EXPERIENCES OF MOTHERS OF PREGNANT UNMARRIED ADOLESCENTS IN A COMMUNITY IN LESOTHO

by

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M.K. MATELA .....

DEDICATION.

This research is dedicated to my husband, Ntate Matoloane Matela. You supported me through thick and thin. You bore the deprivation and loneliness to be alone while I toiled on this study, you never complained. Thank you dearly for giving me strength to carry on, even when the load was almost overwhelming to me. I love you.

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ABSTRACT

The mothers of pregnant unmarried adolescents often go through various difficult situations as they attempt to support their adolescents through the pregnancy. Some of the problems they encounter can have harmful effects on their own health, on the health of the pregnant adolescents and/or even on the development of the expected baby. In Lesotho it is socially unacceptable for an unmarried adolescent to become pregnant. This state of illegitimacy usually carries a stigma or deformation of character that can affect the adolescent mother-to-be and her child before and/or after birth.

The purpose of this study was firstly to explore and describe the experiences of mothers (or mother-figures) who lived with pregnant unmarried adolescents in a community in Lesotho. Secondly, to formulate appropriate guidelines for supporting the mothers of pregnant unmarried adolescents, depending on the findings, to promote, maintain and restore optimum health for themselves, the pregnant adolescents and their expected babies.

An explanatory, descriptive, contextual qualitative research design was used. Data were collected by in-depth phenomenological interviews. Guba's model of ensuring trustworthiness was applied. The analysis of data was according to Tesch's (1990) model. The respondents were fourteen in all. Four themes that emerged from the analysis of the results were: emotions, relationships, physical/social problems and religion. The emotions that dominated in all the respondents were anger, hurt, worry and finally acceptance. The relationships between the respondents and the adolescents were supportive. However the relationships between the respondents and their spouses, relatives and the community were either supportive or non-supportive. Some of the physical/social problems that the respondents experienced were fatigue, sleeplessness, financial shortages and discrimination. The religion of the some respondents gave them the courage to face their problems, while other respondents were embarrassed and discriminated against by their churches. The results thus revealed both the negative and positive experiences of the mothers. However, as the mothers were the primary caregivers of the adolescents and the

source of material and emotional support, they had to carry all the problems related to the adolescents' pregnancies.

Guidelines have been recommended in order to facilitate the mothers to mobilise their resources for better health for all, namely: the mothers themselves, the pregnant adolescents and their expected babies. The recommendations include providing counselling sessions for the mothers, in order to empower them with information on reproductive health. The mothers are the primary caregivers in the homes, therefore need constant counselling sessions to help them to carry their loads, since special issues like adolescent pregnancy place an additional burden on them. Mothers and adolescents are encouraged to form support groups each, where they can learn life skills. Counselling seminars for the fathers have been recommended, so that they can support the mothers and the adolescents. Family life education should be established and strengthened in the homes and schools.

OPSOMMING

Die moeders van swanger ongetroude adolessente gaan dikwels deur verskeie moeilike situasies in hul pogings om hul adolessente te midde van swangerskap te ondersteun. Sommige van die probleme wat hul ondervind kan 'n skadelike uitwerking hê op hul eie gesondheid, op die gesondheid van hul swanger adolessente en selfs ook op die ontwikkeling van die ongebore baba. Dit is sosiaal onaanvaarbaar vir 'n ongetroude adolessent In Lesotho om swanger te word. Daar is gewoonlik 'n stigma gekoppel aan die staat van buite-egtelikheid en dit werp 'n klad op die karakter van die ongetroude adolessente moeder wat haar en haar kind voor en na die geboorte kan affekteer.

Die doel van hierdie studie was eerstens om die ervaringe van moeders (of die moederfigure) wat saam met die swanger ongetroude adolessente in 'n gemeenskap in Lesotho bly, te ondersoek en te beskryf. Tweedens om toepaslike riglyne vir die ondersteuning van die moeders van swanger ongetroude adolessente te formuleer, en afhangende van die bevindinge, die optimum gesondheid vir hulself, die swanger adolessente en hul ongebore babas te bevorder, te handhaaf en te herstel.

'n Ondersoekende, beskrywende, kontekstuele kwalitatiewe navorsingsontwerp is gebruik. Data is versamel deur diepte- fenomenologiese onderhoude. Guba se model, gerig op die versekering van betroubaarheid, is toegepas. Die analise van data is gedoen volgens Tesch (1990) se model. Die respondente was veertien in totaal. Vier temas het uit die analise na vore gekom, te wete: emosies, verhoudings, fisiese/sosiale probleme en godsdiens. Die emosies wat in al die respondente gedomineer het was woede, seerkry, bekommernis en uiteindelik aanvaarding. Die verhoudings tussen die respondente en die adolessente was ondersteunend. Die verhoudings tussen respondente en hul eggenoot, familielede en die gemeenskap was of ondersteunend of nie-ondersteunend. Sommige van die fisiese/sosiale probleme wat die respondente ervaar het was moegheid, slaaploosheid, finansiële tekorte en diskriminasie. Die godsdiens van

sommige respondente het hul die moed gegee om hul probleme aan te spreek, terwyl ander respondente benadeel is en daar teen hul gediskrimineer is deur hul kerke. Die resultate het dus beide die negatiewe en die positiewe ervaringe van die moeders getoon. Aangesien die moeders egter die primêre versorgers van die adolessente was en die bron van materiële en emosionele ondersteuning, moes hul al die probleme verbandhoudend met die adolessente se swangerskap, gedra het.

Riglyne is aanbeveel ten einde die moeders te help om hul hulpbronne te mobiliseer met die oog op beter gesondheid vir almal, te wete die moeders self, die swanger adolessente en hul ongebore babas. Die aanbevelings sluit in die verskaffing van voorligtingsessies aan moeders ten einde hulle te bemagtig met inligting oor voortplantingsgesondheid. Die moeders is die primêre versorgers in huise en benodig daarom voortdurende voorligtingsessies om hul te help om hul ladings te dra, aangesien spesiale kwessies soos swangerskappe van adolessente bykomende laste op hul laai. Moeders en adolessente word aangemoedig om elk ondersteuningsgroepe te vorm waar hul lewensvaardighede kan aanleer. Voorligtingseminare vir die vaders is ook aanbeveel, sodat hul die moeders en die adolessente kan ondersteun. Voorligting oor gesinslewe moet ook by die huis en by die skool daargestel en versterk word .

CHAPTER 1

1. INTRODUCTION AND PROBLEM STATEMENT.

1.1. Introduction

1.1.1. Introduction to the research problem

In Lesotho, it is socially unacceptable for an unmarried adolescent to become pregnant. This state of illegitimacy usually carries a stigma or defamation of character that can affect the adolescent mother-to-be, her child before and after birth. The stigma can also affect the parents of the adolescent mother-to-be, as well as the extended family. The society of Lesotho has a culture that supports extended families. These extended families follow their pattern of birth-right, thus children born out of wedlock have no place in the pattern of birth-right and the family rituals hence the stigma and discrimination. Consequently this can result in some of the family members discriminating against the adolescent mother-to-be. Sometimes the parents of the pregnant adolescent may react very bitterly towards the adolescent's pregnancy, to the extend of expelling her from home. In many cases the mother of the pregnant adolescent has to swallow her agony and attempt to support the adolescent through her pregnancy and all the associated problems (Lehana, 2000:85-88).

The mothers of the pregnant adolescent become the key figure in the study because they are the primary carers of the adolescents. On many occasions the mothers are at home raising the children, while the fathers will be away

from home, working. The mothers thus become the constant physical supports of the children, while the fathers will be the income generators. Under these conditions, the problems of the adolescents become a package of the mother's problems. The mothers may be blamed for poor upbringing. Where mothers get blamed for the adolescents' pregnancy, family arguments will set in and financial support may be cut (Tarris & Semin, 1997:37). However, the mother will still have to raise those children.

Adolescents depend upon their parents entirely for survival, since they are usually within the school-going age and immature. However, occasions arise in their paths of life, when they have to make firm decisions for themselves, such as, "Smart girls say no to sex before marriage" (National AIDS Prevention and Control, Lesotho). On some occasions they will not say no to sex because they will be wanting to impress the male partner, while at other times, they will be overpowered by the male partner. On yet other occasions ignorance will be playing a role. As stated by Motlomelo & Sebatane (1999:12), a significant explanatory factor to the problem has been associated with the teenagers' limited knowledge of their own reproductive biology. Whatever the circumstances contributed to the pregnancy, the adolescent's sexual behavior will offer opportunities for parent – child discussions that may derail into heated family arguments, with one party defending and the other challenging the traditional values (Tarris & Semin, 1997:37). The burden will compound if the male partner denies the parentage of the baby, and will compound even further if the father of the pregnant adolescent will not yield his anger and agony.

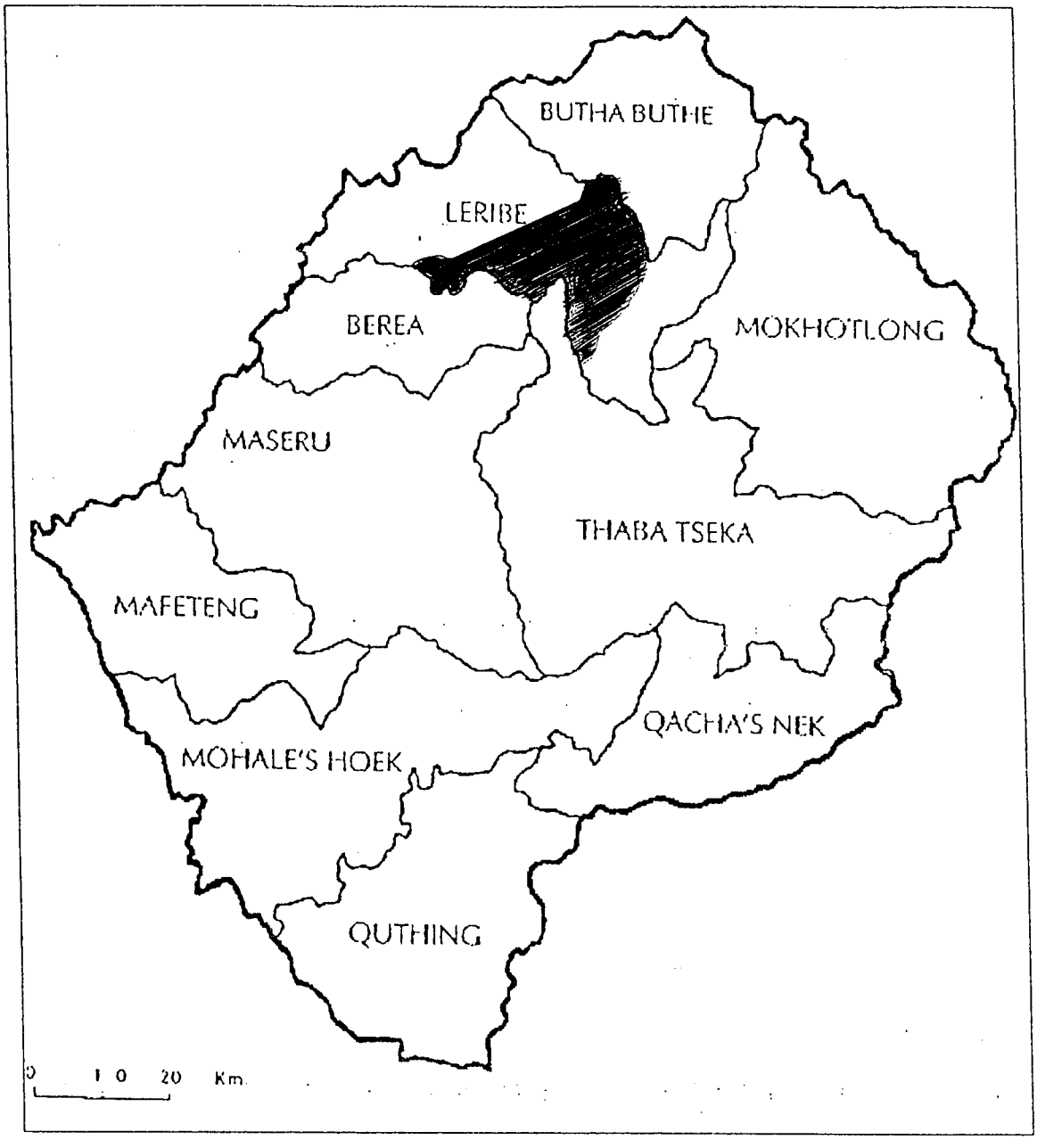

FIGURE 1.1: **Ten districts of Lesotho**

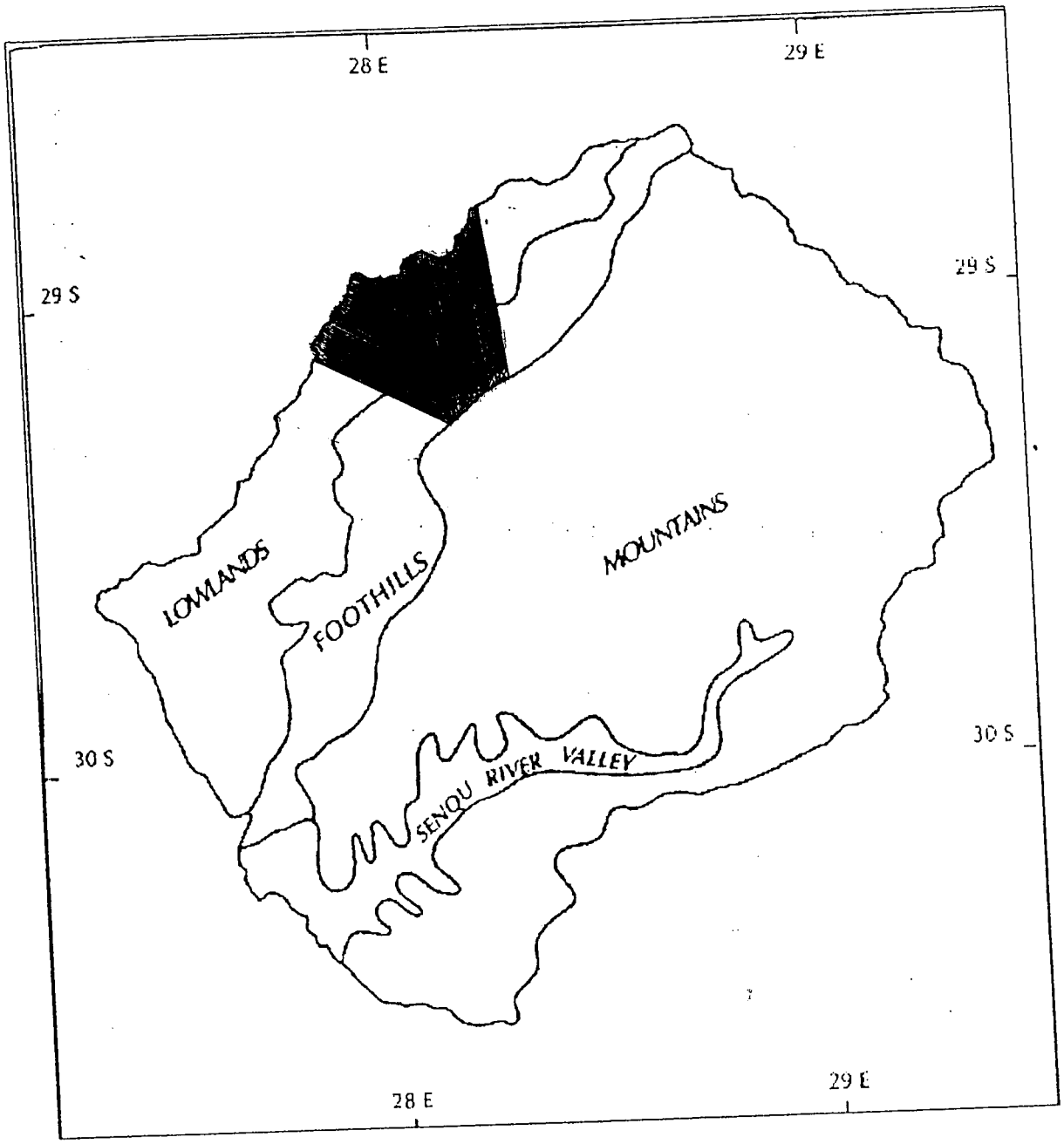

FIGURE 1.2: **Lesotho geographical regions**

According to Gladden (2000:41), having a baby is a royal pain, that starts with morning sickness, checkups, and doctor bills, and continues with the mad dash to the hospital. Then there's the crib, clothes, millions of diapers and sleepless nights. Often the mother of the pregnant adolescent will have to bear it all, and support her daughter throughout the pregnancy, in spite of all the adverse circumstances. However this can result in her, the mother of the pregnant adolescent, suffering some harmful psychological and physical problems, that could also affect the well-being of the mother-to-be and the development of the unborn baby. The possible problems related to the adolescent and her parents may include:-

- Heated family arguments between the adolescent and the parents or among the parents of the pregnant adolescent – with one party defending and the other challenging traditional values (Tarris & Semin, 1997:37).

- The pregnant adolescent may be looked upon as having an immoral life-style, since sexual behavior in general is deeply embedded in socio-religious institutions like love and marriage (Tarris & Semin, 1997:36).

- Inadequate financial resources. As mentioned earlier (Gladden 2000:41), having a baby involves a lot of expenses. Furthermore, these problems are more pronounced in young adolescents and those from socially and economically

disadvantaged backgrounds (Stanhope & Lancaster, 1996:666).

- The pregnancy may be accompanied by sexually transmittable diseases including HIV/AIDS.

It is of relevance at this point to give a mental picture about the features of the country of Lesotho. (See fig 1.1, p3).

1.1.2. Introduction to the area of research

Some of the features of the country may have an impact on the experiences of the mothers of unmarried pregnant adolescents in a community. These features will also put the area in which the research was done in context. This research was done in the district of Leribe, which lies in the north-east region of Lesotho. The area is in the lowlands but stretches into the foothills and the mountains.

1.1.2.1. Geography

The country of Lesotho lies in the Southern part of Africa, wherein it is completely surrounded by the Republic of South Africa (RSA). It occupies a land area of 30,355 square kilometers and its population was projected at 2.1 million in the year 2000 (Bureau of Statistics, 1998). It is a country of highlands and mountains, which cover three quarters of the terrain, and rises to about 3500 metres above sea level in the Drakensberg range. The lowlands make up the remaining one quarter of the country. It lies between latitudes 28 degrees and 31 degrees south and between longitudes 27 degrees and 30 degrees east. It is therefore subdivided into four geographical regions, namely:

(i) the mountain region, which lies to the east, covering 58% of the country.

(ii) the lowlands region, which lies to the west, covering 17% of the country.

(iii) the foothills region, which lies between the mountains and the lowlands, covering 15% of the country; and

(iv) the Senqu river valley, which stretches along the Senqu river, and covers 10% of the country. (Ministry of Health and Social Welfare [MOHSW], 1993:21). (See Figure 1.2, p4).

The research was done in the lowlands and foothill regions (refer to p4). The topography of this country offers difficult access to some areas that provide health services, therefore in some rural areas, it may be difficult for the mother to get her pregnant adolescent to antenatal clinics.

The climate varies considerably throughout the year. The winters become very cold, accompanied by heavy snow-fall periodically in the mountains. Summer months become very hot, and heavy rainfalls flood the rivers. These situations further perpetuate the problem of difficult access to health services. When the pregnant adolescent goes into labour, the mother may not be able to take her to the hospital, because of difficult means of travelling. The situation can be life-threatening and even fatal (United Nations Population Fund [UNPFA], 1996:9). This geographical layout contributes to the type of governance and culture of the inhabitants of the country of Lesotho.

1.1.2.2. Governance and Culture

Lesotho has a homogenious society in terms of ethnicity, the inhabitants are called Basotho (Singular is Mosotho) and their language is Sesotho (there's an insignificant number of the Xhosa and Ndebele tribes). In the process of governance and culture, the traditional ruler of the community is called a chief, thus the traditional chieftainship system is still recognised as relevant and important. Lesotho is divided into ten (10) administrative districts (See Figure 1.1., p.3). Each district is headed by a district secretary, and is subdivided into wards and villages. Ward councils and villages are governed or chaired by hereditary chiefs (UNFPA, 1996:19).

The society of Lesotho has a culture that is supportive of large families. They respect their order of birth–right, whereby family rituals are performed according to each member's birth position (e.g. the eldest son is expected to carry larger responsibilities in the family). This forms the family-tree, as it decides the birth–right order, as the family extends. Therefore a child born of an unmarried adolescent will be a misfit in the birth-right order. The mother of the adolescent may be blamed for breaking the traditional values of the family by poor morals of the adolescent that she raised up. They are also a partrilineal and partiarchal society–this means that in Lesotho, the heads of villages and the heads of households are men, under normal circumstances (UNFPA, 1996:13). Under these cultural conditions, the economy and financial support of the family rests much on the father of the household.

1.1.2.3. Economy

The economy of Lesotho is strongly linked to the Republic of South Africa (RSA), since Lesotho is landlocked. Many Basotho men migrate into the RSA in order to find employment so as to be able to support their families. There's also the issue of internal migration, whereby people leave their habitat in the rural villages to find employment in the cities (UNFAP, 1996: 1). The Lesotho Highlands Water Project contributed greatly towards creating jobs for more people in Lesotho, thus improving the economical status of the country and the nation. However, the issue of internal migration increased sharply and along with it related social and health problems escalated sharply (UNFPA, 1996:1). Some of the unmarried adolescents get pregnant while their fathers have migrated to work, but fail to support their families financially and the mothers are struggling at home.

1.1.2.4. Health Services

The Ministry of Health and Social Welfare (MOHSW) is the overall controlling body, in collaboration with the private sector, for developing policies and strategies for delivery of health care in Lesotho. The private sector operates under the umbrella of Christian Health Association of Lesotho (CHAL). The key institutions for the delivery of health care services are the Health Service Area Hospitals (HSA), the Health Centres (HC) and the Community Health Workers (CHW). These institutions may be run by the Government of Lesotho (GOL) or be privately owned by certain religious sects, under the umbrella of CHAL. They promote and

provide primary health care services and also provide clinical care (Lehana 2000:5).

Dissemination of the health services from the grass-root level starts with CHW, who are laymen who have been given some training, they are based in their villages where they live, their point of supervision is the HC. Health Centres are spread throughout the country, and are usually manned by professional nurses and nursing assistants. The HC are supervised by the HSA, where there are various cadres of nurses, doctors and other health personnel. Each of the ten districts in the country has one or two hospitals. The National Referral Hospital (Queen Elizabeth II [QE II] Hospital) is based in the capital city Maseru. The Flying Doctor Service serves and supervises HC that are located in very remote areas, where access by road is difficult. (Ministry of Economic Planning, 1997:182)

Each HC is assigned a number of villages whereby the HC personnel take the responsibility of promoting and providing primary health care services. In this research the study area was the villages served by Emmanuel Health Centre, in the district of Leribe, as explained in the next paragraph.

1.1.2.5. Study area

The area in which the study has been conducted is in the district of Leribe, which lies towards the north –east, in the lowlands of Lesotho. However, it stretches into the foothills and the mountains of Lesotho. (See Fig 1.2, p3). There are sixteen (16) HC in this district whereby Emmanuel Health Centre (EHC) is included. There are villages specifically allocated to EHC. These

villages form the specific area of this study. (Expanded Program of Imunization [EPI] Statistics, 1997). Following this prelude, the actual problem will be stated.

1.2. Problem statement

The mothers of the unmarried pregnant adolescent often go through various difficult situations, as they attempt to support their daughters through the pregnancy. Some of the problems they encounter can have harmful effects on their own health, on the health of the pregnant adolescent and/or even on the development of the expected baby.

Some of the problems may include complicated family relationships and poor financial resources. These problems are more pronounced when the adolescents are younger in age and/or of socially and economically disadvantaged backgrounds (Stanhope & Lancaster, 1996:669).

As indicated by Moore and Rosenthal (1993 : 158), pregnant adolescents drop out of school earlier and are less likely to go to college or university. This interruption or termination of education may have long – term economic implications for the adolescent mother- to-be (Lesser, Anderson, Koniak – Griffin, 1998:7, MOHSW/WHO, 1994 : 24).

As indicated already, the pregnancy of an unmarried adolescent can have various impacts on the parents of the adolescent, especially the mother. In

the past a study has been done on the health problems of the adolescents (Motlomelo & Sebatane, 1999). A study has also been done on the experiences of unmarried pregnant adolescents (Lehana, 2000). An evaluation has been done on the adolescents' health promotion and development programme for Lesotho. However, in Lesotho, the experiences of the mothers of pregnant unmarried adolescents have not been explored yet. It is important to explore these experiences, so that the nursing services may study the results and draw some guidelines towards empowering the mothers, so that they can be more able to support the pregnant adolescents to become healthy mothers with healthy babies.

We shall thus be "protecting children by strengthening families... families under stress, who are having difficulty caring for their children, should receive help at an earlier point..." (Apfel & Simon, 1996:6-12). Thus the purpose of this study will be fulfilled.

1.3. Purpose of the study

The purpose of this study was to:

1.3.1. explore and describe the experiences of the mothers of pregnant unmarried adolescents towards their first pregnancy, in a community in Lesotho.

1.3.2 formulate appropriate guidelines for supporting the mothers of the pregnant unmarried adolescents, depending on the above findings.

It is important to clarify some concepts in order to obtain uniform understanding.

1.4. Clarification of concepts

1.4.1. Adolescent:

According to Motlomelo and Sebatane (1999:9), the WHO suggests that adolescents refers to the persons who are in the 10 – 19 years age cohort. Kaplan and Sadock (1998:12) define an adolescent as a young person who is between 11 and 20 years of age.

In this study, an adolescent refers to a person who is in the range of 11 to 20 years of age.

1.4.2. Pregnant (Pregnancy)

Pregnancy refers to the state of the female after conception until the birth of the baby. In this study, the state of pregnancy was considered from the gestation of 24 weeks, when it is at a viable stage, and possibly cannot be deliberately aborted. (Bennett & Brown, 1996:52)

1.4.3. Unmarried:

Unmarried refers to someone who is not given to marriage in court, church or through the traditional Sesotho marriage in which there's a signed agreement between the families of the two people who are getting married.

1.4.4. Mother:

In this study, mother refers to a biological female parent of the adolescent, living with the adolescent. In the absence of such, a grandmother or female guardian, living with the adolescent, would be regarded as the adolescent's mother.

1.4.5. Experience:

Experience is the process of gaining knowledge or skill from seeing and doing things. (Oxford Dictionary ,1994:422). For the purpose of this study, knowledge and the various situations that the mothers have lived through have been considered as their experiences.

1.4.6. Community:

According to the Oxford Dictionary (1994:233), this would be people living in one place, considered as a whole or group of people with shared interests. For the purpose of this study, community has been applied to a group of mothers living in the rural villages, who shared the common experience of living with an unmarried, pregnant adolescent.

Having clarified the concepts, it would be appropriate to select the design for this study.

1.5. Research design

This study was exploring and describing the experiences encountered by the mothers whose unmarried adolescents were pregnant for the first time, therefore the suitable research design was of the qualitative, descriptive, exploratory and contextual type. A phenomenological approach had to be used because the study would be exploring specific experiences of individuals in the given situation.

1.5.1. Qualitative Research:

Qualitative research is concerned mainly with meaning; how people make sense of their lives, experiences and structures of the world (Creswell, 1994:145).

1.5.2. Descriptive Designs:

According to Cormack (1997:179), a descriptive design is achieved through the systematic collection of information about a phenomenon of interest, and it forms an essential phase in the development of nursing knowledge. Thus a descriptive design was utilized by the researcher in order to discover new facts as the respondents would be telling their life experiences.

1.5.3. Explorative Design:

The researcher was exploring the experiences of the mothers living with their adolescents who were pregnant and unmarried, in a community. This

approach leads to insight and understanding rather than the collection of accurate and replicable data, thus it involves the use of in-depth interviews (Marshall & Rossman, 1999:108). The in-depth interviews involved an interaction of the researcher and the respondent on the phenomenon that was studied.

1.5.4. Contextual Design:

The contextual approach requires that the research should be done in the natural setting of the respondent. Thus the researcher would actually go to the villages of the respondents in the community around the Emmanuel Health Centre to conduct interviews, make observations and record the behavior in its natural setting (Cresswell, 1994:145).

1.5.5. Phenomenological Approach:

According to Burns & Grove (1997:71), phenomenology is both a philosophy and a research method. The purpose of a phenomenological research is to describe experiences as they are lived. Thus the researcher was aiming at capturing the "lived experiences" of the study respondents, by holding interviews with them.

As the research topic was a sensitive one, that carries some stigma with it, the researcher conducted individual interviews with the respondents, and no focus group interviews.

1.6. Research Technique

1.6.1. Phenomenological Interviews:

The researcher was be seeking to capture the lived experiences of the respondents. This means that the researcher was seeking to know how the respondents think, feel and behave in their natural environments, concerning the pregnancy of their unmarried adolescents. (Polit & Hungler,1987:145). In conducting these phenomenological interviews, the researcher had to make use of communication and interpersonal skills, in order to avoid losing important information (Kvale, 1996:81).

In the interviews, one core question was asked as follows: "Please tell me in detail the experiences that you have gone through due to the pregnancy of your adolescent, starting from when you first realized that she is pregnant, up to now."

1.6.2. Building Rapport.

This research question could easily bring about bitter feelings within the respondents, therefore the researcher had to create a context where the respondents would be free to speak openly (Uys, 1994:147–151). The researcher had to work on establishing good relationships with the respondents before actually presenting the research question to them. This was achieved through a series of interactions with the respondents, in their homes.

The researcher had to assume a helping attitude like being congruent, accepting and empathic (Uys, 1994:139). This helping attitude would enable the researcher to gain the trust of the respondents and this would result in free communication.

1.6.2.1. Congruence and Acceptance

The researcher had to show genuine interest and appreciation in the respondents. The respondents would feel accepted, thus communication would be free (Uys, 1994:139).

1.6.2.2. Empathy

This is the ability to put oneself in another person's shoes in order to understand her experience. The researcher had to express her imagination that the mother had an added responsibility of caring for her pregnant adolescent. The respondent would relax, thus quality of data improved (Uys, 1994:140).

1.6.3. Using Communication Skills

The researcher had to create a context where the respondents were able to speak freely and openly. The researcher used communication skills such as validating, paraphrasing, reflecting feelings, probing and minimal verbal and non-verbal responses (Uys, 1996:181-196). The researcher would ensure that the respondents were relaxed and comfortable, then explained the

purpose of the study. The respondents were encouraged to ask any questions they might have about the purpose of the study and the research question itself. This helped to clear misunderstandings.

1.6.3.1. Validating and Paraphrasing

The researcher wanted to be sure that she understood the respondent clearly e.g. by repeating the message like this; "Let me just make sure, you're saying..." This could also be done by saying the basic message in different words – that is paraphrasing.

1.6.3.2. Reflecting

The researcher would listen actively to verbal and non-verbal messages of the respondents. The researcher would convey the feelings that were not explicitly stated back to the respondent like: That makes you feel angry, does it?

1.6.3.3. Probing

The researcher might need to prompt the respondents to give more information.

1.6.3.4. Minimal Verbal and Non-verbal responses

The researcher would keep in all her ideas, feeling and prejudices and listen to what the respondents were saying, in order to have more insight. This is also called "bracketing".

1.7. Population and Sampling

1.7.1. Population

The population for this study was the mothers of pregnant unmarried adolescents in the community served by Emmanuel Health Centre in Lesotho.

1.7.2. Sampling

Sampling involves selecting a group of people or subjects with which to conduct a study, from the population. (Burns & Groove 1997:293). In this study convenience sampling was used. This means that the mothers of pregnant unmarried adolescents, who were attending antenatal services during the months of February to April, 2004 were the prospective respondents.

The subjects that included in this study had to meet the following critetia:.

- be willing to participate in the study.
- be the mother of the pregnant adolescent (mother as per definition).
- the adolescent should be pregnant for the first time.
- be living in the community served by Emmanuel Health Centre.
- be able to understand and speak the Sesotho language. (Polit & Hungler, 1991:254).

The convenience sampling therefore had to be "purposive" or "judgemental" in nature, as it involved conscious selection of certain people to include in the study (Burns & Grove, 1997:306). The respondents of the study were identified during antenatal clinics at Emmanuel Health Centre. The size of the sample was determined by the saturation of data.

The researcher being a nurse-midwife would be providing the antenatal clinic services, thus was able to identify the pregnant adolescents whose mothers would qualify for the study. The researcher would hold some discussions with each of the relevant adolescents, to explain about this study and obtain the particulars of the adolescent's mother. With the permission of the adolescent, the researcher would make an appointment to meet the mother of the pregnant adolescent at her home. This was the opportunity to build rapport with the mother of the pregnant adolescent. It was also the opportunity to explain the purpose of the study and to obtain the permission to participate. An appointment for the phenomenological interview would be made. The venue for the interview was decided by the preference of the respondent, whether at her home or at the Emmanuel Health Centre.

A small scale study was done as a prelude to the actual research, this is called a pilot study.

1.8. Pilot Study

A pilot study was done with three respondents. According to Hornby (1994:936), pilot means something done on a small scale, as an experiment. Therefore in this research a pilot study was done to test the research question, before introducing it on a large scale. This would help to determine the feasibility of the main study. The researcher would be able to identify problems with the design and get experience with the subjects, setting and conducting interviews (Burns & Grove, 1993:48). The respondents who were interviewed in the pilot study were not used again in the main study. Identification of subjects for the pilot study was the same for the main study, as will be explained in the data collection. The one core question was: "Please tell me in detail, the experiences that you have gone through concerning the pregnancy of your adolescent, from when you first realized that she is pregnant, up to now." After the pilot study, appropriate amendments would be done as necessary before embarking on data collection for the main research (Uys & Basson, 1991:95).

1.9. Data Collection

Data collection is the precise, systematic gathering of information which entails perceiving, reacting, interacting, reflecting, attaching meaning and recording data (Burns & Grove, 1997:529).

Individual phenomenological interviews were conducted (see 1.6:1). In order to ensure representation, the respondents had to be from different villages served by the Emmanuel Health Centre. The researcher only interviewed up to two respondents per village, even if there were more prospective respondents, who met the inclusion criteria.

1.9.1. Methods of data collection

The individual indepth interviews would be conducted in the rural villages where the respondents live, that was their natural setting and research site. The researcher had to take the following steps:

(i) gain access to the research sites,

(ii) identify subjects for the study, and

(iii) conduct interviews.

1.9.1.1. Gaining access to the research sites:

The researcher had to get the approval of "gatekeepers", in order to gain access into the research sites (Creswell, 1997 : 148). In this study several gatekeepers had to be observed, namely: Chiefs and health service providers at different levels.

(i) Chiefs:

As indicated under 1.1.2.2 (Governance and Culture), chiefs are the traditional rulers in the villages, therefore the researchers had to obtain their permission to work in their villages.

(ii) Health Service Providers:

Permission had to be sought from the Ministry of Health and Social welfare, who would give a mandate to the Health Centre.

1.9.1.2. Identifying subjects for the study

The researcher being a nurse-midwife participated in conducting antenatal clinics at the Emmanuel Health Centre. This helped in identifying pregnant unmarried adolescents. The researcher had to establish good relations with

the pregnant adolescents, in order to gain access to their mothers. The names of the mothers and their villages were identified through the adolescents. As the researcher had built rapport with the subjects, trust had been established, so that the subjects were willing to participate in the study (Uys, 1994:139). The researcher had to approach each subject individually, by visiting them at the homes, to explain the purpose of the study, and to obtain their permission to participate in individual interviews.

1.9.1.3. Conducting Interviews with individuals.

As Sandelowski (1995:180) put it, in qualitative research, events and experience and not people per se, are the object of purposeful sampling. The main question that was put before the respondent was, "Please tell me in detail, the experiences that you have gone through, due to the pregnancy of your adolescent, starting from when you first realized that she is pregnant, up to now." As the interviews were conducted in the home-language of the respondents and the researcher which is Sesotho, the research question read thus: "Ke kopa hore u nqoqele ka botlalo, mathata le manolo ao u teaneng le 'ona malebana le bokhachane ba morali oa hau, ho tloha ha u qala ho mo lemoha, ho fihlela hona joale." The respondents and the researcher met either in the home of the respondent, or at Emmanuel health Centre, depending on the preference of each respondent.

During the interviews the researcher would take the role of a facilitator. The researcher used communication skills such as paraphrasing, validating and others, to enable the respondents to talk freely about their experiences (Uys, 1996:181-196). The researcher had established good relations with

the respondents, as a result, the researcher was able to obtain the permission of the respondents, to use an audio-tape during the interviews. The information on the audio-tape would be transcribed and translated into English as soon as possible after data collection, so that it would be ready for analysis. The researcher was observing and being attentive to non-verbal cues. Field notes were taken, as they would enable the researcher to remember the observations and thus be able to retrieve them (Marshall & Rossman,1997:107). Interviews with the individual mothers were conducted until themes got to repeat themselves, and no more new information was obtained (Burns & Grove 1997:542), thus saturation of data was achieved.

The researcher would appreciate the participation of the respondents and reassure them that all their contributions were valuable and important, as they were establishing the trustworthiness of the study.

1.10. Trustworthiness

As mentioned by Lincoln and Guba (1985:290-331) and Krefting (1991:214-222), trustworthiness is the ability of the study to persuade the researcher and the audience that the findings of the researcher are worth paying attention to and worth taking into account.

In this study, Guba's model of assessing trustworthiness in qualitative research has been used. This model identifies the criteria of assessing the trustworthiness of a research project as: credibility, transferability dependability and neutrality.

1.10.1 . Credibility: (Truth Value

Credibility assesses whether the researcher has established confidence in the truth of the findings from the respondents and the context in which the study was undertaken (Lincoln & Guba, 1985: 290). In order to ensure credibility, the researcher did engage in extensive field work and kept field notes. As mentioned by Burns & Grove (1997:542), the technique of "intuiting" also ensures credibility, that is: the researcher had to focus all awareness and energy on the narrated experiences of the mothers, thus gain more insight.

In order to endorse credibility of the study, a co-coder was engaged to review and analyse the collected data independently. The researcher did also analyse the data independently. Thereafter the researcher and the co-coder shared their findings in order to reach a concensus.

1.10.2. Transferability (Applicability)

This refers to the degree to which the study can be applied to other contexts or the ability to generalize the findings to the larger population (Krefting, 1991:216). Qualitative studies cannot be generalized to larger populations, as they are conducted in naturalistic settings and the situation is unique in each case. However the researcher should compile detailed information in sufficient depth, so that the readers can deepen their understanding in the situation and be able to relate to it (Krefting, 1991:221).

1.10.3. Dependability (Consistency)

This means the extend to which repeated administration of a measure will yield the same data (Krefting, 1991 : 216). In this study, which was a qualitative research, exploring the experience of unique human respondents, the researcher met this criterion by conducting interviews with various respondents until data saturation was reached, that is, until no more new information could be obtained.

1.10.4 Neutrality: (Confirmability)

This is the freedom from bias in the research process and the outcome (Krefting 1991:216). The researcher had to maintain neutrality by means of "bracketing", which means excluding previous knowledge about the phenomenon under study and only concentrating on the information coming from the respondents (Burns & Grove, 1997:532). Bracketting thus helped the researcher to avoid misinterpreting the experiences narrated by the respondents.

Trustworthiness goes along with observing ethical issues such as diligence and honesty.

1.11. Ethical Issues

Burns & Grove (1993 : 89) indicate that conducting research ethically starts with the identification of the study topic and continues through to the publication of the study. They also mention that conducting research requires not only expertise and diligence, but also honesty and intergrity. In

this study, ethical issues were observed through various ways, according to Berg (1995:56, 57) and Kvale (1996:13-157).

1.11.1 Permission to conduct research:

The intention to conduct the research has been approved by the Ethics Committee of the Faculty of Health Sciences of the University of the Free State.

Permission to undertake the study in Lesotho has been obtained from the Ministry of Health and Social Welfare. Permission has also been obtained from the HSA Hospital and community leaders.

1.11.2 Consent by the repondents:

Participation was voluntary. The respondents were given information about the research. They had to give written consent if they would participate. They were informed that they had the freedom to withdraw from the study at any stage if they so wished.

1.11.3. Confidentiality:

Names of respondents have not been used in the records, instead a form of coding has been used, to obscure identity. The respondents were assured of confidentiality in reporting the results of the study.

1.11.4 Competence of the researcher:

The researcher has had formal preparation in research methodology and communication skills. The study has been conducted under the supervision of an experienced professional researcher, with a Ph.D in Nursing. The data collected and analysed has been edited by a co-coder, to ensure accuracy.

1.11.5 Emotional support of participants:

As in-depth interviews tend to intrude into the lives of respondents, probing into feelings and intimate information, it may disturb some individuals emotionally. The researcher would offer the respondents a sweet soft drink to soothe them, after the interviews. The respondents who needed emotional therapy would be referred to their individual pastors for counselling and support.

However it is important to collect as much information as possible, in order to enhance data analysis.

1.12. Data Analysis

The process of data analysis has been done according to Tesch (1990:142-145). This has required the researcher and the co-coder to do the analysis independently. Thereafter the researcher and the co-coder had to compare their analysis, to ensure that the results are accurate. The following steps were taken:

(i) Read through all the transcriptions carefully, in order to get a sense of the whole

(ii) Pick one interview and go through it and try to find the underlying meaning from the information. Ask yourself what is this interview about?

(iii) Read through all the other interviews and make a list of all the topics. Cluster similar topics together. Form these topics into columns that will reflect the major topics, unique topics and left overs.

(iv) Assign codes to the topics in order to organize them. Observe whether new categories and codes emerge.

(v) Find the most descriptive wording for the topics and turn them into categories. Group related topics together to reduce the total list of categories.

(vi) Attach final codes to each category and alphabetize the codes.

(vii) Assemble the data material belonging to each category in one place and start on the preliminary analysis.

(viii) If necessary, recode the existing data.

1.13. Value of the study

This study, as mentioned earlier, was exploring the experiences of the mothers who lived with pregnant unmarried adolescents. This study would help to:

(i) reveal the problems that the mothers go through, regarding the pregnancy of their unmarried adolescents.

(ii) reveal the reactions of fathers and the relatives towards the pregnancy to their unmarried adolescents.

Consequently the health and nursing services can derive from the results of this study and other related ones:

(i) guidelines to support the mothers of pregnant unmarried adolescent, so that they may be able to cope well in supporting their adolescents.

(ii) guidelines that will support families in distress due to the immoral life of their adolescents.

(iii) guidelines to improve the health of the adolescents, mentally and physically.

1.14. Conclusion

Chapter one has presented the outline of this study and chapter two will elaborate on the structuring and implementation of the study.

CHAPTER 2

RESEARCH METHODOLOGY

2.1. INTRODUCTION

In chapter one, an introduction to the study and the problem statement was formulated. In this chapter, a complete account will be given, on how this research has been designed, structured and executed, that is the research methodology. The quality of the research findings depends directly on the methodological procedures followed in this study.

2.2. RESEARCH DESIGN

According to Burns and Grove (1997:225) and Uys and Basson (1991:38), the research design guides the planning and execution of the study. Thus the research design is the structural framework or the blueprint of the study. It also provides control over the factors that could influence the study.

In the study, a qualitative, descriptive, exploratory and contextual design was used in a phenomenological approach, to explore and describe experiences of the mothers who lived with pregnant unmarried adolescents in a community, in Lesotho. The methodology will be discussed in detail.

2.2.1. Qualitative research

A qualitative research design concentrates on the qualities of the human experience. The focus of the qualitative research design is complex and broad as it concentrates on the experienced aspects rather than the quantitative aspects of human behavior (Polit & Hungler, 1991: 25; Uys & Basson 1991:51). The intent of the qualitative design is to understand the response of the whole human being not just parts. When the whole is understood then the phenomenon under study can be explored for depth, richness and complexity (Burns & Grove, 1997:67). Human experience is a complex phenomenon with a holistic meaning. Thus qualitative design attempts to discover the quality of human experience and its meaning, or how people make sense of their lives, experiences and structures of their world (Uys & Basson 1991:51; Creswell 1994:12).

In qualitative research, the investigator becomes actively involved using subjective methods like participant interviewing and observation. According to Burns & Grove (1997:29), this subjectivity is essential for the understanding of human experience. The respondent interprets his/her actions and experiences to the researcher, then the researcher must interpret the explanation provided by the respondent.

The focus of this research was on the experiences of the mothers of pregnant unmarried adolescents, who were requested to tell their stories. The researcher helped the respondents to describe their lived experiences by asking them open – ended questions, asking clarifying questions and avoiding leading questions.

2.2.1.1. Strengths of Qualitative Research.

- Qualitative research derives its strength primarily from its inductive approach, focus on specific situations or people, emphasizing words rather than numbers to gain greater understanding of an experience. Qualitative research meets the above requirements while maintaining the context of the everyday lived experience where meaning resides (Maxwell, 1996:17; Robertson – Matt, 1999 : 20).

- According to Krefting (1994:216), the key factor in qualitative research is to learn from the respondents, rather than control them. Thus the instruments that are assessed for consistency in their paradigm are the researcher and the respondents.

- Leininger (1985:106) says that the qualitative, phenomenological method has differential features that make it worthy of consideration in its own right, as it brings special insights to understanding nursing phenomena and building nursing knowledge.

- In this study, the qualitative research derived its strength by focusing on the mothers who lived with pregnant unmarried adolescents in a community, who in their own words related their experiences. Thus the researcher was able to learn from them and gain greater understanding of their experiences. As Leininger (1985:106) put it, this brings special insight to understanding nursing phenomena and building nursing knowledge.

2.2.1.2. Limitations of Qualitative Research

As observed by Leininger (1985:106), phenomenology has its critics and limitations such as:

- its too subjective
- the researcher bias can interfere with the clean results
- there are no procedural guidelines to giv study direction
- its based on the memory of the respondents. Which can be inconsistent.

2.2.2. Descriptive design.

According to Cormack (1997:179), the researcher discovers new facts about a situation through a descriptive designs, thus will be able to make accurate statements about the phenomenon. The qualitative research aims to describe as accurately as possible the experience as lived by the individual concerned. It also attempts to describe the meanings that this experience has for the individual who participates in it, rather than indulging in attempts to explain it within a pregiven framework. The researcher remains true to the facts as they are happening (Beck, 1996:99; Burns & Grove 1997:31).

This study was descriptive because it sought to understand the situation and the events that the mothers went through, as they lived with their pregnant unmarried adolescents. The mothers were requested to give a narrative description of their experiences from when they first realized that the adolescent was pregnant, up to the time of the interview, which was the reality that the researcher sought to understand (Maxwell, 1996:17). The descriptive approach allowed the respondent to describe as precisely as possible what she experienced and felt and how she acted (Kvale 1996:175).

2.2.2. Explorative design

Explorative studies lead to insights and understanding rather than the collection of accurate and replicable data, thus it involves the use of in-depth interviews (Mouton & Marias, 1990:43). This approach investigates an unknown field, with the purpose of gaining new insights into the phenomenon (Uys & Basson, 1991:38).

In this study, the explorative approach was used to mobilize the mothers who lived with pregnant unmarried adolescents to relate their experiences that they lived through - thus knowledge in this field of study will increase (Burns & Grove, 1997:302; Cormack 1997:183). This knowledge will be essential in providing health services to this population of mothers and their pregnant unmarried adolescents.

2.2.3. Contextual design

According to Creswell (1994:145), a contextual design refers to a research conducted in the respondent's natural setting. One of the purposes of qualitative research is to understand the particular context within which the participants act, and the influence that the context has on their actions. It does not attempt to control the context of the research, but rather attempts to capture it entirely (Polit & Hungler, 1991:25)

In this study the contextual approach was maintained in that the study was conducted in the natural setting of the respondents. This was in their villages where they live, and in their local Health Centre, where they get the health services, within their Sesotho culture and their social norms. The researcher met with mothers of the pregnant unmarried adolescents in their homes and at Emmanuel Health Centre, which is their local service point, where their pregnant unmarried adolescents attended the antenatal services. Seidman (1991:10 cited in Lehana 2000:21) maintains that people's behaviour becomes meaningful and understandable when placed in the context of their lives and the lives of those around them. Without context, there is little possibility of exploring the meaning of the experience. Therefore the researcher was able to gain an intimate understanding about the respondents way of life and also learnt how variables vary under different conditions rather than trying to control them (Wilson, 1989:420-421).

This entire research design was structured upon a specific group of people, namely the mothers who lived with pregnant unmarried adolescents in a community in Lesotho.

2.3. POPULATION AND SAMPLING

2.3.1. Population

Population refers to all individuals or elements that meet the criteria for inclusion in a given universe. It is also called the target population (Burns & Grove, 1997:58). The target population in this study was all the mothers who lived with pregnant unmarried adolescents in a community.

2.3.2. Sampling

This defines the process of selecting a group of people or other elements with which to conduct a study (Burns & Grove, 1997:58)

2.3.3. Sample

This is a subject of the population that is selected for a particular study, and the elements of a sample are the subjects (Burns & Grove, 1997:56). In this study the elements of the sample are also called the respondents.

In the process of selecting a sample with which to conduct the study, the subjects had to meet a list of characteristics essential for inclusion. Therefore the subjects had to meet the following criteria:

- be willing to participate in the study
- be the mother of the pregnant unmarried adolescent (mother as per definition in chapter 1).
- the unmarried adolescent should be pregnant for the first time.
- be living in a community served by the Emmanuel Health Centre.
- be able to understand and speak the Sesotho language. (Polit & Hungler 1991:254).

The sampling method used to obtain the subjects who met the inclusion criteria for this study, was the convenience (accidental) sampling. Convenience samples provide a means to conduct studies on topics that

could not be examined using probability sampling. They are accessible. They also provide a means to acquire information in unexplored areas (Burns & Groove, 1997:303; Uys & Basson, 1991:93). Convenience sampling is useful in exploratory studies but not in confirmatory studies.

The most accessible way to find subjects in this study was at the time when the adolescents attended the antenatal clinic, because it was difficult for the researcher to identify them in the community. Thus, the researcher being a nurse-midwife would participate in providing antenatal clinic services at the Emmanuel Health Centre, thus would be able to identify the pregnant unmarried adolescents, whose mothers could be the prospective subjects for this study. The researcher would hold some discussions with each of the relevant adolescents individually, to explain about the study and obtain the particulars of the adolescent's mother. With the permission of the adolescent, the researcher would make an appointment to meet the mother of the pregnant unmarried adolescent. This would be an opportunity to build rapport with the mother (Uys, 1994:139). It was also an opportunity to explain the purpose of the study and to obtain the mother's willingness to participate in the study. An appointment for the phenomenological interview was also made at this point. The venue for the interview was decided by the preference of the respondent, whether at her home or at the Emmanuel Health Centre.

The researcher ensured representativeness by not using more than two respondents from the same village, thus not confining to only a few

villages. Representativeness means that the sample must be like the population in as many ways as possible. Thus the accessible population must be representative of the target population (Burns & Grove, 1993:237). As the purpose of this study was to explore and describe the experiences of mothers of pregnant unmarried adolescents in a community in Lesotho, convenience sampling method was the best way to research this unexplored area in Lesotho. Premarital adolescent pregnancy is regarded as anti-social in Lesotho, therefore identifying pregnant unmarried adolescents in a community is not easy. Thus convincing or gaining the confidence of the mothers of pregnant unmarried adolescents, to the point of being respondents in this study had to be done with great caution in order to build rapport (Uys, 1994:147-151).

2.4. RESEARCH TECHNIQUE

2.4.1. Building Rapport

The researcher had to work on establishing good relationship with the subjects, before actually presenting the research question to them. This was done through a series of interactions with the subjects, such as casual meetings and sociable chatting, before conducting the interviews. The researcher had to assume a helping attitude like being congruent, accepting and emphatic (Uys, 1994:139). This helping attitude enabled the researcher to gain the trust of the respondents.

2.4.1.1. Congruence and Acceptance

The researcher showed genuine interest and appreciation in the respondents by not blaming or accusing them, thus the respondents felt accepted and communication was free (Uys, 1994:139).

2.4.1.2. Empathy

The researcher put herself in the shoes of the respondent in order to understand her experience. The researcher expressed the imagination that the mother had an added responsibility of caring for her pregnant adolescent. This allowed the mother to relax and the quality of data during the phenomenological interviews enriched (Uys, 1994:140).

2.4.2. Phenomenological Interviews

The researcher was seeking to capture the lived experiences of the respondents. This means that the researcher sought to know how the mothers thought, felt and behaved in their natural environment, which was in the community, concerning the pregnancy of their unmarried adolescents (Polit & Hungler, 1987:145). The core question in the interviews was as follows: "Please tell me in detail the experiences that you have gone through due to the pregnancy of your adolescent, starting from when you first realized that she is pregnant, up to now." In conducting these in-depth phenomenological interviews, the researcher made use of communication skills and interpersonal relationships, in order to avoid losing important information (Kvale, 1996:81).

2.4.3. Communication Skills

Before conducting this study, the researcher underwent a special training and assessment in communication skills as well as the effective use of interviewing. The training was given by a psychiatric nurse specialist who is experienced in interviewing. The researcher created a context where the respondents were able to speak freely and openly. Also, the researcher ensured that the respondents were relaxed and comfortable, then explained the purpose of the study. The respondents were

encouraged to ask any questions they might have about the purpose of the study and the research question itself. This helped to clear misunderstandings. During the in-depth phenomenological interviews, the researcher used communication skills such as validating, paraphrasing, reflecting feelings, probing, minimal verbal and non-verbal responses (Uys, 1996:181-196).

2.4.3.1. Validating and Paraphrasing

The researcher wanted to be sure that she understood the respondent clearly, for example, by repeating the massage like this: "let me just make sure you're saying..." This could also be done by saying the basic message in different words – that is paraphrasing.

2.4.3.2. Reflecting

The researcher would listen actively to verbal and non-verbal messages of the respondents. The researcher would then convey feelings that were not explicitly stated back to the respondent like: "That makes you angry, does it?"

2.4.3.1. Probing

The researcher might need to prompt the respondents to give more information.

2.4.3.2. Minimal Verbal and Non-verbal responses.

The researcher would keep in all her ideas, feelings and prejudices and listen to what the respondents were saying, in order to have more insight. This is also called "bracketing".

The researcher thus made use of communication skills while conducting in-depth phenomenological interviews, as a means of collecting data or information from the respondents.

2.5. DATA COLLECTION

Data collection is the precise systematic gathering of information which entails perceiving, reacting, interacting, reflecting, attaching meaning and recording data (Burns & Grove, 1997:529).

In this study, a small study was done as a prelude to the massive research. This is called a pilot study.

2.5.1. Pilot Study

According to the Oxford Dictionary (1994:936), pilot means something done on a small scale, as an experiment. In this study the piloting was done with three respondents, each of whom met the characteristics essential for inclusion in

this study, as mentioned under sampling (2.3.2). Each of the three respondents affirmed their willingness to participate in the study by signing a consent form.

Phenomenological in-depth interviews were conducted with each respondent, the core question being: "Please tell me in detail, the experiences that you have gone through concerning the pregnancy of your adolescents from when you first realized that she is pregnant, up to now." The pilot study was done as a means of testing the research question before introducing it on a large scale. This would help in determining the feasibility of the main study. The researcher would be able to identify problems with the design and get experience with the subjects, setting and conducting interviews (Burns & Grove,1993:48). The respondents who were interviewed in the pilot study were not used again in the main study.

After the pilot study, appropriate amendments would be done as necessary, before embarking on the process of collecting data for the main study (Uys & Basson, 1991:95). However no problems were identified in this case, thus the researcher proceeded to the process of data collection.

2.5.2. **Methods of Data Collection**

The individual in-depth interviews were conducted in the natural setting of the respondents, which was in the community where they lived. In order to obtain information that would be useful, the researcher had to take the following steps:-

- gain access to the research sites
- identify subjects for the study
- conduct interviews

2.5.2.1. Gaining access to the research sites.

The researcher sought the approval of the relevant "gate-keepers" in order to gain access to the research sites (Creswell, 1997:148). In this study, the main gate-keepers were the Chiefs and Health Service providers.

(i) Chiefs:

As indicated under Governance and culture (1.1.2.2.) the chiefs are traditional rulers in the communities, therefore the researcher had to obtain their permission to work in the community.

(ii) Health Service Providers:

Permission was obtained from the Ministry of Health and Social Welfare in Lesotho, through the Family Health Division, who then gave a mandate to the relevant service providers on the periphery. The Director of Christian Health Association in Lesotho (CHAL) also granted permission. The actual process of conducting phenomenological interviews only started when all the permissions had been granted and the Ethics Committee of the Faculty of Health Sciences of the University of the Free State had given approval for the study to be conducted.

2.5.2.2. Indentifying subjects for the study.

The researcher being a nurse-midwife was able to identify the prospective subjects of the study during antenatal clinic services at the Emmanuel Health

Centre. This has been elaborated under Sampling (2.3.2).

2.5.2.3. Conducting Phenomenological Interviews:

The phenomenological interviews attempt to reach the lived world of the subject of the interviews. It describes and does not explain or analyze the experience of the interviewee (Kvale, 1996:184). The purpose of this research was to reach the lived experiences of mothers of pregnant unmarried adolescent in a community in Lesotho. Each respondent affirmed her informed consent by signing a consent form (Berg, 2001:56).

The researcher conducted phenomenological interviews with the relevant respondents until there was no more new information discovered, that is until there was saturation of data. The interviews were based on one core question which said: "Please tell me in detail, the experiences that you you have gone through, due to the pregnancy of your adolescent, starting from when you first realized that she is pregnant, up to now."

However, as the interviews were conducted in the Sesotho – language, which is the mother – tongue of the respondents and the researcher, the research question was stated thus:

"Ke kopa hore u nqoqele ka botlalo, mathata le manolo ao u teaneng le ona malebana le bokhachane ba morali oa hau, ho tloha ha u qalo ho mo lemoha, ho fihlela hona joale."

The researcher had established good relationships with the respondents prior to conducting the phenomenological interviews, thus their cooperation was

remarkable. The researcher remained responsible for making sure that the interview was taking the right course, without harassing the respondents or leading them into a particular line of answering (Burns & Grove, 1997:335). Some of the respondents would become emotional during the interview, however the researcher was able to manage the situation effectively.

Through the use of various communication skills (such as probing, reflecting, paraphrasing and validating), the researcher was able to gain insight into the experiences of the respondents, as they freely told their stories (Uys, 1996:181-196). The respondents were allowed to narrate both the positive and the negative experiences, as it was the reality that the researcher needed to understand. They also described the feelings that were associated with those experiences and the context in which the experiences occurred (Maxwell, 1996:17). Each respondent was given sufficient time to give a complete description. Each interview ranged between 40 an 60 minutes. During the interviews, the researcher ensured bracketing, that is: the researcher suspended or laid aside whatever she knew about the experience being studied in order to reduce bias (Burns & Grove, 1997:532, Beck, 1996:99, Cutcliffe, 1999:106).

The good relations between the researcher and the respondents enabled the spirit of trust, thus the researcher obtained permission from the respondents to use an audiotape recorder during the interviews. The researcher explained to each respondent the reason for using the tape recorder at the interview. The respondents were assured that the tapes would not be

available to other people except the researcher. As tape recorders have a tendency to disturb the attention of the respondent, this disturbance was countered by maintaining continued eye contact with the respondent during the interview (Fichardt, Van Wyk & Weich, 1994:17). Fichardt et al. maintain that continued eye contact improves communication with the subject. The researcher therefore maintained continued eye contact with each respondent at each interview.

The interviews were conducted at the venue preferred by each respondent, which would be either at the home of the respondent or at the Health Centre. Both these places are within the context of the respondent. Out of the fourteen respondents, two were interviewed at home, while twelve were interviewed at the Health Centre. At either venues, the researcher ensured that the room was quiet and free from disturbance. A bold notice was put at the door to keep people away and there was no telephone in the room, thus, providing a pleasant environment (Hopkins, 1999:206; Jacobson, 1994:96).

For the interviews conducted at the homes of the respondents, the tape recorder had to be operated by batteries, since there was no electricity in the rural community. However the researcher was aware of the situation, thus was well equipped for the situation, thus encountered no problem related to power failure. However, throughout the data collection, the problem encountered in some areas was failure of the respondents to honour their appointment. Some of the prospective respondents would not turn up for the interview. After follow-up visits, when the researcher had ascertained that the subjects had changed their minds, new subjects had to be recruited. With

the newly recruited subjects, the researcher went through the steps of explaining the purpose of the research and building rapport. This is a time consuming exercise, but it is very important for the comfort of the client, and for ensuring good communication and obtaining quality information (Uys, 1994:139). The three subjects who failed to honour their appointments or interviewing did so for fear of getting involved, or for fear of breach of confidentiality.

At the interview session, while the researcher took the role of a facilitator, ensuring that the interview was taking the right direction, the researcher was observing and attentive to non-verbal cues, which would be conveying some unspoken message. Thus the researcher could follow up the non-verbal cues to clarify their message with the respondent. Field notes were also taken, these helped the researcher to remember the observations and be able to retrieve them (Marshall & Rossman, 1997:107). Interviews with the mothers of the pregnant unmarried adolescents were conducted until the themes got to repeat themselves, and no more information was received, thus saturation of data was achieved (Burns & Grove 1997:542). In this study, themes were already repeating themselves by interview "number ten", however the researcher stopped conducting further interviews after the fourteenth.

According to Seidman (1991:87 in Lehana, 2000:30), each word a subject speaks reflects his or her consciousness. However, in order to work most reliably with the words of the respondents, they should be transformed into a written text, that can be studied. Therefore the primary method of creating

text from the interviews is to tape-record the interviews and then transcribe them, verbatim. Thus the researcher transcribed each interview as soon as possible usually within 12 hours. However at the end of each interview, the researcher played the tape back to the respondent, in order to confirm the information and make corrections where necessary.

Seidman (1991:87 in Lehana 2000:30) mentions the other advantages of tape recording as follows:

- The preserved words of the respondent provide the researcher with the original data. Thus the researcher can return to the source of data to clearify the accuracy of the transcript.

- The accountability of the data can protect the researcher in case of accusation of mishandling the interview material.

- The interviewer gets an opportunity to assess their own interviewing skills and improve on it.

- The respondents can feel assured that there is a record of the information they gave, thus they feel confident.

The names of the respondents and the names of the adolescents and other next-of-kin were not used in the interviews, in order to ensure confidentiality.

The interviews were thus identified by numbers in order to protect the names of the respondents, thus maintaining confidentiality (Berg, 2001:58).

During the in-depth interviews as the interview was tape – recorded, the researcher took field notes in order to remember the observations made, so as to be able to retrieve them for analysis purposes (Wilson, 1989:434). According to Schatzman and Strans's (1982) model, as presented in Wilson (1989:434), there are three types of field notes, presented as follows:

- Observational notes:

  These are descriptions of events experienced through watching and listening. They contain the who, what, where and how of a situation and contain as little interpretation as possible.

- Theoretical notes:

  They are purposeful attempts to derive meaning from the observational notes. The field researcher builds his/her analytic scheme by interpreting, inferring and hypothesizing.

- Methodological notes:

  They are instructions to oneself, critiques to one's tactics, and reminders about methodological approaches that might be fruitful.

Wilson (1989:435) adds the fourth type as:

- Personal notes:

These are notes about one's own reactions, reflections and experiences. She (Wilson, 1989:436) maintains that field work relies on the investigator's ability to "take the role of the other" and be introspective.

The field notes were jotted in brief during the interview, then after the interview when the respondent had departed, the researcher recorded the field notes in detail. This was to provide the details of the context to which the conversation might have been addressed (Holstein & Gubrium, 1995:78). The field notes were later interpreted and analysed.

The interviews were conducted in Sesotho, which is the indigenous language in Lesotho, thus the respondents were able to express themselves fluently. The researcher's first language is Sesotho. The taped interviews were transcribed verbatim in Sesotho as soon as possible (within 12 Hours) after the interviews, then translated in English. Two transcriptions and audiotapes were given to two other nurse-researchers, who are fluent in Sesotho, to check the accuracy of the translation.

After data collection and verbatim transcription, the researcher listened to the tapes while reading the transcriptions for accuracy, this is called "transcripts proofing" (Burns & Grove, 1997:532). The researcher read and reread the data, thus "dwelling with data". This was helpful to familiarize the researcher with the data or "immersing the researcher in the phenomenon under investigation" (Streubert & Carpenter, 1995:45).

An example of an interview is given in Annexture K

2.5.3. Safe guarding data

Field and Morse (1985 cited by Burns & Grove, 1997:533) advise on the safe storage of the transcriptions and other data material. Thus the researcher made extra copies of each transcription, which would be used for data analysis, while the original copies were kept in a safe place, to guard against losing the data completely in the case of an accident.

The researcher kept a record of the names and physical addresses of each respondent, in order to facilitate member checking after data analysis.

The researcher appreciated the participation of each respondent and assured them that all their contributions were valuable and important, as they were establishing the trustworthiness of the study.

2.6. MEASURES TO ENSURE TRUSTWORTHINESS OF THE RESULTS.

Trustworthiness as indicated by Lincoln and Guba (1985:290-331) and Krefting (1991:214-222), is the ability of the study to persuade the researcher and the audience that the findings of the research are worth paying attention to and worth taking them into account.

In this study, Guba's model of assessing trustworthiness in qualitative research has been used. The model identifies four criteria in assessing trustworthiness of the research as credibility, transferability, dependability and neutrality.

2.6.1. Credibility (Truth Value).

Credibility asks whether the researcher has established confidence in the truth of the findings of a particular inquiry for the subjects with which the inquiry was carried out, and the context in which it was performed. Thus in this study it asks: How confident is the researcher with the truth of the findings on "Experiences of mothers of pregnant unmarried adolescents in a community, in Lesotho," based on the research design, the respondents and the context (Krefting, 1991:215; Lincoln & Guba, 1985:290).

Krefting (1991:216) suggests that a qualitative study is credible when it presents such accurate descriptions or interpretation of human experience that people who share that experience would immediately recognize the descriptions.

2.6.1.1. Measures to enhance credibility

- Prolonged engagement.

Prolonged engagement is intended to provide the researcher with an opportunity to build trust. As explained under data collection, the researcher had a prolonged engagement with the subjects, building rapport and trust, thus the researcher was engaged in lengthy field work. Lincoln and Guba (1985:303) point out that building trust is a process to demonstrate to the respondents that their confidences will not be breached.

The researcher ensured that she uncovered the truth of the experiences of mothers of pregnant unmarried adolescents in a community, in Lesotho, by conducting in-depth interviews, observing and taking field notes. She also "dwelled long" in listening and reading the respondents experiences. The researcher focused all her awareness and energy on the narrated experiences of the respondents, thus gained insight, that is "intuiting"(Burns & Grove, 1997:542, Streubert & Carpenter, 1995:32)

- Triangulation

Triangulation is recommended by Fichardt et al (1994:17) and Padgett (1998:97), as a technique for improving the probability that the findings and interpretation will be found credible. Krefting (1991:219) views triangulation as a powerful strategy for enhancing the quality of the research, particularly credibility.

In this study, data triangulation has been used. Data triangulation according to (Burns & Grove 1997:241; Lincoln & Guba, 1985:305; Padgett, 1998:97), involves the collection of data on the same subject from multiple sources. These data source provide an opportunity to examine how an event was experienced by different individuals, at different times, or in different settings. In this study, the researcher collected data from a large number of mothers of pregnant unmarried adolescents. These were mothers from different homes and different places or villages within the large community served by the Emmanuel Health Centre and they had various backgrounds.

The researcher thus ensured credibility by identifying converging themes from the various respondents in terms of culture, context, background and age.

- Peer debriefing

This is the process of exposing oneself to a peer for the purpose of exploring aspects of the inquiry that might be implict within the inquirers mind (Lincoln & Guba, 1995:308).

In this study, an independent co-coder was engaged to analyse the data independent of the researcher (Creswell, 1994:158; Krefting, 1991:216). Consensus discussions were held and the identified themes were refined. This co-coder is a qualified active qualitative researcher in the field of Nursing.

- Member Checking.

Lincoln and Guba (1995:314) say, "if the researcher is to be able to purport that his/her reconstructions are recognizable to audience members as adequate representation of their own realities, it is essential that they be given the opportunity to react to them".

Thus, at the end of each interview, the tape was played back to the respondent who provided it, for reaction, correction and additional information. Besides, copies of analysed data were given to three of the respondents, to check and comment if they were a true reflection of their experiences (Jacobson, 1994:97).

2.6.2. Transferability (Applicability)

According to (Krefting 1991:216 and Burns & Grove, 1997:554), transferability refers to the degree to which the findings can be applied to other contexts or the ability to generalize from the findings to the larger population. However, qualitative studies are conducted in "naturalistic settings" and the situation is unique in each instance, thus their findings cannot be generalized.

2.6.2.1. Measures to ensure transferability.

- Sampling

The simple random sampling method was used in the selection of the villages. Although the researcher used a convenience sample of the respondents they all expressed their willingness to participate in the study. The respondents also expressed their commitment to be open in sharing their experiences with the researcher. Each respondent was requested to sign a consent form, as a guarantee of their informed consent, this opened an opportunity to withdraw, for those who were not willing to participate in the study (Berg 2001:107-108).

- Data Collection

The in-depth phenomenological interviews were conducted with the respondents until data saturation was reached: That is, until no more new experiences were being revealed (Burns & Grove, 1997:542). In this study, data saturation was reached after ten interviews, but data collection continued until the fourteenth interview.

2.6.3. Dependability/Consistency.

Dependability refers to whether the findings of an inquiry would be repeated if the inquiry were replicated with the same (or similar) subjects in the same (or similar) context (Krefting, 1991:216; Lincoln & Guba, 1985:290). Dependability is however not precise in qualitative research. The instruments that are assessed for consistency in qualitative studies are the researcher and the respondent, both of whom vary greatly, because experiences differ.

2.6.3.1. Dependability Strategies.

The researcher ensured dependability in this study, by applying the following strategies, as outlined by Krefting (1991:221):

- The exact methods of data collection, analysis and interpretation have been thoroughly explained in this study. Therefore, this precise description of the methods used, provides information about how repeatable and avoidable this study can be.

- The code-recode procedure has been used on the data, during the phase of data analysis. After coding a portion of the data, the researcher waited for two weeks and then recorded the same data and compared the results.

- The method of data triangulation was used. Whereas the method of data collection was through in-depth interviews only, the researcher ensured dependability by interviewing respondents from various diverse parts of the

community. The researcher avoided confining just a small portion of the community.

- The strategy of using colleagues and methodological experts was used. The researcher has been under continued supervision by the supervisor who has a PhD in Nursing with extensive experience in qualitative research and has been supervising postgraduate students regularly. During the analysis stage, the researcher used an independent coder who has a Master's degree in Nursing and is experienced in qualitative research. The researcher and the independent coder compared their results of data analysis and reached a consensus . The research has been edited bu two Nurse Educators, one with a Master's degree and the other with a Bacholer's degree.

2.6.4. Confirmability (Neutrality)

Neutrality is the fourth criteria of ensuring trustworthiness. It refers to the freedom from bias in the research process and results. It is the degree to which the findings of an inquiry are a function solely of the informants and the conditions of research and not of the biases, motivations, interests or perspectives of the researcher (Krefting, 1991:217; Lincoln & Guba, 1985:319).

The researcher used the following confirmability strategies:

- Triangulation strategy has been used, as described earlier.
- Reflexive analysis, which refers to "the assessment of the influence of the investigator's own background, perception and interests" (Krefting, 1991:218).

The researcher is a participant, not merely an observer. Thus on entering the research field, the researcher continuously reflected on her own characteristics so that they should not influence the collection and analysis of data.

- Bracketing and intuition: The researcher used bracketing and intuition during data collection and data analysis phases, in an attempt to control judgment that may be based on values, motivations and preconceptions thus helping to eliminate bias.

"If pure description is to be achieved, what the researcher knows or believes about the phenomenon under investigation must always be kept separate from the participants' descriptions. Therefore postponing the literature review until data analysis is complete facilitates the phenomenological reduction" (Streubert & Carpenter, 1995:40; Kvale, 1996:184). Burns & Grove (1997:195) warn that in conducting nursing research, not only expertise and deligence are needed, but honesty and intergrity are essential and ethical.

2.7. ETHICAL ASPECTS

Maxwell (1996:7) states that in interactive research, ethical concerns should be involved in every aspect of the research design. Thus in this study, the following ethical concerns were addressed:

2.7.1. Competence of the researcher

The researcher has had a formal preparation in research methodology and communication skills. The study has been conducted under the supervision of an experienced professional qualitative researcher, with a Ph D in Nursing. The researcher also engaged an experienced co-coder for data analysis. Two editors were used, to ensure accuracy. (see 2.6.3.1.).

2.7.2. Permission to conduct research.

The intention to conduct this research has been approved by the Ethics Committee of the Faculty of Health Sciences of the University of the Free State. The approval was granted in writing after the committee had scrutinized the research proposal. (see Annexture A).

Permission to undertake this study in Lesotho has been granted by the Ministry of Health and Social Welfare, through the Family Health Division. This was granted in writing. The area hospital that supervises the Emmanuel Health Centre Services was informed. (see Annexture D).

Permission has also been obtained from the Health Centre staff and the Community Leaders by the letters from the above mentioned bodies.

These steps guarantee access through the formal gatekeepers. According to Padgett (1998:36) gatekeepers are individuals or institutions in an organization, who have the power to withhold access for the purpose of research.

2.7.3. Informed consent

Berg (2001:56) defines informed consent as the knowing consent of individuals to participate as an exercise of their choice, free from any element of fraud, deceipt, duress or similar unfair inducement or manipulation.

It is ethically and methodologically desirable to obtain the informed consent of the respondents. In a phenomenological interview, the contextual exploration is likely to raise sensitive issues. The interviews were tape recorded, therefore the individual respondents were well informed before hand (Burn & Grove, 1997:209; Padgett, 1998:35). Each respondent signed a consent form as an indication of voluntary participation and the freedom to withdraw at any time if they so desire.

The following points were addressed as part of the informed consent:

2.7.3.1 Right to know

The subjects were told exactly what was going to happen to the interview material, in clear simple terms. They were informed about the purpose and benefits of the study. They were assured of personal choice to participate and the freedom to withdraw from the study if they so desired, as mentioned above.

2.7.3.2 Confidentiality

The respondents were assured that their names would not be associated with the data, instead numbers would be used to code the transcripts and audio cassettes. The cassettes will be destroyed by the researcher after the examination results. (Berg, 2001:58; Burns & Grove, 1997:204).

2.7.3.3 Right to privacy

The subjects were asked to volunteer the consent to share their private information, concerning their experiences due to the pregnancy of their unmarried adolescents. The subjects had the right to agree or refuse to participate. No other personal details were required, other than what pertained to the study concerned. The interviews were conducted in a private room, with the researcher and the respondent only (Burns & Grove, 1997:203).

2.7.3.4 Protection from harm and discomfort.

As Wilson (1989:420) put it, "no matter how unobtrusive, field research always pries into the lives of informants". In this study, some of the respondents became emotionally touched, as they related their experiences, however, it was only for a brief moment, therefore none had to be referred for counseling.

The researcher ensured that at the end of the interview, the relationships were not harmful to any of the respondents.

2.7.4. The quality of the research

The researcher approached this study with integrity and tried at all levels of the study to be aware of personal biases and values that could influence the results of the study. As indicated by Creswell (1994:165) and Uys & Basson (1991:97), the researcher tried at all times to respect the rights, values, needs and desires of the respondents.

However it is important to collect as much information as possible, in order to enhance data analysis.

2.8. DATA ANALYSIS

According to Wilson (1989:454), analysis is the organizing of data in order to answer the problem statement and to make it known to others. Qualitative data analysis brings order, structure and meaning to a large body of information so that conclusion can be made and communicated, without loss of context, detail and richness (Clarke, 1999:531; Polit & Hungler, 1991:500).

The qualitative data analysis consists of three interactive activities, as indicated by Burns & Grove (1997:532), and Fichardt et al. (1994:17).

- data reduction – the process of translating "raw" data into an organized format to print analysis (according to events and concepts).

- data display – the organization of data in such a way that the researcher can form conclusions and take action (Charts and graphs).

- drawing conclusion and verifications – the emerging patterns and explanations continue to be noted, coupled with testing of the findings for validity.

The researcher observed the process of bracketing prior to doing data analysis. Thus the researcher suspended personal beliefs towards the phenomenon under study, that is the experiences of mothers of pregnant unmarried adolescents in a community in Lesotho (Tesch, 1990 : 92). This enabled the researcher to analyze data without trying to confirm her own presumptions.

According to Clarke (1999:53) and Creswell (1994:153), data analysis in qualitative research can be conducted simultaneously with data collection. Creswell (1994:154) mentions that these proceed well simultaneously, especially for an experienced researcher. However the beginning researcher may want to treat them separately. In this study, as the researcher is a novice, they were treated separately. Therefore the researcher first completed all the interviews and studied the transcripts.

The researcher tried to minimize imposing on the generative process of the interviews what she had learned form other transcripts (Seidman, 1991:86 in Lehana, 2000:56).

The transcript interviews and field notes were analyzed according to Tesch's (1990:142-145) method of analysis. The following eight steps were followed:

- Get a sense of the whole by reading through all the transcriptions carefully, in order to get a sense of the whole.

- Pick one interview and go through it whilst asking yourself what is this interview about? Try to find the underlying meaning from the information.

- Read through all the other interviews and make a list of all the topics. Cluster similar topics together. Form these topics into columns that will reflect the major topics, unique topics and leftovers.

- Assign codes to the topics in order to organize them. Observe whether new categories and codes emerge.

- Find the most descriptive wording for the topics and turn them into categories. Group related topics together to reduce the list of categories.

- Attach final codes to each category and alphabetize the codes.

- Assemble the data material belonging to each category in one place and start on the preliminary analysis.

- If necessary recode the existing data.

These eight steps engaged the researcher in the systematic process of analyzing textual data. The aim being to capture the essence of the experiences being studied, by identifying its constituents parts (Clarke, 1999:532; Creswell, 1994:155).

The researcher transcribed verbatim each of the tape-recorded interviews in Sesotho, then translated them in English. The steps of data analysis were followed as indicated above. An independent coder was engaged. The researcher and the independent coder discussed the categories in order to reach a consensus, in an attempt to condense the mass of data (Neuman, 1997:422).

Coding is a means of categorizing (Burns & Grove, 1997:532). In open coding, each word, line or paragraph was examined and coded in an attempt to encapsulate the respondent's meaning. According to Burns & Grove (1997:535) there are three types of codes:

- Descriptive codes: Codes which remain close to the terms used by the subject being interviewed.

- Interpretation codes: These are used when the researcher starts to attach meanings to the statements, using the respondent's terms.

- Explanatory codes: These are part of the researcher's attempt to unravel the meaning, inherent in the situation.

A frequency table was developed (Table3.1) as a framework for content analysis from the verbatim transcripts, so that the experiences of the respondents could be conveyed. A theoretical framework cannot be used in this study, as it would convey the image of the researcher, not the experiences of the mothers of pregnant unmarried adolescents in a community in Lesotho. Data were analyzed from the perspective of the categories that emerged. The experiences in the frequency table were presented from the highest to the lowest. However, these frequencies were not interpreted in the same way as the frequencies generated in the survey studies, because of the imprecision in the sampling of cases and enumeration of the themes (Polit & Hungler, 1991:505).

According to Clarke (1999:533), Krefting (1991:215), Lincoln and Guba (1985:314), one of the strategies to maximise validity of the findings is to undertake member checks. These involves taking the analysis back to the subjects to ensure that their experiences are reasonably represented. The analyzed results were therefore given to three of the research respondents, to check the representativeness of their experiences.

2.9. CONCLUSION

This chapter covered the details of the research methodology. In the next chapter, the presentation of data and literature control will be discussed.

CHAPTER 3

DATA PRESENTATION AND LITERATURE CONTROL

3.1. INTRODUCTION

In the previous chapter, the research methodology was discussed. In this chapter, data presentation and literature control will be discussed in two sections, namely: individual data and field notes.

3.2. INDIVIDUAL DATA

This will cover information gathered from the respondents during the phenomenological interviews. A total of fourteen (14) respondents were interviewed. They were the mothers who lived with pregnant unmarried adolescents in a community in Lesotho. They were the respondents who met the inclusion criteria as outlined in chapter two.

3.2.1. Age Structure of the Respondents.

The age groups of the respondents presented as follows:

- 31 – 40 years = 2 (14.37%)
- 41 – 50 years = 8 (57.1%)
- 51 – 60 years = 2 (14.3%)
- 61 – 70 years = 2 (14.3%)

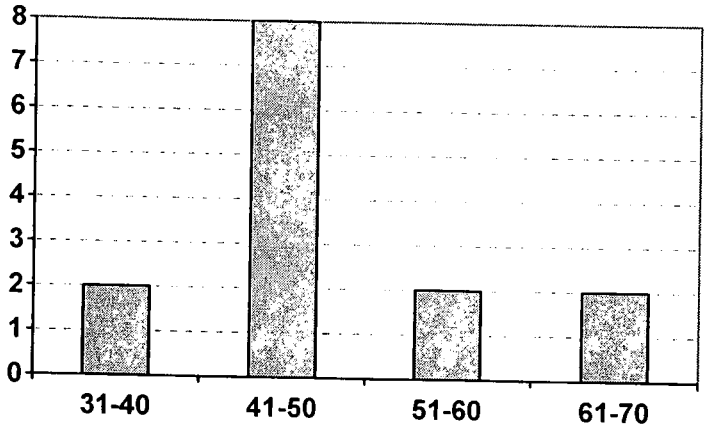

FIG 3.1. Age Structure of Respondents (N=14)

3.2.2. Data Analysis.

Data or information from the interview verbatim transcripts formed the framework for data analysis, in order to convey the experiences of the respondents. Therefore a theoretical framework would not qualify in this study, as it would only convey the image of the researcher and not the lived experiences of the mothers of the pregnant unmarried adolescents.

Qualitative researcher may use "quasi-ststistics" (Burns & Grove, 1997:536; Polit & Hungler, 1991:505). These involve a tabulation of the frequency with which certain themes, relationships or insights are supported by the data. In this study, a frequency table (see Table 3.1.) has been used to present the experiences of the mothers of pregnant unmarried adolescents from their highest to their lowest frequencies. Due to imprecision in the

sampling of cases and enumeration of themes, these frequencies were not interpreted in the same way as the frequencies in survey studies (Polit & Hungler, 1991:505).

Table 3.1. shows that some of the experiences of the respondents in this study were positive, while others were negative. Positive experiences included acceptance of the pregnancy by the respondent and expression of sympathy or pity to the pregnant adolescent. Negative experiences included anger, frustration, anxiety, shock and blame directed to the adolescent in question, the spouse of the respondent, relatives, neighbours and parents of the male partner of the adolescent in question. In the early stages all the respondents shared the story of negative experiences, but as time went on they became more resigned to the situation and had positive experiences of acceptance and sympathy (Ntswane –Lebang 2002:92).

Hence the positive experiences of acceptance rate the highest in the frequency table.

TABLE 3.1. Experiences of mothers of pregnant unmarried adolescents, in order of the frequency (N=14).

POSITIVE AND NEGATIVE EXPERIENCES	FREQUENCY (F)	PERCENTAGE(%)
Felt troubled and worried	14	100
Felt hurt and burdened	14	100
Accepted the pregnancy	14	100
Felt angry with the adolescent	10	71.4
Acceptable negotiation with parents of the boyfriend	10	71.4
Received support from the relatives	10	71.4
Scared to tell the father of the adolescent	9	64.2
Received sympathies from the community	9	62.4
Deep thinking & meditation	8	59.1
Counseled the adolescent	8	59.1
Comforted by the spouse	6	42.8
Observed the pregnancy herself	6	42.8
Ashamed and betrayed	5	35.7
Confused and shocked	5	35.7
Cried	5	35.7
Trusted the adolescent	5	35.7
Blamed by community	5	35.7
Sleepless nights	4	28.5
Prayed	4	28.5
Encouraged and grateful	4	28.5
Rejection by parents of the adolescent's boyfriend	4	28.5
Notified about the pregnancy at the clinic	4	28.5

Notified about the pregnancy by relative/neighbour	4	28.5
Tortured by the spouse	3	21.4
Forgetful	1	7.1
Sang hymns to relief herself	1	7.1
Unable to pray	1	7.1

3.2.3. Findings and Literature Control

According to Wilson (1989:454), qualitative data analysis is the non-numerical organization and interpretation of data, in order to discover patterns, themes, forms, examples and qualities found in the field notes, interview transcripts an others.

The respondents in this study were requested to relate in detail, their experiences as they lived with their pregnant unmarried adolescents in a community in Lesotho, from when they first realized the pregnancy, until the time of the interviews. The research question read as follows:

> "Please tell me in detail, the experiences that you have gone through concerning the pregnancy of your adolescent, from when you first realized that she is pregnant, up to now."

Data from the interview transcripts were grouped into four categories with sub-categories. Themes were developed to support each category and its sub-categories (Polit & Hungler, 1995:504)

The main categories as seen in Table 3.2. are: emotions, relationships, physical/social problems and religion.

TABLE 3.2 FRAMEWORK FOR DATA ANALYSIS

CATEGORY	SUB-CATEGORY	THEME
Emotions	• Respondent	- Anger and Frustration - Hurt/pain - Disappointment/Discouragement - Anxiety/Worry - Shock/Confusion - Blame - Pity/Sympathy - Acceptance
	• Spouse	- Anger - Disappointment - Blame - Sympathy
	• Relative	- Anger - Disappointment - Blame - Sympathy
	• Parents of the boyfriend of the adolescent	- Denial. Disbelief - Disappointment - Sympathy - Acceptance
	• Community	- Blame - Sympathy
Relationships	• Respondent	- Supportive
	• Spouse	- Supportive - Non-supportive
	• Relatives	- Supportive - Non-supportive
	• Parents of the boyfriend of the adolescent	- Supportive - Non-supportive
Physical/social problems	• Community	- supportive - Non-supportive
	• Financial	- Poverty - Medical Care
	• Stigma	- Gossip - Discrimination
	• Symptoms	- Sleeplessness - Fatigue - Forgetfulness - Anxiety - Body paind - Weakness
Religion	• Respondent	- Supportive

Descriptions of the experiences as found in the transcripts will be made below. Quotations from the interview transcripts will be given, quotations from the literature and similar studies from various places will also be given, to support the findings of this study.

3.2.3.1. Emotions

The pregnancy of the unmarried adolescents in question created various emotional reactions in their mothers, as their primary care-givers. However the spouse and other members of the family were also affected and their emotions were reflected on both the mother and the adolescent.

The matter of pregnancy outside marriage is usually a family concern in the culture of the people of Lesotho. It thus involves the parents on both sides, more than the primary people concerned, namely the adolescent girl and her boyfriend. As a result, the emotions of the mother of the pregnant adolescent during her interaction with the parents of the boyfriend will be considered.

The community are neighbours of the respondent and they have a contribution.

3.2.3.1.1. Anger and Frustration

The Oxford Dictionary (1996:38), describes anger as a strong feeling of displeasure and hostility.

Frustration is the state of being discouraged, dissatisfied or annoyed (Oxford Dictionary 1996:798)

The respondents experienced anger towards the adolescents in question and experienced frustration due to the anger of others towards her or towards the adolescent, as indicated below.

Some of the respondents expressed themselves like this:
"*Don't cry, answer the question, are you actually pregnant*?".

" *But this is your affair, it is in you, I am staying with you, why can't you tell me, that I have to be told by your sister?* "

"*Where did you meet this kind of thing?* "

In the study done in Lesotho (Lehana, 2000:77) some of the pregnant adolescents confirmed that their mothers were angry with the following words:

"*After some two, three days, my mother changed. She did not talk to me or she was rude when talking to me. My life became miserable. I did not know what to do.*"

"*My mother is angry with me. She keeps telling me that she does not know what she is going to do with this baby.* " (Lehana, 2000: 77-78).

In some cases, the anger of the respondent/s was directed to their spouses as a result of their reaction to the adolescents' pregnancy as indicated below:

"*The men you know, when things like these have happened, will blame the woman, whereas he also is present.*"

"*I don't even want to talk about him.*"

"She should go out now, before I see what to do with her" said the father.

Therefore the adolescents' sexual behavior and attitudes offer ample opportunities for parent – child discussions to derail into heated family arguments, with one party defending and the other challenging traditional values (Tarris & Semin, 1997:37).

As mentioned earlier that it is socially not acceptable in Lesotho for a single adolescent to be pregnant, this condition brings about hostile feelings among the parents of the adolescent, especially the mother, as the primary caregiver.

On the other hand, when the spouses of the respondents learnt about the pregnancy of the adolescent, they reacted in strange and hostile manners, that threatened the adolescents and frustrated the mother of the adolescents, who were the respondents in this study. The following quotations are extracted from the interview transcripts as examples of the respondents' frustration:

"He wanted to expel the adolescent from home or shoot her."

"He refused to talk about the adolescents' matter."

"It was so unpleasant at home."

Ehlers (2003:13) studied the consequences of adolescent pregnancies in South Africa and discovered that adolescent pregnancies imply adverse health, social and economic implications for the mother and their children, and usually for the grandmothers as well.

In Lesotho, as in other African cultures issues concerning adolescent pregnancy are handled entirely by the parents and other senior family members, not the adolescents themselves. Therefore discussions and plans are done above the level of the adolescents, much as the physical, material and financial support will be from the parents, especially the mothers. Usually the parents of the pregnant adolescent will report the problem of pregnancy to the parents of the boyfriend, then negotiations will begin. Some times the negotiations will go on smoothly, while at other times they will be heated debates. In the heated debates the defending party will find all sorts of excuses to refuse taking the responsibility, which will almost always make the other party angry. Such a case would make the respondents angry towards the parents of the boyfriend, as in the case below:

"What do you want the parents for, because you have heard what the problems is?"

The social adverse implication involved the community in which the respondent lived, along with her family. Some of the respondents indicated that their neighbours reacted differently to their adolescents' pregnancies. Some of the neighbours comforted the respondents, while others made them angry in various ways.

One of the respondents said, "*There is a group among my neighbours... who are creating barriers so that the boy appears undecided... I don't know what they are up to.*"

3.2.3.1.2. Hurt or Pain

Definition of hurt in the Oxford Dictionary (1996:610) means mental pain or suffering.

All the fourteen respondents went through mental pain and distress of some degree, the intensity of the pain varied according the different individuals.

Modungwa, Poggenpoel and Gmeiner (2000:62-67), studied the experiences of mothers caring for their teenage daughters' young children in South Africa. In their study they indicated that: "Teenage pregnancy and parenthood continue to haunt modern society into the 1990's. This is despite the availability of modern and effective technology of birth control." They went on to say that: "Research on the problems of teenage pregnancy and parenthood tended to focus solely on the teenage mother and her child(ren). The mother of the teenage mother is seldom focused on. This is despite her daily involvement in bringing up her teenage daughter's daughter's child(ren)." (Modungwa et al.,(2000:62).

The mothers of the pregnant adolescents; as the primary care-givers, are the main support system. Lehana and Van Rhyn (2003:36) in their study on the "Experience of Pregnancy by Unmarried Adolescent in Maseru", indicated that, "the success of the adolescent single parent depends entirely on the physical, mental, social and financial support of the parents, grandparents or other relatives. If this support is not forthcoming, the associated problems increase dramatically."

The respondents in this study expressed their pain and mental suffering in statements like:

"*The matter hurt my mind a lot.*"

"*The issue of my adolescent hit me very badly.*"

Some of the respondents shared the pain and hurt with some of the people important in their lives such as their spouses, their relatives and the community which includes the teachers of the adolescents. When sharing their experiences some indicated the shared pain in the following words:

"*It was a painful thing to me as the parent and to the Principal.*"

"*My neighbor informed me that my adolescent... plans to have an abortion, so I should hurry to bring her back home.*" *(Abortion is not legalized in Lesotho*)

"*It was so difficult... I tried to encourage myself and to accept encouragement from the father and family members, but it was difficult.*"

As mentioned earlier teenage pregnancy and parenthood continue to haunt the mothers of pregnant adolescents. This situation stayed constantly on the minds of the respondents in this study because of the burden and pain that are involved, that became their own package. In the study conducted in Tshwane, South Africa, Ehlers (2003:14) indicated that: Adolescent mothers face failures in many aspects of their lives. This is sometimes referred to as "... the syndrome of failure: failure to fulfill the functions of adolescence, failure to remain in school, failure to limit family size, failure to establish a vocation and become self-supporting, and failure to have children who reach their potential in life."

3.2.3.1.3. Disappointment/Discouragement.

The Oxford Dictionary (1996:340) defines disappointment as failure to do something as good it was hoped for.

Discouragement means taking away somebody's confidence (Oxford Dictionary, 1996:342).

The theme of disappointment and discouragement ran throughout all the fourteen respondents in this study, however only a few stated it clearly. Some of the respondents expressed these words:

"I trusted her, I never thought she would disappoint me so."

"*I felt very discouraged, for if she had given me this kind of reply, maybe things would not be as they were... What am I going to say when I tell her father, and also tell the person with whom she stayed!*"

"You have disgraced us you know"

In 1999, Stevenson, Maton and Teti studied "Social support, relationship quality, and well being among pregnant adolescents." They observed the importance of pregnant and parenting adolescents as active support providers rather than merely passive recipients of support. They stated that, "previous studies on pregnant/parenting teens have focused solely on the relationship between support received and well-being. The research has ignored the potential of these adolescents as support providers." (Stevenson et al., 1999:111), a U.S.A. study.

The children are the pride and strength of their parents, thus any unpleasant deviation in the child's life pathway causes concern to the parents, which can result in disappointments leading to depression. Therefore, "bi-directional exchange of support between pregnant adolescents and their parents" is important, for the psychological well being of the pregnant adolescents and their mother/parents as well.

The respondents on the other hand suffered discouragement as a result of the responses of their spouses and/or parents of the adolescents' boyfriend. Examples below are quoted from some of the interview transcripts:

"It was so unpleasant at home, we were miserable up until he left to return to work."

"I sometimes think that a physical punishment is better, rather than the continual verbal abuse from day to day."

"She (mother of the boyfriend) does not consider the mistake done by her son, she does'nt care about it, what she cares about is that she has a patient."

3.2.3.1.4. Anxiety/Worry.

Anxiety as defined in the Oxford Dictionary (1996:43) means a troubled feeling in the mind, caused by fear and uncertainty about the future.

Worry, according to the Oxford Dictionary (1996:1476) means being troubled or anxious.

The notion of anxiety bothered many respondents, concerning the various aspects related to the pregnancy of the adolescent.

Part of the anxiety was due to the age of the pregnant adolescent. The respondents feared that the adolescents were too young to be able to deliver a baby as stated below:

"However another point is how will such a young person (16 years old), deliver a baby. I started again as the parent to be deeply touched, now I a m worried."

"I am constantly scarred a lot about her! I keep wondering how will she deliver when she is so frail?"

The worry of the mothers at other times was on how to inform the father of the adolescents about the pregnancy as seen below:

"It was such a long time (six months of pregnancy), what am I going to say when I tell her father, and also the person with whom she stayed?"

"It's actually better that you should go, so that father will hear about this matter being a report from the other side, rather than from our side, he can cause you some disaster."

"I worried that the adolescent's father would say that it is my fault the problem has occurred."

In their study, Modungwa et al. (2000:62-63) indicated that research on the problems of teenage pregnancy and parenthood tended to focus solely on the teenage mother and her child(ren). The mother of the teenage mother is seldom focused on. This, despite her daily involvement in bringing up her teenage daughter's child(ren)... despite the fact that studies have indicated a relationship between parenting of young children and stress.

In this study the respondents' experiences and emotions were studied in order to meet the need of focusing on the mothers of adolescent mothers-to-be. Anxiety and worry are normal reactions in life, however if they can be prolonged or too intensified they can be harmful to the mother, to the adolescent and the baby of the adolescent.

Another point of worry on the respondents' point of view was on the future life of the adolescents in terms of:

- returning to school after the baby is born,
- whether the adolescent wouldl get married or not, and
- how she would meet the needs of the pregnant adolescent and the forth-coming baby

Some of their concerns read like:

"I am worried about the issue of school...will he (spouse) have the Love of God upon this child of ours, to send her to school again, I wonder!"

"I am worried about what the response from the side of the boyfriend will be when they have not been informed for such a long time."

"Madam my problem is terrible, I do not have even a single thing, in preparation for the new mother. I don't know what I will do with this adolescent, it is just a problem madam I tell you."

A study was conducted in Swaziland by Mngadi, Zwane, Ahlbery and Ransjo – Arvidson (2003), on "Family and community support to adolescent mothers in Swaziland." The findings in that study (Swaziland) are consistent with the findings in this study (Lesotho) in that: "a child born outside marriage suffers indirectly from the deprivation faced by adolescent mothers ... since the social system stigmatizes childbirth outside marriage... exploiting the quality of care and support given by health care providers and

families to adolescent during pregnancy, childbirth and after delivery" (Mngadi et al., 2003:138).

Blum & Goldhagen in Boult & Cunningham (1992:160), cited in Ehlers (2003:14) state that: "Adolescent mothers face failure in many aspects of their lives... failure to fulfill the functions of adolescence, failure to remain in school, failure to limit family size, failure to establish a vocation and become self-supporting, and failure to have children who reach their potential in life."

The experiences of the respondents in this study are consistent with the observation of Ehlers (2003:14)) that adolescent pregnancies imply adverse health, social and economic implications for the mothers and their children – and usually for the grandmothers as well. Hence the anxiety and worry.

3.2.3.1.5. Shock/Confusion.

According to the Oxford Dictionary (1996:1171), shock means sudden violent disturbance of the mind or emotion or a frightening event.

Confusion means inability to think clearly (Oxford Dictionary, 1996:245).

Shock and/or confusion were inevitable in some incidences. Some of the mothers were not aware of the adolescents' pregnancy and not suspicious in any way, thus being informed of this matter gave them a shock. Whereas some of the respondents observed the pregnancy and confirmed from the

adolescents, they had mixed feelings on whether or not they wished that the adolescent should get married. Some of their responses said:

"I said no, this feels like punishment or what, I wonder!"

"Yes indeed (voice raised) they are taking her, but I have never spoken to her about marriage matters. Ah (voice shakes), I am not satisfied (voice breaks), that since I am the parent I should have prepared her."

On the other hand the mothers of the adolescents could not face the reality that adolescents had some knowledge about reproductive health (however limited or inaccurate) and they could be sexually active. As indicated by Lehana & Van Rhyn (2003:27), talking about sex before marriage is a taboo in Lesotho. This tends to determine the extends to which adolescents can be taught about sexuality. However, many adolescents are sexually active at an early age, with the mean age of 17.5 years at first sexual intercourse (Ministry of Health and Social Welfare [MOHSW], 1993:58).

When the damage had been done, the mothers got shocked by the reality and started wishing that they should have done something before hand, like talking to the adolescents, or taking them to Family Planning clinics (Dallas, 2004:347): an American sudy. Thus they got hauted by confused emotions of guilt and shame. Some of them said:

"I felt greatly disturbed, I felt very hurt, but I tried to ignore it."

"I tried not to show my feelings."

"Maybe we should take them to the family planning services to avoid these kind of problems, but oh, we are afraid really."

In the study conducted in Lesotho, it has been noted that parents, especially mothers, fail to make time for their children or feel intimidated by the subject "facts of life" (Lehana and Van Rhyn 2003:35). This finding was also reported by Kimane, Molise & Ntimo-Makara, (1999:102).

A similar study that was conducted in Swaziland also revealed similar results, that:... "Communication about sexuality was still not an accepted practice. Parents did not feel free to discuss such a topic with their daughters" Thus the mothers get shocked and confused when the adolescents get pregnant (Mngadi et al, 2003:142).

3.2.3.1.6. Blame.

In the Oxford Dictionary (1996:111), blame means to consider or say that somebody is responsible for something done badly or wrongly or not done. In this study blame resulting from the pregnancy of the unmarried adolescents took various dimensions. The respondent in some instances blamed themselves, the adolescents, the fathers or the community. In some instances the respondents blamed the boyfriends and their families.

The respondent who blamed herself said, "So this situation of my child does not please me, and my leadership in the church is affected. It's as if I am not shepherding well."

The respondent was blamed by the church community in this manner: *"It's as if the fault is mine according to the running of our church whereas I thought it is the child's fault, yet it appears we are both guilty."*

One of the respondents who blamed their spouses said, "... we live together, and control our daughter together, yet he always blamed me for poor control."

The neighbours of the respondents blamed them for poor control – "Of course neighbours are not the same. Some feel that I have failed to control the child..."

In cases where communication is lacking, people tend to blame each other because they have different points of view and different understanding.

Consistent with the findings in this study, Owens, Scofield and Taylor (2003:896) in their study indicate that: "Emphasizing the need for connection and supportive relationships could be beneficial in group settings for both mothers and daughters, by breaking down barriers that may impede communication and overall interactions within mother-daughter dyads."

Miller (2002:25) in his study states that: "Studies of associations between parent-child communication and adolescent pregnancy risk are inconclusive, apparently because closeness of the parent-child relationship, parents' values, and communication have important interactive effects."

3.2.3.1.7. Sympathy/Pity

The Oxford Dictionary (1996:1304) defines sympathy as sharing the feelings of others. Feelings of pity and sorrow.

Pity means feeling of sorrow caused by suffering (Oxford Dictionary 1996:941)

The emotions of the respondents varied in the sense that amidst the pain and anger and other problems involved, some of the respondents could discern the sorrow and shame experienced by the adolescents in question, thus the respondents shared the feelings of these adolescents by sympathizing with them, and feeling pity for them. This is consistent with the findings of Paskiewiez (2001:33-38), when studying: Pregnant adolescents and their mothers. A shared experience of teen mothering, in Chicago.

The respondents received sympathy from their spouses and relatives in some instances, as they perceived the burdens of the respondents. Their concerns were expressed as follows:

"*The father tried to comfort me, when he heard the source of my problem.*"

"If God will help her and she lives, I will look after the baby, so that she may finish up her studies."

"What actually made me hurt a lot was when I regarded the character of my adolescent, that she is a child with self-respect and gentleness".

"I received some encouragement and support from the family members and relatives.:

The sympathy of the parents especially mothers is consistent with the findings in the study of Lehana and Van Rhyn (2003:36) and Macleod & Weaver (2003:49). They noted that the parents of the unmarried pregnant adolescents were willing to take care of their babies, so that the adolescents could continue with their education or find a job. Thus "parents were prepared to make considerable sacrifices and endure hardship to support the respondents (adolescents) in their desire and efforts to complete their formal education."

In the study of Modungwa et al., (2000:65-66), the sympathy of the respondents was motivated by their parenting role. Some of the respondents felt that the adolescents were ignorant on matters of reproductive health, thus the mothers had to give them direction and guidance, as one respondent said: "The mother is such a fool. You can't risk leaving the baby with her."

On the other hand, the sympathy of the mothers was a means of compensating the adolescents on their "syndrome of failure," (Ehlers, 2003:14). The sympathy of the respondents to the adolescents in spite of the problems involved was an indication that: Conflict is a "necessary part of relationship... and should be viewed as intense engagement, not separation and disconnection" (Kaplan in Owens et al., 2003:899).

Owens et al., (2003:899) further indicate that the maintenance of open sharing parent – adolescent relationships can serve not only as self-esteem builders for adolescents but also as methods of decreasing problems and risky behaviours by enhancing the dyadic relationship and communication patterns.

In this study the parents of the boyfriends expressed their sympathy in some cases to the mother or parents of the adolescents, even when the boyfriends denied the allegations of parenthood. Some of the parents were reported to have said:

"Yes, it seems that my son has done this action to the daughter of these parents, and if he agreed that he has done it, I would have no problem fellow parents, he would marry this girl. Now he is wavering."

"Madam as you remain in the home, keep watch because we realize that this our son is a murderer, he can come to kill." (The father of the boyfriend addressing the respondent).

Some of the community members expressed their sympathy in kind, when they realized the dilemma of the respondents, examples are:

"*I have only been able to bring her to the clinic because somebody gave me the money."*

"My neighbour ear-marked me that: go after her she is going on a special mission" (back street abortion)

Mngadi et al., (2003:142) comment that for adolescents, quality of care and support may be influenced by factors beyond the health facility, for example societal attitude. The quality of care and social support should be seen more broadly to include the home environment and community. The quality care and support should be expanded to include prevention of pregnancy.

3.2.3.1.8. Acceptance.

The Oxford Dictionary (1996:7) defines acceptance as a favourable reception or approval of something.

All the fourteen respondents in this study accepted their adolescents' pregnancy. The emotion of acceptance followed a series of negative experiences and problems, however with time the respondents accepted the situation, regardless of the consequences.

On most occasions the respondents accepted the situation before other members of the family. However in some cases, the spouses and relatives accepted before the respondents and worked on encouraging the respondents to accept. Some of the interview statements said:

"I reassured her and the family members reassured her."

"He (spouse) phoned me, and told me that truly when the child has offended us it has happened, she is our child, we should accept, we should cool our minds."

"My older daughter talked to me... I had to accept that it has happened, there's no way of turning back."

"Communication with the parents (of the boyfriend) was very good. They are good parents, they were not taking sides"

The parenting role motivated some of he respondents to accept the situation whereby their unmarried adolescents were pregnant. Modungwa et al., (2000:62) in their study indicate that the teenage mothers are usually unable to play the parenting role. The onus then falls on the mother of the teenage mother to take the parenting role.

The repondents' acceptance was motivated by their interest in the welfare of their adolescents, despite the prevailing circumstances. This is consistent with the findings of Lehana and van Rhyn (203:36) that: One can therefore say that success of the adolescent single parents depends entirely on the physical, mental, social and financial support of parents, grandparents or other relatives. If this support is not forthcoming, the associated problems increase dramatically.

Acceptance of the adolescents' pregnancies by the respondents was a natural remedy to themselves. In relation to the findings of Ehlers (2003:14), the grandmothers (mothers of the pregnant adolescents) suffer along with the adolescents and their children in the adverse health, social

and economic implications. The respondents' acceptance influenced the acceptance of rest of the family and the community, thus became a healing balm.

The emotional reactions of the parents (mothers in particular) reported in this study support the findings of earlier studies, that the mothers were upset, outraged and deeply disappointed. However the mothers took no decisive action to sanction the adolescents (Paskiewicz, 2001:33-38). The emotion of acceptance promoted good relatioship in many cases.

3.2.3.2. RELATIONSHIPS

Relationship is the state of being connected in thought or meaning (Oxford Dictionary, 1996):1062).

The respondents in this study experienced supportive and non-supportive relationships with various parties due to the pregnancy of their unmarried adolescents.

The relationships between the respondents and the adolescents were supportive in all the cases of this study. The emotions of the respondents started out negative and hostile, but their relationships remained connected.

The relationship between the respondents and their spouses also did not break, their emotions and perceptions on the pregnacy of the adolescents varied considerably, however on the whole they resigned and accepted the situation as indicated by these responses:

"The father of the adolescent indicated ... that if the boy has accepted her, then there's no problem."

"When the father responded he said... You should encourage her, tell her than even if the boyfriend may deny parentage of the baby... this is not the end of life."

"We wish to help her to go on... we keep talking to her ... we are able to discuss the prospects of her preparing to live with her male partner."

In some instances the support of the spouses was greatly severed because they could not accept the situation. One respondent reported this about her spouse: "He wanted to expel the adolescent from home or shoot her" However, the respondents always intervened either alone or with the support of family members, until the spouse softened and accepted.

Stevenson et al., (1999:109-118) reported that the results for bi-directional support with parents fit within the family systems perspective. Pregnant and parenting teens most frequently cite their mothers... as major sources of support... Some important sources of support that are less frequently mentioned, yet important ones, include the adolescents' fathers, siblings, grandmothers and boyfriends' family.

One respondent in this study experienced non support by her spouse. However her case was exceptional because their relationships were very poor even before the adolescent's pregnancy. The respondent's report about their relationship said: *"I don't even want to talk about him ... He is the person who is always scolding madam, talking a lot of things. Once he drinks beer he will go on scolding forever... madam I am just holding on, it is very bad."*

The relationsip of the respondents with the parents of the boyfriends remained supportive, even when the boyfriend denied parentage of the baby. One respondent reported the following: *"The boyfriend denies the parentage... His parents, the grandfather left me with these words: madam, as you remain in the home keep watch, because we realize that this son of ours is a murderer, he can come to kill, so we leave as our observer in this home."*

According to Miller (2002:25), parents' values of their teenagers to avoid pregnancy (either through sexual abstinence or though contraceptive use) are most effectively transmitted when parents have a close relationship (connectedness) with their children.

The relationship with the community was both supportive and non-supportive. The respondent mentioned that some neighbours sympathized with her while others were mocking her. Modungwa et al., (2000:67) indicate that supportive neighbours could in turn become an added burden.

3.2.3.3. PHYSICAL/SOCIAL PROBLEMS

As indicated by Ehlers, (2003:14) the consequences of adolescent pregnancies imply adverse health, social and economic implications for the mothers and their children – and usually for the grandmothers as well.
The physical and or social problems encountered by the respondents in their study were: financial distress, stigma and physical symptoms.

The respondents who reported financial distress mentioned the following:
"However her father accepted, but with great bitterness and said: surely as for that school and his money! He has wasted his money by taking her to school."

"I took her to a doctor at the time of four months; and that involved money."
"My problem is that I don't have money for her to attend the clinic properly ... I cannot afford to find her the necessities of her state." These experiences are consistent with the findings of Modungwa et al. (2000:65), Lehana and van Rhyn, (2003:36) and Ehlers (2003:14).

The respondents who experienced stigma reported the following:

"Some will come and start gossiping saying: Ah, such a young child!"

"As I look at my neighbours, there are some who say that it serves me right because I talk too much. However... I know that I talk just like any person can talk."

"However another part of my neighbours mock me, saying that I am too ambitious, thus I reap the fruits thereof. However, I am comforted amidst this difficulty."

The Oxford Dictionary (1996:1261) defined stigma as a mark of shame or disgrace; shameful feeling or reputation.

According to Herrick , Pearcey and Ross, (1997:21-32) stigma has a demoralizing effect on its victims, leaving them feeling out of control and dependent. A person who is devalued and dehumanized can become powerless.

In this study, as in the study of Ntswane-Lebang (2002:114), these mothers did not feel isolated or entrapped from the stigma, this is indicated in their interview extracts above.

The physical symptoms experienced by the respondents varied from sleeplessness, body pains, forgetfulness and fatigue. Physical distress in this study is consistent with the findings of other studies like (Modungwa et al, 2003:36).

Some of the respondents in this study shared the following experiences:

"I could not sleep at night."

"I was forgetful, I forgot my errands at work."

"even now, my body still feels painful."

3.2.3.4. RELIGION

In the Oxford Dictionary (1996:1064), religion is defined as a particular system of faith and worship, based on a belief in the existence of a god or gods.

In this study some of the respondents expressed their faith in God, to help them through their problems. In some instances the respondents prayed to God to give them the wisdom to handle the issue of the adolescent's pregnancy wisely. Some of their statements read:

"*I was afraid to tell father ... after asking for help from God, I told him, as the parent...*"

"Then when I write to tell the father, I should pray, God is the one who will make things easy for me."

Thus the respondents' religion became their form of support when the going was tough. However, one respondent mentioned that she failed to get support from religion initially. She mentioned that:

"I am the type of person who at my house, we make morning prayers and evening prayers, but it was so difficult, I was so miserable I could not even pray."

The religious community was both supportive and non-supportive as indicated below:

"So you can see that parents are troubled within the families. So parents let us pray for one another, because it appears that we are facing a big problem."

"What I want to talk is to encourage mothers.. This matter will not affect you if you pray, because it will affect you initially, but after kneeling in prayers you will feel relieved, then sing a hymn, it discards the painful blood from your heart."

In one instance the church (religious community) of the respondent was not supportive to the respondent, they sanctioned her. The respondent mentioned thus:

"It is as if the fault is mine according to the running of our shurch, whereas I thought it is the child's fault, yet it appears are both guilty."

The researcher was unable to find literature on religion regarding this study, except for the study of Tarris & Semin (1997:36), whereby they mentioned that, sexual behaviour in general is deeply embedded in socio-religious institutions like love and marriage... This implies that the issue of

adolescent sexual attitudes and behaviours transcend the personal level, and they can be judged in the moral (and ill-defined) terms of good and evil."

In this study the experiences of the mothers of pregnant unmarried adolescents were consistent with the findings of Tarris & Semin (1997:36), as they went through negative and positive emotions, which "can be judged in the moral (and ill defined) terms of good and evil"

3.3. FIELD NOTES.

In addition to individual interviews, field notes were also used in the collection of data. The researcher used field notes as a system of remembering the observation made during the interviews, so that they could be retrieved and analysed.

Field notes appear in four sub-headings, namely: observational notes, theoretical notes, methodological notes and personal notes. These will be addressed individually.

3.3.1. Observational notes.

According to Wilson (1989:343), observational notes are descriptions of events experienced through watching and listening. They contain the who, what, where and how of a situation and contain as little interpretation as possible.

The observations made in this study will be noted here. Emmanuel Health Centre operates by supermarket approach – this means that all services are offered on daily basis, there are no special days for certain services. Therefore antenatal clinics were held daily, irrespective of whether they were first attendance or follow up visits.

The pregnant unmarried adolescents were always accompanied by an adult female when they came to the clinic for the first time. The adult female would be the mother of the adolescent or some other relative. However when those adolescents were attending the clinic on subsequent visits they often came alone, however could still be accompanied.

The staff members were very supportive and cooperative. They helped in identifying the adolescents whose mothers would be prospective respondents. They also controlled the flow of patients and their services, in order to minimize noise and interfering with the interviews.

Some respondents were rather hesistant to talk at the beginning of the interviews. However the conducive atmosphere in the interview room helped them to relax and talk freely. Most respondents preferred to have the interviews conducted at the Health Centre, than at home.

The respondents whose adolescents in question were in the lowest age group, that is 16 years, were more emotional than other respondents. (The ages of the adolescents ranged between 16 and 20 years). The respondent

whose age group ranged between 31 and 40 years also reacted more bitterly to their adolescents' pregnancy than the older respondents.

3.3.2. Theoretical notes.

Theoretical notes are purposeful attempts to derive meaning from observational notes (Wilson, 1989:435). Here the field worker interpretes, infers, conjectures and hypothesizes to build an analytic scheme.

Accompaniment is a trend in the Sesotho culture, hence the pregnant adolescents were accompanied for moral support, also for the adult – figure to get first hand information about the welfare of the adolescent from the health care providers.

After the interview the respondents conveyed their appreciation and thanks to the health workers for their concern about their problems. The respondents expressed their wish for some intervention on the crisis of teenage pregnancy. Some respondents expressed that their spouses need professional motivation and support in relation to this crisis. Some of the spouses threatened physical abuse of the adolescents and the respondents.

3.3.3. Methodological notes.

These are instruction to onself, critiques of one's tactics, and reminders about methodological approaches that might be fruitful (Wilson, 1989:435).

The researcher had a meeting with the staff members of the Health Centre. This was positive because the staff members helped in identifying the adolescents especially in the absence of the researcher.

The reseacher built rapport with the subjects by having some casual interaction with them before the days of the interviews. So when the interview time came, the respondents were able to relax and tell their stories. On the day of the interview the researcher gave the respondents first priority in the day's schedule, so that they would be free to return home as soon as possible, particularly because some of them had to walk long distances or catch a bus. The researcher provided for the expenses of the visit.

The researcher remained responsible for making sure that the interview focused on the core question. The researcher used communication skills as indicated before. Each respondent was thanked at the end of the interview, and their physical location was confirmed, in case a repeat interview was necessary.

3.3.4. Personal notes.

Wilson (1989:435) describes personal notes as notes about one's own reactions, reflections and experiences. He maintains that field work relies on the investigator's ability to "take the role of the other" and be introspective.

The researcher felt very sad about the lack of professional support to the mothers of pregnant unmarried adolescents, whereas they are the primary

caregivers. The researcher has served in this community for eight years, thus felt personally indebted to this community on this omission. Thus the researcher wishes to take this academic exercise as an eye opener, towards establishing some kind of support – services for this target group, through the proper channels.

3.4. CONCLUSION

Data presentation and literature control have been discussed in this chapter. In the next chapter the findings of this study, the limitations, the recommendations and the conclusion will be addressed.

CHAPTER 4

DISCUSSION, CONCULSION, STUDY LIMITATIONS AND RECOMMENDATIONS.

4.1. INTRODUCTION.

Data presentation and literature control have been discussed in Chapter 3. In this chapter, the findings of the research will be discussed, conclusions made, study limitations discussed and recommendations will be made.

4.2. DISCUSSION OF THE FINDINGS.

The mothers of pregnant unmarried adolescents had to share the experiences of teenage pregnancy with their adolescents. The change in role came suddenly and unexpectedly for the mothers as the adolescents were in many cases minors who were attending school. The mothers thus had to re-organise their responsibilities from caring for a student or scholar to caring for a pregnant adolescent and preparing to support a teenage mother. The problem of teen pregnancy and parenting is reported in many countries. This report is consistent with the situation in Lesotho, in spite of the fact that "pregnancy outside marriage is regarded as antisocial in Lesotho and carries stigma" (Lehana & Van Rhyn, 2003:27).

The mothers of the pregnant unmarried adolescents had to provide material and social support to these adolescents, in spite of the generally low socio-economic status of the country as a whole. The mothers had to struggle

against all odds to be able to meet the needs of the adolescents and their expected babies. However, studies have indicated a relationship between parenting of young children and stress (Lehana and Van Rhyn, 2003:35-36; Modungwa et al., 2000:63)

One can therefore say that the success of adolescent single parents depends entirely on the physical, mental, social and financial support of parents, grandmothers and other relatives. If this support is not forthcoming, the associated problems increase dramatically. In the study of Lehana and Van Rhyn (2003:36), the pregnant adolescents perceived support from their mothers as having an important impact on their pregnancy. The positive and supportive relationship of the mothers towards their unmarried pregnant adolescents helped to decrease depression and anxiety among the adolescents concerned. On the other hand the same supportive and positive relationship had a stress – buffering effect on the mothers themselves, thus a reciprocal exchange of support between adolescent mothers and their parents was achieved. The pregnant and parenting adolescents became active support providers rather than merely passive recipients of support (Stevenson et al., 1999:111). As a result respondents in this study were able to handle their stress.

Some of the respondents in this study indicated that they wanted to send their adolescents back to school after their babies were born, regardless of whether they would get married or not. The finding here was the

determination of the mothers to boost the self-esteem of the adolescents in spite of the prevailing circumstances. The mothers wanted to alleviate the adolescents' "syndrome of failure" to remain in school (Ehlers, 2003:14). Education per se has been found to play a significant role in influencing the well-being of adolescent mothers. It has been found that black adolescent mothers with at least a high school diploma have in average fewer psychological distress symptoms, fewer symptoms of depression and higher self-esteem scores than adolescent mothers with few years of formal education (Lehana and Van Rhyn 2003:36; Parekh and De la Rey, 1997:228).

When the respondents discovered that their unmarried adolescents were pregnant, they reacted with various negative emotions, such as hurt, anger, anxiety and disappointment. The respondents also experienced the negative emotions and relationships from their spouses, relatives and community, even from parents of the boyfriends of the adolescents. However the respondents worked through their emotions and weathered all the storms coming from their spouses, family members and all others, thus they accepted the situation, and supported the adolescents mothers to be. The motivation behind their acceptance was the notion that parenting is "Doing One's Duty." They accepted that they were primary caregivers to all their children, including the pregnant unmarried adolescents. They realized that they would have to help the adolescents to be healthy and to have healthy babies. They also realized they would have to take over the parenting role if

the adolescents were to return to school or find a job. The mothers also appreciated the fact that the adolescents were deficient in parenting skills, thus they would need their guidance (Modunwga 2000:65-66; Ungar 2004:23-24).

The reactions of some of the spouses of the respondents became very negative. The spouses blamed the mothers for the adolescents' pregnancy. The spouses reacted by being angry with the mothers and the adolescents. In some cases the spouses (or fathers of the adolescent) threatened to expel the adolescents from home. One spouse threatened to shoot the adolescent, while another spouse threatened to beat the repondent. In all these situations the mothers of the adolescents, had to intervene in one way or another. As mentioned earlier, pregnancy outside marriage is anti-social in Lesotho. The structure and pattern of Basotho families is such that traces their lineage through men, it's patrilineal. Belonging to a family is important in a different way to men than it is for women in the Sesotho culture. For men, observance and adherence to rituals confirm their membership and family name (surname), which for them is permanent and unchanging (Lehana and Van Rhyn, 2003:37). Therefore when adolescents get pregnant outside marriage, they actually violate the family lineage and bring stigma into the family, therefore the head of the household who is the adolescent's father feels insulted. Traditionally a child born outside marriage belongs to the parents of the girl. Normally a girl is expected to marry and assume the membership of her husband's family. The membership of a girl is not

permanent in her natal family in the Sesotho culture (Lehana and Van Rhyn, 2003:37; Letuka, Mamashela, Matashane – Marite, Morolong & Motebang, 1998:49-50; MOHSW/UNFPA, 994:27). Then when things divert from the expectation and norms the men often blame the women or their wives.

The mothers of the pregnant unmarried adolescents face a different problem when the boyfriend of the adolescent denies parentage of the baby. Traditionally a child born under such circumstances belongs to the parents of the girl. This can however cause problems for both the mother and the child.

For men, the observance and adherence to rituals confirms their position in the hierarchy in the family lineage. Thus their sons in turn will assume their position of the hierarchy in the family name, status and position through their fathers. Therefore when an unmarried woman bears a son, the position of such a child is uncertain, as membership to a family is usually through men rather than through women. Under normal circumstances the women as the primary caregivers are supposed to stay home looking after the children, while the men go out working, to generate income for the family. Then the mothers should among other things teach the children about the family heirachy and lineage. "The feeling was that parents (especially mothers) fail to make time for their children or feel intimidated by the subject" The mothers feel intimidated to tell their children about "facts of life," which will include mentioning that a particular son was born to a single mother thus "does not belong." (Kimane et al. 1999:102; Lehana 2000:121).

The mothers of the pregnant adolescent also lost contact with their children through the aspect of rural/urban migration, some of the mothers had to part with the children at a very young age. Some of the adolescents were removed from the care of their mothers at a very tender age, in order to attend school in towns where the standard of eduction is supposed to be better, along with other living conditions. Modernisation and urbanization have separated the youth from the elders, who were once responsible for conveying information on sexuality. In the absence of these elders, peers and mass media became the primary source of sexual knowledge for the adolescents. The results of Lehana's study confirmed the need for counseling and family life education in schools and homes (Lehana, 2000:121).

The respondents indicated their predicament in that in their culture and society it is anti-social for an unmarried adolescent to become pregnant. However it is also unacceptable for single adolescents to use contraceptives or to be sexually active as that gets attributed to immorality. Also, the respondents indicated that they feel intimidated to talk to the youth and adolescents about reproductive health. The generation gap and the modern technology make the mothers and parents as a whole to feel inadequate in handling this matter, thus weakening the traditional value systems (Lehana 2000:121; MOHSW/WHO/UNFPA, 1994:14).

The findings of the study revealed that the mothers knew the adolescent's pregnancy by observing the condition themselves, being informed by neighbours or being informed at the Health Centre by the Health care providers. The reaction of the mothers to the information varied greatly, they were angry, hurt, worried and disaapointed among others. All the respondents had negative experiences initially, however over time their emotions and relationships to the adolescents' pregnancy changed to positive emotions and supportive relationships.

Besides suffering a series of negative emotins over extended and various periods of time, the respondents also suffered physical and social problems such as body aches, sleeplessness, financial expenses and shortages, along with social discriminations. The respondents experienced social discrimination to some extend, from neighbours in the community and from the religious community such as churches. Some of the spouses stood with their wives and supported them, even when the side of the boyfriend of the adolesent was being difficult.

There was comfort and consolation when the two sides reached an agreement and marriage plans were proposed. The option of marriage was accepted even when the adolescents were young in age, and not even employed.

These findings indicate that the mothers of pregnant unmarried adolescents suffered much psychological trauma, accompanied by physical problems, both within the family circle and in the community. However some of the mothers got good support throughout the whole ordeal, from within the families and in the community.

4.3. LIMITATION OF THE STUDY

- This study was conducted in the language of Sesotho, thereafter the information was transcribed verbatim to English. The translation process could easily fail to convey the message of the respondents precisely.
- The study was confined to the community served by the Emmanuel Health Centre only. The prospective subjects who were not served by the particular Health Centre were excluded.

4.4. RECOMMENDATIONS

4.4.1. Counselling sessions for the mothers

- Mothers as the primary caregivers in the homes need constant counseling sessions, to help them to carry their loads, since special issues like adolescent pregnancy place an additional burden on them.
- Mothers should be empowered with information on reproductive health, so that they may feel competent to discuss it with the adolescents.
- Mothers should encourage the pregnant adolescents to attend antenatal clinics regularly, in order to promote the well being of the adolescents and the unborn babies.

4.4.2. Support groups for mothers and adolescents

- Mothers with similar problems may be encouraged to form support groups to boost their self-esteem.
- Adolescents may be taught life skills that can occupy their free time effectively, thus avoid teenage sexual practice.
- A variety of recreation activites provided for the adolescents could help them to occupy their free time profitably.

4.4.3. Counselling Seminars for the fathers (husbands)

- Some of the respondents suggested that their husbands should be counseled, in order to be able to share family problems with them.

4.4.4. Family life education in homes and schools should be monitored and strengthened.

- Programs on sex education should be given to children in their early years of life. Information should be simple and precise.

4.5. CONCLUSION

The respondents in this study were mothers of pregnant, unmarried adolescents in a community, in Lesotho. The respondents were requested to describe their experiences in living with pregnant unmarried adolescents, to share both the positive and the negative experiences. They were also allowed to describe the meanings that those experiences had for them.

The respondents were fourteen mothers whose age ranged from 31 to 70 years. The ages of their adolescents were from 11 to 20 years. Individual phenomenological interviews were conducted.

The purpose of this study was to:

- explore and describe the experiences of the mothers of pregnant unmareid adolescents, towards their first pregnancy.
- formulate appropriate guidelines for supporting the mothers of the pregnant unmarried adolescents, depending on the above findings.

Therefore these findings challenge the health services to derive and formulate guidelines in order to:

- Support the mothers of pregnant unmarried adolescents, so that they may be able to cope well in supporting the adolescents
- Support families in distress due to the moral life of their adolescents
- Improve the health of the adolescents mentally and physically.
- Establish forums for providing continuing education on family life.

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ANNEXURE A

ETHICS COMMITTEE'S APPROVAL LETTER

UNIVERSITEIT VAN DIE VRYSTAAT
UNIVERSITY OF THE FREE STATE
YUNIVESITHI YA FREISTATA

Direkteur: Fakulteitsadministrasie / Director: Faculty Administration
Fakulteit Gesondheidswetenskappe / Faculty of Health Sciences

Research Division
Internal Post Box G40
☎(051) 4053654

E-mail address: gndkhs.md@mail.uovs.ac.za

Mrs H Strauss

2003-10-22

MS MK MATELA
C/O DR WJC VAN RHYN
SCHOOL OF NURSING
UFS

ETOVS NR 177/03
RESEARCHER: MS MK MATELA
PROJECT TITLE: "EXPERIENCES OF MOTHERS OF PREGNANT UNMARRIED ADOLESCENTS IN A COMMUNITY IN LESOTHO".

You are hereby informed that the above-mentioned study has been approved by the Ethics Committee during their meeting held on 21 October 2003.

Your attention is kindly drawn to the following:

- A progress/final report have to be submitted after completion of the study or within a year after approval of the project
- That all extentions, amendments, serious adverse events, termination of a study etc have to be reported to the Ethics Committee
- Approval have to be obtained for studies from the Ethics Committee and the MCC prior to commencement.
- These documents have been accepted as complying with the Ethics Standards for Clinical Research based on FDA, ICH GCP and Declaration of Helsinki guidelines as well as the Clinical Trials Guidelines 2000: Dept of Health RSA.

Will you please quote the Etovs number as indicated above in subsequent correspondence, reports and enquiries.

Yours faithfully

For DIRECTOR: MEDICINE ADMINISTRATION

339 Bloemfontein 9300, ☎ (051) 405 3013, 401 2847, (051) 444 3103, gndklt@med.uovs.ac.za
Republiek van Suid-Afrika, Republic of South Africa

ANNEXURE B

REQUEST TO THE MINISTRY OF HEALTH FOR CONDUCTING RESEARCH

P O Box 30
Emmanuel Mission 0309
Lesotho

10 December 2003

The Director of Health Services
Ministry of Health
P O Box 514
Maseru, 100
LESOTHO

Dear Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Am hereby making a request to conduct research in the community served by Emmanuel Health Center, in Leribe. The research topic is entitled "Experiences of mothers of pregnant unmarried adolescents in a community, in Lesotho".
I am studying at the University of the Free State, for a Master's Degree in Nursing Science. This research will be conducted in fulfilment of the mentioned degree.

The research proposal has been approved by the Ethics committee of the Faculty of the Health Sciences of the mentioned University.
A copy of the research proposal is enclosed.

Sincerely

.....

'M'ATLHABELI KANANELO MATELA

ANNEXURE C

REQUEST TO CHAL FOR CONDUCTING RESEARCH

P O Box 30
Emmanuel Mission 0309
Lesotho

10 December 2003

The Executive Secretary
CHAL
P O Box 1632
Maseru, 100
LESOTHO

Dear Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Am hereby making a request to conduct research in the community served by Emmanuel Health Center, in Leribe. The research topic is entitled "Experiences of mothers of pregnant unmarried adolescents in a community, in Lesotho".
I am studying at the University of the Free State, for a Master's Degree in Nursing Science. This research will be conducted in fulfilment of the mentioned degree.

The research proposal has been approved by the Ethics committee of the Faculty of the Health Sciences of the mentioned University.
A copy of the research proposal is enclosed.

Sincerely

.....

'M'ATLHABELI KANANELO MATELA

ANNEXURE D

APPROVAL LETTER FROM THE MINISTRY OF HEALTH THROUGH THE FAMILY HEALTH DIVISION

MEMO

RECEIVED DATE STAMP

FROM : **DIRECTOR GENERAL OF HEALTH SERVICES (a.i)**

TO : **DISTRICT MEDICAL OFFICER IN LERIBE AND BUTHA-BUTHE**

REF. No. : **H/PROJ/38**

SIGNED :.....

NAME : **DR. C. T. MOOROSI**

DATE : **18 JUNE 2004**

RE : PERMISSION TO 'MATLHABELI K. MATELA TO CONDUCT RESEARCH IN LERIBE

The Ministry of Health and Social Welfare through Family Health Division has received a request from Mrs. Matlhabeli K. Matela who is studying at the University of Free State for her Masters' Degree in Nursing Science.

Mrs. Matlhabeli Matela has requested to be granted permission to conduct the study titled **Experiences of Mothers of Pregnant Unmarried Adolescents in a Community in Lesotho.** Her study area is the community served by Emmanual Health Center Leribe.

Therefore, may we inform you that we (The Ministry of Health and Social Welfare) have granted her to conduct the above mentioned study which is attached. Also may we request you to allow her to undertake research and we hope that the study results will benefit the Adolescent Health Programme within Family Health Division.

Your cooperation will be highly appreciated.

ANNEXURE E

APPROVAL LETTER FROM CHAL

CHAL

CHRISTIAN HEALTH ASSOCIATION OF LESOTHO

TELEPHONE: 312500 FAX: 310314 E-mail: Chal@lesoff.co.za
P.O. BOX 1632
MASERU 100, LESOTHO (SOUTHERN AFRICA)

19 January 19, 2004

The Medical Superintendent
Maluti Hospital

Dear Dr Hurlow,
Re: PERMISSION TO CONDUCT RESEARCH

We are submitting a self-explanatory request from Mrs Matela as referenced here above
To you and to the Research Office of the Ministry of Health and Social Welfare
For your consideration and further communication with the applicant .

Sincerely ,

G.P. Nchee
EXECUTIVE SECRETARY

Cc - M .K .Matela.

Ecl. Proposal document.

ANNEXURE F

APPLICATION FOR A CO-CODER

P O Box 30
Emmanuel Mission 0309
Lesotho

24 July 2004

Ms T.V. Lehana
National Health Training College
Maseru, 100
LESOTHO

Dear Madam

RE: APPLICATION FOR A CO-ORDER

This letter is a follow up of our discussion.
This is a formal request to you, to be the independent co-order for my research. I will send you the transcripts of the in-depth interviews that I conducted, along with the protocol for data analysis.

Both you and I will do the data analysis independently. When we have finished, we shall set a time to get together to compare the results and reach a consensus on the findings.

A copy of the protocol for data analysis is enclosed.

Sincerely

.....

'M'ATLHABELI KANANELO MATELA

ANNEXURE G

PROTOCOL FOR DATA ANALYSIS

PROTOCOL FOR DATA ANALYSIS

1. Get a sense of the whole. Read through all of the transcriptions carefully. Perhaps jot down some ideas as they come to mind.

2. Pick one document (one interview) – the most interesting, the shortest, the one on the top of the pile. Go through it, asking yourself, What is this about? Do not think about the "substance" of the information, but rather its underlying meaning. Write thoughts in the margin.

3. When you have completed this task for several informants, make a list of all topics. Cluster together similar topics. Form these topics into columns that might be arrayed as major topics, unique topics, and leftovers.

4. Now take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try out this preliminary organizing scheme to see whether new categories and codes emerge.

5. Find the most descriptive wording for your topics and turn them into categories. Look for reducing your total list of categories by grouping topics that relate to each other. Perhaps draw lines between your categories to show interrelationships.

6. Make a final decision on the abbreviation for each category and alphabetize these codes.

7. Assemble the data material belonging to each category in one place and perform a preliminary analysis.

8. If necessary, recode your existing data.

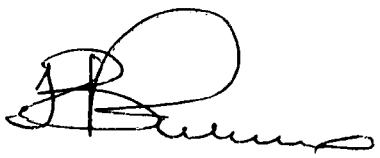
ANNEXURE H

CONFIRMATION OF THE EDITORS

EDITINGS : December 2004

This research on "Experiences of mothers of pregnant unmarried adolescents in a community, in Lesotho, has been edited by Nurse Educator Pulumo and Nurse Educator Lelosa.

SIGNED



F.T. PULUMO

SIGNED

Katleho Sharon Lelosa

K. S. LELOSA

ANNEXURE I

INDIVIDUAL INTERVIEWS CONSENT FORM – ENGLISH (AND SESOTHO)

INDIVIDUAL INTERVIEWS CONSENT FORM

STUDY TITLE: Experience of mothers of pregnant unmarried adolescents in a community in Lesotho.

RESEARCHER: M.K. MATELA (M. Soc. Sc. Nursing Student)

Mrs Matela is a student at the University of Free State. She is studying the experiences that the mothers of pregnant unmarried adolescents go through, due to the pregnancy of their adolescents. Through the findings of this study, and other similar studies, important guidelines will be developed, that will support the mothers of pregnant unmarried adolescents, so that they will be able to support their pregnant unmarried adolescents to become healthy mothers with healthy babies.

This study has the approval of the following bodies:

- The Ethics Committee of the Faculty of Health Sciences of the University of the Free State.
- The Director of the Ministry of Health and Social Welfare of Lesotho
- The Director of the Christian Health Association Lesotho
- The Principal Chief of Leribe

You are requested to participate in the study by sharing your experiences related to the pregnancy of your unmarried adolescent. You will be responding to an interview that will take about 60 minutes. Your participation will be voluntary; therefore you should not feel compelled to respond. You have the right to refuse to participate or to withdraw from the study at any time.

The interviews will be recorded to make the transcription thereof possible. The tapes will only be available to the researcher and her supervisor. No names will be attached to the tapes and the tapes will be kept safe. As soon as the results of the study are available, the tapes will be destroyed.

The study will not harm you or your adolescent in any way. Your identity will not be revealed. The antenatal services of your adolescent will not be affected by this study in any way. The information collected will only be available to authorized people.

If you have questions or need clarification concerning this research, please contact Mrs Matela by phone at 27000714 between 8 am & 5 pm during the week, or 58736023 anytime, or leave your message at Emmanuel Health Centre for Mrs Matela to contact you.

I have read this consent form and I voluntarily consent to participate in this study.

SUBJECT'S SIGNATURE.....DATE.....

I have explained this study to the above subject, thus she has given informed consent.

RESEARCHER'S SIGNATURE.....DATE.....

ANNEXURE J

BOPAKI BA HO HUMELA HO KENA LIPHUPUTSONG

BOPAKI BA HO LUMELA HO KENA LIPHUPUTSONG

SEHLOOHO SA LIPHUPUTSO: Maiphihlelo a bo 'Me' bao barali ba bona ba sa nyaloang e leng bakhachane.

MOITHUTI OA LIPHUPUTSO: 'ME' 'MATLHABELI KANANELO MATELA
(Lengolong la Mso.. Sc Mooki).

'M'e Matela ke moithuti oa Yunivesithi ea Free State. 'M'e Matela o etsa liphuputso ka maiphihlelo a bo – 'M'e bao barali ba bona ba sa nyaloang e leng bakhachane. Ka lebaka la maikutlo a tla hlahisoa liphuputsong tsena, ho ka thehoa meralo e molemo, e ka khothatsang bo – 'M'e hore ba hlokomele barali ba bona ba sa nyaloang, bao e leng bakhachane, e le hore ba tle ba phele hantle, le masea a tle a phele hantle.

Liphuputso tsena li lumelletsoe ke mafapha ana:

- Yunivesithi ea Free State
- Mookameli oa lekala la Bophelo, Lesotho
- Mookameli oa CHAL, Lesoth
- Morena oa Sehlooho, Leribe

U kopuoa ho ba le kabelo liphuputsong tsena, ka hore u fane ka maiphihlelo a hau, malebana le bokhachane ba morali oa hau ea sa nyaloang. Karolo ea hau e tla ba ho araba lipotso tse seng kae. U na le bolokolohi ba ho lumela kapa ho hana ho kena Liphuputsong tsena. Hape u na le bolokolohi ba ho tsoa liphuputsong tsena neng kappa neng.

Lipuisano tseo li tla hatisoa lebanteng la mantsoe, e le ho thusa hore litaba tseo li tle li ngoloe fats'e kaofela. Mabanta ao a tla mameloa ke moithuti oa liphuputso le mosuoe oa hae feela. Mabanta ha a na ho ngoloa mabitso a batho ebile a tla bolokoa ka thata. Ha sephetho sa liphuputso se phethahetse, mabanta ao a tla chesoa.

Lebitso la hau le tla sereletseha, ha le na ho hlalosoa. Morali oa hau le eena o tla sireletseha. Liphuputso tsena li keke tsa kena-kenana le bophelo ba hae ho hang. Le lits'ebeletso tsa bophelo li tla tsoela pele ho se ts'itiso. Litaba tseo u tlang ho fana ka tsona, li tla tsejoa ke baetapele ba boletsoeng feela. Ha u lumela, bont'sa ka ho ngola lebitso la hau ka tlaase.

Haeba u hloka ho hlalosetsoa ho hong kapa ho botsa malebana le liphuputso tsena, u ka letsa mohala nomorong ea 27000714 har'a veke, ho tloha ka 8:00 hoseng ho isa 5:00 mantsiboea, kapa 58736023 ka nako efe kapa, u batle 'M'e Matela. Ho feta moo u ka siea molaetsa Emmanuel Health Centre, hore 'M'e Matela a kopane le uena.

Ke balile litlhaloso tsena, 'me ke ikhethela ho ba le kabelo liphuputsong tsena.

LEBITSO:.....LETSATSI:.....

Ke le moithuti oa liphuputso, ke hlaloselitse motsoali ka liphuputso tsena, 'me o lumela hobane a tseba litaba tsena.

LEBITSO:.....LETSATSI:.....

ANNEXURE K

INTERVIEW NO 1 TRANSCRIPT

RESEARCH INTERVIEW

RESEARCHER : M.K. MATELA STUDENT NO. 2001041645
RESPONDENT : MOTHER OF A 16 YEAR OLD ADOLESCENT
TOPIC : EXPERIENCES OF MOTHER OF PREGNANT UNMARRIED UNMARRIED ADOLESCENTS IN A COMMUNITY IN LESOTHO

RESEARCHER : Hello madam!
RESPONDENT : Hello madam.
RESEARCHER : How are you today?
RESPONDENT : I am well, how about you mam?
RESEARCHER : I am well, thank you. As I have requested. I have come for the interview. Please tell me in detail about the experiences that you went through because of the pregnancy of your daughter. How did you feel from the time when you first realized that she is pregnant, up to now?

RESPONDENT :
Oh, you know madam, I realized this child when she was already four months pregnant, as our children get somewhat scared, they hide. You see the first thing is that she is young, she was scared. Fortunately I realized her when she was four months, and she is a very young child, she is sixteen years old, she is still at school, she is writing form five. This matter hurt me very much as her mother, who like some Basotho women, it is a common

thing that we stay at home with the children, while the fathers have gone to work, and only come home after a long time, as they work in the mines.

I was afraid to tell the father, what would he say, could I have been looking after the child well, or could it have been my carelessness? However since he is the parent of the child, I had to tell him the news, after asking for help from God. I told him, as the parent, so that he could bring forth his opinion, the common one that the father will look upon you as the mother as to whether you have been looking after the child well, what actually happened? But I decided to inform him, so that we could look for the source of the child's problem.

Now I found it to be time consuming, as we tried to find who would this child point at. Would the boy accept, or would she point at somebody's husband (voice raised), who would this young child point out? Madam it was trouble, I really was in trouble. I started to feel that my mind was working hard, too fast. However, fortunately the boy did not deny, she pointed out a boy and he agreed. So, that small part became better.

As I mentioned this child is still at school, she will be writing form five, she was a hard working student. I had a problem of how to present her matter to the teachers, what am I going to say? Again I asked for strength from God, I explained to her teachers. It was a painful thing to me as the parent and to the Principal for she had to leave school, she could not attend day classes in that condition, it is the rule of the school, she could attend evening classes.

They said (the teachers): We thank you mam, we wish for parents like you, we feel they act appropriately. We should not notice the child ourselves, because when we discover this ourselves, she may loose certain benefits at the school.

I thanked God for this. She started afresh and went on. However (sigh), as the things were, some of the teachers were impatient, and I realized that they were not treating her well. However, God helped her to continue. I said to her: "My child they trusted you, now their hearts are broken." Now when I saw the female teachers doing this, while the male teachers were giving encouragement, this matter depressed me very much really.

I have encouraged the child, she is going on. Particularly, when her time to have the baby will be in the month of November, the very month when they will be writing examinations. However I am thinking that as it is the first pregnancy, maybe she will have the baby when the month of November meets the month of December, but this is just my wish as the parent. She is going on well.

RESEARCHER:
Thank you mam. You mentioned asking for help from God, can you say more on that?

RESPONDENT:
I am a mother who attends a church that is somewhat despised, I am a born-again Christian I should say so, I am not hiding it. I expected that in my household something like this would not happen madam. Though it may

happen anywhere. So this situation of my child does not please me, and my leadership in the church is affected. It's as if I am not shepherding well (voice raised), do I teach children about the word of God? These things affect us all madam (stressing tone) through our young children, they do these kind of things and you as the parent get affected.

They have caused me nerves and many diseases (voice raised). Sometimes I even think that I am suffering from diabetes or other difficult diseases, but when I get to a doctor I find that I don't have any of them, it is just because I worry too much about the condition of this young girl. This is the problem that I have.

RESEARCHER:
Yes madam, could this be affecting your stance in the church?

RESPONDENT:
Yes, it really affected me, I felt very discouraged. I realized that perhaps even some of the services that were entrusted to me to perform, I realized that at times I could not carry them out (voice raised very high) according to my leader.

It is as if the fault is mine according to the running of our church, whereas I thought it is the child's fault, yet it appears we are both guilty.

RESEARCHER:
I hear what you say mam. You mentioned informing the father, can you say more on that?

RESPONDENT:

He was very angry with me, saying that it is my fault, I did not raise up the child well, I let her loose. However she has never been a troublesome child, she has been a good child. However (sigh), the father is the father, he was angry with me. This made the child afraid, I realized that she could think (voice raised) of doing something, maybe she would run away. I reassured her and the family members reassured her. I got a lot of support from the family members. My husband's mind softened as some of the family members counseled him, he accepted that the matter should be resolved by the way of marriage. They (the boy's family) agreed that we should marry the children, and all else would follow.

RESEARCHER:

Yes madam, so you got some relief from the decision of allowing the children to marry?

RESPONDENT:

Yes, in terms of shame it relieved but not so much. For such a young child, who was working hard at school, I had anticipated that my child would reach a certain level, may be she would end up getting into NUL (National University of Lesotho), she was studying hard.

It is true regarding disappointment in many aspects, now I realize that as I like to raise up children to the fear and love of God, I feel wrapped up in shame.

Yes truly, I feel somewhat better, when they (the boy's family) are taking the responsibility, not that I would be unable to take care of my child, but for the sake of the damage they have caused to my precious vessel. I think that it will feel better mam, because maybe if I would continue to see her in my household, maybe I would feel more hurt than I feel right now.

Going back a little, as they (the boy's family) have accepted us, and promised to take her, that part somewhat relieved my mind. However another point was how would such a young person deliver a baby. I started again as the parent to be deeply touched, now I am worried. Yes indeed (voice raised) they are taking her, but I have never spoken to her about marriage matters. Ah (voice shakes), I am not satisfied (voices breaks), that since I am the parent I should have prepared her, I should have discussed with her that one day she will get to another mother, and it may be like this and like that. However mam, as the affairs of our children happen, I have to release her, as those people (the boy's family) have accepted the damage. Also because as I look around in the neighbourhood there are two groups. Some will come and start gossiping saying: Ah, such a young child! Then you will find these people looking at you differently, then you also start to feel ashamed to see that your child is really in that state. Other people will encourage you like this: No madam, truly this is happening a lot these days. Really (emphasizing tone), this matter hurt me very much, I felt greatly discouraged.

As I recall, I took her to a doctor at that time of four months, and that involved money, I did not know what was happening. Now perhaps the doctor could not really be aware, as she was complaining of feeling cold,

perhaps the doctor might not think that she could be pregnant, especially because it was winter time. Yet it seems she already had the problem, she started in the winter.

RESEARCHER:

Thank you mam. Could there be anything more to say, to add to this discussion?

RESPONDENT:

Oh, up to this far I realize that God has been merciful to me in my problems. After they have taken her we can share the load. As parents, when children have problems we should not get angry at them. God gave me strength, when I realized this problem, I took her to my bedroom, we sat down and talked things from the beginning. I felt that I should not be angry with her until I had comforted her, then she went to her bedroom to retire. Then alone in my bedroom, I started shedding tears (voice raised), so that she would not see me, lest she became afraid, for if she saw me she would do something more dangerous. We should not be angry with them, she will tell you properly, you will work things out together. She will not do something worse, she will learn and realize where she went wrong, then start afresh properly. The important issue is the survival of the person.

RESEARCHER:

Thank you mam. As I have promised, this information will be confidential. Your name will not be disclosed. This information will not harm your life and your daughter's life in anyway. At the end of the study, we wish to share the report of the whole study with you.

RESPONDENT:

Surely madam, I feel very grateful that you take the trouble to come and speak to us about the problems that occur to us. I feel it is an important step, and wish it could go on. When a person shares experiences with people like you it is reviving.

RESEARCHER:

So do you feel that this interview gave you some new strength?

RESPONDENT:

I feel revived madam, by speaking to people from the Health Services. I feel very happy.

RESEARCHER:

Thank you madam.