THE PERCEPTION OF PREGNANCY OF THE BLACK PRIMIGRAVIDA
TEENAGER IN THE UMLAZI AREA OF KWAZULU

by

BERNICE BRENDA NTOMBELA

submitted in fulfilment of the requirements for
the degree of

MASTER OF ARTS IN NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF J M DREYER

JOINT SUPERVISOR: PROF M BEUKES

DECEMBER 1992
DECLARATION

"I declare that The perception of pregnancy of the Black primigravida teenager in the Umlazi area of KwaZulu is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references."

B.B. Ntombela

B.B. Ntombela
DEDICATION

I dedicate this work to my two lovely teenagers MLUNGISI and LINDELWA including teenagers in the entire world.
ACKNOWLEDGEMENTS

I wish to express my sincere gratitude to many people whose support and assistance made the completion of this study. In particular I would like to thank the following persons and institutions:

- My supervisors Professor J.M. Dreyer and Professor M. Beukes for the academic help and encouragement they gave to me whilst they were supervising my dissertation.

- The Universities of Transkei and Zululand for the financial assistance given to me towards the conduction of my research.

- Prof R.V. Gumbi, Miss Thandi Gwele and Professor H.M. Thipa for the guidance and help they gave me throughout the whole study and about the conduction of research.

- The KwaZulu Department of Health for having given me permission to conduct this study at Umlazi.

- The professional nurses of the Umlazi Township Antenatal Clinics for the help they gave me in the administering of the research tool.

- People who contributed in the typing of my work from the start to the end, that is Mrs N. Dabata, Miss T. Mthembu, Mrs D. Ntombela,
Mrs P. Ntombela, Mrs N. Dlamini and Mr S.S. Chonco. Without them the whole document would not exist.

Mr Read for having edited this document.

My brothers Humphrey, Linda and Sandile for the emotional support they gave me throughout my studies.

My only sister Nana (Sisi) for the emotional support and words of encouragement when at times I was depressed because of too much work. I also wish to thank her husband Ike for the emotional support they gave me as a family.

My lovely children (teenagers) Mlungisi and Lindelwa for having been there throughout my studies. They have been very supportive and understanding to me especially when there were lots of papers between myself and them as a barrier. Their perseverance and sacrifice for not being taken out on some other days is appreciated.

My wonderful mother, I wish to thank her for being herself; patient, kind, loving, understanding and supportive. Without all these attributes I would not have managed. She has helped me emotionally, financially and also by providing a warm home which was conducive for me to work in.
God the almighty who without him, I would not have succeeded in my studies.
SUMMARY

This study was undertaken in order to determine how black teenage primigravidae in the Umlazi area of KwaZulu perceived their pregnancies.

This was an exploratory study. An interview schedule was used to elicit information from the primigravida teenagers concerned.

One hundred and sixteen primigravida teenagers were interviewed. The sampling frame stretched over 6 antenatal clinics at Umlazi.

This study revealed that most primigravida teenagers stand in need of consideration from health professionals of the comprehensive health services.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>ITEM</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CHAPTER ONE: INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1</td>
<td>Background to the problem</td>
<td>1</td>
</tr>
<tr>
<td>1.1.1</td>
<td>Urbanisation</td>
<td>2</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Westernisation and acculturation</td>
<td>3</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Extent of the problem of teenage pregnancy</td>
<td>5</td>
</tr>
<tr>
<td>1.1.4</td>
<td>The influence of pregnancy on teenagers</td>
<td>8</td>
</tr>
<tr>
<td>1.2</td>
<td>Reasons for research on the perceptions of black teenagers towards pregnancy in Umlazi Township</td>
<td>10</td>
</tr>
<tr>
<td>1.3</td>
<td>Objectives of the study</td>
<td>11</td>
</tr>
<tr>
<td>1.4</td>
<td>Significance of the study</td>
<td>11</td>
</tr>
<tr>
<td>1.5</td>
<td>Definition of terms</td>
<td>12</td>
</tr>
<tr>
<td>1.6</td>
<td>Scope of the study</td>
<td>15</td>
</tr>
<tr>
<td>1.7</td>
<td>Conclusion</td>
<td>15</td>
</tr>
<tr>
<td>1.8</td>
<td>Organisation of study</td>
<td>15</td>
</tr>
</tbody>
</table>
### CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction 17

2.2 Developmental stages of the teenager 18

2.2.1 Physical growth and development 19

2.2.2 Psychosocial development of the teenager 21

2.2.3 Cognitive development of the teenager 23

2.3 Teenagers’ perception of family life, parenthood and the issue of single parents 26

2.4 Information about sex and pregnancy 29

2.5 Perception of pregnancy by teenagers 30

2.6 Feelings of teenagers about pregnancy 35

2.7 Reaction of parents, peers, boyfriends and the community to teenage pregnancy 37

2.7.1 Parent reaction 37

2.7.2 Boyfriends’ reaction 38

2.7.3 Peers reaction 38

2.7.4 Reaction by the community 38

2.8 Conclusion 39

### CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction 40

3.2 Research method 40

3.3 Data collection technique 41

3.3.1 Why interviews were selected 41
4.2.3 Variable 3: Indication of whom the pregnant teenagers lived with

4.3 Section B - Information about sex and pregnancy

4.3.1 Variable 4: Information about contraceptives

4.3.2 Variable 5: Source of information about contraceptives

4.3.3 Variable 6: Information on whether teenagers were on contraceptives before falling pregnant

4.3.4 Variable 7: The contraceptive method used

4.3.5 Variable 8: Time interval on which the pill was taken

4.3.6 Variable 9: Knowledge of side-effects

4.3.7 Variable 10: Side effects known

4.3.8 Variable 11: Indication of whether teenagers were having sex for the first time

4.3.9 Variable 12: Information about unprotected sex

4.3.10 Variable 13: Reasons for engaging in sex

4.3.11 Variable 14: Information concerning pregnancy and childbirth

4.3.12 Variable 15: Information concerning childbirth

4.3.13 Variable 16: Source of information.

4.3.14 Variable 17: The help of health education talks to pregnant teenagers

4.4 Section C: Physical aspect of the perception of pregnancy

4.4.1 Variable 18: How teenagers discovered that they were pregnant
4.4.2 Variable 19 : Physical discomfort
4.4.3 Variable 20 : Feelings regarding physical changes
4.4.4 Variable 21: Experience of morning sickness
4.4.5 Variable 22 : Reaction to morning sickness
4.4.6 Variable 23 : Wearing of maternity dresses
4.4.7 Variable 24 : Explanation concerning maternity dresses
4.4.8 Variable 25 : Information on appetite
4.4.9 Variable 26 : Explanation of poor appetite
4.4.10 Variable 27 : Satisfaction from foetal movements
4.5 Section D - The emotional aspect of the perception of pregnancy
4.5.1 Variable 28 : Feelings when discovering pregnancy
4.5.2 Variables 29-31 : Feelings of being lonely, rejected and confused
4.5.3 Variable 32 : Constraints in relation to sports
4.6 Section E - Social perception
4.6.1 Variable 33 : Person first informed about pregnancy
4.6.2 Variable 34 : Parents reaction
4.6.3 Variable 35 : Person who was most hurt
4.6.4 Variable 36 : The reason of the family member in question to be hurt
4.6.5 Variable 37 : Rejection by the family
4.6.6 Variable 38 : Reaction of the boyfriend
4.6.6.1 Variable 39 : Acceptance by boyfriend after pregnancy
Variable 40 : Number of teenagers brought closer to their boyfriends by pregnancy

Variable 41 : Teenagers whose boyfriends paid compensation (inhlawulo) for bringing about their pregnancy

Variable 42 : Community reaction

Variables 43-44 : Constraints upon walking in public

Variables 45-46 : Church attendance and its reason

Variable 47 : Acceptance at the antenatal clinic

Variable 48 : What pregnant teenagers liked best about their pregnancy

Variable 49 : What teenagers hated most

Section F - The moral aspect of pregnancy

Variables 50-51 : Procuring an abortion

Variable 52 : Indication whether teenage pregnancy holds advantages for a girl

Variable 53 : The advice pregnant teenagers would give to young people about falling pregnant

Variable 54 : The best time to have a child

Variables 55-56 : Plans to return to school

Variable 57 : Indication whether teenage pregnancy will decrease the girl’s chances of marriage

Variable 58 : Pregnant teenagers’ plans for a career

Variables 59-60 : Career plans
4.7.9 Variable 61: The person who will look after the baby when it is born

4.7.10 Variable 62: What pregnant teenagers expect from health personnel

4.8 Conclusion

5. CHAPTER FIVE: FINDINGS, LIMITATIONS, RECOMMENDATIONS, IMPLICATIONS AND CONCLUSION

5.1 Overview of the study

5.2 Findings

5.2.1 Demographic information

5.2.2 Information about sex and pregnancy

5.2.3 Reaction of pregnant teenagers to their pregnancy

5.2.3.1 Emotional feelings about pregnancy

5.2.3.2 The feelings of pregnant teenagers about their pregnancy

5.2.4 The reaction of family members and boyfriends to teenage pregnancy

5.3 Conclusion

5.4 Recommendations

5.4.1 Sex education programme

5.4.2 Health services

5.4.3 Attitude of personnel in antenatal clinics

5.5 Limitations of the study

5.6 Recommendations for further study
5.7 Conclusion

6. REFERENCES
ANNEXURES

| ANNEXURE A | Interview schedule | 113 |
| ANNEXURE B | Permission to conduct the study | 126 |
| ANNEXURE C | Letter to the senior professional nurses of the antenatal clinics involved | 128 |
TABLES

Table 1.1: Attendance of pregnant black teenagers per month at Umlazi Township antenatal clinics in 1991.

Table 3.1: Monthly attendance of pregnant black teenagers at Umlazi Township antenatal clinics in 1991.

Table 4.1: Age of pregnant teenagers interviewed.

Table 4.2: Indication of whom the pregnant teenagers lived with.

Table 4.3: Source of information about contraceptives.

Table 4.4: Indications from pregnant teenagers concerning method of contraception they used.

Table 4.5: Indications of where information was obtained about pregnancy.

Table 4.6.1: Indication whether respondents were happy.

Table 4.6.2: Indication whether respondents were proud.

Table 4.6.3: Indication whether respondents were guilty.
Table 4.6.4: Indication whether respondents were angry 70
Table 4.6.5: Indication whether respondents were frustrated 70
Table 4.6.6: Indication whether respondents were afraid 70
Table 4.6.7: Indication whether respondents were depressed 71
Table 4.6.8: Indication whether respondents were disappointed 71
Table 4.6.9: Indication whether respondents were lonely 72
Table 4.6.10: Indication whether respondents were rejected 72
Table 4.6.11: Indication whether respondents were confused 72
Table 4.7: Person first informed about pregnancy 74
Table 4.8: Parents' reaction to the pregnancy of the teenagers. 75
Table 4.9: Boyfriends reaction to the pregnancy of their girlfriends. 78
Table 4.10: The person who will look after the baby when it is born 88
xviii

LIST OF FIGURES

Figure 4.1 : Standard of education of pregnant teenagers interviewed 55
Figure 4.2 : Indication whether teenage pregnancy holds advantages for a girl 83
Figure 4.3 : The best time to have a child 85
Figure 4.4 : Plans to go back to school. 86
CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE PROBLEM.

Studies carried out in various countries in both urban and rural areas show an increase in teenage pregnancies. The phenomenon of teenage pregnancies is not new; but the rising numbers of children born out of wedlock in all societies today is of great concern to health personnel, parents, social workers, teachers, churches and other members of these communities.

In an article published in 1988 in Nursing RSA, Greathead indicated that teenage pregnancies were also to an increasing extent becoming a problem in South Africa. According to Greathead, two out of ten South African teenagers among all races become pregnant (Greathead 1988:20).

Supporting this in an article published in Salus, in 1990 Mfono stated that in South Africa the 1985 statistics revealed that the incidence of teenage pregnancy among the different racial groups was as follows:

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage of all births</th>
</tr>
</thead>
<tbody>
<tr>
<td>whites</td>
<td>7.2%</td>
</tr>
<tr>
<td>coloureds</td>
<td>16%</td>
</tr>
<tr>
<td>Indians</td>
<td>10.9%</td>
</tr>
<tr>
<td>blacks</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

(Mfono 1990:6)

Factors that have been identified as having contributed to the phenomena of increasing teenage pregnancies especially among the Black teenager in South
Africa are inter alia:
- urbanisation
- westernisation
- acculturation

1.1.1 Urbanisation

As a result of industrialisation, droughts, poverty, political violence and so forth, Black people move to the cities. They also move to the cities to look for better job opportunities. The new lifestyles, the shift in norms and values, poverty and unemployment all exert an influence on the normal development of teenagers caught up in this situation.

Industrialisation has also led to Blacks putting up shacks in periurban areas. This also contributes to a high rate of teenage pregnancy, because most of the teenagers of the families in question do not go to school and so find that they have time on their hands to experiment, especially in relation to aspects related to sex. Since the girls generally are ignorant in sexual matters, they tend to experiment according to what they read and observe in the mass media. Unfortunately, as a result they fall pregnant (Seabela 1990:79).

Going hand in hand with the development of shanty towns is unemployment. Most of the people leaving the country for the cities do not get jobs. This high rate of unemployment leads to poverty. Poverty in turn encourages girls to seek other means of earning a living. Inevitably in this situation teenage
girls fall prey to older men who fall in love with them. These men attract
teenage girls by giving them money, buying them clothes, and eventually
having sexual intercourse with them. It is at this point that the problem of
teenage pregnancy starts, especially if the girl knows nothing about
contraceptives. Ultimately the men leave them especially if the teenage girl
falls pregnant, as most of these older men are already married and have their
own families. These teenage girls are then left to go through pregnancy on
their own.

1.1.2 Westernisation and Acculturation

Traditionally in Black communities the responsibility for giving sex education
to girls is usually placed upon their mothers and other adult females.
Whenever the question of preventing pregnancy arises, the responsibility for
preventing pregnancies is said to be that of the girl. Boys generally are not
blamed for making a girl pregnant. The girl in this regard takes the full
blame. However due to factors such as urbanisation and westernisation many
of these traditions have fallen away.

Ignorance also seems to be a factor that pushes the percentage of teenage
pregnancies so high. It would appear that most teenagers do not have
adequate information on teenage sexuality. This lack of information (and/or
myths) concerning teenage sexuality may arise from changes in the ancient
traditional system of educating teenagers. Among Blacks in South Africa,
especially among the Zulus and the Xhosas there always used to be "older"
girls who were responsible for teaching teenagers. These girls were called "amaqhikiza". Among other things, they taught ways of preventing pregnancies by engaging only in interfemoral intercourse, known as "ukusoma". (Mfono 1990:6).

In this way girls remained virgins. This teaching was also forced by the older women in the community, who were responsible for monitoring the girls regularly by their virginity.

It appears that acculturation is also a factor contributing to teenage pregnancy. Christianity brought with it the fact that one's body is God's temple and therefore no one must temper with it. There was, therefore, a shift away from interfemoral sex practices (ukusoma) to teaching girls not to allow anyone to touch their bodies. This is why through acculturation, there is also an increase in teenage pregnancies in rural areas. Teenagers defy the new rule and experiment with sex (Mfono 1990:7)

The modern sociocultural environment may also contribute to premature teenage pregnancy. Seabela, (1990:75) indicates that the Black teenager today is living in a sociocultural environment markedly different from that in which the older generation lived as teenagers. The modern Black teenager is living in a sociocultural environment characterised by sexual permissiveness, by early participation in sexual intercourse, and the consequent risk of premarital teenage pregnancy.
1.1.3 Extent Of The Problem Of Teenage Pregnancy

Research findings demonstrate that the problem of teenage pregnancies is widespread and that it occurs among all cultural and ethnic groups in rural as well as in urban areas. Some research findings regarding this problem are outlined below:

- The findings of Preston-Whyte and Zondi’s in 1986, related to Mpumalanga Hammarsdale (a Black Township) show that 40% of the households in this township include children born out of wedlock (Preston-Whyte & Zondi 1989:48).

- In a study conducted by Kau (1989:1) in Molopo, a rural region of the Republic of Bophuthatswana, 2464 antenatal care clients were treated at Montshiwa Clinic between 1985 and 1987. Of these 430 (17,5%) were teenagers (Magwentshu, 1990:2). This shows that teenage pregnancy is also a problem in rural areas. Montshiwa Clinic is utilised by Blacks, and figures indicated reflect the rate of pregnancy among Black teenagers.

- In her study, Magwentshu (1990:5) states that of a total of 13 608 antenatal care clients in Baragwanath Hospital, from January to June 1990, 3 339 (24,5%) were teenagers between 11 and 21 years of age.
Baragwanath hospital caters for Soweto, the largest Black township in South Africa. If 24.5% of the antenatal care clients are teenagers, it means that the problem of teenage pregnancy is a serious one.

According to the findings of a demographic health survey conducted in Transkei in 1987 by the Human Science Research Council, 42% of 1850 respondents of the ages 15-49 indicated that they gave birth to their first children during their teenage stage.

Over a period of one year during 1987/1988 at a government hospital in Transkei, 38,106 women gave birth to babies of these 25.4% were less than 20 years of age. Thirty five percent were 16 years old or younger, and 73.1% of these 16 years old or younger were unmarried. Fifty three comma eight percent were between 17 and 19 years and unmarried (Xaba-Mokoena 1990:4).

In the rural context of Transkei, teenagers constituted 26% of the 1255 patients who gave birth to babies in one local hospital in the year ending September 1985 (Nash 1990:147).

From the above data it is clear that the problem of teenage pregnancy exists both in rural and urban areas. A clear example is that of Transkei, which is predominantly rural, but for which the figures do not differ significantly from those for Baragwanath in Soweto which is clearly an urban area. Yet owing
to a complexity of factors in an urban setting, the problem is more acute in urban areas.

Such figures are startling and possibly demonstrate a lack of education of teenagers in sexuality or an environment of permissiveness. Teenagers need to be informed about pregnancy in order to prevent it. Township life is conducive to unrestrained behaviour on their part. They often lack recreational facilities, and the boredom caused by the inactivity is generally considered to be causally connected to their unrestricted sexual experimentation (Craig & Richter-Strydom 1983:452). Teenagers loiter or idle in the streets. And as the teenage stage is one during which young people need to use up all the energy they have, they redirect that energy if they have nothing else to do, to sexual experiment.

Cultural as well as peer group pressures also play a role in teenage pregnancies. In most rural areas there is belief that a girl has to prove her fertility to a boy before that boy will marry her (Craig & Richter-Strydom 1983:452). This contributes to the fact that such society expects that a boy can only marry a fertile woman. This is how a girl is pressurised to prove to society, and her peers, that she is capable of bearing a child.

From the indicated figures, it is clear that the prevalence rate of Black teenage pregnancies is high in urban as well as in rural areas and that the causes are complex and varied.
1.1.4 The Influence Of Pregnancy On Teenagers

Each and every society has its own behavioral norms. The socialisation of young people to the norms of their society contributes considerably towards the moulding of their behaviour. If a teenager is in a society that condones teenage pregnancy, she may take pregnancy for granted. If on the other hand, a teenager lives in a society, in which out of wedlock pregnancies are not easily accepted she may feel ashamed, frustrated, angry and rejected.

According to Dlamini and McKenzie (1991:28) interviews with teenagers in the Eastern Transvaal revealed that, of 50 teenagers, 92% were frustrated and unhappy at their pregnancy; only 8% were happy. This study clearly shows that although teenagers fall pregnant, their attitude towards pregnancy during their teenage years is negative.

Research has also proved that pregnancy retards the progress of teenagers at school. Findings by the California State Department of Education (1989:11) reveal that pregnancy and parenting are the main reasons cited for female teenagers for dropping out of school.

It is highly probable that she will drop out of school even if someone in her family helps to take care of the baby. Of even greater significance is the fact that she will not be able to find a steady job that pays enough to provide for herself and her child. Such teenagers may even be compelled to marry people they might otherwise not have chosen. Their life choices are limited and
mostly bad. Had they only been able to delay pregnancy, their prospects might well have been different.

According to Campbell (1968) cited by Acres (1985:21) there is direct relationship between a lower standard of education and occupational status. A teenager who is poorly educated will certainly have problems in earning a proper salary. Teenage pregnancy therefore can be said to (indirectly) reduce occupational status and earnings as a result of its effects upon education. Furthermore Campbell (1968) cited by Acres (1985:21) states that the girl who has a child at the age of 16 suddenly has 90% of her life's script written for her (Acres 1985:21).

It became clear from the afore outline on the background of the problem that teenage pregnancies out of wedlock are rife and widespread in all societies. The contemporary economical and political climate in South Africa, conflicting norms, peer group pressure as well as ignorance of teenagers regarding pregnancy exacerbate the whole problem. The Black teenager in shanty towns and in the urban western setting is especially vulnerable.

It can thus be assumed that out of wedlock pregnancies during teenage stage can be a negative experience. The dreams and future plans of teenagers can be negatively influenced because of the pregnancy at this stage.
1.2 REASONS FOR RESEARCH ON THE PERCEPTIONS OF BLACK TEENAGERS TOWARDS PREGNANCY IN UMLAZI TOWNSHIP

The researcher observed while practising in Umlazi a Black Township in Natal, the existence of the same kind of problems outlined in the above discussions. She also observed certain negative attitudes among pregnant teenagers who were resentful, angry, and had little confidence in general. Because of the researchers' specific interest in the perceptions these girls have about pregnancy, she decided to conduct research in the Umlazi Township to obtain specific information on how teenagers experience pregnancy. This was conducted to determine the pregnant teenagers' feelings, emotions, and reactions to their pregnancy.

According to statistics of the antenatal clinics in Umlazi Township, 620 or more teenagers are seen every month. See Table 1.1

Table 1.1: Attendance of pregnant black teenagers per month at Umlazi Township antenatal clinics 1991

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>ATTENDANCE PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;D&quot; Section</td>
<td>100</td>
</tr>
<tr>
<td>&quot;H&quot; Section</td>
<td>120</td>
</tr>
<tr>
<td>&quot;L&quot; Section</td>
<td>160</td>
</tr>
<tr>
<td>&quot;Q&quot; Section</td>
<td>80</td>
</tr>
<tr>
<td>&quot;U&quot; Section</td>
<td>160</td>
</tr>
<tr>
<td>TOTAL</td>
<td>620</td>
</tr>
</tbody>
</table>

This table shows that teenage pregnancies are also rife in this township.
1.3 OBJECTIVES OF THE STUDY

Specific objectives were to determine:

- whether black primigravida teenagers had information about sex and pregnancy
- feelings and perceptions black primigravida teenagers had about physical changes during their pregnancy. Example: their feelings towards their big breast, abdomen, and so forth
- the emotional feelings black primigravida teenagers had towards their pregnancy. This can be inferred from whether they felt happy, proud, frustrated, angry and so on concerning their pregnancy
- the feelings expressed by society concerning the pregnancy of black primigravida teenagers. This will reveal how parents, boyfriends, peers and entire society as a whole react to their pregnancy
- the moral view taken by black primigravida teenagers of their pregnancy. This will elicit information as to whether they thought of procuring an abortion or not when they discovered that they were pregnant

1.4 SIGNIFICANCE OF THE STUDY

This study was carried out to increase the body of knowledge in relation to black teenagers’ perception of pregnancy. Its findings could be used by members of the multidisciplinary health team in:

- determining health planning policy in relation to community needs
determining policy regarding employment and placement of staff to
deal with teenagers
- conducting health promotion and awareness programmes.

This study will also contribute to the body of knowledge in the development
of special programmes, for example, youth health projects. It will also equip
both current and prospective victims of pregnancy with life skills. This will
help teenagers to develop as persons to maximise their potential in their
striving towards self actualization.

It is hoped that this study will provide the kind of information which will
highlight some of the problems which relate to the perception of pregnancy by
the black teenage primigravida. Thus equipped the teenagers concerned will
perhaps have a more realistic appraisal of their condition.

1.5 DEFINITION OF TERMS

Terms to be defined are:  Pregnancy
Primigravida
Teenager

Pregnancy: Pregnancy is the condition of having a developing
embryo or foetus in the body after union of an ovum
and spermatozoon (Dorland's Illustrated Medical
Pregnancy is the condition of a female after conception until the birth of the baby (Stedman's Medical Dictionary 1990:1251).

Pregnancy is the gestational process, comprising the growth and development within a woman of a new individual from conception through embryonic and foetal periods to birth (Mosby's Medical Nursing Dictionary 1986:914).

Pregnancy is the condition, process or the period when the ovum becomes fertilised by a spermatozoon in the woman. The fertilised ovum eventually develops into a fullterm foetus. This condition, process or period ends at the beginning of labour or birth of a baby.

**Primigravida:** A primigravida is a woman pregnant for the first time (Dorland's Illustrated Medical Dictionary 1988:1354; Beischer and Mackay 1988:4).

In this study, a primigravida is a teenager who has fallen pregnant for the first time.
A teenager is an individual in the period of life beginning with puberty and ending with completed growth and maturity (Stedman’s Medical Dictionary 1990:29).

A teenager is a person during the period of life which begins with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth, roughly from 11 to 19 years of age (Dorland’s Illustrated Medical Dictionary 1988:31).

A teenager is one who is at the stage of development that leads a person from childhood to adulthood (Seifert & Hoffnung 1987:588).

A teenager is an individual in the period of development, between the onset of puberty and adulthood, which usually begins between 11 and 13 years of age, terminating at 18 to 19 years of age with the acquisition of completely developed adult form (Mosby’s Medical Nursing Dictionary 1986:29).

For the purposes of this study a teenager is a female between 10 and 20 years of age. The researcher used this criterion when conducting interviews.
1.6 SCOPE OF THE STUDY

This study was conducted between the 2nd of April 1991 and the 9th of April 1991. It was limited to female teenagers who were pregnant for the first time in their lives and attending antenatal clinics in the Umlazi area of KwaZulu. Convenience sampling was done at the time when the interviewer was at the clinic.

The study was done by choice among teenagers pregnant for the first time since the researcher was particularly interested in the feelings and attitudes of those who were experiencing such a first pregnancy. Convenience sampling was chosen since most pregnant teenagers do not attend antenatal clinics frequently.

1.7 CONCLUSION

In this chapter, an overall picture of the problem of teenage pregnancy has been provided. An introduction to the research carried out in order to elicit the perception of pregnancy by the black teenage primigravida has also been given.

1.8 ORGANISATION OF THE STUDY

This study sets out the facts of the research project as follows:

Chapter 1

An introduction to the study with the problem stated clearly, as well as the objectives, significance of the problem, definition of terms, scope, limitations,
conclusion and organisation of the study.

Chapter 2

Literature review concerning the perception of pregnancy among teenagers, with particular emphasis on black teenagers.

Chapter 3

An outline of the method and procedure followed in conducting the study.

Chapter 4

Analysis of data and presentation.

Chapter 5

Summary, reporting on findings, and conclusions.
CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Before he/she can start to conduct research, the researcher must have studied the information already published in the area of his/her interest. This information base can be obtained through careful examination of the literature published in the field (Brockopp & Tolsma 1989: 122). Research reports on subjects relevant to this study were reviewed.

The review of literature in this study is directed towards information on teenage sexual behaviour and pregnancy, physical, psychosocial and cognitive developmental stages, the attitudes and feelings of teenagers towards pregnancy, and the reaction of boyfriends and parents to teenage pregnancies. The discussion will include the following:

(1) developmental stages of teenagers
   (a) physical development
   (b) psychosocial development
   (c) cognitive development
(2) teenagers' perception of family life, parenthood and the issue of single parents
2.2 DEVELOPMENTAL STAGES OF THE TEENAGER

The teenage stage is a time of "storm and stress", a time when major physical, intellectual and emotional changes create tremendous upsets and crises within the individual and conflict between the individual and society. On the other hand some teenagers experience no more conflict than they do at any other period of their lives. Many teenagers seem to adjust to the changing demands and expectations of parents and society in a smooth and peaceful way (Seifert & Hoffnung 1987:593).

The teenage stage may be divided into 3 phases: young teenage phase (10 to 15 years); middle phase (15 to 17 years); late phase (18 to 19 years).

During the young phase, teenagers tend to experience sex in a depersonalised way filled with anxiety and denial. During the middle phase, they often romanticise sexuality. During the late phase they are to some degree realistic and future-oriented about sexual experiences as well as about their careers and marriage (Santrock 1989:364).
2.2.1 Physical Growth and Development

By physical growth and development we mean the anatomical and physiological changes in teenagers. During this phase there is acceleration of growth. Girls experience this growth spurt between the ages of 9.5 to 14.5 and boys between the ages of 10.5 and 16. Most boys attain their adult height by the age of 18 and girls by the age 14 or 15 (Papilia, Olds & Feldman 1989:347).

The change in teenagers' height is particularly striking. The maximum rate of growth in girls takes place around the age of 11 or 12 about two years later in boys. Weight also increases during the teenage stage. Weight is also influenced by diet, exercise and general lifestyle. Girls begin puberty with slightly more body fat than boys (Seifert & Hoffnung 1987:595).

Rapid maturation including height and weight is called puberty. During this stage the concentration of certain hormones increases dramatically. In boys, the testosterone hormone is associated with the development of external genitals, an increase in height and voice change. In girls, the oestradiol hormone is associated with breast, uterine and skeletal development.

Most noticeable areas of body change in females are the height spurt, menarche (appearance of the first menstrual period), breast growth and pubic hair. Noticeable areas of body change in males are the height spurt, penile growth, testes growth and pubic hair (Santrock 1989:354).
During the teenage stage, enough live sperms are produced in the testes to make reproduction possible. Most boys have their first ejaculation during masturbation or as a nocturnal emission or a waking emission that occurs spontaneously. The sexual changes, including unexpected erections and uncomfortable sexual fantasies and sensations experienced by boys are common sources of embarrassment (Seifert & Hoffnung 1987:598).

The age at which puberty occurs varies across individuals and across groups. It is clear that better nourished children reach sexual maturity before those who are undernourished. The average girl reached menarche at 14, at 13,4 in 1930 and at 12,8 in 1955. In a nationwide 1910 sample of American girls in 1960 the median age of menarche was 12,8 (12,5 for black girls, 12,8 for white) (Darley et al 1984:382-383).

Although in many subcultures menarche is taken as the sign that a girl has become a woman, the early menstrual period does not usually include ovulation. This means that many girls are unable to conceive for 12 to 18 months after menarche; the opposite may also prove true. Therefore after menarche girls should assume that if they have sexual intercourse without contraceptives, they can fall pregnant (Papalia, Olds & Feldman 1989:348).

Teenagers show a great deal of preoccupation with their bodies and develop individual images of what their bodies are like. Surveys of teenagers reveal that those at the young phase are more dissatisfied with their bodies than those
at the late stage. During the phase of dissatisfaction, teenagers must continue
to live with themselves and manage relationships with others too. At this
stage, teenagers find comparisons among their peers very important, as these
comparisons provide an important basis for their evaluation of themselves and
others. (Santrock 1989:354).

It is usually at this stage that the teenager must learn to cope with changes in
herself. If she fails to cope, this may lead to problems such as an unwanted
pregnancy.

2.2.2

**PSYCHOSOCIAL DEVELOPMENT OF THE TEENAGER**

Teenagers experience a stage during which they want to belong and be
accepted. This is peer belonging and conformity. During this stage they also
experience a stage called the heterosexual phase. During this phase they are
attracted to the opposite sex (McDonald 1987:382). It is here that teenagers
need quite a number of coping mechanisms. These are acquired through
learning about values and decision-making skills. They also need to know
about how to handle their feelings towards the opposite sex. Many teenagers
may feel that abstaining from sex is a socially deviant behaviour. Such
pressures, again, may lead to pregnancies.

Conformity itself can be detrimental to the teenager who is over concerned
with conformity to group standards. Once again, the need for emotional
intimacy is likely to result in early sexual experimentation and pregnancy.
Fortunately, as teenagers become more comfortable with themselves and their new social roles, the need for conformity decreases (Magwentshu 1990:36).

Pregnancy in teenagers is not planned or intentional. As a result of certain factors in the lifestyles of teenagers, however, they are simply more at risk than older women. This may be because the parents are preoccupied with the material care of their teenagers rather than teaching them about human sexuality and heterosexual relations (Seabela 1990:45).

Erik Erikson, a psychosocial theorist, emphasises the importance of developing an autonomous integrated identity during the teenage years. One of the stages of development mentioned by him is the one called "identity versus role confusion" occurring during the teenage years.

According to Erikson, a number of negative outcomes may result from the quest for an identity. The teenager may shift from identity to identity without a sense of purpose and may exhibit delinquent, psychotic or other negative forms of behaviour. This is when teenage pregnancy can occur (Darley et al 1984:385-386).

Peer pressure can also be seen as influencing the development of the teenager, and here lies another of the reasons for teenagers becoming sexually permissive. This particular pressure may make teenagers experience no guilt feeling at all for their sexual indulgence.
23

The fact that teenage pregnancy is considered deviant behaviour stems from the role expectations attached to the status of the teenager. The teenage pregnant girls' behaviour is not in accordance with a teenager's role expectations at all. For the unmarried teenage girl is still economically and, at least in part, emotionally dependent upon adults. She is still preparing for personal autonomy which includes being a partner in the marriage relationship (Seabela 1990:24-25).

The pregnant teenager who has not yet completed her own development is frequently subjected to several unfavourable psychosocial hazards. She is usually economically dependent; is forced to interrupt her schooling; and is frequently deserted by her baby's father. She bears a social burden, especially when she is deserted by others of significance to her (Committee on Adolescence 1989:133).

COGNITIVE DEVELOPMENT OF THE TEENAGER

Because of their physical maturation and brain growth, there is a development of advanced reasoning in teenagers. Jean Piaget (a child sociologist) calls this the formal-operational stage. This stage is seen in the milieu in which the teenagers, find themselves for example at home, at school and in the community. But most teenagers focus on the "here and now" and never imagine their being pregnant, even though they may be sexually active. Teenagers always think that "it will happen to someone else but not to me" (Garbarino 1985:89).
According to Piaget, in Franklin (1988:89), teenagers are also experiencing the shift from the concrete to the formal-operational stage of thought. Instances of this are when teenagers will not make use of available contraceptives (unless anticipating sexual encounters), curb impulsive responses, seek out needed information, and apply this information to their own behaviour. One can deduce that, from the cognitive perspective, teenagers who report pregnancy as "accidental" are operating in terms of their own personal world of make-believe. This also demonstrates that most teenagers perceive pregnancy as an "accident".

At this stage of their lives teenagers have a very high sense of egocentrism. As a result, they feel as though they are always "on stage". They move around and about thinking that always there is an "audience" viewing them. This accounts for their desire for privacy and for their fear that everyone will know of their sexual activity and of their use of birth control measures (Franklin 1987:21).

During the decision-making phase, pregnant teenagers often dismiss other options in a perfunctory fashion, without, now that they are pregnant, looking at the reality of life, egocentrism leads to their decision to be heavily swayed by their fantasy of a baby and their imagined life as parents (Urback & Browne 1989:228). This also leads to teenagers having difficulty in planning for the future. They even fail to make decisions on the use of contraceptives, largely because both their cognitive abilities and experience of life are limited.
Piaget also mentions that there is a difference between chance events and those under someone's direct control. Research, for example, by Gordon (1990:350) suggests that understanding notions of chance and probability may be an important factor in sexual risk taking during the teenage years. Most teenagers say "we just had sex a few times, so I did not think I could get pregnant". This demonstrates once again that most pregnant teenagers are ignorant regarding sexuality.

During the concrete thinking stage, the preteenager is rooted in the present and unable to conceptualise, much less plan for, the future. Now, using a contraceptive today to prevent pregnancy in future presupposes the ability to envision that future - a capacity rare, as we have seen, in early teenagers (Blum & Goldhage 1980:338).

Teenagers fall pregnant because they lack the cognitive and behavioral skills necessary to avoid it. They need access to information on which to base decisions and behaviour. They need to perceive, comprehend and store this information accurately. They need to personalise and use information in making effective decisions. Finally they need behavioral skills to be able to implement decisions in social situations (Schinke et al 1979:84).

Inner and outer changes in the minds of teenagers combine to bring about cognitive maturation. Their brain structures are maturing and their social environments are widening, giving them more opportunities for experiment.
Encouragement by their cultural and educational environment helps to bring about this cognitive maturity. (Papalia, Olds & Feldman 1989:361). This then means one thing: that if teenagers can be taught the facts of life, they will be able to understand them.

Teenagers, developmental tendencies may encourage them to take risks while denying the possibility of pregnancy. They may develop complex personal defence mechanisms by virtue of which they feel immune to pregnancy. This goes together with insufficient and inaccurate knowledge of pregnancy risks and of fertility. Some of these girls never find the time to acquire contraceptives, because they feel it is "unromantic". Many teenagers, again, feel that contraceptives are dangerous and harmful. And when teenagers participate in sexual intercourse and do not fall pregnant, they feel that they can continue on and on without worry. In this way they avoid any unpleasant contraceptive practice while awaiting the next occasional or unintended sexual encounter (Corbett & Meyer 1987:75-76).

2.3 TEENAGERS' PERCEPTION OF FAMILY LIFE, PARENTHOOD AND THE ISSUE OF SINGLE PARENTS

The family contributes a great deal to the socialisation of teenagers. Family values, family laws and family regulations influence teenagers as they grow up, especially in the matter of decision making.
With the increase in the number of working mothers and single parent homes, more and more children lack after-school supervision and attention (MacDonald 1987:378). Children have too much time on their own without discipline from a parent. It is not too much to say that such children have more than enough time to get into trouble, even engage in sexual intercourse, and so fall pregnant.

There is an increase in single parent families, especially of divorced parents and of parents who have had children out of wedlock. In such families, especially when there is only one working single parent, there is never enough time spent with the children. This can also allow the teenagers go about exploring and experimenting with their lives, without being aware of the consequences.

According to Franklin (1987:17) the increase in the rate of out of wedlock births corresponds closely to the rise in numbers of single parent families. An important point here could be the fact that the male at home, especially in black families, is associated with authority. In the absence of such an authority figure, therefore, there may be problems in controlling teenagers.

There are enough positive role models for today's African girls not to think that a child out of wedlock will jeopardize their chance of being respected. Most teenagers see unmarried women bearing children and coping well enough often quite comfortably. What is today referred to as "single
"parenthood" has in fact long been part and parcel of African community life (Preston-Whyte & Zondi 1989:54).

The process of Westernisation and the urbanisation of blacks in South Africa have also contributed something to the influences upon the sexual lives of blacks. As a result of influx control legislation, and the housing conditions laid down by the black township administrations for migrant workers, it is not always possible for men or workers to take their families along to live with them in the urban industrial areas. It follows that these men establish new relationships with other women when they are in an urban area. In this way a lot of teenage pregnancies occur (Seabela 1990:79). This also leaves the original home without a man as head of the household. The findings of Curtis, Lawrence and Tripp (1988:375), reveal that the parents of the researchers' study group were significantly more likely to be divorced, the mothers to have married when they were under 21 years of age, and the first child in the family to have been conceived before marriage.

It is also probable that girls who grow up and see their sisters become teenage parents are more likely to accept single parenthood as a way to achieve adult status (Hogan & Kitagawa 1990:825).

The family context plays a significant role in how soon a girl begins to engage in sex. Women who become sexually active early, or those who become pregnant when they are teenagers, are more likely to have daughters who start
having sexual intercourse early and become pregnant as teenagers (Davis 1989:670).

2.4

INFORMATION ABOUT SEX AND PREGNANCY

O'Mahony (1987:772) conducted a study in Libode, Transkei where he interviewed thirty (30) schoolgirls in an attempt to determine the factors predisposing girls to pregnancy. He found that friends constituted the main source of advice and information on sexual matters. Twenty discussed this information with friends. Only seven discussed the risk of pregnancy; and only three discussed contraceptives, their use, availability, types or even existence.

Teenagers have learnt that parents are repressive on sexual issues. This suggests that parents are not an effective source of information and that peers would be more likely to serve as a source (Magwentshu 1990:42). This is particularly so because most teenagers question the authority of their parents and conform to the opinions of their peers. Other sources of information may be books, the media, magazines, brothers and sisters and the community in general.

Findings from a study by Craig and Richter-Strydom, (1983:452) on factors associated with unplanned pregnancies among 212 girls showed a widespread ignorance of contraception as well as negative attitudes to most forms of it. Young girls saw "Family Planning" as existing principally for families not for
teenagers. Furthermore 31% of the respondents in this study understood the relationships between menstruation, sexual intercourse, fertility and conception. The few that had information normally obtained it from female friends.

Attitudes to the use of contraceptives quite naturally constitute a factor associated with early pregnancy. Research studies conducted on low-income black teenagers in the United States of America have revealed that such teenagers have more than average negative attitudes to birth control. They consequently use contraceptives less effectively than do white girls. In other black females who have been exposed to sex education some use of contraception has been found (Franklin 1988:343).

Van Regen Mortel (1977:204) states that out of 100 respondents he interviewed, all stated that they had heard of contraception. However 77% stated that they did not know of contraception prior to their pregnancy. Out of this 77%, 47 had been informed for the first time about contraception following confinement, 20 were informed at the clinic during pregnancy and 10 by their mothers, an older sister or a relative during pregnancy.

PERCEPTION OF PREGNANCY BY TEENAGERS

According to the literature consulted on the attitude of teenagers to pregnancy, most teenagers reveal a negative attitude. Indeed they do fall pregnant; but when asked about their attitude to it, they display unfavourable attitudes and
even in conversation are unhappy about it. On the impact of pregnancy, Stanhope and Lancaster (1988:460) suggest that the teenager responds to her fate with a wide variety of emotions. Initial feelings may include denial, fear, calm, anger, depression and even happiness. Others have fallen pregnant as a sign of rebellion against their parents. Others have viewed pregnancy as a means of leaving a stressful home situation or keeping a boyfriend.

In Los Angeles an exploratory descriptive study was done on pregnant teenagers. The purpose of the study was to explore and describe perceptions of pregnancy among teenagers from white, black, hispanic, and Pacific Asian communities.

A convenience sample of 59 pregnant teenagers was drawn from a total population of teenagers enrolled in a "pregnant minor programme" within school districts in Los Angeles county and in the State of Hawaii. Samples consisted of pregnant teenagers between 13 and 18 years of age. Of these 59 pregnant teenagers, 10 were white, 19 black, and 10 Hispanics or Mexican. In Hawaii, all the respondents listed a variety of cultural backgrounds, all with some Asian influence: "part Hawaiian, part Korean or Chinese, Japanese, Filipino or Hawaiian".

The instrument used for the collection of data was a questionnaire. Informed consents were signed by the students. This was done with the cooperation of the department of health in Los Angeles.
Many respondents came up with very direct reactions:

"I was afraid and very lonely"

"My parents will kill me"

"This is great, I'm going to be a mother"

"I miss my tight pants and high heels"

Relationships with parents were perceived as altered by pregnancy.

The findings of this study revealed that black teenagers were pleased with their pregnancies and felt little disruption in their lives except for changes within their body. They expressed few feelings of guilt and felt they had strong family support. Hispanics expressed feelings consistent with a high regard for motherhood. Whites also showed some similarity in the way they perceived pregnancy. The fact that they were sent away from home in disgrace was a reflection of the strength of their parents' attitudes. An analysis of subjects' responses by a cultural context reveals a great similarity in the reactions of girls from the same cultural background, though there were no real stereotypes (Speraw 1987:185-193).

The pregnant teenager may have anxiety, but she will not show it or even feel anxious. She might be depressed and/or "mask" the depression in some physical disturbance that might affect the course of her pregnancy.

Some teenagers feel that pregnancy will enable them to get back their dolls to
play with (Semmens & Lemers 1968:14). This shows that many teenagers never think of pregnancy as a serious occurrence in their lives. They look at pregnancy as a process of allowing them to acquire their very own dolls. The baby is not looked upon as a human being but as a doll to play with.

Gillis (1990:21) states that there is evidence that teenagers are particularly unprepared for it all. They conceptualise the baby as an object, not as a living being, and do not think of themselves as mothers. They react by massive denial and hide their pregnancy until very late.

Teenagers who have been emotionally deprived and are unrealistically seeking gratification and fulfilment in a child of their own, are at great risk by opting for single parenthood. The baby is looked upon as someone who loves them. Here motherhood is taken as a "receiving" and not as a "giving" role (Greathead 1988:20).

Van Regen Mortel (1977:205) points out that in his findings, from 100 respondents who were asked for their reactions when they learned that they were pregnant, 51% stated that they felt sorry for themselves; 40% said that they had accepted pregnancy as there was nothing they could do about it; and 9% said that their partners were pleased when they heard that they were pregnant.

According to findings by Dash (1986:173), the researcher met two girls while
conducting interviews who said that they decided to fall pregnant because they were afraid they could not have children. Another said she fell pregnant because peers and relatives said that she was barren because she was a virgin: she became pregnant because she wished to prove to them that she was fertile.

In instances such as this, pregnancy is seen as an excuse to life and a proving of certain points to certain people. This is also seen elsewhere in the same study where a teenager said she had always suffered low self-esteem because of her dark-skinned complexion. She therefore started a sexual relationship with a light-skinned boy so that she would acquire prestige in the Washington Highlands Community, and decided to have his baby so that he would always be hers.

The current state of premarital sexual activity among black teenagers today is the result of a long process of sociocultural change. The organisation of black communities and the sociocultural climate in which teenagers live would seem to be responsible for their attitudes, values and practices in the sexual sphere. These influences would also seem to account for their attitudes to pregnancy (Seabela 1990:84).

According to Repke (1990:1152), teenagers perceive pregnancy as a way to attempt to gain respect from society; or a way to attempt to replace a loss in their lives and perhaps being a failure at school; or they may even see it as a response to stress in their life and time.
FEELINGS OF TEENAGERS ABOUT PREGNANCY

Most teenagers experience a variety of feelings within themselves when pregnant. Their feelings range from being lonely, unhappy, proud, frustrated, happy or even "great". Diiorio and Riley (1988:111-113) say that loneliness, a painful frightening and undesirable experience, is prevalent among pregnant teenagers. This study also revealed that pregnant teenagers display less ego identity than their nonpregnant counterparts.

Koniak-Griffin (1987:217-273) conducted a study of primiparous teenagers in Los Angeles County where he was checking their self-esteem in order to evaluate their feelings concerning their own worth. Higher scores reflected greater self-esteem. This demonstrates that though teenagers may be pregnant, they may still cherish a high self-esteem.

Pregnant teenagers in the Young Mothers Programme at Yale-New Haven Hospital agreed to discuss their feelings about pregnancy. One third of the group acknowledged that they had considered procuring an abortion, because they were scared of raising the child as a result of being too young to have a baby. Others expressed themselves by saying: "I was so frightened, I didn't know what to do". The rest of the group actively voiced opposition to abortion. When they were asked about being pregnant, one said: "It was best, because a person is treated like a baby when pregnant". They also identified difficulties such as physical discomfort during pregnancy. One third expressed loss because they could not participate in sport or social activities.
They said they missed the company of friends. Almost half the group did not think that having a baby would ever change the plans they had for school, careers and marriage. Others wanted to stay at home anyway (Corbet & Meyer 1987:268-271).

Most pregnant teenagers feel they are too young to fall pregnant. Studies also reveal that they have mixed feelings about themselves and of 104 pregnant teenagers in the South-western United States, 66% felt they were too young to fall pregnant (Smith et al 1982:91).

Rockey (1986:17) states that most teenagers have a feeling of denial when pregnant. This explains why so many teenagers go for medical care only at a late stage of pregnancy. They have a tendency to become very energetic, with frequently bizarre behaviour so as to direct attention away from their pregnancy.

Another study to determine the attitude of pregnant teenagers to pregnancy was carried out in the Eastern Transvaal by Dlamini and McKenzie (1991:28). Of 50 girls, 92% were frustrated and unhappy, and only 8% were happy at their pregnancy.
2.7 REACTION OF PARENTS, PEERS, BOYFRIENDS AND THE COMMUNITY TO TEENAGE PREGNANCY

2.7.1 Parent Reaction

Many parents, mothers in particular, find themselves in a dilemma concerning the pregnancy of their teenagers. When pregnancy runs its course in their own home, most mothers realise that, however disappointing, it does not mean that their daughters have no hope of achieving respectability, education or marriage. Falling pregnant by their teenagers is thus sometimes filled with ambiguity and emotional conflict (Preston-Whyte & Zondi 1989:54).

Simms and Smith (1986:15) state that (according to their study) both parents initially had mixed feelings about the pregnancy of their daughter. Mothers were upset. Fathers would not speak to their pregnant teenage daughters at all.

Some parents react in a different manner. A white middle-class mother of a pregnant teenager described her daughter's pregnancy as a tragedy which devastated the family and "nearly killed" her and her husband. If her daughter were to keep the baby it would "ruin" her life and future. This mother clearly saw pregnancy as a grave threat to the future of her daughter (Gabriel & McAnarney 1983:604).
Boyfriends' Reaction

Boyfriends also have different reactions to the pregnancy of their girlfriends. Many young fathers are reluctant to reveal themselves to members of the health care system. In their minds, this might be linked to the welfare system. Some boyfriends develop a feeling of failure if they cannot manage to find money, such as money for the pregnant teenage girl to attend the clinic. This feeling may contribute to his waning involvement, and it may be linked to feelings (and behavioral manifestations) of depression in the young father (Corbett & Meyers 1987:237-238).

Peers' reaction

The continuing relationship of a pregnant teenager with her peers depend upon the peers' perception of teenage pregnancy. In some groups, pregnancy may increase a sense of support. Other peers display this openly by attending the prenatal clinic with their pregnant friend. Nonpregnant peers also purchase gifts for the baby or give baby showers for their pregnant friend. Others provide support during labour and delivery (Corbett & Meyers 1987:107).

Findings by Preston-Whyte and Zondi (1989:20) are that peers were upset or surprised at their friends' pregnancies. Teenagers still retained their established circle of friends.

Reaction by the community

Black teenagers are not thrown out of the family if they fall pregnant.
all their distress, these teenagers are accepted and stay within their own families (Preston-Whyte & Zondi 1989:34).

Pregnant teenagers, it is important to remember, have role models in the community. Most of the successful and respected African women in the community have not married but had their children as teenagers. So to be a teenager and have a child certainly does not blight one's future in such a community (Preston-Whyte & Zondi 1989:53).

CONCLUSION

The literature shows how teenagers react to their pregnancy, establishing that they perceive it either in a negative or positive way. The gap between expectations and realities during pregnancy appears to be very great for, when it happens to the teenager, pregnancy turns out to be not all what she was expecting.

Pregnancy and parenthood do not turn teenagers into mature and responsible adults. Their expectations during pregnancy, in fact, leave these teenagers even more in need of help. Those providing health care must begin where the pregnant teenagers are with the situation as it is and attend to the reality of what really awaits these young girls.
3.1 INTRODUCTION

In this chapter, the researcher describes the steps taken to collect and analyze data, together with the instrument, its preparation and its administration. The sample and the analysis of data will also be discussed.

3.2 RESEARCH METHOD

Research method refers to the steps, procedures and strategies for gathering and analyzing the data in a research investigation (Polit & Hungler 1987:532).

What was conducted was an exploratory study. According to Polit and Hungler (1987:18), an exploratory study focuses on a phenomenon of interest and pursues the general question: What factor or factors influence, affect, cause or relate to that phenomenon. An exploratory study tries to identify important relationships. Polit and Hungler continue that, by saying in an exploratory study, the investigator may be curious and desire a richer understanding of the phenomenon of interest. In this study, research focuses on the perception of pregnancy by the black primigravida teenager.
3.3 DATA COLLECTION TECHNIQUE

Data was collected through interviews. An interview is a method of data collection in which an interviewer asks questions of the respondent, either face to face or by telephone (Seaman 1987:288). Looking at this technique more closely, interviews depend on the respondents' verbal report concerning experiences, perceptions, preferences, feelings and attitudes which may be relevant to the study question (Wilson 1989:436).

3.3.1 Why interviews were selected

Interviews were selected for data collection for the advantages:

* A higher proportion of responses are obtained from potential respondents.

* The method is flexible - objections can be answered and rapport established so that respondents are able, or more willing, to respond and cooperate.

* The interviewer is present to observe exactly what takes place.

* Interviews are a suitable technique for revealing facts about complex emotional reactions.

* The interviewees are able to expand on their responses.
3.3.2 Disadvantages of interviews

* Interviews are costly.

* The interviewer can easily influence the interviewee (there might be bias).

* Interviews are time consuming.

* The interviewee has little or no choice in the date or place set for an interview.

* In a large research project the director may need to hire interviewers, and suitable persons may not be available (Treece & Treece 1986:299-300).

3.4 PERMISSION FOR THE RESEARCH STUDY

Permission was obtained from the Director of Nursing Services in collaboration with the Secretary for Health for the Department of Health in KwaZulu. This was necessary because, though Umlazi Township is in the greater Durban area, it falls under KwaZulu government. Written permission was then obtained from the Prince Mshiyeni Memorial Hospital Nursing...
Service Manager for Community Services. This permission was given in writing so that it could be produced when working on the project with the Senior Professional Nurses of the Antenatal clinics in the township. (See Annexure B)

3.5. THE POPULATION

The population is the total group that meets the criteria to be researched and is often referred to as the universe or target population (Wilson 1989:256).

The population used in this study consisted of the black pregnant primigravida teenagers of Umlazi township making use of antenatal services.

The following are the approximate numbers of the monthly attendances for the clinics at Umlazi township. (See Table 3.1)

Table 3.1: Monthly attendance of pregnant black teenagers at Umlazi Township antenatal clinics in 1991

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>MONTHLY ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>D Section</td>
<td>100</td>
</tr>
<tr>
<td>H Section</td>
<td>120</td>
</tr>
<tr>
<td>Q Section</td>
<td>80</td>
</tr>
<tr>
<td>U Section</td>
<td>160</td>
</tr>
<tr>
<td>TOTAL</td>
<td>620</td>
</tr>
</tbody>
</table>

The mother hospital, Prince Mshiyeni, has an attendance of about 120 monthly. This makes an overall total of (620 + 120) 740 pregnant teenagers.
These pregnant teenagers may be coming either for their first visit or for a repeat visit.

3.5.1 Sample and sampling technique/method

A sample is a subset of cases drawn from the target or accessible population (Seaman 1987:234).

The convenience sampling method was chosen. Sampling is the selection of study subjects from the target population under study (Seaman 1987:112); convenience sampling permits the use of any available group of research subjects (Wilson 1989:260). In this study, the researcher interviewed the pregnant teenagers that who attended the clinic on the day of her visit.

3.5.2 Reason for selecting a convenience sample

According to Polit and Hungler (1987:210), accidental samples are not necessarily composed of individuals known to the researchers, so bias is excluded.

3.6 RESEARCH INSTRUMENT

The instrument used was a structured interview schedule. According to Treece and Treece (1982:247), an interview schedule is a questionnaire that is read to the respondent.
3.6.1 Interview schedule

An interview schedule is a written form, constructed with some attention to instructions and questions that are to be used for the questionnaire (Seaman 1987:288).

3.6.1.1 Development of the schedule

This interview schedule was developed by the researcher. Discussions were held with people who had drawn up interview schedules themselves. The literature was also consulted as to how to develop an interview schedule.

Coher & Rose in Magwentshu (1990:92) recommend the strategy of adopting other, previously utilised, measures rather than developing a completely new survey. Adopting this advice, the research report written by Speraw (1987:180-200) formed the basis of some of the items in the interview schedule used by the researcher.

The interview schedule was then fully developed by the researcher and sent to the supervisor who made changes where necessary. It was corrected, returned to the researcher, and then went back to the supervisor.

3.6.1.2 Final preparation

Finally, the interview schedule was accepted by the supervisor, with recommendations for changes to some of the subsections and subheadings. These were effected after telephonic discussion with the supervisor.
3.6.1.3 The design of the schedule

The design comprised 62 items both open-ended and closed-ended questions.

It had six (6) sections

Section 1 - Demographic information

This section only had 3 items which elicited information regarding age, standard of education, and the person or persons with whom the teenager was living.

Section 2 - Information about sex and pregnancy

This consisted of 14 items. Here the questions concerned the information possessed by the teenager regarding sexuality.

Section 3 - Physical appearance perception during pregnancy

This consisted of 10 items. This part was concerned with the physical appearance of the teenager and what her attitude and feelings were when looking at the physical changes in her body.

Section 4 - Effect of pregnancy on emotions

This comprised 5 items. One item had an 8 semantic differential question.
Here the questions were concerned with the emotional effects of pregnancy.

**Section 5 - Impact of pregnancy on the societal network**

This section comprised 17 items. Here the questions were concerned with significant reactions by parents, friends, peers, boyfriend, members of the family and the community to the respondent's pregnancy.

**Section 6 - Moral view perception**

This was the last section and consisted of 13 items. This section was concerned with the moral aspects of pregnancy as perceived by the respondent. It included questions to discover the teenager's attitudes to abortion, marriage, premarital sex and so forth.

### Pretesting

Before the actual administration of the instrument, it was pretested. A pretest is the collection of data prior to the experimental intervention and is sometimes referred to as baseline data (Polit & Hungler 1987:534). Pretesting was done by selecting black primigravida teenagers at Umtata General Hospital Antenatal Clinic. Ten pregnant teenagers were interviewed. This pretest was conducted on the 5th of December 1990. Both face and content validity were established. Validity is the degree to which an instrument measures what it is supposed to be measuring (Cormack 1991:45). In this
study the instrument was given to experienced researchers to check for face validity before it was administered to the subjects. Item analysis was performed to establish content validity.

According to Wilson (1989:356), face validity is an assumption, "a non-statistical assessment of logical tie between the elements or items of an instrument and its purpose". Content validity is a rigorous assessment based on quantitative evidence.

Reliability was also tested. Reliability refers to the degree of consistency with which the instrument measures the attribute it is supposed to be measuring (Cormack 1991:44). In this study, the reliability of the instrument was ensured by the fact that the respondents who participated in the pretest had the same characteristics as did participants in the principal study: they were also pregnant black teenagers.

The group used for pretesting was excluded from the main study. The principal study was conducted at Umlazi township in Durban.

3.6.2 Data gathering

Data refers to the items of information obtained in the course of a study (Polit and Hungler 1987:528).

Mouton and Marais (1990:194) concisely express the demand that the
researcher report on methods and techniques of data collection, time of execution of the project, events during collection of data, and controls used to ensure that the process of data collection yielded reliable data.

This we now do.

### 3.6.2.1 Venue for conducting interviews

The interviews were conducted at the clinics. A quiet room was arranged by the researcher in consultation with the Senior Professional Nurses.

The researcher conducted interviews dressed in her casual clothes. Polit and Hungler (1989:240) state that it is the primary task of the interviewer to put the respondents at ease so that they feel comfortable in expressing their honest opinions. They continue by saying that interviewers must be neat, courteous and friendly. The researcher conformed, dressing in a youthful manner since the respondents were teenagers.

### 3.6.2.2 Time spent on interviews

The researcher spent one entire week of her vacation carrying out these interviews starting interviews on the 2nd of April 1991 and finishing on the 9th April 1991. Each interview schedule took between 15 and 20 minutes for completion.

From 6 clinics, 116 pregnant teenagers were interviewed, about 15 teenagers
from each clinic. These were the pregnant teenagers who attended the clinic on the day of the visit. All 116 interview schedules were completed, constituting a 100% response. Polit and Hungler (1989:241) say that probing in an interview may elicit more useful information: hence the 100% response received by the researcher. Initially respondents would be shy; but as the interview continued, (with more probing questions) they loosened up and expressed themselves well and freely. Culturally, blacks take time to establish rapport and trust with an interviewer.

3.6.3 Ethical considerations

The aim of the research study was explained to the participants. As Mouton and Marais (1990:92) mention, respondents tend to be reluctant to supply information to interviewers on sensitive matters, as they regard this as invasion of privacy. For the study under consideration, respondents were assured that their names and addresses were not going to be taken, not even their area of origin.

In this way, and after full explanation, the researcher obtained the respondents' informed consent. The protection of the rights of patients, informed consent, freedom to withdraw or refrain from participation, and full explanation of any risks involved in the study are major points to be considered (Treece and Treece 1986:40).

Confidentiality was also assured. Respondents were told that their responses
would not be divulged to anyone. Polit and Hungler (1989:23) state that confidentiality means that the researcher promises that information divulged by participants will not be publicly reported as coming from this person or that.

3.6.4 Coding of completed interview schedules

The items were given code numbers. Since circles were used for the responses, it was easy to identify the answers. The coded responses were transferred to the computer for analysis.

3.7 PLANNING FOR ANALYSIS OF DATA

The purpose of analysis in quantitative research is to organise the description of observations in such a way that it becomes manageable. Description is balanced by analysis and leads to interpretation (Mouton and Marais 1990:215).

When the data had been collected, it was coded and put into the computer using the SAS programme. Percentages and frequencies were computed. Data came out in the form of tables and graphs which will appear in the chapter devoted to analysis of data.

Open-ended questions were manually sorted. Manual analysis involves a thorough review of all the recorded information the researcher has documented in the course of data collection. The researcher must identify
categories of greater priority (Brockopp & Tolsma 1989:291). In this study categories of greater priority were identified in sections that dealt with feelings, perceptions, and reactions of pregnant teenagers.

3.8 CONCLUSION

In this chapter the research methodology was described. All the data received was checked, categorised and interpreted. Data will be analyzed in the following chapter, chapter 4.
CHAPTER FOUR

ANALYSIS OF DATA

4.1 INTRODUCTION

In this chapter, the information obtained from respondents in the sample is presented and analyzed. The interview schedule consists of 6 sections:

Section | A | Demographic information
        | B | Information concerning sex and pregnancy
        | C | Physical aspect of respondents' perception of pregnancy
        | D | Emotional aspect of respondents' perception of pregnancy
        | E | Social aspect of respondents' perception of pregnancy
        | F | Moral view of pregnancy

The main parts are sections B, C, D, E and F.

Data will be presented mostly in tables and in diagrams. From respondents' answers to most of the open-ended questions, excerpts only are given.

Analysis will be presented section by section.
4.2 SECTION A - DEMOGRAPHIC INFORMATION

The procedure and methods followed in selecting the sample was discussed in chapter 3. The composition of the sample in terms of age, standard of education, and the person or persons with whom the teenagers are living is given below.

4.2.1 Variable 1: Age of pregnant teenagers

Table 4.1 Age of Pregnant Teenagers Interviewed

\[ n = 116 \]

<table>
<thead>
<tr>
<th>AGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 17</td>
<td>25</td>
<td>21,6</td>
</tr>
<tr>
<td>18 - 20</td>
<td>91</td>
<td>78,4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>

There were no respondents between the ages of 10 and 14. The respondents were only between 15 and 20 years of age. This is an indication that, judging by the respondents in the Umlazi Clinics visited by the researcher there were no pregnant teenagers between the ages of 10 and 14.
4.2.2 Variable 2: Standard of education of pregnant teenagers

Figure 4.1 Standard of education of pregnant teenagers interviewed

*n* = 116

FREQUENCY DISTRIBUTION:

Figure 4.1 indicates the frequency distribution of the standard of education of respondents. The frequency for Lower Primary School was 6 (5%); Higher Primary School = 26 (22%); Standards 7-8 = 45 (39%); Standards 9-10 = 32 (28%); post Standard 10 = 7 (6%).
NB. In Umlazi, Lower Primary is from the first year at school to Standard 2 (Standard 2 included). Higher Primary is from Standard 3 to Standard 6.

The figures indicate that the highest frequency was obtained at Standards 7-8. The lowest frequency, 7, was at Lower Primary School and at post Standard 10 level.

4.2.3 Variable 3: Indication of whom the pregnant teenagers lived with

Teenagers had to indicate with whom they were living at the time they fell pregnant. Those who were living with both parents numbered 35 (30%); with mothers only = 54 (47%); with fathers = 2 (6%); with any other relative = 6 (5%); with a guardian = 7 (6%); with a boyfriend = 3 (3%); those with any other person = 3 (3%) (see table 4.2).

It appears from the above figures that most teenagers were staying with their mothers at the time they fell pregnant. This compares well with the findings by Preston-Whyte (1989:18) which showed that of 100 Coloured teenagers attending the antenatal clinic at Tygerberg hospital, 73,7% were living with unmarried mothers.

Table 4.2 shows with whom the Umlazi teenage respondents were living when they fell pregnant.
Table 4.2: Indication of whom the pregnant teenager lived with

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents</td>
<td>35</td>
<td>30,2</td>
</tr>
<tr>
<td>Mother</td>
<td>54</td>
<td>46,6</td>
</tr>
<tr>
<td>Father</td>
<td>2</td>
<td>1,7</td>
</tr>
<tr>
<td>Sister</td>
<td>6</td>
<td>5,2</td>
</tr>
<tr>
<td>Relative</td>
<td>6</td>
<td>5,2</td>
</tr>
<tr>
<td>Guardian</td>
<td>7</td>
<td>6,0</td>
</tr>
<tr>
<td>Boy friend</td>
<td>3</td>
<td>2,6</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2,6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.3  **SECTION B: INFORMATION ABOUT SEX AND PREGNANCY**

This section dealt with information concerning sex and pregnancy. Knowledge was measured by "true" or "false" items. Some questions would also elicit the source of respondent's information or knowledge.

4.3.1 **Variable 4 : Information about contraceptives**

This supplies data on the numbers of teenagers with or without information about contraceptives before pregnancy. It appeared that 69 (59%) had no information about contraceptives. Only 47 (41%) had information about contraceptives.

Those teenagers who responded by saying "Yes" to the question (whether they had, or did not have, information about contraceptives), were then asked about
the source of their information. The table below indicates the source of this information.

4.3.2 Variable 5: Source of information about contraceptives

Table 4.3 Source of information about contraceptives

\[ n = 116 \]

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>69</td>
<td>59.5</td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Friend</td>
<td>25</td>
<td>21.6</td>
</tr>
<tr>
<td>Nurse</td>
<td>4</td>
<td>3.4</td>
</tr>
<tr>
<td>Clinic</td>
<td>5</td>
<td>4.3</td>
</tr>
<tr>
<td>Magazine</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Sister</td>
<td>8</td>
<td>6.9</td>
</tr>
<tr>
<td>School</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>

From the above table it appears that 22% (25) teenagers obtained their information from friends. Only one teenager got the information from her father, one from a magazine, and another one from school. This supports O'Mahony (1987:772) who discovered that friends constituted the main source of advice and information on sexual relations, pregnancy and contraceptives.
Variable 6: Information on whether teenagers were on contraceptives before falling pregnant

When they were asked whether they were on any contraceptives before they fell pregnant, one (0.9\%) out of 116 did not respond; 103 (88.8\%) responded negatively; only 12 (10.3\%) responded positively.

NB: This indicates that even though 48 respondents had information on contraception only 12 were actually using contraception.

Variable 7: Contraceptive method used

From 12 respondents who were on contraceptives before falling pregnant, the following methods were mentioned: Pill - 4 (33.3\%); Nuristerate - 1 (8.3\%); Depo-Provera - 2 (16.6\%); interfemoral method - 5 (41.6\%). There was also an indication of 4 teenagers (33.3\%) who made use of a safe method. Respondents who did not indicate that they were on a method were 100 in number. (See table 4.4)
Table 4.4: Indications from pregnant teenagers concerning the method of contraception they used

\[ n = 116 \]

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>100</td>
<td>86,2</td>
</tr>
<tr>
<td>Pill</td>
<td>4</td>
<td>3,4</td>
</tr>
<tr>
<td>Injection/Depo</td>
<td>2</td>
<td>1,7</td>
</tr>
<tr>
<td>Nuristerate</td>
<td>1</td>
<td>0,9</td>
</tr>
<tr>
<td>Safe period</td>
<td>4</td>
<td>3,4</td>
</tr>
<tr>
<td>Interfemoral</td>
<td>5</td>
<td>4,3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.3.5 Variable 8: Time interval on which the pill was taken

Respondents who indicated that they were using oral contraceptives also had to say how often they took the pill. Only 3 out of 4 (75%) took the pill daily.

4.3.6 Variable 9: Knowledge of side effects

Pregnant teenagers were further asked whether they knew anything about the side effects of contraceptives. This was a "yes/no" question. Out of 116 respondents, only 28 (24%) knew about such side effects.

4.3.7 Variable 10: Side effects known

After the above question concerning side effects, another question (which was a continuation) was asked in order to determine with which side effects were these pregnant teenagers familiar. Some of the answers to this question were
as follows:
- weight gain
- vaginal discharge
- excessive bleeding during menstruation
- sterility
- stoppage of menstruation

4.3.8 Variable 11: Indication of whether teenagers were having sex for the first time

Another "yes/no" question was asked: Were you having sex for the first time when you fell pregnant? Out of 116 respondents, 56 (48%) responded positively and 60 (52%) responded negatively.

4.3.9 Variable 12: Information about unprotected sex

Pregnant teenagers who indicated "No" to the previous question were asked to indicate whether they knew that unprotected sex could lead to pregnancy. (From the responses it was clear that 60 (52%) had previous sex experience.) Seventy two teenagers (62%) knew that unprotected sex could lead to pregnancy.

4.3.10 Variable 13: Reasons for engaging in sex

Pregnant teenagers gave a lot of reasons for engaging in sex. A few excerpts show how they expressed themselves.
"I did not know that I will fall pregnant"

"I did not expect that I will fall pregnant as I was having sex for the first time"

"I did not intend having sex"

"I love him and I wanted to prove to him that I love him"

"I made a mistake and I regret"

"I wanted a baby"

"I was forced by my boyfriend who even hit me to have sex with him"

"I was deceived by my boyfriend saying he was using contraceptives"

"I was risking - taking a chance"

"My boyfriend wanted a baby"

Findings by (Gordon 1990:350) were similar to those above. Gordon states that teenagers are often surprised when pregnancy occurs after unprotected sexual intercourse.

4.3.11 Variable 14: Information concerning pregnancy and childbirth

Pregnant teenagers were also asked whether they had any information on pregnancy and childbirth. Teenagers who had information on pregnancy were 26 in number (22%). Ninety (78%) had no information on pregnancy.

4.3.12 Variable 15: Information concerning childbirth

Pregnant teenagers who had information on childbirth were only 18 (15.5%). Ninety-six (82.8%) had no information on childbirth.
Those teenagers who responded positively to the question concerning information on childbirth were then asked about the source of their information. Table 4.5 indicates their responses.

4.3.13 Variable 16: Source of information

Table 4.5: Indications of where information was obtained about pregnancy

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>84</td>
<td>72.4</td>
</tr>
<tr>
<td>Mother</td>
<td>5</td>
<td>4.3</td>
</tr>
<tr>
<td>Father</td>
<td>3</td>
<td>2.6</td>
</tr>
<tr>
<td>Friend</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Nurse</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Clinic</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Magazine</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Sister</td>
<td>7</td>
<td>6.0</td>
</tr>
<tr>
<td>School</td>
<td>8</td>
<td>6.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>

4.3.14 Variable 17: The help of health education talks to pregnant teenagers

When pregnant teenagers were asked if health education talks given at the clinic were of any help to them, 103 (88.8%) indicated positively. Only 12 (10.3%) said that these health education talks were of no help to them. No reasons were given for these answers. One teenager (0.9%) did not respond.
SECTION C: PHYSICAL ASPECT OF THE PERCEPTION OF PREGNANCY

This deals with how the teenagers perceived pregnancy, especially its discovery and nature and the changes it brought about in their physical appearance.

4.4.1 Variable 18: How teenagers discovered that they were pregnant

The following responses were obtained when teenagers were asked how they discovered that they were pregnant:

\[ n = 116 \]

Eighty-eight (75.9\%) said that they missed periods.

Ten (8.6\%) discovered through the traditional signs and symptoms.

Thirteen (11.2\%) said that their pregnancies were discovered by a medical doctor.

Two (1.7\%) were told by their mothers, who suspected pregnancy.

One (0.8\%) was told by her friend.

One (0.8\%) was told by the boyfriend.

4.4.2 Variable 19: Physical discomfort

A "yes/no" question was asked to determine whether pregnant teenagers experienced any physical discomfort. Of 116 respondents, 23 (19.8\%) experienced physical discomfort; and 93 (80.2\%) did not experience any physical discomfort.
Variable 20: Feelings regarding physical changes

Pregnant teenagers were asked about their feelings concerning their big breasts, big abdomen and the fact that they were not menstruating. Some teenagers expressed themselves as follows:

"I do not like it"

"I am feeling bad about big breast"

"I am disappointed"

"I do not have self confidence anymore"

"I do not care, as it is the right thing to happen"

"I am scared of myself"

"I look funny, like a fool"

"I am happy not to be menstruating because I hate menstruation"

It appears from the analyzed data that most teenagers did not enjoy seeing the physical changes in their bodies.

These findings are comparable with those of Speraw (1987:190) who mentioned that, of 59 pregnant teenagers, 53% expressed concern about body images: these 53% did not enjoy the changes taking place in their bodies as a result of pregnancy.

Variable 21: Experience of morning sickness

A "yes/no" question was asked. Of 116 respondents, 23 (19,8%) experienced morning sickness as opposed to 93 (80,2%) who did not experience morning
sickness.

4.4.5 Variable 22: Reaction to morning sickness

Those who responded to the previous question with a "Yes" were asked what their reactions were to their morning sickness. Nine of the 23 (39.1%) teenagers mentioned that they usually vomited and obtained relief; seven of the 23 (30.4%) said that they did nothing; one (4.3%) was not worried; 2 (8.6%) were unhappy; with two (8.6%), the condition improved as the day went by; and the last two (8.6%) said that they used to visit a doctor.

4.4.6 Variable 23: Wearing of maternity dresses

Another "yes/no" question was asked to discover whether the respondents enjoyed wearing maternity dresses. Of the 116, 88 (76%) responded negatively and 28 (24%) responded positively.

4.4.7 Variable 24: Explanation concerning maternity dresses

On the question of maternity dresses the teenagers were asked in an open-ended question to express themselves further. These were some of the responses:

"I enjoy it only for now as I am free in it."

"I miss my tight pants and my other fashionable dresses."

"I do not like it as I am young for it."

"It attracts people's attention to me."
"I enjoy it as other dresses are tight on me."

"I do not like it."

"I look like an old lady."

Some of these responses correlate with Speraw’s (1987:185-193) findings. Speraw reported replies such as: "I miss my tight pants".

4.4.8 Variable 25: Information on appetite

A "yes/no" question was asked to determine whether teenagers had a good appetite or not during pregnancy. Only 22 (19%) teenagers of the 116 did not have good appetite as opposed to the 94 (81%) who had a good appetite.

4.4.9 Variable 26: Explanation of poor appetite

The 22 respondents who did not have a good appetite, were asked to explain why this was so. The following were some of their responses:

"I do not like food generally."

"I feel like vomiting after eating."

"I do not know why."

"I do not like onion."

4.4.10 Variable 27: Satisfaction from foetal movements

Respondents were also asked whether they got satisfaction from knowing that the baby was alive from the foetal movements they experienced. It appeared
that 111 (96.5%) teenagers were satisfied that their babies were alive. No response was received from one. Only 4 (3.5%) of these pregnant teenagers responded negatively.

4.5

SECTION D: THE EMOTIONAL ASPECT OF THE PERCEPTION OF PREGNANCY

In this section the emotional aspect of pregnancy and its effects was analyzed.

4.5.1 Variable 28 : Feelings when discovering pregnancy

A 5-point scale was used to measure the emotional feelings experienced by teenagers during their pregnancy. From the scale it appears that 90 (78%) of these pregnant teenagers were not proud of their pregnancy; 88 (76%) felt very guilty; 64 (55%) were very angry; 62 (53%) were very frustrated; 93 (80%) were very unhappy; 86 (74%) were very afraid; 70 (60%) were very depressed; and 80 (69%) were very disappointed when they discovered that they were pregnant.

The following tables (4,6) give the picture of the feelings of pregnant teenagers:
Table 4.6.1  Indication whether respondents were happy

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unhappy</td>
<td>93</td>
<td>80,2</td>
</tr>
<tr>
<td>Unhappy</td>
<td>8</td>
<td>6,9</td>
</tr>
<tr>
<td>Happy</td>
<td>3</td>
<td>2,6</td>
</tr>
<tr>
<td>Very happy</td>
<td>12</td>
<td>10,3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.6.2  Indication whether respondents were proud

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very much not proud</td>
<td>90</td>
<td>77,6</td>
</tr>
<tr>
<td>Not proud</td>
<td>4</td>
<td>3,4</td>
</tr>
<tr>
<td>Unsure</td>
<td>2</td>
<td>1,7</td>
</tr>
<tr>
<td>Proud</td>
<td>4</td>
<td>3,4</td>
</tr>
<tr>
<td>Very proud</td>
<td>16</td>
<td>13,8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.6.3  Indication whether respondents were guilty

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very guilty</td>
<td>88</td>
<td>75,9</td>
</tr>
<tr>
<td>Guilty</td>
<td>11</td>
<td>9,5</td>
</tr>
<tr>
<td>Not guilty</td>
<td>4</td>
<td>3,4</td>
</tr>
<tr>
<td>Very much not guilty</td>
<td>13</td>
<td>11,2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Table 4.6.4  Indication whether respondents were angry

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very angry</td>
<td>64</td>
<td>55,2</td>
</tr>
<tr>
<td>Angry</td>
<td>21</td>
<td>18,1</td>
</tr>
<tr>
<td>Not angry</td>
<td>14</td>
<td>12,1</td>
</tr>
<tr>
<td>Very much not angry</td>
<td>17</td>
<td>14,7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.6.5  Indication whether respondents were frustrated

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very frustrated</td>
<td>62</td>
<td>53,4</td>
</tr>
<tr>
<td>Frustrated</td>
<td>17</td>
<td>14,7</td>
</tr>
<tr>
<td>Unsure</td>
<td>12</td>
<td>10,3</td>
</tr>
<tr>
<td>Not frustrated</td>
<td>10</td>
<td>8,6</td>
</tr>
<tr>
<td>Very much not frustrated</td>
<td>15</td>
<td>12,9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.6.6  Indication whether respondents were afraid

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very afraid</td>
<td>86</td>
<td>74,1</td>
</tr>
<tr>
<td>Afraid</td>
<td>15</td>
<td>12,9</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
<td>0,9</td>
</tr>
<tr>
<td>Bold</td>
<td>6</td>
<td>5,2</td>
</tr>
<tr>
<td>Very bold</td>
<td>8</td>
<td>6,9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Table 4.6.7  Indication whether respondents were depressed

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very depressed</td>
<td>70</td>
<td>60,3</td>
</tr>
<tr>
<td>Depressed</td>
<td>17</td>
<td>14,7</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
<td>4,9</td>
</tr>
<tr>
<td>Undepressed</td>
<td>10</td>
<td>8,6</td>
</tr>
<tr>
<td>Very much undepressed</td>
<td>18</td>
<td>15,5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.6.8  Indication whether respondents were disappointed

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very disappointed</td>
<td>80</td>
<td>69,0</td>
</tr>
<tr>
<td>Disappointed</td>
<td>11</td>
<td>9,5</td>
</tr>
<tr>
<td>Unsure</td>
<td>5</td>
<td>4,3</td>
</tr>
<tr>
<td>Not disappointed</td>
<td>5</td>
<td>4,3</td>
</tr>
<tr>
<td>Very much not disappointed</td>
<td>15</td>
<td>12,9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The figures demonstrated that most teenagers had high frequencies of the highest negative scores. This finding is supported by Thomas and Khumalo (1987-1988:19) who reported that all the informants in their study expressed some degree of anger and dismay at discovering pregnancy.

A few pregnant teenagers expressed positive feelings: proud 4 (3,4%); not guilty 4 (3,4%); not angry 4 (3,4%); not frustrated 10 (8,6%); happy 3 (2,6%); and not disappointed 5 (4,3%).
4.5.2 Variables 29-31 : Feelings of being lonely, rejected and confused

In the realm of feelings, 62 (53%) said that they were never lonely; 77 (66%) were never rejected; and 62 (53%) were never confused. This is set out in detail on the following tables:

Table 4.6.9 Indication whether respondents were lonely

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>62</td>
<td>53,4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>40</td>
<td>34,5</td>
</tr>
<tr>
<td>Always</td>
<td>14</td>
<td>12,1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.6.10 Indication whether respondents were rejected

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>77</td>
<td>66,4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>33</td>
<td>28,4</td>
</tr>
<tr>
<td>Always</td>
<td>6</td>
<td>5,2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.6.11 Indication whether respondents were confused

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>62</td>
<td>53,4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>45</td>
<td>38,8</td>
</tr>
<tr>
<td>Always</td>
<td>9</td>
<td>7,8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>

Those who said that they were sometimes lonely, said that this was because they were mostly alone during the day when others had gone to work and to
school (20 out of 40 teenagers (50%)). Those who expressed feelings of being always lonely were so mostly because they were thinking about their pregnancy and had no one to talk to about it.

Thirty-three (28.4%) said that they were sometimes rejected. Of these 33, 17 (51.5%) said that they noticed rejection when they communicated with certain people, and that those people showed no further interest in them. Six (18.1%) teenagers felt that they were always rejected. Of these 6 teenagers who felt that they were always rejected, one (16.6%) said that it was because she was always being scolded, and a second one (16.6%) said she just felt rejected.

Forty-five (38.8%) teenagers felt they were sometimes confused. This was because of their expectations concerning the birth. Nine (7.8%) said that they were scared of pregnancy itself.

4.5.3 Variable 32: Constraints in relation to sports

In the same section, of 116 teenagers, 80 (69%) said that they experienced constraints in relation to playing or participating in sports. This agrees with the findings by Speraw (1987:19) in which pregnant teenagers said that they could no longer ride their motorcycles or go to parties.

SECTION E: SOCIAL PERCEPTION

This section dealt with the feelings of society about the pregnancy of teenagers. The reactions of boyfriends, friends, parents and/or guardians
were elicited.

The following table, Table 4.7 will give the indication of the person that was first informed about pregnancy.

### 4.6.1 Variable 33: Person first informed about pregnancy

Table 4.7 Person first informed about pregnancy

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother only</td>
<td>21</td>
<td>18,1</td>
</tr>
<tr>
<td>Sister</td>
<td>14</td>
<td>12,1</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>61</td>
<td>52,6</td>
</tr>
<tr>
<td>Friend</td>
<td>5</td>
<td>4,3</td>
</tr>
<tr>
<td>Relative</td>
<td>3</td>
<td>2,6</td>
</tr>
<tr>
<td>Guardian</td>
<td>3</td>
<td>2,6</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>7,8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Of 116 respondents, 61 (53%) told their boyfriends first about their pregnancy. Twenty one (18%) said that they told their mothers only, and 3 (3%) told their guardian or some relative. Other people told were 9 (7,8%). These included any person other than those listed in table 4.7.

### 4.6.2 Variable 34: Parents' reaction

The reaction of parents or guardian was also asked for. Table 4.8 gives a picture of responses.
Table 4.8: Parents’ reaction to the pregnancy of the teenagers

\[ n = 116 \]

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very angry</td>
<td>13</td>
<td>11,2</td>
</tr>
<tr>
<td>Angry</td>
<td>7</td>
<td>6,0</td>
</tr>
<tr>
<td>Disappointed</td>
<td>71</td>
<td>61,2</td>
</tr>
<tr>
<td>Happy</td>
<td>10</td>
<td>8,6</td>
</tr>
<tr>
<td>Did no care</td>
<td>4</td>
<td>3,4</td>
</tr>
<tr>
<td>Told to get out</td>
<td>3</td>
<td>2,6</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>6,9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From the above table it can be seen that 10 (8,6%) parents of respondents were happy. Of the 116, 71 (61,2%) parents were disappointed. "Other" reaction (displayed by 8 (6,9%)) is any reaction other than those given above.

According to Simms and Smith (1986:15), the reactions of parents in their study were as follows:

Of 100 respondents, 26% reported that their mothers were initially upset and 30% that their fathers could kill them.

Their fathers were mad.

At first, their fathers would not speak to them.

4.6.3 Variable 35: Person who was most hurt

Teenagers were also intended to indicate which member of the family was most hurt when they were discovered to be pregnant. They were also to
indicate why that person was most hurt. Sixty eight (58.6%) teenagers indicated that their mothers were the most hurt. Twenty one (18.1%) indicated that their fathers were the most hurt.

4.6.4 Variable 36: The reason of the family member in question to be hurt

Among those who had mentioned their mothers, the reason stated here was that their mothers were the ones with whom they were living and who were supporting them. Some said that their mothers did not expect that their daughters would fall pregnant. Others mentioned that their mothers' attitudes to them changed, that they showed disappointment and depression.

Among those who had mentioned their fathers, some said that it was because their fathers trusted them and hoped that they were still going to continue with their schooling.

This compares well with Simms and Smith (1986:15) who reported that one parent was mad because the pregnant daughter was the only daughter they had. They were expecting a proper wedding with all the Italian trimmings from her.

4.6.5 Variable 37: Rejection by the family

From the responses it appeared that 12 (10.3%) of these teenagers were rejected by the family and 104 (89.7%) did not experience rejection. Against
the background of Zulu culture, the pregnant teenager is usually not rejected by the family to any great degree today. In support of these findings, we may mention that Preston-Whyte and Zondi also state that the pregnant teenager is usually accepted at home, especially after the damages (inlawulo) have been paid, and that the child remains at the teenage mother's home with the teenager (Preston-Whyte & Zondi 1989:52).

4.6.6 Variable 38: Reaction of the boyfriend

Forty nine (42.2%) of the boyfriends were reported happy at the pregnancy of their girlfriends. The lowest frequency was of two boyfriends (2%) who were reported as angry. Boyfriends who were disappointed were 26 (22%). This is reflected in the figures of O'Mahony's study (1987:771): that of thirty pregnant teenagers, 12 had boyfriends who were happy at their pregnancy and 13 who were not happy.
Table 4.9: Boyfriends’ reaction to the pregnancy of their girlfriends

\( n = 116 \)

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>1</td>
<td>0,9</td>
</tr>
<tr>
<td>Very angry</td>
<td>3</td>
<td>2,6</td>
</tr>
<tr>
<td>Angry</td>
<td>2</td>
<td>1,7</td>
</tr>
<tr>
<td>Disappointed</td>
<td>26</td>
<td>22,4</td>
</tr>
<tr>
<td>Happy</td>
<td>49</td>
<td>42,2</td>
</tr>
<tr>
<td>Did not care</td>
<td>27</td>
<td>23,3</td>
</tr>
<tr>
<td>Any other reaction</td>
<td>8</td>
<td>6,9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.6.6.1 Variable 39: Acceptance by boyfriend after pregnancy

- Three (2,6%) gave no indication
- One hundred and five (90,5%) teenagers stated that their boyfriends accepted them
- Eight (6,9%) were not accepted by their boyfriends

4.6.6.2 Variable 40: Number of teenagers brought closer to their boyfriends by pregnancy

- Three (2,6%) did not reply
- Fifty five (47,4%) indicated that pregnancy brought them closer to their boyfriends
- Fifty eight (50%) indicated that pregnancy did not bring them closer to their boyfriends
4.6.3 Variable 41: Teenagers whose boyfriends paid compensation (ihlawulo) for bringing about their pregnancy

- Sixty six (56.9%) saw compensation paid to their parents
- Fifty (43.1%) saw no compensation paid to their parents

These findings also correspond with Preston-Whyte and Zondi's findings (1989:51), according to which boyfriends did pay "ihlawulo" to the pregnant teenagers.

4.6.7 Variable 42: Community reaction

Respondents were asked whether their friends still wished to be seen with them. Of the 116, 59 (50.9%) responded positively, and 57 (49.1%) responded negatively.

4.6.8 Variables 43 & 44: Constraints upon walking in public

Of the 116 pregnant teenagers, 63 (54%) indicated that they experienced constraints in appearing in public. The following were some of their explanations:

"The big tummy is embarrassing."

"I am scared that people will talk about me."

"I am afraid because I am still young."

"I have a funny appearance, I look like a fool."

"I cannot walk about because of my pregnancy."

"I was told not to move around a lot at home."
Variables 45 & 46: Church attendance and its reason

It was interesting to note that 66 (56,9%) teenagers did not go to church when they were pregnant. The reasons given for this were almost the same as those given for not appearing in public.

This corresponds with the findings by Speraw (1987:190-191) that pregnant teenagers were embarrassed and scared about their appearance.

Variable 47: Acceptance at the antenatal clinic

Ninety-seven (83,6%) pregnant teenagers felt that they were accepted by the adults who attended with them at the antenatal clinic.

Variable 48: What pregnant teenagers best liked about their pregnancy

The following are the responses received when teenagers were asked what they liked about their pregnancy:

"I like to sleep and rest."

"I like to look like an adult."

"I like the fact that I will have a baby."

"I enjoy not to menstruate."

"I enjoy wearing a brazier as I am wearing it for the first time."

Only 32 (27,5%) of the total responded to this question and 84 (72,4%) did not have any comments.
Variable 49: What teenagers hated most

When asked what they hated most about their pregnancy, 56 (48.2%) did not respond; only 60 (51.7%) responded. They had varying reasons such as saying that they could no longer participate in sport. Of the 60 who responded, 18 (30%) were worried about not going to school. Eleven (18.3%) were not happy because they hated pregnancy itself. One (1.66%) said that she hated the fact that she would never be a girl again.

SECTION F: THE MORAL ASPECT OF PREGNANCY

The moral aspect of pregnancy was investigated in this section of the study.

Variables 50 & 51: Procuring an abortion

One hundred and thirteen respondents (97.4%) indicated that they had never thought of an abortion. Three (2.6%) said that they had thought of it. Of these 1 (0.86%) mentioned that she thought about having an abortion because she hated the father of the baby. Another one (0.86%) said it was because her boyfriend did not care for her. The third one (0.86%) did not give a reason.

This information corresponds with the findings of Corbett and Meyer (1987:268) who cited that about one third of a group of 100 respondents acknowledged that they had considered an abortion because of fears of being too young.
4.7.2 Variable 52: Indication whether teenage pregnancy holds advantages for a girl

The following figures give indications as to whether respondents believed teenage pregnancy had any advantages for a girl.

- Ninety nine teenagers (85.34%) strongly disagreed with the statement that it held any disadvantages
- Six teenagers (5.17%) disagreed
- Four teenagers (3.45%) agreed
- Six teenagers (5.17%) strongly agreed.
- One teenager (0.86%) was unsure.
Figure 4.2: Indications of whether teenage pregnancy holds advantages for a girl

n = 116
Variable 53: The advice pregnant teenagers would give to the young people about falling pregnant

Pregnant teenagers were asked to express themselves concerning the advice they would give to young people about falling pregnant in their teens. The following are some of the answers they gave:

"Whilst attending school one must not fall pregnant because one meets with a lot of problems, especially about boyfriends and the family. One must also think of financial matters."

"It is not good to fall pregnant at this stage. One must finish school first."

"Do not have sex. Use contraceptives if having sex."

"Pregnancy decreases a lot of chances."

"Keep the ten commandments in mind. If pregnancy has occurred, it has occurred."

"Do not sleep around with boys because they can deceive one."

"Wait for some time, do not fall pregnant."

"Be careful, when having sex one must protect oneself."

"Youth must look after itself."

Variable 54: The best time to have a child?

Respondents agreed that the best time to have a child is when one is married:

- strongly disagree : 3 (2.59%)
- disagree : 2 (1.72%)
- unsure : 3 (2.59%)
85

- agree : 4 (3.45%)
- strongly agree : 104 (89.66%)

Similar findings were also cited by Corbett and Meyer (1986:268), respondents expressing their conviction that the best time to fall pregnant is when you have waited and are married. Figure 4.3 pictures these findings.

Figure 4.3 The best time to have a child

n = 116
Variables 55 & 56: Plans to return to school

Figure 4.4 indicates when pregnant teenagers plan to return to school. Two (1.7%) respondents did not have any plans to return to school: one (0.86%) did not have money, and the other one (0.86%) was going to get married.

Figure 4.4: Plans to go back to school

n = 116

NUMBER OF RESPONDENTS PLANNING TO RETURN TO SCHOOL
Figure 4.4 indicates that 81 (69.8%) respondents planned to return to school after a year. Six (5.2%) planned to go back to school after 6 months. Two (1.7%) respondents indicated that they were not returning at all.

4.7.6 Variable 57: Indication whether teenage pregnancy will decrease the girl’s chances of marriage

Seventy-five (64.7%) teenagers felt that pregnancy would decrease their chances of marriage. Only 41 (35.3%) felt that there would be no decrease in their chances of marriage.

4.7.7 Variable 58: Pregnant teenagers’ plans for a career

Of 116 teenagers, 40 (34.4%) teenagers wanted to be nurses; 14 (12%) wanted to join the police force; 26 (22.4%) wished to be teachers; and 9 (7.75%) wished to be social workers. The lowest frequencies were 1 (0.86%) physiotherapist, 1 (0.86%) clerk, 1 (0.86%) computer programmer and 1 (0.86%) television presenter.

4.7.8 Variables 59 & 60: Career plans

Ninety five (81.8%) did not change their career plans during pregnancy. Those who changed gave the following reasons:

- No money available.
- They will get married.
- Did not know whether she could still make it at school.
- Needed an occupation with shorter training time.
4.7.9 Variable 61: The person who will look after the baby when it is born

Table 4.10: The person who will look after the baby when it is born

\[ n = 116 \]

<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>18</td>
<td>15.5</td>
</tr>
<tr>
<td>Mother</td>
<td>35</td>
<td>30.2</td>
</tr>
<tr>
<td>Granny</td>
<td>14</td>
<td>12.1</td>
</tr>
<tr>
<td>Sister</td>
<td>3</td>
<td>2.6</td>
</tr>
<tr>
<td>In-laws</td>
<td>23</td>
<td>19.8</td>
</tr>
<tr>
<td>Baby sitter</td>
<td>15</td>
<td>12.9</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>6.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.10 shows that 35 respondents (30.2%) indicated that their mothers would look after their babies; those who had sisters who would look after their babies totalled only 3 (2.6%); 18 (12.5%) indicated that they would take care of their babies themselves; eight (6.9%) would have "other people" looking after their babies. (i.e. people not listed in the table).

4.7.10 Variable 62: What pregnant teenagers expect from health personnel

Lastly, the teenagers were asked to express themselves concerning what they expected from health personnel. These were some of their replies:

"Health professionals must look after us."

"They must teach us."
"They must teach us about pregnancy, especially the prevention of pregnancy."

"They must give us advice with regard to the use of contraceptives."

4.8 CONCLUSION

In this chapter data provided in the interview schedule formed the basis for data analysis. Age groups well represented in this study were those from 15-20. There were 25 (21.6%) pregnant teenagers between 15 and 17, and 91 (78.4%) pregnant teenagers between 18 and 20. On the standard of education reached at pregnancy, the highest frequency was found to be standards 7 and 8 where there were 45 (38.8%) pregnant teenagers. The lowest frequency was the figure of 6 (5.2%) pregnant teenagers whose highest standard reached was lower primary school, that is, from first-year class to standard 2.

Information about sex and pregnancy

It has emerged clearly from this section that teenagers lacked information about sex and pregnancy. Most of the information they had came from friends.

Physical perception

Pregnant teenagers generally feel negatively about the physical changes taking place in their bodies. They do not enjoy seeing bodies which have changed as a result of pregnancy.
Emotional perception

Pregnant teenagers feel, emotionally speaking, negative about their pregnancy. This is to be seen from the following reactions:

Ninety (78%) were not proud
Eighty eight (76%) were very guilty
Sixty four (55%) were very angry
Seventy (60%) were very depressed
Eighty (69%) were very disappointed

Social perception

Pregnant teenagers indicated that they were too embarrassed to walk in public (63 teenagers, 54%). They were also scared of walking about at all, feeling that they looked like fools with their big tummies.

Perception of the moral aspect

An overwhelming percentage of the pregnant teenagers in this study did not think of procuring an abortion in spite of their pregnancy - 113 (97.4%) of them in fact thought this way. 104 (89.66%) felt that the best time to have a child was when married. This shows that, even though pregnant, they still could think clearly and positively about the whole matter.
CHAPTER 5

FINDINGS, LIMITATIONS, RECOMMENDATIONS, IMPLICATIONS AND CONCLUSION

This concluding chapter will concentrate on the following:

1. overview of the study
2. findings of the study
3. conclusion
4. recommendations
5. limitations

5.1 OVERVIEW OF THE STUDY

Before the findings of the current study can be given, it is necessary for the study to be placed in its proper perspective in terms of objectives, literature review and methodology used.

The aim of this study was to investigate perceptions of pregnancy by black teenage primigravidae. The objectives of this study were to determine the following:

- Whether black primigravida teenagers do have information concerning sex and pregnancy.
The feelings and perceptions black primigravida teenagers have concerning physical changes during pregnancy. Examples here could be their feelings about their big breast, abdomen and so forth.

The emotional feelings black primigravida teenagers have about their pregnancy. This can be inferred from questions as to whether they feel happy, proud, frustrated, angry and so on at their pregnancy.

The feelings expressed by society at the pregnancy of black primigravida teenagers: that is, how parents, boyfriends, peers and the entire community react to their pregnancy.

The moral views of black primigravida teenagers concerning their pregnancy. Did they think of procuring an abortion, or not, when they discovered that they were pregnant?

These objectives have all been attained.

The literature reviewed put forward a variety of attitudes, reactions, feelings, and views from teenagers on the subject of pregnancy. In general, many of these feelings and views were echoed in the present study's findings. Most teenagers feel negatively about their pregnancy owing to the fact that when they experience these perceptions they are already pregnant. They had not anticipated these feelings, views, reactions or the total impact of pregnancy before falling pregnant.

An exploratory descriptive method was used in this study. Data was collected
by interviews between 2 and 9 April 1991. An interview schedule (Appendix A) was administered by the researcher.

The analysis of data was done manually and also by computer. Frequencies, percentages, frequency cumulative and percentage cumulative figures were determined in analysis.

The SAS programme was used. Manual analysis made possible the extraction of the excerpts quoted from the responses of teenagers recorded during interviews. Responses were, naturally enough, not worded in the same way; manual analysis enabled the researcher to pick up key points made.

A computer was used for coding information.

5.2 FINDINGS

Analysis has been done in chapter 4. Consideration can now be given to the actual findings of the study. The following will be dealt with: (See interview schedule; Annexure A)

- demographic information concerning these pregnant teenagers
- information about sex and pregnancy
- reaction of pregnant teenagers to physical changes
- emotional reaction of teenagers during pregnancy
- reaction of society ie family members, boyfriends, friends, peers and
the community, at the pregnancy of a teenager
the pregnant teenagers' moral perceptions of their pregnancy

5.2.1 Demographic Information

The interview schedule allowed for respondents from 10 to 20 years of age. Responses were only from respondents between the ages of 15 and 20. Twenty-five (21.6%) of the respondents were between the ages of 15 and 17. Ninety-one (78%) of these pregnant teenagers were between the ages of 18 and 20.

Responses showed that 45 (38.8%) of these pregnant teenagers had a pass in standards 7 or 8 as their highest educational qualification. Only 6 (5.2%) of respondents had a lower-primary education as their highest qualification.

Among respondents, 54 (46.6%) were living with their mothers (only) when they fell pregnant. Only 35 (30.2%) were staying with both parents when they fell pregnant.

5.2.2 Information about sex and pregnancy

From the analyzed data it becomes apparent that

- only 48 (41.4%) of 116 respondents knew something about contraception; and that 25 (21.6%) of these had gained their information from their peers, who might also not have been well
only 26 (22.4%) of 116 respondents had some knowledge of pregnancy. Ninety teenagers (78%) had no information concerning pregnancy.

Data analyzed also revealed that out of 116 respondents only 12 (10.3%) of these pregnant teenagers were on contraceptives before falling pregnant, 89% indicating that they were on no contraception. Over and above this, 34 (29.3%) said that they did not know that unprotected sex could lead to pregnancy; and 72 (62.1%) said that they knew it could lead to pregnancy.

The data reveals that pregnant teenagers had engaged in unprotected sex for reasons indicated in and these are some of their responses:

"I was risking."

"I did not know that I will fall pregnant."

"I made a mistake, I regret."

5.2.3 Reaction of pregnant teenagers to their pregnancy

In this section reactions to physical changes and emotional, social and moral perceptions of pregnancy will be grouped together.
5.2.3.1 Emotional feelings about pregnancy

The data indicated that:

- Ninety three (80%) of pregnant teenagers were very unhappy
- Ninety (77%) were very much not proud
- Eighty eight (75.9%) very guilty
- Sixty four (55.2%) very angry
- Sixty two (53.4%) very frustrated
- Eighty six (74.1%) very afraid
- Seventy (60.3%) very depressed
- Eighty (69%) were very disappointed when they first discovered that they were pregnant

The data, it is clear, revealed generally negative perceptions by these respondents.

5.2.3.2 The feelings of pregnant teenagers about their pregnancy

The data revealed that pregnant teenagers had negative feelings about their physical appearance during pregnancy. The following are some of their responses:

"I am feeling bad about the big breast."

"I am scared of myself - my appearance."

"I look funny, like a fool."
In spite of their feelings being negative concerning their pregnancy, it was interesting to discover from the data that these pregnant black teenagers were against procuring an abortion. One hundred and three (97.3%) did not consider an abortion; only 3 (2.6%) considered it.

The data further revealed that pregnant teenagers disliked experiencing constraints on their participation in sports. Eighty (69%) could no longer "play" because of the pregnancy.

Fifty-nine (50.1%) of 116 respondents did not mind associating with their friends during pregnancy. Only 57 (49.1%) did not wish to be seen with their friends. This was through embarrassment.

The data analyzed also revealed that 63 (54.3%) of the respondents felt constraints upon walking in public. Sixty six (56.9%) no longer went to church. This was because they were afraid to be seen in public: they were embarrassed.

In this study it was also discovered that most of these pregnant teenagers = 99 (85.3%) strongly disagreed with the proposition that teenage pregnancy held many advantages for a girl. Of these pregnant teenagers, 104 (89.7%) also gave their opinion that the best time to have a child was when married. Of 116 respondents, 75 (65%) felt that teenage pregnancy also decreased their chances of getting married.
According to the data, pregnant teenagers were of the opinion that what they hated most about their pregnancy was pregnancy itself, the fact that they were pregnant.

It appeared from the data that the advice these pregnant teenagers would give their peers about falling pregnant was negative. Teenagers expressed this in many ways:

"Wait till you are old enough."

"Finish school first before falling pregnant."

"If sexually active, use contraceptives."

Respondents also had some advice given to the health professionals. Some of their responses were:

"We expect them to scold us about our pregnancy."

"They must teach us about the facts of life."

"They must teach us about the baby."

"They must treat us like any other pregnant woman."

5.2.4 The reaction of family members and boyfriends to teenage pregnancy

From the data it appeared that 71 (61.2%) of 116 respondents had parents who were very disappointed at their pregnancies. It was the mothers (68 (59%) of respondents) who were the family members most hurt by the
pregnancy of their daughters.

Another finding of this study was that 77 (66.4%) of these pregnant teenagers were not rejected by their families. Only 39 (33.6%) were rejected.

From the data, 81 (70%) respondents said that they planned to return to school within 1 year. When they go back to school, 35 (30%) will have their babies looked after by their mothers, 23 (20%) by their in-laws, 15 (13%) by a baby-sitter, and 14 (12%) by the grandmother.

Data revealed that returning to school was planned in order to enter upon a career to which the pregnant teenager had previously aspired.

This study revealed that 49 (43%) of the pregnant teenagers said that their boyfriends were happy at their girlfriends' pregnancy. One hundred and five (90.5%) said that their boyfriends accepted them after they had reported pregnancy. Another finding from the data is that 66 (56.9%) of the 116 respondents stated that their boyfriends paid compensation for their pregnancy.
5.3 CONCLUSION

The following conclusions can be drawn from the findings:

Teenage pregnancies are rife in Umlazi area of Kwa-Zulu, especially in the age group 15 - 20 years. The research findings showed that a large percentage of the pregnant respondents experienced certain negative emotions and feelings, such as guilt, anger, fear, frustration, disappointment and depression. They also felt negative regarding their physical appearances and the constraints that pregnancy placed on their participation in sports and also in their social life and future plans.

What also became relevant from the findings is that the respondents were ignorant and lacked the necessary information concerning pregnancy, contraception and sexuality. Thus this problem plus factors such as peer group pressure and boyfriend’s attitudes and wants, contribute to a great extent to teenage pregnancies.

It can thus be concluded that pregnancy during teenage stages is to a great extent a negative experience and that it also places limitations on their future life chances.
5.4 RECOMMENDATIONS

The following recommendations are made which may contribute to the development of facilities that cater specifically for the needs of pregnant teenagers, as well as methods and techniques to address the negative feelings and attitudes they may have when pregnant and also to disseminate appropriate information regarding sexuality, pregnancy and so forth.

5.4.1 Sex education programme

Health personnel should make information available

(1) at home

(2) at school - through teachers and school health nurses

(3) at community level - in church, the media, books, youth clubs, through peer counsellors, any other adult in the community and the social institutions.

(4) through health services - namely, clinics, youth and health centres, hospitals, private medical doctors and from any other health related discipline such as a psychologist or a social worker.

It is therefore recommended that sex education be given to both pregnant and non-pregnant teenagers in order to equip them with very necessary life skills.

5.4.2 Provision of health services

Health services must be multidisciplinary so as to be able to render total
health care to the community. Personnel working in services for teenagers must have training and education in teenage sexuality so as to understand the teenager. Family health services must also be equipped with services such as "parent effectiveness training" courses.

Contraceptive services for teenagers should be manned by people with a positive attitude to sexuality and teenagers.

There is a need to develop antenatal clinics specifically for teenagers.

5.4.3 Attitude of personnel in antenatal clinics

The health professional working in antenatal clinics must also have a positive attitude to pregnant teenagers. By understanding the teenagers' perceptions of their own pregnancy the health professional will be able to successfully demonstrate a positive attitude towards pregnant teenagers.

5.5 LIMITATIONS OF THE STUDY

The following are the limitations experienced in this study:

5.5.1 Teenagers are not readily available at antenatal clinics as some are scared of going there.

5.5.2 Information and literature on perceptions of pregnancy by, specifically, a black teenage primigravida are very limited.

5.5.3 Interviewing teenagers can sometimes be taken by them to be a prying into their privacy. This is because the teenager at this stage is highly secretive.
5.6 RECOMMENDATIONS FOR FURTHER STUDY

There is still need for further study on this subject of teenage pregnancy. Studies might well be conducted on the perceptions of teenage fathers of their girlfriends' pregnancy. This should also make teenage fathers aware of their actions. Such studies might contribute to a lowering in the rate of teenage boys who pressurise teenage girls into having sex and so falling pregnant.

5.7 CONCLUSION

Referring to the objectives stated at the beginning of this chapter, the findings stated above show that pregnant teenagers have a negative perception of their pregnancy.
6. REFERENCES


Saunders.


perspective. USA: Charles Merill Publishing Co.


## A. DEMOGRAPHIC INFORMATION

1. **AGE:**
   - 10 - 14
   - 15 - 17
   - 18 - 20

2. **STANDARD OF EDUCATION**
   - Lower Primary
   - Higher Primary
   - Standard 7 - 9
   - Standard 9 - 10
   - Post Matric
   - Other

3. **WHO DO YOU STAY WITH?**
   - Both parents
   - Mother
   - Father
   - Sister
   - Relative
   - Guardian
   - Boyfriend
   - In an institution
   - Other, specify
B. INFORMATION ABOUT SEX AND PREGNANCY

4. DID YOU HAVE ANY INFORMATION ABOUT CONTRACEPTIVES BEFORE PREGNANCY?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

5. IF THE ANSWER TO QUESTION NO. 4 IS YES, FROM WHOM DID YOU GET THE INFORMATION?

- Mother 1
- Father 2
- Friend 3
- Boyfriend 4
- Nurse 5
- Doctor 6
- Clinic 7
- Youth Health Centre 8
- Hospital 9
- Magazine 10
- Sister 11

6. WERE YOU ON ANY CONTRACEPTIVES BEFORE FALLING PREGNANT?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

7. IF THE ANSWER ON QUESTION 6 IS YES ON WHICH METHOD WERE YOU?

- Abstinence 1
- Pill 2
- Injection - Depo/ 3
- Nuristerate 4
- IUCD - Lpies Loop 5
- Copper T 6
- Multi load 7
- Barrier Method -
8. IF YOU WERE ON A PILL HOW OFTEN DID YOU TAKE IT?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes after 2 days</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes after more than 2 days</td>
<td>3</td>
</tr>
</tbody>
</table>

9. DID YOU KNOW ABOUT THE SIDE EFFECTS OF CONTRACEPTIVES?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

10. WHICH SIDE EFFECT DID YOU KNOW?

11. WHEN YOU FELL PREGNANT WERE YOU HAVING SEX FOR THE FIRST TIME?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

12. IF THE ANSWER TO THE ABOVE QUESTION IS NO DID YOU KNOW THAT HAVING UNPROTECTED SEX COULD LEAD TO PREGNANCY?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

13. WHAT WERE YOUR REASONS FOR ENGAGING IN SEX?

........................................................................................................................................................................................................................................................................................................................................................................
14. DID YOU HAVE ANY INFORMATION REGARDING PREGNANCY?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

15. DID YOU HAVE ANY INFORMATION REGARDING DELIVERY/CHILD BIRTH

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

16. IF THE ANSWER IS "YES" TO QUESTION 14 AND 15, WHERE DID YOU OBTAIN THE INFORMATION?

<table>
<thead>
<tr>
<th>Source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>1</td>
</tr>
<tr>
<td>Father</td>
<td>2</td>
</tr>
<tr>
<td>Sister</td>
<td>3</td>
</tr>
<tr>
<td>Friend</td>
<td>4</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>5</td>
</tr>
<tr>
<td>Nurse</td>
<td>6</td>
</tr>
<tr>
<td>Doctor</td>
<td>7</td>
</tr>
<tr>
<td>Clinic</td>
<td>8</td>
</tr>
<tr>
<td>Hospital</td>
<td>9</td>
</tr>
<tr>
<td>School</td>
<td>10</td>
</tr>
<tr>
<td>Magazine</td>
<td>11</td>
</tr>
<tr>
<td>If from any other source, please specify</td>
<td>12</td>
</tr>
</tbody>
</table>

17. ARE ANTENATRAL HEALTH EDUCATION TALKS OF ANY HELP TO YOU?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>
PHYSICAL PERCEPTION

18. HOW DID YOU DISCOVER THAT YOU ARE PREGNANT?

19. DO YOU EXPERIENCE ANY PHYSICAL DISCOMFORT?
   
   YES
   NO

20. HOW DO YOU FEEL REGARDING THE FOLLOWING CHANGES IN YOUR BODY?
   
   - Big Breast
   - Big tummy
   - Not menstruating

21. DO YOU EXPERIENCE MORNING SICKNESS?
   
   YES
   NO

22. IF 'YES' TO QUESTION 21 WHAT IS YOUR REACTION TO IT?

23. DO YOU ENJOY WEARING THE MATERNITY DRESSES?
   
   YES
   NO

24. PLEASE EXPLAIN MORE ABOUT THE ANSWER IN 23.

25. DO YOU HAVE A GOOD APPETITE?
   
   YES
   NO
26. IF 'NO' TO QUESTION 25 PLEASE EXPLAIN WHY

27. DO YOU GET SATISFACTION FROM THE MOVEMENTS MADE BY THE BABY [FETUS] IN THE UTERUS

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>
D. EMOTIONAL PERCEPTION

23. INDICATE HOW YOU FELT WHEN YOU DISCOVERED THAT YOU WERE PREGNANT, UNDER EACH OF THE FOLLOWING.

<table>
<thead>
<tr>
<th>Emotion</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proud</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustrated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afraid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disappointed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhappy</td>
<td>Not proud</td>
<td>Not guilty</td>
<td>Not angry</td>
<td>Not frustrated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bold</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Undepressed</td>
</tr>
</tbody>
</table>

29. DO YOU FEEL LONELY?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

If 2 or 3 please explain

30. DO YOU FEEL REJECTED?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

....................................................
If 2 or 3 please explain

31. DO YOU EVER FEEL CONFUSED ABOUT THIS PREGNANCY?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

If 2 or 3 please explain

32. ARE YOU EXPERIENCING ANY CONSTRAINTS IN RELATION TO PLAYING SPORT?

- YES
- NO

E. SOCIAL PERCEPTION

33. WHOM DID YOU TELL FIRST THAT YOU ARE PREGNANT?

- Parents
- Mother Only
- Father Only
- Sister
- Boyfriend
- Friend
- Relative
- Guardian
- Any other, specify

34. HOW DID YOUR PARENTS/GUARDIANS REACT TO YOUR PREGNANCY?

- Very angry
- Angry
- Disappointed
- Happy
35. FROM YOUR POINT OF VIEW WHO WAS MOST HURT AMONGST YOUR FAMILY MEMBERS CONCERNING YOUR PREGNANCY?

<table>
<thead>
<tr>
<th>Did not care</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Told to go out of home</td>
<td>6</td>
</tr>
<tr>
<td>Any other, specify</td>
<td>7</td>
</tr>
</tbody>
</table>

| Mother | 1 |
| Father | 2 |
| Both parents | 3 |
| Sister | 4 |
| Brother | 5 |
| Guardian | 6 |
| Any other, specify | 7 |

36. INDICATE THE REASON WHY ONE OF THE FAMILY MEMBERS WAS MOST HURT?

..................................................
..................................................
..................................................

37. DO YOU EXPERIENCE ANY REJECTION FROM YOUR FAMILY MEMBERS?

| YES | 1 |
| NO | 2 |

38. WHAT WAS YOUR BOYFRIENDS REACTION WHEN YOU TOLD HIM THAT YOU WERE PREGNANT?

<p>| Very angry | 1 |
| Angry | 2 |
| Disappointed | 3 |
| Happy | 4 |
| Did not care | 5 |
| Suggested abortion | 6 |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any other reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. <strong>Does your boyfriend accept you now that you are pregnant?</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>40. <strong>Has this pregnancy brought you closer to your boyfriend?</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>41. <strong>Did your boyfriend pay any compensation towards your pregnancy?</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>42. <strong>Do your friends still want to be seen with you?</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>43. <strong>Do you experience any constraints with regard to walking in public?</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>44. <strong>If 'yes' why?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. <strong>Do you go to church in this state of pregnancy?</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>46. <strong>If 'no' why?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. <strong>Do you experience acceptance at the ante natal clinic?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
48. WHAT DO YOU LIKE MOST ABOUT YOUR PREGNANCY?

49. WHAT DO YOU HATE MOST ABOUT YOUR PREGNANCY?

MORAL VIEW PERCEPTION

50. DID YOU THINK OF HAVING AN ABORTION WHEN YOU DISCOVERED THAT YOU WERE PREGNANT?

51. IF THE ANSWER IS 'YES' PLEASE GIVE THE REASONS

52. TEENAGE PREGNANCY HAS MANY ADVANTAGES FOR A GIRL

53. WHAT ADVICE WOULD YOU GIVE TO THE YOUTH ABOUT FALLING PREGNANT AT THIS STAGE?

54. THE BEST TIME TO START HAVING A CHILD IS WHEN ONE IS MARRIED
55. WHEN DO YOU PLAN TO GO BACK TO SCHOOL?

<table>
<thead>
<tr>
<th>Agree</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
</tr>
</tbody>
</table>

- Within 6 months: 1
- After 1 year: 2
- After 18 months: 3
- After 2 years: 4
- If you have any other time please specify: 5

56. IF YOU HAVE NO PLANS OF GOING BACK TO SCHOOL, PLEASE GIVE REASONS

57. DO YOU THINK YOUR PREGNANCY WILL DECREASE YOUR CHANCES OF GETTING MARRIED

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

58. WHAT WERE YOUR CAREER PLANS BEFORE YOU GOT PREGNANT?

59. WHAT ARE YOUR CAREER PLANS NOW THAT YOU ARE PREGNANT?
60. IF YOUR PLANS DIFFER FROM PREVIOUS QUESTION PLEASE INDICATE WHY PLANS HAVE CHANGED?

61. WHO WILL LOOK AFTER YOUR BABY?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>1</td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
</tr>
<tr>
<td>Granny</td>
<td>3</td>
</tr>
<tr>
<td>Sister</td>
<td>4</td>
</tr>
<tr>
<td>In laws</td>
<td>5</td>
</tr>
<tr>
<td>Baby sitter</td>
<td>6</td>
</tr>
<tr>
<td>Foster-care parent</td>
<td>7</td>
</tr>
<tr>
<td>Opt for adoption</td>
<td>8</td>
</tr>
<tr>
<td>If any other person will, please specify</td>
<td>9</td>
</tr>
</tbody>
</table>

62. WHAT ADVICE WOULD YOU GIVE TO THE HEALTH PERSONNEL REGARDING THEIR ATTITUDE TOWARDS A PREGNANT TEENAGER
RESEARCHER AND APPROVAL FOR CARRYING OUT RESEARCH

1. Personal Details of Researcher

Name: [Redacted]

Address: [Redacted]

Employer: [Redacted]

2. Research Title: The [Redacted] of [Redacted] in the [Redacted] Age of [Redacted]

3. Recommendations by Institution / Regional Officer / Study Leader

[Redacted]

4. Chairman of Research Committee:

[Redacted]

I confirm that the project has been approved by the research committee.

Signed: [Redacted] Date: [Redacted]

5. Superintendent or Regional Officer

[Redacted]

I confirm that use of facilities will not, in my opinion, disrupt the routine of the institution.

Signed: [Redacted] Date: 22.02.91

6. Head of Professional group of researcher.

[Redacted]

Signed: [Redacted] Date: 11/3/92

7. Head Pharmaceutical Services (In the case of clinical trials)

[Redacted]

Signed: [Redacted] Date: 11/3/92

[Redacted]
Signed: ................................ Date: ................................

6. HEAD OF DEPARTMENT

PROJET IS APPROVED / NOT APPROVED

Remarks:

Conditions: Any publication must be approved by Department of Health

[Signature]

SECRETARY FOR HEALTH

[Stamp]
To the Professional Nurse in Charge of Clinic:

I have the honor to report that Mrs. B.B. Nkumbula from the University of Harare has been allowed to proceed to clinics to conduct a research on teenage pregnancy. Permission has been obtained from the Medical Superintendent, Dr. Lee.

Mr. M. M. clinic supervisor

[Signatures]