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Socio-emotional development in children of teenage mothers

by

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Declaration

“I declare that **Socio-emotional development in children of teenage mothers** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.”

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L.P. Mahwai

03 June 2016

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Table of contents

Chapter 1. Introduction……..……....2

1.1. Rationale 2

1.2. Aims 3

1.3. Hypotheses 3

Chapter 2. Literature Review 5

2.1. Social-emotional development of children 5

2.2. Socio-emotional development and teenage childbearing 6

2.3. Studies researching socio-emotional development of children 7

2.4. Mediators of teenage parenting problems 9

2.4.1. Mothers development 9

2.4.2. Education and employment 10

2.4.3. Socio-economic deprivation 11

2.4.4. Stigmatisation and Lack of Social Support 11

2.4.5. Mental health and substance abuse problems 12

2.4.6. Relationships and Marriage 13

2.5. Mediators of social-emotional development problems of children 15

2.6. Theoretical framework 16

Chapter 3. Methodology 18

3.1. Research design 18

3.2. Sampling 18

3.3. Instruments 20

3.3.1. Demographic forms 20

3.3.2. Emotional Quotient Inventory: Youth Version (EQ-i:***YVTM***) 20

3.4. Procedure 22

3.5. Ethical considerations 23
3.6. Data analysis 24
Chapter 4. Results 25
4.1. Summary of the biographical information 25
4.1.1. Samples percentage distribution according to the mothers information 26
4.1.2. Child's biographical information 33
4.2. Simple regression 36
4.2.1. Regression using type of mother 36
4.2.2. Regression using mothers' age 37
4.3. t-Test for independent means 38
*Correlation is significant at the 0.05 level (2-tailed). 39
4.4. Hierarchal regression 39
i. Current variables 39
ii. Demographic variables when the child was born 40
Chapter 5. Discussion and conclusion 42
5.1. Limitations 45
5.2. Recommendations for Further Research 46
5.3. Conclusion 46
6. Reference List 48
7. Appendix 53

Chapter 1. Introduction

There is seemingly a wide range of research surrounding teenage childbearing and the consequences thereof in South Africa. However this research mostly focuses on the immediate effects on a girl's (mother) school attendance (Mahesh & Marlene, 2012; Azad, Blacher, & Marcoulides, 2014; Boult & Cunningham, 1991), and the number of social and economic disadvantages that is associated with teenage childbearing such as the course of lifetime poverty it has on the teenage mother and her child (Makiwane, 2010; Card & Wise, 1978; Hoff, Laursen, & Tardif, 2002). Researchers are more interested in finding out what the underlying root causes for teenage pregnancies are and the effective programs and policies that need to be developed to reduce the high percentages of teenage childbearing (Panday, Makiwane, Ranchod, & Letsoalo, 2009; Makiwane, 2010; Mahesh & Marlene, 2012). However, the effects that teenage childbearing has on the child born to the young mother is an area of study that is neglected. This study aimed to explore whether teenage childbearing has an effect on the development of the child.

1.1. Rationale

There is evidently a large body of research on how teenage childbearing affects the mother. There is however little research in South Africa that has delved more deeply into the effects that teenage pregnancy has on the child. It is evident in this that although a range of policies and measures have been designed to promote the wellbeing of children in South Africa (Lockhat & Van Niekerk, 2000); this sector of society continues to be neglected. The child that is born to teenage mother should be affected by the mother's teenage childbearing. Researching this topic could help us identify the effects that teenage childbearing has on the child.

Similarly to the topic of the effects that teenage childbearing has on the child, the area of socio-emotional development in children of teenage mothers is seldom discussed. The effects that teenage childbearing had in South Africa mostly focused on how it affected the school achievement of the child and the health of the child when they are born, such has being under weight and physically stunt (Mahesh & Marlene, 2012). Psychological problems are a part of our lives but when it comes to teenage childbearing, it seems to be the last thing to be investigated. It has been laid out in the literature that it is important to study socio-emotional development in

children, as it is essential for their intrapersonal and interpersonal capacities which they need to adapt to their multiple social roles, for example, as students, classmates, friends and siblings (Sandella, Kimberb, Anderssona, Elga, Fhärma, Gustafssona & Söderbauma, 2012). The social and emotional capacity of the child is important to their overall development and neglecting it may have adverse effects on the child later in life.

It is thus essential to investigate whether teenage childbearing has a relationship with the socio-emotional development of the child. There is limited research that delves deeply into this relationship and thus this study sought to address this gap in research.

1.2. Aims

The study had four central aims, first to investigate whether there is a relationship between teenage childbearing and the child's social-emotional development in middle and late childhood, second determine whether there is a difference in the social and emotional development between children of teenage mothers and children of non-teenage mothers, third, to examine whether there are other contributing demographic factors that may influence the child's socio-emotional development, and lastly it highlighted the need in South Africa for developing social-emotional programs to help children to develop intrapersonal and interpersonal capacities.

1.3. Hypotheses

The hypotheses of this study were as follows:

Hypothesis 1: Teenage childbearing has an impact on the socio-emotional development of a child born to a teenage mother

$\boldsymbol{H_0}$**:** Teenage childbearing has no impact on the socio-emotional development of a child born to a teenage mother

Hypothesis 2: The socio-emotional development of children born of teenage mothers is different from the socio-emotional development of children born to non-teenage mothers.

$\boldsymbol{H_0}$: The socio-emotional development of children born of teenage mothers is not different from the socio-emotional development of children born to non-teenage mothers.

Hypothesis 3: The demographic variables have an influence on the socio-emotional development of the children

$\boldsymbol{H_0}$: The demographic variables do not have an influence on the socio-emotional development of the children

Chapter 2. Literature Review

It is often believed that childhood experiences shape who they become in adulthood and it is for this important reason we study children (Levine & Munsch, 2014). This section seeks to discuss the social-emotional development of children, social-emotional development and teenage childbearing, Studies researching socio-emotional development of children, the mediators of teenage parenting problems and of social-emotional development problems in children.

2.1. Social-emotional development of children

Developmental psychology is the branch of psychology that tries to understand how a child grows and develops and how the role of the family and schooling can impact this (Gillibrand, Virginia, & O'Donnell, 2011). One of the domains of development that is the focus of this study is Social-emotional development (Santrock, 2009). This domain includes all the ways that we connect to other individuals, the ways we understand our emotions and the emotions of others, learning how to interact effectively with others and how to express and regulate our emotions (Levine & Munsch, 2014). It can thus be concluded that emotions help in determining the flow and outcome of interaction (Smith & Hart, 2004).

It is important to study the socio-emotional contexts of children's lives because it influences their ability to learn (Levine & Munsch, 2014), academic performance, mental health, behavioural problems and social skills (Mathieson & Banerjee, 2010; Smith & Hart, 2004; Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013 ;Miller, Maguire, & Macdonald, 2012). Social-emotional development in children is also essential for their intrapersonal and interpersonal capacities which they need to adapt to their multiple social roles, for example, as students, classmates, friends and siblings (Sandella, Kimberb, Anderssona, Elga, Fhärma, Gustafssona & Söderbauma, 2012). It is therfore critical to place effort at improving children's social and emotional development in order to achieve effective developmental outcomes (Sandell, Kimberb, Anderssona, Elga, Fhärma, Gustafssona and Söderbauma, 2012).

According to Roffey, Tew and Dunsmuir (2010), school can be the most positive experience for many children, especially for those of who have experienced a wide range of adversities in their lives. They argue that the teachers need to have a mindful focus on the social and emotional climate of the learners and not be pre-occupied with test scores that they are oblivious to or

dismissive of the flow of feelings that infuse their students (Roffey, Tew, & Dunsmuir, 2010). Erikson's psychosocial theory supports this argument in his industry versus inferiority stage as he points out that a crisis that arises at this stage is mostly from the interactions with their teacher (Gillibrand, Lam, & O'Donnell, 2011). According to Erikson (cited in Hook, Watts, & Crockcroft, 2002) inferiority complexes, feelings of unworthiness, inability, and low self-esteem are rooted in this stage of development. For instance when children are encouraged in their efforts to make, build and work, their industry increases but if their efforts at making things are seen as mischief or making a mess, it encourages their development of a sense of inferiority (Santrock, 2009). Therefore, how adults respond to the child's efforts in activities is important for their social and emotional development.

It is thus important for schools to make effort to develop programmes that support and help children's social-emotional development, as children's ability to manage their emotions and relationships with others influences a successful school experience (Mathieson & Banerjee, 2010).

2.2. Socio-emotional development and teenage childbearing

There has been a vast amount of research conducted on how care giving competence or effective parenting practices and the quality of the environment has an influence on the child's optimal development. Research has found that an advantaged social-structural environment and effective parenting practices are conducive to a child's early development (Pevalin, Wade, & Brannigan, 2003; Gosselin, et al., 2014; Miller, Maguire, & Macdonald, 2012). It is apparent that the area of socio-emotional development in children of teenage mothers is seldom discussed.

However what is known is that teenagers that become parents as teenagers are relatively less likely to be prepared for parenthood and are also less likely to develop a positive parent child relationship (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013). We can thus speculate that parents experiencing a teen or unplanned birth, for example, may be less ready or interested than other parents in bonding emotionally with their children and less likely to have the maturity and wisdom to deal with their children's needs and problems (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013).

Research studies in the USA also show that teenage mothers score lower than other parents on assessments of their parenting behaviours and their relationship with their children (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013) to the point that programmes have been developed to train teenage mothers to improve their parent child interaction and emotional and behavioural outcomes for their children (Barlow, Smailagic, Bennett, Huband, Jones, and Coren, 2014), mostly because children of teenage mothers are highly likely to experience poor developmental and educational outcomes (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013). Also the effects that teenage childbearing had in South Africa mostly focused on how it affected the school achievement of the child and the health of the child when they are born, such has being under weight and physically stunt (Mahesh & Marlene, 2012).

It can therefore be presumed that there is a relationship between teenage childbearing and the development of the child's socio-emotional development. However, there is seldom research that has delved deep into this relationship.

2.3. Studies researching socio-emotional development of children

A large number of measures were developed to aid in the assessment of children and young people's social and emotional skills as this particular area has been receiving growing attention (Humphrey, Kalambouka, Wigelsworth, Lendrum, Deighton, &Wolpert , 2011). There seems to be many criticsms and key issues concerning measures of sociol-eomtional skills (Humphrey, et al., 2011). These issues include difficulties with the underlying theory and frameworks for social and emotional skills, and how there are inconsistent terminologies, the scope and distinctiveness of available measures, and more practical issues such as the type of respondent, location, and purpose of measurement (Humphrey, et al., 2011). However one should consider the relatively recent interest in social and emotional learning (and therefore measurement of social and emotional skills) among children and adolescents (Humphrey, et al., 2011).

Older research in the domain of social-emotional development used observational methods such as the strange situation in the study of attachment and temperament in children (Gillibrand, Virginia, & O'Donnell, 2011). There were however many criticisms of those types of studies,

mainly towards how other factors were not taken into account in the influence such as cultural context as these studies mostly occurred in western societies (Hook, 2002).

Most questionnaires in the measurement of social-emotional skills in children are parent rated. An example of this are the questionnaires that were used in Mathieson and Robin Banerjee (2010) study of peer play in 2- to 3-year-olds by identifying the roles played by temperament and emotion understanding, and examining convergence between parent and practitioner assessments of social behaviour. They used three questionnaires: the Goodman (Goodman & Scott, 1999) Strengths and Difficulties questionnaire, rated by parents and practitioners; the Rothbart et al.'s (2001) Child Behaviour Questionnaire measure of temperament, rated by parents; and the Fantuzzo et al.'s (1995) Penn Interactive Peer Play Scale, rated by practitioners and a subsample of 28 children completed emotion recognition and prediction tasks adapted from Denham (1986) (Mathieson & Banerjee, 2010).

In another study titled 'Identification of social-emotional problems among young children in foster care', a specific social-emotional screening tool was said to appear to detect children with psychosocial concerns who would not be detected with a broader developmental screening tool (Jee, Conn, Szilagyi, Blumkin, Baldwin, & Szilagyi, 2010). Therefore two validated screening tools were recommended for use with young children: the Ages and Stages Questionnaire: Social Emotional (ASQ-SE) which identifies emotional problems, and the Ages and Stages Questionnaire (ASQ) which identifies general developmental delays in five domains, including personal-social problems (Jee, et al., 2010).

There are various ways in which to measure social-emotional development (skills/problems). However controversies concerning their suitability, purposes, and locations in which they were developed. There is much research needed to add knowledge in this particular area of study. This explains why it was hard for the researcher to find a child appropriate socio-emotional questionnaire suitable for the South African population. According to our suppliers JVR there was only one available socio-emotional instrument for children in the country.

2.4. Mediators of teenage parenting problems

In South Africa, there are a number of social and economic disadvantages that are associated with teenage childbearing such as the course of lifetime poverty it has on the teenage mother and her child (Makiwane, 2010) and the immediate effects on a girl's (mother) school attendance (Mahesh & Marlene, 2012). This means that teenage mothers are more likely to be exposed to cumulative multiple stressors and are consequently at increased risk of adverse outcomes than older mothers (Miller, Maguire, & Macdonald, 2012). In America, these adverse outcomes include the likelihood of living in socio-economic deprivation, being benefit-dependent, and having lower education and literacy (Miller, Maguire, & Macdonald, 2012). They also have a heightened possibility of getting divorced if they are married and separation if they are not married, as well as having more unwanted or unplanned births (McGuigan, 2000). They are also less likely to receive social support from friends, family or their children's fathers, and more likely to have mental health and substance abuse problems. (Miller, Maguire, & Macdonald, 2012). These stressors mediate parenting problems for the young mother; they will be discussed in the subsections below:

2.4.1. Mothers development

Theoretically teenage mothers are still trying to resolve the *role identity versus role-confusion* stage (Hook, 2002), and the added role of parenting may interfere with their social and emotional development nonetheless jeopardise the development of their children. It may also affect the mother-child attachment (Dhayanandhan & Bohr, 2016). Furthermore, adolescents are in Piaget's *formal operational cognitive* stage in which they experience adolescence egocentrism, meaning that they are mainly concerned with themselves (Elkind , 1967). The concern here is that because of adolescence egocentrism (self-centredness), teenage mothers may be prevented from "placing their infants' needs ahead of their own" (Hanna, 2001, p. 457). As teenage mothers are emotionally immature, they lack the patience and understanding of the child's normal growth and development and are thus less tolerant of their infants crying (Mercer, 1980). Therefore, the social emotional and cognitive development of the teenage mother raises concerns of their parenting skills.

2.4.2. Education and employment

According to the results of the longitudinal study by Azad, Blacher and Marcoulides (2014), the mothers' education and family income was seen to have a direct and indirect impact on positive parenting. In that higher SES and education level was related to more positive parenting practices and lower SES and educational level would be related to negative parenting (Azad, Blacher and Marcoulides, 2014). This means that the mother's education level and SES are important factors that determine the parents' parenting practices and what parenting practices the parents employ is important for the child's social and emotional well-being.

Research has shown that teenage mothers complete fewer years of schooling (Agunbiade & Udenkor, 2012; Noria, Borkowski, & Whitman, 2009). To try and address this issue, the South African laws has been amended such that it has been made illegal for pregnant girls and teenage mothers to be excluded from school(Bhana, Clowes, Morrell, & Shefer, 2008; Davids & Waghid, 2013). This Act, however, does not favour those in the context where they come from fragmented family structures, where parents are either absent or working and living in urban areas and where schools offer no support for childcare (Bhana, Clowes, Morrell, & Shefer, 2008). In such cases, teenage mothers may be forced to voluntarily drop out of school to take care of their children when they are born regardless of the recent policies and the Schools Act that have been put in place to support them.

Moreover, teenage mothers may also face challenges of being discriminated against by their peers at school and their teachers who might make it even more difficult for them to stay at school (Davids & Waghid, 2013; Morrell, Bhana, & Shefer, 2012). In addition, since most teenage mothers may drop out of school, they will not be able to provide an adequate learning environment for the child at home (Hanna, 2001) and they may also fall short of the knowledge or skills to assist their children with homework (Hutchison, 2012).Therefore, since they have a challenge of staying at school, this might deprive them from finding well remunerated jobs in the subsequent years.

Most teenage mothers hold the least esteemed jobs (Agunbiade & Udenkor, 2012). Research has shown that because most teenage mothers do not complete their schooling they tend to have less prestigious jobs, have lower incomes, and are less satisfied with their jobs as compared to their classmates (Card & Wise, 1978). It is a great challenge for teenage mothers to get more

prestigious jobs because they have to drop out of school early and therefore do not have the right skills to qualify to work in those type of jobs. This particularly has an impact on their SES, in that because their SES is likely to become low it will affect their ability to provide suitable resources for their children (see next section).

2.4.3. Socio-economic deprivation

Teenage childbearing in South Africa mostly occurs in a disadvantaged social-structural environment. According to Panday, Makiwane, Ranchod and Letsoalo (2009), learner pregnancies were higher in schools located in poorer neighbourhoods and highest among black teenagers. This may have adverse effects on caring for the child (Mahesh & Marlene, 2012). Limpopo was one of the provinces that were identified in the study conducted by Panday, Makiwane, Ranchod and Letsoalo (2009) where learner pregnancies were concentrated in those poor neighbourhoods between the year 2004 and 2008. This is the reason why the study was conducted in the villages of Limpopo. This has adverse challenges for the teenage mother childrearing, in that they may also were exposed to a type of parenting in which their parents were probably less verbally responsive to them and may have constantly received severe chastisement (Hoff, Laursen, & Tardif, 2002). They are thus more likely to employ this type of parenting for their child as it is what they are accustomed to.

Since low SES is seen to negatively impact parenting, teenage mothers from low SES are prone to experience childrearing difficulties. As they are more likely to depend on the already financially strained family and social grants provided by the government for financial assistance, as they cannot afford to get the correct resources to employ effective parenting practices (Mollborn & Dennis, Investigating the Life Situations and Development of Teenage Mothers' Children: Evidence from the ECLS-B, 2012). For example, they may not have the funds to arrange for their children's extracurricular activities or to get developmentally appropriate tools for the child (Hoff, Laursen, & Tardif, 2002). Consequently, because typically teenage mothers come from disadvantaged backgrounds, this has an influence on how they raise their children.

2.4.4. Stigmatisation and Lack of Social Support

Teenage mothers also have challenges such as lack of social support and stigmatisation. According to a study by Yardley (2008), teenage mothers' explained that they experienced stigma from the general public, the media and also in their use of public services such as in

hospitals and clinics. They continually feel judged and perceive that people question their competency as a mother (Boath, Henshaw, & Bradley, 2013). Their experiences of stigma may increase the risk for teenage mothers to experience isolation, which may subsequently lead to depression. It should be noted that not all teenage mothers have negative consequences of early child bearing (Chohan & Langa, 2011). Some mother's experiences are positive in that they personally grow from their experience of been stigmatized as a young parent (Chohan & Langa, 2011). If the mother's experience of stigma is negative, it will negatively affect their parenting skills, as it will create a sense of incompetence. However, if the mother's experience of early childbearing is positive, then it will yield positive parenting skills.

One study showed that teenage mothers' lack of social support from their families and partners may lead to increased levels of depression (Romo & Nadeem, 2007). Family support has a positive impact on the teenager's well-being; however, they have been concerns of abuse from the child's father to the teenage mother (Romo & Nadeem, 2007). Therefore, it is of question whether their presence may actually perpetuate the mothers' level of stress and depression (Romo & Nadeem, 2007). It is apparent that if the father is actually supportive than such concerns are void. In some cases the father of child is not supportive of the teenage mother and the child and in most cases denies being the father thus the mother is left to face all the challenges by herself which is stressful (Sodi & Sodi, 2012; Klein, 2005). Therefore, the absence of the father can be stressful for the teenage mother.

Furthermore, unsupportive communities, especially those who place high regard on the 'no sex before marriage' notion may also cause the young mother much distress and make them feel mischievous (Agunbiade & Udenkor, 2012). Consequently, the lack of support contributes negatively to the teenage mother's well-being and thus impacts on the well-being of the child.

2.4.5. Mental health and substance abuse problems

Studies have shown that teenage mothers experience high levels of psychological distress (Sodi & Sodi, 2012; Mirowsky & Ross, 2002; Carlson, 2011), and depression seems to be the most prevalent mental health issue amongst teenage mothers (Sodi & Sodi, 2012; Mirowsky & Ross, 2002; Carlson, 2011). Mirowsky and Ross's (2002) explanation for younger mothers depression is that they had "a poorer start in life with persistent economic and social consequences that affect emotional well-being throughout life" (p. 1293). Teenage mothers may be trying to get

used to the transition from being a child to being a responsible parent, the new added responsibilities and being discriminated against by their peers, family and the community.

Furthermore, teenage mothers are assumed to have little knowledge, experience, and/or resources for caring for their children which is seen to precipitate depression and anxiety for the teenage mother (Agunbiade & Udenkor, 2012). High levels of depression and anxiety are thus not beneficial for the child's emotional and cognitive development as they negatively affect the mother-infant interaction and attachment (Boath, Henshaw, & Bradley, 2013). It is apparent that most teenage mothers are likely to have psychological distress, and more likely to suffer from depression because of the stressful conditions that surrounds them. Teenage mothers may start to abuse substances such as drugs and alcohol to cope with their psychological distress and the pressures of being young parents.

Substance abuse is a common detriment of teenage pregnancy (Bronfenbrenner, 1986). In that studies have shown that female teenagers that use substances (i.e. substance abuse) are more likely to engage in high risk sexual behaviours than teenagers that do not use (Mott & Haurin, 1988; Tarpet, Aarons, Sedlar, Brown, & Brown, 2001). Engaging in risky sexual behaviours (e.g. unprotected sex) can lead to teenage pregnancies. Although some teenage mother's pregnancies resulted from engaging in risky sexual behaviours after the use of substances such as alcohol or used more frequently when before they become pregnant, they tend to decrease use during pregnancy and early childrearing years (Flanagan & Kokotailo, 1999). It seems as though even though teenage mothers are expected to abuse substances because of their life challenges, they actually do not have a substance abuse issue during their pregnancies and a few years during child rearing. Therefore, substance abuse would not be a problem for the development of a child born to a teenage mother compared to children born to non-teenage mothers.

2.4.6. Relationships and Marriage

Various studies have indicated that most teenage mothers are more likely to be separated from the fathers of their children, unmarried and if they are married most likely to be divorced (Sodi & Sodi, 2012; Chohan & Langa, 2011; Agunbiade & Udenkor, 2012; McGuigan, 2000). Among all others stressors, teenage mothers also experience many marital problems. This section is going to explain the stressors of unmarried and married teenage mothers.

In South Africa, most tennage mothers never get married (89,51%) and are thus unlikely to be divorced (Kara & Maharaj, 2015). Family usually delays marriage because they believe that the father is incapable of providing for the teenage mother and child (Kara & Maharaj, 2015). Furthermore, the legal age in South Africa to get mrried is 18 years (Palamuleni, 2010). Their children's fathers also dissappear from their lives of which results in single parenthood (Sibanda & Mudhovozi, 2012). The South African laws as well as the families of the young parents seem to delay marriage and in other instances the young fathers seem to run away from their responsibilities. This instances would distress the young mother, thus it may cause the mother stress which may impede their caregiving for the child.

However, one South African study found that teenage mothers did not want to get married to the fathers of their children because they "either considered themselves too young or else wanted to complete their education, or, did not think the young man would be good marriage material……demonstrated an emotional rejection of men and marriage after either the boyfriend's denial of responsibility for the pregnancy; or his negative response to it; or news of his subsequent infidelity" (Boult & Cunningham, 1991, p. 40). So it appears as though even in some cases, it is the teenage mothers prefernce to not get married and not necessarily the families or the rejection of the childrens fathers. In these instances, it means that the teenage mother would not be distressed thus their parenting would not be affected.

Teenage mothers find that entering into new relations impacts their new relationships negatively, because they may fail to make time for their partners since they have to take care of the child (Sibanda & Mudhovozi, 2012). This may reduce marriage propects for teenage mothers. The mother may get frustrated by the disruption that the birth of the child causes for their current/future relationships, therefore affecting their parenting.

Marriage can be perceived as a resource for teenage mothers because they will have someone to share parenting and financial responsibilities with (Mollborn, 2007). Also studies also suggest that the presence of both parents is vital for the development of the child (Kara & Maharaj, 2015). However, teenage marriage does not solve the problems of teenage motherhood (Landy & Walsh, 1988) because they usually have to leave their homes where they could be receiving more child care and financial support than being married to a financially strained teenage spouse (Mollborn, 2007). Early teenage marriage is highly associated to future poverty (Dahl, 2010),

beacuase both the teenage mother and father tend to not complete school and attain low occupation (Card & Wise, 1978). This may cause conflicts for them later in life and increases the risk of abuse to the teenage mother by their spouses (Landy & Walsh, 1988). This can explain the high rates of divorce for the young couple. Although marriage seems to be a best way to rectify the unfortunate lives of the teenage mothers. However, marriage may not be a solution for the teenage mother as previously perceived, its disdavantages may impact the child far more than a single mother who has the support of the family.

It can be concluded that there is a need for general supportive programmes for the parent in relation to parenting and child development. As education and SES are the major mediators of parenting behaviours in teenage mothers.

2.5. Mediators of social-emotional development problems of children

There are a number of mediators involved in the social-emotional development problems of children; these include parenting styles, birth order, family size, and family income.

There are general recommendations that caregivers should be sensitive to the individual characteristics of the child, and also be flexible in responding to these characteristics' and finally to avoid negative labelling of a child (Santrock, 2009) because parenting practices have an influence on the social and emotional development of the child. Parenting styles have been among the most frequently investigated parenting variables in the development of the children (Pevalin, Wade, & Brannigan, 2003). Thus the type of parenting style that is employed by the child's caregivers is important for their social and emotional development.

The results in the study that investigated *'The Role of Parenting Styles in Children's Problem Behaviour*' firstly showed that mothers with high psychological control together with a high level of affection appeared to be the most detrimental combination for the development of problem behaviours among children (Aunola & Nurmi, 2005). Secondly, that mothers' high behavioural control was shown to decrease children's external problem behaviours but only in combination with a low level of psychological control (Aunola & Nurmi, 2005). It is interesting that during their pre-school years, children born to teenage mothers usually show emotional disturbances (Shaffer & Kipp, 2010). Is it possible that teenage mothers parenting styles involve high psychological control and a high level of affection?

Other mediators of social-emotional development include birth order, family size, and family income (Santrock, 2009). Birth order is said to influence behaviour in that the variations in the interactions with parents and siblings associated with being in a particular position in the family, e.g. first born children are the only children who do not have to share parental love and affection with other siblings (Santrock, 2009). According to the *parental feedback theory* (Benson & Haith, 2009), when parents move from the first born to the last born, they adjust their parenting style because experience makes them feel more comfortable and less anxious. This change in the parents' parenting style will obviously result in different social and behavioural outcomes in the children.

Large family sizes are associated to poor social development of the child (Salcedo, Peralta, Ronquillo, Espiritu, & Lejano, 1999). In that the larger the family the less attention or nurturance some children will receive within the family (Santrock, Life-Span Development, 2009). Especially when there are small spaces between the births of the children, the youngest one usually receives the most attention which can leave the older children's needs being overlooked (Francesconi, 2007). Some of the children in the family may be more advantaged than the others in that they will receive the right amount of care in the expense of the other children. The size of the family is thus an important factor that can mediate the social and emotional development of the child.

Family income is also said to mediate problems in socio-emotional development. In that, families with less income create environments that are ill equipped to supply the necessary financial resources or the effective parent–child interaction required to buffer an unfavourable birth outcome and may, over time, increase the risk of developmental delay among these children (Pevalin, Wade, & Brannigan, 2003).

This section covered parental styles, birth order, family size and family income as mediators of social-emotional development problems in children.

2.6. Theoretical framework

A number of Erikson's ideas have influenced contemporary child care practices and our understanding of how development occurs as a series of interrelated experiences (Levine &

Munsch, 2014). Erickson's theory of psychosocial development has thus been chosen to provide a theoretical ground for this study.

Erikson described a series of stages based on issues that arise during the process of psychosocial development (Santrock, 2009). These issues are rooted in social experiences that are typical of each stage of development (Gillibrand, Virginia, & O'Donnell, 2011). According to Hook (2002) it is important to understand that even though each developmental stage manifests around a biological focus and has a social dimension, each stage crystallises around an emotional conflict.

At each age Erickson believed that there is a central conflict to be resolved and the way in which we resolve that conflict lays the groundwork for the next stages of development (Levine & Munsch, 2014). For example the fourth Stage in Erickson's eight stages of human development, industry versus inferiority occurs during middle and late childhood (Santrock, 2009). The threat relative to this social group lies in the danger of the child's sense of inadequacy and inferiority (Hook, 2002).

If children are encouraged in their efforts to make, build and work, their industry increases but if their efforts at making things are seen as mischief or making a mess, it encourages their development of a sense of inferiority (Santrock, 2009). Hence the way in which the central conflict is resolved here, will be determined by the way the central conflict in the previous stage (initiative versus guilt) was resolved (Hook, 2002) . It will also set the groundwork for the next stage of development which is identity versus identity isolation (Hook, 2002). However it should be noted that this theory exhibits a series of dominant American cultural and ideological idealisations and it may thus not be applicable to certain cultural contexts such as in South Africa (Hook, 2013).

It can thus be concluded that the early years according to Erickson are critical for interaction with the mother and the family. As the relationship between the child and the mother is of significance in the crises experienced during early childhood stages, under the age of 12. However, since the outcomes of each stage influence the next stage, the mother's role in the socio-emotional development of the child in middle-to late-childhood can be seen as important and significant to development in later years according to Erickson's theory.

Chapter 3. Methodology

This section is going to describe the methodology that was used to conduct this research study.

3.1. Research design

The positivistic paradigm was identified for the framework of the study. It followed a quantitative approach. A quantitative study seeks to examine whether there are relationships between variables (Wilson & MacLean, 2011). It used a non-experimental Ex-Post-Facto correlational design.

The positivistic research paradigm views true knowledge as being scientific, meaning the scientific methods were utilised to create this knowledge (McGregor & Murnane, 2010). The knowledge is quantifiable (Hua, 2015). This paradigm uses a set of measurements to make objective observations of characteristic behaviours from which generalizations can be drawn (Hua, 2015).

A correlational design refers to a procedure that is used to determine the degree to which a relationship between two and more variables exists (insert reference). There are three expected outcomes of the relationships. The relationship may either be positive (+), negative (-) of non-existent (0) (Nnadi-Okolo, 1990). An Ex Post Facto Design is also known as causal-comparative because the fact or condition (teenage childbearing) had occurred and without interference from the researcher (Silva, 2013). It often applied as a substitute for true experimental research to test hypotheses about cause and effect relationships (Nnadi-Okolo, 1990).

The study used these designs to make inferences about the relationship between teenage childbearing and the socio-emotional development of children born to teenage mothers without having a direct intervention from associated variations of the independent and dependent variables. Qualitative studies do not provide us with information that inferences could be made (Wilson & MacLean, 2011). Thus a quantitative research design was more suitable for the intended purposes of this research study.

3.2. Sampling

The study employed a convenience sampling method. This type of sampling method is used to recruit everyone based on their availability (Wilson & MacLean, 2011). The sample consisted of both children of teenage mothers and children of non- teenage mothers as we wanted to examine

whether teenage childbearing had an effect on the child's socio-emotional development. Learner pregnancy rates per province in South Africa between the years 2004 and 2008 were 60.36% in Limpopo (Panday, Makiwane, Ranchod, & Letsoalo, 2009). There was therefore a chance that subsets of the learners were born to teenage mothers.

The study sought to use children in middle and late childhood, with ages ranging from 9 years to 13 (grade 4 to 7) years old. As the years in middle and late childhood bring many changes to children's social and emotional lives, and the development of their self-conceptions, moral reasoning and moral behaviour is substantial (Wilson & MacLean, 2011). Interestingly, our population also consisted of teenagers (ages ranging from 14-17) who were still in primary (Grade 4 to 7) and they were included in the study. Race and gender were not some of the intended inclusion criteria but the location was intended. In that statistics of teenage pregnancy were highest in rural areas (Panday, Makiwane, Ranchod, & Letsoalo, 2009).

For children of teenage mothers, the mothers should have been less than 19 years old at the time of child's birth, which is the age group that is associated with being a teenager, and for children of non-teen mothers, the mother should have been 20 years and older at the time of child's birth. The number of learners captured between the years 2004-2008 were 12848 (Panday, Makiwane, Ranchod, & Letsoalo, 2009). According to Blanche, Durrheim, and Painter (2006) as a rule of thumb, a sampling ratio of about 10% is needed for a moderately large population of approximately 10 000. Thus, we had anticipated to get a sample size of approximately 120 children born to teenage mothers, as it would have been a good representation. However, this was not the case as the number of children born to teenage mothers was less than 30 in our sample.

The principals and teachers that assisted me had asserted that there were numerous children that were born to teenage mothers in their schools. They also said that they had a problem with learner's parents, as they often do not come to parent meetings that the schools hold, even in cases when they have to fetch their children's report or even when they want to talk to them concerning their children's behaviour or difficulties at school. Although the researcher made attempts (writing letters for parent to come to school, and also asking the children to ask their parents or guardians to come, even though it was not the biological mothers. With the help of the

teachers and principals) to recruit teenage mothers to come to the schools so as to participate in the research (the researcher made approximately 5 trips to each school) but I was unsuccessful.

There were a total number of 146 children whose parents had consented to them participating in the research study. Of that number, 6 children were absent on the days that the researcher went to administer the questionnaires, thus they did not complete the questionnaires. The children that completed the EQ-I: YV questionnaire were 140. Of the children who completed the questionnaires, 11 were discarded because of missing data. The study thus used a sample of 129 children, of which 28 children were born to teenage mothers and 101 children were born to non-teenage mothers.

3.3. Instruments

Questionnaires were used to collect data. Questionnaires were self-report forms that were filled out by sample that was been studied. The following questionnaires were utilised to collect information about of samples:

3.3.1. Demographic forms

Demographic forms were used to capture the sample's characteristics. Two demographic questionnaires were self-designed by the researcher. The child demographic questionnaire (see appendix H) was completed by the children along with the EQ-i: YV and the parent demographic questionnaire (see appendix F) were completed by the parents. The parent form was translated to Venda as it is the main form of communication (verbal & written) in the Vhembe district. The form was translated mainly to address issues that may arise such as the parent/caregiver not being able to read or understand English. This information was used to identify the two groups of children during the analysis (i.e. the children of teenage mothers' verses children of non -teenage mothers) and to capture the demographics of the sample such as age of the parent, age of child, birth order, other siblings, parents' employment status, etc.

3.3.2. Emotional Quotient Inventory: Youth Version (EQ-i:YV^{TM})

Socio-emotional development was measured by the Emotional Quotient Inventory: Youth Version (EQ-i:YV^{TM}). This measure is based on the original EQ-i for adults and uses the likert point response scale. It consists of 60 items and has the following scales and subscales: Total emotional intelligence, interpersonal, intrapersonal, adaptability, stress management, general mood, positive impression (validity), and inconsistency index (validity) (JvR Psychometrics,

2004-2013). This questionnaire was acquired through The Witwatersrand University's Test Library.

The questionnaire was designed for individuals between the ages 7years and 18 years and takes about 30 minutes to administer. This questionnaire was hand scored (JvR Psychometrics, 2004-2013). The questionnaire asks the child to tell us how they feel, think or act most of the time in most places and an example of an item in the EQ is: "I fight with people" (Bar-On & Parker, BarON EQ-i: YV, 2000). There are four possible answers. 1= very seldom true of me; 2= seldom true of me; 3=often true of me; and 4=very true of me (Bar-On & Parker, BarON EQ-i: YV, 2000). Total scores are then calculated, and interpreted according to the guidelines specified in the Baron EQ-i:YV^{TM} Technical Manual. (Bar-On & Parker, 2000).

This instrument is available in English and multiple languages (Bar-On & Parker, 2000) such as Sepedi in South Africa (Humphrey, et al., 2011). For purposes of this study the English version was used. The reason for this is that the learner's language of instruction at school is English. The questionnaire was administered in groups and the researcher was available to clarify or explain some meanings of the words/statements that the learners failed to understand e.g. seldom true of me.

The following reliability and validity of the EQ-i: YV^{TM} were standardized for the Canadian and American populations. It does not have South African norms. Nevertheless it has been used in South African studies and translated into Pedi (Maree, 2008; Van Rensburg, 2005). The researcher acknowledged this and therefore interpreted the results with caution.

The internal reliability of this measure is 0.67, test-retest reliability 0.77 (Humphrey, et al., 2011). The standard error of measurement and prediction are available by age and gender (Humphrey, et al., 2011).

In terms of the validity of the EQ-i: YV^{TM}, there is factorial validity, and in terms of convergent validity, it correlates with the adult emotional intelligence, personality, internalizing and externalizing problems (Humphrey, et al., 2011). It also distinguishes between gifted and non-gifted students (discriminate validity) (Humphrey, et al., 2011). This measure is said to predict problem gambling in adolescence and academic achievement in high school (predictive validity) (Humphrey, et al., 2011).

To avoid copyright issues, the researcher with the help of the Test library at the University of the Witwatersrand arranged to purchase the material from JVR. Thus, we purchased and used the original Emotional Quotient Inventory: Youth Version. The researcher contacted them and arranged to purchase the material which included the manual. Also, the questionnaire was not attached to the research paper for the same reason, but original copies are available at the universities Test library.

3.4. Procedure

The researcher applied and received permission to conduct research at the particular schools in Limpopo at the Vhembe district (Sinthumule/Khutama area) from the department of education (See appendix A & C). Upon approval then the researcher obtained special permission and assistance from the principles/teachers (see appendix B) at the schools e.g. in terms of using the facilities and communicating to the parents. The principles wrote letters to the parents asking them to come to the school for a meeting with me.

During the meeting I explained to the parents and guardians that since the children involved were underage they had to consent to their children to take part in the research. They were then briefed about the research, its goals, purpose and the procedure. Then they were asked to fill in the informed consent form (see appendix E) that is if they wanted their children to take part in the research, along with the parent biographical form (see appendix F). The teachers or principles and researcher went through the informed consent form as well as the whole biographical form clarifying some of the questions that parents did not understand as well as to help those who could not read or write. They were then given a register to sign and had to provide the name of the children that they had consented to participate in the research, which had a study ID assigned next to it. This was used to match their information with their children.

The register also provided us with the list of children that were to participate in the study. We used it to identify and inform the children who were to stay behind after school to participate. Then the children were also briefed about the research and the research purposes and obtained assent from them (see appendix G). The EQ-i: YV questionnaire (Bar-On & Parker, 2000) and the short demographic form were administered to the children in the assigned classrooms. The researcher followed the prescribed procedure guidelines of administrating the EQ-i in the EQ-i

YV Technical Manual (Bar-On & Parker, 2000). This measurement was then hand scored and captured for analysis as well as the information that was obtained from the biographical forms.

3.5. Ethical considerations

3.5.1. Ethical Clearance

Ethical clearance was sought from the ethics committee as my population consisted of minors.

3.5.2. Informed Consent

The researcher provided the participants and their parents clear, detailed, and factual information about the study, its methods, risks and benefits, along with assurances of the voluntary nature of participation and the freedom to refuse or withdraw without penalties. This was communicated verbally and also in the information sheet.

Voluntary participation was obtained by means of assent from children and informed consent from the parents/guardian.

We requested permission to conduct research at school from the principal of the school and the Department of Education.

3.5.3. Confidentiality

The data from the study was only available to the researcher and supervisor. The school staff and parents were not notified of the participant's individual scores, but they will be provided with an overall performance of the groups. The data was stored in a safe place, ensuring that no one else could have access to the data.

Anonymity was guaranteed in the biographical information sheet and assessment tool as it did not require the names of the participants, although the birth date of the child and mother were requested in the biographical form to estimate accurate ages. The assessment sheets were differentiated by the unique ID code that was assigned to them, which corresponded to their biographical information sheets.

3.6. Data analysis

Descriptive statistics was used to summarise and to describe the sample characteristics such as gender, age, marital status, highest education and employment status in the form of histograms, bar graphs and frequency tables.

Simple regression was used analyse Hypothesis 1 and to make predictions (Breakwell, Hammond, & Fife-Schaw, 1997) and Hypothesis 2 was analysed using a t-test for independent means to examine differences between groups (Wilson & MacLean, 2011). Simple regression is used when we have one predictor (children born to teenage mother) and one dependent variable (Socio-emotional development) (Breakwell, Hammond, & Fife-Schaw, 1997). The t-test for independent means was used to test for the distribution of the differences between means (Wilson & MacLean, 2011). In addition to this the hypothesis testing between the independent means was conducted to find out whether the difference was significant (Wilson & MacLean, 2011).

For hypothesis 3, hierarchal regression was used to analyse it. Hierarchal regression is a multiple regression method in which the order in which variables are entered into the equation is determined by the researcher (Wilson & MacLean, 2011). This method shows just how much additional variance can be explained by the addition of other variables (Wilson & MacLean, 2011).

The socio-emotional development was the dependent variables, while teenage childbearing (also a predictor variable) and non-teenage childbearing served as the independent variables. There were additional variables in this study that may have influenced the socio-emotional development of the children; these include the Socio Economic Status indicators (SES), support system indicators and other indicators currently and when the child was born. This information was obtained from the biographical forms.

Chapter 4. Results

The present study attempted to find out whether teenage childbearing could predict the social emotional development of children born to these teenage mothers. It controlled for other variables (such as SES during the time when the child was born and currently) that may have had contributed to this relationship. It also looked to find out whether there was a significant difference between the social and emotional development of children born to teenage mothers and of those children who were born to non-teenage mothers. Lastly this study looked at the overall performance of all the children on the EQ-I: YV, The researcher had an overall sample of 129 children as stated in the previous chapter from four different schools in the sinthumule-khutuma area in Limpopo. Two biographical forms were administered; the one was filled out by the parents and guardians of the 129 children and the other by the children. Additionally the EQ-i: YV Questionnaire was used to collect information about the social and emotional development of these children. The information obtained from the questionnaires was put through statistical analysis and is presented in this present chapter. The results are presented under the following headings:

4.1. Summary of the biographical information

4.2. Simple regression

4.3. t-test for independent means

4.4. Hierarchal regression

4.1. Summary of the biographical information

This section presents information on the samples percentage distribution that was collected from the parent biographical form, which is divided into two parts: the mother's current age, marital status, employment status, education level completed, family size, primary caregiver, family income, and lastly the father's involvement; b) all of these variables will be presented again, however, it will be focusing at the time when the child had just been born (at the time of this research, the children were in late childhood/adolescence). The second information that will be presented in this section was obtained from the child biographical form. These will look at the

percentage distribution of the children's age, gender, number of siblings, and their birth order. This information collected here was put through a statistical analysis.

4.1.1. Samples percentage distribution according to the mothers information

4.1.1.1. Mother's age distribution

Figure 1 and Table-1 below show the distribution of the sample according to mother's age. It was found that the mean age for this sample was 38.2 years. Most of the children's mothers in the sample were between the ages of 30 to 50 years. Figure 2 illustrates that 21.71 % of the mothers were teenage mothers while 78.29 % were non teenage mothers.

Figure 1

MOTHERS AGE SAMPLE DEPICTION

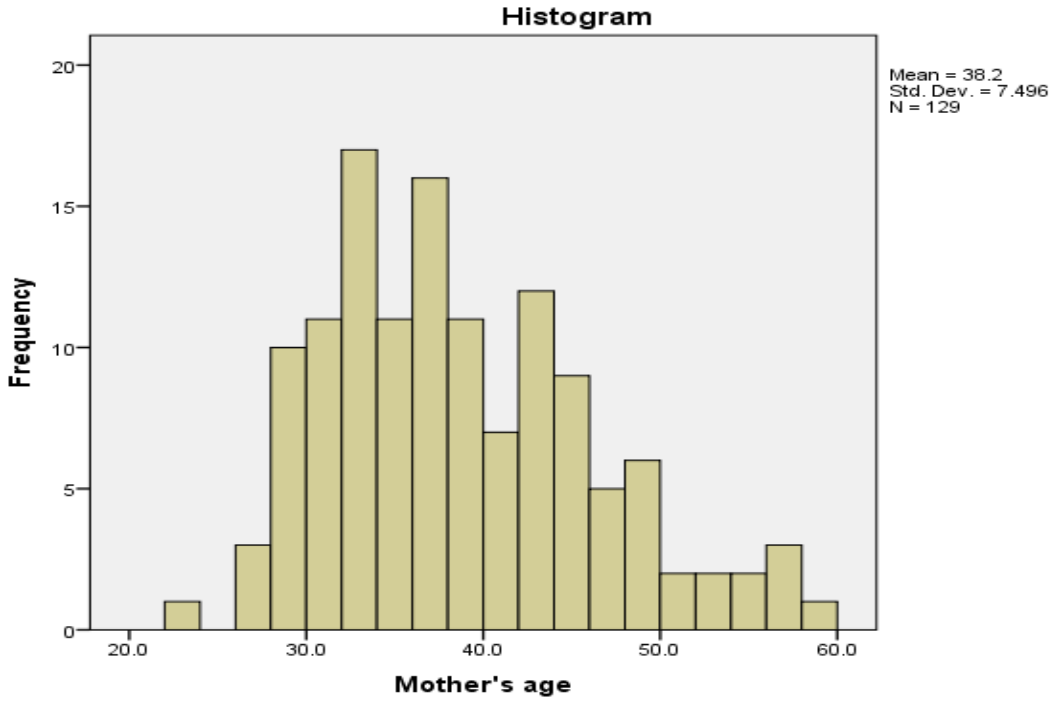


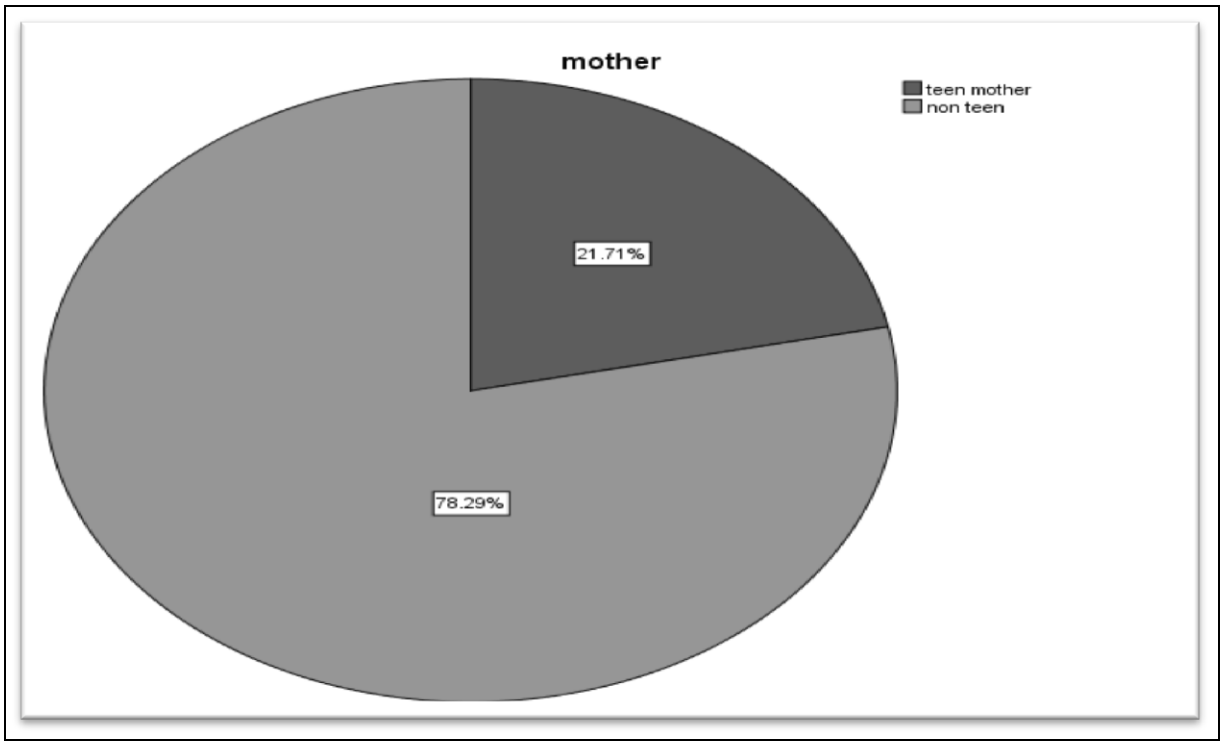
Table 1

DISTRIBUTION OF SAMPLE ACCORDING TO MOTHERS AGE

NO.	AGE GROUP	N	PERCENTAGE (%)
1	20-30	23	17.83
2	31-40	57	44.19
3	41-50	39	30.23
4	51-60	10	7.75

Figure 2

TYPE OF MOTHER SAMPLE DEPICTION



4.1.1.2. Mother's marital status distribution

The sample for the study's marital status was as follows as depicted in Table 2: Most of the mothers were not married 42.64% but lived with their partners. It was sought out to compare the marital status of teenage mothers to non-teenage mothers, to see if there was a difference. It found that only 10.7 percent of teenage mothers were married and most of them (71.4 %) were living with their partners in this sample. Compared to teenage mothers, there were slightly more non-teenage mothers who were married (44.6%). Non-teenage mothers who lived with their partners (34.7%) were less than the teenage mothers. Also none of the teenage mothers ever got divorced or widowed in this sample and a few (7.1%) of them had separated with their partners. 2 % of the non-teenage mothers were divorced and 4% were widowed.

It appears as though most of the mothers were living with their partners at the time when the child was born. Only 31% of the mothers were married when their children were born. Approximately, 7% of the teenage mothers were married when their children were born compared to approximately 38 percent of the non-teenage mothers. Most of the teenage mothers (75%) were living with their partners at the time when the child was born compared to only 38.6% of the non-teenage mothers that lived with their partners. This is similar to their current situation. None of the mothers were divorced at the time when the child was born.

4.1.1.3 Mother's Employment status distribution

Table 2 show the percentage distribution of the sample according to their employment. It can be seen that more than 50% of the mothers in this sample were not employed, even when comparing the teenage mothers to the non-teenage mothers. Approximately 32% of the mothers in total worked, with about 16% of the mothers working full time, around 5% working part time and approximately 9% worked piece jobs. Of the unemployed mothers, there were slightly more teenage mothers than non-teenage mothers who were not employed.

Most of the mothers in this sample were unemployed (69%). Meanwhile, only 6.98% of all the mothers worked full time. None of the teenage mothers worked full time or part time during the time when the child was born. Less than 12% of the teenage mothers were either self-employed or working in piece jobs at the time when the child was born. Approximately 9% of the non-teenage mothers worked full time at the time when the child was born and only 2% worked part time. About 8% of the non-teenage mothers were self-employed, while 4% of them worked piece

jobs. It is interesting that one teenage mother indicated that she was retired, this could be an error.

4.1.1.4 Mother's educational level distribution

The mothers' highest level of education is illustrated in Table 2. About 4% of the non-teenage mothers never attended school compared to 0% of the teenage mothers. There were more teenage mothers (64.3%) than non-teenage mothers (40.9%) that had completed some high school. Interestingly in this sample, there were more non-teenage mothers (40.6%) than teenage mothers (25%) who actually completed matric. Furthermore, there were more non-teenage mothers (30.7%) than teenage mothers (3.6%), who completed tertiary.

Approximately 47% of mothers had completed some high school at the time when the child was born. Roughly 71% of the teenage mothers and about 40% of the non-teenage mothers had completed grade 9 to grade 11. More non-teenage mothers (approximately 24%) than teenage mothers (approximately 14%) had completed matric at the time when the child was born. It was expected that the teenage mothers had not attained tertiary at the time when the child was born, as they needed to have been younger than nineteen years old to be classified as a teenage mother. Interestingly, there were approximately 7% of teenage mothers that had only completed elementary school. See table 2:

4.1.1.5 Family size distribution

According to the distribution of the sample according to the family size as illustrated in Table 2 almost half of the sample (approximately 51%) consisted of less than six household members. Moreover, approximately 40% of the sample consisted of about 6 to 10 household members. The family size of teenage mothers as compared to non-teenage mothers, are approximately equal, although the teenage mothers' (35.71%) family size is slightly smaller than that of the non-teenage mothers' (41.7%). Overall, as seen in Figure 7, most of the number of the total mothers' household members ranges from two to ten with a mean of 5.79 and a standard deviation of 2.39.

As depicted in the Table 2: Each household of the respondents had less than ten people (more than 80%). Approximately less than 2% of the mothers' household members were more than 10 at the time when the child was born.

4.1.1.6 Primary Caregiver distribution

Table 2 below show that most of the children were taken care of by their biological mothers (62.79%) and approximately 21 percent of the children were taken care of by their grandmothers. However, in regards to grandmothers who cared for their grandchildren, they generally cared for children of teenage mothers more (approximately 32%) as compared to children of non-teenage mothers (approximately 18%). A small number of children in this sample (less than 5%), were cared for by other people.

More than half of the children's biological mothers (approximately 60%) were the primary caregivers at the time when they were born. The teenage mothers and grandmothers seem to have shared the caregiving of the child equally. Meanwhile most of the non-teenage mothers (64.4%) took care of the child at the time when the child was born and only 22.8% of the grandmothers were the primary caregivers of the children born to non-teenage mothers. Teenage mothers did not have other people besides the grandmothers take care of the child, compared to 2% of the non-teenage mothers that had other people primarily take cake care of the child

4.1.1.7 Family Income distribution

When distributed according to their families' income, as illustrated below in Table 2, we found that a majority (approximately 68%) of the samples family earned less than R2000. It seems as if the family income of teenage mothers was slightly lesser than the family income of non-teenage mothers as there were more teenage mothers' family that earned less than R2000 than the income earned by the non-teenage mothers' family. However, 0% of the non-teenage mothers' family earned more than R12 000 as compared to 3.6% (1) of teenage mothers' family that earned more than R12 000. This is interesting as the same one teenage mother had also completed tertiary. It could be one of a few teenage mothers that actually overcome the consequences of teenage childbearing.

Almost more than 80% percent of the family incomes were less than R5000 at the time when the child was born as illustrated in table 15 and figure 16 below. Less 5% of the samples families earned between R5000- R10 000. Moreover, less than 1% of the sample earned more than R20 00. Families of teenage mothers earned slightly more than families of non-teenage mothers

4.1.1.8 Father's Involvement distribution

Now we wanted to know whether the children's fathers were involvement in the child's life. It can be seen in Table 2, that most of the fathers in this sample were not involved in their children's lives (approximately 51%), especially fathers of the children born to teenage mothers (Approximately 71%). For the children born to non-teenage mothers, most of their fathers (48.5%) were involved in their lives in some way (Financially and/or emotionally). However, only 25% of the fathers whose children were born to teenage mothers were involved in their children's lives.

Most mothers in the study indicated that more than half of the fathers were involved in the child's life at the time that they were born. However, the fathers of the children born to non-teenage mothers were more involved in the child's life as compared to the fathers of the children born to teenage mothers.

Table 2

DISTRIBUTION OF SAMPLE ACCORDING TO MOTHERS INFORMATION

Demographic Variables	Overall Mothers				Teenage mothers				Non-Teenage mothers			
	Current		When the child was born		Current		When the child was born		Current		When the child was born	
	N	%	N	%	N	%	N	%	N	%	N	%
1. Marital Status												
married	48	37.21	40	31.01	3	10.7	2	7.1	45	44.6	38	37.6
divorced	2	1.55	0	0	0	0	0	0	2	2.0	1	0
widowed	4	3.10	1	0.78	0	0	0	0	4	4.0	1	1.0
separated	3	2.33	2	1.55	2	7.1	1	3.6	1	1.0	39	1.0
living together	55	42.64	60	46.51	20	71.4	21	75.0	35	34.7	11	38.6
other	12	9.30	14	10.85	0	10.7	3	10.7	9	8.9	9	10.9
missing values	5	3.88	12	9.3	0	0	0	3.6	1	5	9	10.9
2. Employment Status												
work full time	21	16.27	9	6.98	4	14.3	0	0	17	16.8	9	8.9

work part time	7	5.43	2	1.55	2	7.1	0	0	5	5.0	2	2.0
self employed	9	0.70	10	7.75	3	10.7	2	7.1	6	5.9	8	7.9
piece jobs	12	9.30	5	3.88	2	7.1	1	3.6	10	9.9	4	4.0
not employed	68	52.71	89	69	17	60.7	22	78.6	51	50.5	67	66.3
retired	3	2.33	2	1.55	0	0	1	3.6	3	3.0	1	1.0
missing values	9	6.98	12	9.3	0	0	2	7.1	9	8.9	0	9.9
3. Educational level												
never attended school	4	3.10	11	8.53	2	0	0	0	4	4.0	11	10.9
Grades 1 to 8	16	12.40	10	7.75	18	3.6	2	7.1	15	14.9	8	7.9
Grade 9 to 11	59	45.74	60	46.52	0	64.3	20	71.4	41	40.9	40	39.6
Matric	38	29.46	28	21.71	7	25.0	4	14.3	31	40.6	24	23.8
Tertiary	5	3.87	4	3.1	1	3.6	0	0	4	30.7	4	4.0
Missing values	7	5.43	16	12.40	0	3.6	1	7.1	1	5.9	14	13.9
4. Family size												
1-5	66	51.16	72	55.81	16	57.1	14	49.9	50	53.2	58	57.4
6-10	52	40.31	39	30.23	10	35.71	10	35.8	39	41.7	29	28.8
11-15	2	1.55	1	0.78	0	0	1	3.6	0	2.0	0	0
16-20	2	1.55	1	0.78	2	7.15	0	0	0	0	1	1
Missing values	7	5.43	16	12.4	0	0	3	10.7	2	6.9	13	12.9
5. Primary Caregiver												
biological mother	81	62.79	78	60.47	16	57.1	13	46.4	65	64.4	65	64.4
grandmother	27	20.93	36	27.91	9	32.1	13	46.4	18	17.8	23	22.8
other	6	4.65	2	1.55	1	3.6	0	0	5	5.0	2	2.0
missing Values	15	11.63	13	10.08	2	7.1	2	7.1	12	12.9	11	10.9
6. Family Income (Currently)												
less than R2000	87	67.44			20	71.4			67	66.3		
R2000- R6000	25	19.38			5	17.9			20	19.8		
R6000- R12 000	4	3.1			1	3.6			3	3.0		
More than R12 000	1	0.78			1	3.6			0	0		
Missing Values	12	9.3			1	3.6			0	10.9		
7. Family Income (Past)												
less than R5000			106	82.17			25	89.3			80	80.2
R5000- R10 000			6	4.65			1	3.6			5	5.0

R11 000- R20 000			0	0			0	0			0	0
More than R20 000			1	0.78			1	3.6			0	0
Missing Values			16	12.4			1	3.6			16	14.9
8. Father's Involvement												
Yes												
No	56	43.4	68	52.71	7	25.0	11	39.3	48.5	48.5	57	56.4
Missing values	66	51.2	56	43.41	21	71.4	17	60.7	45.5	45.5	39	38.6
	7	5.4	5	3.88	0	3.6	0	0	1	5.9	5	5

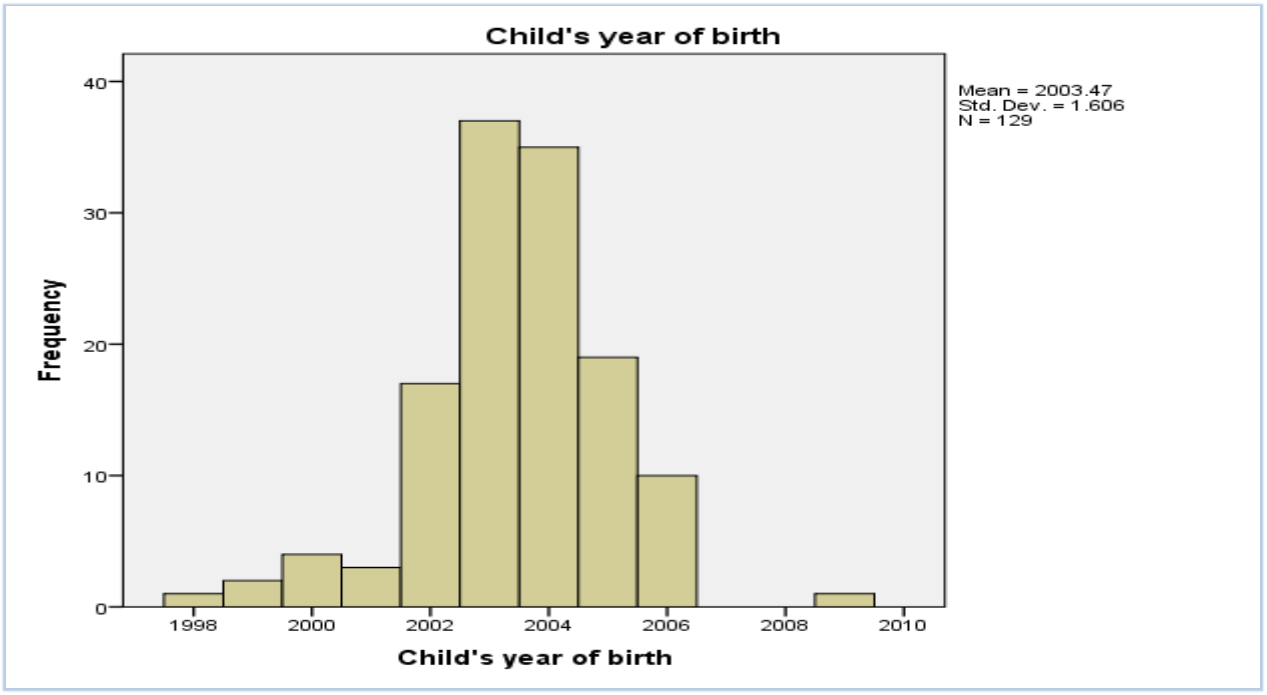
4.1.2. Child's biographical information

4.1.2.1. Child's year of birth

The graph in Figure 3 below shows the years in which the children that participated in this study were born. This graph is approximately symmetrical. Most of the children in this sample were born between the year 2002 and 2006. The youngest child was born in 2009 and the oldest was born in 1998.

Figure 3

CHILD'S YEAR OF BIRTH TOTAL SAMPLE DEPICTION

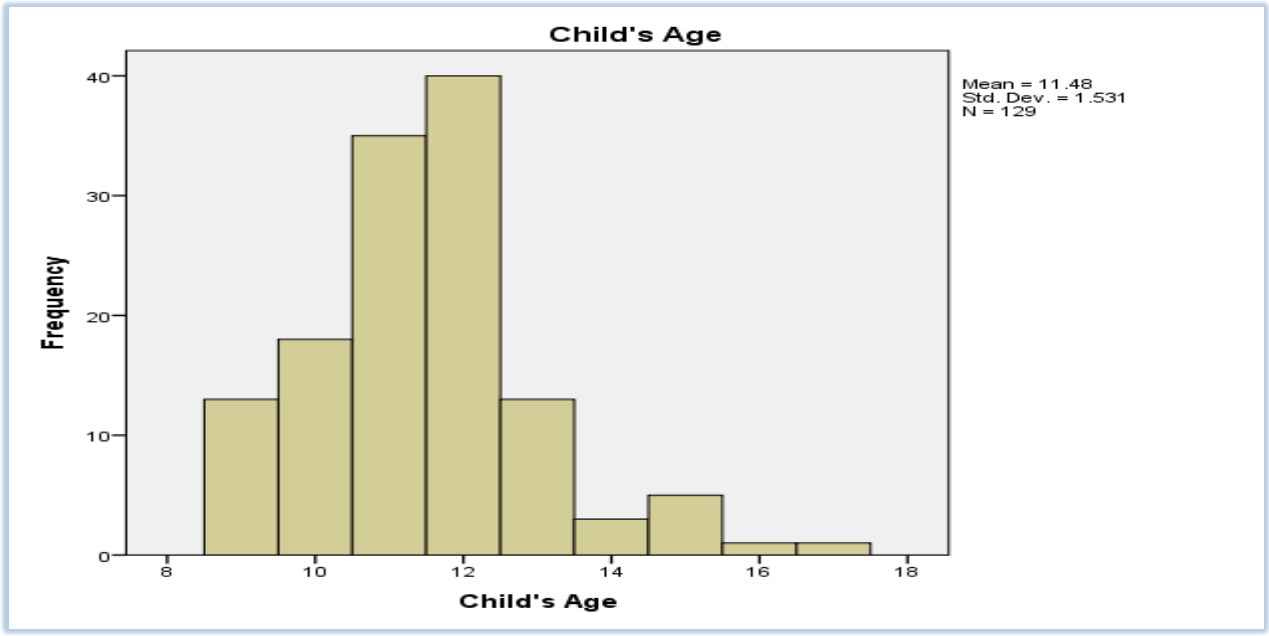


4.1.2.2 Child's age,

In Figure 5 below, the children's ages are illustrated. This graph is skewed to the right. The youngest children were 9 years old and the oldest was 17 years old. The mean age is 11.48years with a standard deviation of 1.53. Most of the children were between the ages of 9 to 13 years old.

Figure 4

CHILD'S AGE TOTAL SAMPLE DEPICTION

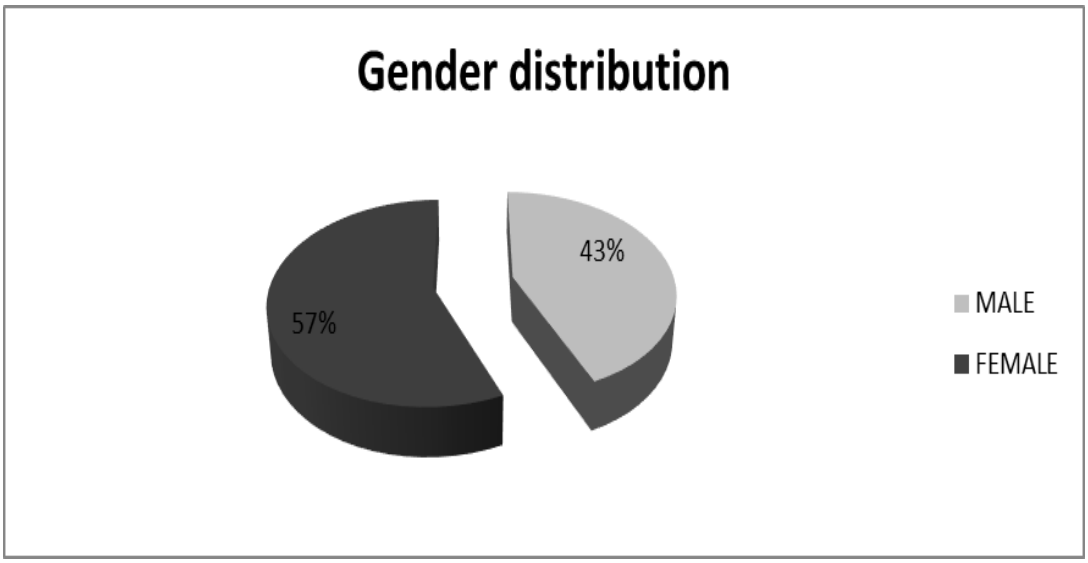


4.1.2.3. Gender,

As shown in Figure 5 below, there were more females (57%) than males (43%) in this study's sample.

Figure 5

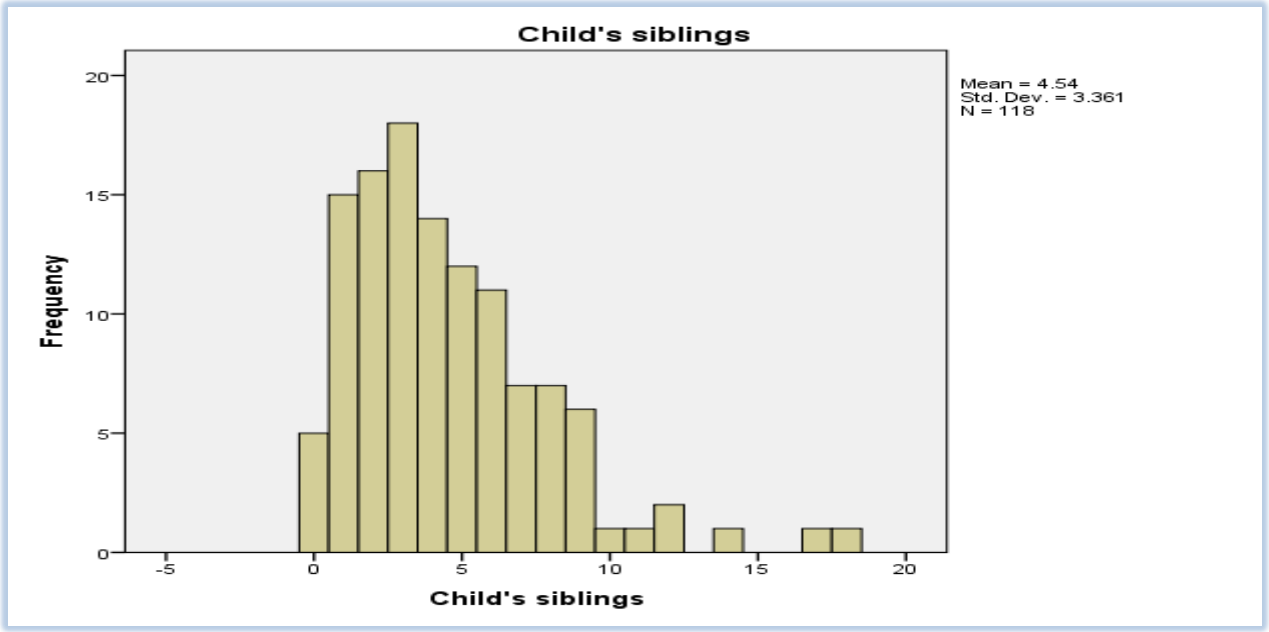
GENDER TOTAL SAMPLE DEPICTION



4.1.2.4 Siblings,

Figure 6

NUMBER OF SIBLINGS TOTAL SAMPLE DEPICTION



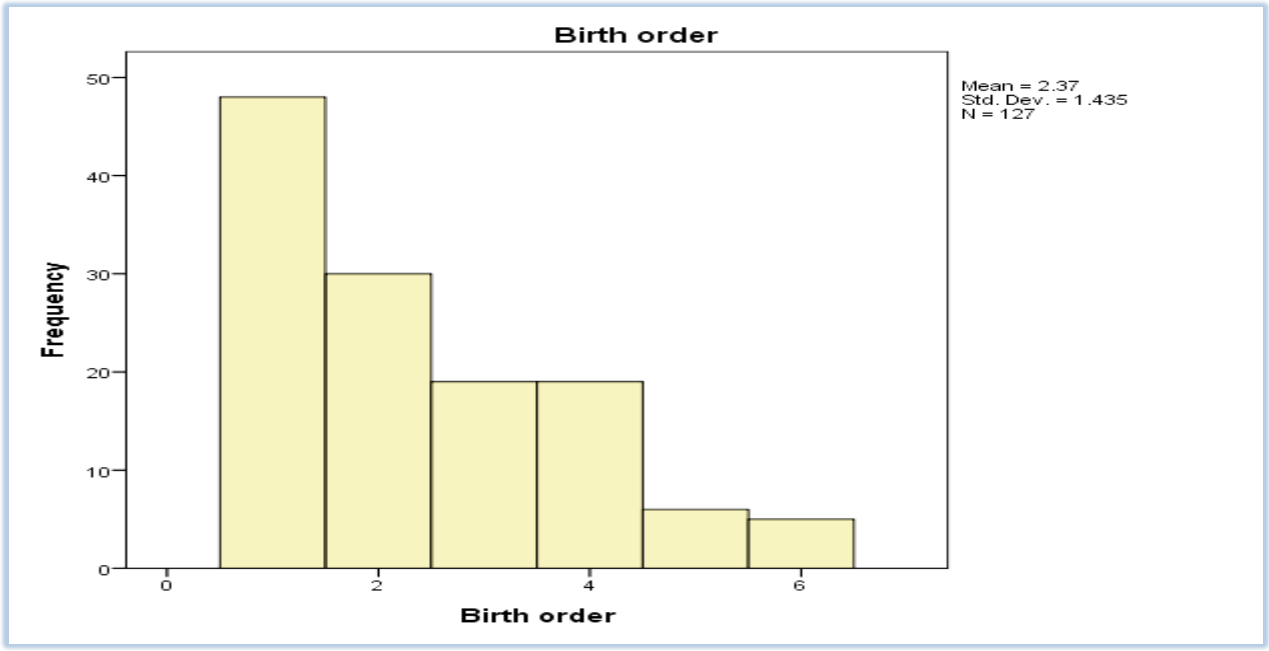
Most children in this sample had less than 10 siblings as depicted in Figure 6. The graph is skewed to the right. The mean number of siblings that the children indicated having was 4.54 with a standard deviation of 3.36.

4.1.2.5 Birth order

A majority of the children in this study indicated that they were the first-born. The graph in Figure 6 is skewed to the right. The mean is 2.37 with a standard deviation of 1.44.

Figure 6

BIRTH ORDER TOTAL SAMPLE DEPICTION



4.2. Simple regression

To find out whether teenage childbearing has an impact on the socio-emotional development of a child born to a teenage mother, simple regression was used to test Hypothesis 1. The results obtained are presented here.

4.2.1. Regression using type of mother

Table 3

REGRESSION TYPE OF MOTHER

R	R Square	Sig.	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
			B	Beta		
			63.941		29.266	.000
.201[a]	.040	.022[b*]	-2.763	-.201	-2.314	.022[*]

Correlation is significant at the 0.05 level (2-tailed).

Table 3 above shows that the correlation between the type of mother (1= teenage mother and 2 non-teenage mother) and the child's total Emotional Quotient (EQ) (i.e. refers to the child's social and emotional development) is .201. It also shows that the type of mother is able to predict 4% of the child's total EQ score. The results are significant at a 0.05 level of significance (p=.022). This means that the type of mother is a statistically significant predictor of the child's social and emotional development.

4.2.2. Regression using mothers' age

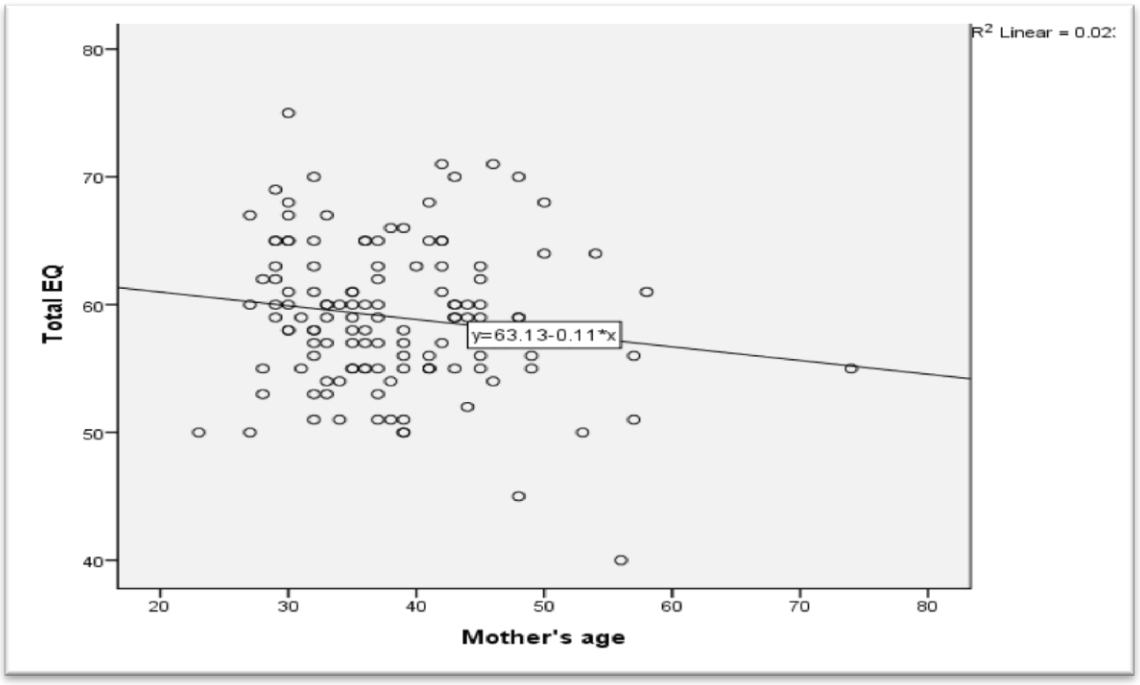
Table 4

REGRESSION MOTHERS' AGE

R	R Square	Sig.	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
			B	Beta		
			63.130		26.125	.000
.153[a]	.023	.084[b]	-.107	-.153	-1.740	.084

Figure 7

SCATTERPLOT



The correlation between the mothers' age and total EQ is .153 as illustrated in Table 4. The mothers' age can predict 2.3% of the child's total EQ score. However, the results are not significant at the 0.05 level of significance (p= 0.084). Therefore, the mothers' age is not a significant predictor of the child's EQ score.

4.3. t-Test for independent means

From the table below (Table 5), it can be concluded that the equal population variance is assumed as the results for the test for equality of variances is not significant (.962 is well above .05). We therefore feel more confident that whatever conclusion was drawn from the t test was accurate. The significance level of .022 is less than the 0.05 cut off for this sample, which means that the null hypothesis that states that the socio-emotional development of children born of teenage mothers is not different from the socio-emotional development of children born to non-teenage mothers can be rejected. Therefore, the research hypothesis that states that there is a difference was supported. The mean for the teenage mothers is 61.18, which is more than the mean of the non-teenage mothers is 58.42.

Table 5

INDEPENDENT SAMPLES TEST

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Total EQ	Equal variances assumed	.002	.962	2.314	127	.022*	2.763	1.194
	Equal variances not assumed			2.290	42.545	.027	2.763	1.206

*Correlation is significant at the 0.05 level (2-tailed).

4.4. Hierarchal regression

i. Current variables

When we controlled for current demographic variables, Table 6 below indicated that the percentage of variability accounted for increased from 14.7% to 16.3%. The first model (SES variables alone) predicted scores on the DV (EQ) to a statistically significant degree (p= 0.029). However, neither the second model (SES+ Psychological variables) nor the third model (SES+ Psychological variables+ Type of mother) predicted scores on the DV. This means that the psychological variables and the type of mother did not have an effect beyond the effects of SES variables alone. Specifically, the level of education had the most influence (p=.020).

Table 6

HIERACHICHAL REGRESSION (CURRENT VARIABLES)

Model	R	R Square	Sig.
1. (SES variables alone) Marital status Family Income Family Size Employment status Highest Education	.383	.147	.029*
2. (SES+ Familial factors) Primary caregiver Child's siblings Mother's age Fathers Involvement Birth order	.391	.153	.245
3. (SES+ Familial factors + Type of mother) Type of mother	.404	.163	.268

*Correlation is significant at the 0.05 level (2-tailed).

ii. Demographic variables when the child was born

Table 7 below shows how we controlled for both the current demographics variables and the demographic variable when the child was born. There was an increase in the percentage of variability accounted for from 10% to 17.3%. Nonetheless, there was no statistical significant prediction of the DV by any of the models [**Model 1:** Current demographics only; **Model 2:** Current demographics + demographics when the child was born; **Model 3:** Current demographics+ demographics when the child was born + type of mother].

Table 7

HIERACHICHAL REGRESSION (WHEN CHILD THE WAS BORN)

Model	R	R Square	Sig.
1. (Current demographics only) Fathers Involvement Employment Family Size Primary caregiver Highest Education Family Income Marital status	.317	.100	.354
2. (Current demographics + demographics when the child was born) Marital status Family Size Employment primary caregiver Family Income Fathers Involvement Highest Education Marital status	.378	.143	.704
3. (Current demographics+ demographics when the child was born + type of mother) Type of mother	.416	.173	.591

Chapter 5. Discussion and conclusion

Three hypotheses were formulated in this study. Firstly, it was hypothesised that teenage childbearing had an impact on the socio-emotional development of a child born to a teenage mother. Secondly, that the socio-emotional development of children born of teenage mothers was different from the socio-emotional development of children born to non-teenage mothers. Lastly, that the demographic variables explored, namely marital status, employment status, completed educational level, family size, primary caregiver, family income, and lastly father's involvement (currently and at the time when the child was born) had an influence on the socio-emotional development of the children.

There was no statistically significant prediction (b= -.107, p= .084) of the child's social emotional development from the mothers' age. This means that the mother's age is not an important factor in predicting the child's social emotional development, indicating that they are unrelated. However, when we used the type of mother variable (i.e. teen mother versus non-teen mother) to predict the child's social emotional development, we found that the prediction was statically significant (p= .022). This means that although mother's age per se failed to predict social emotional development of child, the type of mother that the child is born to is an important factor in predicting the child's social and emotional development. Furthermore, the coefficient was negative (b= -2.763), indicating that being born to a non-teenage mother is related to lower social emotional development. This result was unexpected as it was assumed that at the outset being born to a teenage mother would be related to lower social emotional development.

Literature had indicated that because teenage mothers are less likely to have the maturity and wisdom to deal with their children's needs and problems (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013), their children's social and emotional development was expected to be negatively affected. This was supported by previous research as teenage mothers scored lower on assessments of their parenting behaviours and their relationship with their children (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013). The findings of this research contradicts this assertion, as the children born to teenage mothers social and emotional development was higher than that of the children born to non-teenage mothers. The explanation for this is a point for further research.

According to the t-Test for independent samples, it was found that there was a statistically significant difference between the mean of the social emotional development of children born to teenage mothers (M= 61.18) and the social emotional development of children born to non-teenage mothers (M=58.42). In addition, the mean for the teenage mothers is higher than for the non-teenage mothers. In particular the social and emotional development of children born to teenage mothers was higher than that of children born to non-teenage mothers [t=2.314; p= .022]. The assumption that there would be a difference between the teenage mother's children and non-teenage mother's children was supported by the findings from this research. However, it was unexpected for the children of teenage mothers to have higher social emotional development than children of non-teenage mothers. As literature has shown that teenage mothers do not understand or have tools that are developmentally appropriate for their child (Azad, Blacher, & Marcoulides, 2014; Mahesh & Marlene, 2012; Mercer, 1980). On the contrary our research outcomes suggests that this may not be case and that teenage childbearing has a positive influence on the child's social and emotional development.

The hierarchal regression of the demographic factors only found one statistically significant model, which was the current SES variables alone (p=.029). Therefore, only the current SES variables alone had an influence on the children's social and emotional development as expected. These variables included marital status, family income, family size, employment status, highest education level.

Findings from this study suggest that teenage childbearing does not affect the social and emotional development negatively. Much to the contrary, social and emotional development of children born to teenage mothers had even better EQ, as compared to children born to non-teenage mothers. Most previous studies indicate that teenage mothers were more likely to be exposed to various stressors than non-teenage mothers were (Miller, Maguire, & Macdonald, 2012; Hanna, 2001; Hutchison, 2012). This was expected to negatively affect their parenting skills that would in turn, influence the child's development negatively. Meanwhile, other studies suggest that some mothers do not experience negative consequences of early childbearing (Romo & Nadeem, 2007; Chohan & Langa, 2011). These studies propose that some teenager mothers become more responsible as they enter into early motherhood. Other teenage mothers receive

support from their families, meaning that they are able to return to school and make a better life for themselves and their children.

About 47 % of the children were cared for by their grandmothers (i.e. children born to teenage mothers) in this study. This means that the teenage mother received support from their mothers (family support) as compared to about 23% of non-teenage grandmother care. This is a possible explanation why the social and emotional development of children born to teenage mothers was higher than that of children born to non-teenage mothers. Particularly because most of the non-teenage mothers received less help, in terms of child caring, from their mothers. As more than, half of them mainly cared for their own children compared to approximately 47% of teen mothers.

Furthermore, Erickson's theory suggests that the interaction between the mother, family and child is crucial for the child's development (Santrock, 2009). As mentioned in the above paragraph that the socio-emotional development of children born to teenage mothers could be explained by family support to the teenage mother in caring for the child. Erickson's theory also supports this assumption in that family interaction is essential for the child's development. However, interestingly mother and child interaction was seen to be of outmost importance for the development of the child by Erickson (Hook, 2002). The findings of this study in accordance to Erickson's theory suggest that non-teenage mother's interaction with their children was not that good contrary to popular belief. As their children's socio-emotional development was lower than the children born to teenage mothers.

Some of the information obtained from the demographic questionnaire however was in line with previous research. In that, teenage mothers were more likely to obtain lower education, as slightly more non-teenage mothers completed matric than teenage mothers. Although South African laws have made the exclusion of teenage mothers from schools illegal, teen mothers still struggle to stay in/and complete school. It was argued that the reasons for the drop out include discrimination from peers and teachers, if the learners were not performing well at school, and family circumstances in which their parents are not available to help with the child (Morrell Bhana, & Shefer, 2012; Davids & Waghid, 2013). Additionally, that teenage mothers were less likely to get married. Literature has indicated that in South Africa, the family usually delays marriage as it is believed that the father is incapable of providing for the young mother and the

child (Sibanda & Mudhovozi, 2012). Also, the teenage mothers do not show interest in getting married young or to the fathers of their children (Boult & Cunningham, 1991). Besides experiencing these stressors, it seems as though they did not influence their children's social and emotional well-being.

Most studies have argued that teenage childbearing has negative outcomes for the mother and the child (Makiwane, 2010; Mahesh & Marlene, 2012). However, the outcomes of our study were much more positive, this might have resulted because the study was carried out years after the child was born. Secondly, the mothers come from the same background with the same issues. In that, studies often compare teenage mothers and non-teenage mothers that are from different backgrounds, which obviously will produce different results (Azad, Blacher, & Marcoulides, 2014). For example, the teenage mother would come from low SES background and the non-teenage mother from middle-to-upper SES background. They obviously face different challenges which results in different problems.

In consequence, the researcher acknowledges that academic achievement should have been included as a variable in this study. This would have also helped us to strengthen the emphasis of the importance of developing social-emotional programs to help children develop intrapersonal and interpersonal capacities. It should be noted that the EQ was not standardized for the South African population thus caution needs to be taken in interpreting the findings. As findings indicate, an improvement was required for children's social and emotional development as the overall EQ average is 59.02, this is lower than the acceptable score of 60 (Bar-On & Parker, 2000). This means the children's social and emotional capacities need to be developed.

5.1. Limitations

Some limitations of the study should be noted in interpreting the findings of this study. Firstly, the number of teenage mothers in this sample was much smaller than non-teenage mothers. This could explain why the age of the mother did not produce statistically significantly predictions of the child's social and emotional development.

Secondly, the convenience sampling method was employed as we used those participants that were available. Meaning that, the parents that were not available on the days that the researcher went to the schools because for example of work, their children could not be included in the

study. Thus, our study was extremely susceptible to selection bias. This could also affect our ability to generalise the study's findings to the population. The sample also had a high representation of non-working mothers and those who attained little education in this study.

The EQ questionnaire was not standardized for the South African population; therefore, raw scores were used. As a result scores were interpreted with caution. Additionally, there are no questionnaires developed to measure social and emotional development in South Africa. There is a need to develop such questionaries' specifically for the South African population, so that the results are more reliable. The EQ results alone are not enough to reach a conclusion concerning the social and emotional development/wellbeing of a child. It needs to be used in conjunction with other measures such as the child's academic achievement in order to get results that are more accurate.

5.2. Recommendations for Further Research

This study's topic generated some very interesting findings of which further important insight is needed that the quantitative approach could not find. Therefore, a qualitative approach would explore the realities of what the reasons are for the low social and emotional wellbeing of the children born to non-teenage mothers in comparison to the teenage mothers' children. What could be the reasons?

Research to explore the significance of the knowledge on social and emotional development of children by the parents is recommended, particularly to determine if this knowledge may enhance positive parenting skills. As research has shown that social-emotional development in children is essential for their intrapersonal and interpersonal capacities, which they need to adapt to their multiple social roles (Sandella, et al. 2012).

5.3. Conclusion

This study aimed to found out whether there was a relationship between teenage childbearing and the child's social and emotional development. It also aimed to determine whether there was a difference in the social and emotional development between children of teenage mothers and non-teenage mothers. Furthermore, it aimed to examine whether there were any contributing

demographic factors and to highlight the need in South Africa to develop social and emotional programs for children.

The hypotheses of this study brought about the conclusion that there is a relationship between teenage child bearing and the child's social emotional development. The findings indicate that teenage childbearing does not negatively influence the social and emotional development of children born to teenage mothers. The children of teenage mothers' had higher social and emotional development than the children born to non-teenage mothers, these findings contradicted those of previous research. It was argued that since the teenage mother is still undergoing development herself, she might not have an understanding of the required developmental tools needed for her child's upbringing.

The SES variables (Marital status, family income, family size, employment status and educational level) showed to have significant influence on the social and emotional development of the children. Although the EQ score alone is not enough to draw on a conclusion, it is still valid enough to raise a point of concern with regard to the capacities of the children's interpersonal and intrapersonal development. As mentioned in the above research, the overall social and emotional development of the children is lower than 60.

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Appendix A

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APPLICATION FOR PERMISSION TO CONDUCT RESEARCH DURING THE THIRD TERM OF 2015

Dear Sir

I am studying for a Masters Degree in Psychology (MA in Psychology by coursework and Research Report) at the University of Witwatersrand. I wish to conduct an empirical research study on children's level of social and emotional development (This means how the child develops in his or her relationships and emotions) at the following selected primary and senior primary schools in the Sinthumule-Khutama area: Muraleni Senior Primary, Maebani Primary, Madodonga Primary and Tshiozwi Primary.

The objectives of the study are to:

1. investigate whether there is a relationship between teenage childbearing and the child's social-emotional development in middle and late childhood,
2. determine whether there is a difference in the social and emotional development between children of teenage mothers and children of non-teenage mothers,
3. examine whether there are other contributing factors that may influence the child's socio-emotional development, and

4. highlight the need in South Africa for developing social-emotional programs to help children to develop intrapersonal and interpersonal capacities.

I hereby ask for permission to conduct this research study at the above mentioned primary schools which are within your District. The research will involve a questionnaire which will take about 30 minutes for the children to complete. This will be the Emotional Quotient (EQ) questionnaire that is about the emotional and social functioning of the children. In addition to the questionnaire, an informed consent form and demographic form will be handed out to the school children to take home for their parents to complete before the children can participate in the research.

Should you require any further information, Please feel free to contact me.

Yours Sincerely

LP Mahwai

Appendix B

Permission to conduct research

Dear Principal

I am Lerato Mahwai and I am from the University of Witwatersrand. I am conducting a research project on children's social-emotional development. This means how the child develops in his or her relationships, and emotions. I am therefore writing to ask permission to use children from your to participate in my research project.

I am interested in identifying the level of emotional and social functioning in children and adolescents. I am going to give out a questionnaire that highlights children's areas of positive functioning as well as areas for development. This is a useful questionnaire that can be used to identify an individual's strengths and weaknesses in order to help that individual develop the skills needed for academic, personal, and social success. This questionnaire will take only 30 minutes of your child's school time. An information sheet, consent form and demographic form will be handed out to the school children to take home for their parents to fill in and sign before the children can fill in the questionnaire.

Before commencing with any data collection exercise I will first come to the school and explain the research and what each of the participant's role will be. I will explain how I will go about the research and how the questionnaire will be done.

I have sought permission from the Vhembe District and for ethical clearance from the University to conduct this research. Your participation will be highly appreciated.

Yours Sincerely
Lerato Mahwai

_____

Enq: Makhari N.V.
Ref: 4/3

VHEMBE DISTRICT MUNICIPALITY

MEMO

TO: **ALL SAMWU MEMBERS**

FROM: **MUNICIPAL MANAGER**

SUBJECT: **IMPLEMENTATION OF NO WORK NO PAY**

DATE: **22 JANUARY 2016**

1. The above matter bears reference.

2. Kindly note that due to the fact that SAMWU members in Vhembe District Municipality have been on an unprotected industrial action from the 03rd of December 2015 to the 13th of January 2016 which translates to 27 days, the Council has taken a resolution to implement ***the no work no pay principle*** to all SAMWU members effectively from January 2016.

3. The management in implementing the Council resolution decided to structure the implementation process as follows:

   - ✓ That seeing that employees would have worked half day on the 24th and the 31st of December 2015 had they not embarked on strike, one full day must be subtracted from 27 to remain with 26 days for which deductions must be made.
   - ✓ That the deductions of twenty six(26) days be implemented as follows:
     a) January 2016, six days
     b) February 2016, seven days
     c) March 2016, again seven days and
     d) April 2016, another six days

4. The above deductions will be implemented upon receiving records of work attendance per employee from Acting/General Managers

Taylor — 22/01/2016

MUNICIPAL MANAGER **DATE**
MAKHARI N.V.

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Mahwai

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H15/05/19**
PROJECT TITLE	Socio-emotional development in children of teenage mothers
INVESTIGATOR(S)	Ms L Mahwai
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	22 May 2015
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	10 June 2017

DATE 11 June 2015 **CHAIRPERSON** _____
(Professor T Milani)

cc: Supervisor : Dr M Kasese-Hara

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 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 completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix E

Parental Consent Letter

Dear Parent or Guardian:

I am Lerato Mahwai and I am from the University of Witwatersrand. I am conducting a research project on children's social-emotional development. This means how the child develops in his or her relationships, and emotions. I am therefore writing to ask permission for your child to participate in my research project. This project will be conducted at _____ **(Name of the School).** I am interested in identifying the level of emotional and social functioning in children and adolescents. I am going to give out a questionnaire that highlights children's areas of positive functioning as well as areas for development. This questionnaire helps to identify an individual's strengths and weaknesses in order to help that individual develop the skills needed for academic, personal, and social success. This questionnaire will take only 30 minutes of your child's school time. Along with this letter your child will be given a demographic form to be filled in by you, it should take you about 15 minutes to complete with consent form.

All information you or your child will give us, will be considered confidential and individual children's results will not be shared with school staff. However, information based on the results of all the children will be provided. The information gathered will be locked securely in the department of psychology. Only the research team will have access to the information you will give.. Please note that your decision whether or not to allow your child to participate will not affect the services normally provided to your child by the school. Only children in Grade 5 to 7 between the ages of 9 to 13 who have parental permission, and who themselves agree to participate, will be involved in the research. Also, children or parents may withdraw their permission at any time during the study without any negative impact. There are no expected risks for participating in this research.

I wish to invite you and your child to participate in this project. Should you choose to participate please complete the attached permission form, indicating whether you give permission for your child to take part or not, and the attached questionnaire and return it to the school by _____ **(Insert Date).**

If you have any questions about the study, or if you would like additional information to assist you in reaching a decision, please feel free to contact me at **mahwailerato@yahoo.com** and 0849678601 or my faculty supervisor, Dr Mambwe Kasese-Hara at**,** **mambwe.hara@wits.ac.za** and 0117174553**.**

Yours sincerely,

Lerato Mahwai

_____

(Signature)

LUNWALO LWA U HUMBELA THENDELO YA VHABEBI

Ndaa/Aa Vhabebi

Ndi nne Lerato Mahwai. Ndi mugudiswa kha Univesithi ya Witwatersrand. Ndi khou ita risetshe malugana na ndila ine vhana vha aluwa ngayo ro sedza u tshilisana havho na vhanwe vhathu. Ndivho ya ulwu lunwalo ndi u wana thendelo kha vhone sa mubebi uri nwana wavho a shele mulenzhe kha iyi risetshe. Risetshe iyi I do itwa kha tshikolo tsha_____(Dzina la Tshikolo).

Ndi takalela u wanulusa uri vhana vhatuku, vhathannga na vhasidzana vha kha tshiimo tshifhio tsha u kona u tshila na vhanwe vhathu. Vha do newa mbudziso dzine dzo sedzanaho kushumele kwavhudi kwa vhana malugana na u kona u tshila na vhanwe vhathu. Mbudziso idzi, dzi dovha hafhu dza u kona u wana uri nyaluwo iyi ya nwana yo khwatha ngafhi dza dovha dza sedza uri ndi ngafhi hune ya sumbedza u sa khwatha. Izwi zwi thusedza u kona u divha uri nwana a nga thusiwa hani uri a kone u bvelela kha zwa pfunzo na u kona u tshila na vhanwe vhathu. U fhindula idzi mbudziso, zwi toda mithethe ya furaru fhedzi. Vhana vha dovha hafhu vha humbelwa u daza fomo ine vha talutshedza vhuvha havho. Iyi fomo yone, I toda mithethe ya fumi thanu.

Phindulo dzine vhana vha do fha dzone, a dzi nga vhudziwi munwe muthu. Na mvelelo dza vhana a dzi newi vhanwe vhathu kana vhadedezi vha tshikolo. Mvelelo dzi do newa nga u angaredza hu si na u bula madzina a vhana. Mvelelo dza vhana dzi do vhewa na u thogomelwa kha Muhasho wa ngudo ya zwa Muhumbulo (Psychology) wa Univesithi ya Witwatersrand. Mvelelo idzi dzi do vhonwa nga tshigwada tsha vhathu vha risetshe fhedzi.

Kha vha zwi divhe uri tshumelo ya tshikolo kha nwana wavho, a I nga shandukiswi nga u tendela kana u hanedza nwana a tshi shela mulenzhe kha iyi risetshe.

Vhu khou todea vhana vhane vha vha kha murole wa 5 u swika kha murole wa 7 (Grade 5 to 7) vhare na minwaha ya tahe u swika kha fumi-raru. Thendelo ya vhabebi I tea u wanala phanda ha musi nwana a tshi nga shela mulenzhe. Vhabebi na vhana vha na ndugelo ya u dib visa kha risetshe arali vha tshi pfa vha tshi tama u bva tshifhinga tshinwe na tshinwe. A huna tshigwevho kana u sandiwa hune vhane vha toda u dib visa vha do tshi wana.

A huna zwine zwa nga dzhenisa vhana kana vhabebi kha mulingo arala vhana vha tshi khou shela mulenzhe kha iyi risetshe.

Ndi humbela uri vhabebi na vhana vha shele mulenzhe kha iyi risetshe. Arali vha tshi tama u shela mulenzhe, ndi humbela vha uri vha dadze fomo I no tshimbila na ulwu lunwalo vha dovhe vha sumbedze uri vha tama nwana wavho a tshi shela mulenzhe kana hai naa. Vha humisele form iyo na mbuziso tshikoloni nga_____(Datumu)

Appendix F

Nomboro ya ngudo/Study ID: _____

Datumu/Date: _____

Biographical Information Form/Fomo ya dzidodombedzwa

This questionnaire is divided into two (2) sections. Section A asks questions about you currently (i.e. at this point in time or now). Section B asks questions about you at an earlier time, in the year when your child was born.

Fomo iyi ya dzimbudziso ina zwipida zwivhili. Thipida tsha A tshi vhdzisa mbudziso nga vhone yo sedza tshifhinga tshino. Tshipida tsha vhuvhili tsho u divha nga vhone nga tshifhinga tsha musi nwana a tshi bebiwa

---

Section A: Current Information/Zwidodombedzwa zwa tshifhinga tsha zwino

1. Mother's Age/Minwaha ya mme: Please, give your age in years/Nga khumbelo, kha vha nwale minwaha yavho fhedzi _____

What is the month and year of birth? Vho bebiwa lini? nwedzi na nwaha fhedzi (MM/YYYY) _____/_____

---

2. Marital status/Mbingano

What is your CURRENT marital status? Tshiimo tsha mbingano tsha zwino (Tick in the box provided/ kha vha nwale ho teaho)

Married/Vho Maliwa	
Divorced/Vho fhmbana na munna	
Widowed/Munna o lovha	
Separated/A vha tsha dzula na munna	
Single/A vhongo vhuya vha maliwa	
Living together/Vha tou dzula na munna	

3. Employment status/Nyimelo malugana na u shuma?

a) What is your CURRENT work status? (You may tick more than one box)/Nyimelo yavh malugana na zwa mushumo ndi ifhio?

1. Work full time/Vha ya shuma	
2. Work Part-time/Vha shuma tshinwe tshifhinga	
3. Self-employed e.g. own business/Vha ya dishuma	
4. Piece Jobs/Vha ita dzi pisi jobo	
5. Not employed/A vha Shumi	
6. Retired/Vho ya penshenini	

Job title/Mushumo une vha u ita:

_____

b) Describe what you do in your work briefly/ Nga u pfufhifhadza, kha vha talutshedze zwine vha ita mushumoni:

_____

_____

_____

4. Education completed/Ngudo dze vha bveledza

a) What is your CURRENT highest level of education that they have completed? /Ngudo dza nthesa dze vha kona u dzi bveledza

Never attended school/A vhongo dzhena tshikolo	
Grades 1 through 8(Elementary) /Vho dzhena tshikolo u bva kha murole wa u thoma kha murole wa u thoma (1) u swika kha wa vhu malo (8)	
Grades 9 through 11 (Some high school) /Vho dzhena tshikolo u bva kha murole wa vutahe (9) u swika kha wa vhu fumi thihi (11)	
Matric/ Vho phasa matriki	
Tertiary/ Vho phasa gudedzini, university, thekhinikhono kana kholigi	

5. Family size/Vhuhulwane ha muta

How many people live in your house, apart from yourself CURRENTLY?/ Hu dzula vhathu vhangana mutani wavho nga tshifinga tshino?

_____

6. Primary caregiver/Muthu a no khou alusa nwana

a) Who is the main person that takes responsibility for the child Currently?/ Ndi nyi a re na vhudifhinduleli ha u alusa nwana zwino?

Child's biological mother/Mme a nwana	

Child's grandmother/Makhulu a nwana	
Someone else (Please specify relationship to the child below)/Munwe muthu (nga khumbelo kha vha talutshedze uri muthu uyo ndi mini na nwana) _____	

b) In whose house does the child live currently? (specify relationship to the child e.g. mother, grandmother etc.)/ Nwana u khou dzula nduni ya nnyi zwino?

_____

7. Family Income/Thanganyelo ya mbuelo ya muta

a) What is the combined family monthly income CURRENTLY?/Thanganyelo ya muholo wa muta wavho ndi vhugai?

1. Less than R2000/nga fhasi ha zwigidi zwivhili (R2 000)	
2. R2000—R6 000/ vhukati ha zwigidi zwivhili (R2000) na zwigidi zwa rathi (R6000)	
3. R 6 000—R12 000/vhukati ha zwigidi zwa rathi (R6000) na zwigidi zwa fumi mbili (R12 000)	
4. More than R12 000/Ntha ha zwigidi zwa fumi mbili (R12000) Please Specify/kha vha nwale mutengo wa muholo R_____	

8. Father's involvement/Nzhenelelo ya khotsi

a) Does the child's biological father CURRENTLY support the child? Please tick appropriate box/Khotsi a nwana vha khou dzhenelela kha u alusa nwana? Kha vha nwale ho teaho

YES/Ee	
NO/Hai	

If yes, please specify how?/ Arali vho fhindula uri ee, kha vha talutshedze. _____

SECTION B:

Please, answer the following questions about the time when the child was a baby. Your answers in this section must be about the first 1 year of the child's life.
Kha vha fhindule mbudziso dzi tevhelaho nga khumbelo. Ambudziso idzi dzi malugana na nwaha we nwana wavho a bebiwa ngawo

1. Child's year of birth./Nwaha wa mabebo a nwana

In what year was the child born (e.g. 2001, 2002 etc.)?? Nwana o bebiwa nga nwaha u fhio?

_____

2. Marital status/Nyimelo ya u maliwa

What was your marital status during the period WHEN THE CHILD WAS BORN?/Vho vha vho maliwa musi nwana a tshi bebiwa?

1. Married	
2. Divorced	
3. Widowed	
4. Separated	
5. Single	
6. Living together	

3. Employment status/Nyimelo malugana na zwa mushumo

a) What was your work status during the period WHEN THE CHILD WAS BORN??Vho vha vha tshi shuma musi nwana a tshi bebiwa?

Work full time	
Work Part-time	
Self-employed e.g. own business	
Piece Jobs	
Not employed	
Retired	

Job title: _____

b)Describe your work briefly:

_____

_____

_____

4. Education completed/Ngudo dzo bveledziwaho

b) What was your highest level of education which you completed in the year WHEN THE CHILD WAS BORN?/Ndi ngudo dzifhio dza nthesa dze vha vha vho dzi swikelela musi nwana a tshi bebiwa?

Never attended school	
Grades 1 through 8(Elementary)	
Grades 9 through 11 (Some high school)	
Matric	
Tertiary	

5. Family size/Vhuhulwane ha muta

b) How many people lived in your house, apart from yourself in the year WHEN THE CHILD WAS BORN??Ho vha hu khou dzula vhathu vhangana mutani wavho musi nwana a tshi bebiwa?

_____

6. Primary caregiver when the child was a baby/Muthu a no khou alusa nwana

a) Who was the main person that took care of the child in the year WHEN THE CHILD WAS BORN? /Ndi nnyi we a vha a na vhudifhinduleli vha u alusa nwana nwaha we a bebiwa?

Child's biological mother	
Child's grandmother	
Someone else (Please specify relationship to the child below) _____	

b) In whose house did the child live when he/she was a baby? (specify relationship to the child e.g. mother, grandmother etc.)/ Nwana o vha a tshi dzula nduni ya nnyi musi a tshi bebiwa.

_____

7. Family Income/Mbuelo ya mutani

b) What was the combined family monthly income in the year WHEN THE CHILD WAS BORN?/Thanganyelo ya mbuelo ya muta yo vha I vhugai musi nwana a tshi bebiwa?

1. Less than R5000	
2. R5000--R10 000	
3. R11 000—R20 000	

4. More than R20 000 Please Specify R_____	

8. Father's involvement/Nzhenelelo ya khotsi

a) Was the child's biological father supportive of the child during the period WHEN THE CHILD WAS BORN? Please tick appropriate box/Khotsi a nwana vho vha vha tshi dzhenelela kha u alusa nwana musi a tshi bebiwa?

YES/EE	
NO/Hai	

If yes, please specify how?/ Arali vho fhindula uri ee, kha vha talutshedze. _____

THANK YOU FOR YOUR TIME! RI LIVHUWA TSHIFHINGA TSHAVHO

Appendix G

Child Assent Form

Hello! My name is Lerato Mahwai and I am studying at The University of Witwatersrand.

I am inviting you to be part of a project on Children's socio-emotional development. The project is about finding out how you understand your feelings and other people's feelings and how you connect to others. Your parents or legal guardian have already been told about the project. Please read this form and ask the researcher any questions you have. It is your choice to be part of the project or not.

If you agree to take part in the project you will be asked to answer questions and fill in your answers in a questionnaire. It will take you about 30 minutes to do so.

PRIVACY

- The information from this project will be kept private.
- No names will be included in any reports written about the project.
- The teachers and your classmates will not see the information you give us.

THIS PROJECT IS VOLUNTARY

- There are no bad feelings about you if you choose not to be in the project.
- Once you start the project you are always free to stop at any time.
- Even if your parents gave their permission, you can still decide not to be in the project or to stop at any time. The researchers will respect your decision.
- If you decide to stop it will not affect your school marks.
- You may skip any question that you feel like you do not want to answer

QUESTIONS

If you have questions about the project before you take part in it you are welcome to ask me on 0849678601.

Please complete the form below if you would like to be part of this project.

I want to be part of this project:

Participant Name (Please Print):_____

Signature:_____

Date:_____

Researcher's Name (Please Print):_____

Signature:_____

Appendix H

Study ID: _____

Date: _____

Child Biographical Information Form

Instructions: Please, answer the following questions about yourself.

1. Child's Age:

What is your month and year of birth? Please, give the month and year only.

(MM/YYYY) _____/_____

---

2. Child's Gender:

Are you a boy or girl? Please tick in the correct box

Boy	
Girl	

---

3. Child's Siblings:

3a. How many brothers and sisters do you have who live in your house?

Brothers and sisters from same mother and father	
Half brothers and half sisters	
Step brothers and step sisters	

3b. How many brothers and sisters do you have who DO Not live in your house?

Brothers and sisters from same mother and father	
Half brothers and half sisters	
Step brothers and step sisters	

4. Birth Order:

Please indicate your birth order. E.g. are you the 1st born, 2nd born or 3rd born etc. in your family?

_____

THANK YOU FOR YOUR TIME!