **Did the Department of Education (Teachers) support you, and how did they provide support to you?**

Teen Mother 1 response: *“My teacher supported me, but others viewed being a teen mother coming to school as a disadvantage. Some teachers were making jokes about my issue.”*

Teen Mother 2 response: *“There was one teacher who supported me by telling me that life is tough, so I had to work as hard as I had done the previous year; she saw that I could make it.”*

Teen Mother 3 response: *“They always came and encouraged us to apply for our careers and encouraging us not to repeat the same mistakes.”*

“They always check our books to see whether we come or not; if not, they just make extra classes for those who do not come.”

“It can talk to any of them in a one-on-one session, but if you have a problem they address it.”

Teen Mother 4 response: *“There was a teacher who would assist us all girls, reassuring us that life goes on and not to get stuck on one point. He would just tell us to leave the past and focus on the future. He would say the future is in our hands because in life no one would stand with you all along the way.”*

Teen Mother 5 response: *“After having a baby, some teachers were very happy for me, especially that I went back to school. They were able to talk to me about life and that going back to school was the wisest decision I have ever made. The talk they had with me was also helpful in that it contributed to my recovery, and it made me feel better.”*

The response from TM 1 shows that the "teacher" supported her. This means that there were caring teachers; however, not all teachers were caring as TM 1 continued to state that "others" (teachers) which means not all teachers were supportive of this particular teen mother. One can deduce that teachers' attitudes or the curricula are not supportive of TMs in rural schools.

TM 1, TM 2, TM 4, and TM 5 noted the positive approach to scaffolding the personal and emotional characters of the TMs. In this dissertation the researcher noted a big and noticeable challenge when dealing with TMs. Two critical things that emerged regarding the challenges facing young mothers relate to the behaviour of the teachers towards teen mothers and the policy challenge or educating teachers on the suitable approaches of handling the challenges faced by the TM in schools, especially in rural areas.

However, what is key is that education (teachers/school) is a significant component of support in teen mothers' socio-ecological environment, as mentioned by all five participants.

5.3 Creating resilience interventions

The table below shows that in creating resilience interventions for the teen mothers, a systematic approach is required to have a sustainable strategy. All the dimensions and options should be viable to assist teen mothers, especially in rural areas, attain resilience.

Table 5.1: Support/interventions for teen mothers (Parents/Father of the baby/ School Friends/ peers/Siblings/Extended family/Neighbours/Church/Church youth/Other)

	SUPPORT STRUCTURES	Parents	Father of the baby	School friends/peers	Siblings	Extended family	Neighbours	Church/Church Youth	Other
PARTICIPANTS									
TM 1		Yes (SSI-p1/3) (D&W-A2/C10)	Yes (SSI-p1/4) (D&W-A3/C11)	Yes (SSI-p5) (D&W-A1/C9)	Yes (SSI-p6) (D&W-A2)	Yes (SSI-p7) D&W-C12)	Yes (SSI-p8)	Yes (SSI-p9)	No
TM 2		Yes (SSI-p1/3) (D&W-A1/2)	Yes (SSI-p2/4) (D&W-A4)	Yes (SSI-p5) (D&W-C10)	Yes (SSI-p6) (D&W-A3)	Yes (SSI-p7)	No (SSI-p8)	Yes (SSI-p9)	Yes D&W-C10: OtherTM's at School)

TM 3		Yes (SSI-p1) (D&W-A1/C7)	Yes (SSI-p2/4) (D&W-C8)	Yes (SSI-p2/5) D&W-A2/C6)	Yes (SSI-p1/6)	Yes (SSI-p2) No (SSI-p7) (D&W-C7)	Yes (SSI-p8)	No	No
TM 4		Yes (SSI-p3)	No (SSI-p4)	Yes (SSI-p5) (D&W-A13/C10)	Yes (SSI-p6) (D&W-C11)	Yes (SSI-p1/7) (D&W-C8)	Yes (SSI-p1) (D&W-C9)	Yes (SSI-p9)	Yes (D&W-A2)
TM 5		Yes (SSI-p1) (D&W-A1/C6)	Yes (SSI-p4)	Yes (SSI-p5) (D&W-C5) No (SSI-p5) (D&W-C7)	Yes (SSI-p2/6)	Yes (SSI-p7)	No	No	Yes (D&W-C5: Official from DoE)

Table 5.3.2 indicates feedback regarding whether the teen mothers received any support from government departments or any other department, not mentioned and how they were supported.

Table 5.2: Support/interventions for TM (Clinic/Department of Social Development/Department of Health/Department of Education/Department of Employment and Labour/Department of Home Affairs/other)

	SUPPORT STRUCTURES	Clinic	Department of Social Development	Department of Health	Department of Education(Teachers)	Department of Employment And Labour	Department of Home Affairs	Other
PARTICIPANTS								
TM 1		Yes (SSI-p10)	Yes (SSI-p11)	Yes (SSI-p12)	Yes (SSI-p13) No (SSI-p13)	No	Yes (SSI-p15)	No
TM 2		No	No	No	Yes (SSI-p13)	No	Yes (SSI-p15)	No
TM 3		Yes (SSI-p10)	Yes (SSI-p11)	No	Yes (SSI-p13)	No	Yes (SSI-p15)	No
TM 4		Yes (SSI-p10)	Yes (SSI-p11)	Yes (SSI-p12)	Yes (SSI-p13)	No	Yes (SSI-p15)	No
TM 5		Yes (SSI-p10)	No	Yes (SSI-p12)	Yes (SSI-p13)	No	Yes (SSI-p15)	No

These were the responses of the teen mothers on whether they got any support from the different government departments and how they were assisted.

The Clinic

With the exception of TM 2, who only alluded to the fact that there was a congratulatory effort by the clinic personnel (TM 2- *“What all the nurses did was to congratulate me”*). The majority of the teen mothers shared their positive experiences regarding the care they received from the clinic personnel (TM 1- *“The clinic helps me when I get there”*: TM 3 – *“They check my health and that of my son”*: TM 4 – *“The clinic supports me with the medicine that they give to my son”*; and TM 5 – *“It was an emotional breakdown but the nurse calmed me down and made me feel better”*), which put them on the road to recovery, not only physically but also emotionally, and that was certainly conducive for the improvement of their well-being.

The Department of Social Development

Teen Mother 1 had both positive (grant) and negative (no home visit) experiences (TM 1 – *“The Department of Social Development gives my baby a grant so that I can buy her all her needs while I'm in school. However, I did not receive any social workers coming to see me as a teen mother”*). TM 3 and TM 4 appreciate and express their gratitude for the financial support, motivation and good advice (TM 3 – *“They came and gave us the advice that it is not the end of the world for us teen mothers and that we have to work hard to achieve our goals and never listen to negative talk”*: TM 4 – *“They supported me by giving the baby a grant that would support him until he finished his studies. That grant helps him to pay at crèche and my education. There was no a social worker that did help me because my family did not approach them”*). However, TM 2 and TM 5 did not enjoy any caring involvement from the DSD throughout their pregnancy and even after the baby was born. (TM 2 – *“Not any social worker from the Department of Social Development supported me”*: and TM 5 – *“No, I did not get any help or support from social workers at the beginning and the end of my pregnancy.”*

The Department of Health

With TM 1, both the well-being of the baby and the mother were vital for the nurses. They cared for the teen mother and her baby. Similarly, TM 1 said, *“The Department of Health gives me and my baby medication when we have visited the clinic”*. Family

planning and comprehensive sexual education were the kind of advocacy done for Teen Mother 4 (TM 4 – *“There was my sister who would assist me to prevent infections and another pregnancy while I am at school. She would assist me to take the pill or nail because of the need to prevent sexual intercourse)* and Teen Mother 5 received guidance on how indispensable education is for her and she was encouraged by the sister to return to school and complete her educational career. The incredible support that some nurses rendered compensated for the hostile behaviour displayed by other nurses (TM 5 – *“At the hospital during my labour, I got support from other nurses. They told me to take off my baby and go back to school to complete my Matriculation studies. I was comfortable around them, and they took nice care of me when I gave birth to my child. Some of the nurses were very mean, but it wasn't bad at all).* However, TM 2 and TM 3 did not receive any support, let alone interaction with staff from the Department of Health (TM 2 – *“Nobody from Department of Health supported me”*: TM 3- *“They never talk to us or come to us”*).

The Department of Employment and Labour

All of the teen mothers pointed out that they did not receive any assistance from this government department.

The Department of Home Affairs

All of them (TM 1-5) were supported by this department to get their babies registered as South African citizens (TM 1 – *“Since I became a teen mother, the Department of Home Affairs helped me by giving my baby a birth certificate*: TM 2 – *“They only have helped me with my baby’s birth registration*: TM 3 – *“They supported by giving me information on how I could get registration certificates for my child”*: TM 4 – *“There was a brother who would assist me apply for a birth certificate for the baby. He encouraged me to take the birth certificate and apply for the grant so that I could be able to take care of the baby. He would say that the grant would help me support the baby*: TM 5 – *“they just assisted us with the birth certificates of the baby.”*

Any other department

Not one of the teen mothers mentioned support from a department not enquired about.

The table below indicates feedback regarding whether the teen mothers received any support from an NGO or FBO and how they were supported.

Table 5.3: Support/interventions for teen mothers (Love-Life/Save the Children/Right to Care/Faith-Based Organisations (Churches)/Other)

	SUPPORT STRUCTURES	Love-Life	Save the Children	Right to Care	Faith-Based Organisations (Churches)	Other
PARTICIPANTS						
TM 1		No	No	No	No	No
TM 2		No	No	No	No	No
TM 3		No	No	No	No	No
TM 4		Yes (SSI- p.16)	No	No	No	No
TM 5		No	No	No	No	No

The information in the table above clearly shows that one teen mother received support from only one NGO (TM 4 – *“The NGO supported me by coming to school to talk to us about how the experiences of teen mothers at school. They usually give us advice about how to avoid unprotected sex. I gained some support and I was motivated. They would encourage us to go to the clinic and to prevent or use contraceptives.”*

This is valuable information on the available support services that could be rendered in the socio-ecological environment (community) of TM 4. The advocacy that Love-Life provided is a bonus for the health and well-being of this participant, but not only for her, but so many other teen mothers can benefit from these interventions in their communities, which ensures that they can cope during the post-delivery stretch of their lives.

The rest of the teen mothers (TM 1, TM 2, TM 3 and TM 5) specified the lack of support from the other NGOs and FBOs as tabled above.

The table below indicates feedback regarding whether the teen mothers received any home visits from community members, teachers, church members, clinic, or other community members, not mentioned, and how they were supported.

Table 5.4: Home visits for teen mothers (Community members/teachers/Church members/clinic/other)

	SUPPORT STRUCTURES	Home visits by community members	Home visits by teachers	Home visits by church members	Home visits by a clinic	Other
PARTICIPANTS						
TM 1		No	No	No	No	No
TM 2		No	No	No	No	No
TM 3		No	No	No	No	Yes (SSI-p20 – Cousin/Nanny, p27 – Learning Support Advisor-DoE)
TM 4		Yes (SSI-p.20)	No	No	No	Yes (SSI-p.20 – Classmates)
TM 5		No	No	No	No	No

The findings indicate that TM 1, TM 2, TM 3 and TM 5 were not visited by a community member, but TM 4 did experience one (TM 4 – *“There was a mother who came to visit me at home to support me and encouraged me to come to school and study. She also said that I am too young to quit school. She would tell me about her own experiences as a teen mother. She said she was a hard worker at school, and that I must focus on my education. She would say that if I needed anything for the baby, I should consult her immediately. When the baby was sick, she would go to a pharmacy to buy medicine. She did not want my education to be disturbed.”*

This response shows that some teen mothers receive help from concerned, caring and supportive community members. Some community members realise that encouraging teen mothers can help them to make good decisions in life and focus on their education in the future.

Then, there were no home visits by teachers, church members or clinic staff for all the teen mothers. It was only TM 3 and TM 4 who witnessed home visits from other members of the community: (TM 3 – *“When I had nobody to look after my son when I was going to school, my cousin would come and look after him until I came back. TM 4 – “I found a nanny in Phuthaditjaba to take my son to and from creche until in the afternoon when I would fetch him there, # you mention all of them but none of the above came excluding yours, # one has come today and asked an important question about my well-being and health as well as my achievement), but not the rest of them (TM 1,2 and 5).*

Table 5.5: Feedback on teen life experiences of motherhood (difference before and after pregnancy, changes, advice, additional support and resilience)

	16) Are there any differences in the support you received from any of the above departments or organisations or people before and after you become a teen mother who attends school?	17) What are the changes in your life as a teen mother at school that you experience since you were supported by any of them?	18) If you had to advise other teen mothers, who would you recommend they should ask for help?	19) Are there any other persons, departments or organisations that we didn't mention here who supported you while you were at school as a teen mother?	20) What makes you go on (resilient) despite the hardship, challenges or difficulties you face as a teen mother?
TM					
1	<p><i>The difference that I see is that the support that the people give me makes me work hard at school so that I can get a better result.</i></p> <p><i>At school, I was that kind of a person who did not listen to the teachers while they were teaching, but after I became a teen mother, I</i></p>	<p><i>Become a teen mother has changed me and made me to see things in the other way, especially my school work. People that give me advice encouraged me to go to school so that my baby cannot live the kind of life I live.</i></p>	<p><i>If you are a teen mother while you still at school, you should ask your teacher for some advice. I get advice from my English teacher. She became a teen mother while she was still at school. She was the one who gave me advice, and the support. Parents are the people that can help you with siblings</i></p>	<p><i>No, there is no other organisation not mentioned here that gave me support.</i></p>	<p><i>The thing that makes me go is that my father left my mother while I was still young, but my mother raised us alone. That is one of the things that make me go, including my baby. She is the one who makes me overcome all the challenges I go through. To become a teen mother is not easy. When the baby is sick, it affects my school work.</i></p>

	<i>don't even want to miss even a single lesson.</i>				
2	<i>Yes, because I see potential in me, and I am strong and focused.</i>	<i>I have changed because now I manage to do things on my own, like raising my baby. I have realised that I am a mother now and do have responsibilities.</i>	<i>I will tell them to go for the advice to the teachers and also their mother because I am relieved only because of them. I am strong.</i>	None	<i>When I see my baby next to me, I just wake up and go on because now he is the reason why I have to work hard. God is one who makes me go on as he gives me the strengths to raise the baby and wake up in the morning.</i>
3	<i>I see the difference because it's like I'm released from pain or pressure that was inside me. Surely this department will help me out, and its already started</i>	<i>I see that I'm old enough to be at school because I'm 22 years old and pupils are between 18 and 17 years old. Maybe I will stop comparing ages and finish what I have already started and stop feeling down.</i>	<i>The Department of Education (people who are responsible for counselling and advisers as well as career development) Social workers in the Department of Education NGOs that are advising teenagers and teen mothers about sexuality advice.</i>	<i>You mentioned all of them but none of the above came, excluding yours. One has come today and asked important questions about my well-being and health as well as my achievement.</i>	<i>I want a better future for myself to upgrade or change every bad situation I'm currently facing.</i>
4	<i>Yes, I can see the difference from the clinic about using contraceptives to avoid being pregnant again while I am at school.</i>	<i>The changes that I have experienced in life are that some people would forsake me, but God will never forsake me. Some people will always judge you but not all of them. Most people would stand with you all the way and guide you with positive things, such as motivation; having self-respect and courage.</i>	<i>They should go to clinics or hospital and also approach social workers for help. I would also recommend that they go to teachers who have experienced this kind of situation because they also had this kind of problem when they were teens.</i>	<i>There is no other organisation I can think that has supported me.</i>	<i>There is something that makes me go on; it is my baby because I want to set an example to him. I can believe in myself that I can be a better person to the world; thus, I can be a good example to other teen mothers.</i>

					<p><i>I feel getting up and going on and staying strong.</i></p> <p><i>I get the strength to show the world how strong I am.</i></p>
<p>5</p>	<p><i>Since I got support from my mother, sister and the teachers from school, I can say things have been a little better.</i></p> <p><i>I do not see myself the same way I did before the whole process of pregnancy. I'm doing quite well at school, even though there are hard times.</i></p> <p><i>Sometimes I still do hate myself for being a mom at my age, but it's better than before.</i></p> <p><i>I now have assurance that there are people who love me, and I'm not alone.</i></p>	<p><i>I can cope with myself; I always told myself that I cannot do this, I couldn't raise a child, and I am not ready to be a mother, but ever since I got support from other people, especially my family, some things are possible. I am doing better now as a young mother.</i></p> <p><i>I have accepted myself that some situations will not change but just need to be handled properly with care.</i></p> <p><i>I was always feeling down and ashamed, but with other people's support, I have held my head high and coped with the situation.</i></p>	<p><i>For all teen mothers out there, I would recommend that they ask for help from their loved ones, their parents, health workers and social workers. They would really get good advice and motivational talk there. Most importantly, they should speak to their parents. That's where they would get the most love and support.</i></p>	<p><i>My cousin supported me also.</i></p> <p><i>She once took me out for lunch and spoke over.</i></p> <p><i>She then bought my unborn baby some clothes. That's how she showed support. She showed me that she got my back.</i></p>	<p><i>Definitely I have to be with my baby.</i></p> <p><i>Blessing is very important to me, and I have learned a lot because of him.</i></p> <p><i>He is the reason why I wake up in the morning to face the world. I have to work hard for him to grow up and have a better future.</i></p> <p><i>I brought him to this world, and it's up to me to secure his life.</i></p> <p><i>Another thing is that I want to be a better person and rectify my mistakes and be a good mom to my child.</i></p>

5.4 Analysis and summaries of TMs' drawings

5.4.1 The importance of the drawings to this study

The authors' observation captured in writing in his Data generation journal during and after the drawing-and-writing session with and feedback by the teen mothers detailed the relevance and significance of the critical role this method had played and can play in unravelling their state of well-being and resilience. Through this method, the teen mothers have been provided with a "voice" through drawing or a "voice", which enabled them to bring their messages across on how their well-being is affected and their resilience impacted based on the support from within and around their socio-ecological environment.

Teen mothers' observation and feedback, from their interaction after the drawing-and-writing session, were as follows: TM 1 - Although she had a big sigh realising that she had to draw, she eventually continued. She indicated that she knew what she wanted to draw, but she took time because she wanted to integrate the drawings with her lived experiences and aligning them with the caption afterwards.

In all, TM 1 managed to draw a total of seventeen (17) drawings. Participants' integration of theory and practical applications in this study can be seen as groundbreaking in a qualitative study. All the drawings drawn by TM 1 are the indicators of her visualisation of social ecology.

TM 2 pointed out that she felt relieved and well after the drawing session, but had a profound feeling of being overwhelmingly burdened before the drawing session. As she was drawing, she felt the drawing captured her emotions, ideas and the rest of the information about herself and this life experience as a teen mother in a diary.

Looking at TM 2's drawings and narrative, she provided an explorative and descriptive form of the situation she found herself in. Even though she drew 12 pictures, she elaborated more by showing assertiveness. This is shown by frequently using the concepts "I" and "me" in her story-telling. The end statement *"I keep telling myself ...that nothing can stop me from living my life as they manage I can manage too. I give Self talk and become better. Self-motivation also help through-out as I am feel well.*

Positive talk also help because I live like anyone in this world. I look good" shows indicators of well-being and resilience in TM 2.

TM 3 revealed that she felt better and relieved. The drawings help her express her feelings and emotions differently. They reduce the pressure as far as her health is concerned, especially relating to stress, depression, suicidal thoughts, and her huge responsibility as a teen mother.

The drawing technique was a form of communication, emotional expression, either positive or negative. The total number of drawings done by TM 3 is twelve (12). One can notice the significance of the number of drawings between TM 1, TM 2, TM 3, TM 4 and TM 5. The level of expression was different. It shows social support and lack of support from relevant community structures of the society. The narratives of all the teen mothers are reflections, which are made possible through the drawings (see TM 2 Addendum A-D for the drawings and narratives).

TM 4 regarded the drawings as a "way of response", stating that other teen mothers might re-count their experiences related to these drawings and to some of the experiences they had. The drawings help other teen mothers to make informed decisions. Because the drawings can be visualised, they helped her to remember what she had experienced as a teen mother and the information she could share with other teen mothers and readers.

The artistic version of TM 4 is data that can be integrated into this study. Looking at TM 4's drawings, the following characteristics can be found in her drawings. These include attention to detail and focused perfectionism. The study is two-folded as it unearths the artistic version in rural areas, especially amongst teen mothers based in rural schools.

TM 5 voiced the concern that her participation in the draw-and-write session helped her to feel relieved, better and that her burden was lighter, that she had "talked" and shared her emotions with someone. She felt free, could offload her worries and reduce her stress levels, that she was in a better space, and last but not least, that she had attended a "therapy session" and would not mind a follow-up consultation. The conclusion is grounded by her experience at home with her mother. She articulated the view that she did not respond as expected when she spoke to her mother on

certain occasions. Her mother remained quiet and did not share her feelings as a teen mother. She was battling internally with the situation, in the same way as when her mother does not respond in their conversation

Going through TM 5's drawings and their narratives, the reader would feel emotions surrounding the pictures. The cry for help is expressed in the form of drawings and narratives. The expression of a need for social support is vividly portrayed.

5.4.2 Artistic impression in a qualitative study

Arts-based research comprises two wide-ranging traditions: participatory methods, emphasising participants' agency and the possibilities of engaging in new means of request for information with them (Wang and Burris (in Tarr, Gonzalez-Palredo and Cornish, 2018:37). This study, however, shows that active participation, which is a performative approach, is useful in the qualitative study involving teen mothers in rural schools. Correspondingly, teen mothers' artistic skills were identified in this study.

5.4.3 Drawings as a form of communication

The researcher is of the opinion that this arts-based method signifies "the other way" apart from the conventional way of communication, which enabled the teen mothers to bring their messages and information of either support or lack of support, emotions and needs, not only to the readers but other teen mothers experiencing comparable or parallel predicaments as well as to the entire socio-ecological environment. This concurs with Chalabi's (2019) view about the significance of and utilisation of data visualisation as a tool of reaching a much broader audience.

So, instead of restricting or limiting information and material to certain stakeholders (in this case; researcher and respondents – teen mothers), through data visualisation, as she professed, people impacted by these policies are reached and affected. It is the people who were affected by policies and who are trying to make informed decisions in their life that she viewed as the broadest public. In this research study, the teen mothers employed their drawings, highlighting the support they got, the support they needed, and the lack of support they experienced within the socio-ecological environment, which impacted their well-being and resilience. Data visualisation provides "power to the powerless" (Chalabi, 2019).

What matters to the teen mothers is what is imperative, hence the clarification, understanding and explanation of their drawings by themselves (Malchiodi, 1998:43), and not the interpretation through the researcher's eyes. The drawings created by the teen mothers, "unlocked" the "spontaneous, unprompted and in-built" story-telling by themselves, which is the implication of data visualisation (Chalabi, 2019). Teen mothers use their drawings as a form of communication by making people aware of and to display their needs and state of emotions, well-being, resilience and support.

Chalabi (2019) noted that visuals slow down a reader and can get them engaged in the information, data visualisation, couples art with information and ties into culture; it is about linking the image to the topic and this is an idea of marrying the subject with the visualisation. The researcher avers that the latter clearly accentuates what the teen mothers portrayed through their art during the drawing-and-writing session.

Additionally, getting children involved in the act of drawing helps them to relax, drop their distrustfulness and boost communication (Arrington (in Driessnack, 2005:420). Before they shared their narratives, the opportunity to draw helped them to organise their lived experiences first. Drawing might also unintentionally move the attention to the participant instead of the researcher, with the probability of decreasing the teenager's societal demands in a consultation, resulting in a more child-centred story (Gross and Hayne, 1998:174-175). The current research concludes that drawings could entice children to engage in a conversation more freely, predominantly regarding those incidents or notions they initially find difficult to explain (Stafstrom, Rostasy and Minster, 2002:461; Weinle, 2002:1; Wesson and Salmon, 2001:302). The volume of information that children share can surge through the use of drawings (Driessnack, 2005:416).

Draw-and-write interpretations of teen mothers

As indicated in Chapter 1, teen mothers would participate in the "draw-and-write" session and that the focus, according to Malchiodi (1998:43) and Gross and Hayne (1998:163), swings to what the teenagers say about the pictures and not how the author interprets them.

The researcher posits that the teen mothers used drawings as a story-telling approach or procedure to get their stories out and share them from their unique backgrounds, settings or circumstances.

Questions

A) Draw resources/support structures in the community you regard as the most important that will enable you to become resilient while you are a teen mother who are still at school.

(Write and tell us more about your drawing)

(Provide a heading or caption for your drawing)

Teen Mother 1:

Caption – *Resilient makers*

Drawing – School

Response – “In the school is where I get the support and encouraging words responsible for my presence in school. My teachers supported me and the still support me to become a better person tomorrow.”

Drawing – Home

Response – “This is my home. In home is where I get the support from my mother and my sibling. They help me caring for the baby and all my needs. They are really giving me support.”

Drawing – A baby father

Response – “A baby father he is really giving me all the support about the baby her do her duties as the father of my baby.”

Teen Mother 2:

Caption – *Foundation of strength*

Drawing – *My mother*

Response – *“My mother encourages me and always tells me that everything is going to be alright. Even if I don't have the money to buy formula and it's the middle of the month, she makes a plan so that I can feed the baby.”*

Drawing – *My father*

Response – *“My father here also supports me, but not much like my mother do. He does everything he can, but if she don't have but if she don't have a plan. He lean everything to my mom.”*

Drawing – *Baby daddy*

Response – *“He do support but sometime it happen that he do not have a job. But he does get worried as he doesn't want to see his baby suffering. He always tells me that everything is going to be okay. And he tells me that I should focus on school so that I can live a better life.”*

Drawing – *Sisters*

Response – *“I have these two sisters who do everything in their power to make sure that my baby is growing. They took my baby as if it's theirs. If I need something, I just call them and tell them I need help. They send me money because sometimes it happens that my baby goes sick, and with the support I get, I manage to go to see a doctor.”*

Teen Mother 3:

Caption – Communication

Drawing – *Father*

Response – *“My father was always by my side, helping to cover things that I need.”*

Drawing – *School*

Response – *“The teacher was always talking to me by giving me advice about life and school work.”*

Teen Mother 4:

Caption – *The most important Support Structure in the community*

To be resilient

Drawing – *Our home*

Response – *“This drawing tells us about how this lady helps me with finances at home.”*

Drawing – *Municipality and public*

Response – *“This drawing specifically tells us about what government should do us community. People from other areas should have a better road to our cars or ambulances to pass to the people who really sick.”*

Drawing – *School*

Response – *“This drawing tell us that people should get education to secure their future and well-being.”*

Drawing – *Clinic*

Response – *“This drawing tells us about the health of people; how people should be treated.”*

Teen Mother 5:

Caption – *A support from my own mother is the most important*

Drawing – *My mom*

Response – *“For me to become a stronger person than before, I just need my mother to hold my hand tighter. She knows me best and what is good for me. I have disappointed her so many times, but I have learned from my mistakes, and I know I can't do this without her. I want to make her proud one day, and for that, I really need her support and patience.”*

Summary

Teen Mothers 1, 3 and 4 alluded to the school as welcoming, warm, safe, and positive. An accommodating environment and the role that teachers play enable them to become resilient while they are still at school, for example, TM 1 stated, *“I get the support and encouraging words that make me still in school. My teachers supported me and they are still supporting me to become a better person tomorrow”*. TM 3 said, *“There was a teacher who always talked to me by giving a piece of advice about life and school work”*); and TM 5 indicated, *“get education for their future and well-being”*.

The majority of the teen mothers revealed how valuable and significant the support from their respective mothers was. For example, TM 1 indicated *“They help me with the baby and all that I want and they really giving me support”*); TM 2 (*“They encourage me and always tell me that everything is going be alright. Even if I don't have the money to buy formula and it's the middle of the month, she devises a plan so that I can feed the baby”*); TM 4 (*“This lady helps me with finances at home”*) and TM 5 (*“She knows me best and what's good for me. I know I can't do this without her. I really need her support and patience”*).

Sustaining some of the teen mothers financially means not only taking care of the teen mother herself but also her offspring, which speaks volumes especially taking into consideration the financial responsibility it places on the mothers in a household where the income is at its barest minimum for them to feed them and their kids. These can be regarded as remarkable contributions.

Two teen mothers acknowledged the vital role their fathers played in supporting them, for example, TM 2 said, *“He also supports me. He does everything he can”*, and TM 3 said, *“He is always by my side, helping to cover things that I need”*. This suggests that the fathers of these teen mothers do not let their daughters down during this difficult time. They actually help by reducing the stress or pressure that might have come with motherhood at such a tender age. They overstretched themselves (*“He does everything he can”*, and *“He is always by my side”*) to ensure that these teen mothers cope with their dilemma. However, it is not the fathers' responsibility.

The supportive role that was fulfilled by Teen Mother 1's sibling and Teen Mother 2's sisters is also highlighted, for example, TM 1 said *"They help me with the baby and all my needs. They are really giving me support"*, and TM 2 said, *"They do everything in their power. They take my baby as if it's theirs. If I need something, I just call them. They send me money"*).

Only TM 1 and TM 2 mentioned that for them to become resilient and to remain in school, their babies' fathers offered care and encouragement. Their commitment and the realisation of their responsibility towards the kids and the teen mothers are critical elements of support, for example, TM 1 said *"He is really giving me all the support the baby needs. He is doing his duties as the father of my baby"* and TM 2 said *"He does support me, but sometimes it happens that he does not have a job. But he does get worried as he doesn't want to see his baby suffering. He always tells me that everything is going to be okay. And he tells me that I should focus on school so that I can live a better life"*.

Teen mothers often experience stress in case of the fathers of their babies demonstrate unwillingness to support their children. The scarcity of jobs prevents these fathers from providing for both of them. However, it is commendable to find, or hear of a "baby daddy" who looks for jobs to take care of his little child and their commitment towards their kids, which can be regarded as a valuable support in the upbringing of their children, complimented by and resulted into a stable family structure. This validates that not all the fathers of the babies lack responsibility and commitment.

Proper and appropriate infrastructure in the community will cater for the needs of teen mothers during this tedious time. This is what should also be prioritised. According to Teen Mother 4, *"This drawing specifically tells us about how government should do to the community. People from other areas should have a better road for our cars or ambulances to transport people who are really sick; this drawing tells us about the health of people, specifically how should people be treated"*.

Roads provide access to structures like health facilities, organisations, and other community members who can provide support to teen mothers. Impassable roads can either delay or hinder suitable intervention strategies for teen mothers. This can negatively affect teen mothers' well-being and efforts towards resilience building, especially by government systems that are geared towards and involved in the improvement of teen mothers' well-being and resilience.

The valuable roles played by teachers (school), siblings, parents (mothers/fathers) and the babies' fathers as socio-ecological resilience resources in the lives of teen mothers in enhancing their resilience are engrained in the research findings of Malindi (2018), Vogel and Watson (2017), Madhavan (2010), Kalembo, Zgambo and Yukai (2013), Hill et al (2007), Ebersöhn (2017), Schoon (2006), and Theron and Theron (2010).

B) Draw what kind of support you needed most as a teen mother in order for you to remain in and to complete school.

(Write and tell us more about your drawing)

(Provide a heading or caption for your drawing)

Teen Mother 1:

Caption – *I need or needed you the most*

Drawing – *Community members*

Response – *“In the community are some members that motivate me with their good work. They are my role models. I love the way they do things.”*

Drawing – *Teacher*

Response – *“Teachers are the people that I spend the most of my time with at school. They guide me to do the right thing and motivate me to become a better person in the future.”*

Drawing – *My partner*

Response – *“My partner is the one who always encourages me to go to school. He really supports me as a teen mother.”*

Drawing – *My mom and sister*

Response – *“These two people are the ones that make me still stand and go to school. The support that they are giving me is the one that makes me strong as a teen mother.*

Drawing – *Social workers*

Response – *“I need these people when I need advice about the way forward regarding completing school and all my studies.”*

Teen Mother 2:

Caption – *Support "boosters" to remain in and to complete school*

Drawing – *Classmates*

Response – *“I need support from my schoolmates because, as a teen mother, I need to relax and be comfortable, just like other children.”*

Drawing – *Teachers from School*

Response – *“I need support from teachers because, as a teen mother, I would like to be treated like everyone else in the school. I will again need them to comfort me and tell me something that will make me become stronger.”*

Drawing – *Friend*

Response – *“I will need her so that I can tell her everything and help me to solve it. I need her support.”*

Drawing – *Church*

Response – *“I need support from church because for me to continue with my studies as a teen mother, I need prayers from Church, thus keeping me in prayers so that I can be strong to learn well.”*

Drawing – *Neighbours*

Response – *“I need support from my neighbours as I am always in school. I need them to take care of my baby even if my parents are not there. I need their support to help me out.”*

Teen Mother 3:

Caption – Support

Drawing – *Relatives*

Response – *“Relatives around me give support instead of being judgmental.”*

Drawing – *Grown-ups*

Response – *“Talking to someone who listens to my story and gives me advice, someone who is grown up.”*

Drawing – *People*

Response – *“People who will help me out with my studies or equipment to study easily.”*

Teen Mother 4:

Caption – Support I need

Drawing – *Clinic*

Response – *“It shows where people should receive the medication, where people should go when they got hurt or injured, even when they are sick, better healthcare and services.”*

Drawing – *School*

Response – *“It shows where people should create their future. This is where people can study whatever they want to. It is where people get better life. Education is a key to success for all people.”*

Drawing – Home

Response – *“It shows where people can stay and have a better healthcare by staying under the roof.”*

Drawing – Church

Response – *“It is where people get support or pray God all the time. People get a sermon and prayers. Usually, grandparents do pray and the people who goes there.”*

Teen Mother 5:

Caption – *I needed to see a psychologist and support from church*

Drawing – Church

Response – *“Even though I often avoided going to church because of an embarrassment, I really needed God and preaching. I wanted church and youth to be with me, and importantly that is what my father would have wanted too.”*

Drawing – Psychologist

Response – *“I've been through a very hard time the previous year. However, my mom was always with me and my baby but I think it wasn't enough. I needed someone who listens to me and just gives me a shoulder to cry on. There are things that I couldn't really let out to my mom, and that is the reason why I need to see a psychologist.”*

Summary

For her to remain in and complete school, Teen Mother 1 mentioned that she followed her role models in the community (*“They are my role models and I love their way of doing things”*) and drew positive insights and got motivation from people in the community (*“Some of the members motivate me with the good work they do”*) remain a crucial but incontestable reason not to drop out of school. The continuous encouragement by her partner makes her attend school. According to her, *“He is the one who always encourages me to go to school”*. She explains the crucial supportive role partners play in the prevention of teen mothers from dropping out of school which, in the long run, jeopardises their entire educational careers whereas Teen Mother 1

seemingly enjoys the backing she receives. Still, in other instances, some partners of other teen mothers disappear and leave all the responsibility with the teen mother. In addition to that, Teen Mother 1 gets the support from her mom and sister (*“They are the ones who make me stand and go to school. The support that they are giving me is the one that makes me strong other days”*) that she needed to remain in and to steer her towards completing her educational career. This substantiates previous findings in studies conducted by Malindi (2018) and Vogel and Watson (2017), who underlined the constructive implication of the support rendered by the babies’ fathers, the role of teachers (school), peers and friends on the lives of teen mothers, complimented with the motivation of teen mothers by community members, which they specified as a primary reason for completing their schooling careers.

Having a secure, safe and conducive environment, like a house to live in since she became a teen mother, has been highlighted as a factor contributing to her health and well-being (*“It shows where people can stay and have better healthcare by staying under the roof”*). The researcher believes that Teen Mother 1 still wants to experience the same love, care, comfort, warmth, and support in the same house like before she became pregnant. This enables her to achieve her goal by ultimately finishing school. It must be remembered that other teen mothers are rejected by their families and have to leave their homes and live with other extended family members, friends and sometimes even strangers where conditions might be hostile, resulting in teen mothers dropping out of school.

Teachers, the school and classmates are revealed as other unwavering lifelines used by teen mothers. It is their source of wisdom; they create an environment where they get reassurance and hope. They feel cared for and recognised by and projected resilience sources, notwithstanding being teen mothers on the school ground and inside classrooms. TM 1 said, *“Teachers are the people that I spend most of my time with at school. They guide me to do the right thing and motivate me to become a better person in the future”*; TM 2 said, *“I need support from teachers because as a teen mother, I would like to be taken care of just like everyone else in the school. I would again need them to comfort me and tell me something that will make me become stronger; I need support from my schoolmates because as a teen mother, I need to be relaxed and comfortable just like other children”* and TM 4 said, *“School is where*

people should create their future, study whatever they want and get better life because education is a key to success for all people". Teen Mother 4 particularly made reference to 'all people', meaning that teen mothers should not be excluded, discriminated against post-labour period but re-integrated into the education system to succeed in this "second opportunity".

Teen Mother 2 regarded her friend as an emotional buffer and a pillar of strength, a person that she can, at any time, narrate her situation to as well as what comes with it. She said, *"I will need her so that I can tell her everything and help me to solve the problem)*. Standing in for, to look after and to take care of the baby while her parents are not available and she is attending school, is the support Teen Mother 2 depended upon from her neighbours. She said, *"I need support from my neighbours as I will always be in the school. I need them to take care of my baby even if my parents are not there. I need their support to help me out"*.

Teen Mother 3 is relying on her relatives or extended family (*"They are around me to give me support instead of being judgmental)*, grown-ups (adults), *"Talking to someone who will listen to my story and give me advice"*) and other people (*"They who will help me out with my studies or equipment to study easily"*) in the community as sources of support from the socio-ecological environment. Not passing judgment but instead tolerating her during her teen motherhood phase would appeal to her in her endeavour to stay in and complete school. These grown-ups could supposedly be teen mothers from the past, grandmothers or any other ladies and even men from the nearby communities can afford valuable advice or notions and might come up with possible support strategies which would benefit her situation and be a driving force behind her aim to complete school. There are people (career coordinators at district level/Life Orientation teachers/retired teachers/part-time tutors/subject educators/career experts from a university, youth involved with career programmes, etcetera) that she is expecting to guide her with study skills, curriculum content and her career after school.

The findings of this study are consistent with the results of previous studies, which indicate that from a cultural perspective, grandmothers are playing a critical role in supporting teen mothers (Black, Papas and Hussey, 2002:573; Hess, Papas and Black, 2002:620). Hill et al (2007:11) maintain that support by relatives can promote

resilience amongst teen mothers, and Ebersöhn (2017:2), Schoon (2006:19) and Theron and Theron (2010:1) remarked that interrelated structures play a vital role in influencing positive outcomes and the personal growth of individuals facing adversity.

The clinic can provide sexuality education to prevent repeated pregnancies while teen mothers are still at school, as articulated by TM 4 (*“Better health care and services are essential”*). This concurs well with the previous findings from studies by Kalembo, Zgambo and Yukai (2013:1-8) about the Adolescent Sexual and Reproductive Health Education (ASRHE) intervention programmes introduced to support teen mothers in schools in Sub-Saharan Africa.

TM 2, TM 4 and TM 5 emphasised that spiritual connection with God, prayers by members of the church from them as well as their interaction with the Almighty through prayers give them strength, help them to persevere, stay focused, and will enable them to pursue their school career until the end. For example, TM 2 said, *“For me to continue with my studies as a teen mother, I need prayers from our church. This keeps me in prayers so that I can be strong to learn well”*; TM 4 said, *“People get a sermon and prayers”* and TM 5 said, *“I really needed God and preaching. I wanted the Church and the youth to be with me”*.

They think that when the church congregation continuously intercedes for them as teen mothers, they will remain in school and completing their educational careers. They believe that God will carry them right to the end through prayers. By hearing the Word of God, they will draw strength from above.

Even if TM 4 expressed her embarrassment about her teen motherhood, she realised the importance of the role of the church and the church youth in her life by accepting and praying for her, and as she rightfully stated, her father would have preferred a situation where she would run towards and not away from the church because it is in an ecological environment resource like this that she could find hope, strength and courage. These findings corroborate previous evidence contributed by Brody, Stoneman and Flor (1996:2) and Malindi (2018:4), who confirmed the vital role of the church as a foundation and source of life, truth, strength, love, comfort, acceptance, hope, faith; a holy place imparting morals and values to teen mothers. It is where they can receive guidance from church leaders, which can boost their health and well-being

and enhance their resilience in such a way to help prepare them to courageously confront challenges related to teen motherhood.

TM 1 desires life skills sessions by social workers to deal with her current situation and guidance beyond her Matriculation year (*"I need these people because I need advice about the way forward in terms of completing school and all my studies"*). TM 5 refers to the therapeutic interventions by a psychologist, as she said, *"I've been through a very hard time the previous year; my mom was always with me, but I think it wasn't enough. I needed someone who would listen to me and just give me a shoulder to cry on. There are things that I couldn't really let out to my mom, and that is the reason why I need to see a psychologist, as an additional source of support to complement but not replace her mom"*.

As reported by Logsdon (2018:1), Van Pelt (2012:1), McDonald et al (2008:1-2) and Campbell-Wilson (2011:1) regarding the significance of therapy for teen mothers, evidence points to the urgent need for the involvement of and support from social workers and psychologist through therapy as an intervention strategy for teen mothers to cope with the responsibilities that come with teen motherhood. This will support them in structuring their lives and map the way forward. The psychologists and social workers at the district level can then, based on referrals submitted by schools, make these one-on-one or online therapy sessions a possibility, do follow-up sessions and monitor the progress of these teen mothers' well-being and levels of resilience.

C) By means of a drawing, indicate what kind of support you are currently getting as a teen mother (from the school (educators), schoolmates, friends, your parents or guardians, Social Workers, Psychologists, grandparents, the kids' father, the kids father's parents or guardians, neighbours, community organisations, Church, Department of Health/Department of Social Development

(Write and tell us more about your drawing)

(Provide a heading or caption for your drawing)

Teen Mother 1:

Caption – *Support that I am getting as a teen mother now*

Drawing – *Friends*

Response – *“Friends always give me motivational words to go on with my studies.”*

Drawing – *My mother*

Response – *“My mother gives me inspiration. She usually tells me to go to school, while she looks after my baby, telling me not to worry.”*

Drawing – *Father of the kids*

Response – *“He supports me by taking the baby to the creche while I'm at school and while I'm doing my school work.”*

Drawing – *Grandparents of kids*

Response – *“The grandparents of the kids really help me with the kids while I'm at school and while I'm doing my home works.”*

Teen Mother 2:

Caption – *Teen Mother's Support group at school*

Drawing – *School at the background with teen mothers with their kids in front of the school building*

Response – *“As a teen mother, I do get a support from school by other teen mothers. We always tell each other that there is no life without education/ and though we have little ones already who want everything from us. So we keep telling each others to work hard /and pass our Matric, as it's our goal right now to achieve. Again, we are making ourselves better and stronger by encouraging and supporting each other. We do want to live better life and live again for our Children. So we are pushing harder and even though it's hard, we do what has to be done not just for other people but for us.”*

Teen Mother 3:

Caption – *Caring*

Drawing – *School*

Response – *“Principal and other two female teachers always check on me and my school work.”*

Drawing – *My home*

Response – *“At home my granny and my dad support me with everything that I need.”*

Drawing – *The baby's daddy*

Response – *“The baby's daddy has been checking on me and my son every day.*

Teen Mother 4:

Caption – *Support I get now*

Drawing – Aunt

Response – *“Every moth my aunt helps me with money to buy food and medication for the child.”*

Drawing – The twins

Response – *“The twins usually help me to fetch the kid at creche. They take the kid on weekends when I attend school.’*

Drawing – The Teacher/School Friends

Response – *“Teachers encourage me to come to school regularly, do my homework, study hard and take good care of myself as well as staying focused. My school friends and I chat on social media about school work and not giving up.”*

Drawing – My sister

Response – *“She usually helps me with school things, such as school Uniform. She buys clothes and food for my kid.”*

Teen Mother 5:

Caption – Support I am currently receiving as a teen mother

Drawing – A book, pen, pencil and high lighter

Response – *“From the school, through one of my educators, I was able to meet someone who has been helping teen mothers like me to become strong and make it through their lives. From him, I was able to write down the changes that have been taking place and the drawings. Those sessions relieved me, and I feel much better now about myself and the future.*

(The question by her to me during data generation – What has made you decide to support teen mothers as it is something that I would never imagine someone or someone like you would do?)

Drawing – A heart – and written inside the heart *“MY HELPFUL MOTHER.”*

Response – *“Most of the times, my mother helps me with the baby. She babysits him, feeds and bathes him at all the times when I'm not around or when I am at school. I'm*

very grateful to have her in my life. If she was not there in my life, I would not have been able to go back to school but be a full-time mom. So she helps me and supports me a lot with the baby.”

Drawing – *A sad crying emoji face with tears*

Response – *“I wish I had support from friends but sadly, I do not.”*

Summary

The majority of the participants specified that they were currently getting support from their family members, which include their mothers. TM 1 said, *“My mother is my inspiration. She usually says that I must go to school while she looks after my baby;* TM 5 said, *“My mother babysits him, feeds and bathes him at all the times when I'm not around or at school. If she was not there in my life, I would not have been able to go back to school but be a full-time mom. So, she helps me and supports me a lot with the baby”.* They also mentioned that their daddies supported them. TM 3 said, *“At home my dad supports me with everything that I need”.* Grandmothers were also mentioned as supportive. TM 1 said, *“The grandmothers of my kids really help me with the kids while I'm at school and when I'm doing my homework”*, and TM 3 said, *“At home my granny supports me with everything that I need”.* An aunt was mentioned by TM 4, who said, *“Every month my aunt helps me with money to buy food and medication for the child”* and a sister was mentioned by TM 4, who said, *“She usually helps me with school things, such as school uniform. She buys clothes and food for my kid.”*

The above suggests that these teen mothers were extremely dependent on their family members during this period of their lives, emotionally and financially, which is evident from the narratives of TM 3 and TM 4. The financial support by family members of TM 3 and TM 4 clearly shows that the child grant, even if it is collected, does not sufficiently meet the demands of all the basic needs of their children, hence the dependence on financial support from the family. However, appreciation for certain mothers' support is shown in the respective remarks by TM 1 and TM 5).

The babies' fathers are not so well-represented as far as support for their kids is concerned as it is only TM 1 and TM 3 who professed their contribution; for example, TM 1 said, *"He supports me by taking the baby to the crèche while I'm at school and when I'm doing my school work)* and TM 3 said, *"The baby's daddy checks on me and the son every day"*. Looking at it from another angle, it seems as if these teen fathers do not provide any financial support to sustain their children except visiting or escorting the kids to and from crèche.

Whether the twins are related to TM 4 or the kids from the neighbourhood, she expresses the influential role they play in supporting her with her child. She said, *"The twins usually help me to fetch the kid from crèche. They take the kid on weekends when I am attending school"*. The twins make her life easier through their selfless deed, making it possible for TM 4 to get on with her academic activities.

TM 3, TM 4 and TM 5 particularised the patronage they were getting at schools from principals, teachers and their school friends, for example, TM 3 said, *"The Principal and other two female teachers always check on me and my school work)* and TM 4 said, *"Teachers encourage me to come to school regularly, do my homework, study hard and take good care of myself as well as staying focused. Also, my school friends and I chat on social media about school work and not giving up."* Social media can eliminate the distance between teen mothers as they can interact via texts (SMS), WhatsApp, WhatsApp video call or any other relevant digital form of communication, especially now during the COVID-19 pandemic; it would be extremely helpful as many people, including teen mothers, are isolated across the globe. Teen Mother 5 emphasised how a collaborative effort between a departmental official and an educator of her school had improved her well-being just after a single session. She said, *"From the school, through one of my educators, I was able to meet someone who is currently helping teen mothers like me to become strong and make it through their lives. From him, I was able to write down the changes that have been taking place and the drawings. Those sessions with him relieved me, and I feel much better about myself and the future."*

The researcher envisages the bearing these kinds of sessions and follow-up therapy sessions can have on many other teen mothers experiencing layers of trauma since pregnancy and during the post-labour period, for example, homelessness, depression

(Skobi and Makofane, 2017:236, Pearce, Little and Perez, 2003:267; Logsdon, 2018:1; Mangeliet al, 2018:166); isolation (Whitehead, 2001:437), a low socioeconomic position (Collins, 2010; Pitsoet al, 2014:1), being awfully branded or ridiculed, and being deprived of the required resources (Greenblatt, Cockrill and Herold,2015:3).

Additional to those consequences mentioned earlier are the numerous social, spiritual, physical, and psychological encounters teen mothers face, s they cannot plan or make informed decisions because maternal skills are deficient, there is possible high-risk pregnancy and birth, together with mental health difficulties (depression, nervousness, shock, low self-efficacy, isolation), various responsibilities, coupled with role conflict as well as identity misperception, insufficient social and spiritual support, social humiliation with religious or cultural harmful reactions, disruption of education, financial difficulties, unfitting behaviour of healthcare workers and family conflicts (Mangeliet al, 2018:166).

Furthermore, Salazar-Pousada et al (2010:1) cited that teen mothers experience 'educational obligation, social behaviour, sexual growth, familial skirmishes, financial problems, substance misuse, interruption of their education, and additional challenges like bodily changes, psychological development, and social value fulfilment'.

This study noted that teen mothers are often stigmatised, experience loss of confidence, grapple with feelings of helplessness, resort to self-destructive behaviour, experience rejection by either the parents, siblings, relatives, peers, school friends, neighbours; they are ridiculed by the church and community, resort to single-parent homes and get entangled in suicidal thoughts.

Government departments support teen mothers in their difficult situation, as well as non-governmental organisations in collaboration with schools and the community (socio-ecological environment).

In addition, Teen Mother 2 stated that support from other teen mothers having similar experiences is vital on the school premises. She said, *"As a teen mother, I do get support from school and other teen mothers. We always tell each other that there is no life without education and that we have little ones already who depend on us for everything. So we keep telling each other to work hard and pass our Matriculation*

examinations as it's our goal right now to achieve. Again, we are making ourselves better and stronger by encouraging and supporting each other. We want to live better lives and live again for our children. So, we are pushing harder even though it's hard, but we do what has to be done, not just for other people but for us as well."

This means support is "right there, right now". These teen mothers can support each other as they go through the difficulties of teen parenthood, and together they transition towards their desired objective of remaining in school and completing their educational careers, and showing other teen mothers that everything is possible by encouraging each other, 'crying on the other one's shoulder', putting education first, but most of all, connecting with each other.

However, if only one learner at a particular school is a teen mother, she can always reach out to fellow teen mothers at other schools in her neighbourhood, district or, in the case of social media, any other school across the world.

Teen Mother 1 describes the positive support she enjoyed from her friends she said, *"Friends always give me motivational words, encouraging me to go on with my studies"*. Nonetheless, Teen Mother 5 drew the readers' attention to the fact that the opposite about becoming a teen mother is also true, as she reflected on challenges like being rejected, ridiculed or isolated by friends, which she had to tolerate. She said, *"I wish I had support from friends, but sadly, I do not"*. Although Voigt et al, (in Bunting and McAuley, 2004:213) found that friends may help to cushion adolescents from the pressure and problems of the family, the findings of the current study are in complete agreement with the findings of Whitehead's (2001:437) study, which stated that pregnant teenagers might experience a series of negative responses from friends, forcing them to turn out to be, on a social basis, left out.

D) Draw what you as a teen mother regard as important interventions (things that can be done by others and yourself) to improve your well-being

(Write and tell us more about your drawing)

(Provide a heading or caption for your drawing)

Teen Mother 1:

Caption – *Things/intervention that can improve my well-being*

Drawing – *Building for Social workers*

Response – *“Social workers help me to build a good relationship with my family.”*

Drawing – *Psychologist*

Response – *“A psychologist can help us as young mothers with counselling to overcome loneliness and depression.”*

Drawing – *Department of Health – clinic*

Response – *“Healthcare workers can give us advice on sexual education to protect other teen against pregnancy.”*

Drawing – *Teen mother*

Response – *“We need to focus on hard study in future at school.”*

Drawing – *Cell phones*

Response – *“Teen mothers should join a social intervention motivation group.”*

Drawing – *Ambulance*

Response – *“There is need for self-care or sexual education to other teens.”*

Teen Mother 2:

Caption – *Emotional well-being motivating teen Mother*

Drawing – *Picture of herself: me*

Response – *“I keep telling myself that there are many teen mothers out there and they are surviving well; so, as nothing can stop me from living my life. If they manage, I can manage too. I give self-talk and become better. Self-motivation also helps throughout as I am feeling well. Positive talk also helps because I live like anyone else in this world.”*

Drawing – *Picture of herself*

Response – *“Nobody can judge me as I look good in spite of being a teen mom.”*

Teen Mother 3:

Caption – Change

Drawing – *Picture of someone taking her hand*

Response – *“I receive big support from everyone who is around me. I promise that I will improve through that pressure to pursue my studies.”*

Drawing – *Graduation cap*

Response – *“I will work hard to achieve my goals so that I can live for my family and son.”*

Drawing – *Baby’s daddy*

Response – *“My baby’s daddy must stop giving me unnecessary stress.”*

Drawing – *A Cross and praying hands*

Response – *“All I ask for is faith and the strength to be strong. I never surrender to being forsaken, and you are the solution to my problems.”*

Teen Mother 4:

Caption – *My well-being is important*

Drawing – *Picture of herself with hands in the air*

Response – *“Five speech bubbles –*

I will make it!

I will get through it!

I am not giving up!

My future is bright!

I will stay positive!”

Teen Mother 5:

Caption – *Things that we as teen mothers can do to improve our well-being*

Drawing – *A speech bubble in the middle – WE AS TEEN MOMS*

Response – **“Seven speech bubbles -**

We need to believe in ourselves.

We need to unite and talk to one another about our emotions.

We should not be afraid to seek help.

Learn to accept the situation, forgive and move on.

The situation starts with us. We need to let go of sorrows and free ourselves to find situations for better lives for us and our loved ones.

We need to make sure that regardless of anything, education is one of our priorities.

Having a baby at such a young age is not the end of the world; we need to understand that we need to stop hiding because of "what people will say". It's all about ourselves and lives that we brought to this earth, and most off all, education is the only tool for survival.”

Summary

Teen Mother 1 realises the multiple stresses that accompany teen motherhood, thus impacting negatively on her well-being, and that can ultimately contribute to her dropping out of school, hence her proposition that social workers (*“Social workers help me to build a good relationship with my family”*) and psychologist (*“A psychologist can help us as young mothers with counselling to overcome loneliness and depression”*) intervention through therapy sessions and counselling can alleviate their emotional burdens and help them concentrate on their schooling, instead of being overwhelmed by it. These intervention sessions can act as buffers or "shock absorbers" against the dilemmas faced by teen mothers. Smooth family relationships are crucial, and that is where therapists can zoom in to iron out possible differences that hinder it.

What should also be prioritised is the intervention by the Department of Health and clinics (*“Healthcare workers can give advice about sexual education to protect other teens against pregnancy”*) and service by ambulances (*“There is need for self-care or sexual education to other teens”*) at or outside school premises as a form of intervention which can block the ripple effect of future pregnancies on other teenage girls and repeated pregnancies for current teen mothers. Cell phones for social interaction, for example, WhatsApp, etcetera, amongst teen mothers, are regarded as a lifeline for Teen Mother 1 (*“Teen mothers need to join a social intervention motivation group”*), especially on days when they feel down and out due to the responsibilities of teen motherhood. Any form of motivation or cheerfulness by a fellow teen mother can literally help them out of the woods.

There should be unconditional support by all, according to TM 3 (*“I receive big support from everyone who is around me. I promise that I will improve through that pressure to my studies”*). This is another intervention strategy that plays a crucial role for her to focus on her studies instead of being overawed by teen motherhood experiences, together with the baby’s daddy taking responsibility for the needs and care of their baby (*“The baby’s daddy must stop giving me unnecessary stress”*), preventing additional stress to her situation as a teen mother. Strength from God, accompanied by her steadfast faith in Him (*“All I ask for is faith and the strength to go forward. I will never surrender to being forsaken and you are the solution to my problems”*) can make

a substantial difference in terms of continuing with her day-to-day activities, despite the obstacles associated with teen motherhood.

What is rather interesting is that all the participants, TM 1, TM 2, TM 3, TM 4 and TM 5 comprehended and mentioned that their intervention is drawn from within and executed by themselves to improve their well-being, for example, TM 1 said, *“There is need to focus on hard study in future at school”*); TM 2 said, *“I keep telling myself that there are many teen mothers out there who are surviving well. So, as nothing can stop me from living my life and as they manage, I can manage too. I give self-talk and become better. Self-motivation also helps throughout as I am feeling well. Positive talk also helps because I live like anyone in this world. Nobody can judge me as I look good in spite of being a teen mom”*); TM 3 said, *“I will work hard to achieve my goals”*; TM 4 said, *“I will make it! I will get through it! I am not giving up! My future is bright! I will stay positive!*, and TM 5 said, *“We need to believe in ourselves. We need to unite and talk to one another about our emotions and not to be afraid to seek help. Learn to accept the situation, forgive and move on. The situation starts with us. We need to let go of sorrows and free ourselves to find situations for better lives for us and our loved ones. We need to make sure that regardless of anything, education is one of our priorities. Having a baby at such a young age is not the end of the world; we need to understand that we need to stop hiding because of “what people will say”. It’s all about ourselves and the lives we brought to this earth, and education is the only tool for survival*). TM 5 condensed what TM 1, TM 2, TM 3 and TM 4 expressed regarding the critical role they can play in making a u-turn in their lives, in order to conquer and survive!

Using "I" emphasises a form of determination, dedication and assertiveness, not to give up but to persevere and pursue, which are indicators of resilience among the teen mothers. These teen mothers mentioned a diversity of important interventions from their socio-ecological environment that will help them improve their overall well-being. The support ranges from the microsystem to the chronosystem (Bronfenbrenner, in Asomani, 2017:29-30), which confirms previous findings (Kulkarni and Lewis, 2010: 218) that indicated that most support programmes for teen mothers are not stand-alone but vary in terms of intervention.

5.5 Observation

Emotional state of teen mothers during the interview questionnaire and the draw-and-write session

TM 1 was very relaxed and focused during the interview questionnaire session, but she sighed heavily when she was drawing; nonetheless, she eventually continued.

The confidence of TM 2 was evident during the draw-and-write session, and in writing, she responded with more ease all through the interview questionnaire session.

TM 3 believed that the interview questionnaire relaxed her mood and emotions. She was free to express her concerns and emotions in writing, and it assisted her in becoming more settled. The draw-and-write session aided her to release the pressure, made her feel restored, reassured and comforted.

TM 4 was also noticeably apprehensive and nervous about what to expect or go about during the interview questionnaire session, but gave a more relaxed impression all through the draw-and-write session.

It was very obvious that TM 5 appeared exhausted. She also commented that she did not sleep well the previous night. Her baby disturbed her sleeping pattern because he was not well and continually woke up throughout the night. Despite her situation, she was friendly, relaxed, and positive. There was a distinguishable difference between the emotional states of TM 5 before the session and after the session. After the session, she was joyful, in a talking mood, showing more confidence and her facial expression, I would say, looked more "unlocked". During the draw-and-write session, she appeared very relaxed and enthralled.

5.6 Conclusion

The data analysis and discussion of findings generated from data drawn from the semi-structured interview questionnaire and the draw-and-write session, constituted the focus of this chapter. From this study, themes and categories were formed. Also, the chapter followed up on the significance of the draw-and-write technique for teen mothers to make them part of the discussion because it was largely about stimulating their "voice". The arrangement of the findings and the inclusion of literature meaningful to this study displayed the significance of the content related to this chapter and the

study. The study's summary, recommendations, and conclusion are presented in the next chapter.

CHAPTER 6

SUMMARY OF FINDINGS AND RECOMMENDATIONS

6.1 Introduction

Data analysis and the discussion of this research's findings were presented in the preceding chapter. The final chapter, Chapter 6, presents the summary of the findings in response to the research questions. Merging the findings with the emergent themes from Chapter 5 is the aim of this chapter regarding the SER. Recommendations on the usage of the Social Ecology of Resilience model in investigating and studying the improvement of the well-being of teen mothers through resilience-focused interventions in rural schools will be shared by the researcher. Recommendations for future research are provided in this study. The recommendations are discretionary as a dissimilar case delivers different assumptions and propositions on the solutions under investigation. Also, this chapter discusses the weaknesses and strengths of the Social Ecology Resilience model.

6.2 The key findings of the research

This section expresses the synopsis of the findings in response to the four key research questions guiding this research project.

1. What is the teen mother's understanding of resilience-focused interventions?
2. What are the existing resilience-focused interventions that are available for teen mothers in rural schools?
3. How can the available resilience-focused interventions improve the well-being of teen mothers in rural schools?
4. What factors could enable and constrain resilience-focused interventions for improving the well-being of teen mothers in rural schools?

6.2.1 Objective One: To identify the current understanding of resilience-focused intervention by teen mothers in rural schools

As mentioned in Chapter 2, it is evident that resilience is a result of a collection of elements that encompass favourable human transformation (over unique qualities). In this study, the tools identified as critical in improving teen mothers' well-being and resilience are the family structures, friends, the school, clinics and the teen mothers' spouses.

The participants' understanding of resilience-focused interventions in rural schools is revealed in this theme. Concerning Question 20 of the semi-structured interview questions, based on the different responses from the respective teen mothers, it notable that they have a clear understanding of resilience itself, but in general, they also indicated the lifelines of support systems, which include their family structures, friends, the school (teachers), clinics and also some of the fathers of their babies. This suggests that they understood what resilience-focused interventions in the context of rural schools entail. The outcome can only be positive with regards to the improvement of the well-being of teen mothers.

6.2.2 Objective Two: To identify and explain the existing resilience-focused interventions that are available for teen mothers in rural schools

In their study, Ungar, Russel and Connelly (2014), conceptualise resilience as the individuals' participation in processes that help children avoid harmful, self-destructive or anti-social behaviours. Resilience is therefore not just about the personal qualities of the child, but how well the child's social and physical environment (including the child's school, family, and community) facilitates access to internal and external resources, such as healthy relationships, a powerful identity, social justice, material needs like food and education.

The findings indicate that the teen mothers confirmed the availability of resources of support inside and outside the rural schools, which plays a fundamental role in improving the well-being of teen mothers. The resilience-focused interventions identified and available include their families (mothers, fathers, grandmothers, aunts) and no financial support. Still, the babies' daddies provided moral and emotional support which, of course, is a noteworthy well-being booster for the teen mothers.

People from the neighbourhood are also mentioned, including principals, teachers and their school friends. Collaborative support and networking amongst socio-ecological environment components is a bonus for teen mothers. The availability of a mobile phone with WhatsApp facilities, video-call, and text messages serve as a link between teen mothers to get in touch as quickly as possible and can help reduce stress, for example, to be in contact with somebody in a matter of seconds in case pressing matters related to teen motherhood need to be urgently address or when advice is needed. Resilience-focused interventions from schools can assist in boosting academic performance, resulting in improved general health and well-being. The milieu of the teen mothers provides possibilities in more intervention and improvement in the well-being of teen mothers; however, a few teen mothers did mention that some teachers' negative attitudes towards them were undoubtedly a stumbling block for the improvement of their well-being.

6.2.3 Objective Three: To determine how the available resilience-focused interventions improve the well-being of teen mothers in rural schools

The availability of interventions can effect a positive change in teen mothers' well-being and resilience mechanisms. Teen mothers can have resilience, improved well-being, physical and mental growth, and a positive relationship with communities and fellow teen mothers. At no stage has anyone of the teen mothers mentioned that different components jointly offered support for them. The sharing of homework, care, and support from principals, teachers, and their school friends by their peers ensured that teen mothers were up to date with class and school activities. So, most teen mothers' socio-ecological components offered financial, emotional, and economic as well as social support, for example, family, school, and etcetera.

6.2.4 Objective Four: To examine the factors that could enable and constrain resilience-focused interventions for improving the well-being of teen mothers in rural schools

Enabling factors for teen mothers to enhance their well-being include a safe socio-ecological environment, which entails the family, and community support, acceptance and tolerance, together with sufficient psycho-social support, including the school community. Constraining factors that can hinder the wellbeing and resilience of teen

mothers and focused interventions for improving the well-being of teen mothers in rural areas are the lack of family support, finances and conflict in the implementation of policies.

Various factors are enablers in the improvement of the well-being of teen mothers and the resilience indicators. Ungar (2018:345) identified seven universal principles across systems that relate to social-ecological systems (enablers): These include that resilience; “(1) transpires in the context of harsh conditions, (2) is an expansion, (3) are trade-offs flanked by structures when resilience is experienced by a system, (4) is undeveloped, dynamic and complicated, (5) encourages connectivity, (6) demonstrates experimentation and learning, and lastly (7) includes diversity and redundancy and participation”. The identified interventions from a socio-ecological environment can either be an enabler or a constrainer of an individual’s well-being.

Teen mothers do have the strength and inner drive as well as capabilities (agency) to navigate and network with components in the socio-ecological environment (family, school, neighbours, church, etcetera), which thus provide resilience-focused interventions to them, resulting in the improvement of their overall health and well-being. Enablers of resilience-focused interventions, therefore, can comprise, as mentioned by the teen mothers, their immediate and extended families, the school (teachers) (Malindi, 2018:4). Psychologists, the Department of Health, the clinic, the baby's father, siblings, and community members were reportedly interested in teen mothers’ completion of their school careers. One teen mother even mentioned that all teen mothers formed a support group, which is commendable. NGOs, as also mentioned by teen mothers, spoke about topics regarding comprehensive sexuality education, and a nurse who encouraged teen mothers regarding the importance of family planning and pregnancy prevention, and returning to school (Hess, Papas and Black, 2002:620). This attests to the many sources of support available in and outside the school to improve teen mothers' well-being.

However, there are situations when the resilience-focused interventions designed to improve the well-being of teen mothers are constrained. This is substantiated by one of the teen mothers who mentioned that some teen mothers did experience cruel treatment perpetrated by teachers who laughed or stared at them, making them feel ashamed. Another teen mother also noted that her extended family member laughed

at and spread gossip about her situation. Another one complained about the father of her baby, who did not support her. Still, conflict is the order of the day amongst the family members. These negative experiences reported by teen mothers impede the improvement of their well-being. Other constraining factors include the lack of involvement of NGOs and FBOs in the well-being of teen mothers, as indicated in the figures provided in Chapter 5.

6.3 Recommendations

Today, South Africans look for and acknowledge support programmes from abroad. This occurs in spite of the fact that South Africans themselves have the capacity to support these young and vulnerable teen mothers to remain in school and complete their educational careers. Hence, the researcher proposes the following recommendations to ensure the well-being of teen mothers in South Africa becomes the priority of communities. *Letsema* is a Sotho word meaning: "a group of people working together". Hence, it is time for our communities to prioritise support from all angles for vulnerable children, including teen mothers.

Additional resilience-focused interventions to improve the well-being of teen mothers include:

- Compiling textbooks on comprehensive sexual education for schools for different grades (Grades 3-12) with differentiated subject content catering for these different grades;
- Offering Comprehensive Sexual Education as a compulsory subject at school;
- Involving all relevant stakeholders from society on inputs regarding compiling a textbook as mentioned in bullet 1 above;
- Developing and implementing vigorous advocacy on comprehensive sexual education while the inputs regarding the content for textbooks take centre stage;
- Ensuring that statisticians monitor and keep themselves abreast of the number of teenage pregnancy. In contrast, robust teenage pregnancy prevention programmes should be initiated across the country (in each province) to curb the surge of teenage pregnancies and advocate for the well-being of teen mothers;

- Involving unemployed youth (stipend) in projects to become ambassadors of well-being initiatives (job creation) for teen mothers;
- Roping in professionals in different occupations with the same experience to motivate teen mothers regarding the importance of education;
- Encouraging teen mothers to start the Teen Mothers School WhatsApp Support Group (TMSWSG);
- Stepping up advocacy for teen mothers about online support by providing them with a Toll-Free number 0800 055 555, which they can contact across all networks and be connected to a counsellor, 24/7 at no cost;
- Encouraging teen mothers to voluntarily visit the Department of Health, clinics or DSD for advice, guidance, and health checks;
- Again, unemployed youth should be contracted to involve them in "drop-out prevention programmes for teen mothers" with the aim of offering them academic support from the time they fall pregnant;
- Establishing community-based Peer Support Groups (PSGs) to provide guidance, care and support to these teen mothers;
- Stimulating advocacy on social support for teen mothers;
- Establishing a School-Based Teen Mother Support Group, with a teacher steering it;
- Funding of establishments that support well-being initiatives for teen mothers;
- Initiating "Back2School" campaigns for teen mothers.
- Developing collaborative initiatives by government departments to hold camps that support the prioritisation of the well-being of teen mothers, in order for them to encourage each other to stay in and complete their school careers.
- Intensifying psycho-social support for teen mothers by all relevant government departments in collaboration with NGOs, FBOs, and other stakeholders;
- Establishing SBSTs at schools to identify needy teen mothers and provide care at the school level or refer teen mothers for psycho-social support; and
- Highlighting the well-being of teen mothers is vital through the Integrated School Health Programme (ISHP).

6.4 Limitations of the study

Firstly, the participants' representativeness in the research was very small, as only five participants were involved. Secondly, the participants hailed from the same ethnic group, Southern Sotho speaking. Thirdly, the results drawn from this research cannot be all-inclusive or generalised to the broader group of South African teen mothers. The researcher, participants, and all the other relevant stakeholders connected to this study were affected by the COVID-19 pandemic regarding their safety, health, travel restrictions, and change of initial data generation methods. Communication to principals, SBST coordinators and participants' parents was difficult due to network challenges, electricity shutdowns and load shedding. Initial timeframes set by the researcher and agreed upon by him and his supervisor had to constantly change to adapt to the restrictions imposed by the COVID-19 pandemic, which also led to the amendment of data generation methods. The researcher also requested for the extension of the residential period until the completion of the research. These limitations can be considered when conducting further research.

6.5 Summary

The improvement of the well-being of teen mothers through resilience-focused interventions in rural schools through the use of the Social Ecology of Resilience (SER) Theory, were explored in this study. The teen mothers (participants) were also capable of recognising, understanding and describing the existing resilience-focused interventions available for teen mothers in rural schools, as indicated in the study. Enabling and constraining factors form part of the components (family, school, neighbourhood, community services and cultural practices) of the socio-ecological environment the teen mothers identified. Teen mothers come from diverse backgrounds and have diverse needs and unique abilities. Hence, through networking and robust collaboration among the different components in the socio-ecological environment and its needs-tailored resilience-focused interventions, the well-being of the teen mothers can be improved. All the relevant sectors in the society can, in their unique ways, contribute to resilience-focused interventions that can be employed to improve the well-being of teen mothers. This is an all-inclusive effort by a group of people with their strengths, who care and want to prioritise the well-being of vulnerable teen mothers. When they are healthy, and well, they can academically do well and

therefore remain in school, which is regarded as a haven for teen mothers. This is substantiated by the Prevention and Management of Learner Pregnancy (2018), which emphasises and reiterates the right of teen mothers to basic education and support, and Inclusive Education (Education White Paper, 2001) which endorsed the ideologies of inclusion along with care and support.

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ANNEXURE A: ETHICS APPLICATION APPROVED



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2 September 2019

APPLICATION FOR TITLE REGISTRATION

Applicant: Van Schalkwyk, JHD
Student Number: 2007135003
Discipline: Psychology of Education
Study Code: Masters (PSE700)

Dear Mr Van Schalkwyk

Your registered title is as follows: "Improving the well-being of teen mothers through resilience-focused interventions in rural schools"

All of the best with your study.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jan Nieuwenhuis'.

Prof Jan Nieuwenhuis
Chair: CTR committee

A handwritten signature in black ink, appearing to read 'Duvenhage'.

Ms CS Duvenhage
Secretary: CTR committee



GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

02-Mar-2020

Dear Mr Van Schalkwyk, Johan HD

Application Approved

Research Project Title:

IMPROVING THE WELL-BEING OF TEEN MOTHERS THROUGH RESILIENCE-FOCUSED INTERVENTIONS IN RURAL SCHOOLS

Ethical Clearance number:

UFS-HSD2019/1827/2802

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely

Prof Derek Litthauer

Chairperson: General/Human Research Ethics Committee

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GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

19-May-2020

Dear Mr Van Schalkwyk, Johan JHD

Amendment Approved

Research Project Title:

IMPROVING THE WELL-BEING OF TEEN MOTHERS THROUGH RESILIENCE-FOCUSED INTERVENTIONS IN RURAL SCHOOLS

Ethical Clearance number:

UFS-HSD2019/1827/2802

We are pleased to inform you that your amendment application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for notifying the ethics committee of the changes/amendments that have been made to your study; we wish you the best of luck and success with your research.

Yours sincerely

Prof Derek Litthauer

Chairperson: General/Human Research Ethics Committee

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ANNEXURE B: PARTICIPANT INFORMATION BROCHURE

PARTICIPANT INFORMATION BROCHURE

I, Johan Harold Dirk van Schalkwyk, am from Bethlehem. I am a registered Masters Psychology of Education student at the University of the Free State; and the researcher of a study at this University. The aim is to explore how resilience-focused interventions could improve the well-being of Teen mothers at the Thabo Mofutsanyana Education District hence we request that you give your child permission to participate in this study.

The study has been approved by the Ethics Committee of the Faculty of Education, University of the Free State. Furthermore, the Free State Department of Education and the school Principal have agreed that the study take place at the XXXXXXXXXXXXX Secondary School.

Participants in the study must be Teen mothers.

Teen mothers must sign an assent form, while the parents or guardians are requested to sign an informed consent form for their daughters' participation in the study.

The participants may contact the secretariat of the Ethics Committee of the Faculty of Education, University of the Free State at telephone number 051 401 9398 or e-mails can be directed to rims@ufs.ac.za if they have questions about their daughter's rights as a research subject.

Participation of the study is voluntary. If need be, the participants can withdraw from the study at any given time, without giving any explanation to the researcher and will continue to be treated in the usual and customary fashion at school.

No compensation will be given for participation in this study.

Participation in the study involves having in depth, semi-structured interviews with and the "Draw and write" technique by the Teen mothers that will last for about 1 hour each (2 hours). The principal and the teachers will be asked to allow the participants 2 hours in

order to participate. The Teen mothers will not miss a lot of school work as they will be given home work to cover up the content of the day. The Semi-structured interviews will commence during school session in order to allow the learners to participate and give their co-operation to the researcher. At least five Semi-structured interviews will be conducted for this study, followed by a 10-minute break. There-after the "Draw and write" session will commence. The names of the Teen mothers will not be used; numbers will be given to each participant to ensure anonymity and confidentiality.

The Researcher will conduct the Semi-structured interviews, operate the audio-tapes and take field notes.

The venue and time of this session will be communicated to the participants by the researcher.

No risks, harm or injury will be associated with this study.

All study data as well as the audio-tapes will be kept confidential, no names or identifying data will be used, as numbers will be used instead.

If need be, prospective participants can contact Mr Johan van Schalkwyk during the study, on cellular number 084 6729 573.

ANNEXURE C: PARENT-GUARDIAN INFORMED CONSENT

INFORMED CONSENT TO PARTICIPATE IN A SEMI-STRUCTURED INTERVIEW AND THE “DRAW AND WRITE” SESSION

I the parent/guardian of.....

understand that I/we are asked to give permission for my/our daughter to participate in a research study of the University of the Free State. The research study will explore how resilience-focused interventions could improve the well-being of Teen mothers in the Thabo Mofutsanyana Education District. If I/we agree to allow my/our daughter to participate in this study, she will have a Semi-structured interview with the researcher, firstly and then, secondly, be involved in the “Draw and write” session. The venue and time of this session will be communicated to the participants. No risks, harm or injury is associated with this study.

I/we may contact the secretariat of the Ethics Committee of the Faculty of Education, University of the Free State at telephone number 051 401 9398 or e-mails can be directed to rims@ufs.ac.za if I/we have questions about my/our daughter’s rights as a research subject.

If I need to, I can contact Mr Johan Harold Dirk van Schalkwyk, at any time during the study, on his Cell phone number 084 2729 573.

My/our daughter may withdraw from the study at any time she so wishes. If she decides to discontinue her participation in this study, she will continue to be treated in the usual manner at school. The participants will not receive any compensation to participate in this study.

I/we understand that the Identity of the participants will be kept confidential; however, the information gathered may be used in publications or presentations.

The study has been explained to me/us, I/we have read and understand this consent form, all of my/our questions have been answered, therefore I/we agree to allow my/our daughter to participate after I/we have been given a signed copy of this document and the participant information sheet which is the written summary of the research.

.....
Signature of the Participant

.....
Date

.....
Signature of the Researcher

.....
Date

ANNEXURE D: CHILD ASSENT FORM

CHILD ASSENT FORM

I, Johan Harold Dirk van Schalkwyk, invite you
to participate in a research study that is conducted by the University
of the Free State. In this study, we are interested to know more
about your viewpoints on how resilience-focused interventions could
improve the well-being of Teen mothers in the Thabo Mofutsanyana
Education District. We will ask your parent / guardian or caregiver if
it is in order for you to participate; we also need to ask permission
from you as well.

If you decide to participate in this study, the researcher will make an
appointment with you and other Teen mothers, whereby you will
have an in depth, semi-structured interview with the researcher and
then partake in the "Draw and write" session. No names will be used
during this session, numbers will be used, and everything will remain
private. The information that will be collected during the semi-
structured interview with the researcher and the "Draw and write"
session, may be published in journals and presentations.

During the conducting of the semi-structured interview by the
researcher with you, he will make use of audio-tapes which will
enable him to take field notes. There after you will be involved in the
the "Draw and write" session.

If need be, you can pull out of the study at any time you wish,
without giving any explanation to the group. You can also ask
questions later which you cannot think of now. By signing this assent
form, it means that you understand what is going to happen, you are
willing to take part in the study and you do not have any further
questions to ask about the research at this time.

.....

Child's Signature

.....

Date

.....

Time

ANNEXURE E: DEPARTMENT OF EDUCATION PERMISSION LETTER

496 Kameeldoring Street
Bakenpark
BETHLEHEM
9701
September 2019

The Director, Department of Education
Free State Province
Private Bag X20565
(Fidel Castro Building, 55 Elizabeth Street)
BLOEMFONTEIN
9300

Dear Sir / Madam

APPLICATION TO BE GIVEN PERMISSION TO CONDUCT A STUDY AT A SPECIFIC SCHOOL

I am the researcher of a study of which the objective is to explore how resilience-focused interventions could improve the well-being of Teen mothers in the Thabo Mofutsanyana Education District. Participation in the study involves Teen mothers having in depth, semi-structured interviews with the researcher that will be audio-taped and partaking in the "Draw and write" session. Teen mothers will be the participants included in the study.

No risks, harm or injury will be associated with this study.

For the purpose of this study, I request permission to conduct research at XXXXXXXXXXXXXXXX Secondary School.

Prospective participants (Teen mothers) must sign an assent form, while the parents or guardians are requested to sign an informed consent form for their daughters' participation in the study.

The names of the Teen mothers will not be used; numbers will be given to each participant to ensure anonymity and confidentiality.

No compensation will be given for participation in this study.

Results of the study will be presented at research conferences and in journals. The study findings will also provide the school as well as the Departments of Education with a more complete picture of the viewpoints of the Teen mothers in Rural schools.

Yours sincerely

.....

Johan Harold Dirk van Schalkwyk (M.Ed Psychology of Education student, UFS)

ANNEXURE F: PRINCIPAL PERMISSION LETTER

496 Kameeldoring Street
Bakenpark
BETHLEHEM
9701
September 2019

The Principal
XXXXXXXXXXXXX Secondary School
QWA QWA
9870

Dear Sir/Madam

APPLICATION TO BE GIVEN PERMISSION TO CONDUCT A STUDY AT THE XXXXXXXXXXXXXXXX SECONDARY SCHOOL

I am the researcher of a study of which the objective is to explore how resilience-focused interventions could improve the well-being of Teen mothers in the Thabo Mofutsanyana Education District. Participation in the study involves Teen mothers having in depth, semi-structured interviews with the researcher that will be audio-taped and partaking in the "Draw and write" session. Teen mothers will be the participants included in the study.

No risks, harm or injury will be associated to this study.

For the purpose of this study, I request permission to conduct research at XXXXXXXXXXXXXXXX Secondary School, as permission has also been granted from the Department of Education.

Prospective participants (Teen mothers) must sign an assent form, while the parents or guardians are requested to sign an informed consent form for their daughters' participation in the study.

The names of the Teen mothers will not be used; numbers will be given to each participant to ensure anonymity and confidentiality.

No compensation will be given for participation in this study.

Results of the study will be presented at research conferences and in journals. The study findings will also provide the school as well as the Departments of Education with a more complete picture of the viewpoints of the Teen mothers in Rural schools.

Yours sincerely

.....

Johan Harold Dirk van Schalkwyk (M.Ed Psychology of Education student, UFS).

ANNEXURE G: TEEN MOTHERS QUESTIONNAIRE

DATA GENERATION TOOLS	POSSIBLE QUESTIONS	
<i>Semi-structured interviews (Audio-taped)</i>	Who has supported you the most since you become a teen mother (while attending school)?	
	How did your parents support you?	
	How did the father of the baby support you?	
	How did your schoolfriendssupport you?	
	How did siblings support you?	
	How did your extended family support you?	
	How did your immediate neighbours support you?	
	How did the church support you?	
	How did the clinic support you?	
	<p>Did any of the following Government Departments support you as a teen mother at school, and how did they provide support to you?</p> <p>Department of Social Development Department of Health Department of Education Department of Labour Department of Home Affairs</p>	
	Did any of the following Non-Governmental Organisations (NGOs) support you, and how did they provide support to	

	<p>you as a teen mother at school?</p> <p>Love Life Save the Children Right to Care Faith-Based Organisations (Churches)</p>	
	Was there any person/s from the community who visited and supported you at home while you were at school as a teen mother?	
	Was there anyone from the school who visited and supported you at home while you are at school as a teen mother?	
	Was there anyone from the church who visited and supported you at home while you are at school as a teen mother?	
	Was there anyone from the clinic who visited and supported you at home as a school going teen mother?	
	Are there any difference in the support you received from any of the above departments or organisations or people before and after becoming a teen mother who attends school?	
	What are the changes in your life as a teen mother at school that you have experienced since you were supported by any of them?	
	If you had to advise other teen mothers, who	

	would you recommend they should ask for help?	
	Are there any other person, department or organisation that we didn't mention here who supported you while you are at school as a teen mother?	
	What makes you go on (resilient) despite the hardship, challenges or difficulties you faced as a teen mother?	
<i>“Draw and write” technique</i>		<p>Draw which resources/support structures in the community you regard as the most important that will enable you to become resilient while you are a teen mother who is still at school.</p> <p>(Write and tell us more about your drawing)</p> <p>(Provide a heading or caption for your drawing)</p>
		<p>Draw what kind of support you needed most as a teen mother in order for you to remain in and to complete school.</p> <p>(Write and tell us more about your drawing)</p> <p>(Provide a heading or caption for your drawing)</p>
		<p>Through a drawing, indicate what kind of support you were currently getting as a teen mother (from the school</p>

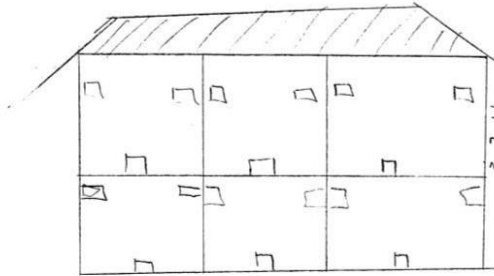
		<p>(educators), schoolmates, friends, your parents or guardians, social workers, Psychologists, grandparents, the kid's fathers' parents or guardians, neighbours, community organizations, the church, Department of Health/Social Development?</p> <p>(Write and tell us more about your drawing)</p> <p>(Provide a heading or caption for your drawing)</p>
		<p>Draw what you as a teen mother regard as necessary interventions (things that can be done by others and yourself) to improve your well-being?</p> <p>(Write and tell us more about your drawing)</p> <p>(Provide a heading or caption for your drawing)</p>

ANNEXURE H: DRAWINGS-AND-WRITINGS OF THE TEEN MOTHERS

A

Resili Resilient makers

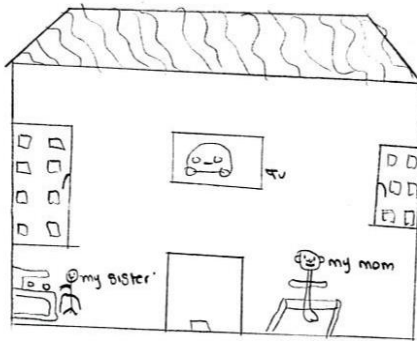
1



School

In the school is where I get the support and encouraging words that make still in school. my teachers supported me and their still support me to become a better person tomorrow

2



my home

This is my home in here is where I get the support from my mother and my sibling. their help me with the baby and all the needs that I want they really giving me support

3

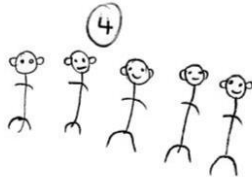


Baby father

A baby father he is really giving me all the support about the baby he do her duties as a father of my baby

(B)

I need/ed you the most.



Community members

In the community are some of the member motivate me with the good work the do or are my role model i love there way the do thing.



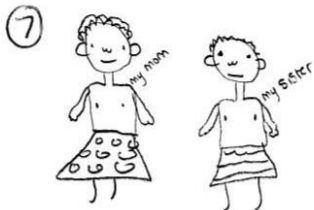
Teacher

Teacher's are the people that i spend the most of time with at school their guide me to do the right thing and motivate me to become a better person in future.



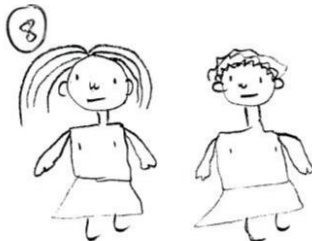
my partner

my partner he is the one that always encourage me to go to school he really support me as a teen mother



my mom & sister

This two people are the one make me still stand and go to school the support that their giving me is the one make me in other days that im a teen mother



Social workers

this people i will need from when i need advice about the way forward of completing school and all my studies.

(C)

Support that im getting as a teen mother now.

Friends

(9)



motivation

Friends always give me motivation words to go on with my studies

(10)

my mother



inspiration

my mother usually say go to school we will look after your baby dont worry.

(11)

Father of the kids



He support me by the way she take a baby to the creche while im in school and while im doing my school work.



creche

(12)

grandparents of kids



grandparents of the kids she really help me with the kids while im in school and while im doing my home works.

(D)

Things / interaction that can improve my wellbeing

13
Social development



To help me build the good relationship with my family

14
Psychologist



Psychologist can help ours as young with coping for loneliness and depression.

15
Department of health



can give advice about sexual education to protect other teen to become pregnant.

16
Teen mother



Focus on future study hard at school

17

Create a Teen mother group on whatsapp



Teen mother social interaction motivation group.

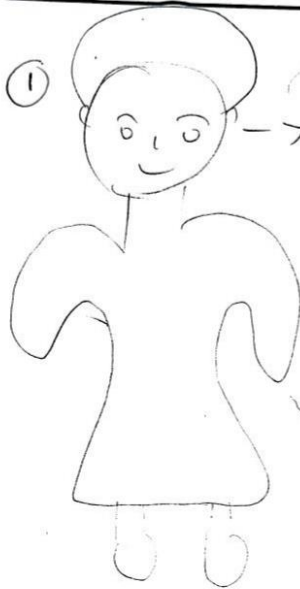
18

Right to care



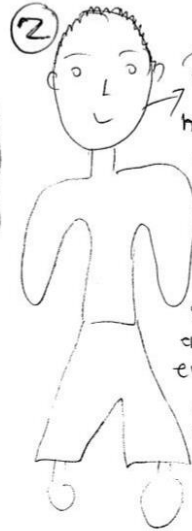
For self care or sexual education to other teens

(A) Foundation of Strength.



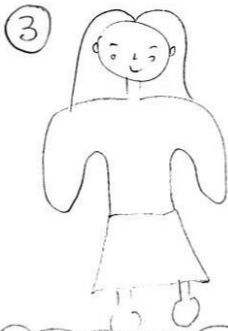
①

My Mother encourage me and always tell that everything is going be alright. Even if I don't have money to buy formula and its the middle of the month, She make a plan so that I can feed my baby

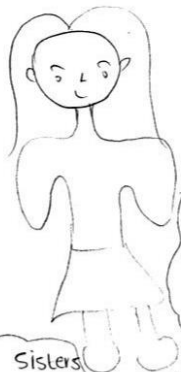


②

My father here he also support me but not much like my mother do. He do everything he can but if she don't have a plan. He leave everything to my mom.

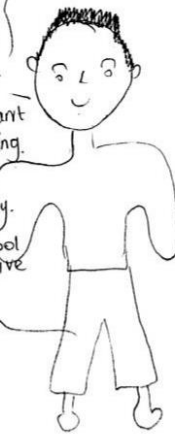


③



④

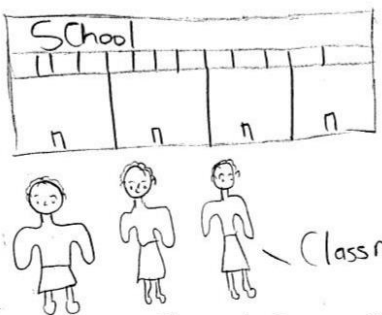
Baby daddy here. He do support but sometime it happen that he do not have a job. But he do get worried as he dont want to see his baby suffering. He always tell me that everything is going to be okay. And he tells me that I should focus on school so that I can live a better life.



I have these two sisters who do everything in their power to make sure that my baby is growing. They took my baby as if it is theirs. If I need something I just call them and tell what do I need for help. They send me money because sometime it happen that my baby goes sick and with that support I get I manage to go to the doctor.

(B) Support "boosters" to remain in and to Complete School.

(5)




School

Classmates

I need Support from my schoolmates because as a teen mother, I need to be relaxed and be comfortable just like other children.

(6)

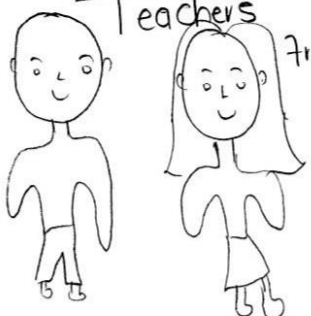


Church

I need Support from Church because for me continue with my studies as a teen mother I need prayers from Church

- keeping me in prayers so that I can be strong and learn well.

Teachers from School (7)



Teachers from School

I need Support from teacher because as a teen mother I will like to be taken as everyone in the school.

I will again need them to comfort me and tell me something that will make me become strong.

(8)




Neighbours

neighbour

neighbour

I need Support from my neighbours as I always in school. Need them to take of my baby even if my Parents are not there. I need their support to help me out when

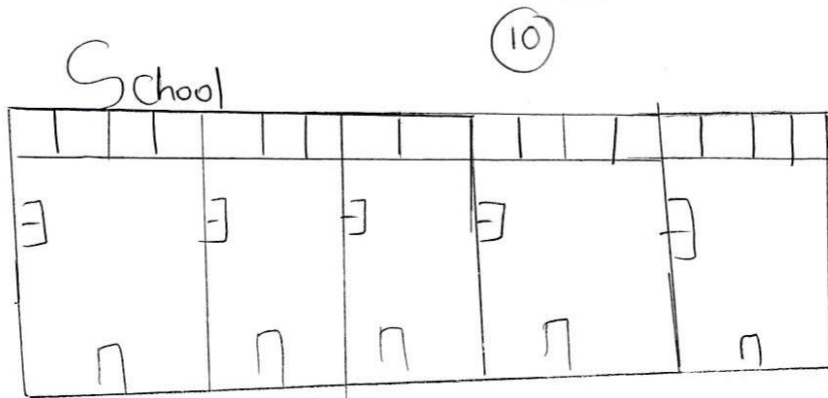
Friend (9)



Friend

I will need her so that I can tell her everything and help me to solve it. I need her

Teen & Mothers Support group at School

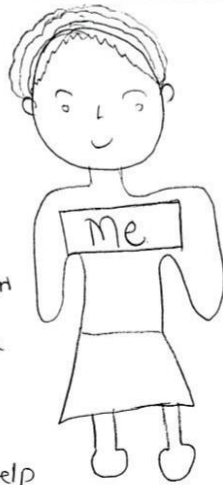


As a teen mother I do get a support from school by other teens mother. We always tell each other that there is no life without education and though we have little ones already who want everything from us. So we keep telling each others to work hard and pass our Matric as it's our goal right now to achieve. Again we making ourself better and strong by encouraging and supporting each other. We do want to live better life and live again for our children. So we are pushing harder even though it's hard but we do what have to do alone not just for other people but for us.

(D) Emotional Wellbeing Surviving teen Mother

(11)

I keep telling my self that there are many teen Mothers out there and they survive well so as nothing can stop me from living my life as they manage I can manage too. I give self talk and become better. Self motivation also help through-out as I am feel well. Positive talk also help because I live like anyone in this world.

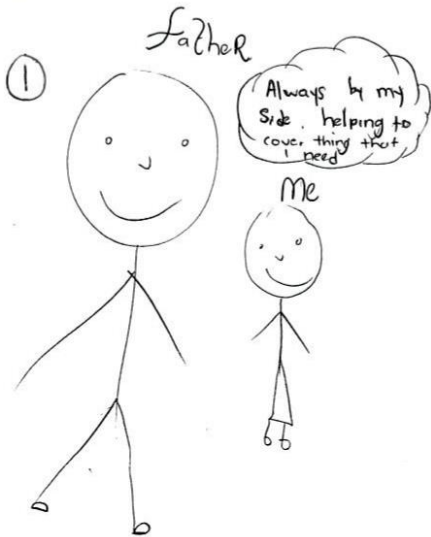


(12)



Nobody can judge me as I look good and also being a teen mom.

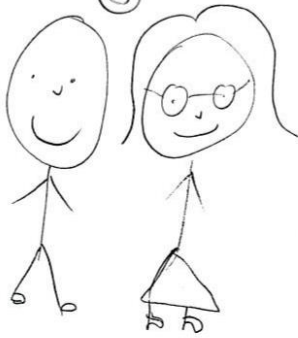
A COMMUNICATION



B

SUPPORT

3



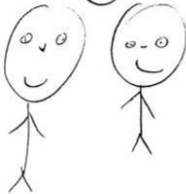
Relatives who around me
to give a support instead
of being judgemental

4



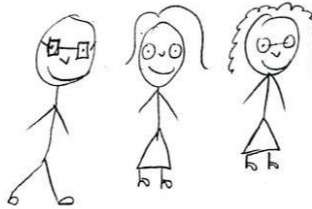
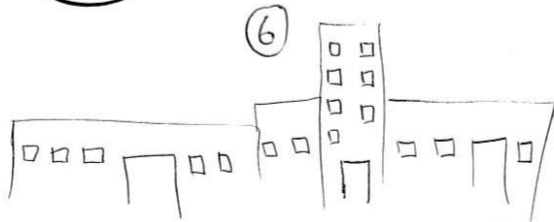
Talking to some one
who will listen my story
and give me advice
some one who is grown up

5

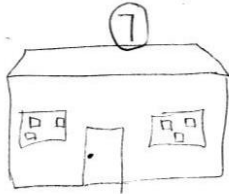


People who will help
me out with my
studies / equipment
to study easily

CORING



principal and other
two female teacher
always checking on
me and my school work

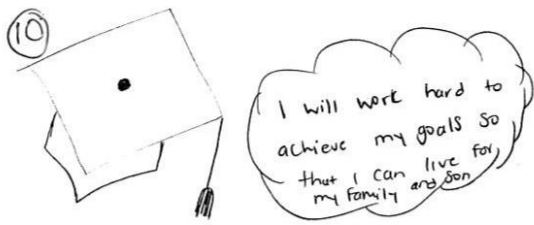
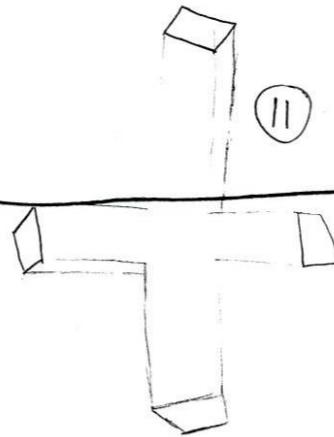


my home, where by my
granny and my dad supporting
me with every thing that i
need



The baby daddy
checking on me & the
son every day

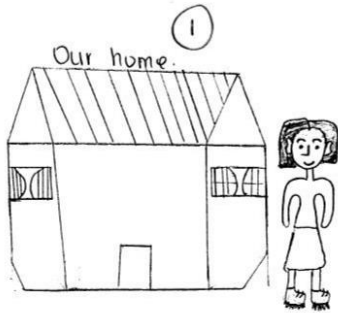
D Change



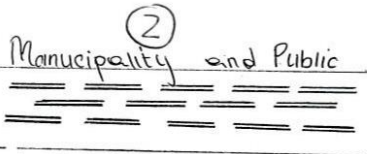
1. Most important Support Structure in

(A)

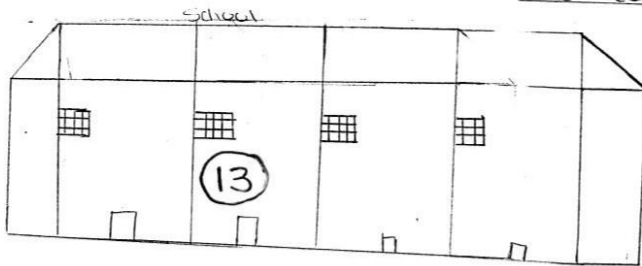
the Community to be resilient.



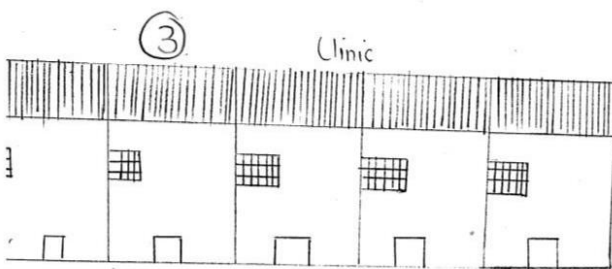
This drawing tell us about how this lady helps me about finances at home.



This drawing Specifical tell us about how government should do to us Community. People from other area should have a better road to our cars or ambulances to pros to the people who really sick.

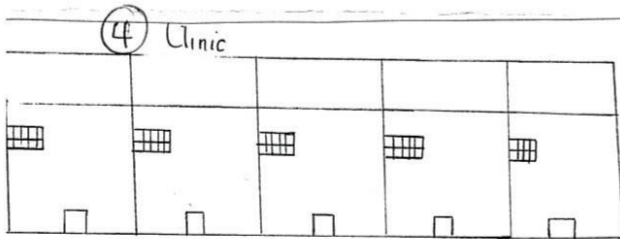


This drawing tell us about People should get education for their future & well being.

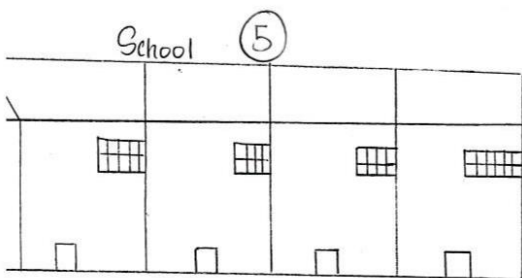


The drawing tell us about the Health of people. How should people be treated.

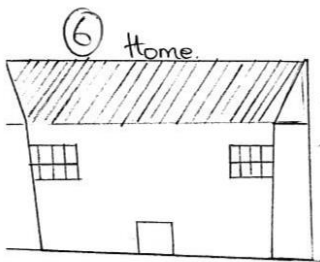
(B) Support I need



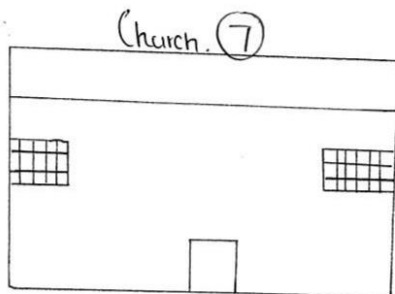
It shows ^{where} ~~how~~ the people should receive their medication. Where people should go when they get hurt or injured even when are sick. Better health care and services



It shows where people should create their future. Where people can study whatever they want. Where people get better life because education a key to success, to all people.

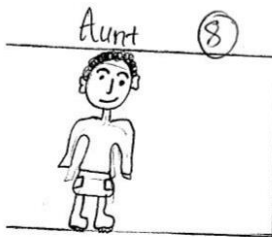


It shows where people can stay and have a better health care by staying under the ~~with~~ roof.

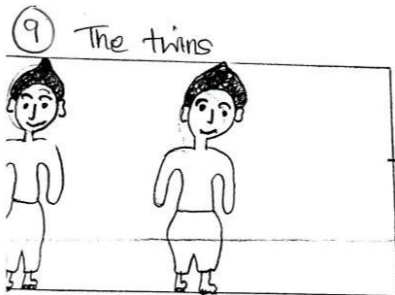


It is where people get or pray god all the time. People get a sermons and prayers. Usually grand-parents do pray and the people who goes there

C Support I get now



My Aunt helps me with money every month to buy food and the Medication of the child.



The twins usually helps me to fetch the kid at (fetch) They take the kid on weekend when I attend school.

(10) The Teacher / School friends



Teachers encourages me to come to school regularly, do my homework study hard and to take good care of my self as well as to stay focused. And my school friend and I chatt on social media about school work and not give up.



She usually helps me about school things eg. buying school uniform. She buys the clothes for my kid and also food that would maintain his body.

D) My Well-being is Important.

12



Self-Motivation

I will get through it!!!

I will make it!!!

I am not giving up!!!

My future is bright!!!

I will stay positive!!!

(A)

A SUPPORT FROM MY OWN MOTHER
IS THE ~~HAPPY~~ MOST IMPORTANT.



For me to become a strong person than before, I'm just gonna need my mother to hold my hand tighter. She knows me best and what's good for me. I have disappointed her so many times but I have learned from my mistakes and I know I can't do this without her. I want to make her proud one day and for that, I really need her support and patience.

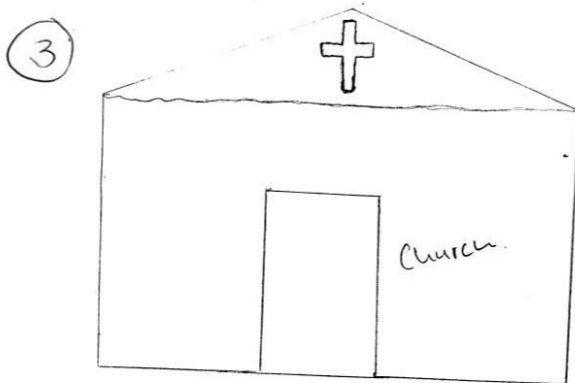
②

My baby is the reason why I wake up in the morning everyday. I want win to become a better person I want want to fail win in life.



(B)

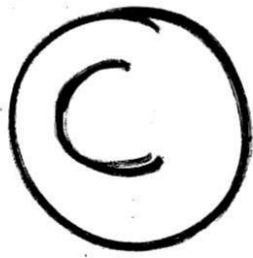
I NEEDED TO SEE A PSYCHOLOGIST
AND SUPPORT FROM CHURCH.



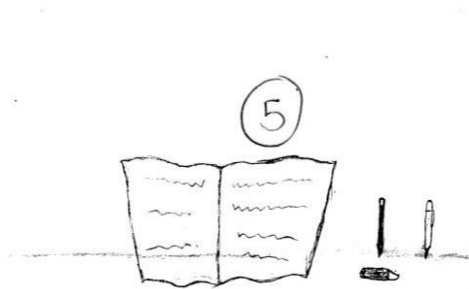
Even though I often avoided from going to church because of an embarrassment, I really need God and preaching. I wanted church and youth to be with me and support me and importantly that is what my father would have wanted too.

④ PSYCHOLOGIST

I've been through a very hard time the previous year, my mom was always with me and my but I think it wasn't enough. I needed someone to listen to me and just give me a shoulder to cry on. There are things that I couldn't really let out to my mom and that is the reason why I need to see a psychologist.




SUPPORT THAT I'M CURRENTLY RECEIVING AS A TEEN MOTHER.



From the school through one of my educators, I was able to meet someone who is helping teen mothers like myself to become strong and make it through in their lives. From him I was able to write down about changes that has been taking place and the drawings. Those sessions with him made quite a relief in me and I feel a lot better now about myself and the future.

Most of the times now my mother helps me with the baby. She babysits him, feed and bath him at all the times when I'm not around or at school. I'm very grateful to have her in my life. If she was not there in my life I would not have been able to go back to school but be a full time mom, so she helps me and supports a lot with the baby.

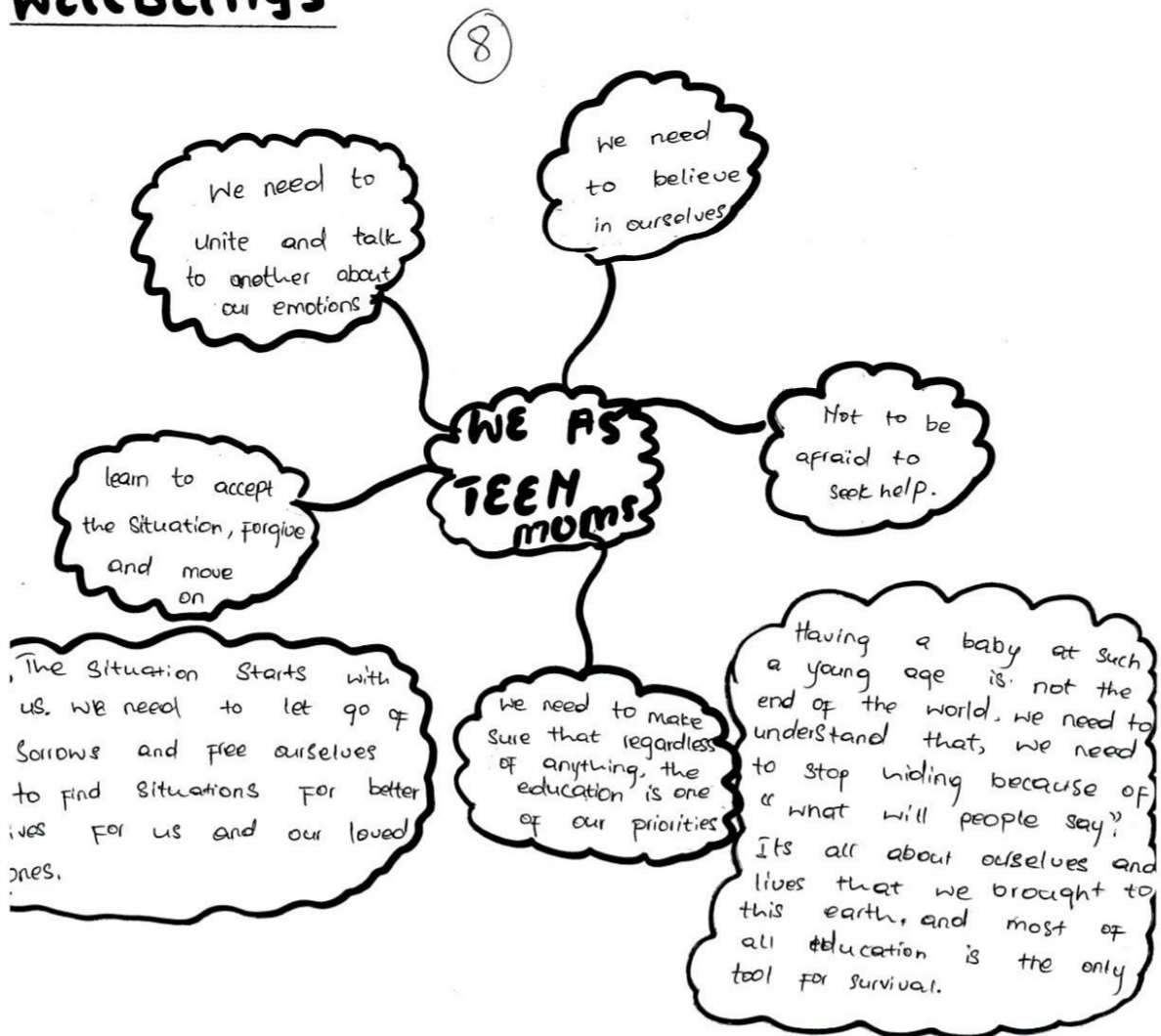
MY HELPFUL MOTHER (6)

(7)  I wish I had a support from my friends but sadly not

D

THINGS THAT WE AS TEEN

MOMS CAN DO TO IMPROVE OUR WELLBEINGS



ANNEXURE I: DECLARATION OF LANGUAGE EDITOR

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To whom it may concern

This letter serves to inform you that I have done formatting of the thesis

IMPROVING THE WELL-BEING OF TEEN MOTHERS THROUGH RESILIENCE- FOCUSED INTERVENTIONS IN RURAL SCHOOLS

by

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