

**Young mothers' perceptions of teenage pregnancy in Vredendal: A social  
cognitive learning approach**

by

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### Declaration

I, Victoria Justine Julie, declare herewith that the dissertation entitled *Young mothers' perceptions of teenage pregnancy in Vredendal: A social cognitive learning approach* is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

  
\_\_\_\_\_  
Ms V.J. Julie

01 March, 2013  
Date

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## **Abstract**

Adolescent and sexual reproductive health has been identified as among the most important health and development priorities by the South African development (Department of Health, 1995; African National Congress, 1994). The South African government, like many governments in the sub-Saharan region view with concern the region's rapid population growth and high birth rates particularly among adolescents. This study investigated the perceptions of young mothers regarding teenage pregnancy. Eight participants who live in Vredendal, a predominantly Coloured area in the Western Cape Province of South Africa, were selected for interviewing using convenient sampling. Transcripts of unstructured interviews were analysed using thematic content analysis. The findings of the study suggest that young mothers initially perceive teenage pregnancy negatively. These perceptions progressively changes to a positive one. Furthermore, the results indicate a limited awareness of available preventative interventions. Results further show participants tend to experience their relationships with significant others as positive.

**Keywords:** Adolescence, development stages, teenage pregnancy, sexuality and reproductive health, Social Cognitive Learning Theory

# CHAPTER 1

## INTRODUCTION

### 1.1. Introduction

South Africa has made significant progress to achieve gender parity since the transition to democracy in 1994. The minister of basic education, Ms Angie Motshekga, asserts in a 2009 report on teenage pregnancy in South Africa which focuses on school-going girl learners, that the successes have gone beyond achieving gender equality to seeing majority of enrolments in secondary schools among girls (Panday, Makiwane, Ranchod & Letsoalo, 2009). Despite this, teenage pregnancy threatens to frustrate some of the successes gained in trying to uplift the status of girls in education and to contribute to their general quality. In fact, the South African Department of Health (1995) as well as the African National Congress (ANC, 1994) commented quite early after the democratic dispensation that teenage pregnancy is among the most important health and development problems facing South Africans.

The problematic nature of teenage pregnancy continues to be a subject of public and political debate with the South African Ministries of Education and Health focusing their efforts on analysing both the prevalence of teenage pregnancy and its determinants. While teenage pregnancy is a point of discussion at public policy levels both globally and nationally, it is important to consider also that it is an issue that pregnancy is a personal, it is experienced privately and potentially holds different meanings for different people and particularly for the young girls themselves. It therefore becomes important to address complex reality of experiences with and feelings about pregnancy and even motherhood, especially among young women. This study explores the perceptions of young mothers towards teenage pregnancy.

This chapter provides the overall outline of the study. The research problem and background to the study is discussed to position the study and to put into focus the conditions that have made research possible. The research aims and objectives of the study are highlighted next. These provide foundation for a synoptic discussion of conceptual framework and research methodological issues. The chapter concludes with an outline of the organisational structure of the dissertation.

## **1.2. Statement of the research problem**

According to the World Health Organisation (2012), about 16 million girls aged 15 to 19 years and two million under the age of 15 give birth every year. Babies born to adolescent mothers account for roughly 11 percent of births worldwide (WHO, 2009). Globally, one in five girls has given birth by the age of 18. This figure rises to over one in three girls in the poorest regions of the world. About 95 percent of adolescent births occur in low- and middle-income countries (WHO, 2011). Births among adolescent girls are more likely to occur among the poor, less educated and rural communities (WHO, 2012).

Globally, adolescent pregnancy is a major contributor to maternal and child mortality. It also contributes to the vicious circle of ill health and poverty particularly among young girls. At the sixty-fifth world health assembly held in March 2012, the report by the secretariat of the WHO indicated that the global adolescent birth rate has declined from 60 per 1000 in 1990 to 48 per 1000 in 2007, with rates ranging from 5 per 1000 women in eastern Asia to 121 per 1000 in sub-Saharan Africa in 2007. The decline in the adolescent birth rate, however, does not translate to

absolute decline in number of births. This is owing to the increase in the adolescent population (WHO, 2012).

As per the World Health Organisation's statistics reports, the sub-Saharan's region registers the most births per 1000 women. To date, South Africa has the lowest fertility rate in mainland sub-Saharan Africa (Panday, et al., 2009). Older adolescents aged 17-19 years account for the bulk of teenage fertility in South Africa. Fertility rates tend to vary across different racial groups in the country. While rates are significantly higher among Black (71 per 1000) and Coloured (60 per 1000) adolescents, fertility among White (14 per 1000) and Indian (22 per 1000) approximates that of developed countries. Variations in the social conditions under which young people grow up related to the disruptions of family structure, inequitable access to education and health services, as well as the concentration of poverty and unemployment in Black and Coloured communities, account for the differences in fertility rates among racial groups (Panday, et al., 2009). For these reasons, it is important to investigate the socio-psychological and economic determinants of teenage pregnancy especially among black and coloured populations. This research contributes to the knowledge gap in fully understanding some of the risks involved in adolescent pregnancy particularly among young mothers of colours.

This study was conducted in Vredendal in the Western Cape, South Africa. A national study done by the Foundation for Professional Development on teen pregnancy at a coloured high school in Vredendal (Moses, 2010) found that 22 pupils were pregnant in 2010 and 23 pregnancies were reported in 2011. Analysis of the EMIS data on teenage pregnancy shows an increase in learner pregnancies between 2004 and 2008 (Panday, et al., 2009). The transition to

parenthood is a major event in the lifespan of any individual. This is more so for a young girl who is facing the challenge of meeting the demands of schooling. Panday & Mabunda (2009b) asserts that efforts to curb teenage pregnancy should primarily focus on improving access to prevention information and to understanding sexual risk behaviour among adolescents. This study explores the perceptions of adolescent mothers residing in Vredendal, Western Cape province, South Africa regarding teenage pregnancy.

### **1.3. Significance of the study**

Teenage pregnancy is a global social problem. Macleod (1999a, 1999b) presented a comprehensive review of South African research on teenage pregnancy and its causes. A decade later, Macleod and Tracey (2010) highlighted changes in approach and new issues that have emerged in the literature from 1999 to 2010. Further research has focused on depicting current rates of teenage pregnancy (Moultrie & McGrath, 2007); questions of the intentionality and wantedness of pregnancy (MacLeod, 1999a, 199b); outcomes and consequences of early reproduction including the disruption of schooling, health issues, consequences for the children and welfare concerns (Department of Health, 2002, 2007; Makiwane & Ujo, 2006; Manzini, 2001; Panday, et al., 2009; WHO, 2002); and detailing policy imperatives and guidelines for preventing and managing teenage pregnancy (Furedi, 2001; Crouch, 2002; Parliamentary Monitoring Group, 2009). Few research studies have been conducted particularly among coloured adolescents. This is further justified by Panday and Mabunda (2009a, 2009b) and Wood, Maforah, and Jewkes (1998) who assert that although statistics abound about increasing teenage pregnancy in South Africa, there is, however, no reliable data disaggregated by ethnicity

or region available. This study is significant in that it explored the perceptions of teenage pregnancy from the perspective of young coloured mothers.

#### **1.4. Defining adolescence**

Operational definitions of key concepts used in the study are defined in this section.

Adolescence is generally understood as an intermediate stage of development. This implies being in between two different states, forms or even points. Montgomery (2003) describes adolescence as a period of intense change for individuals trying to figure out who they are and how they fit into society. According to Nichol et al. (2002), adolescence can be seen as the developmental period between childhood and adulthood where the individual transforms from a dependent child to an independent adult. Psychological theorists like Erikson classify this period as occurring between the ages of 12 to 20 years (Meyer & Viljoen, 2008). This stage is also referred as puberty. The World Health Organisation (2012) uses the term teenage years to refer to adolescent stage and classifies teenage pregnancy as pregnancy that occurs amongst young women aged between 15 and 19 years. Teenager and adolescent are used interchangeably in this study and a teenager or adolescent is regarded as a young woman aged between 12 and 20 years.

#### **1.5. Aim and objectives of the study**

The primary aim of the study was to explore the young coloured mothers' perceptions of teenage pregnancy in Vredendal. In line with this aim, this study is premised on the assumption that an exploration of the views of young mothers will contribute towards understanding and knowledge about teenage pregnancy. The researcher's intention with this aim was to provide the participants

with the opportunity to talk about their daily lived experiences as young girls or young coloured women who have to fashion their daily continued existence as mothers. In order to achieve the aim of the study, specific objectives that are aligned to the aims were adopted.

The specific objectives of the study are to:

- investigate contextual factors that influence teenage pregnancy among coloured girls
- describe the individual, familial, social and psychological impact of teenage pregnancy; and
- investigate the perceptions of coloured teenage mothers about teenage pregnancy.

### **1.6. Research questions**

The following research question provided the grounding upon which the research aims and objectives were formulated and addressed:

- Why do more teens in Vredendal have babies in a context where messages about prevention and safe sex are commonplace?
- How are young mothers' perceptions of teenage pregnancy in Vredendal influenced by interpersonal connections or lack thereof?

### **1.7. Theoretical framework**

In this study, Bandura's (1986) social cognitive theory was used as a theoretical framework. This theory explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural and environmental influences (Bandura, 1986). Bandura's theory also provides a framework for understanding, predicting and changing human behaviour.

### **1.8. Research methodology**

The study was located within a qualitative research methodological paradigm. According to Denzin and Lincoln (2000), a paradigm is a basic belief system. Adopting a particular paradigm therefore makes available a specific set of knowledge claims that a researcher can make about the phenomenon under investigation. A researcher's epistemology according to Burns and Grove (2005, 2009), Creswell (1994) and Holloway (1997) is literally his or her theory of knowledge, which serves to help make a decision on how the social phenomena will be studied. Choosing an epistemological position is therefore an important aspect in the research process as it colours the lens through which the researcher will be make analyses and formulate understandings of the phenomenon. The current study was thus located within an interpretive epistemological framework. This means that the researcher and social world influenced each other and therefore research results were influenced by the values of the researcher.

Babbie and Mouton (2001) and Morse (2003) describe qualitative research as an approach to research that facilitates a description and understanding of social action. Phenomenological design is adopted in the study. The purpose of phenomenology as a research method and design is to describe experiences or phenomena as they are lived in phenomenological terms to capture lived experiences of participants (Burn & Grove, 2009; Davidson, 2000; Terre Blanche & Durrheim, & Painter, 2006).

In this study, snowball, sampling was used to locate participants. Snowball sampling refers to the process of accumulation as each located subject suggests other subjects, therefore sampling until saturation (Babbie & Mouton, 2001). Participants in this study consisted of adolescent girls between the ages of fourteen and nineteen who were already mothers, living in Vredendal,

Western Cape. Unstructured individual interviews were conducted with participants to collect data. The interviews were recorded and then transcribed verbatim to support the analysis process.

Transcripts of interviews were analysed using thematic content analysis (Babbie & Mouton, 2001). Terre Blanche, Durrheim and Painter (2006) state that “research ethics should be a fundamental concern of all social science researchers in planning, designing, implementing, and reporting research with human participants” (p. 61). Ethics, according to Babbie and Mouton (2001) involves taking measures that ensures that no harm be done to participants. Participants were asked to participate voluntarily in the study. No harm was done to participants, confidentiality was ensured and no one except the researcher, co-coder and supervisor had access to the information.

### **1.9. Structure of the thesis**

**Chapter 2** discusses the literature review. The literature examines the construction of teenage pregnancy as an invention, the causes of teenage pregnancy, adolescence as development stage and the impediments of adolescence, which makes this phenomenon so susceptible, and the effectiveness of sex education. **Chapter 3** outlines the research method and design, which focuses on qualitative research as approach and phenomenology as design. The research design comprises the selection of participants, data collection, data analysis, trustworthiness, and ethical considerations. The results of the study are presented in **Chapter 4**. **Chapter 5** focuses on the discussion of the results. This chapter knits the results of the study, the literature found and the theoretical framework together. Conclusions, recommendations and limitations of the research study are discussed in **Chapter 6**.

## **CHAPTER 2:**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

Young girls falling pregnant and giving birth to children at an early age, that is, between the ages of 15 and 19, has been a matter of much interest and debate to academics, politicians, and civil society in South Africa and abroad. As a result policy makers and advocates for sexuality and reproductive rights have had a lot to say about the nature, prevalence and management of teenage pregnancy amongst the teenage population. Sub-Saharan Africa is cited as the as the most affected region with the most adolescents giving birth to children globally. Local prevalence rates reveal more specific differences across racial groups with Black and Coloured young girls topping the scales with regards to fertility and teenage pregnancy rates (Panday et al., 2009).

In this chapter, literature on teenage pregnancy is explored. Furthermore, Bandura's Social Cognitive Learning Theory, the theoretical framework upon which the study is grounded, is also discussed. To set the context for exploration of teenage pregnancy in South Africa, the following section provides a review of global, regional and local prevalence rates.

#### **2.2. Prevalence of teenage pregnancy**

Kanku (2010) refers to teenage pregnancy as a teenage or underage girl, usually between the ages of 13 and 19, becoming pregnant. Teenage pregnancy is typically understood to happen in a female who has not finished her core education or secondary school, has little or no marketable skills, is financially dependent upon her parents and/or persists to live at home. The Concise Dictionary of Modern Medicine (2002) adds that such an underage girl is often mentally

undeveloped and immature.

Teenage pregnancy currently has a significant global presence. WHO (2012) estimate that 16 millions girls aged 15 to 19 years and 2 million under the age of 15 give birth annually. Children born to adolescent mothers account for 11% of births registered annually across the globe. WHO (2011) also reported that sub-Saharan Africa continues to carry the heavy burden of teenage pregnancies with 95% of adolescent pregnancies occurring in low- and middle income countries. The poor, less educated and rural communities tend to have more births among adolescent girls.

Adolescent pregnancy is a major contributor to maternal and child mortality globally. It also contributes to the vicious circle of ill health and poverty particularly among young girls. In March 2012, the report by the secretariat of the WHO indicated that the global adolescent birth rate has declined from 60 per 1000 in 1990 to 48 per 1000 in 2007, with rates ranging from 5 per 1000 women in eastern Asia to 121 per 1000 in sub-Saharan Africa in 2007. This indicates that teenage pregnancy is more prevalent in the sub-Saharan region with at least 24 times the number of births registered among adolescent girls as compared to Asia which is standing at 5 per 1000 births. The decline in the adolescent birth rate seems to indicate that there are variations at continental, regional and country levels.

In South Africa, interest in teenage pregnancy as a social problem took off in the 1980s, with research and discussion continuing unabated in the 1990s (Macleod, 2011). In 1988, the annual birth rate to women in the age category 15–19 years old was 116 per 1000 women. By 1996, this had decreased to 78 per 1000 women. According to Kanku (2010), teenage pregnancy rates in

South Africa had dropped from 7% in 15 to 19 year olds in 1996, to 6.5% in 2001. This represents a 0.5% decrease in 5 years. Despite reports of a decrease in pregnancy rates, a survey done by Farrer (2010) determined that in 2003, 12% of South African teenagers (15–19 years old) were or had been pregnant in their lives. The proportion of teenagers who had been pregnant rose rapidly with each year of age from 15 years (2%) to 19 years (27%). The reality of an estimated 12% of South African teenagers being or having been pregnant coupled with sexual experimentation tend to add to the number of unintentional births. Young girls who fall pregnant often face the risk of having their education being disrupted, poor future employment opportunities, sexually transmitted infections, HIV infection, preterm births and poor mental health.

According to Macleod and Tracey (2010), national South African statistics paint an interesting picture that negates the popular opinion that the rates of teenage pregnancy and childbearing are burgeoning. The 2003 South African Demographic and Health Survey (SADHS) shows that pregnancy rates decrease with increasing levels of education. The SADHS survey shows that 20% of 15 to 19 year old women with a Grade 6 and 7 education, and only 7% with a higher education, reported having ever been pregnant. This finding corroborates the WHO (2011) report that shows the association between teenage pregnancy and levels of education.

Currently, South Africa has the lowest fertility rate in mainland sub-Saharan Africa (Panday, et al., 2009). Older adolescents aged 17-19 years account for the bulk of teenage fertility in South Africa. Fertility rates tend to vary across different racial groups in the country. While rates are significantly higher among Black (71 per 1000) and Coloured (60 per 1000) adolescents, fertility

among White (14 per 1000) and Indian (22 per 1000) shows similar tendencies to those of developed countries. Variations in the social conditions under which young people grow up related to the disruptions of family structure, inequitable access to education and health services, as well as the concentration of poverty and unemployment in Black and Coloured communities, account for the differences in fertility rates among racial groups (Panday, et al., 2009).

### **2.3. The construction of teenage pregnancy as a social problem**

Critical psychological studies have provided insights on the topic of teenage pregnancy. They argue that the concern with teenage pregnancy as social problem is more of a constructed phenomenon reflecting shifting ideas of power relations in society. Arney and Bergen (1984) argue that the construction of teenage pregnancy as a problem came about because of a shift in power relations and, consequently, in how women were treated generally in society. These authors show how, in the United States, prior to the late 1960s, the morally loaded concepts of “unwed mother” and “illegitimate child” were used to describe young women who had conceived. Young pregnant women were excluded from society, with the accompanying shame around the lack of proper conjugal arrangements. Thus, what was of issue was not the age of the person, but rather the conjugal status of the women, and the “legitimacy” of the child.

Somewhere around the early 1970s, the word “unwed mother” and “illegitimate child” disappeared from formal use and were replaced with the term “teenage pregnancy”. Thus, terms that implied moral judgements were removed and a more neutralised one was used. The supposed neutrality of the term lent it scientific and professional credibility. The construction of the term “teenage pregnancy” and the supposed scientific neutrality of the term do not, however,

mean that concerns around the marital status of the young woman have suddenly disappeared. What the supposed neutrality of the term has done is to mask or disguise this concern. In Macleod's (2003) analysis of the South African social science literature on "teenage pregnancy", constant slippage between the terms "teenage pregnancy" and "unwed pregnancy" or "extra-marital pregnancy" was found. Although the ostensible focus of many of the studies was on teenage pregnancy, the marital status of participants was frequently referred to.

Because of the dominant understanding of teenage pregnancy as a social problem, much of the motivation for sex education aimed at young people is to prevent early pregnancy. Sex education itself contains within it an internal inconsistency: the aim of maintaining innocence and preventing early pregnancy by introducing information of the very thing that is being prevented. When a teenager becomes pregnant, she breaches the socially constructed chronology of age, the transitional nature of adolescence. She is a conundrum, a contradiction, someone who, in the words of Lawson (1993) "pollutes the category of child and becomes a deviant adult" (p. 102). Such a construction of a teenage mothers as a 'deviant child' portrays her as lacking comprehension of the task, as finding mothering tasks difficult, as being unaware of anything other than the physical needs of the infant, and as being impatient, insensitive and irritable. This creates a space for a linkage between mothering by young women and future negative outcomes for the child (Macleod, 2011). Therefore the young mother's immaturity and inability to cope is consequently linked to abuse, neglect and abandonment.

#### **2.4. Causes of teenage pregnancy**

In giving attention to the causes of teenage pregnancy, Bezuidenhout (2004) focuses on aspects

such as the lack of information, peer group influence, poor self-image and adolescent risk-taking behaviour while French and Raven (1959) discuss the different kinds of power of which only coercive power will be considered in the next paragraphs.

#### **2.4.1. Lack of information**

Bezuidenhout (2004) argues that sex is a topic that is seldom spoken about by families. Because of the search for information, teenagers therefore turn to their peers for guidance or to seek information in books, magazines articles, video material, etc. Although there are health clinics available to adolescents where they could obtain appropriate information on sexual matters, many do not use these facilities for fear of being identified as being sexually active. This increases the chances that teenagers will experiment with sex, which may well lead to unwanted pregnancies (Bezuidenhout, 2004).

#### **2.4.2. Peer group influence**

Not only is the peer group a primary source of information about sex, it may also create an environment in which peer pressure is exerted on the teenager to indulge in sex because “everybody does it” or because they do not want to “feel out”. Therefore, incorrect information about sex received from the peer group, peer pressure or the teenager’s need to be like his or her peers may all contribute problems regarding unwanted pregnancies (Bezuidenhout, 2004).

#### **2.4.3. Poor self-image**

During adolescence, the teenager seeks to build a positive self-image. It is through interaction

with significant others that a self-image is created. If the interaction between the teenager and the significant others is positive, then the teenager will develop a positive self-image (Bezuidenhout, 2004). Teenagers who constantly have to prove their worth, or who endure continuous ridicule, or who experience an identity crisis, may seek attention outside the home. Such attention-seeking behaviour often ends in illicit sexual unions through which the teenager tries to prove his or her worth. All the causal factors lead to pregnancy, as seen above, and these pregnancies can have several negative effects (Bezuidenhout, 2004). According to Hazen, Schlozman and Beresin (2008) early pubertal development in girls appears to be related to lower self-esteem and more concern about body image. Late-developing girls, on average, do not appear to have significant difficulties with self-esteem. Even when these transformations unfold on schedule, the physical changes of adolescence have a major influence on the psychological functioning of an individual. Hazen et al. (2008) assert that regardless of timing, it is important to remain sensitive to how physical development may be affecting the self-esteem and emotional life of every adolescent.

#### **2.4.4. Coercive power**

The social context of adolescent sexual activity – particularly the influence that gender relations and power imbalances have on whether and when young people have sex is important to consider in studies of teenage pregnancy. A sizable number of publications focusing on sexual coercion among African adolescents have been produced (Erulkar, 2004). Many of the studies have been conducted in South Africa. The South African studies reveal a high frequency of violence in the context of intimate partner relationship which is often related to the country's socio-political transformations and history (Maitse, 1998). A study conducted in Cape Town showed that partners used violence to initiate sexual relationships and physical assault to

maintain them. In that study, pregnant teenagers were significantly more likely than adolescents who have never been pregnant to have older partners and to have experienced forced sex (Jewkes, Vundule, Maforah & Jordaan, 2001; Wood, Maforah & Jewkes, 1998).

Coercive power is the ability to influence someone's decision making by taking something away as punishment or threatening punishment if the person does not follow instructions. According to French and Raven (1959) coercive power of a social agent or person stems from the expectation on the part of the person that he or she will be punished by the social agent, whether a person, a group, a norm or a role, if he or she fails to conform to the influence attempt. Thus negative valence (aversiveness) will be in given areas of a person's life space, related to the threatened punishment by the social agent whether person, a group, a norm or a role. The strength of coercive power depends on the magnitude of the negative valence of the threatened punishment multiplied by the perceived probability that the person can avoid the punishment by conformity and they go further by saying that there is some evidence that conformity to group norms in order to gain acceptance should be distinguished from conformity as a means of forestalling rejection (coercive power).

According to Erulkar (2004), compelling evidence is emerging indicating that a sizable proportion of episodes of sex among youths may result from coercion. Sexual coercion refers to a range of experiences that compel a person to have sex against his or her will (Heise, Ellsberg & Gottemoeller, 1995). These experiences include the use of violence, physical force, entrapment, threats, verbal insistence, deception, cultural expectations or economic circumstances. This results in a lack of choice to pursue other options without severe social or physical consequences

(Heise, Moore & Toubia, 1999).

#### **2.4.5. Adolescent risk taking**

Risk-taking behaviour is behaviour that holds the chance or possibility of negative consequence or loss. Although risk taking may be a dangerous activity, it is also viewed as “normal behaviour” necessary for developing adolescents (O’Donaghue & Rabin, 2001). However, adolescents are at moderate to high risk when engaging in one or more self-destructive behaviours that include unsafe sex, teenage pregnancy and childbearing, and dropping out of school (Bezuidenhout, 2004). Scholars like Levine (2009) suggest that adolescents engage in risky behaviour to demonstrate a “mature status” or to mark their “conversations to adulthood”. Others, such as Elkind (1985), argue that risky behaviour is a consequence of heightened egocentrism and sensation seeking during adolescence. The home environment of South African adolescents has gradually changed, increasing adolescents’ potential exposure to unhealthy behaviour. Reasons for this include the influx of mothers into the labour market, the rise in single-parent families and the high unemployment rate that forces breadwinners to seek employment elsewhere, away from the family. These create opportunities for adolescents to spend more time unsupervised or with their peers, which increases the incidence of risk-taking behaviour.

In addition, a natural part of the adolescent’s growing up is gaining independence from his or her family. Paradoxically, some adolescents have problems communicating their feelings, frustrations and needs and often use anger or other unacceptable behaviours to cover up their feelings of hurt or frustration. They would rather become violent, or engage in sexual

intercourse, or drop out of school than admit that they hurt emotionally (Stark, 1995). Such risk-taking behaviour is associated with negative consequences for the adolescent and his or her family.

In addition to the social context, the physical environment within which adolescents find themselves may also trigger risk-taking behaviours. For example, adolescents who grow up in a physical environment with few or no facilities for recreation, may resort to other forms of recreation should these be available to them. However, when economic or social gain comes into play and such behaviours go unpunished, adolescents may continue such practices, with potentially severe consequences for them (Bezuidenhout, 2004).

According to the 2001 Youth Risk Behaviour Survey (YRBS), more than 45% of students in Grades 9 to 12 have engaged in sexual intercourse. According to Grunbaum et al. (2002) national survey data published during the 1997 to 2001 reveal that a considerable number of teenagers are initiating sexual activity by early or middle adolescence. The estimated number of teens that report having experienced sexual intercourse by the age of 13; ranges from nearly 7% to 17%. National surveys in the United States and South Africa (Airhihenbuwa, DiClemente, Wingood, & Lowe, 1992; Brown, DiClemente, & Park, 1992) have found higher rates of sexual activity and less consistent use of condoms among ethnic minority youth as compared to white adolescents; however, more recent studies have found that “both male and female Black high school students were more likely to report using a condom the last time they had sexual intercourse than were their White or Hispanic peers (Grunbaum et al., 2002). Nearly 4 in 10 young women become pregnant at least once before they reach the age of 20, with 89% of these

pregnancies being unintended and 79% among unmarried teens (Henshaw, 1998; Martin, Hamilton, Ventura, Menacher & Park, 2002, p. 229). The younger a teenager is the less likely he or she is to use contraception. Up to 50 per cent of sexually active youngsters under the age of 16 use no contraception (Carr, 2002).

Cognitive processes, such as perception of personal risk or attitudes toward sex in general, may provide the missing link between sexual knowledge and sexual behaviour. Unfortunately, the findings pertaining to such factors have not been much clearer. Rapp-Paglicci, Dulmus & Wodarski (2005) have found that youth who perceived themselves to be vulnerable to potential negative sexual health outcomes were likely to engage in risk-reducing strategies such as condom use or to have fewer sexual partners. Langer & Tubman (1997) have found that an increased perception of risk was associated with greater levels of sexual risk-taking behaviour. Other research, found no association between risk perception and sexual behaviour. According to South African Demographic and Health Survey (SADHS, 2003), pregnancy rates decrease with increasing education.

Another possibility for the increase in teenage pregnancy is that previously births to teenaged women in the United States occurred chiefly within the context of marriage. If the couple were not married at time of conception, a quick wedding was organised (Davis, 1989; Miller, 1993).

## **2.5. Consequences of teenage pregnancy**

The shock of an unwanted pregnancy can be emotionally traumatic for the young teenage mother-to-be (Olds, London, Ladewig, & Davidson, 1980). An unmarried, pregnant teenager

finds herself in the midst of multifaceted crises (Bezuidenhout, 2004). These multifaceted crises include their perception of falling pregnant as a negative event, external factors like poverty and role conflict and possible confusion, health risks and schooling and education.

Falling pregnant as a negative event includes the teenager experiencing ostracism, isolation, and rejection by her family members and outsiders (Mwaba, 2000). Kanku (2010), Coleman and Roker (1998), Coley and Chase-Lansdale (1998), Mcleod and Tracey (2010) support this notion by saying that the teenager in some circumstances loses her boyfriend, gets blamed by her friends and family members and feels guilty. An external factor such as poverty is also a contributing factor of negative consequences. Mwaba (2000) indicates that several studies have found that many teenagers who fall pregnant do not plan on returning to school which means that the career prospects are severely restricted, potentially limiting the teenager to lower socio-economic status.

If one follows the ideas of Turner (1967), pregnancy may be considered a period of transition, a time “betwixt and between”. The adolescent passes through the expectant mother’s past state as a non-mother and into her future state as a mother. Bearing a child is an important transition into motherhood (Wright & Shapiro, 1992). The mother has to prepare materially, emotionally, physically and cognitively for the transition. The role conflict includes being unprepared for motherhood whereby the teenager finds herself in a dilemma of juggling the roles of being a mother and also an adolescent (Coleman & Roker, 1998; Coley & Chase-Lansdale, 1998; Kanku, 2010; Mcleod & Tracey, 2010). A number of studies on teen parenthood have focused on teen’s adjustment to their parent roles and strategies they employ to adapt to the changes that come with

young parenthood (Paschal, Lewis-Moss & Hsiao, 2011). Research findings tend to emphasise the negative outcomes of adolescent parenthood such as high rates of school drop-outs, increased poverty, a cycle of teen and/or single parenthood and low-income jobs (Harris, 1998; Pirog-Good, 1995).

### **2.5.1. Health risks**

Research on teenage pregnancy shows increased health risks associated with teenage pregnancy and childbearing. These risks include pregnancy-induced hypertension, premature labour, anaemia, small-for-date babies, neonatal and infant mortality and neonatal morbidity (Gilbert, Jandial, Field, Bigelow, & Danielsen, 2004). According to Sapire (1986), teenage mothers go through pregnancy complications such as higher risk of anaemia, toxemia, and hypertension, low birth weight, higher risk of perinatal mortality and spontaneous abortions in subsequent pregnancies.

### **2.5.2. Psychological issues**

Teenage pregnancy takes a toll on the emotions of a teenager as they are often not emotionally prepared to give birth or become a mother (Chen, Wen, Fleming, Demissie, Rhoads & Walker, 2007). During the first trimester of her pregnancy, the teenager must deal with important issues, such as whether to seek an abortion or to carry the foetus to full term. The decision to have an abortion may cause further emotional trauma. She may have feelings of ambivalence, guilt, denial, anger, disappointment or sadness. Without emotional support and understanding, the teenager may undergo radical personality changes. She may even commit suicide or try to.

The suicide rate among pregnant teenagers is approximately ten times higher than that of the general population. However, similar findings have emerged in studies conducted in South Africa (Boult & Cunningham, 1995). The problem of confounding variables (socio-economic status, ethnicity, marital status, lifestyle factors, parity, prenatal care, etc.) in investigating the health consequences of teenage pregnancy has been taken up by some researchers who continue to insist that age is the single most important factor (Chen, Wen, Fleming, Demissie, Rhoads & Walker, 2007). Geronimus (2004), however, adds a different angle to the question of teenage pregnancy and public health. She argues that, for young women who live in conditions of poverty, having children early in life represents an adaptive health response because of the shortened healthy life expectancy these women and their partners enjoy. In other words, these women can expect to spend more of their lives ill and to die earlier than women from the middle class.

### **2.5.3. School and education**

The disruption of schooling that potentially accompanies teenage pregnancy is seen as detrimental to the young mother, as it limits her future career prospects and therefore contributes to a lower socio-economic status for her and her child (Chevalier & Viitanen, 2003). Exactly how disruptive early pregnancy is on schooling, and its relationship with poverty is, however, a matter of debate. Disruption of schooling, according to Chevalier and Viitanen (2003) is a complicated notion. A study conducted in the United States show that many young women who become mothers in fact dropped out of school before pregnancy (Brindis, 1993). The same appears to be true for South Africa (Macleod, 1999). Some of the major reasons cited for dropping out of school in South Africa include poverty and a lack of motivation to complete

school (Mokgalabone, 1999). At a socio-economic level, girls who have children early in their teens tend to leave home earlier and are more likely to live in subsidised housing, have poorer employment prospects and are more likely to become dependent on welfare subsidies and live in poverty (Sapire, 1986). Against this background, the teenager struggles with whether to have an abortion or whether to carry the unborn baby to full term, which would bring about an interruption of her studies. This immediately places the mother-to-be in a disadvantaged position, especially when having to rear her own baby. A poor educational qualification means poor employment and bleak financial prospects, which in turn may have a detrimental effect on all the aspects of the life of the mother and her baby.

Teenagers who decide to rear their own babies and to return to school or to an educational institution to complete their studies, may find such a lifestyle difficult (Bezuidenhout, 2004). The teenage mother may soon become disillusioned with the realities and demands of parenthood. If she does not have the support of the father of her child, her family and friends, she may find herself in a physical, emotional and economic position that is detrimental to both her and her child (Bezuidenhout, 2004). Bezuidenhout (2004) concludes that an unwanted pregnancy is a personal, physical and emotional experience. Contradicting these negative consequences of teenage pregnancy, Kanku (2010) found that a number of teenagers, however, perceived some benefits and saw that it could be a positive event depending on the circumstances.

When comparing teenage mothers and older mothers, a study by Carr (2002) found that the relationship between teenage mothers and their children tend to be more problematic than those of their older counterparts. While teenage mothers are as warm as older mothers, they are less

sensitive, less verbal and less responsive to their children and provide a less stimulating home environment than older mothers. Children of teenage mothers are more vulnerable to neglect, to developmental delays, to educational underachievement and to behavioural problems (Rapp-Paglicci et al., 2005).

## **2.6. Adolescence**

Adolescence is seen as a period of development of an own identity, the gradual assumption of responsibility and a shift away from parents, the preparation for a career, adjustments to physiological changes, and the development of abstract thinking and mature moral reasoning are undertaken. As such, vestiges of childhood remain while the characteristics of adulthood are being developed. The adolescent is, in a sense, neither child nor adult, but also, simultaneously, both (Macleod, 2011).

### **2.6.1. Adolescent development**

Human sexuality involves interaction between anatomy, biology, psychology, interpersonal relationships and socio-cultural influences. A child's gender identity begins early and is based on anatomy and how the parents interact and play with the child. Personal and cultural influences affect the way in which the child starts to identify him- or herself as a boy or girl. During childhood/early adolescence, the individual is engaged with the question, "What is happening to me?" while in mid-adolescence, the statement "I'm almost grown-up, but I still need answers to great many questions" occupies the adolescent's mind. In late adolescence, the individual is occupied with the question, "Who am I as a person, and where am I going in life?" (Farrer, 2010). As children become adolescents, their influences broaden as they are exposed to media,

peer pressure and community opinions.

Erik Erikson (1968, in Munley, 1975) developed the psychosocial development theory, which focuses on eight development stages to show that development occurs in a stage-like fashion. According to Erikson, people experience a conflict that serve as a turning point in development. In Erikson's view, these conflicts are centred on either developing a psychological quality or failing to develop that quality. During these moments of conflict, the potential for personal growth is high, but so is the potential for failure. The eight stages of psychosocial development outlined by Erikson (1968, in Munley, 1975) are as follows:

- basic trust versus mistrust (birth to 18 months);
- autonomy versus shame and doubt (2 years to 3 years);
- initiative versus guilt (3 years to 5 years);
- industry versus inferiority (6 to 11 years);
- identity versus role confusion (12 to 18 years);
- intimacy versus isolation (19 to 40 years);
- generativity versus stagnation (40 to 65 years); and
- ego integrity versus despair (65 to death) (p. 314).

In this study, the focus is on adolescence. This means that the focus is limited to the development stage that happens between the ages 12 and 18 which involves identity and role confusion. During adolescence, the transition from childhood to adulthood is key. In this stage, adolescents are becoming independent and start looking at the future in terms of relationships, a family of their own, a career, housing, etc. This, according to Erikson (1968, in Munley, 1975), is a major stage in development where the child or young person has to learn the roles he/she will occupy

as an adult. The adolescent will also re-examine his/her identity and try to find out exactly who he/she is. Bezuidenhout (2004) goes further by saying that middle adolescence are between the ages of 15 and 18 years, and this is where adolescents have completed their physical changes of puberty and begin to have more romantic relationships. Middle teens may be able to imagine the consequences of their actions, but are typically not able to understand them fully. Thus, they may be aware that unprotected sex may result in pregnancy or sexually transmitted diseases (STDs) but may think, "It won't happen to me."

As can be expected with all life phases, certain developmental tasks must be completed by teenagers during adolescence. During adolescence, teenagers need to define their sense of worth and identity, and integrate this into their personalities. According to Bezuidenhout (2004), adolescence as a search for identity, a psychological pause or "time out", which allows the young person opportunities to experiment freely with different roles, attitudes and personalities, prior to making important life decisions? Should this stage not be resolved adequately, adolescence may be prolonged, perhaps indefinitely, with the person avoiding making the choices and commitments necessary to give proper direction and meaning to life.

Pregnancy during adolescence either interrupts or hastens these developmental tasks. Adequate time is not only needed to enable the teenager to resolve these tasks, it is also essential for continued psychosocial development. In addition to this, pregnancy itself forces the teenager to take responsibility of the needs of the unborn child. This entails that, while the teenage mother-to-be has to deal with her own developmental needs, she now also has to learn how to cope with responsibilities associated with pregnancy and with the needs of her unborn child (Olds et al.,

1980). Even though a teenage girl appears to be physically mature, her body is still developing. The younger she is, the greater the medical risks imposed by the pregnancy. The uterus does not reach maturity until a girl is 18 or 19 years old. Should the teenager fall pregnant before the uterus is mature she may suffer from physiological conditions later in life, such as a prolapsed uterus, as a result of the strain on immature pelvic muscles. “The increased nutrient demands of the foetus may also adversely affect an adolescent’s growth potential” (Olds et al., 1980, p. 336). This is one of the reasons why “incomplete maturation of bone tissue occurs, causing cephalopelvic disproportion (the head and pelvis become out of proportion with one another) in the young adolescent”.

Together with middle-aged childbearing women, adolescents are viewed as a “high-risk maternity population”. Complications such as “high blood pressure, toxæmia, anaemia, heart failure and other psychological conditions may develop, endangering the life of the teenager” (Bobak & Jensen, 1984, p. 938).

## **2.7. Sex education**

The goal of sex education rests on a fundamental distinction between adolescence and adulthood. In other words, sex education makes a basic distinction between what should be prevented and the present state of the people to whom it is presented. Sex education implicitly defines teenage people as adults in the making, with the end-product, the sexually safe and reasonable adult citizen, toward which teenagers should be moving, defined as different to the teenager’s current state. However, there is an internal contradiction inherent in sex education. Sex education is designed to prevent teenage people from engaging in inappropriate or destructive sexual

activities. The rationale for aiming this education at young people is to instruct them about correct behaviour before they become sexually tainted. Early attempts by the Social Hygiene Movement in the United States to eliminate venereal disease and prostitution included pamphlets and talks aimed at adults. However, the movement soon realised that these strategies had little effect, as adults “had already been corrupted by at least a decade of licentious images and experiences” (Moran, 2000, p. 36). For sex education to work, a certain level of maturity is required, with:

- sufficient rationality to be able to “make informed choices”;
- enough emotional maturity to ‘feel confident and competent’; and
- an ability to develop knowledge and ‘positive attitudes’.

Teenagers must be ‘helped to protect themselves’, they need ‘empowerment’ and to be dealt with in a ‘sensitive yet sober way’. Thus, the teacher requires the raw, innocent but potentially rational and mature material of youth in order to assist in development of correct knowledge, attitudes and responsibility. In order to prevent adolescents turning into adults who will engage in wrongful, inappropriate, risky or promiscuous sexual behaviour, information about these adult activities should be presented to the innocent, to those who are child-like (Macleod, 2011).

Formal sex education in the schools is a relatively new phenomenon in South Africa. Sexology SA, an organisation that offers, among other things, training to South African teachers in sex education, states that, in offering sex education to young people, “the...educator will make a global contribution to the struggle against: HIV/AIDS, STIs (sexually transmitted infections), rape, violence against women and children, unplanned teenage pregnancies, date rape and sex

abuse in South Africa” (Macleod, 2011). Of course, sex socialisation has always taken place, with a range of rituals being effected to socialise young men and women into socially acceptable norms of behaviour around sex. Thorogood (2000) describes sex education programmes (in England and Wales) that take a liberal humanist approach as “regarding education about sex as a right and as a means of achieving a more personally fulfilling experience of life, albeit implicitly within a stable heterosexual relationship” (p. 430). Sexuality, thus, is something to explore, to be worked on, with the ultimate aim of being not only ‘fulfilled’, but also ‘responsible’. Peers are presented here as providing inaccurate information and as pressurising each other into inappropriate behaviour. This implicitly creates a divide between the untrustworthy peer/adolescent and the trustworthy adult sex educator (Macleod, 2011). Macleod (2011) also implies that social problems are seen as being solved through sex education aimed at changing the behaviour of individual young people.

## **2.8. Theoretical framework: Social Cognitive Learning Theory**

The following section covers the theoretical framework that grounds the study. Bandura’s Social Cognitive learning approach is briefly reviewed.

Psychological conceptions of human nature have generally emphasised either dispositional or situational factors as the basis for explaining why people behave as they do. Proponents of the dispositional view maintain that the principal cause of behaviour reside within the individual in the form of instincts, drives, needs, traits and other intrapsychic forces. Views that favour situational factors maintain that behaviour is acquired, maintained and modified through the impact of environmental influences as mediated by the individual’s learning history. Albert

Bandura (1977) proposed that focus should instead be on how people develop patterns of behaviour in interface with their surroundings.

Albert Bandura (1977) proposes that human behaviour is governed by a complex reciprocal interplay between inner processes and environmental forces. His social cognitive learning theory focuses on the interplay between self, cognition and the environment and provides a framework for understanding, predicting and changing human behaviour. According to Bandura's (1977) social cognitive learning theory, psychological functioning is best understood in terms of a continuous reciprocal interaction among behavioural, cognitive and environmental influences. This then means that behaviour, personal factors and social forces all operate as interlocking determinants of one another. While behaviour is influenced by the environment, people also play a role in creating the social milieu and other circumstances that arise in their daily transactions (Hjelle & Zigler, 1981). Bandura (1977) primarily emphasises the role of observational learning in behavioural acquisition and asserts that most of the behaviour that people exhibit is occur on a vicarious basis by observing other people's behaviour and its consequences for them. This implies that people capacity for observation and modelling enables them to acquire large integrated patterns of behaviour without having to form them gradually through trial and error (Bandura, 1977).

Social Cognitive Learning theory posits that the interaction between the person and behaviour involves the influence of a person's thoughts and actions. The interaction between the person and the environment comprises human beliefs and cognitive competencies that are developed and modified by social influences and structures within the environment. The interaction between the

environment and behaviour, involves a person's behaviour influencing aspects of their environment and in turn his or her behaviour is modified by that environment (Davis, 2006).

Bandura (1986) asserts that individuals possess a self-system that enables them to exercise a measure of control over their thoughts, feelings and actions. This self-system houses one's cognitive and affective structures, and includes the abilities to symbolise, learn from others, plan alternative strategies, regulate one's own behaviour and engage in self-reflection. It also plays a prominent role in providing reference mechanisms and a set of sub-functions for perceiving, regulating and evaluating behaviour which results from the interplay between the self-system and the external environment sources of influence. Bandura (1986) postulates that the person, the behaviour, and the environment are all inseparably knotted together to create learning in that person. According to the social cognitive view, people are neither driven by inner forces, nor automatically shaped and controlled by external stimuli.

According to social cognitive learning theory, interpersonal factors play a significant role in individuals' learning. The influence of these factors is not unidirectional. Rather, social factors influence and are influenced by personal and behavioural determinants (Bandura, 1986). For example, youths' perceptions that deviant behaviours are normative among their peers may promote deviance by establishing maladaptive beliefs. Such perceptions may persuade adolescents that deviant acts are socially acceptable and that these acts are necessary to be popular, grown-up and sophisticated. Perceived payoffs from deviance increase adolescents' susceptibility to peer pressure. Cognitive theory can be used to "guide interventions in terms of self-protective skills, problem-solving steps, and interpersonal communications skills to enhance

social proficiency and resiliency, and self-efficacy components in risk-reduction interventions for youth's mirrors tenets of social cognitive thereof" (Mattaini & Thyer, 1996, p. 270–271).

### **2.8.1. Reciprocal determinism**

From Bandura's perspective, the causes of human behaviour are to be understood in terms of a continuous reciprocal interaction of behaviour, cognitive and environmental influences. Bandura (1986) put forth the concept of *reciprocal determinism*, stating that a person's behaviour is influenced by the environment and vice versa. In simpler terms, it means that the environment tends to make changes in the behaviour of the individual, and in return, the behaviour of the individual is also responsible for changing the environment. It therefore means that not only the environment influences the person, but the person also influences the environment. Reciprocal determinism is the idea that behaviour is controlled or determined by the individual, through cognitive processes, and by the environment, through external social stimulus events. This concept can easily be connected to teenage pregnancy whereby adolescents' behaviour is influenced by the environment and the environment influences the adolescent behaviour.

Determinism is the theory according to which a person's actions, behaviour and decisions are just an outcome based on events that happened in the past. This means that our actions are just reactions to what has already happened. The way we behave today is just a reaction of past events. Bandura (1977) agreed with the theory of determinism that our behaviour and actions are causation of past events, but he also was of the opinion that the environment is also caused or affected by our behaviour (Meyer, Moore & Viljoen, 2008). The doctrine of reciprocal determinism justifies that a person is capable of creating the present, so as to make a smooth way

to his or her future. The world would have been a better place if we had the power to make the world the way we want it to be. Reciprocal determinism comprises the idea that behaviour is controlled or determined by the individual, through cognitive processes, and by the environment, through external social stimulus events.

Later, Bandura (1977) went a step further and began to look at personality as an interaction among three things, namely, the environment, behaviour, and the person's psychological processes and this he called the triadic reciprocity.

### **2.8.2. Triadic reciprocity**

Triadic reciprocity refers to the mutual influence between three sets of factors:

- personal factors, which include the cognitive, affective and biological events;
- the environment; and
- behaviour.

Triadic reciprocity means that behaviour, cognitive and other personal factors, and environmental influences all operate interactively as determinants of each other. In triadic reciprocal determinism, the term *reciprocal* refers to the mutual action between causal factors (Hjelle & Ziegler, 1981). The term *determinism* is used here to signify the production of effects by certain factors, rather than in the doctrinal sense of actions being completely determined by a prior sequence of causes operating independently of the individual. Many factors are often needed to create a given effect. Because of the multiplicity of interacting influences, the same factor can be part of different blends of conditions that have different effects (Bandura, 1986).

The triadic factors do not operate in the manner of a simultaneous holistic interaction. Reciprocity does not mean simultaneity of influence. Although each of the segments of reciprocity involves bidirectional influence processes, the mutual influences and their reciprocal effects do not spring forth all at the same instance. It takes time for the causal factors to exert their influence. Because the triadic factors do not operate simultaneously as a holistic entity, it is possible to gain some understanding of how different segments of two-way causation operate without having to mount an exceptional effort to study every possible interactant at the same time.

### **2.8.3. Breakdown of triadic reciprocity**

The breakdown of triadic reciprocity focuses on how conceptions, beliefs, self-perceptions, and intentions shape and direct behaviour. What people think, believe and feel affect how they behave. The natural and extrinsic effects of people's actions, in turn, partly determine their thought patterns and affective reactions. Environmental influences can affect persons apart from their behaviour, as when thoughts and feeling are modified through modelling, tuition, or social persuasion. Personal determinants are not disembodied from the person presiding over them and his or her physical characteristics. People also evoke different reactions from their social environment simply by their physical characteristics, such as their age, size, race, sex and physical attractiveness (Lerner et al., 1982). People similarly activate different reactions depending on their socially conferred roles and status. Of all the various segments in the triadic model interacting system, the reciprocal relationship between behaviour and environmental events has received the greatest attention. In the transactions of everyday life, behaviour alters environmental conditions, and the same behaviour is, in turn, altered by the very conditions it

creates (Cairns & Cairns, 1976; Raush, Berry, Hertel & Swain, 1974; Thomas & Malone, 1979). Viewed from the perspective of reciprocal determinism, the common practice of searching for the ultimate environmental cause of behaviour is an idle exercise. This is because, in an interacting process, the one and the same event can be either an environmental “reinforcement”, depending arbitrarily on when and on which side of the ongoing exchange one happens to look first in the flow of events (Bandura, 1986).

According to social learning theory (Bandura, 1986), to implement a protective behaviour (e.g. condom use), a teen must know about the protective behaviour, believe that he or she will be able to engage in the behaviour, believe that the method will be successful, and anticipate a benefit once he or she completes the behaviour. In social learning theory (Bandura, 1986), modelling behaviour and practicing skills are fundamental to learning new behaviours.

## **2.9. Conclusion**

In this chapter, literature relating to teenage pregnancy was examined. The theoretical framework of Bandura’s Social Cognitive Learning Theory was also discussed. The next chapter discusses the methodological procedures employed in this research study.

## CHAPTER 3

### RESEARCH METHOD AND DESIGN

#### 3.1. Introduction

The previous chapter provided a literature review concerning teenage pregnancy. It also introduced the theoretical framework that informed the study. This chapter explores the research design, goal of the study, research participants, data collection methods, research procedure and method of data analysis selected for the study. Ethical considerations are also discussed.

#### 3.2. Qualitative research approach

A qualitative approach was used in this study to explore and describe the phenomenon of teenage pregnancy from the viewpoint of adolescent mothers. Qualitative research is a method of inquiry that answers the research question using non-numerical data (Christensen, 2004). Qualitative research is described by Babbie and Mouton (2001) as an approach to research that facilitates a description and understanding of social action. It is concerned with making sense of social realities and is as such regarded as ‘soft’ research (Bauer, Geskell & Allum, 2000).

According to Denzin and Lincoln (2000), qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world of the researched visible. These practices that constitute qualitative research turn the world into series of representations including field notes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural setting, attempting to make sense of, or to interpret, phenomena in terms of the meanings

people bring to them (Denzin & Lincoln, 2000).

The philosophical assumptions that go hand in hand with qualitative research are ontological issues that relate to the nature of the reality and its characteristics. This means that when researchers conduct qualitative research, they are embracing the idea that reality does not exist out there, but researchers dynamically interact with the very object of research. An important implication of this assumption is that when doing interpretive qualitative research, the researcher brings into view, his or her own assumptions about the subject of research, and views his views of reality ultimately influence what is to be researched and how. According to Moustakas (1994), this epistemological assumption of qualitative research means that the researcher tries to get as close as possible to the participants being studied. Barbour (2008) states that qualitative research is a flexible method of inquiry and allows the researcher to be flexible in approaching the research problem. The rationale for adopting qualitative research method of inquiry is discussed below.

Morse (2003) states that qualitative methods are used when little is known about a topic, when the research context is poorly understood, when the boundaries of a domain are ill-defined, when the nature of the problem is not clear, or when the researcher suspects that the phenomenon needs to be re-examined. Qualitative research approaches therefore allow the researcher to study the topic under investigation thoroughly and in great detail. This study examined the perceptions about teenage pregnancy and preventative practices as seen through the eyes of adolescent mothers. The use of a qualitative research approach enabled the researcher to sample a small number of adolescent mothers and still being able to produce rich and valuable information about

their experience.

Burns and Grove (2005) state that there is a range of different ways of making sense of the world. This implies that that truth is only valid in the specific context within which it is generated (Kelly, 2006). Seen this way, qualitative research is therefore concerned with discovering the meanings as seen by those who are being researched and with understanding their view of the world rather than that of the researcher. In this regard, the use of qualitative method of inquiry allowed the researcher to understand adolescent mother's perceptions of teenage pregnancy and preventative practices and to situate these perceptions in the context in which they are generated.

According to Hindley, Hinsliff and Thomas (2006), qualitative research emphasises the communication of meanings, views and experiences of the research participants as a way to expand knowledge. Qualitative research is a manner of understanding meaningful relationships through the explanation of social knowledge and experiences (Kvale, 1996). The approach of this study was to gain insight into the lived experiences of young mothers by using phenomenological inquiry. Patton (1990) states that by producing rich and detailed information, the researcher's own personal interpretations of the cases and the phenomenon at hand is enhanced.

### **3.3. Goals of the study**

The main goal of the study was to explore adolescent mothers' perceptions about teenage pregnancy and preventative practices. This focus was motivated by the following research

questions:

- Why do more teens in Vredendal have babies in a context where messages about prevention and safe sex are commonplace?
- How are young mothers' perceptions of teenage pregnancy in Vredendal influenced by interpersonal connections or lack thereof?

In order to answer the research questions and achieve the aims of the study, the following objectives were formulated:

- to investigate contextual factors that influence teenage pregnancy among coloured girls
- to describe the individual, familial, social and psychological impact of teenage pregnancy; and,
- to investigate the perceptions of coloured teenage mothers about teenage pregnancy.

The following section discusses the design used in this study in more detail.

### **3.4. Research design**

The purpose of this research was to acquire a better understanding of teenage pregnancy from the perspective of adolescent mothers in Vredendal. This purpose could be most effectively achieved by a qualitative research design, which is the phenomenological design. The phenomenological research design is discussed next, including the selection of the participants, the data collection, and data analysis.

#### **3.4.1. Phenomenological design**

Phenomenology is used as a method for qualitative research but it is also a philosophical

tradition (Merleau-Ponty, 1945). In his study of perception, Merleau-Ponty (1945) indicates that phenomenology is a method of describing the nature of our perceptual contact with the world. Phenomenology is therefore concerned with providing a direct experience of the world. According to Baldwin (2008), Merleau-Ponty emphasised the body as the primary site of knowing the world, arguing the body and that which it perceived cannot be separated from each other.

Phenomenology as a philosophy can be traced back to Diogenes (4<sup>th</sup> century BC), who shed light on the meaning of what it is to be human. At present, researchers search for explanations on what it is to understand the human life world. Phenomenological methodology provides an approach to study the way a human being experiences the world and to gain a deeper understanding of the essences of the being's everyday life world (Van Manen, 1997). Burns and Grove (2009) support this notion by stating, "the purpose of phenomenological research is to describe experiences (or phenomena) as they are lived-in phenomenological terms, to capture the 'lived experiences' of the studied participants" (p. 54).

In his concise guide to phenomenological research methods, Moustakas (1990) states that the researcher is encouraged to explore a question in which he or she has a passionate interest or where he or she has a personal connection to the phenomenon being studied, an interest of such magnitude that the researcher makes a "disciplined commitment to remain with a question intensely and continuously until it is eliminated or answered" (p. 15). According to Moustakas (1994), four processes are necessary to derive knowledge from the human experience. The four processes, namely epoch, phenomenological reduction, imaginative variation and synthesis are

described below:

1. Epoch: the process of “setting aside predilections, prejudices, predispositions, and allowing, things, events, and people to enter anew into consciousness, and to look at and see them again, as if for the first time” (p. 85).
2. Phenomenological reduction: “The task of describing in textual language just what one sees, not only in terms of the external object but also the internal act or consciousness, the experience of such, the rhythm and relationship between phenomenon and self” (p. 90).
3. Imaginative variation: “The process of seeking “possible meaning through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles, or functions” (p. 97–98).
4. Synthesis: “The intuitive integration of the fundamental textural and structural descriptions into a unified statement of the essence of the experience of the phenomenon as a whole” (p.100).

Moustakas (1994) encourages the researcher to allow the phenomenon to be the teacher and to become as a naïve student who is experiencing and absorbing the essence of the phenomenon for the very first time. Thomas and Pollio (2002) support this by saying that the researcher must acknowledge that the participant is the authority, and the researcher serves as a learner. From this method of discovery, an inner knowing, a tacit knowledge emerges of people and everyday life experiences (Hiles, 2002). Phenomenological methodology is identified as the best means for this type of study (Davidson, 2000). In this study, the researcher allowed adolescent mothers to be the main informants of the research process.

### **3.5. Research participants**

The study included eight participants with ages ranging from 13 to 19 who are mothers and who live in Vredendal, Western Cape Province in South Africa. According to Ritchie, Lewis and Elam (2009), qualitative samples are usually small and this provided the rationale for choosing the number of participants. Qualitative samples are usually small for basically three reasons.

First, if the data is properly analysed, there will come a point where very little new evidence is obtained from each additional fieldwork unit. This is because phenomena need only to appear once to be part of the analytical map. There is therefore a point of diminishing return where increasing the sample size no longer contributes new evidence (Ritchie, Lewis & Elam, 2009).

Second, statements about incidence or prevalence are not the concern of qualitative research. There is therefore no requirement to ensure that the sample is of sufficient scale to provide estimates, or to determine statistically significant discriminatory variables. This is in sharp contrast to survey sampling which need to have adequate sized cells to draw statistical inferences with the required precision (Ritchie, Lewis & Elam, 2009).

Third, the type of information that qualitative studies yield is rich in detail. There will therefore be many hundreds of “bites” of information from each unit of data collection. In order to do justice to these, sampling sizes need to be kept to a reasonably small scale. Finally, and related to this, qualitative research is highly intensive in terms of the research resources it required and it would simply be unmanageable to conduct and analyse hundreds of interviews (Ritchie et al., 2009).

The participants for the current study were located through snowball sampling. Snowball sampling is a non-probability sampling technique and one that some consider as a form of accidental sampling (Durrheim & Painter, 2006; Terre Blanche & Durrheim, 1999). Snowball sampling technique is appropriate, according to Babbie and Mouton (2001), when the members of a special population are difficult to locate. In this study, the participants were from Vredendal and they were difficult to locate because teenage pregnancy is a sensitive issue and difficult to talk openly about and teenagers could have felt ashamed of their choices. One of the limitations of this sampling technique is that the sample may not represent the population in a satisfactory manner (Niewman, 2000). This limitation was addressed in this study by ensuring that through interviewing the participants, the sample could be extended by the existence of some kind of linkage or bond with other people in the sample population. These linkages or bonds were particularly effective in locating members of special populations where the focus of the study was on sensitive issues.

Spren (1992) goes further and defines snowball sampling as a sampling method in which the respondent is asked to mention other persons, according to the inclusion/exclusion criteria defined by the researcher. For this study, the inclusion criteria for participant selection was –

- first, that the research participants had to be adolescent mothers;
- second, the participants had to be between the ages of 13 and 19 years old;
- third, they had to be coloured and living in Vredendal; and
- last, they had to be willing to be tape-recorded during the interview process.

The only exclusion criteria involved participants who did not wish to be tape-recorded during the interview, and/or those who did not meet the age or racial demographic requirements.

### **3.6. Data collection**

The data collection method for this study was semi-structured individual interviews. This method of interviewing as Corbin and Strauss (2008) indicate provides an effective way of obtaining in-depth information. The use of semi-structured interviews allowed the researcher to understand perceptions of teenage pregnancy and prevention practices from the perspective of adolescent mothers themselves (Niewenhuis, 2010a).

Semi-structured interviews were conducted with eight adolescent mothers between the ages of 13 and 19 years old who lived in Vredendal. The aim of the interviews was to understand the lived experiences of participants, focusing specifically on their perceptions of teenage pregnancy. Face-to-face individual interviews were conducted with five participants. Three interviews had to be conducted via telephone with participants because the researcher was not able to conduct the last three interviews in a face-to-face manner because of distance. The interviews were held at a location and time that were convenient for the interviewees. Each interviewee chose the location for the interview where she would feel comfortable and safe. The purpose of the interviews was to “capture how those being interviewed view their world, to learn their terminology and judgments, and to capture the complexities of their individual perceptions and experiences” (Patton, 2002, p. 348). Data collected by qualitative interview studies “provides descriptions of phenomena that could have been learned about in no other way” (Weis, 1994, p. 12). The interviews were tape recorded and transcribed verbatim to aid the analysis process.

The transcription allowed the conversation about the adolescent mothers’ lifeworld to be transformed into text for interpretation. The researcher participated as both interviewer and

observer. As observer, the researcher paid attention to non-verbal forms of communication such as body language, modes of dress, and personal interactions with others. The researcher took field notes of verbal and non-verbal communication, the interview setting, and the interviewer's own experiences, insights, and interpretation of the interview (Kvale, 1996; Patton, 2002).

### **3.7. Data analysis**

Thematic content analysis was used as data analysis method in this study (Braun & Clarke, 2006). This method is used within qualitative research. It is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes the data set in (rich) detail. Holloway and Todres (2003, p. 347) identify "thematizing meanings" as one of a few shared generic skills across qualitative analysis. However, thematic content analysis frequently goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998). Thematic content analysis, according to Braun and Clarke (2006), can be a method that facilitates the researcher to reflect on reality and to unravel the surface of reality and the only way to do this is to consider the four processes called epoch, phenomenological reduction, imaginative variation and synthesis as identified by Moustakas (1994). The analysis was done according to the phases of thematic content analysis identified by Braun and Clarke (2006)

The participants' first language is Afrikaans therefore the researcher conducted all the interviews in Afrikaans and transcribed them. After the Afrikaans transcriptions, all the interviews were translated into English by the researcher and re-examine by a PhD student from the North-West University. The researcher then went through all the transcribed interviews and coded each one with an individual identification number. The coding process was conducted separately by the researcher and co-coder (a PhD student from the North-West University) and then discussed

after completion. The interview responses by the participating adolescent mothers were then read, re-read and grouped to determine similarities and differences. The researcher was looking for emerging themes and issues as data was examined, “checking if the themes work in relation to the coded extracts and the entire data set generated a thematic map of analysis” (Braun & Clarke, 2006, p. 87). Ongoing analysis was done to define the specifics of each theme, and the “overall story the analysis tells, generating clear definitions and names for each theme” (Braun & Clarke, 2006, p. 87). Each interview participant was viewed by the researcher as knowledgeable and having valuable information because of their lived experiences with teenage pregnancy.

### **3.8. Ensuring quality in interpretive research**

Gummesson (2003) states that interpretation is inherent in all human effort to understand the world, specific aspects of interpretation appear in all types of research, although it is most often perceived to be typical of qualitative approaches. Interpretive research helps us form understandings of human experiences and impart these understandings to wider audiences. Ideally, understanding others’ experiences also helps us discover ways to honour the perspective, promote empowerment, and enhance the well-being of the people with whom we work (Cohn & Lyons, 2003). Cohn and Lyons (2003) say, “we engage in interpretive research to understand human experience so we may ultimately enhance well-being, researchers are challenged to conduct research that honours the integrity of research participants” (p. 1). Gummesson (2003) argues that language and words are prerequisites for social life. We give names to things and events to help us to understand them and to communicate with others. In this flow of spoken and written words, observations, feelings and thoughts, interpretation become part and parcel of our daily routine.

Grummerson (2003) states that the qualitative researcher should demonstrate the ability to handle texts in a broad sense, be constructively critical to data and its sources and consciously strive to avoid speculation and bias from one's own ideology and pet ideas. This means that data should be accounted for in a transparent, rich and complete way and not leave out contradictory data. The following section discusses aspects of rigour and trustworthiness, confirmability, dependability, credibility and transferability of data, and how these were ensured in this study.

### **3.8.1. Rigour/Trustworthiness**

Burns and Grove (2005) describes rigour as a striving for excellence in research that can only be obtained by the use of discipline and the scrupulous adherence to accuracy. Various authors (Brink, 2006; Guba & Lincoln, 1989; Rolfe, 2006) refer to rigour in qualitative research as trustworthiness. Trustworthiness, according to Guba and Lincoln (1989), implies that the researcher should answer the following question to him/herself and to the readers of the research: "Are the findings of this research worthwhile to pay attention to and to take account thereof?" (p. 290). This question informed the data analysis process in this study. To ensure rigor and trustworthiness of the data, credibility, transferability, dependability and confirmability were also established which are described in the following sections.

### **3.8.2. Credibility**

To enhance credibility, the researcher should offer feasible alternative interpretations and argue equally for and against them (Gummesson, 2003). Credibility was ensured in the study by writing field notes that were the researcher's own observations of the young mothers'

perceptions of teenage pregnancy. The notes reflected the behaviour of the young mothers in the context of the situation within which they found themselves. The observations consisted of questions relating to who the informants were, what they were talking about, when and where the data was collected and how the data reflected the research question and objectives of the study. Theoretical field notes included the researcher's inferences and associations of what she observed from the setting.

The researcher also considered certain threats to validity (Woods & Catanzaro, 1988). The researcher guarded against observer effects as well as adherence to inclusion and exclusion criteria when selecting participants. Bracketing and intuiting (Burns & Grove, in De Vos, 1998) also ensured credibility as the researcher put aside all that she knew about teenage pregnancy in Vredendal and focused on the experience under study, so as not to misconstrue or misinterpret what was heard and observed

### **3.8.3. Transferability**

Transferability refers to the applicability of the results to other contexts, settings and other groups. It also concerns whether the results can be generalised to the larger population. It is argued, however, that generalisation is not applicable in qualitative research because the research takes place in real and natural settings where there are few controlling variables (De Vos, 1998). The criterion was therefore determined by the strength of the qualitative method. Transferability of the study is not the qualitative researcher's primary responsibility and concern, but rather that of the individual who wishes to apply the findings to other situations or who wants to apply the method to another setting (De Vos, 1998).

#### **3.8.4. Dependability**

Dependability refers to the consistency and auditability of the data (Krefting, 1991). In this study, the researcher explained to the participants that they were the experts with regard to the subject, and requested that they should be open and honest in their discussion. The researcher also considered the following in order to avoid a threat to consistency (Woods & Catanza, 1998):

- co-coders were used for the semi-structured individual interview data to eliminate a lack of consistency; and
- the young mothers, from the age of 18, were required to sign consent forms and parents/guardians were required to sign consent forms for participants under the age of 18 years.

#### **3.8.5. Confirmability**

According to Krefting (1991), confirmability refers to the criterion of neutrality according to which the bias of the researcher should be avoided with regard to the procedures and findings. To ensure confirmability, all documents including the raw data, field notes and data analysis records, were kept safe and can be made available by the researcher if required for purposes of auditing.

Besides trustworthiness, ethical issues were also considered. These are outlined in the next paragraph.

#### **3.9. Ethical considerations**

Terre Blanche et al. (2006) state, “research ethics should be a fundamental concern of all social

science researchers in planning, designing, implementing, and reporting research with human participants” (p. 61). Ethics involves taking measures that ensure that no harm is done to participants (Barbie & Mouton, 2001).

In this study, participants were asked to participate voluntarily, where voluntary participation refers to providing the option for participants to decide whether to partake in the study or not. Participants were ensured that no harm would be done to them, in other words, they would not be hurt in any way. Confidentiality was also ensured, meaning that the information given was private and no one would have access to the information except the researcher. In order to protect participants against harm, the researcher undertook to ensure that the data as well as identity of participants was kept confidential. In order to protect against revealing the identity of participants, pseudonyms were used when writing up the dissertation. The researcher complied with the ethics of conducting the study, and therefore obtained permission from the parents of the participants under the age of 18. Participants, and where necessary parents, were requested to sign consent forms as a declaration of their willingness to take part in the study. The researcher firstly explained who she was, why the study was being conducted, why it was important for the study to be executed and also who would benefit by the study.

### **3.10. Conclusion**

The chapter explained the method and research design employed in the study. The assumptions of qualitative research were discussed and the rationale for adopting a qualitative method of inquiry was explained. Furthermore, phenomenological research design as a qualitative form of inquiry was discussed. The chapter concluded with a discussion of ethical principles that were

adhered to in the study. The next chapter presents the findings of the study

## **CHAPTER 4**

### **PRESENTATION OF RESULTS**

#### **4.1. Introduction**

This chapter presents the findings of this study as they relate to the data obtained from the individual interviews conducted with the participants of the study. The qualitative research method of inquiry and the research design were discussed in chapter three. In this chapter, a brief background sketch of each participant is presented. This sketch is followed by the themes and subthemes which are highlighted according to the data obtained. In this presentation, excerpts from the interviews are used to elaborate the themes and sub-themes.

#### **4.2. Results obtained from the participants**

The main aim of this qualitative research inquiry was to explore and describe the essence of teenage pregnancy from the lived experiences of young mothers in Vredendal. This chapter presents the findings that emerged from the eight semi-structured, in-depth individual interviews. The analysis of the data that was gathered addressed the three research questions posed in this study:

1. What are the perceptions of adolescent mothers on teenage pregnancy in Vredendal?
2. What are the adolescent mothers' perceptions on teenage pregnancy interventions in Vredendal?
3. How are the perceptions of young mothers in Vredendal influenced by interpersonal connections or the lack thereof?

The results obtained from the interviews are presented in the following sections.

#### **4.2.1. Description of process**

All eight participants consented to take part in the semi-structured, in-depth individual interview to share their experiences with and perspectives on teenage pregnancy. Five participants sat with the researcher answering questions while being tape-recorded. Three interviews had to be conducted via telephone, however, because the researcher was not able to conduct the last three interviews in a face-to-face manner because of the distance. As Vredendal is an Afrikaans-speaking community, the interviews were conducted in Afrikaans and translated into English. These translations were given to a doctoral student for review and consensus was reached in terms of this. After the interviews had been transcribed the researcher compiled and analysed the data.

Data saturation was obtained with the eight semi-structured, in-depth individual interviews. The details of the results are discussed in themes and sub-themes as analysed by the researcher and co-coder from the transcribed interviews and agreed upon in a consensus discussion.

#### **4.2.2. Demographics of participants**

The participants' details are presented in table 4.1. Pseudonyms have been used in order to protect the identity of the participants. Eight young mothers with the ages ranging from 17 to 19 volunteered to participate in the study. All the participants were interviewed in Afrikaans which is their native language.

**Table 4.1 Summary of demographic profile of participants**

| Name          | Age (in years) | Home Language | Age during first pregnancy | Interview method |
|---------------|----------------|---------------|----------------------------|------------------|
| Participant 1 | 19             | Afrikaans     | 17                         | Face to face     |
| Participant 2 | 19             | Afrikaans     | 15                         | Face to face     |
| Participant 3 | 18             | Afrikaans     | 17                         | Telephone        |
| Participant 4 | 19             | Afrikaans     | 18                         | Face to face     |
| Participant 5 | 17             | Afrikaans     | 15                         | Face to face     |
| Participant 6 | 17             | Afrikaans     | 16                         | Face to face     |
| Participant 7 | 18             | Afrikaans     | 17                         | Telephone        |
| Participant 8 | 18             | Afrikaans     | 17                         | Telephone        |

The semi-structured interview schedule contained two demographic questions which focused on the age at the time of interview and age at time of first pregnancy. The demographic questions posed in the interview were introductory questions. The answers to these questions were also mainly to clarify their ages and to show that the participants did fit the selection criteria of the research study. The selection criterion of age for the participants was that they had to be between 13 and 19 years old.

The question inquiring about age was posed to show that the participant did fit the selection criteria. Three participants reported to be 19 years of age, three participants were 18 years old and two participants were 17 years old. Kanku (2010) defines teenage pregnancy as a teenager or underage girl (usually within the ages of 13–19) becoming pregnant. Pertaining to when they were first fell pregnant, two participants indicated that they were 15 years old; one to be 16

years, while four indicated that they were pregnant at 17 years and one at 18 years of age.

### **4.3. Themes**

The themes and subthemes identified in the interviews with adolescent mothers are presented below. Some of these themes overlap and are therefore presented as such.

#### **4.3.1. Motherhood as an adjustment process**

- (a) Adjustment to motherhood as a positive experience
- (b) Motherhood as disruption of life and routine
- (c) Attachment challenges

#### **4.3.2. Emotions and thoughts associated with pregnancy and motherhood**

- (a) Guilt
- (b) Feeling overwhelmed and disappointment
- (c) Regret
- (d) Shock and fear
- (e) Helplessness and despair
- (f) Indecision and confusion

#### **4.3.3. Social and interpersonal effects**

- (a) Relationships with family
- (b) Impact of pregnancy on friendships
- (c) Relationship with child's father

#### **4.3.4. Educational effects**

#### **4.3.5. Understanding and managing risk of pregnancy**

- (a) Availability of preventative information
- (b) Role of parental figures
- (c) Usefulness of reproductive health education messages

#### **4.4. Analysis of Themes**

The themes outlined above are discussed in full below.

##### **4.4.1. Motherhood as an adjustment process**

###### ***(a) Adjustment to motherhood as a positive experience***

Some of the participants indicated that adjustment to the role of being a mother was a positive experience for them. The main reasons offered by participants is that they found it easy to accept the pregnancy and positive feelings that they developed for the child evoked positive feelings. Some of the comments that reflect the positive experience are reflected in the following excerpts:

**Participant 2:** “...with my pregnancy, I believe I grew up a lot. And I thought more outside the box...it makes me feel motherly to do things for my child, and it’s a good feeling”.

**Participant 4:** “At two months, I started to love the child.”

**Participant 7:** “For me it...to be honest, being a mother, it is a good feeling. I have him now and I can’t change it. I am satisfied”.

While the child was a motivating factor for participant 1 and 4, going through the experience with other young girls provoked a sense of comfort and acceptance of the child for one participant. Participant 7 indicated that *“It was easy to accept for me because we were three friends that had children and we went through the experience of pregnancy together”*

**(b) *Motherhood as disruption of life and routine***

The majority of participants indicated that being a mother was an unpleasant experience. Participants' responses suggested that being a mother was challenging as some of the things that they were used to doing were interrupted by having a child to look after. The responses indicate that participants experienced pregnancy and motherhood as negative. Therefore accepting the child and the fact that one is a mother was a difficult realisation for participant 6 who stated that *“...for me it is a bit funny to me, because I never saw myself as a mother, yet I am still adjusting to it, because yes...It is almost like, I still have to accept it and have to accept that it is actually my child and so on”*.

Participant 5 sees being a mother as a difficult responsibility for a young girl. She indicates that *“being a mother ...it is very hard for me...there is nothing nice about being a mother. I don't get time to do stuff...like for instance my school work. Say I get home and I want to study then I have to make her sleep first, let her just sleep and then I can do my stuff. Sometimes she does not want to sleep then I do not get the time to do my homework...Then I can't do anything”*.

Being unprepared for the role and responsibilities of caring for a child contributed to the negative experiences that were reported. Participant 4 states that *“I did not know how to handle a child.*

*My mother helped me but she wasn't always home to help me. The child was crying and you do not know what to do or what he wants if he keeps on crying. It was not nice at all".* For participant 5 being young herself meant that she could not take part in activities that she normally organised with her peers. She states that *"for me it's just that I'm still young and I want to do whatever I want to do and I can't...like go out. For instance when my friends and I decide to go out on a Friday then I have to ask first and they say 'no, you know that you have a child'. Then I have to stay at home"*. Participant 1 indicate that she no longer has time to consider herself and what is important to her. She states *"I had to let go of a lot of things. Like, I don't have free time for myself. I have to give more attention to the child and uh the child deprives you of a lot of things, like, you can't go where you want to go. Or you can't also come home this time with the child and so on. The world that you knew just dies..."*

Not having anyone that can assist seems to also heighten the negative experiences of motherhood. This was an important factor for participant 1. She states that *"I do not have a mother, like I don't have...My child doesn't have a grandmother. So I have to raise my child alone now and it's not nice. It would be better if I had a mother, then at least I would know that there would be a way that I could still try and enjoy myself as a teenager while I get support with the child from my mother...it sometimes makes me very sad because if my child is sick, I can't, I can't go to my mother and ask what I have to do. I always have to go to other people which is not easy"*.

These findings support Macleod and Tracey's (2010) finding that teenage mothers tend to find the tasks of mothering difficult to deal with and sometimes struggle to manage anything other than the physical need of the infant.

**(c) Attachment difficulties**

Two participants reported less satisfaction with their pregnancy and indicated that they struggled to form positive bonds with their children. This suggests the disorganising consequences of pregnancy on young mothers and the relationship that they eventually form with their young ones. The following extracts from interviews illustrate this point:

**Participant 8:** *“This is probably because I was not supposed to be a mother yet. Sometimes it feels like... sometimes I blame myself because I am this way towards her. But it just proves that I got pregnant before my time...but I guess it is not for me to tell”*

**Participant 6:** *“...for me it is a bit funny to me, because I never saw myself as a mother yet, and I am still adjusting to it, because yes... It is almost like; I still have to accept it and have to accept that it is actually my child and so on I think (sigh) that being a mother is a negative experience for me, how can I say it, probably negative because I don't have that motherly love and stuff...hmm, how can I say it, to love him and to care for him. I am not there yet. That is how I see it.”*

**4.4.2. Emotions and thoughts associated with pregnancy and motherhood**

Emotions were differentially experienced by adolescent mothers who participated in the study. According to Turner (2000), emotions alert individuals to changes in and elements of their

environment that are of a concern to them. That is, emotions both define the situations of persons and indicate what their interests are or intentions might be with them. The impact of pregnancy and the consequent role changes that accompany having a child seemed to be the object of negative emotions for most participants. The following subthemes that point to different emotions and thought experienced by teenage mothers were generated from the data obtained from the eight participants:

- (a) Guilt
- (b) Feeling overwhelmed and disappointment
- (c) Regret
- (d) Shock and fear
- (e) Helplessness and despair
- (f) Indecision and confusion

The following section explores the subthemes around feelings and thoughts that are associated with becoming pregnant and being a mother.

**(a) Guilt**

According to participant 8, the struggle to accept the child and define her changing role as a mother provokes feelings of guilt. This struggle and feelings of guilt seems to be associated with the fact that she does not stay with her offspring and therefore does not actively care for her child. She indicates that *“when I got pregnant...I was not in the same place as my child. She stays with my mother. In this case I am only a mother over weekends...this will probably sound crude,*

*but I am not close to her [daughter]. I don't know, it's probably because I was...she was a month when I left. Probably because she was young when I left, I am not very close to her".*

**(b) *Feeling overwhelmed and disappointed***

Most participants indicate that they were overwhelmed by pregnancy and the fact that they were unprepared to have a child and deal with the responsibilities that comes with being a mother. The responses demonstrate that these young mothers struggled with being disappointed with themselves for having fallen pregnant. For some participants, the disappointment was also coupled with feelings of sadness and even depression. This point is illustrated by the following reflections from participants:

**Participant 8:** *"The way that I feel is difficult to describe. Regret does not even begin to describe it. The word that reflects how I feel must still be invented. That word must still be found. It is not in the dictionary".*

**Participant 6:** *"...I was not ready for a child"*

**Participant 1:** *"I suffered from depression...I had to leave school, because depression and pregnancy does not go hand in hand. And I actually did well. I would have gone to night school, but who will look after the child at night? Who will look after the child, during the day? So I just had to leave my school just like that".*

**Participant 4:** *“I...I...I felt that I did not want the child. I wanted to go for an abortion but my boyfriend did not want to...and then I, when I was 2 months pregnant I started to love the child”*

**Participant 2:** *“...I apologised to my mom a lot. And after that, after the child was born, I became so sad, which I should have known, because I had to apologize to my mom, all the time. I disappointed her...”*

(c) **Regret**

Two participants indicate a sense of being unprepared and caring for a child. This subtheme relates to future plans being thwarted by having a child. The following reflections from participants illustrate this point:

**Participant 5:** *“...I would love to turn back time so I can finish school first and to study further and then after everything have a child.”*

**Participant 4:** *“I was very down, yes. I thought I did not have future plans anymore...because I wanted to study education and I couldn't anymore because I don't have matric...if I knew better, I could change things and do things differently.”*

**Participant 7:** *“Sometimes I feel like going out and I can't. Then I see my friends go out and I can't go out because I have to look after the baby and the baby keeps me busy. Then I have to stay home. This is when I most regret it.”*

**(d) Shock and fear**

The data demonstrate that pregnancy was unpredicted and participants were taken aback by finding out that they were pregnant. The prospect of having to divulge the news of pregnancy seemed to also incite fear as indicated by the following extracts:

**Participant 6:** *“Hmm, I was shocked. When I found out I was already 5 months. And I kind of knew that something is not right with me and I kind of felt that I wouldn’t be able to attend my matric farewell and so on and how will the people at school look at me and everything. I kind of felt I was forced into this. I did not really want to do it”.*

**Participant 5:** *“I was scared to tell her because she would shout at me or so and then I told her “yes it’s true” and then she said to me what I am going to do now and then I told her that I am going back to school and she just said “oh”...”*

**(e) Helplessness and despair**

One participant indicated that pregnancy had a lasting impact on her. It seems that she did not have the opportunity to deal with deal with impact of the change completely. This indicates that adolescent girls who fall pregnant may develop psychological difficulties in relation to adjusting to being pregnant and the consequent prospect of having to care for a child. This is suggested by the following extract:

**Participant 3:** *“I felt down. I just felt that I don’t want to live anymore. I can’t be this young and have a baby”*

**(f) Indecision and confusion**

The data from the participants suggest that pregnancy result in feelings of confusion and indecision regarding whether to keep the child or terminate the pregnancy. This is supported by the following reflections from teenage mothers in the study:

**Participant 8:** *“When I found out that I was pregnant, I made two appointments for an abortion. But I grew up in a Christian home. It is totally against my morals. That is why I never did it, but it was a hell of a shock to say the least, a hell of a shock. But just when the shock was over I decided that this will be my biggest challenge ever. Motherhood for me then felt like it was going to be the biggest challenge of my life (heavy sigh).”*

**Participant 5:** *“It was a big shock to me. I wasn’t ready for it. I wanted to get it over with...you know...terminate...its very bad now that the child is here. You can’t really do what you want like your school work. Then I have to look after her first and then. She is very untamed and so on”.*

#### **4.4.3. Social and interpersonal effects**

**(a) Relationship with family**

The majority of participants indicated that falling pregnant affected the relationship particularly with parents. They reported difficulties to talk to family members about the pregnancy. Participant 8 indicates for example that *“my dad does not know up to this day that I was pregnant and my child is turning one and my mom and him are estrange from each other but I go visit him a lot and so. I have not visited him this year because I have a child”*. The data suggests that most participants struggled to engage their fathers about the pregnancy. Participant 2 support

this idea in her reflection that states *“I could not tell my dad, because then my child’s dad will go to jail, because he is much older than me...He is 28... We are still together, but my dad did not approve from day one”*.

It appears that due to the difficulty to talk about the pregnancy, family members only discover when the pregnancy has advanced which means that the teenager has to struggle with making sense of the implications of the pregnancy on their own until the parents become aware that their child is expecting an offspring. The following extracts illustrate this:

**Participant 5:** *“My family did not really know. The first person that knew was my boyfriend’s mother. He told her and then she bought the tester and stuff and then she told my mother. I was pregnant for a month and then, grandmother did not even know. My grandmother said she could not even suspect it. And then my mother called me one day and asked me whether this was true”*.

**Participant 7:** *“My parent could not see that I was pregnant. When I was 5 months only then could they see and they had to accept it. It is done”*.

**Participant 2:** *“...after my 3<sup>rd</sup> month after giving birth, my mom started being mean to me. She was so depressed. She did not want me to be near her. She was now angry and stuff. Then I told myself that this is the things that have catch up with her. But we are on good footing now and my child is 2 years and 4 months. So, yes, we raised him together, without his dad and without my dad. And, yes, we raised him”*.

According to the data, family members responded with disappointment to the news that they are pregnant. Despite the disappointment, it appears that they eventually show support even though the reality of the pregnancy may still be daunting for the expectant teenage girl herself as indicated by the following reflections:

**Participant 4:** *“My family was very disappointed because they had big plans for me, especially my godmother and godfather. But they accepted it. They support me now”.*

**Participant 3:** *“My mother helps me to look after the baby. She chases me away and tells me to go out...because I just stay at home.”*

**Participant 6:** *“My mother went to the clinic with me, because she saw that something was not right, because I am usually slim and all of a sudden I was fat. She was a bit disappointed because she did not expect it”.*

**Participant 3:** *“The irony with me is that everyone in my family...they were very excited whereby I was depressed...Maybe because I’m the only daughter in the house and when we found out that I was pregnant you could already see it’s a girl on the sonogram...and it is my mom’s first grandchild”*

**Participant 5:** *“My mom was (laughing) my mom was angry but she knew the child is there and that she couldn’t do anything. My grandmother on the other hand was very mean because she wanted to throw me out of the house because you are still young and your whole career is still ahead of you and, and now you have a baby...she didn’t talk*

*to me, she didn't talk to me. She didn't talk to me for weeks... I took my things and moved out before she threw me out. Then I stayed at my boyfriend's house, my child's dad, for the time being."*

**Participant 2:** *"Umm, I was like, every time my mother shouted at me, I just cut myself off from her. I made my mind very quiet. I thought nothing and I heard nothing. I'm just, I'm with her but I don't listen what she says. For me it was, you can say what you want but you're not going to put me down. You don't need to put me down. I made a mistake, but it was my mistake. Don't, for me it's like this; don't throw my mistakes in my face if I know I made a mistake. That's the way I was towards my mother"*.

**(b) Impact of pregnancy on friendships**

Participant responses show that teenagers that are pregnant tend to suffer from stigma of potentially being bad influence to their counterparts which negatively affect relationships that they have with friends. Participant 1 indicate that *"When I... before I was pregnant I had many friends. The friends became fewer when I got pregnant, because their parents, these days, feel that you will be influenced by someone. But after the child, many friends came but now I don't have any...I am maybe a bad influence for them"*. Participant 6's reflections also confirm that being pregnant resulted in uneasiness when she is among friends leading to withdrawal from associating with some of the friends. She states *"Hmm, most of my friends already have children so I would say that our friendship stayed the same but the friends I had at school, I'm not friends with them anymore... because I don't know how to be in their company because when they talk about sex they mention that they are not doing it yet then I feel uncomfortable in their company"*

*cause how should I act or how should I be? Then later I decided to withdraw because I can't communicate with people saying things like that."*

According to participant 8, while she maintained most of her friendships as most of her friends have children themselves, her pregnancy was not initially well received by friends who created a hostile environment for her. She states:

*"I actually did not lose friends, because my friends are much older than me, my true friends. And they all have got children. Lots did scream at me and one just assaulted me, but this is actually because of disappointment and later they started to help me. When my child was born that is when they started to help me. But at that school I do not speak until today anymore. I do not speak with them".*

For some teenage mothers in the study friends remained supportive as indicated by the following extracts:

**Participant 4:** *"My friends have remained the same. They were and are still very supporting. They did not change because I became pregnant".*

**Participant 3:** *"My friends supported me a lot with the pregnancy whereby many people put me down. My friends were there for me and still are the same as before my pregnancy. We are very attached to each other and we like partying together"*

**(c) Relationship with child's father**

Pregnancy seems to have a negative effect on the survival of the relationship with the partner.

Kanku (2010), Coleman and Roker (1998), Coley and Chase-Lansdale (1998) and Macleod and Tracey (2010) report that falling pregnant has negative consequences, such as the loss of a boyfriend. Rapp-Paglicci et al. (2005) go further by saying that the majority of fathers of children from teenage pregnancies have little or no contact with their children or partners and provide little or no financial support. These findings are supported by the following reflections on the relationship with partners from participants:

**Participant 8:** *“...I am already losing time with my child and stuff. And sometimes he gets angry because of that because I never make time for him. Now he is only my child’s dad. Time for a break”*

**Participant 1:** *“My child’s father and I...we don’t have any type of relationship with each other. He’s a new person, ever since he has a new girlfriend. Umm he always put his child first, but he doesn’t worry anymore, these days. If I call him to ask to buy nappies, then he says “ok, you make a plan, it’s your baby” and that type of stuff...but it hurts me very much...All I ask is that we have a good understanding about the child, and he want to take it to the next level, he just want to have sex”*

Some of the participants, on the other hand, reported that they were still in a relationship with the fathers of their children. Examples included:

**Participant 3:** *“... We are still together”*

**Participant 4:** *“We are still in a relationship and he supports me”*

**Participant 6:** *“...He is still involved and spends more time with the child than me”*

#### **4.4.4. Educational effects**

Varied effects on education and schooling were reported by participants. While some participants' experiences show that schooling was not disrupted by pregnancy, others indicate that pregnancy meant they had to leave school. For some participants, the possibility of returning to school or furthering their education is bleak.

Pregnancy seems to have motivated some of the girls to focus on the studies. This statement is supported by participants' comment below:

**Participant 8:** *“Pregnancy actually improved my schoolwork. It is like my schoolwork was something that took my mind of other things. I really studied hard. I studied unnecessarily as well. I just took books and studied unnecessarily and so on. The school never knew I was pregnant. They still don't know”*

**Participant 6:** *“It did not influence my schooling. I only forget about where I am going that is why I did such things and I am still in school every quarter and hopefully I will pass this year. So being pregnant did not influence me whatsoever”.*

**Participant 2:** *“...when I was 7 months, my mom told the principal about it. Because my mom was scared I could not go to school because I might get hurt and so on. But they actually supported me because they know me. Everybody at school knows me, the teachers and so on. And then I stayed at home. So basically I got work from these children, at home. So it didn't really influence my schooling”.*

Participant 8: *“Today still. My biggest fear was that they would throw me out of school and I refuse to leave school. I carried very small. Luckily for me I finished grade 12 and luckily I was on time to write and finish my last subjects”.*

According to Cavalier and Viitanen (2003), the disruption of schooling that potentially accompanies teenage pregnancy is seen as detrimental to the young mother, as it limits her future career prospects and, therefore, contributes to a lower socio-economic status for her and her child. The following extracts support this Cavalier and Viitanen’s (2003) findings:

**Participant 5:** *“I left school because I was pregnant...I would love to turn back time so I can finish school first and to study further and then after everything have a child.”*

**Participant 4:** *“I wanted to study education and I couldn’t anymore because I don’t have matric.”*

**Participant 3:** *“I had to leave school when I found out that I was pregnant but next year I will attend night school because I only have one year left to finish”*

**Participant 1:** *“Because I suffered from depression, I had to leave school, because depression and pregnancy does not go hand in hand. And I actually did well. I would have gone to night school, but who will look after the child at night? Who will look after the child, during the day? So I just had to leave my school just like that.”*

**Participant 8:** *“I feel my studies are becoming too much for me and I can’t give attention to him as well over weekends when I am home. I am already losing time with my child and stuff. And sometimes he gets angry because of that because I never make time for him. Now he is only my child’s dad. Time for a break”*

Mokgalabone (1999) state that pregnancy may not be the only reason that explain school dropout among young girls. Some of the major reasons cited for dropping out of school in South Africa include poverty and a lack of motivation to complete school. Mokgalabane’ (1999) finding is echoed by the following reflection from participant 7:

**Participant 7:** *“When I fell pregnant I was not in school anymore. I already left school in grade 9...I do not plan to go back to school”*

#### **4.4.5. Understanding and managing risk of pregnancy**

Many accounts of risk associated with teenage pregnancy make associations with lack of available information even though there are health clinics available. Bezuidenhout (2004) argues because of the search for information, teenagers therefore turn to their peers for guidance or to seek information in books, magazines articles, video material, etc. Although there are health clinics available to adolescents where they could obtain appropriate information on sexual matters, many do not use these facilities for fear of being identified as being sexually active. Bezuidenhout’s (2004) findings are corroborated by the following except:

**Participant 8:** *“.... Graafwater is a small place so if you leave the clinic everybody*

*knows that you just got the injection. You see what I mean?"*

While Bezuidenhout (2004) asserts that sex and related pregnancy topics are rarely discussed in openly in families, participant 8's experience contradicts this finding. She states *"hell, I believe she[mother] did her best to try and prevent it. I don't think there is anything more she could have done. She took me out of the place where my boyfriend stayed and put me in another school to get me away from him. She told me many times to go on the contraceptives, but for me it was like..joh, to go on contraceptives... Graafwater is a small place so if you leave the clinic everybody knows that you just got the injection. You see what I mean?"* It seems that even if guidance and information is available, other issues like stigma associated with family planning methods at an early age and perceptions related to using family planning facilities may account for whether teenage girls deal with aspects of pregnancy prevention effectively or not.

Literature reports that, not only is the peer group a primary source of information about sex, it may also create an environment in which peer pressure is exerted on the teenager to indulge in sex because "everybody does it" or because they do not want to "feel out" (Bezuidenhout, 2004). Incorrect information received about sex from the peer group, peer pressure or the need of the teenager to be like his or her peers may all contribute to causing an unwanted pregnancy (Bezuidenhout, 2004). When commenting about the usefulness of pregnancy prevention messages, participants seem to differ with Bezuidenhout's (2004) about the role of peer influence as exerting pressure and modelling behaviour that encourage unwanted pregnancy. Macleod (2011) suggested that the educator requires the raw, innocent but potentially rational and mature material of youth in order to assist in the development of correct knowledge, attitudes and

responsibility. Data from the study suggest that young girls who are mothers that are still in school note that health and behavioural change communication strategies should be utilised to provide information about the risks involved in being sexually active. The following extract illustrates this point:

**Participant 8:** *“They started now with a campaign at school and currently there are 42 pregnancies at the school. Last year there were only three of us and this year 42. I don’t think it [campaigns] works and I don’t think it will work...they can’t present a puppet show for us seniors when they want to talk about these issues. They should ask us to and allow us to demonstrate these things to the younger ones...”*

**Participant 6:** *“I personally feel that they should use us that are still in school and older. Ok I think they talk a lot of nonsense. The stuff they talk about is a lot of nonsense. Ok, yes prevention and stuff, it is included. The experience of a mother, that part, they can’t describe. The information they give, you can’t even call it general because it is not. I personally feel they should use us. Use the school as example so we can talk. Let us tell them why they should use prevention. I don’t feel that the program in school is effective”.*

**Participant 7:** *“Because most pregnancies in our school is amongst grade 8 and 9 which means that that children can’t tell their parents that they are sexually active and they don’t receive the injection at the clinic or contraceptives unless someone, an older person gives consent. So they can’t get contraceptives. You see what I mean? That is when we can come in and share our experience...”*

**Participant 5:** *“I am too stubborn. I would not have listened if my mother was talking to me. Maybe If I heard it from someone who had gone through the experience I would have responded differently.”*

#### **4.5. Conclusion**

This chapter presented the findings and analysis of this study. The perceptions of teenage mothers regarding teenage pregnancy and their experiences of motherhood were presented. Perceptions relating to availability and usefulness of information aimed at preventing teenage pregnancy were also presented. The results show that adolescent girls that participated in the study face many challenges of a social and psychological nature that may impact their development as young girls and potentially affect future prospects of a fulfilling and quality life. The participants shared their experiences of being young mothers and how that has affected their relationships with family members and friends. Several themes were highlighted which will hopefully enhance understandings of the challenges that teenage mothers grapple with daily.

## **CHAPTER 5**

### **DISCUSSION**

#### **5.1. Introduction**

The purpose of the study was to understand the perceptions of young mothers in Vredendal on teenage pregnancy using a social cognitive learning approach developed by Albert Bandura. Chapter three described the qualitative research method and phenomenological design used to analyse the data. In the previous chapter, themes and subthemes were presented and discussed.

In this chapter, the results of the study are discussed in an integrated manner. A brief description of teenage pregnancy, adolescence as a developmental stage as well as the essence statement of the perceptions on teenage pregnancy as expressed by young mothers who participated in the study is provided. In addition, considerations of the theoretical framework that informed the study are discussed in relation to the findings as well as literature agreeing or contradicting these findings.

#### **5.2. Context for the discussion of results**

Qualitative research methodology was adopted in the study because it allowed the researcher to explore the perceptions of teenage pregnancy and to obtain first person accounts of the experience of being a mother and perceptions about preventative messages regarding teenage pregnancy. The use of qualitative research as Barbour (2008) indicates, allowed the researcher flexibility to shape and reshape the study including the methods of data collection. While the idea was to use face-to-face interviews, practical difficulties made it necessary to conduct telephone interviews. The flexibility allowed by qualitative research accommodated the adoption of a different strategy to ensure that data is collected.

Semi-structured interviews were conducted with teenage mothers with ages ranging from 17 to 19 years. Semi-structured interviews were used to examine the perceptions of participants about teenage pregnancy and to explore their own personal experiences as teenage mothers. The participants had different experiences to share regarding motherhood, teenage pregnancy and prevention messages. This variation allowed the researcher to gain rich and in-depth information regarding the impact of teenage pregnancy on adolescent mothers at a personal, social and psychological level. These findings are discussed below.

### **5.3. Brief description of teenage pregnancy**

Teenage pregnancy is described by Farrer (2003) as a teenage or underage girl (usually between the ages of 13 and 19) becoming pregnant. The participants in this study met the criteria and their ages ranged between 17 and 19. The participants' ages ranged between 16 and 19 when they first fell pregnant. Farrer (2003) further indicate that 12% of South African teenagers aged between 15 to 19 years were or had been pregnant in their lives. This stage of human development is called adolescence to middle adolescence (15–18 years). According to Erikson's (1968, in Munley, 1975) theory of psychosocial development, there are eight stages of development. One stage was very important in this study, namely the development stage between the ages of 12 and 18 years. This development stage deals with identity versus confusion. Erikson asserts that adolescents complete the physical changes of puberty during this stage and begin to have more romantic relationships. Middle teens may be able to imagine the consequences of their actions, but are typically not able to understand them fully. Thus, they may be aware that unprotected sex may result in pregnancy or sexually transmitted diseases (STDs) but think, "It won't happen to

me”. When looking at the social cognitive learning theory, Lerner et al. (1982) are of opinion that people evoke different reactions from their social environment simply by their physical characteristics, such as their age, size, race, sex and physical attractiveness.

#### **5.4. Social cognitive learning theory as explanatory lens**

Social cognitive learning theory was developed in the 1950s by Albert Bandura to explain the reciprocal influence of environmental cues on an individual’s behaviour, and the impact of the individual’s behaviour on the environment. In addition, social cognitive learning theory places an emphasis on the individual’s cognitive processes as they decide upon future courses of action (Bandura, 1977). Thus, social cognitive learning theory takes the middle-ground position between social psychological theories that stress either environmental or internal cognitive processes as the sole components of learning.

Social cognitive learning theory posits that people learn about their social worlds in two distinct ways. First, following in the tradition of behaviourism, individuals learn through direct experience with their environments and the rewards and consequences that follow. Reinforcement contingencies encourage an individual to keep repeating a task. Punishment contingencies serve to diminish a particular behaviour. Social cognitive learning theory therefore assumes that individuals would tend to maximise rewards and avoid punishment (der Heide, 2011). Given the assumption that individuals desire to maximise rewards and minimise punishments, social cognitive learning theory posits that they learn to regulate themselves in order to obtain desired rewards, when observing the response of consequences on others, individuals begin to understand the consequences the future consequences of various actions they

could take and plan for them. The results of the study support the idea that direct experience and vicarious learning from others and from observing cues from the environment influence behaviour. Participants indicate for example that for prevention programs to be effective particularly in the school environment, learners who are mothers themselves should be utilised to educate other young girls about the effects of teenage pregnancy. In addition to recognising the importance of direct experience on learning, social cognitive learning theory stresses the importance of observational learning, or modelling the actions of others. Social cognitive learning theory posits that individuals do not have to experience consequences directly to determine the value of a particular action if they have been able to observe the consequences somebody else has received. In reference to the study, although many young mothers indicated that adjusting to the pregnancy and even the tasks and responsibilities of being a mother was a challenging experience, having friends that already had children or were either themselves pregnant enriched their coping with the changes that they were experiencing.

Social cognitive learning theory explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural and environmental influences (Bandura, 1986). Bandura (1986) puts forth the concept of reciprocal determinism, stating that a person's behaviour is influenced by the environment and vice versa. Later he went further and began to look at personality as an interaction among three things: the environment, behaviour and the person's psychological processes, and this he called triadic reciprocity. Triadic reciprocity, according to Bandura (1986), refers to the mutual influence between three sets of factors: personal factors, the environment and behaviour.

In the triadic model, Bandura (1986) identifies three interactions that are deemed important in explaining human behaviour. Firstly, the interaction between a person and behaviour involves the influence of a person's thoughts and actions. Secondly, the interaction between a person and the environment involves human beliefs and cognitive competencies that are developed and modified by social influences and structures with the environment. Thirdly, the interaction between the environment and behaviour means that a person's behaviour influences aspects of that person's environment, while the person's behaviour is modified in turn by that environment (Davis, 2006). These three interactions which are called triadic reciprocity, focus on how conceptions, beliefs, self-concepts, and intentions shape and direct behaviour. What people think, believe and feel affect how they behave. In the transaction of everyday life, behaviour alters environmental conditions, and behaviour is, in turn, altered by the very conditions it creates (Bandura, 1986; Raush et al., 1974; Thomas & Malone, 1979). The above-mentioned are discussed according to the results.

#### **5.5. Adjustment to motherhood: An interplay of internal, cognitive and social processes**

Macleod and Tracey (2010) posit that teenage mothers are portrayed in literature teenage pregnancy as lacking comprehension of the task and as finding mothering tasks difficult. The data suggests that the majority of participants struggled to comprehend the responsibilities that came with being a mother and the having to adjust to the new demands of taking care of a child and balancing that with the weight of education and maintaining healthy relationships with partner, families and friends. Having a child to take care of tend to have an effect on the manner in which the participants think about themselves as young girls and the task of motherhood. While taking on the task of motherhood may be easy to

adjust to, for others adjusting to motherhood is a complex process and sometimes difficult to accept. In this instance, the initial reactions to discovering about pregnancy were negative and some participants reacted to it with pessimism and feelings of depression and despair. Sapire (1986) indicates that during the first trimester, the teenager must deal with important issues such as whether to seek an abortion or to carry the foetus to full term. The sense of confusion around whether to keep the pregnancy or to terminate it may result in suicidal feelings. Saphire (1986) and Davis (2006) state that suicide rate among pregnant teenagers is approximately ten times higher than that of the general population. This argument is supported by some of the responses from participants who indicated that *“I did not want to live anymore.”* While some mothers struggle with the idea of pregnancy and becoming a mother, others the majority of mothers experienced the changes in a positive way where they start to realise that their lives involves someone else that depends entirely on making compromises in order to provide and act in the best interest of the child.

#### **5.6. Social and interpersonal influences**

Social cognitive learning theory, according to Davis (2006) points out that human belief and cognitive competencies are developed and modified by social influences and structures within the environment. These interpersonal affects are divided into social, educational and familial affects and show the interaction between the person and the environment (social, educational, familial) and the way human beliefs and cognitive competencies are developed and modified by this and structured within the environment. Before considering the interpersonal consequence experienced by the participants, social cognitive theory indicates that interpersonal factors play a significant role in individuals' learning, and gives an example that youths' perceptions that

deviant behaviours are normative among their peers may promote deviance through the establishment of maladaptive beliefs. Such behaviour may persuade adolescents that deviant acts are socially acceptable and that these acts are necessary to be popular, grown-up, and sophisticated. Perceived payoffs from deviance increase adolescents' susceptibility to peer pressure (Bandura, 1986). The example by Bandura (1986) can be directly connected to the social effects reported in the study, namely that the majority of the participants' friends already had children and this might have influenced their behaviour.

Most of the adolescent mothers in the study saw themselves as not alone in their situation. They reported support from friends and family who helped them to deal with the situation in an effective manner. Others however, perceived and experienced the situation differently. They experienced a sense of non-fit in relationship with friends. It would appear that pregnancy creates a social gap particularly with teenage friends that do not have children. As result, the pregnant teenager or adolescent mother may be cast as a bad influence on other young girls. Bezuidenhout (2004) says that not only is the peer group a primary source of information about sex, it may also create an environment in which peer pressure is exerted on the teenager to indulge in sex because "everybody does it" or because they do not want to "feel out". Therefore, incorrect information received about sex from the peer group and the need of the teenager to be like her peers may all contribute to an unwanted pregnancy. Furthermore the negative social affects they experienced was, "*My friends' parents think I am a bad influence*", "*People put me down*" and "*I did not have friends.*"

According to Bezuidenhout (2004), young girls are financially dependent upon their parents and

continue to live at home. As such they get blamed by friends and family members for increasing the financial strain due to having a child. Young mothers in the study indicated reactions previously mentioned by their families but they spoke more specifically about their mothers' reactions on their pregnancies. The reason for this is the fact that they lived in female-headed households. Elkind (1985) says that, among a number of reasons for teenage pregnancies are the influx of mothers into the labour market, the rise of single-parent families and the high unemployment rate that forces breadwinners to seek employment elsewhere, away from the family. All of these create opportunities for adolescents to spend more time unsupervised or with their peers. This increases the incidence of risk-taking behaviour. The fathers of young mothers who took part in the study were not present during their upbringing. When these girls spoke about their mothers' reaction, they seemed sad because now their mothers had to take care of both of them. One participant lost her mother before her pregnancy and she was alienated from her father years before losing her mother. Another participant was raised by her grandmother and had on and off contact with her mother. She mentioned that when her grandmother heard of her pregnancy, she "*did not want to talk to me*" and "*was mean*".

### **5.7. Educational effects**

The disruption of schooling that potentially accompanies teenage pregnancy is seen as detrimental to the young mother as it limits her future prospects and therefore contributes to a lower socio-economic status for her and the child (Chevalier & Viitanen, 2003). One particular participant stated, "*I left school in Grade 9 before pregnancy and I don't plan to go back*". Studies in the United States showed that many young women who become mothers in fact dropped out of school before pregnancy (Brindis, 1993). The same appears to be true in South

Africa (Macleod, 1999). Mokgalabone (1999) says that some of the major reasons cited for dropping out of school in South Africa include poverty and a lack of motivation to complete school. Bezuidenhout (2004) states that teenagers who decide to rear their own babies and who return to school or to an educational institution to complete their studies may find such a lifestyle difficult. This is supported by a participant in this study who claimed that when she went back to school and had homework to do, she first had to pay attention to her child and his needs before she could start with her homework.

### **5.8. Understanding and managing risk of pregnancy**

It has been mentioned that the social cognitive learning approach places an emphasis on individual's cognitive processes as they decide upon future courses of action. As such availability of information and knowledge about reproductive matters and risks involved in teenage pregnancy plays a significant role in influencing cognitive processes and decision making among teenagers. With reference to the study, knowledge relating to information regarding prevention of pregnancy was explored. Data suggests that information about reproductive health, teenage pregnancy and its risks and consequences about. This information is part of education programmes within the school setting and is provided by primary health facilities within the community. In many instance reported by participants, parents, particularly mothers, seem to take an active role in talking to their young girls about issues of sex and pregnancy. Despite the availability of information, an element of stigma about visiting primary health clinics to solicit contraceptives seems to exist within the community of Vredendal. Therefore perceptions about what people may think of you when you are on contraceptives guide the extent to which young girls risk engaging in unprotected sex. This indicates that available of

information and knowledge about sexual risks is not the only determining factors in teenage pregnancy. Attitudes and perceptions about sexual behaviour play a determining role in the issue of teenage pregnancy.

The data in this study further suggests that all participants had been exposed to one form or another of prevention programme at school relating to teenage pregnancy. Education syllabi in the South African education system include life orientation courses aimed at teaching school learners about reproductive health and sexual matters. While this is regarded as an active effort towards addressing teenage pregnancy, whether these prevention efforts are effective is a different question. According to the results of this study, the utility of prevention messages at school is questionable as it does not directly reflect the issues that they are experiencing.

All the participants in the study indicated that at most, they experienced prevention programmes as “not effective” and teaching “a lot of nonsense”. Apparently the focus is on physical education generally rather than teenage pregnancy. As such teenage pregnancy prevention messages are experienced as rather vague. Macleod (2011) has indicated that educators require raw, innocent but potentially rational and mature material in order to assist in development of correct knowledge, attitudes and responsibility from teenagers. The data in the study supports Macleod’s (2011) assertions. The participants indicate that for prevention messages to be effective, youth and especially those that already have children should be incorporated as part of the facilitation of knowledge about sexual issues, particularly pertaining to teenage pregnancy. Macleod (2011) indicates that formal sex education in schools is a relative new phenomenon in South Africa. An organisation, Sexology SA, that offers training to teachers in sex education, states that, in

offering sex education to young people, the educator will make a global contribution to the struggle against unplanned teenage pregnancies amongst other things. Macleod (2011) also suggests that, for sex education to be successful, a certain level of maturity is required. Teenagers must be helped to protect themselves and they need empowerment as well as being dealt with in a sensitive way. According to the 2003 South African Demographic and Health Survey (SADHS), pregnancy rates decrease with increasing education. This means that if education is direct and correct as per Macleod's (2011) assertion, teenagers may potentially start conducting themselves in a way that decreases the risks of falling pregnant at an early age. Education, as such, can hopefully contribute to changing perceptions and attitudes about sex and reproductive health. Mattaini and Thyer (1996) add that "cognitive theory can be used to guide interventions in terms of self-protective skills, problem-solving steps, and self-efficacy components in risk-reduction interventions for youth's.

Bandura (1986) asserts that individuals possess a self-system that enables them to exercise a measure of control over their thoughts, feelings and actions. This self-system houses one's cognitive and affective structures and includes the abilities to symbolise, learn from others, plan alternative strategies, regulate one's own behaviour and engage in self-reflection. The data in this study suggest that in retrospect, participants were able to draw on the self-system and reflected that knowing what they do only after falling, they would have acted differently, that is, waiting a bit before allowing self to fall pregnant, taking precautions like being on contraceptives, and delaying being involved in a sexual relationship.

## **5.9. Conclusion**

This chapter presented an integrated discussion of the results of the study. The findings suggest that adolescent mothers tend to experience motherhood as a stressful and challenging process which impacts them at a personal and psychosocial level. The results show that in the long run, young mothers' experiences of teenage pregnancy are more positive than negative. Support from family and friends seem to contribute to the positive adjustment to pregnancy and having confidence on taking on the responsibility of being a mother while also juggling the demands of school and enjoying life as a developing individual. Data also suggests that for prevention programs to have a lasting impact, young mothers should be used to provide own personal experiences relating to teenage pregnancy which can guide other adolescent about the risks of teenage pregnancy and how to do things differently to avoid the same trappings.

## **CHAPTER 6**

### **CONCLUSION, RECOMMENDATIONS AND LIMITATIONS**

#### **6.1. Introduction**

In the previous chapter, a discussion of the results was presented. The results and conclusions were synthesised and are here presented as the final conclusions together with recommendations derived from this research project. The discussion offers a retrospect evaluation of the research, and discusses the limitations of the research.

#### **6.2. Conclusions of the study**

Teenage pregnancy is a topical issue in contemporary times in South Africa and globally as was made apparent from literature that was examined for the purpose of this study. It was clear that there is a wealth of information available with regard to adolescents and teenage pregnancy, limited research has been conducted that covers a broad range of ethnic populations. This was shown to be more so for women from coloured communities in South Africa. As such, it was difficult to find research that focused specifically on coloured adolescents and their perceptions about teenage pregnancy, motherhood and prevention initiatives. Most of the existing literature focuses on teenage pregnancy with an emphasis on sexual education and statistics.

Data from the study indicates that pregnancy can be a conflictual period for most teenage girls inciting conflicting emotions and thoughts regarding whether to continue with the pregnancy or to terminate it. While for some young girls the experience changed to being a positive one when pregnancy was developing, for others adjusting to the changes brought about by pregnancy and being a mother remained difficult and challenging.

The results of the study further shows that education and social relationships are some of the most important areas that remains affected by teenage pregnancy. Even though young mothers may struggle to juggle the roles of being a mother with the demands of school work, the results show that some are able to remain resolute to continue with their studies and that support from parents, friends and school authorities can encourage young mothers not to interrupt their studies due to pregnancy.

To conclude, there seems to be a paucity of ethnicity-specific literature with regard to teenage pregnancy in South Africa and the young mothers' perceptions of teenage pregnancy. This poses a challenge considering the visibility of and prominence given by political structures to issues of the youth and youthful discourse in various matters relating to coloured societal well-being. The perceptions of young mothers on teenage pregnancy remain a core issue in the psychosocial well-being of all young people, and the coloured culture in South Africa can only gain from more research and literature on the perceptions of young mothers on teenage pregnancy.

Constructive recommendations with regards to improving teenage pregnancy prevention initiatives and messages were suggested by the data which could help young girls to make healthier choices about their sexual lives.

The research method and design used in this study proved to be successful, as the objectives stated to guide the research were all achieved. The findings were in line with what was theoretically expected from social cognitive learning theory. The findings suggested that the majority of the participants had a positive experience of teenage pregnancy rather than a negative

experience.

### **6.3. Limitations**

The following limitations regarding this study and recommendations for future research were identified:

- The data in this study was collected using semi-structured interviews with eight participants. Since only a small sample of individuals participated in this study, this limits the generalizability of the results. As such, the data can only provide understanding of the perceptions of teenage pregnancy and prevention messages.
- Data collection by using a combination of semi-structured individual interviews and focus groups could have given more richness of data. Incorporating focus groups for example, may have provided insight on the meanings that young girls attach to motherhood as a collective of coloured young women.
- Large samples could be used to provide a broader perspective with regard to data collection.
- In-depth study of the current prevention programmes by government and their effectiveness were not explored in detail. The study focused only on participants' reports of their experiences of the effectiveness of prevention programmes.
- Incorporation of research on the perceptions of young adolescent mothers of other cultural groups, such as the white and black cultures, might contribute to a more diverse understanding of the perceptions of teenage pregnancy in South Africa.

### **6.4. Recommendations**

Based on the findings of the study, the following recommendations can be made:

- The findings of this research can be useful in informing prevention programmes for workshops and Life Orientation classes in schools and other youth structures, as it can empower coloured youth to improve their awareness about the risks of teenage pregnancy and the effects of being a mother while still a teenager. The findings can therefore inform the development of constructive prevention programme that include young mothers to speak about their experiences in order to make the prevention programmes more effective.
- Longitudinal research on coloured young mothers' experience of teenage pregnancy to explore how adjustment to motherhood as an ongoing process unfolds differently for the young women that participated in the study.

#### **6.5. Concluding remarks**

This study investigated the perceptions of adolescent mothers regarding teenage pregnancy and prevention initiatives. The results revealed that participants experience motherhood as a challenging experience which requires adjustment and which may lead to significant difficulties of an emotional nature. Furthermore, the result show that being pregnant as a teenager negatively affects relationships with significant others and tarnished relationships with partners, family, peers and friends. Of significance about the results is that young mothers should be utilised in prevention initiatives if such efforts are to have a lasting impact.

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June 2010

**Consent Letter**

Dear Participant

My name is Victoria Julie, a Research Psychology student at the University of South Africa (UNISA). I am doing a study that looks at the views of young mothers in Vredendal about what it means to them to have a child during one's teens.

Participation in the study is voluntary and you are free to withdraw at any stage without any disadvantage towards you. An interview which lasts about an hour will be conducted with you. Should follow-up be indicated, there may be a need to arrange accordingly. Everything that you say during the interview will be treated in the strictest confidence. Pseudonyms will be used in any reports based on the information that you provide in order to protect your identity.

With your permission, the interview will be tape-recorded. The recordings will be kept safe and only my supervisor and I, as well as an independent coder will have access to them. These will be destroyed as soon as the study is finalised.

\_\_\_\_\_  
Signature: Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Participant

\_\_\_\_\_  
Date:



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### DECLARATION

I hereby certify that the M dissertation of VICTORIA JULIE was properly language edited but without viewing the final version.

Title of dissertation:

YOUNG MOTHERS' PERCEPTIONS OF TEENAGE PREGNANCY IN  
VREDENDAL: A SOCIAL COGNITIVE LEARNING APPROACH



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17 November 2012

## Appendix C

### Semi-structured interview schedule

- 1) How old are you? *Hoe oud is jy?*
- 2) At what age did you fall pregnant? *Op watter ouderdom het jy swanger geraak?*
- 3) Tell me about your experience of being a mother at this age? *Vertel my van jou ondervinding oor moederskap op hierdie ouderdom?*
- 4) How did your pregnancy influence you on a social level? *Hoe het die swangerskap jou op 'n sosiale vlak beïnvloed?*
- 5) How did the pregnancy influence your education? *Hoe het die swangerskap jou op 'n opvoedkundige vlak beïnvloed?*
- 6) How did you parents and family react towards you pregnancy? *Hoe het jou ouers and familie reageer op jou swangerskap?*
- 7) How do you understand prevention and intervention? *Hoe verstaan jy voorkoming en intervensie?*
- 8) How were you exposed to prevention programs in school and/or workshops? *Hoe is jy blootgestel aan verhoed programme in skole of werks winkels?*
- 9) How do you think prevention programs work to reduce pregnancies and why? *Hoe dink jy werk verhoed programme om tiener swangerskap te verlaag en hoekom dink jy so?*
- 10) What do you think will work to reduce or even prevent teenage pregnancy in Vredendal? *Wat dink jy sal werk om tiener swangerskap te verlaag of te verhoed in Vredendal?*
- 11) How do you think would it have influenced your sexual behaviour? *Hoe dink jy sou dit jou seksuele gedrag beïnvloed het?*
- 12) What do you think would you have wanted to know or needed to know not to fall pregnant? *Wat dink jy sou jy wou weet of nodig gehad het vir jou om nie swanger te raak nie?*
- 13) If you could have turned back time what would you have done different to prevent you from falling pregnant? *As jy tyd kon terug draai wat sou jy anders gedoen het om te verhoed dat jy swanger raak?*



|  |  |   |   |  |  |   |
|--|--|---|---|--|--|---|
|  |  | <p>supportive and encouraging(3 reports)</p> <p>Friends stayed the same and were supportive (5 reports)</p> <p><b>Education:</b><br/>Didn't affect schooling (3 report)</p> <p>Attended night school (1 report)</p> | <p>(5reports)</p> <p><b>Education:</b><br/>Had to leave school (5 reports)</p> <p>Can't further studies (3 reports)</p> |  | <p>Don't get involved with older males (20+) (2 reports)</p> | <p>Give attention to children (3 reports)</p> <p>Improved discipline (2 reports)</p> <p>Autonomy/appropriate decision making or freedom for age (1 report)</p> <p>Need for sexual education from parents (2 report)</p> |
| <b>Experiences at stages of process</b>  |  |   |   | Were programmes effective  |  | Other   |
| <b>Positive</b>  | <b>Negative</b>  |   |   |  |  |   |
| <p>Adjusted to it (4 reports)</p> <p>Child is priority, have to be selfless and responsible (3 reports)</p> <p>Spiritual growth (1 report)</p> <p>Positive feelings associated with baby/child (4 reports)</p> <p>Present Male figures (4 reports)</p> <p>Present Female Figures (7 reports)</p> | <p>Don't have time for self/ to do what you want to do (2 reports)</p> <p>Absent fathers/male figures (2 reports)</p> <p>Feeling hopeless (1 report)</p> <p>Feelings of shame/guilt (1 report)</p> |   |   | <p>No (6 reports)</p> <p>Reasons:<br/>Didn't understand info (1 report)</p> <p>Only basic info, not enough detail (4 reports)</p> <p>The information is not presented in an appropriate way with regard to ages of learners (1 report)</p> |  | <p>More healthy entertainment provided (3 reports)</p>  |

|  |                                  |  |  |  |  |  |
|--|----------------------------------|--|--|--|--|--|
|  | Nothing nice about it (1 report) |  |  |  |  |  |
|  | Very hard work (1 report)        |  |  |  |  |  |