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CHAPTER 1: INTRODUCTION

1.1 PROBLEM STATEMENT

Adolescent pregnancy has long been a worldwide social and educational concern for the developed, developing and underdeveloped countries. Many countries continue to experience high incidence of teenage pregnancy despite the intervention strategies that have been put in place. In 1990 approximately 530,000 teenagers in the United States became pregnant, 51% of whom gave birth (Coley & Chase-Lansdale, 1998).

Available literature suggests that fertility rates in developing countries have declined in the past two decades (Dickson, 2002; Caldwell & Caldwell, 2002). It is argued that due to changing socio-political circumstances, women have reassessed the timing of childbirth and the role of motherhood in their lives (Preston-Whyte and Zondi, 1992). It has been found that the average number of children per woman has been reduced significantly when compared to the trend in the 1970s, and that young women tend to delay motherhood. South Africa has the lowest fertility rate in sub-Saharan Africa and is at par with other developing countries outside region (Anderson, 2002).

In the 1998 *South African Demographic and Health Survey* (SADHS), it was found that the total fertility rate has declined to an average of 2.9 children per woman (Dickson, 2002). A decline in fertility rates has been associated with a high use of contraceptives among women and also the legalisation of abortion in 1996 (Swartz, 2002). Despite the decline in the total fertility rate, adolescent pregnancy has been found to be significantly high. The SADHS revealed that adolescent pregnancies accounted for a third of all births (Dickson, 2002).

In studies conducted in America, differences in incidence of adolescent pregnancy among racial and ethnic groups have also been found (Coley & Chase-Lansdale, 1998). Whites tend to have lower birth rates than Hispanics and African Americans. According to a 1995 study conducted in the United States, it was found that per 1,000 births 205 were of 15 to 19 year olds, 39.3 were of white teenagers, 106.7 were of Hispanics and 99.3 were of African Americans (ibid.). Considerations should be paid to the fact that these statistics are unclear.

Similarly in a 1991 South African study, it was found that of every 1,000 births 330-400 are to teenagers less than 19 years old. In addition, the study conducted by the Human Sciences Research Council on South African fertility trends in 1994 found that 48% of Black women, 17% of Coloured women, 30% of Indian women and 17% of White women gave birth before turning 20 years of age (National Population Unit, in press 2003).

The differences in incidence of teenage pregnancy among racial and ethnic groups result from socio-economic factors. Teenage pregnancy is prevalent in societies characterised by poverty, low education, fewer job opportunities and families headed by mothers who gave birth to their first children in adolescence (Dryfoos, 1996; Macleod, 1999). Teenage pregnancy is also associated with other problematic behaviour such as alcohol and drug use, and early initiation of sexual activity, which have been identified as predictors of pregnancy (Coley & Chase-Lansdale, 1998; National Population Unit, 2000). Plant & Plant (1992) argue that risk or problem behaviour is associated with social disadvantage, poverty, homelessness, unemployment, bad housing, fragmented family structure and stressful life events. The youth emulate the behaviour of their parents and of their society, thus social and cultural factors influence patterns of risk taking (Plant & Plant, 1992).

Early initiation of reproductive behaviour varies widely across countries and between subgroups in the same country. In some societies a woman's first sexual experience often happens within a marriage, while in other societies sexual activity outside marriage is tolerated. For instance, in North Africa young women are less likely to initiate sexual relationships before marriage, while in most sub-Saharan African countries most teenage girls have sexual relationships which sometimes lead to marriage (The Alan Guttmacher Institute, 1998). Prevailing societal norms and values as determined by social, economic, cultural, psychological and developmental factors have influence on the behaviour of its youth. There is increasing evidence that adolescents are influenced by their environment, therefore reproductive behaviour might be influenced by community characteristics (National Population Unit, 2000).

Much research has been done on factors that predispose girls to falling pregnant in their adolescent years (Furstenberg, Brooks-Gunn & Morgan, 1987; Dryfoos, 1990). Researchers have found a number of personal, family and social factors, which are often

associated with teenage pregnancy (Dryfoos, 1990). The high incidence of teenage pregnancy has become a major societal and educational concern, as it seems to perpetuate poverty and low levels of education (Furstenberg, Brooks-Gunn, & Morgan, 1987).

Consequently, the majority of researchers have focused on socio-economic predictors and consequences of teenage pregnancy. Although knowledge on social factors has expanded in the past decade, research on the psychological effects of teenage pregnancy has been largely ignored. The current study seeks to explore the impact of pregnancy during adolescence, on the psychological processes. There is still a need to understand factors within an individual, which put an adolescent at greater risk of falling pregnant and how development may be affected by pregnancy during adolescence. The existing theory that gives a psychological explanation for the occurrence of pregnancy among adolescents is the Emotional Deprivation Theory (Coley & Chase-Lansdale, 1998).

Research on adolescent reproductive health and programmes are fairly new in sub-Saharan Africa and a majority of them are less than twenty years old (Programme Briefs, 2000). A South African twenty-year longitudinal study on child and adolescent psychosocial development is currently under way. This study is conducted by Birth to Twenty, a non-government research organisation. One area of focus of this study is the emergence of sexual and lifestyle risk factors during adolescence, particularly risk behaviour, unwanted pregnancy, exposure to sexually transmitted infection etc (Birth to Twenty, 2005). The Reproductive Health Research Unit (RHRU) is another organisation that plays a leading role in adolescent reproductive health studies and development of intervention programmes (Erulkar, Beksinska & Cebekhulu, 2001).

Individual factors often associated with teenage pregnancy include low academic achievement and poor future prospects. It is argued that teenage learners who are poor academic achievers often lack interest in schooling, and have poor future prospects. They are also more likely to fall pregnant and consequently drop out of school than their peers who perform well (Coley & Chase-Lansdale, 1998). This line of argument suggests a causal relationship between poor academic performance and adolescent pregnancy. Thus longitudinal studies need to be conducted in order to further investigate whether poor academic performance precedes pregnancy or whether adolescent's pregnancy results in diminished interest and achievement in schoolwork. In the United States out of a total

number of teenagers who drop out of school when pregnant, only 30% return and graduate (ibid). However, South African studies suggest a different trend. Black South African pregnant teenagers are seldom compelled to drop out of school for more than the academic year in which they give birth, and usually re-enrol after the birth of their children (Kaufman, de Wet & Stadler, 2001).

A number of factors contribute to continued schooling among pregnant and parenting adolescents in South Africa. One of the contributory factors that are often cited is the government policy that allows pregnant and parenting learners to stay at school which was passed in the year 2000 (Kaufman, de Wet & Stadler, 2001). Also due to changing social circumstances and values, adolescent pregnancy is a tolerated phenomenon in modern South African society. Social permissiveness towards sex outside marriage, and absence of serious social repercussions like isolation or exclusion following an out of wedlock birth, contribute to the high rate of adolescent pregnancy (Parekh & De La Rey, 1997). It has also been argued by amongst others Preston-Whyte and Zondi (1992), that the high value placed on fertility and education encourages adolescent girls to aspire for both motherhood and academic qualifications. The high cultural value placed on education and fertility is seen as a contributory factor to the prevalence of teenage pregnancy (Preston-Whyte & Zondi, 1992). Education and the linked employment prospects enhances the possibility of improved quality of life and thus may be one of the factors that encourage adolescent to continue with school after child birth (Kaufman *et al*, 2001).

Even though pregnant teenagers may not officially be prevented from remaining at school, realistically, due to the demands of parenting, they may be forced to drop out of school, for example, in instances where there is no one to look after the child while the adolescent mother continues with her schooling. Sometimes the pregnant adolescent feels isolated from her peers. She may be embarrassed by her condition and have difficulty fitting in with her non-pregnant peers and as a result may drop out of school. Parenting adolescents often have to deal with strained family relationships. Sometimes parents react with anger to the pregnant adolescent. She may be blamed or ostracised for causing a problem (Cervera, 1994). Consequently, she may not get assistance and support from her family members forcing her to drop out of school in order to raise her child.

There is no adequate South African research that deals with the experiences of pregnant adolescents. However, an explorative study conducted by National Population Unit (2000) on the perceptions and thoughts of adolescents on teenage pregnancy, sheds light on certain issues pertaining to experiences of pregnant learners. The researchers analysed 23 essays written by adolescent learners on the subject of teenage pregnancy. The themes that emerged in the essays were: problems faced by adolescents, factors affecting teenage pregnancies, consequences and solutions to the problems. However, the analysts warn that their report based on the essays should not be seen as containing views that represent all teenagers in the country. The authors of the essays identified among others, the following factors as affecting teenage pregnancy.

Firstly, adolescent girls are seen as vulnerable in sexual encounters because their ability to make decisions about sexual relationships is compromised by a desire to earn approval of their male friends. Secondly, there is lack of knowledge about sexuality, pregnancy and use of contraception. Thirdly, adolescents initiate sexual activity very early. Flishera and Aarob (2002) reviewed research on the factors promoting and perpetuating unsafe sexual behaviour among South African youth. In their study they included papers written between the years 1990 and 2000, both published and unpublished reports and dissertations were included. The results of the review suggest that at least 50% of young people are sexually active by the age of 16 years. The majority of teenage learners who have experienced sexual intercourse reported having at least one partner in the previous year, and between 50% and 60% of sexually active youth reported never using condoms. The results also suggest a powerful impact of personal factors, interpersonal relationships, environmental factors and socio-economic factors that perpetuate women's subordination within sexual relationships (Flishera & Aarob, 2002).

1.2 Research Rationale

Little attention has been given to psychological variables and processes that predict the occurrence of teenage pregnancy (Coley & Chase- Lansdale, 1998). Most literature focuses on social factors, which predispose adolescents to falling pregnant. Pregnancy may cause psychological distress, as it is often associated with dropping out of school, either before or shortly after childbirth (Ibid). Adolescent mothers are more likely to present with symptoms of depression when compared with their non-parenting peers and older mothers (Kalil and Kunz, 2000). The transition to motherhood puts adolescents at a

greater risk for psychological distress because they are socially, cognitively and emotionally immature to cope with the demands of motherhood.

The current study examines the experiences of pregnant learners, both in a scholastic and personal context. It assesses how these learners are affected by the demands of co-existing motherhood and adolescence. There appears to be little research done on how South African pregnant adolescent learners perceive their situation and how they cope with the demands of adolescence and of motherhood. The results drawn from the study will form a basis for further research on the psychological effects of pregnancy during adolescence and may also be of value to designing intervention strategies.

1. 3 Aims of the Study

The aim of this study is to gain insight into the personal experiences of pregnant learners. It seeks to explore the impact of pregnancy on the adolescent psychological well-being. Information around the following areas is solicited:

- Challenges faced by pregnant learners.
- The support system that pregnant learners have.
- Their current feelings and perceptions about their experience.

CHAPTER 2: REVIEW OF LITERATURE

2.1 Definition of the concept ‘Adolescence’

The concept adolescence does not define a homogenous group; the age range within adolescence can vary between the ages of 10 and 19 years, as in the 1998 joint statement of World Health Organisation, the United Nations Children’s Fund, and the United Nations Population Fund (National Population Unit, 2000).

The ages of adolescence vary by culture. There are three distinguishable societal constructs of age i.e. chronological age, biological age and social age (Hamburg, 1986). However, the chronological age is often used as a measure for significant cultural and biological milestones (ibid) for example, in South Africa the normal high school age is between the ages of 13 and 18 years. Furthermore, the Choice of Termination Act 92 of 1996 legalised abortion on demand for girls from the age of 12 (Government Gazette No.17602). For the purposes of this study focus will be on the girls who are between the ages of 12 and 20 who fell pregnant whilst in high school. The target population has been selected because most adolescents who are within the specified age range are in high school.

Adolescence is characterised by thinking which becomes abstract, conceptual and future orientated (Piaget, 1958). At this stage there is interest in humanitarian issues, morality, ethics, and religion. There is increased self-awareness and self-consciousness, as adolescents tend to become egocentric and completely involved in their own issues. They also experience their emotions with greater intensity, and due to their hormonal changes rapid mood swings are common. Adolescence is characterised by physical, psychological and emotional development and social changes (Erikson, 1963).

2.2 Theoretical Understanding of Adolescence

2.2.1 Erik Erikson’s theory of development

Erik Erikson’s theory of development gives an understanding of the normative psychological developmental processes that take place during adolescence. He sees adolescence as a critical transitional stage from childhood to adulthood and he purports that an adolescent has a task to develop individual identity. In view of Erikson’s theory it

is thus pertinent to enquire whether pregnancy during adolescence has any significant adverse impact on that process of identity formation.

Erikson (1963) conceptualised development as a progressive and lifelong process, which results from a simultaneous influence of physiological, psychological and social factors. Physiological development follows a genetically determined sequence (Marcia, 1994). This implies that the emergence of distinct physical characteristics will emerge at certain chronological ages, for example the onset of menarche around the age of eleven (Maier, 1988).

Society, through culture determines distinct periods of development by making certain demands on an individual at specific phases of development (Erikson, 1963). According to Maier (1988) at these periods or phases, society prescribes and expects individuals to meet its expectations, for example to finish high school by the age of eighteen. Therefore child bearing in adolescence may be perceived as deviant behaviour as it is often perceived as an adult role. Erikson (1963) proposed that development happens from infancy to adulthood, in an eight-stage process. He maintained that at each stage an individual is faced with certain developmental crises or tasks that must be dealt with satisfactorily in order to progress to the next developmental phase. Failure to resolve a crisis at a particular phase complicates the struggle in the successive developmental phases (Maier, 1988).

However, there is always an opportunity in the successive phases to work through the developmental crisis of the preceding phases. Progression through the phases is determined by biological, psychological and social readiness (Maier, 1988). Peterson & Crocket (1986) reviewed literature on biological, cognitive and psychosocial development in adolescence. Their investigation focused on the adolescent's level of cognitive and psychosocial development in relation to biological maturation. They found that biological development is not on par with cognitive or psychosocial development; however there is a link between chronological age and cognitive or psychosocial development. The implication of these findings for the adolescent is that, even though the girl may have reached menarche and conceived a child at a young age, it does not necessarily mean she has the cognitive capacity and psychosocial skills necessary for parenting. Development progresses over the adolescent period, thus older adolescents are more mature than younger adolescents and may cope better than younger adolescents

(Peterson & Crocket, 1986). The adolescent may be biologically mature to give birth to a child, although she might not be psychologically, physiologically and socially prepared to cope with the demands of mothering. Therefore the mothering role may interfere with the adolescent's developmental task thereby precluding a successful resolution of the identity crisis.

Erickson (1963) defined a crisis as polarised possibilities. At each phase an individual is faced with a crisis, defined as a choice between two developmental possibilities (ibid). A successful resolution of the crisis implies the ability to integrate the polarities (Marcia, 1994). Erikson (1963) proposed that the eight developmental phases are: basic trust vs. mistrust; autonomy vs. doubt and shame; initiative vs. sense of guilt; industry vs. sense of inferiority; identity vs. identity diffusion; intimacy vs. isolation; generativity vs. self-absorption and, lastly, integrity vs. despair. The current study focuses on the fifth stage of development, that is, identity vs. identity diffusion. According to Erikson (1963) this phase of development occurs between the ages of 12 and 19, generally referred to as the adolescent stage.

Erikson's theory is built on the psychodynamic theory of development (Maier, 1988; Marcia, 1994), which sees development as a process of internalising self and object representations, sometimes called ego development. Internalisation of object representations or ego ideals in childhood allows psychological independence from the presence of the mother (Blos, 1988). Ego functioning is defined as "the growth and acquisition of functions which enable the individual increasingly to master his impulses, to operate independently of parental figures and to control his environment" (Raycroft, 1979:39). The low level of ego functioning may also have an adverse impact on the decisions taken by an adolescent mother.

In adolescence one separates from the internalised infantile objects and forms new self and object representations. The adolescent sheds off family dependencies and forms extra familial relationships in order to assume membership of the adult world (Blos, 1988). A parenting adolescent is forced to rely on her family for emotional support and practical assistance with the child whereas she is trying to become independent from it. She is kept in a dependent relationship within her family and this increases the possibility of family conflict. Tension within the self and within the family is characteristic of the adolescent

stage, as the adolescent struggles to find individuality (Erikson, 1963). Formation of intimate relationships is a maturational necessity because extra familial relationships serve as the source of emotional support and modelling of behaviour. However, responsibility to take individual decisions and to care for the child may clash with the need for reciprocal peer relationships (Peterson & Crocket, 1986).

The task at the adolescent stage is to develop self and social identity, and avoid identity diffusion. Erikson (1963) defines identity as people's images of themselves, including a feeling that a thread of continuity runs through their lives and that their self-images and the views that others have of them are congruent. Role diffusion or rather a negative identity may be subjectively experienced as alienating from self and from society. Society influences the development of identity, thus the individual and society are intertwined (Ruthellen, 1994). An adolescent has to integrate all identities developed throughout childhood and form a new identity that will withstand challenges in adulthood). In the quest for identity the adolescent experiments with various negative and positive roles without committing to any (Erikson, 1963). Society grants moratorium to its youth, to search for their identity through experimentation with various roles and to delay making adult commitments. What may appear as deviant behaviour may actually represent a normative course of development (Blos, 1988).

The experience of childbirth in adolescence limits the opportunity to experiment with various roles, thereby having detrimental repercussions for the identity development of an adolescent. Mature identity achievement often happens in adulthood, thus most adolescents are in the moratorium or diffused states of identity (Marcia, 1994). Unplanned childbirth may compel the immature adolescent to assume and commit to the role of being a parent without the necessary psychosocial skills. Life choices made in the resolution of coexisting parental and adolescent roles may increase the risk of developmental foreclosure (Hamburg, 1986).

Marcia (1980) operationalised Erikson's theory of development. He postulates that there are four ego identity statuses, which are, identity foreclosure, identity moratorium, identity diffusion and identity achievement. The identity foreclosure status is characterised by an assumption of identity without exploring or experimenting with different identities. Identity is based on the internalisation of parental values and beliefs.

The identity moratorium status is the state of searching for an identity, i.e. identity crisis. Identity diffusion is characterised by a lack of effort to neither search for nor commit to an identity. The last status is identity achievement, which is evidenced by a commitment to an identity after exploring. These identity statuses are not progressive stages, thus an adolescent can be at any of the statuses at any stage of development.

The adolescent's task to form identity, gain autonomy (Erickson, 1963), and to experiment with increasing cognitive abilities (Piaget, 1958), may be impacted upon negatively by the additional demands of pregnancy and mothering. Transition to motherhood requires psychosocial adjustments and, like adolescence, it is a stressful life transition. Cognitive maturity and social experience play a major role in the development of adequate psychosocial skills necessary to cope with the demands of parenting (Peterson & Crocket, 1986). Existing literature suggests that parenting can derail the adolescent's development (Furstenberg, Brooks-Gunn & Morgan, 1987).

Oz, Tari and Fine (1992) reported a finding that is different from a commonly held hypothesis that adolescent pregnancy has detrimental effects on development. In their study of the psychological characteristics of teenage mothers with a history of traumatic childhoods, they found that teenage mothers demonstrated higher ego maturity when compared with their non-parenting cohorts. The authors conclude that the traumatic childhood, which is often characteristic of the teenage mothers' profile, necessitated an early development of an ability to appreciate and tolerate the complex and ambiguous nature of life, thus enhancing the ego maturity. Oz, Tari and Fine (1992) further postulate that adolescent mothers can work on the same developmental tasks as are other teenagers, despite the fact that they have the added parenting responsibility.

2.3 Risk Factors For Adolescent Pregnancy

Much research has been done on adolescent pregnancy and various factors have been identified as causes (Hamburg, 1986; Hudson, 1986; Dryfoos, 1990; Russell, 1994; Macleod, 1999). Results of most studies indicate that teenage pregnancy is viewed from different perspectives. Causes of adolescent pregnancy have been found to be at two levels, i.e. there are factors that are at the individual level and those that are at a social

level. A brief discussion of some of the factors often associated with adolescent pregnancy will follow.

2.3.1 Female Gender Role

Firstly, three concepts need to be defined, that is, gender; gender role and gender typing. According to Galambos (2004) the term 'gender' refers to characteristics learnt or acquired by either sex from their society. It is part of that by which individuals define themselves, and give meaning to their actions. Gender role on the other hand refers to appropriate behaviour for either sex as defined within a particular culture (Galambos, 2004). Lastly, gender typing refers to the acquisition of traits that are consistent with a particular gender role (Ibid). Some authors have come to perceive teenage pregnancy as resulting from female gender role (Parekh & De La Rey, 1997). Adolescent pregnancy should be understood in a social context in which it occurs. Society socialises its youth through institutions, family, peers and media (Galambos, 2004), and thus the adolescent will clarify for himself or herself the gender role as constructed by the society that he or she belongs to. According to Bierie & Bingham (1994), gender identity is at the core of identity and it equals the acceptance of biological sex. They further argue that the childbearing role is part of female identity, i.e. becoming nurturing and helping. Therefore, values and beliefs held by girls, their goals and behaviours are affected by the childbearing role.

In contrast, in a study of black urban South Africa youth, a smaller percentage of the subjects indicated a wish to give birth in their adolescent years. However, a majority of these subjects were motivated by the intention to prove their fertility (Richter, 1996). Preston-Whyte and Zondi (1992) conclude that for some teenagers, pregnancy is motivated by a fear of being sterile which is believed to diminish one's worth as a woman. Thus, in a community where fertility is entrenched in their value system, such that it defines womanhood, then not to bear a child would be to deviate from the gender role.

There is a link between community characteristics and reproductive behaviours of the youth (Dash, 1994). Increasing evidence suggests that adolescents are strongly influenced by their environment (National Population Unit, 2000). Thus if the community in which the teenager lives, places a high value on motherhood the youth will also embrace that

cultural value. Among black South African communities it is acceptable to bear a child out of wedlock and there is a high expectation for a woman to bear a child (Parekh & De La Rey, 1997).

Power dynamics also play a role in the initiation of sex and on the practice of unsafe sex because male partners often dominate girls (Parekh & De La Rey, 1997; Macleod (a), 1999). The most commonly stated reasons by adolescent girls for engaging in sexual relationships are pressure from a boyfriend, fear of rejection and the need to prove their affection (Parekh & De La Rey, 1997). Young girls are often coerced or forced into exploitative sexual relationships with older men (Erulkar, Beksinska & Cebekhulu, 2001). Preston-Whyte & Zondi (1992) argue that there is a double standard among black South African communities because while adolescent pregnancy is perceived as a problem, adolescent sexuality is tolerated and boys are inadvertently encouraged to prove their sexual capability, hence they put pressure on girls.

2.3.2 Alternative Life Career

Every society has its clearly defined age appropriate life transitions, which are milestones in the process of adulthood (Hamburg, 1986). Major events like career development, marriage and child bearing follow a culturally determined order of progression. In most cultures, adolescent pregnancy outside wedlock is perceived as deviant behaviour, however this generally accepted norm may not be relevant to a subgroup whose social and economic reality is different. Hamburg (1986) and Solomon & Liefeld (1998) argue that among American poor black populations, early pregnancy is an alternative life course. In these economically disadvantaged communities there is a reversal of transitional events which results from the unavailability of the economic and social resources that allow adolescents to first attain a reasonable level of education, pursue a career and then start a family. Early childbearing may be a reasonable response to social and economic demands. According to Hamburg (1986), giving birth early helps the adolescents to establish the social and economic support needed when one enters the work force and also allows them entry into the world of adulthood.

Similarly in South African studies, Preston-Whyte and Zondi (1992), state that for some cultures especially among black communities, early pregnancy could be an alternative

route to adulthood. They further report that some adolescents perceive childbearing as a normative 'career choice' or a 'rite of passage' in establishing an adult identity, particularly if they believe that the most traditional roles to adulthood are unavailable. In contrast, Kaufman, De Wet and Stadler (2001) found that adolescent pregnancy does not often mean an end to schooling. Furthermore, adolescent mothers continue to pursue other traditional roles to adulthood like higher education and employment.

2.3.3 Socio-Economic Status

Studies conducted in South Africa and in other countries have revealed that adolescent pregnancy is often associated with low socio-economic status (Osofsky, 1968; Dryfoos, 1990; Russell, 1994; 1994; Lesch & Kruger, 2005). Economically disadvantaged communities are characterised by low levels of education and lack of employment opportunities (Chillman, 1986; Dryfoos, 1990; Preston-Whyte, 2000).

Certain family characteristics have also been identified as factors that put teenagers at risk of becoming pregnant in early life. Factors such as poverty, single parent families – especially the female headed households, poorly educated parents and the presence of a parenting adolescent sibling or a relative have been associated with teenage pregnancy (Furstenberg, Brooks-Gunn & Morgan 1987; Russell, 1994; Miller, 1996; Coley & Chase-Lansdale, 1998). Furthermore, these families are caught in a cycle that perpetuates deprivation. Teenagers from one-parent headed families and low income groups are apt to suffer from deprivations that may lead them to seek affection, security and a sense of significance elsewhere (Chillman, 1986).

In American communities, poverty, single parent headed family, and the presence of a parenting adolescent have been found to be factors that characterise an urban, poor black, uneducated class (Hudson, 1986). Other authors have noted a higher prevalence among a black lower class that often lives in ghettos, which is characterised by the prevalence of early onset of sexual activity, out of wedlock births, abuse, alcohol and drug use, unemployment, poor education and career opportunities (Hudson & Ineichen, 1991).

In South Africa, poverty, low levels of education, and unemployment are not confined to uneducated black people. However, because of the political and economic history of

South Africa, most black people occupy the lower socio economic class (Swartz, 2002). As a result most incidents of teenage pregnancy happen among the black population group. Parents spend more hours away from home, leaving teenagers by themselves during the day. Adolescent premarital sex has been reported to happen mostly during the day when parents are at work (Preston-Whyte & Zondi, 1992).

In the South African context these characteristics have come to define black people as a racial class. The political and economic history prior to democracy has led to the concentration of economic power in the white population (Swartz, 2002), and dissolution of African traditional social structures (Parekh & De La Rey, 1997). The erosion of the patriarchal family system (Mfono, 1990) due to modernisation and industrialisation has inevitably necessitated an adaptation of cultural values and norms. Childbearing out of wedlock is now tolerated and is paralleled by a high value placed on fertility (Kaufman et al., 2001). Marriage is no longer seen as a prerequisite to having children among African communities (Makhiwane, 2003). It is further argued that the high rate of fertility among unmarried women is also influenced by educational and economic opportunities available to women (Preston-Whyte & Zondi, 1992).

2.3.4 Family Environment

There are two contrasting views on the subject of single parenting. In some sources it is argued that most parenting adolescents have been found to come from impoverished single parent families, which are often headed by a female (Swartz, 2002). Children raised in single parent families are more likely to have been victims of an unstable family environment, have experienced a divorce or parental conflict (Russell, 1994). Negative family environment plays a major role in contributing to early adolescent sexual experience and adolescent pregnancy (Cunningham & Boulton, 1992; Macleod, 1999). A family's low economic status with all the factors associated with it, impacts negatively on adolescents' attitudes towards early pregnancy. Life experiences associated with poverty minimise the perceived repercussions of adolescent pregnancy (Preston-Whyte & Zondi, 1992).

In contrast to this view is the fact that numbers of functional single parent families are on the increase. Due to changing social and economic systems, family constellation and

values are also changing. Teenage pregnancy is not only prevalent among the impoverished single parent families (Makhiwane, 2003). In black communities more children are born to unmarried women and a majority of households are female headed (Parekh & De La Rey, 1997). In these communities children of an unwed mother are incorporated into the maternal family (Burman, 1992). In a study conducted by Cunningham & Boulton (1992), many families of adolescent mothers were found to be three generational and were of the maternal side of the family.

A poor relationship between mother and daughter where an adolescent perceives herself as unsupported has also been associated with adolescent pregnancy (Dryfoos, 1990). The presence of a parenting adolescent sibling in the family also poses a greater risk for other adolescent girls to become pregnant (Miller, 1996).

2.3.5 Emotional Deprivation and Sexual Coercion

The emotional deprivation theory sees early sexuality and parenthood as an attempt to satisfy unmet emotional needs (Coley & Chase-Lansdale, 1998). It is argued that adolescent mothers are usually victims of abuse in their own families, which often starts before they even become pregnant. According to Russell (1994) early pregnancy is often experienced as stemming from the parent-child relationship, which is often perceived by the adolescents as stressful and strained.

These young mothers are emotionally impoverished at home, consequently they seek attachment, bonding and nurturance in extra familial relationships (Dryfoos, 1990). Most of these girls do not want to become pregnant but they find themselves victims of sexual exploitation and coerced sex (Dickson, 2002). They are often exposed to traumatic experiences like rape (Kaufman et al., 2001). Transactional sex, in which the youth engage in sex in return for money or favours, increases the risk of becoming pregnant (loveLife, 2001).

2.4 Individual Factors

2.4.1 Developmental Factors

Three developmental factors have been identified as having a bearing on the early initiation of sex and adolescent pregnancy, i.e. ego development, early physiological maturation and social development.

a) Ego development

Ego development refers to the development of inner resources through internalisation of parental figures, so that one is able to act independently of parental figures, to master one's impulses and to have control over one's environment (Blos, 1989). Ego strength also entails a higher level of cognitive development and psychosocial functioning. Research results suggest that adolescents' cognitive functioning is more likely to be in the concrete operations, rather than in formal operations as postulated by Piaget's theory (Hamburg, 1986), because they are in the transitional stage between puberty and adulthood (Erikson, 1963). Therefore, the adolescent is more likely to experience fluctuating ego functioning or strength. Thus, the adolescent may sometimes struggle to make critical and objective decisions (Peterson & Crocket, 1986).

Adolescent pregnancy is also linked to other risk-taking behaviours, such as alcohol and substance abuse, unprotected sex, and drop in school achievement, which tend to increase dramatically during this period (Coley & Chase-Lansdale, 1998; Compass, 2004). They may engage in unprotected sex and other deviant behaviours because of immaturity, poor assessment of risk and a false sense of invulnerability, i.e. 'personal fable' (Hudson & Ineichen, 1991).

In studies conducted in Mexico, Thailand and South Africa, it was found that sexually active youth did not perceive themselves to be at a higher risk of contracting HIV than sexually inactive youth. This implies a poor self- assessment of personal risk (Dadian & Hutchinson, 2001). Unsafe sexual behaviour is associated with low levels of cognitive development. Hamburg (1986) argues that adolescents are limited by their cognitive development in making critical decisions. Adolescents' cognitive functioning is more likely to be in the concrete operations, and that even where formal operations have been developed, information and decision-making processes are impaired when faced with emotionally charged issues like sex (Hamburg, 1986). Fluctuating ego strength puts an adolescent at risk of acting irresponsibly when confronted with a situation that may arise in sexuality (ibid.).

b) Physiological development

It is argued that girls who mature early are more likely to initiate sexual activity early (Cunningham & Boulton, 1992). Meanwhile, cognitively they may not be able to comprehend the relationship between menarche, sex, contraception and pregnancy. Physiological age does not always correspond with cognitive development. Thus girls who mature early physiologically may not yet be able to fully understand the biology of human reproduction (Hudson, 1986). The age of menarche has become earlier, with the average age being 11 years. In South African studies it was found that many teenagers were sexually active by the age of 12 (Parekh & De La Rey, 1997), and that about 50% of teenage girls reported to be sexually active by age 16 (Flisher & Aarob, 2002).

Other studies that looked at the link between early development and pregnancy have had different findings (Hamburg, 1986; Russell, 1994). There is no consensus among studies on the relationship between early maturity and early initiation of sex among girls, instead early maturity has been correlated with early initiation of sex for boys (Russell, 1994). Hamburg (1986) argues that even though in America incidents of early initiation of sex had risen since the 1970s there is no adequate evidence to suggest that these trends are linked to early physiological development.

c) Social development

Involvement in intimate relationships with the opposite gender is a vehicle to the development of gender identity. Even though dating is necessary for social development, often these relationships are sexual relationships. Preston-Whyte & Zondi (1992) found that schoolmates exerted a lot of pressure on their peers to engage in sexual relations. Some studies have found that adolescents often cite their peers as being of strong influence on their sexual behaviour (Chillman, 1986; Preston-Whyte & Zondi, 1992). Adolescents' need for approval and a desire to belong to a group makes them vulnerable to peer influence.

Available literature suggests that self-esteem typically drops in adolescents (Peterson & Crockett, 1986; Plant & Plant, 1992). Furthermore, girls' self-esteem drops significantly when compared to boys (Galambos, 2004). Girls are more self-conscious and think

poorly of themselves than do boys. A decline in girls' self-esteem is linked to a number of life transitions, pubertal changes, poor body image, and excessive concern about physical appearance (ibid.). This may diminish self-confidence and the ability to make individual decisions. Individuals with low self-esteem are more concerned about how they are perceived by others and are eager to please (Flishera & Aarob, 2002). Therefore the adolescent girl may not be in a position to negotiate safe sex or may engage in unprotected sex in order to gain the approval of her sexual partner, thus increasing the risk of becoming pregnant.

2.4.2 School Achievement and Motivation

Other authors see poor academic performance as a cause for teenage pregnancy rather than a consequence (Russell, 1994). It is argued that learners who do not do well at school are more likely to be unmotivated, have a negative attitude towards education and to have a low IQ (Furstenberg, Brooks-Gunn & Morgan, 1987). They are seen to be at a higher risk of becoming pregnant and in some cases they drop out of school even if they were not pregnant (Coley & Chase-Lansdale, 1998). In a comparative study between virgins and non-virgins conducted by Chillman (1986), it was found that adolescents who were sexually active had lower grades and low aspirations for achievement. Adolescent girls who are poor academic performers may choose pregnancy and motherhood as an alternative to schooling (Prater, 1992). The causal relationship between pregnancy and poor academic performance is not as clear-cut as stated above. Incidents of adolescent pregnancy are not only high among populations of adolescents who are performing poorly academically. There is evidence that the rate of adolescent pregnancy is high across adolescents of varying intellectual capabilities.

Another possible explanation for the link between poor academic performance and adolescence pregnancy could be low intellectual functioning. High intellectual functioning is a good indicator for school achievement, thus learners who perform poorly are more likely to have low cognitive skills. Low levels of intellectual functioning may put adolescents at a greater risk of falling pregnant because of failure to understand the consequences of unprotected sex (Prater, 1992).

2.4.3 Knowledge, Perceptions and Attitudes Towards Sexuality Matters.

Literature suggests that adolescents are less likely to use contraceptives or to opt for abortion as preventative measures to childbirth (Programme Briefs, 2000; DHS Analytical Studies, 2003). It has been found that lack of knowledge and misperceptions about sexuality matters, as well as attitudes and beliefs held by adolescents play a significant role in determining their sexual behaviour (Hudson & Ineichen, 1991). The following paragraphs explore adolescent trends in the use of contraceptives and abortion as preventative measures against pregnancy and or childbirth.

a) Contraceptive use

Family planning and health services are widely accessible in South African urban areas when compared to the rest of other developing countries (Government Gazette, no 19230 p.2, 1998). Knowledge and usage of contraceptives is higher among urban women across all races and among women with higher education (Swartz, 2002). Even the urban youth was found to have knowledge about the availability of contraceptive measures (Makhetha, 1996). Most African and Coloured women are reported to use contraceptive injections (Carolissen, 1993). Despite the fact that contraceptive use has increased among urban women, and that contraceptives are accessible in the urban areas, many researchers have recorded a poor usage of contraceptives among adolescents (Flishera & Aarob, 2002; Lesch & Kruger, 2005). Adolescents often hold a belief that they will not become pregnant if they do not have sex regularly. There is always a period between initiation of sexual activity and taking measures to prevent pregnancy (Macleod, 2000), as a result, many adolescents fall pregnant in the first month after the initiation of sex or shortly thereafter (Hamburg, 1986). Even those who do use contraceptives tend to use them irregularly (Carolissen, 1993). Flishera & Aarob (2002) state that about 65% of sexually active adolescents reported using condoms irregularly. According to a study conducted among the South African adolescents who were using Youth Centres, it was found that about 40% of girls in their sample reported using a dual method, i.e. a condom in combination with another form of contraception, with an injectable contraception being a popular method of choice (Erulkar et al., 2001).

A number of factors have been associated with the tendency to avoid preventing pregnancy. Amongst British and American literature the most commonly stated reason is the lack of knowledge about sex, pregnancy and childbirth (Hamburg, 1986; Hudson & Ineichen, 1991). Parents generally do not talk to their children about matters relating to sex (Meier, 1994; loveLife, 2001). It is also argued that even though education is important, on its own it is not adequate to motivate adolescents to be sexually cautious. Psychological factors are more important than knowledge in the determination of behaviour. Attitudes, beliefs and anxieties about sex seem to have a greater influence on sexual behaviour than knowledge about contraceptives (Hudson & Ineichen, 1991). In a South African study conducted by Lesch and Kruger (2005) among the low-income coloured community, it was found that mothers inadvertently contributed to their daughters' limited sense of sexual agency. Mothers presented to their daughters the view that sex was a dangerous activity. This attitude made daughters to lie about their own sexual involvement in order to present the good daughter image and maintain good relationships with their mothers, thus precluding the development of an open discussion of sexual matters like contraception and pregnancy.

Flishera & Aarob (2002) reviewed South African literature on the factors that promote sexual risk behaviour. Their findings indicate that the lack of knowledge accounted for some of the adolescent behaviour. A substantial number of adolescents hold incorrect information about the use of contraceptives and condoms. Belief systems inculcated by religious, cultural values and moral reasons that condone fertility may contribute to a poor use of contraceptive (Preston-Whyte & Zondi, 1992; Carolissen, 1993).

Sexually active youth are also at a high risk of contracting the HI virus and other sexually transmitted diseases. Having multiple partners at a young age also increases the risk of cervical cancer (Hudson & Ineichen, 1991). The current rates of AIDS among the youth are alarming. It is estimated that one out of five adolescents is HIV positive (Mathiti et al., 2005). Teenagers and young adults between the ages of 15 and 24 represent a third of the global total population of people living with HIV/AIDS (Summers, Kates & Murphy, 2002). The National Population Unit (2000) estimated that about 16% of 15 to 19 year olds were HIV positive. Condoms are the most appropriate form of contraception because they also prevent the transmission of sexually transmitted infections. Despite the fact that the use of condoms is emphasized in the HIV/AIDS education programmes, recent

studies indicate concerning trends of condom use. Some studies have reported high levels of condom use among South African adolescents (Horizons Report 2001; loveLife 2001). Still, a significant proportion of adolescents is reported to hold misperceptions about condom use (loveLife, 2001), and tends to use the condoms irregularly (loveLife, 2001; Flishera & Aarob, 2002). Adolescents are particularly vulnerable because of their age, biological and emotional development, and financial dependence (Summers, Kates & Murphy, 2002).

b) The option of abortion

In developed countries where abortion is legal, it has been associated with low levels of fertility. In South Africa abortion was legalised in 1996 (Skjerdal, 2002; Olivier & Bloem, 2004). Abortion can be performed in private and public hospitals and clinics. A majority of the health centres that have been designated to provide the service are located in urban areas. Gauteng Province has the highest number of designated centres when compared to other provinces (Dickson-Tetteh, Brown, Rees, Gumede and Mavuya, 2000). Prior to the introduction of the Choice of Termination Act of 1996, illegal and unsafe abortions, which often resulted in death or medical complications, were performed (Varkey, 2000).

Even though abortion is available for those who choose to terminate an unwanted pregnancy, structural constraints may make it inaccessible to other sectors of society (Du Plessis, 2002), for example, the poor and those in the rural areas. Sometimes religious and moral values play a role in the decision against abortion (Carolissen, 1993). The harsh and judgemental attitudes of nurses in public health centres, a lack of knowledge concerning early signs of pregnancy and fear of the abortion procedure and its consequences have also been cited as factors which deter women from seeking legal abortion (Dickson-Tetteh et al., 2000).

In British and American studies it has been found that adolescents from low socio-economic classes were less likely to terminate pregnancy when compared with cohorts from educated middle class families. This discrepancy is linked to a lack of communication about sex in the family, and lack of education about the subject of abortion in the lower class communities (Hudson & Ineichen, 1991). In the 1998 *South*

African Demographics and Health Studies it was found that adolescents' knowledge on the important facts about the right to termination of pregnancy was minimal, for example knowledge of circumstances under which abortion could be obtained and of the facilities that provided the service. Adolescents are more likely to discover or disclose their pregnancy when it is at the second trimester and thus may seek abortion when the pregnancy has already passed the gestational age at which legal abortion can be performed (Dickson-Tetteh et al., 2000).

Due to a lack of accurate South African data on the use of abortion among adolescents, it is difficult to establish the adolescents' views on, and their attitude towards, abortion. The existing study, which was conducted by Dickson-Tetteh et al. (2000), focused on the general population. This study looked at the prevalence of morbidity associated with abortion before and after legalisation of abortion focused on the general population. Its findings indicate that about 40,000 legal abortions have been performed annually since the inception of the law. Almost half of the legal abortions performed in South Africa are performed in Gauteng. However, a significant number of women in Gauteng still rely on the use of home remedies and traditional healers to induce abortion even though about 90% of the population lives within 0 to 50 kilometres of a designated health centre.

2.5 Consequences of Adolescent Pregnancy

Adolescence pregnancy has been associated with a number of negative consequences, hence it is perceived as a social problem (Furstenberg, Brooks-Gunn & Morgan 1987; Macleod, 1999). In the medical literature it has been associated with obstetrics problems such as high infant and maternal mortality, risks of clandestine abortion, delivery complications and low infant birth weight (Dickson, 2002). Other complications for the adolescent mother are limited educational opportunities, self-determination and a poor quality of life (Prater, 1992). At the broader social level the high teenage fertility rate has been found to have a negative impact on the economic development (Varga, 2003). According to Macleod (b) (1999) this argument carries racial connotations in South Africa where, in the past, the population development programme was set up and targeted at the lowering of fertility among blacks.

2.5.1 Family Relationships and Support

Some young mothers do not get support from their families. They may be rejected by their families and blamed for introducing a permanent crisis (Hudson & Ineichen, 1991; Cervera, 1994). In a situation where there was a pre-existing interpersonal problem, there is a potential that tension might be orchestrated (Dryfoos, 1990). Therefore conflict may arise between the pregnant daughter and other members of the family. Some sources have reported positive results, indicating that sometimes a family reorganises itself in order to adjust to the new member of the family (Cervera, 1994). The family may react with dismay or anger when they discover about the pregnancy, but when the baby is born the family may become the source of support for the mother (ibid.). Positive family support has been associated with emotional adjustment and mental stability for both mother and child (Camerana, Minor, Melmer and Ferrie 1998). According to Kalil and Kunz (1998) young mothers who lived with a supportive family tended to cope better.

In the South African context, a child of an unmarried mother belongs to its mothers' family (Burman, 1992). It is very unlikely that her family will reject a teenage mother (Kaufman, De Wet & Stadler, 2001). Most communities no longer practice acts of exclusion to the unmarried mother and her child (Parekh & De La Rey, 1997). In her review of South African studies on teenage pregnancy, Macleod (b) (1999) states that adolescent mothers reported a perceived improvement in the relationship with their parents. Parents were reported to relate to teenage mothers as adults. Thus parenthood gave the teenage mothers an entry to adulthood (Preston-Whyte & Zondi, 1992).

2.5.2 Support from the Father of the Child

According to most sources, fathers of the children usually do not give emotional, financial or material support to the mothers of their children. (Burman, 1992). Very often they are also young, unemployed, have low levels of education, come from single parent female headed households, and live in a low socio-economic community (Coley & Chase-Lansdale, 1998). There is still a void for studies that investigate the experiences of adolescent fathers. In the absence of literature it can only be hypothesised that, like their female counterparts, boys are disadvantaged by their impoverished backgrounds. They do not provide financial support because their own families are poor and thus do not have

the financial resources to provide material necessities for their children. The fact that they are poorly educated limits the chances of finding employment even if they wanted to work.

Most fathers are adolescents themselves, implying that they are developmentally immature and thus are emotionally and cognitively unprepared to cope with the responsibility of parenting (Hudson & Ineichen, 1991). Adolescent fathers may react to the news of the pregnancy with shock and may deny paternity out of fear of the reactions of their parents and the financial consequences of fathering a child (Parekh & De La Rey, 1997). Adolescents are generally not ready to commit to long-term relationships as they are still in the process of experimenting with different roles. The adolescent father may be scared off by the prospect of having to assume a permanent role that he is not prepared for.

Kaufman, De Wet & Stadler (2001), in their study of early parenting experiences in urban and rural areas in South Africa found that in Soweto boys were more likely to deny paternity in order to escape the parental responsibility. However, even in instances where paternity is not denied and the father supports the baby, the nature of financial support is often inconsistent and of short duration. The child is often incorporated into the maternal family and the paternal family often does not provide financial support for the child of an unmarried woman (Burman, 1992). This view is supported by Swartz who notes that in South African fertility patterns there is “a lack of male responsibility in reproductive decision making and health as well as in childbearing and rearing” (Swartz, 2002:16).

2.5.3 School Achievement

Prater (1992), states that adolescent pregnancy and subsequent parenting could create major obstacles to any learner's achievements at school. Thus, pregnant learners are impaired by their situation. Even though they have as much potential for academic success as their non-parenting cohorts, there are multidimensional causes for their academic failure. Many investigations have shown that early pregnancy hinders educational attainment. Erikson (1974), as cited in Prater (1992), reported that adolescent mothers exhibited a ‘syndrome of failure’, which included a failure to remain in school. Pregnant learners are more likely to drop out of school for at least

an academic year. The dual role of being a mother and a learner is stressful (Parekh & De La Rey, 1997) and impinges on school achievement. School attendance, is also disturbed by such things as babysitting arrangements and the health of the child. Furstenberg (1976) refers to what is termed 'role overload'. He defines 'role overload' as the strain that exists when the adolescent mother simultaneously attempts to meet the demands of parenting and schooling. Parenting learners cannot participate in experiences enjoyed by their peers, for example, extra-curricular activities, which can add much value to the total school experience of most adolescents.

Despite these hardships schooling emerged as important (Prater, 1992). More pregnant and parenting learners choose to stay at school, so as to get 'educated and be able to get good jobs and provide for themselves and their children'.

2.5.4 Depression

Depression has been correlated with teenage pregnancy (Hamburg, 1986). Parenting adolescents are more likely to present with higher levels of depression when compared with non-parenting adolescents and older mothers. In most literature psychological distress among adolescent mothers is perceived as resulting from psychosocial stressors related to the adjustment into the role of being the mother (Kalil & Kunz, 2000).

The role of loneliness and depression in adolescent pregnancy is still a poorly researched phenomenon. In some literature depression is perceived as a cause for pregnancy rather than a consequence and sometimes is implicated in repeat pregnancies (Kalil & Kunz, 2000). Evidence suggests that there is a link between seeking intimacy and early initiation of sexual activity and the resulting pregnancy. It is argued that an adolescent girl who is emotionally deprived may initiate early sex or even decide to have a child in order to get emotional closeness (Furstenberg, Brooks-Gunn & Morgan, 1987). There is a need for longitudinal studies that would clarify the link between perceived depressive symptoms among adolescent mothers and adolescent pregnancy.

In some literature it is argued that adolescent girls are predisposed to depression (Galambos, 2004). It is postulated that adolescent girls are more prone to experiencing

depressive symptoms than their male counterparts. Possible explanations for this gender difference vary. Firstly, girls are genetically susceptible to more stress due to events like menarche and high emotional intensity resulting from hormonal change. Higher levels of stress are correlated with higher rates of depression. Secondly, girls' interpersonal style puts them at a greater risk for depression. Girls tend to be more empathic and seek intimate relationships than their male counterparts.

Kalil & Kunz (2000) conducted a comparative study between adolescents who were married and were in their twenties at first childbirth and those who were young adolescents and not married at first childbirth. The aim of this study was to test the relationship between age and marital status at first birth, to depressive symptoms measured during young adulthood. The initial findings of the study confirmed the hypothesis that women who first gave birth in adolescence presented with higher levels of depressive symptoms than women who first gave birth as married adults. Interestingly, unmarried adolescent mothers and older mothers presented with elevated depressive symptoms when compared to married adolescent cohorts. However, when individual psychosocial characteristics that existed prior to the pregnancy, for example self-esteem and academic performance, were controlled the difference between the groups was not significant. Kalil & Kunz (2000) conclude that the role played by age in causing psychological distress is minimal. Underlying factors associated with adolescent childbirth and psychological functioning in young adulthood may contribute substantially to the prevalence of psychological distress in young adulthood.

2.5.5 Consequences for the Child

Early pregnancy has been found to have dire consequences for the child of the teenage mother in most literature. It is argued that because of immaturity and inexperience adolescent mothers often lack the capacity to adequately understand and respond to the needs of their children (Hudson & Ineichen, 1991; Cunningham & Boulton, 1996).

Mkhize (1995) in his study of the social needs of teenage mothers in a KwaZulu-Natal region, found that teenage mothers could not cope with parenting and that they lacked parenting skills. British and American studies that investigated the consequences of adolescent parenthood by comparing children born to adolescents and those of older

mothers of the same ethnic and socio-economic status had similar findings (Field, Widmayer, Stoller and De Cubas, 1986; Hudson & Ineichen, 1991). It was found that infants of teenage mothers are more likely to receive less verbal stimulation and to have developmental delays. These negative consequences were associated with the fact that teenage mothers had limited knowledge of developmental milestones and held punitive child rearing attitudes. Literature concludes that teenage mothering is contributory to poor cognitive development of the child. Low education levels of the mother, poor socio-economic status and negative attitudes towards child rearing are correlated with the child's poor developmental outcome (Field et al., 1986). Cunningham & Boulton (1996) also postulate that the young mother's immaturity, social inexperience and lack of child rearing skills have a negative impact on the child. The young mother and her off-spring are at a risk of becoming victims of crime like incest, rape, neglect, abuse, family violence and of participation in criminal activities such as drug trafficking, prostitution etc.

In the South African context the teenage mother often resides in her parental home (Preston-Whyte & Zondi, 1992) and the child is often in the care of an adult during the day either the grandmother or at an alternative day care. This implies that the child of an adolescent is more than likely to receive parenting from an adult mother figure and to benefit from this interaction (Camerana et al., 1998). Multiple care giving has also been found to be of benefit for the mother. While an adult is looking after the child, the mother gets the opportunity to attend to other responsibilities thus alleviating the stressors for the mother (Yozi, 2003). It is beneficial for both the adolescent mother and her child and consequently children who are raised in their mother's parental home are more likely not to suffer the detrimental consequences associated with teenage mothering.

2.6 Intervention Strategies

A discussion of factors affecting adolescent pregnancy cannot be divorced from the broader issues of adolescent reproductive health because the same factors that perpetuate adolescent pregnancy also play a role in the spread of AIDS. Recently, the high incidence of HIV/AIDS among adolescents, has necessitated that research and intervention strategies be mainly focused on the reduction of the spread of HIV/AIDS. The National Department of Health, non-government organisations like loveLife, the Planned

Parenthood Association of South Africa, international donors and academic institutions have joined forces to meet the reproductive needs of the South African youth. There are a number of activities that are being implemented at the national level (Erulkar et al., 2001).

Multipurpose Youth Centres (also known as Y-centres), peer educators programmes and mass media are widely used to educate the youth about safe sexual behaviour.

Y-centres have been established in all provinces in the country since 1999. Most intervention programmes that are being implemented aim at changing lifestyle among adolescents by taking an educational approach. Youth centres mostly focus on life skills, for example sexuality education and assertiveness skills, reproductive health services like contraception, and recreational services (Erulkar et al., 2001).

These programmes are fairly new (about twelve Y-centres exist in the country) as a result a majority of youth have no contact with the centres. Y-centres appear to be unpopular among the youth as only 30% of the youth who live near the centres use these facilities (Erulkar et al., 2001). In addition, in studies that measured the effectiveness of Y-centres in Kenya, Ghana and Zimbabwe, Y-centre programmes were found to be less effective in reaching adolescents with information and services. There seems also to be a gap in the provision of reproductive health services. Amongst the literature reviewed there were no programmes in place that focus on the needs of pregnant or parenting adolescents.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Research Design

This is a qualitative study, which employed a phenomenological methodological approach for collection and analysis of data. The phenomenological approach is defined as a research method that attempts to understand participants' construction of an experienced phenomenon or social reality (Bryman, 1992). It allows the researcher to understand how participants understand, interpret and experience a particular phenomenon by focusing on the participants' views and perspectives of their everyday experiences (Verwy, 2003).

The qualitative research method is the most appropriate research design for this study because it allows for the exploration of the subjective experiences of the pregnant adolescent girls.

3.2 Sampling Procedure

The sample for this study was drawn through purposive sampling. Participants selected were adolescent girls who became pregnant and had babies between the ages of 12 and 19 whilst attending high school. More than the interviewed number of participants were introduced to the researcher, however the researcher had to select 8 participants who could avail themselves outside school hours. Of the selected and interviewed 8 participants, only 5 recorded tapes were used for analysis and report writing due to the fact that 3 tapes were inaudible.

3.2.1 Sample and Population

This study was conducted in Soweto high schools, in Zola and Emdeni areas. Soweto is a township situated 15 kilometres in the South-west of Johannesburg's central business district. This part of Soweto was established in the early 1950's. Most of the households are four roomed council houses (Morris, 1980). It is a densely populated area characterised by poverty, unemployment, low education standards and a high rate of crime (Morris, 1980), which are factors often associated with adolescent pregnancy.

The researcher sought permission from the Gauteng Department of Education (GDE) to draw participants from particular schools. After permission had been granted by the GDE, the researcher approached principals of identified schools to seek permission to conduct a study in the schools. Letters were also written to School Governing Bodies (SGBs) in this regard. In all schools approached parenting learners were known to the teachers and all schools preferred that Life Orientation teachers should facilitate a meeting between parenting learners and the researcher. The researcher met with the individual teachers and explained the purpose of the study and discussed how the sample was to be drawn. Teachers then approached individual parenting adolescent girls known to them, explained the purpose of the study and invited them to participate.

Letters explaining about the research were given to the teacher concerned to give to identified learners prior to the meeting with the researcher. In the letters learners were informed that participation in the study was voluntary and that they could withdraw from the study at any stage if they wanted to do so. They were also informed that their identity and the details of the interview records would be kept confidential. Consent forms were attached for the learners to complete if they were willing to participate in the study. All interested learners were invited to a meeting with the researcher at a set date. Prior to interviews, the researcher met once with all the prospective participants. The purpose of this meeting was for the researcher to personally introduce herself to participants, explain the purpose of the study and to respond to questions that participants might have.

3.3 Data Gathering Procedure

The researcher conducted one-on-one, one hour-long semi-structured interviews. The interview schedule used involved a list of open-ended questions, which covered certain themes that were of relevance to the research topic (See appendix E). The interview schedule was used so that the researcher could also raise particular themes that did not evolve naturally during the course of the interview but assisted in answering the research questions (Welman, Kruger & Mitchel, 2002).

The one-on-one, semi-structured interviews were chosen for the purpose of this research because they permitted the interviewer to ask in-depth questions and the participants to express their experiences in their own words. General themes that also evolved into

questions during spontaneous interaction between the interviewer and the subjects were included. In this way the researcher was able to elicit authentic responses from the participants. This enabled the researcher to gain insight into the individual experiences of their life world, in the sense that the interviews focused on the participants' first hand experiences of their life-world rather than speculation (De Vos, 2001; Rossouw, 2003).

All interviews were conducted in English, as all participants were conversant in this language. Interviews were recorded on tape and were later transcribed. The researcher also took notes during the interviews, recording the participants' non-verbal communication.

3.4 Data Analysis

The analysis of data was done manually, using thematic content analysis as outlined by Rietchie, Spencer & Connor (2003). Thematic content analysis is defined as an analytic strategy with an objective of taking a complex whole and resolving it into parts (De Vos, 2001). Data is first organised according to themes, concepts and other emergent categories. Thereafter, using analytical reasoning, themes are analysed in order to generate hypotheses about the data and explanations for the phenomenon.

Outlined below are the steps entailed in the data management and the analysis process.

3.4.1 Data Management

The researcher first listened to the tapes and then transcribed the interviews verbatim. The verbal content as well as other expressions like pauses, sighs and eh!'s were transcribed. Thereafter, the researcher repeatedly read through the interview transcripts and observational notes in order to familiarise herself with the data.

3.4.2 Identifying Initial Themes

The researcher then identified important themes under which the data was sorted. The categories and themes contained in the interview guide served as a preliminary tool against which the data was evaluated and tested (Rossouw, 2003). New themes that evolved

during the interview process were also generated through the identification of recurrent words and ideas, phrases, patterns of beliefs and descriptive accounts. (Welman, Kruger & Mitchel, 2002).

3.4.3 Constructing An Index

The researcher categorised the material into main themes and sub themes, which were then ordered hierarchically in an index, according to the levels of generality. Links between categories were identified and the categories were then grouped thematically.

3.4.4 Indexing Or Tagging The Data

The researcher read carefully through each phrase, sentence or paragraph to understand the contained message and to determine which index category it applied to. Thereafter data was coded by assigning tags or labels indicating index categories to parts of the data.

3.4.5 Sorting The Data By Theme

The researcher then sorted the data thematically by clustering together material with similar content. At this stage the researcher employed creative and analytical reasoning to determine categories of meaning (Welman, Kruger & Mitchel, 2002).

3.4.6 Testing Emergent Hypothesis

As the data was ordered thematically certain hypothesis about the phenomenon emerged. These emergent hypotheses were then tested against the data for validity, informational adequacy and credibility (Welman et al, 2002).

3.4.7 Developing Explanations

A deeper analysis of the data was then carried out in order to find explanations for the phenomena. In addition to explicit reasons contained in the data, the researcher drew from other empirical studies as well as theoretical frameworks to develop reasonable explanations (Welman et al, 2002).

3.4.8 Reporting The Results

The last stage was to write an analytical and interpretative report of the data.

3.5 Ethical Consideration

Before conducting the study, permission was sought from the Gauteng Department of Education to draw participants from particular schools in Zola and Emdeni. Permission to interview prospective participants was sought from their parents and from the prospective participants. Prospective participants and their parents gave their consent by filling in the consent form that was provided before the interviews were conducted.

In the information sheet that requested participants to take part in this study, participants were informed of the purpose and procedure of the study. Participants were informed that their participation in the study was voluntary and that they could withdraw from participating at any point if they wished to do so. The participants' right to remain confidential was extended to include exclusion of any information that could identify them. Participants were also informed that once the report had been completed the researcher would destroy the transcripts and audiotapes. In the event that the interview elicited distressing emotions or memories, the researcher debriefed the participants at the end of the interview. Participants were also referred to Zola Clinic for further counselling and management.

CHAPTER 4: DISCUSSION AND ANALYSIS OF RESULTS

4.1 Sample Profile

Name	Age at Conception	Age at Interview	Period out of School	Marital Status of Parents
Nomsa*	16	19	6 months	Married Parents
Phumi*	15	18	2 months	Single Mother
Sbonelo*	15	17	6 months	Single Father
Nolitha*	16	20	2 years	Single Mother
Maletsatsi*	17	18	+/- 3 weeks	Single Mother

NB: **Not their real names*

The sample consisted of five female participants who were between the ages of 16 and 20. All participants had one child, were not married and were in high school at the time of conception and of the interview. One participant stayed out of school for two years while four participants stayed out of school for no longer than six months. Four participants came from single parent families. In order to protect the participants' identity, pseudonyms have been used in reporting the results.

This study attempted to explore the impact of pregnancy and subsequent motherhood on the adolescent learner. In exploring this aspect respondents were asked whether they thought their lives changed after they became pregnant. They were later asked to explain how their lives have changed. All respondents appeared to feel like their entire lives have been affected negatively by the pregnancy.

Life areas that seem to have had a major impact were relationships with parents, relationships with fathers of their children, school performance and self-concept.

4.2 Presentation of Results

Pregnant adolescents were faced with many challenges, including coming to terms with the fact that they were pregnant, dealing with the responses of significant others to the pregnancy, and adjusting to the school environment.

4.2.1 Power Relations

Unequal power relations played a role in the events that lead to teenage pregnancy. Phumi had a relationship with an unemployed 25-year-old man while she was 15 years old and doing Grade 9 at the time, a year later she became pregnant. He forced her to have a relationship with him. She described her boyfriend as controlling and jealous. He would not let her be with her friends and occasionally used physical force to make her comply. The following extract is taken from an interview with the participant.

Phumi: *“Eish, I never thought I would be in that situation, like he is the one who forced me to go out with him. Like I was in Standard 6 ja, and we dated. I was always afraid that he would leave me and move on but he didn’t. Maybe last of last year he told me that he is now old, now he wants a child. I told him that I can’t ’cause I want to be educated I want to achieve my goals. Then he did not have a problem. We ended up agreeing that we will not have sex without a condom and like that way we had contact. He told me that he broke the condom so that the sperms could get in.*

“Ja, when I was five months pregnant. But I suspected it because I was not menstruating. Then he told me that I was pregnant and he had wanted a child for a long time. So like we had a fight. What was he thinking? Didn’t he think that I won’t be able to achieve my dreams... He knows how my mother is. But he did not have a problem because his family knows he does not have a child yet. I know he was lying ’cause they can’t expect him to have a child because they know that I am still at school.”

Phumi echoes what other researchers have found. She was coerced into a relationship where she was powerless to negotiate sexual activity. Disadvantaged by her own vulnerabilities, her age, inability to stand up against this older man and fear of rejection, she found herself stuck in an emotionally, physically and sexually abusive relationship.

4.2.2 Reaction of the Pregnant Adolescent

All five participants suspected that they might be pregnant when they missed their periods in the first month or two but often had the pregnancy confirmed by a health professional in the fifth month. They all reacted with shock and despair because they realised that they were not ready to be parents and often wondered how they were going to cope with the demands of parenting. Most participants mentioned that they used to worry about how they were going to get the money to meet the financial needs of raising a child. Often they carried deep feelings of guilt and self-reproach that sometimes caused them to attempt to self-induce abortion or attempt suicide.

One participant attempted to commit suicide by taking a cocktail of pills.

Nolitha: *“You know sometimes I used to blame myself for being pregnant and... [Silence]. Like I said, I wanted to kill myself and just thought I can’t think of anything.”*

Three participants contemplated abortion on finding out that they were pregnant. The decision to terminate was made difficult by the fear of sterility or death as a result of abortion. Sometimes lack of knowledge about health centres that provide a safe and free service stopped them from following through with the choice of abortion. Some participants attempted to terminate the pregnancy by taking an overdose of laxatives and painkillers. One of these participants later sought professional help at private clinics, but could not afford to pay the required fee.

Maletsatsi, in the following statement, gives a clear description of what she went through when she discovered that she was pregnant.

“It was a challenge to me. A big challenge. Being pregnant at this kind of age. I have disappointed my sister. I felt that I have been suffering and now I bring a child to suffer more. I felt that it was a crime I did, I tried many things, I tried to terminate the child [pregnancy]. I tried many things... [home remedies], laxatives... After missing my periods for two months I went to the clinic and they told me that I was three months pregnant. I tried [brand of laxative]... it did not do nothing. I went to Jo’burg I tried many clinics they told me that it was R300 to do an abortion. That time I did not have money.”

All five participants reported that pregnancy was an unintended accident even though they did not use any measures to avoid becoming pregnant. The respondents stated that they did not think that they would become pregnant. They also held a belief that contraceptives caused weight gain hence they did not use them. It appears that all five participants did not plan the pregnancy and that they all held a false belief that they were invincible. The results of the current study indicate that initial shock at the discovering the pregnancy is often followed by a period of denial and later a gradual acceptance of pregnancy and the decision to keep the pregnancy. The results also support the argument that, because of the limitations of their cognitive development adolescents often have a poor judgement of personal risk and personal fable, thus they may engage in high-risk activities because of a false belief that they are invincible (Hudson & Ineichen, 1991).

4.2.3 Reaction of Significant Others

When adolescents discover their pregnancy, often their main concern is how their family will react to the news that they are pregnant (Preston-Whyte & Zondi, 1992). Pregnancy in adolescents may be viewed as a crisis in other families (Cervera, 1994; Hudson & Ineichen, 1991). Even though most studies conducted in Britain and America have found that a substantial number of teenage mothers get positive support from their families, a large number is not supported (Hudson, 1998). The results of the current study suggest that most adolescents are afraid to disclose to their parents that they are pregnant because they fear retribution.

Participants were afraid to inform their parents or family members about the pregnancy. They anticipated a harsh reaction and in some cases, to be ostracised by their families. Participants viewed adolescent pregnancy as wrong and also felt that they had disappointed family members by falling pregnant. One participant reported that she wrote a note to her sister to inform her of her pregnancy. Four of the five participants did not inform family members about their pregnancies, but parents saw for themselves when the pregnancy had advanced into the second trimester.

Nomsa responded to a question on how she disclosed to her mother that she was pregnant by saying,

“I did not tell her, she was told by a neighbour when I was about five months pregnant. She said, ‘Look at Nomsa, I think she is pregnant.’”

Parents often reacted to the pregnancy with anger, in some cases pregnancy resulted in serious repercussions for the participants. Two participants were chased away from home, and only returned home after an extended family member had intervened or after the birth of the baby. One participant’s mother attempted to compel her daughter to terminate the pregnancy. She was unsuccessful because the pregnancy had by then advanced well into the second trimester. This participant reported that she was compelled by her mother to consult the services of a doctor in private practice. An adult did not accompany her when she went to see a doctor. The doctor’s assistant then advised the participant that her pregnancy had advanced and that it was risky for her to terminate the pregnancy at that gestational age. Maletsatsi who lived with her sister reported that when she disclosed to her sister, the sister was hurt but nevertheless, offered her support and encouraged her to stay in school.

4.2.4 The School Environment

Five participants reported feeling shy at school. There was a general feeling of being self-conscious about their status and they found it difficult to be with their peers who were not pregnant. Shyness was associated with the perception that their peers gossiped about them, and that people were judgemental and critical of them.

Nomsa: *“I was too shy because people used to laugh at me. My classmates and the girl next door, and the boy in our street. He used to come to school and talk about me in class.”*

Later she added: *“I did not like to walk around the school I did not like to mix with other children.”*

Phumi: *“Ja, at school I was scared that other kids were going to gossip about me and that teachers will start complaining.”*

Maletsatsi: *“It was a bit difficult to come to school being pregnant while others are not. Like now I am a mother. Some kids are students you know, while I am thinking, oh! I’m pregnant I am going to be a mother.”*

Later she adds:

“There were many challenges, like when I thought about being pregnant I thought why am I going to school? Other kids would say, ‘were condoms not there? They criticised in other ways. Even the next door neighbours would criticise me every time I would be staying in the house.”

It appears that even though there are no direct negative repercussions at school for becoming pregnant, learners subjectively perceive the pregnant status as having negative connotations. Thus, they may exclude or isolate themselves from other learners. None of the five participants reported any direct reproach, exclusion or isolation by their peers or teachers when the interviewer probed. Participants reported that they were disappointed in themselves and that they had a feeling of regret and self-blame.

4.3 Impact on Interpersonal Relationships

4.3.1 Parent-Child Relationships

Four participants came from single parent households. One participant, who lived with both parents, reported that the relationship between her parents was unstable, for example at the time she became pregnant, her parents were separated.

Four participants reported pre-existing difficult parent-child relationships characterised by poor communication and problem-solving skills. Participants also perceived that their pregnancy had exacerbated the problem, as tension seemed to increase after the pregnancy. One participant, talking about her single parenting father put it this way:

Sbonelo: *“He used to chase me away from home when I did something wrong, but the next day I would come back home and things would be normal again. But when I fell pregnant it got worse.”*

Another participant had this to say about her relationship with her mother:

Nolitha: *“I get nothing from her, not even soap to wash my clothes, she does not pay my school fees. She said that I am someone else’s wife.”*

Strained relationships were experienced as hurtful and were seen as the main reason for dropping out of school during pregnancy and for the irregular attendance of school afterwards by all participants.

Literature states that pregnant adolescents very often continue to live in the parental home even after the birth of a child (Kaufman, De Wet & Stadler, 2001; Kalil et al., 1998). During pregnancy, the family structure tends to reorganise itself to cope with the pregnancy (Cervera, 1994). However, families experience the pregnancy differently. Some families may form close ties, while others may drift apart. Very often adolescent pregnancy is experienced as a problem and relationships are further strained in families with existing poor quality interrelationships (Cervera, 1994). Furthermore, adolescent pregnancy is often associated with single parenting. It is argued that single parenting caused by divorce, widowhood or a birth out of wedlock has been identified as one of the factors that put adolescent girls raised in such families at a greater risk of becoming pregnant (Prater, 1992; Russell, 1994, Coley & Chase-Lansdale, 1998). This is affirmed by the results of the current study. Of the five participants, one participant came from a married couple family. Even in this case the participant reported that her parents were separated at the time that she fell pregnant.

4.3.2 Relationship with the Father of the Child

Adolescent fathers are often surprised or disappointed when they are informed of the pregnancy. Sometimes they fear that they might be blamed by their own parents and are thus scared of facing up to the consequences of fathering a child, for example having to drop out of school and work for the child (Preston-Whyte & Zondi, 1992). The nature of the relationship often changes, or ends during pregnancy or soon after the birth of the child. Even though the baby’s father might have known the mother for a significant amount of time before pregnancy, his attention is often reduced after the birth of a child. Most young fathers subsequently end the relationship (Hudson & Ineichen, 1991).

It the current study it was found that most participants had separated with the fathers of their children; either on finding out about the pregnancy or soon after the baby was born. All participants reported a drastic change in the nature of the relationship, with the father of the child suddenly becoming ‘uncaring’ and ‘unloving’. One participant, who was still in a relationship with the father of her child at the time of the interview, described their relationship as characterised by arguments and fights.

Phumi: *“He does not care about me anymore, he is focusing on the child only. We fight all the time.”*

Another participant who had been in the relationship with the father of her child for more than three years prior to the pregnancy said,

Maletsatsi: *“When I told him that I was pregnant he said we will see when the baby is born. Since then he never came to see me. When we meet in the street its just ‘hello, hello’ no talking.”*

All five participants expressed a desire to have an intimate relationship with the fathers of their children and were distressed by the end of the relationship. They expressed a sense of loss of what was perceived as loving relationships that used to provide a sense of understanding and support.

Sbonelo: *“I wish we could have the kind of a relationship that we had before. I had someone I could talk to. He understood me. He never wanted to see me cry or hurt.”*

4.3.3 Impact on Psychological Functioning

a) School Performance and Future Plans

Adolescent mothers are often found to present with high levels of depressive symptoms, and to report low self-efficacy and low self-esteem when compared with their non-parenting counterparts and older mothers. In most studies of adolescent mothers, depressive symptoms are associated with social and economic stressors, which is a result of teenage child bearing (Kalil & Kunz, 2000). In studies conducted in Britain and

America, teenage pregnancy has also been found to inhibit learners in participating in some school activities, either because of ill health or the responsibility to attend antenatal or post natal clinic sessions and has been associated with poor educational achievement (Prater, 1992).

Aspirations and goals are important for adjustment in adolescence generally but for adolescent mothers they become a central feature because the demands of parenthood compels them to re-evaluate their future plans for family, education and work (Camerana et al., 1998). In the Baltimore longitudinal study, a sample of urban African American adolescent mothers were followed up from the birth of a child to adulthood, to trace the consequences of early motherhood on the transition to adulthood. It was found that the sample had to adjust their goals according to their situation and that early parenthood was often characterised by 'unsettled lives' as the adolescent mothers try to adjust to developmental tasks and the competing demands of parenting. It was also found that those participants who had high educational aspirations and also received support from social intervention programmes tended to make a well-adjusted transition to adulthood (Furstenberg et al., 1987). These findings are similar to the findings of the current study.

Participants were asked about their future plans or goals. They were later asked whether their current goals were any different from the goals they had before the pregnancy. All five participants reported that their current goals were to pass matric, get a driver's licence, and find a job and to 'raise their children well'. They further reported a change in their aspirations. It appeared that prior to the pregnancy, they held higher aspirations and had a positive self-concept. They had previously aspired to obtaining post-matric education and then pursue well-paying careers. They reported a general feeling of 'not being sure about things', being less motivated or low energy levels, poor concentration and a loss of focus. The participants reported that they were less hopeful about the future. They saw parenting as a primary responsibility and as an obstacle to educational and career achievement. One participant whose dream was to pursue a career in advertising and the film industry expressed a sense of resignation. She summed it up like this,

Phumi: *"I wanted to be an actress. Working in the advertising industry, something like that, 'cause I found that it gives you more knowledge about advertising and the salary is high."*

When she was asked what has changed her dreams she replied,

*“I can’t leave my child alone and do that job. I can’t be an actress ’cause Eish!
I am not who I was at the beginning I do not think I can achieve.”*

She later stated that,

“Ja, like Eish, I don’t think it’s a good idea to become an actress because I don’t have that energy anymore.”

Associated with changed goals was poor academic achievement. Four participants perceived their schoolwork as of poor quality and reported that their performance started to deteriorate when they were pregnant. They attributed the change to poor concentration and attention, resulting from preoccupation with problems associated with their pregnancy. This is how one participant put it ,

Sbonelo: *“My performance dropped a lot. I could not concentrate in school things. I was always thinking about what will I do? Who is going to support my child?”*

The continued poor performance at school after childbirth was associated with parenting responsibility and a lack of time to do school work. Even though family members help look after the child while the mothers are at school, the adolescent mothers were almost solely responsible for the childcare outside school hours. Their day often starts as early as five O’clock in the morning and ends around eleven O’clock at night. They complained about interrupted sleep. When they are at home they hardly have time to do school work, consequently homework has to be done during lessons or they have to arrive early at school and do it before school starts.

b) Self-Perception and Issues of Identity

All five participants reported that their sense of who they are had changed since being pregnant. They described this change as ‘not feeling or being the same’ person that they were before.

Phumi: *“I am not who I was at the beginning, I do not think I can achieve.”*

Later she adds,

“My life has changed in many ways I am no longer happy as I was.”

Maletsatsi experienced herself as alien, she struggled with conceptualising who she really is. Pregnancy arose anxiety and confusion about her own identity. She described her feelings about herself in these words.

“Sometimes I saw myself as a loser in life and I don’t have any chances. Which means I am a mother that’s all. There is nothing I can do in life. Before I fell pregnant I had goals that when I grow up I want to do one, two and three. Every thing is ruined. I am nothing. I am just somebody from nowhere. I did not know myself at all, I mean who I am. I mean, what do I want in life.”

According to developmental theorists, adolescents are either still experimenting with different roles or are in a diffused state whereby they neither search nor commit to an identity. They have not yet achieved identity, for identity can only be achieved after a period of exploration and it is evidenced by commitment to a role (Marcia, 1980). Early pregnancy thus forces the adolescent girl to assume a maternal identity instantly without prior preparation for the role.

4.4 Support System

4.4.1 Support from Family

Participants were asked if they received any kind of support from their families. They were also asked if they thought that the support was adequate. Four mothers or grandmothers of the adolescent mothers assisted by looking after the child when the participants were at school and by buying a few basic necessities. However participants felt that such help was not enough and was inconsistent. Often when there is conflict between the parent and the daughter, the parent would withdraw help in order to punish the adolescent mother. As a result participants had to miss school in order to look after the child.

Nolitha: *“Like a few things, like if I came late at home, things like that, and she would be angry for a week or two. When she is angry with me she won’t look after my child, she won’t buy anything for her. When she is angry with me she says that I will look after my child, she won’t buy anything for her.”*

Nomsa: *“Like in January I had to drop out of school, because she did not want to have anything to do with the baby. When she is drunk she swears at me and I decided that I should drop out of school, look for a job and support my child. What else can I do? Also in December last year she took all the child’s clothes saying ‘ziphandwe nguye’ (she scraped for the clothes) it’s her money, and I am a ****. She swears a lot.”*

In these circumstances the teenage mother has to seek alternative day-care arrangements. Very often they take their children to a crèche. Local crèches usually cost R100 per month. It was also found that in those families that had existing interpersonal relationship problems, tension intensified. Sometimes parents just refuse to help the adolescent mothers, as in the cases of Sbonelo and Phumi.

Sbonelo’s father, the only parent in the sample who happened to be in decent full-time employment, totally refused to assist his daughter in any possible manner. When she was pregnant her father chased her away from home and only allowed her to return on condition that she left the baby with the paternal family. She stated that she was separated from her child at three months and returned home so that she could finish school. She came home in order that she could go back to school. At the time of the interview she was still separated from her baby and this was a source of grievous distress. She only saw her baby once or twice a month for a few hours a day. The baby’s paternal grandmother was entirely responsible for the childcare.

Phumi’s mother was often not available to assist her with childcare because she spent most of her time with her partner. She made it clear that she would look after the child only when Phumi was at school and she refused “to work overtime”, Phumi explained her situation in these words,

“Sometimes my parents (mom & granny) go away and sometimes they just don’t want to hold the child. My mother is stubborn she is the type of a person who does exactly what

she says, she won't change she is stubborn. She goes to her partner on weekends and even on school holidays. After school she goes away and only comes back the next morning. Otherwise everything is my sole responsibility."

Another contributing factor to the limited support given by the families is poverty. Often families of teenage mothers are poor and thus cannot afford to offer more assistance even if they wanted to. Often mother and children rely on the R170 child support grant that they receive monthly. All five participants reported that they have to pay their school fees and sometimes buy food for the whole family from this money. Alcoholism and the dysfunctional family structure also contribute to poor or lack of support. Families of participants were often characterised by constant arguments, alcoholism and an unstable environment.

4.4.2 Support from the Baby's Father

Fathers' involvement during pregnancy and early infancy is critical for the emotional stability of both mother and child (Field et al., 1986), but still more adolescent fathers are often not involved with the mothers and their children. Despite the importance of the father's involvement as indicated by a plethora of studies very little is known about the teenage fathers. Most of the available information about the fathers was collected from interviewing teenage mothers (Hudson & Ineichen, 1991).

Teenage fathers, like teenage mothers are often not ready for parenthood. They are often teenagers themselves on conception, are from low-income communities, have low educational attainment, tend to be poor, and often come from single parent families headed by mother or grandmother. Looking at their impoverished backgrounds, it would be impossible for the fathers to be a reliable source of financial support (Hudson & Ineichen, 1991).

Adolescent fathers often refuse to accept financial and social obligations of parenthood. There is a tendency to deny paternity to avoid financial responsibility. Often the boy and his family would offer 'conditional acceptance of paternity' while the girl is still pregnant. This means that even though the boy's family knew that their son was seeing the pregnant girl, the boy and his family agreed to acknowledge his paternity only if the child was born

with some resemblance to the family (Kaufman et al., 2001). Even when paternity is not in question, a pregnancy no longer results in the payment of 'damages' or a marriage among black South Africans (Burman & Preston-Whyte, 1992).

A relationship with the baby's father was a recurring theme in this study. A majority of participants reported that fathers of babies did not provide financial support. They too, like adolescent mothers, were from impoverished backgrounds. Only one father of a baby in the sample was reported to have passed matric. None of the five fathers were still at school or post school training, none were in full-time employment and only two were employed part-time. All fathers lived with either their mothers or their grandmothers at Zola, Emdeni or the surrounding areas. Two of the fathers had been involved in criminal activities previously.

It was also found that fathers did not give emotional support either. One participant was still in a relationship with the father of the baby at the time of the interview. He provided odd necessities inconsistently as he was only employed part-time. This participant complained that they were not intimate anymore and that when he came to visit, he focused only on the child.

Some fathers of the children simply stopped seeing the girls once they were told about the pregnancy. Sometimes an adolescent father would see mother and child and provide some necessities and money, but only for few months. Then soon deny paternity and stop seeing them. This is how one mother puts it,

"We used to fight a lot, then one day he said that the child is not his, and I have not seen him since that day."

When one girl's family went to report the pregnancy to the boy's family, the boy's family offered to accept paternity if the child was born with some resemblance of the boy and his family, i.e. a conditional acceptance of paternity. However, after the child was born the boy and his family did not make a follow up to establish paternity and assume parental responsibility. Participants felt that offering conditional acceptance of paternity indicated an intention to deny paternity.

Nomsa: *“I do not know what he wanted to do, whether he wanted to deny the child or not. When my family went there his mother asked... then they said they will see when the baby is born... my child’s father told me that his mother wanted him to deny that the child is his.”*

When Maletsatsi informed her boyfriend about the pregnancy, she received a similar response.

Maletsatsi: *“I told him and he said we will see when the child is born. Then I told myself that this is a challenge whereby I must stand on my own. I don’t care whether he supports his child or not. So right now he does not do anything.”*

Participants also had to deal with painful emotions caused by the discovery that their partners were not faithful to them and had fathered children with other girls known to participants, around the same period that participants were pregnant.

Maletsatsi responding to a question on how her boyfriend reacted to the news that she was pregnant said,

Maletsatsi: *“I was not the only one who was pregnant with his child. We were three at the same time. Two of them are dead mine is the only one alive.”*

Participants have to compete for love, support and attention with the other girlfriends.

Nomsa: *“ His mom does not like me... There is another girl that Musa’s dad impregnated so she likes that girl. This girl is also here at school.”*

Often participants find out about the relationships and the pregnancy during the course of their own pregnancy.

“A friend of mine was friends with one of his girlfriends. She came and she said you know so and so is pregnant with your boyfriend’s child... And I said I won’t react in a different way, besides you have hurt me now by not telling me earlier... I was seven months pregnant.”

It also appeared that sometimes the girl's family might reject the adolescent father. Some participants reported that when their boyfriend's family came to acknowledge paternity, their own families turned them away. This is how the two participants put it,

Nolitha: *"When his family came to my home to say that I was expecting their child's baby, my mother did not want to hear anything from them. She told them to go away."*

The boy continued seeing the participant until a few months after the baby was born, but soon denied paternity.

Sbonelo: *"When his family came to report the pregnancy, I don't know, but my father got angry. He did not want to listen to them. He said they must take me with them."*

In this particular case, the subject had to stay with her boyfriend at a friend's house while she was pregnant and after childbirth she and her baby stayed with the boyfriend's family. Her father later allowed her to come back home on condition that she left the baby at the paternal home.

4.4.3 Support from Friends

Adolescence is a stage where one individuates or cuts ties from 'family dependencies', and forms important relationships outside the family. Peer relationships offer a sense of belonging, support and acceptance during the individuation process, thus peers play a major role in influencing adolescent behaviour (Blos, 1989). Results of the current study indicate that early parenting may cause the adolescent mother to be isolated from peers, as a consequent be deprived of a developmental necessity.

When participants were asked who supported them while they were pregnant, all five participants reported that friends were a major source of support. Their friends offered emotional support by being a sympathetic ear, offering advice and lending them money in times of need. Adolescents tend to feel less understood by their parents and thus turn to friends for support and comfort. One participant summed up the importance of friends when she said,

Maletsatsi: *“My friends were always there for me. I speak to my friends all the time. They are the ones who know me, they understand me.”*

Five participants reported that their friends were more accepting of their parent status. This comes as no surprise as four participants had friends who either had children or were pregnant at the time of the interview.

One participant who was 15 at the time of conception, was asked whether her friends had children, she revealed that her four friends had children and that two were pregnant at the time of the interview. She quickly added that she was of no influence to them.

It also appeared that early parenting tended to isolate the teenage mothers because they lack the confidence to make new friends and also lack the time to maintain existing friendships. It was found that teenage mothers no longer spent time with friends because of the increased responsibility. It also appeared that they carried feelings of guilt when they spent time with their friends, as they perceived this as child neglect.

The difficulty to make friends was also linked to the fear of rejection by the non-parenting peers. Participants perceived themselves as ‘different’ from other learners and judged teenage pregnancy as ‘bad behaviour’.

Sbonelo: *“Sometimes you don’t want to mix with other people because you have a child and they don’t, so sometimes you think twice before you make friendship with someone else. You wonder if they are going to accept you. Even though I will go to them I wonder if their parents would be worried that I am going to influence their children.”*

4.4.4 Professional Support

The role of formal supports has been associated with positive results in the adjustment of adolescent mothers. In the Baltimore study it was found that adolescent mothers who benefited from formal programmes tended to do well as young mothers and also continued with schooling. In the current study, none of the participants received any formal support. All five participants did not indicate having contact with organisations or professional people, other than the nursing staff at the antenatal and postnatal clinics. None of the five participants indicated receiving any emotional support from formal structures. It also appeared that they had no education about contraception prior to and after childbirth.

The vague knowledge they had about contraception was received in informal settings. There was also a belief that contraceptives would make them fat hence they were not motivated to use them before childbirth.

The school appeared to play no role in fertility education and was indifferent to pregnant learners. While pregnant learners are allowed by government policy to attend school, there is no intervention strategy set up to assist these learners to cope. Learners were not exempted in any school activities nor were they encouraged in any manner. They reported that nothing was said to them. It appears that sometimes a teacher would ask about their pregnancy, probably out of curiosity because such inquiry was often not followed by any intervention. Learners who achieved academically prior to pregnancy tended to attract teacher's concern. Participants who perceived themselves as intelligent reported that they were encouraged by teachers not to drop out of school.

4.5 Feelings and Thoughts about the Experience

All five participants regretted having a child, they felt that it had brought negative changes in their lives, for example they felt that they were not happy about their lives anymore.

Sbonelo: *“ Not to say that I do not love my child but I would like to change not to have had sex at all, not to have a baby. I have been through a lot of things because of this pregnancy and most of the time it was not nice.”*

Phumi: *“I am no longer happy as I was. Ja, I am not happy the way things are 'cause at this stage I'm too young and I didn't experience anything, and I didn't enjoy anything.”*

There was also a sense of loss of a good opportunity to try and improve their standard of living. Participants had a wish to establish careers but saw parenting responsibilities as an obstacle to achieving better grades and pursuing further education.

Nolitha: *“I still do (wanting to be an accountant) but there is a problem because I can't do things the way I did before. You know like I can't cope. I can't concentrate like before because I've got many things to do and school work. Like I have to look after the child and wash for her.”*

Nomsa: *“I wanted to go to a Technikon, I still want to but now when I look I think I will have to wait. I must get a driver’s licence now before I pass matric so that I can get a job.”*

Participants perceived pregnancy as an event that had ruined their lives. They blamed themselves for allowing themselves to become pregnant, they have wasted their time, and they have ruined their lives. Participants perceived their lives as difficult. It appeared that they had a bleak outlook towards life and had resigned themselves into achieving lesser goals than they had previously.

Phumi: *“I wasted my time on things that I was not supposed to be doing... Like I do not learn the way I used to... So I wasted my time, I ruined my life.”*

Sbonelo: *“Life is difficult for me. I don’t like the way my life is but I have to persevere in the situation that I am in, I have to pass matric.”*

Maletsatsi: *“I like what you are doing; I like clinical psychology with all my heart. Then I told myself that I am a loser I am not going to get what I want in life. There is somebody I must take care of in life. Everything is ruined.”*

The experience has made them realise the danger of acting impulsively. They are now forced to take responsible actions and make important decisions alone.

Nolitha: *“Well now I can say I have learnt to be responsible for myself, to do things for myself. Yes, not to be like the old [Nolitha], not to be a child anymore. Its hard, I have to decide things for myself.”*

Sbonelo: *“Before I fell pregnant I used to do anything anyhow. I did not have that thing to stop and think but now I see that I have to think before I do anything. Yes so every time I do something I must think and decide if it’s right or wrong.”*

4.6 HIV/AIDS and Other Sexually Transmitted Diseases

Even though it is currently standard practice that pregnant women are tested for the HI virus none of the participants voluntarily talked about their experience of the process. It appeared to the researcher that participants avoided discussions around the matter. Three participants reported that their boyfriends had relationships with other girls at the time they were pregnant, interestingly none of them talked about the exposure to the risk of HIV infection. One participant, Maletsatsi related that during her pregnancy her boyfriend also impregnated other two girls and that both infants died. One infant was a still born at seven months and the other infant died of pneumonia at the age of three months. Phumi on the other hand talked about girls in her neighbourhood who were dying of AIDS. When she was asked whether she was concerned that she may have exposed herself to the risk of contracting the virus, she denied such concern and stated that she was simply thinking about the others.

Currently there is a massive media campaign on aids education. Awareness about certain sexual behaviours for example, having multiple partners, are identified as high risk factors associated with the spread of the HIV infection (lovelife, 2001). In view of this fact, one would expect participants to express their thoughts and feelings on this particular matter when asked how they felt when they discovered that their partners had impregnated other girls at the time. It can thus be hypothesised that participants were either reluctant during the interview to deal with the anxiety of possible infection or they may be ignorant of the high risk that they are exposed to when they engage in unprotected sex.

CHAPTER 5: CONCLUSION

5.1 Conclusion And Recommendations

Teenage pregnancy has been investigated at both individual and at a broader social context. It has been found that at the individual level, adolescents' biological and psychological developmental demands and challenges are a risk factor similarly, many researchers have concluded that social factors like poverty and unstable family environment are the greatest predisposing risk factors. An understanding of both the social context in which early pregnancy happens and the individual characteristics of the at-risk adolescent would provide an integrated deeper understanding of the problem. Circumstances of the participants in the study supports the view that early parenthood can have a negative effect on the adolescent mothers' development. Forming intimate relationships is one of the adolescence developmental tasks and sexual intimacy is a predecessor of "true and mutual psychosocial intimacy with another person" (Erikson, 1963:135). Therefore, unplanned parenthood interferes with the normative transition to adulthood. Transformations that occur during adolescence such as individuation, identity formation and the ability to form mature intimate relationships may be affected by early parenthood.

Low self-esteem is often associated with teenage pregnancy. Flishera and Aarob (2002) perceive it as a factor that puts adolescents at risk of becoming pregnant whereas others have argued that it is an antecedent of early pregnancy. Low levels of self-efficacy, negative self-image, poor motivation and low hopes for the future are some of the indicators for low self-esteem, thus it can be deduced that participants in this study may have low self-esteem. However, what participants described could be investigated as possible depressive symptoms when responded to questions about their school performance. Thus the role of depression and low self-esteem in adolescent pregnancy needs to be further investigated.

Available literature does indicate that parenting adolescents have been found to cope better when they have formal support. The role of formal social intervention programmes for parenting adolescents has been found to produce good results. Positive support from family, friends and father of the child is also often linked with positive outcomes.

However, most adolescent fathers often offer very little or no support to the mothers of their children. Among black South Africans it has been a norm that a child of an unmarried woman is incorporated in the family of the mother, irrespective of whether 'damages' (reparation for impregnating the young woman out of wedlock) were paid or not, the child would be a member of its mother's family. Even though family members may help in looking after the child while the young mother goes to school, the mother is primarily responsible for looking after the child.

This suggests a holistic approach in intervention strategies tailored in order to support pregnant and parenting adolescents, especially since families are sometimes reluctant to help the adolescent mother. Partners of adolescent mothers often do not offer financial or emotional support to the adolescent mother and her child.

It is suggested that that the government policy allowing pregnant and parenting adolescents to remain in school should be augmented by the establishing educational structures accommodating the needs of these learners, as well as by offering training for teachers to deal with factors affecting the parenting adolescent learner. Strategies should further focus on involving adolescent fathers and family members as the primary support system for the parenting adolescent girls. In addition to sexuality education at schools, school based programmes aimed at giving support to parenting learners should be developed. Review of the programmes offered in Youth Centres indicates that currently, much focus is on the prevention of pregnancy and combating the spread of HIV infections. Y- centres could also play a role in addressing issues around adolescent parenting as well as giving psychosocial support to parenting adolescents. In view of the fact that partners of adolescent mothers are often adolescents or young men themselves, educational programmes on sex, reproduction and parenting should cater for both parenting and non parenting boys and girls.

Results of the current study indicate that adolescents rely mostly on friends or their peers for support. Parenting adolescents may be trained to give peer education and counselling to other adolescents.

Previous studies found that adolescent mothers often have low levels of self-esteem, poor aspirations or future plans. These findings are supported by the results of the current

study. Even though participants had high aspirations before the pregnancy they were now content with “finding a job and taking care of their children”. Thus support for adolescent mothers should also focus on building a positive self-concept, life planning, educational support and employment goals. Further more the role of formal and informal supports to positive adjustment is highly critical even for normative development.

5.2 Limitations Of The Study

The results of this study cannot be generalised to the entire population as only five participants residing in Soweto were interviewed. The study also focused only on the learners who remained within the school system and did not take those who dropped out into account. It also did not explore the experiences of learners who did not carry their pregnancies to full term either due to voluntary or involuntary abortion or death of the infant. It is therefore suggested that future studies should focus on the experiences of the learners who lost their babies, because even though they might not be dealing with the responsibilities of teenage motherhood, they might be dealing with loss resulting from the abortion.

Only older adolescents were interviewed and according to research, older adolescent cope better than younger adolescents. Therefore the results and recommendations of the study might not apply to the latter group. Furthermore Adolescence is not a universal group it is very diverse and culturally relative and consequently the findings and recommendations will not be universally applicable.

REFERENCES

Anderson, B.A. (2002). 'Fertility, Poverty and Gender'. In Fertility, Current South African Issues of Poverty, HIV/AIDS and Youth. Cape Town: Seminar Proceedings, HSRC Publishers.

Bierie, K.G. and Bingham, M. (1994). 'A Working Curriculum for Gender Roles'. In S.L. Archer (ed), Interventions for Adolescent Identity Development.

Birth to Twenty (2003) In Press : University of the Witwatersrand Medical School (www.wits.ac.za/birthto20)

Blos, P. (1989). Adolescent Passage: Developmental Issues. Madison, Connecticut: International Universities Press.

Burman, S. (1992). 'The Category of The Illegitimate in South Africa'. In S. Burman and E. Preston-Whyte (eds.) The Questionable Issue – Illegitimacy in South Africa. Cape Town: Oxford University Press.

Caldwell, J.C. and Caldwell, P. (2003). 'Fertility Issues in Southern Africa'. In Fertility, Current South African Issues of Poverty, HIV/AIDS and Youth.

Camerana, P.M., Minor, K., Melmer, T. and Ferrie, C. (1998). 'The Nature and Support of Adolescent Mothers' Life Aspirations'. Family Relations 47:129-137.

Carolissen, R.L. (1993). 'The Social Context of Adolescent Pregnancy: The Case of Mamre'. Unpublished Master's Thesis, University of Cape Town.

Cervera, N. (1994). Family Change During an Unwed Teenage Pregnancy. Journal of Youth and Adolescence 23(1).

Chillman, S. (1986). 'Some Psychosocial Aspects of Adolescent Sexual and Contraceptive Behaviors in a Changing American Society'. In J.B. Lancaster and B.A. Hamburg (eds), School-Age Pregnancy and Parenthood.

Coley, R.L. and Chase-Lansdale, P.L. (1998). 'Adolescent Pregnancy and Parenthood: Recent Evidence and Future Direction'. American Psychologist Chicago: University of Chicago.

Compass (2004). In Lerner, M.R. and Steinberg, L. (2004). Handbook of Adolescent Psychology. Hoboken, New Jersey: John Wiley and Sons Inc.

Cunningham, P.W. and Boulton, B.E. (1992). 'Black Teenage Pregnancy: An African Perspective', An International Journal of Adolescence and Youth 3(3-4).

Cunningham, P.W. and Boulton, B.E. (1996). Black Teenage Pregnancy in South Africa: Some Considerations. University of Port Elizabeth.

Dadian, D., Hutchinson, S. (2001). 'Reducing HIV Infection Among Youth: What School Can Do?' Horizons Report. Washington: The Population Council Inc.

Dash L. (1994). Cultural Influences Contribute to Teenage Pregnancy. In K.L. Swisher (eds), Teenage Sexuality: Opposing Viewpoints. USA: Greenhaven Press, Inc.

De Vos, A.S. (2001). Research at Grass Roots: A Primer For The Caring Professions. Pretoria: Van Schaik Publishers.

Dickson (2002). In Fertility, Current South African Issues of Poverty, HIV/AIDS and Youth. Department of Social Development, HSRC Publishers

Dickson-Tetteh K, Brown H, Rees H, Gumede H, Mavuya L. (2000). An Evaluation of the Implementation of the Choice on Termination of Pregnancy Act. Reproductive Health Research Unit, University Of The Witwatersrand, South Africa.

DHS Analytical Studies. (2003). Trends and Differentials in Adolescent Reproductive Behaviours in Sub-Saharan Africa.

Dryfoos, J.G. (1990). *Adolescent at Risk: Prevalence and Prevention*. New York: Oxford University Press.

Du Plessis, G. (2002). 'HIV/AIDS and Fertility'. In *Fertility, Current South African Issues of Poverty, HIV/AIDS and Youth*.

Erikson, E.H. (1963). *Identity: Youth and Crisis*. London: Faber and Faber Ltd.

Erulkar A.S., Beksinska, M. and Cebekhulu, Q. (2001). *An Assessment of Youth Centers in South Africa*. Durban: The Press Gang.

Field, F., Widmayer, S., Stoller, S. and De Cubas, M. (1986). 'School-Age Parenthood in Different Ethnic Groups and Family Constellations: Effects on Infant Development'. In J.B. Lancaster and D.A. Hamburg (eds), *School-Age Pregnancy and Parenthood*.

Flishera, J. and Aarob, L.E (2002). 'Unsafe Sexual Behaviour in South African Youth'. Department of Psychiatry and Mental Health, University of Cape Town.

Furstenberg, F.F. (1976). *Unplanned parenthood*. Free Press.

Furstenberg F.F., Brooks-Gunn J.S.P. and Morgan S.P. (1987). *Adolescent Mothers in Later Life*. New York: Cambridge University Press.

Foy, D. and Dickson-Tetteh, K. (2001). *Handbook of Adolescent Sexual and Reproductive Health Care*. (RHRU): University of the Witwatersrand

Galambos. (2004). In Lerner and Steinberg (Eds) . *Handbook of Adolescent Psychology*. Hoboken, New Jersey: John Wiley and Sons Inc.

Government Gazette no 17602. (1996). South Africa: Online Record Display.

Government Gazette no 19230 part 2. (1998). South Africa: Online Record Display.

Hamburg, B.A (1986). 'Subsets of Adolescent Mothers: Developmental, Biomedical and Psychosocial Issues'. In J.B. Lancaster and B.A. Hamburg (eds). School-Age Pregnancy and Parenthood. New York, De Gruyter

Horizons Report (2001) HIV / AIDS Operations research . The Population Council Inc.

Hudson (1986). In J.B. Lancaster and B.A. Hamburg (eds). School-Age Pregnancy and Parenthood. New York, De Gruyter

Hudson, F. and Ineichen, B. (1991). Taking It Lying Down: Sexuality and Teenage Motherhood. Basingstoke: Macmillan Education.

Kalil, A. and Kunz, J. (2000). 'Long Term Effects of Teenage Childbearing on Mental Health in Young Adulthood'. University of Chicago and Joint Centre for Poverty Research.

Kalil, A., Spencer, M.S., Spieker, S.J. and Gilchrist, L.D. (1998). 'Effects of Grandmother Core-residence and Quality of family Relationships on depressive Symptoms on Adolescent Mothers'. Family Relations (47):433-441.

Kaufman, C.E., De Wet, T. and Stadler, J. (2001). Adolescent Pregnancy and Parenthood in South Africa 32(2):147-160.

Lesch and Kruger (2005). Mothers, Daughters and Sexual Agency in One Low Income South African community. Social science and Medicine (61). Iss. 5

LoveLife. (2001). A National Survey Of South African Youth. Parklands, South Africa.

Macleod, C (a) (1999). 'Teenage Pregnancy and its Negative Consequence: Review Of South African Research' Part 1. South African Journal of Psychology 29(1):1-16.

Macleod, C (b) (1999). The 'causes' of Teenage Pregnancy:Review of South African Research-Part 2. South African Journal of Psychology.29(1)8-17

Makhetha, T.E. (1996) 'Adolescent Pregnancy and its Birth Outcome Among Adolescents Aged 13-16 in Soweto Gauteng Region'. Unpublished Master's Thesis, University of the Witwatersrand.

Makhiwane, M.B. (2003). 'Response to Paper 2, Anderson, B.A'. In Fertility, Current South African Issues of Poverty, HIV/AIDS and Youth. Department of Social Development, HSRC Publishers

Marcia, J.E. (1994). Identity and Psychotherapy. In S.L. Archer (ed), Interventions for Adolescent Identity Development. London, SAGE publications

Mathiti, V., Simbayi, L.C., Jooste, S., Kekana, Q., Nibe, X.P., Shasha, L., Bidla, P., Magubane, P., Cain, D., Cherry, C., Kalichman, S.C. (2005). 'Development of an HIV Risk Reduction Counselling Intervention for Use in South African Sexually Transmitted Infection Clinic'. Journal of Social Aspects of HIV/AIDS 2(2):267-76.

Meier, G. (1994). Life Issues: Teenage pregnancy. New York, Cavendish Corporation.

Morris, P (1980). A Review of Existing Social Conditionn and Some Guidelines for Change. Urban Foundation, Johannesburg.

Miller, B. (1996). Siblings and Teenage Pregnancy. American Demographics Ithaca 18(11).

Mfono, Z.L. (1995). Parents and Teenage Pregnancy Crisis in South Africa. SALUS (13):6-8.

National Population Unit. (2000). Perceptions and Thoughts on teenage Pregnancy as Reflected by Some Participants in the World Population Day Essay Competition in 1996. South Africa: Department of Welfare.

Osofsky, H. (1968). The Pregnant Teenager: A Medical, Educational and Social Analysis. Springfield: Thomas Books.

Olivier M.A.J and Bloem S (2004) Teachers Speak Their Minds About Abortion During Adolescence. South African Journal Of Education; vol 24(3) 177-182

Oz, S., Tari, A. and Fine, M. (1992). 'A Comparison of the Psychological Profiles of Teenage Mothers and their Non Mother Peers: Ego Development'. Adolescence 27(105):193-201.

Parekh, A. and De La Rey, C. (1997). 'Intragroup Accounts of Teenage Motherhood: A Community Based Psychological Perspective'. South African Journal of Psychology 27(4).

Peterson, A.C. & Crocket, L. (1986). Pubertal Development and its Relation to Cognitive and Psychosocial Development in Adolescent Girls: Implications for Parenting'. In J. B. Lancaster and B.A. Hamburg (eds), School-Age Pregnancy and Parenthood.

Piaget (1958). The Growth of Logical Thinking from Childhood to Adolescence. An Essay on the Construction of Formal Operational Structures. Routledge & Kegan Paul.

Plant, M. & Plant, M. (1992). Risk Takers: Alcohol, Drugs, Sex and Youth. London: Routledge.

Prater, L.P. (1992). 'Early Pregnancy and Academic Achievement of African- American Youth'. Exceptional Children 59(2): 141-149.

Preston-Whyte, E. and Zondi, M. (1992). 'African Teenage Pregnancy – Whose Problem?' In S. Burman and E. Preston-Whyte (eds), A Questionable Issue- Illegitimacy in South Africa.

Preston-Whyte, E, Zondi M., Mavundla G. & Gumede G (1988). 'Teenage Pregnancy, Whose Problem? : Realities and Prospects for Action in KwaZulu-Natal'. Paper read at The International Conference on Population Development in South Africa. Johannesburg, South Africa.

Programme Briefs (2000). Operation Research-Assistance Africa project 2: The Population Council Policy Research Division and International Programmes Division of the Population Council

Raycroft, C. (1979). Dictionary of Psychoanalysis; Aylesbury: Hazell Watson & Viney Ltd.

Richter, L. (1996). 'A Survey of Reproductive Health Issues Among Urban Black Youth in South Africa (Final Report)'. Pretoria: Centre for Epidemiological Research.

Rietchie J, Spencer L and Connor W (2003). Carrying Out Qualitative Analysis. In Rietchie & Lewis (Eds) Qualitative and Research Practice: a guide for social science students and researchers. London, Thousand Oaks, SAGE.

Rossouw, D. (2003). Intellectual Tools (2nd Eds). Pretoria: Van Schaik Publishers.

Russell, S.T. (1994). 'Life Course Antecedents of Premarital Conception in Great Britain'. Journal of Family Life and Marriage 56(2):480-492.

Ruthellen (1994) Interventions for Adolescents. In S.L. Archer (eds) London Sage Publications

Solomon, R. and Liefeld, C.P. (1998). 'Effectiveness of a Family Support Center Approach to Adolescent Mothers: Repeat Pregnancy and School Drop- out Rates'. Family Relations 47:139-144.

South African Demographics and Health Studies (SADHS) (1999). South Africa in Transition; Selected findings from the South African demographic Health Survey, 1998. Pretoria. SADHS Project Team

Summers, T., Kates, J. & Murphy, G. (2002). The Tip of the Iceberg: The Global Impact of HIV/AIDS on Youth. Menlo Park, CA: The Henry J. Kaiser Family Foundation.

Swartz, L. (2002). Fertility Transition In South Africa And Its Impact On Four Racial Groups. In Fertility: Current South African Issues of Poverty: HIV/AIDS & Youth.

Skjerdal T. (2002). 'Bill on Demand: South African Newspapers Fighting the Abortion Issue in 1995/1996'. *Ecquid Novi* , Research Section 21(1):62-83.

The Alan Guttmacher Institute. (1998). *Into A New World: Young Women's Sexual and Reproductive Lives*. New York.

Varkey S.J (2000) Abortion Services in South Africa: Available and Yet Not Accessible To A. *International Journal of Family Planning perspectives*, vol. 26, no. 2

Verwy, S. (2003). 'Content Analysis: An Introduction to its Methodology'. In D. Rossouw D. (eds), *Intellectual Tools*.

Welman J.C. & Kruger S.J. & Mitchell (2002). *Research Methodology*. Oxford university Press . Cape town

Yozi, Z. (2003). 'An Exploration of Mothering in the Rural African Xhosa Context'. Unpublished Master's thesis, University of the Witwatersrand

APPENDIX A: SUBJECT INFORMATION SHEET A

Hi! My name is Vella Maseko and I am a student in, Clinical Psychology Masters programme in the Department of Psychology at the University of the Witwatersrand. I am conducting research on the experiences of pregnant learners as part of the requirement for this degree.

I request you to participate in this study. This will involve a 60 minutes recorded individual interview around your experiences of teenage pregnancy. Your identity and the details of the interview records will be kept confidential, and the only other person who will have access to the information will be the supervisor overseeing this research. The transcripts and the audiotapes of the interview will be destroyed, once the research report has been completed.

Your participation will be appreciated, however you are not obligated to participate and may withdraw your participation from the study at any time if you wish to do so.

Finally, you are requested to complete the attached consent forms if you are willing to grant consent for your participation. Thank you for your time. Should you require further information, please contact either me or my supervisor at the following numbers

Ms Vella Maseko	082 5127 560
Mr. Oscar Modipa	(011) 717 – 4518 (office)
	073 2195 585

APPENDIX B: CONSENT FOR PARTICIPATION

I, the undersigned consent to allow my daughter to voluntarily participate in the study researching the experiences of pregnant learners.

I am aware that she is under no obligation to participate in this study and may withdraw at anytime without negative consequence for her.

NAME :

RELATION TO LEARNER :

SIGNATURE :

DATE :

APPENDIX C : PARTICIPANT CONSENT FORM

I, the undersigned voluntarily consent to participate in the study researching the experiences of pregnant learners, conducted by Vella Maseko. I fully understand the procedures of the study as explained to me.

I am aware that I am under no obligation to participate in this study and may withdraw at anytime without negative consequence to me.

NAME :

SIGNATURE :

DATE :

APPENDIX D : CONSENT FOR AUDIO RECORDING

I, the undersigned, voluntarily consent to participate in the study researching the experiences of pregnant learners, conducted by Vella Maseko. I am fully aware of the purpose and the procedure of the study. I thus consent to have the interview tape recorded.

NAME :

SIGNATURE :

DATE :

APPENDIX E : INTERVIEW SCHEDULE

1. Personal details
 - 1.1 Name and surname
 - 1.2 Current age
 - 1.3 Grade
 - 1.4 Age at conception
 - 1.5 Marital Status of the participant
 - 1.6 Period out from school
2. Challenges faced whilst pregnant: at school and at home.
3. How has the experience changed their life:
 - 3.1 Relationship with friends
 - 3.2 Father of the child
 - 3.3 School performance
4. Support system :
 - 4.1 Family
 - 4.2 Friends
 - 4.3 Father of the child
 - 4.4 Professionals
5. Current school experiences
6. Future Plans /Aspirations
7. Thoughts and feelings about the Self and Pregnancy

APPENDICES

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (NON-MEDICAL)

Ref: R14/49 Maseko

CLEARANCE CERTIFICATE

PROTOCOL NUMBER H03-09-13

PROJECT

Experiences of Pregnant Learners: Implications for Interventions

INVESTIGATORS

Mrs V Maseko

DEPARTMENT

Psychology, Wits University

DATE CONSIDERED

03-10-01

DECISION OF THE COMMITTEE *

This ethical clearance is valid for 2 years and may be renewed upon application.

DATE 03-12-11

CHAIRMAN

[Signature] (Professor GR McLean)

* Guidelines for written "informed consent" attached where applicable.

c c Supervisor: Mr O Modia

Dept of Psychology, Wits University

Works2\ain0015\HumEth07.wdb\IM 03-09-13

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

This ethical clearance will expire on 1 February 2005

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES



UMnyango WezeMfundo
Department of Education

Lefapha la Thuto
Departement van Onderwys

Date:	02 September 2003
Name of Researcher:	Maseko V.
Address of Researcher:	130 Block AA
	Soshanguve
	0152
Telephone Number:	0825127560
Fax Number:	N/A
E-mail:	Masekov3@hse.pg.wits.ac.za
Research Topic:	Experiences of Pregnant Learners: Implications for Interventions
Number and type of schools:	4 Secondary Schools
District/HO	Johannesburg South

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed below being met, and may be withdrawn should any of these conditions be flouted:

1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.

Office of the Senior Manager – Policy Coordination, Monitoring & Secretariat Services
Room 914, 111 Commissioner Street, Johannesburg, 2001 P.O.Box 7710, Johannesburg, 2000
Tel: (011) 355-0475 Fax: (011) 355-0512 E-mail: SallyR@govt.gov.za Cell: 083 310 1910

4. A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Senior Manager (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the Institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher must supply the Senior Manager: Strategic Policy Development, Management & Research Coordination with one Hard Cover bound and one Ring bound copy of the final, approved research report. The researcher would also provide the said manager with an electronic copy of the research abstract/summary and/or annotation.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Senior Manager concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards,

Sally Rowney

Sally Rowney: Senior Manager

The contents of this letter has been read and understood by the researcher.	
Signature of Researcher:	<i>Maseko</i>
Date:	23/10/03

N.B. Kindly sign and fax copy to Ntombi Maswanganyi @ 011 355 0512

Yours sincerely

VELLA MASEKO (Ms)

Room CEB208