Social work services for pregnant teenagers in the Capricorn District, Limpopo Province

by

FREDDY SKOBI

submitted in accordance with the requirements

for the degree of

MASTER OF ARTS

in the subject

SOCIAL SCIENCE IN SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF M D M MAKOFANE

APRIL 2016

DECLARATION

I declare that ***Social work services for pregnant teenagers in the Capricorn District, Limpopo Province*** 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.

_____   <u>April 2016</u>

SIGNATURE   **DATE**

(MR F SKOBI)

DEDICATION

This dissertation is dedicated to the greatest people I have ever known in my life, my late parents Mr and Mrs Tshikovhi, for raising me to who I am today. Their motivational words have inspired and propelled me to attain all my educational successes.

ACKNOWLEDGEMENTS

ABSTRACT

Teenage pregnancy is a global problem and its prevalence in South Africa poses a serious concern to the government, health workers, parents, teachers, communities, and social workers in particular. As such, social work services are crucial in assisting pregnant teenagers to be self-reliant. Social workers employ three primary methods of social work practice when providing services to pregnant teenagers, namely casework, group work, and community work. This study sought to explore social work services for pregnant teenagers. A qualitative research method using an exploratory, descriptive, and contextual research design was employed to gather data from 12 social workers working in both rural and urban settings in the Capricorn District, Limpopo Province. A non-probability, purposive sampling method was used to select a sample. Data was collected by means of semi-structured interviews, consisting of a list of open-ended questions included in an interview guide. Data was also analysed following Tesch eight steps while Lincoln and Guba's model was used for data verification.

There are several stumbling blocks to effective service delivery, such as complex social problems experienced by pregnant teenagers, lack of formal and informal support, high caseloads, lack of resources, and little cooperation from other disciplines and agencies. Based on these findings, recommendations are made for education, practice, policy, and further research in an attempt to provide solutions to these challenges.

Key words

Social work services; teenage pregnancy; prevention and promotion services; early intervention services.

LIST OF ACRONYMS

BSW	Bachelor of Social Work
CDP	Continuing Professional Development
CDW	Community Development Practitioner
CTOP	Choice on Termination of Pregnancy
CSG	Child Support Grant
DOE	Department Of Education
DSD	Department of Social Development
FBO	Faith Based Organisations
HIV	Human Immunodeficiency Virus
HSRC	Human Science Research Council
IDP	Integrated Development Plan
MEC	Member of the Executive Council
NGOs	Non-Governmental Organisations
NASW	National Association of Social Workers
PMTCT	Prevention of Mother to Child Transmission
SACSSP	South African Council for Social Service Professions
SASSA	South African Social Security Agency
SAQA	South African Qualifications Authority
STI	Sexually Transmitted Infections
UK	United Kingdom
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organisation

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Introduction and background

Teenage pregnancy is a global problem and its prevalence in the Republic of South Africa poses a serious concern to the government, health workers, parents, teachers, communities, and social workers in particular (Panday, Makiwane, Ranchod & Letsoalo, 2009:12). Social workers are expected to provide a range of services to pregnant teenagers as individuals, groups, and members of communities (Kyei, 2012:134). Thus, social workers are key role players in the debate around the needs of pregnant teenagers as well as upholding their rights (Rubin & Babbie, 2011:6-10). There are different international laws in respect of children's rights (Panday et al., 2009:12; Rangiah, 2012:16). In South Africa, the most important legal document that governs children's rights is the Children's Act No. 38 of 2005. It endorses the protection, development and wellbeing of children and recognises the importance of prevention and early intervention services (Nicholas, Rautenbach & Maistry, 2010:66).

Thus, social workers who render services to pregnant teenagers should align their services to the requirements of the Children's Act No. 38 of 2005. Social workers employ various primary methods of social work practice when providing services to pregnant teenagers, namely, casework (direct practice with individuals), group work, and community work. Moreover, social workers are equipped with knowledge and skills to perform a variety of roles relevant to the needs of pregnant teenagers (Zastrow, 2010:44-45). Centred on a strengths-based perspective and an ecological approach, the provision of social work services represents a move to embrace social work practice values and principles (Scottye, 2008:483). As such, social workers provide social work services from a strengths-based perspective to help pregnant teenagers discover their own strengths so that they can be self-sustaining (Walton, 2001:628). On the other hand, the ecological approach provides social workers with a comprehensive way of helping pregnant teenagers as it recognises the interdependence between pregnant teenagers and the environment (Scottye,

2008:476). Pregnant teenagers' environment provides both risk and opportunity, hence social workers advocate for pregnant teenagers to access resources from their communal environment (Walton, 2001:628; Collins, Jordan & Coleman, 2007:15).

Globally, there are several statistical reports on the prevalence of teenage pregnancy. The World Health Organisation (WHO, 2001:21) states that 75 million teenagers experienced unwanted pregnancies between 1996 and 1999 worldwide. In 2000 the conception rate among teenagers in the United Kingdom (UK) ranged from 19.4 per 1000 to 89.8 per 1000. British statistics show that more than 42 000 teenagers become pregnant each year (Arai, 2007:88; Rangiah, 2012:10). In 2006 the United States of America (USA) had an estimated 750 000 pregnant teenagers between the ages of 15 and 19 years. However, the number decreased, albeit insignificantly, to 733 000 in 2008 because of school programmes such as sex education implemented as part of the school curriculum (Domenico & Jones, 2007:4; Borne, 2011:1; Solomon-Fears, 2012:1).

The situation in Africa is similar. Mwinga (2012:7) states that Africa has the highest rate of teenage pregnancy in the world with 143 per 1 000 girls aged 15 to19 years becoming young mothers due to early pregnancy. Furthermore, in Botswana, of the 44 412 total births in 2003, 7 932 constituted teenager pregnancies (Mwinga, 2012:8). However, it should be borne in mind that early marriage, and traditional and cultural practices are some of the factors contributing towards the high rate of teenage pregnancy in Africa. For instance, in the sub-Saharan countries, young girls becoming pregnant is often welcomed because it is viewed as proof of a young woman's fertility (Kyei, 2012:134).

In South Africa, statistical reports show an increase in the number of teenage pregnancies. According to Moultrie and McGrath (2007:442), teenage pregnancies decreased by 10% between 1996 and 2001 from 78 per 1 000 to 65 per 1 000. However, in 2002, 66 000 teenage pregnancies were reported. The figure increased to 86 000 in 2004 but dropped to 71 000 in 2006. The decline is associated with increased access to information on reproductive health and contraceptives (Moultrie & McGrath, 2007:442). However, Statistics South Africa (2006:1) reported that from 2008 to 2010, 160 754 teenagers became pregnant. Hence, an increase of pregnant

teenagers to 94 000 was registered in 2011 (Fredericks, 2013:1). This increase is believed to be the result of the "sugar daddy syndrome"[1]. In some instances, young girls date older men because they are promised a better life (Kanku & Mash, 2010:566). As such, the chances of some men using condoms during sexual intercourse are limited as teenagers receive money in exchange for sex (Smith, 2013:29). The researcher has also observed that the teenagers' involvement with older men thwarts the girls' educational and social development.

According to Kyei (2012:134), teenage pregnancy in Gauteng increased from 1 169 in 2005 to 2 336 in 2006, while in Kwa Zulu-Natal (KZN) more than 17 000 teenagers fell pregnant in 2010 (Rangiah, 2012:1). Conversely, Radebe (2013:1) reports a 30% decrease in teenage pregnancy in 2010 in KZN. In Limpopo Province, the Department of Social Development (DSD) reported an increase from 6 965 to 7 754 in pregnant teenagers during 2009 (DSD, 2011:12). In the Capricorn District of Limpopo Province where the research project was conducted, four out of ten teenagers fall pregnant at least once before they reach the age of 20 (Mothiba & Maputle, 2012:2).

The consequences of teenage pregnancy include a high infant mortality rate as well as high maternal mortality and sexually related diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (Kyei, 2012:143). Noticeable consequences related to pregnant teenagers include dropping out of school; truancy; abortion; child neglect, and poverty (Kanku & Mash, 2010:564; Sayegh, Castrucci, Lewis & Hobbs-Lopez, 2010:94; Kyei, 2012:143). Malahlela (2012:55) maintains that becoming pregnant at an early age has a negative impact on the education and future plans of teenagers since they do not attend school regularly, while others drop out of school and later fail to secure proper employment.

Families want to see their children completing school without any hindrance such as early pregnancy. Teenage pregnancy may affect the child's relationship with other family members, school mates, and educators. Moreover, it lowers the school's reputation and that of the community at large (Runhare & Vandeyar, 2011:4110-4111). Teenagers' parents may experience economic problems due to additional

---

[1] 'Sugar daddy' is a slang word referring to an older lover.

responsibilities in the family since they are responsible for socio-economic tasks such as caretaking, wage earning, and household management (Makola, 2011:18). The inability of teenagers' parents to cater for their grandchildren increases the financial burden on government funds, in the form of child care and foster care grants (Bezuidenhout, 2004:4).

The prevalence and effects of teenage pregnancy have caught the attention of top government officials in Limpopo Province. In 2011, a member of the Executive Council (MEC) for Health and Social Development and Education visited a secondary school in the Mopani District where 12 teenagers were found to be pregnant. The MEC appealed to social workers to equip teenagers with life skills and to inform them about the effects of teenage pregnancy (Nduvheni, 2011:1). Addressing teenage pregnancy is a challenge that requires social workers to work in collaboration with other role players such as parents, teachers, community leaders, nurses, psychologist, politicians as well as non-profit organisations. Compton, Galaway, and Cournoyer (2005:1) are of the view that social work is about helping others, but that it can also be a most challenging practice. Thus, "social workers do not pick and choose the problems and issues they would like to address," but they must prepare themselves to intervene appropriately (Nicholas et al., 2010:318).

There is a need for social work services for pregnant teenagers to enhance their parenting skills, assist them to improve communication with family members, and to secure stability in their living arrangements (Panday et al., 2009:12). Social workers provide services to pregnant teenagers at micro, meso, and macro levels. At these levels of intervention, social workers apply casework, group work, and community work services (Rengasamy, 2009:8-9). Based on their knowledge and skills, social workers perform a variety of roles relevant to the needs of pregnant teenagers such as being an enabler, broker, advocate, educator, negotiator, mediator, and activist (Zastrow, 2010:44-45). Hence, this study explores social work services provided to pregnant teenagers.

Social casework (direct services to individuals) is a method which helps the individual client to enhance his/her social wellbeing. As such, social workers administer practical services and thereby offer counselling to stimulate and support the psychological energy of pregnant teenagers. They record the pregnant

teenagers' personal information, explore their problems, make assessments, intervene, make follow-ups, and terminate sessions when the set goals have been reached (Schmied & Tully, 2009:1; Zastrow, 2010:43).

Furthermore, casework is utilised to mobilise pregnant teenagers' capacity and resources towards resolving their problems (Rengasamy, 2009:8). Therefore, social workers as enablers help teenagers to articulate their needs, clarify and identify their problems and explore resolution strategies. The clients then select and apply the strategies and develop their capacities to address the issues they are faced with more effectively (Carolus, 2008:49). Social workers employ various skills essential for social work practice when providing services for pregnant teenagers. For example, listening skills are required to elicit information and assemble relevant facts from pregnant teenagers in order to prepare a social history, an assessment, and a report (Carolus, 2008:49).

In other words, micro level intervention emphasises the personal interaction with the pregnant teenagers on an individual level or as a couple. This involves one-on-one discussions between the social worker and the pregnant teenager. The social worker's key role is to build and maintain a relationship with pregnant teenagers and their families to facilitate engagement in services (Schmied & Tully, 2009:1-2; Zastrow, 2010:45) and to modify behaviours that can create obstacles to their achieving their goals. This is done by referring pregnant teenagers to resources such as clinics. Social workers also refer clients to other service providers such as nurses and medical practitioners for additional provision of health services.

Social workers can also provide pregnant teenagers with new information, advising and educating them about coping skills and behaviour modification (Strydom & Tlhojane, 2008:47). In other words, social workers help teenagers realise their strengths and resources within themselves. The assistance of social workers towards extra support and understanding plays an important role in reducing the strain a teenager experiences (Motjelebe, 2009:18). When handling teenage pregnancy cases, social workers also conduct home visits and attend family meetings. Pregnant teenagers who have been raped are referred to the police to open a rape case against perpetrators (Inspired Consulting Group, 2012:1).

Apart from providing social work services to pregnant teenagers on a one-on-one basis, social workers also conduct group work sessions with pregnant teenagers at meso level. This intervention entails bringing pregnant teenagers together to share common problems, and to influence personal and group change (Lindsay & Orton, 2012:7). The discussion paper for the Scottish 21st Century Social Work Review (2005:2) supports the view that group work is an appropriate form of services through which pregnant teenagers share difficulties and are required to find ways of resolving them. Group work therefore aims to improve the functioning of pregnant teenagers as a group through enhancing their skills to establish mature relationships, self-awareness, and the development of a sense of belonging (Doel, 2000:148).

The task of the group worker is to assist in the development of "group dynamics that promote members' socio-emotional needs, while facilitating the accomplishment of group tasks" (Toseland & Rivas, 2005:64). Group members will assume different roles by developing culture and norms (Drumm, 2006:22). In employing Maslow's hierarchy of needs as a lens to conceptualise social work modalities, the mutual aid system of group work is an ideal medium in which to satisfy pregnant teenagers' "social needs for affection, belonging, acceptance, self-esteem" and actualisation (Drumm, 2006:24).

Pregnant teenagers are put at ease during the beginning of the group stage. In the middle stage, social workers encourage group members to divulge and explore their issues in order to try to resolve them (Drumm, 2006:24). As a result, a social work facilitator serves as a leader in a group. The facilitator brings together pregnant teenagers, and channels their activities and resources towards the resolution of a shared goal (Inspired Consulting Group, 2012:1).

In addition to case work and group work, social workers employ community work methods to meet the needs and expectations of pregnant teenagers. Community work is sometimes used interchangeably with community organisation and community development (South African Council for Social Service Professions, 1999). The purpose of social work in community settings is to organise, mobilise, and help communities to identify their own needs of resources in order to address those needs accurately, thereby motivating community members to realise their aspirations. Networking with the relevant stakeholders, non-governmental

organisations (NGOs) and private institutions can play a crucial part in controlling and curbing the rise in teenage pregnancy (Carolus, 2008:49).

Community workers provide social work services to pregnant teenagers, focusing on a number of services such as "school-based sex education, peer-education programmes, adolescent-friendly clinic initiatives, mass-media interventions as well as community-level programmes" to encourage pregnant teenagers to remain at school (Panday et al., 2009:8). It should be borne in mind that prevention activities take place at primary, secondary, and tertiary levels (Fogel & Mason, 2012:1). Primary prevention focuses on protecting pregnant teenagers in order to avoid problems from occurring by making sure that targeted action is undertaken timeously and efficiently (Doyle, 2006:1). Secondary prevention, on the other hand, is used to identify and prevent the problem from progressing; for instance, pregnant teenagers are encouraged to curb their identified problem behaviour through counselling (Doyle, 2006:5; Fogel & Mason, 2012:1). Tertiary prevention is used to prevent the problem behaviour of pregnant teenagers from spreading to other teenagers (Walker, 2005:12).

Regarding the secondary methods of social work, administrative tasks are put in place to achieve service effectiveness and organisational change, while research is conducted to discover and apply new knowledge to create and improve services that attend to the needs of pregnant teenagers (Nicholas et. al., 2010:199; DSD, 2011:39; Rwomire, 2011:110).

Overall, this chapter outlines a general synopsis of the study which informed the research process of collecting data on social work services provided to pregnant teenagers in the area under study. The chapter also presents the ethical considerations that guided the researcher through the process and the structure of the research report.

1.2 Motivation for the study

Motivation for undertaking research is the most essential precondition for the researcher (Brink, 2006:71). As a social worker working in the DSD Capricorn District from 2009 to date, the researcher has become acutely aware of the lack of in-depth information on the nature of social work services for pregnant teenagers.

The researcher observed pregnant teenagers dropping out of school; one committed suicide because she had disappointed her Christian family and felt brutally stigmatised by society, while some teenagers have more than one child. Hence, the researcher set out to conduct this study to explore social work services rendered for pregnant teenagers, and to offer suggestions to social workers how to improve services, focusing on pregnant teenagers, based on the findings of this research.

1.3 Problem statement

A problem statement refers to the nature of the problem, its context and significance for research (Burns & Grove, 2009:74). It includes recognising a difficulty, and defining and specifying it (Rubin & Babbie, 2011:133). Furthermore, a research problem is an "area of concern where there is a gap in the knowledge base" (Burns & Grove, 2009:68). The study conducted by Nicholas et al. (2010:274) shows that in the 19th century, social workers were concerned about sexuality problems resulting from the breakdown of families, which in turn led to social problems such as unwanted pregnancies.

The rate of teenage pregnancy is increasing in the Capricorn District of Limpopo Province. Often, the electronic and print media report new-born infants who have been left to die in bushes, dumped in waste bins or pit latrines in rural areas (Nduvheni, 2011:1). Teenage pregnancy hinders teenagers from reaching their dreams as most drop out of school. Pregnant teenagers lack psycho-physiological maturity and require social work services that offer them support to help them make a positive transition to parenthood (Malahlela, 2012:9; Panday et al., 2009:11).

A report by Beresford (2007:10) indicates that in the United Kingdom (UK) clients often complain that inadequate social support is provided by social workers and appropriate services are rarely available. For instance, at a meeting of the Polokwane Local Municipality's Integrated Development Plan (IDP) in 2011, attendees complained about social workers' negative attitudes towards the general public. She alleged that when she was pregnant, she was verbally abused by a social worker who said to her, *o se fefe and o rata tshelete,* which means that you are a prostitute and you like money.

Overall, as identification of the research problem is the initial and an important step in the research process (Kumar, 2011:44), it is now crucial to underscore that the problem statement for this study concerns the lack of in-depth information on the nature of social work services rendered to pregnant teenagers in the area under study.

1.4 Research question

The research problem is the most important part of any research derived from any problem that the researcher intends to investigate (Friedman, 2006:13; Dane, 2011:3). Blaikie (2007:6) points out that a research question is the foundation of all research that renders a research problem researchable. Creswell (2009:129) defines a research question as a broad and overall question that asks for an exploration of the central issue under investigation. Research questions are not stagnant but change and improved throughout the design phase while reviewing literature at the same time. As such, the research questions assist the researcher in remaining focused during the study entire project. They try to find insight into perceptions, opinions, beliefs and feelings of the participants (Hennink, Hutter & Bailey, 2011:33-35). Burns and Gray (2013:708) support the view that a "research question is a concise, interrogative statement development to direct a study." In order to explore and describe social work services provided by social workers to pregnant teenagers in the Capricorn District in Limpopo Province, the researcher posed the following research question: *What social work services are rendered to pregnant teenagers in the Capricorn District of Limpopo Province?*

1.5 Research goal and objectives

A research goal and objectives are important concepts in a research project because they direct the way to and concentrate on the study. A research goal is a description of what the researcher hopes to accomplish (Fouché & De Vos, 2005:104-106). It is basically "encompassed by the research questions; however, it might be laid out in more detail and specificity than the research question." Research aims to specify what the research intends to achieve (Braun & Clarke, 2013:53). As a result, the goal of this study was to gain an in-depth understanding of the social work services offered to pregnant teenagers in the area under study.

In order for the researcher to "achieve the goal of the study, objectives that describe different steps to be followed in this study should be formulated" (Fouché & De Vos, 2005:104-106). The research objectives are more concrete, have a broader focus and include abstract and complex concepts (Braun & Clarke, 2013:53; Grove, Burns & Gray, 2013:139). On the other hand, "… theoretical and practical outcomes tell the difference between basic and applied objectives. They join to allow basic objectives to address a problem of practical implications and through applied objectives make a contribution to knowledge about the issue" (Fouché & De Vos, 2005:104-106).

Generally, the research objectives were divided into the following:

- To obtain a sample of social workers who provide services to pregnant teenagers in the Capricorn District in Limpopo Province.

- To conduct semi-structured interviews with social workers in order to explore the social work services they offer pregnant teenagers.

- To conduct semi-structured interviews facilitated by open-ended questions included in an interview guide.

- To sift, sort and analyse the qualitative data gathered using Tesch's eight steps (cited in Creswell, 2009:186).

- To describe the social work services provided to pregnant teenagers.

- To examine and understand the data and carry out a literature control in order to confirm the findings.

- To draft conclusions and make recommendations on how to improve social work services to pregnant teenagers.

1.6   Theoretical framework

The ecological perspective focuses on life transitions, environmental pressures and maladaptive interpersonal processes (Cox, 2003:129). Sheafor, Horejsi and Horejsi, (2000:92) are of the view that problems in social functioning are the result of people-environment exchanges. Hence, the systems perspective complements the ecological perspective in that it focuses on the individual as part of multiple systems in the environment. The importance on the person-in-environment is the continual interactions between individuals, families, groups and their environments in order to

encourage growth and development (Teater, 2014:23). Notably, pregnant teenagers (biological, cognitive, emotional and social processes) and their environments (physical and social components) can be understood in the context of their relationship between and among them.

When providing services, social workers take into cognisance the physical environment as well as the influence or effect of social, educational, economic and political forces on pregnant teenagers (Gasker & Vafeas, 2010:296). Furthermore, the manifestation of spiritual systems that relates to strengths, resources, potential needs and risks on the lives of clients should be explored (Collins et al., 2007:15).

An ecomap and a genogram are graphic representations (tools) that display detailed information about individuals and their environment. These tools are used by social workers to show a diagram or sketch of where a teenager locates herself in relation her surroundings. This is important as the ecological perspective provides insight into the relevance of social networks and how these can be used to safeguard teenagers from negative effects of an unplanned pregnancy (Parker, 2011: 50).

Teenage pregnancy is multifaceted and does not have a single root cause. Therefore, assessment of problems and needs of pregnant teenagers from an ecological perspective considers factors at an individual, family, and community level and a comprehensive approach is utilized to address such problems. Hence, the perspective was deemed appropriate for this study as it addresses complex transactions between pregnant teenagers and their environments (Greene, 2010:199).

1.7 Research methodology

The study was qualitative in nature. The explorative, descriptive and contextual design was used as a strategy to accomplish the research goal. A detailed explanation on the application of the research method is presented in Chapter Two of this report.

1.8 Ethical considerations

A social work research project relies on the participants to provide rich information required to gain knowledge (Yegidis & Weinbach, 2002:26). In this study, the term ethics refers to good values, developed by people, which govern the conduct of

research because it is the responsibility of the researcher to protect the participants from "harm, provide them with adequate information to enable them to withdraw from the study if necessary" (De Vos, Strydom, Fouché & Delport, 2010:114-115; Mwinga, 2012:11). The researcher was granted an ethical clearance certificate (Annexure F) by the University of South Africa's (UNISA) Ethics Committee, after ensuring that the researcher successfully discussed the process to be followed and by obtaining the participants' informed consent, and maintaining anonymity, confidentiality, and appropriate management of information. A letter requesting the individuals' participation in this research study (Annexure A) was given to the participants who signed the consent forms (Annexure B). A clear statement of the purpose, procedures, risks and benefits of the research project was discussed together with the obligations and commitments of both the participants and the researcher (Sales & Folkman, 2000:35; Rangiah, 2012:6).

The researcher is a registered social worker with the South African Council for Social Service Profession (SACSSP), and as such has implemented the code of conduct as prescribed by the Social Service Professions Act No. 110 of 1978. Dudley (2011:37) indicates that the National Association of Social Workers (NASW) also promotes that the Code of Ethics be followed by all professional social worker. A research proposal was submitted and approved by the Research and Ethics Committee of the Department of Social Work at UNISA. The researcher managed to explain the process to be followed, while observing the aspects of informed consent, anonymity, confidentiality, and management of information. These are discussed below.

1.8.1 Informed consent

According to Burns and Grove (2011:123), consent is the prospective participant's agreement to participate in a study which is researched after assimilation of important information. Thus, informed consent is a mechanism for making sure that the participants understand their role of participating in the study to enable them to decide in a conscious, deliberate way whether they are willing or unwilling to participate (Mack, Woodsong, MacQueen, Guest & Namey, 2005:9; Marshal & Rossman, 2010:47; Makhitha, 2013:24). Informed consent is a critical tool applied to ensure that the participants' rights are respected during the research, especially taking into consideration their privacy (Malahlela, 2012:30). De Vos et al. (2005:59)

state that obtaining informed consent ensures that accurate information on the goal of the investigation, the procedures which will be followed during the investigation, as well as the possible advantages, disadvantages and dangers to which respondents may be exposed, have been provided.

The researcher ensured that all participants in this study were informed about all aspects of the research, namely its goal, objectives, methods and procedures, as well as their rights and tasks in the project. The researcher also responded positively to the questions asked by the participants and clarified them. Questions were asked by 14 participants, including two during the pilot-testing phase who were willing to participate voluntarily and signed the informed consent form.

1.8.2 Anonymity and confidentiality

As a social worker, the researcher is aware of the "importance of safeguarding the privacy and identity of the research participants from harm that can result from their identities being associated with the data collected" (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2010:9; Yegidis, Weinbach & Myers 2012:40). Confidentiality entails hiding the identifying particulars of the participants and any information that might cause potential harm to them (Ogletree & Kawulich, 2012:64). The ideal condition under which participants provide data is anonymity. Even the researcher does not know the participants' names, and cannot attribute to them any data that they provided. Data in this case would be in qualitative form and numbers may be used to conceal the identity of the participants (Dudley, 2011:43; Yegidis, Weinbach & Myers, 2012:40).

In this study, the researcher adhered to the ethical principles of anonymity and confidentiality. Letters of the alphabet were assigned to disguise the names of the participants. The researcher gave the assurance that data collected from the participants would be kept safe and locked in a cabinet, and that the information would not be shared with anyone (except with the study supervisor) or published without the participants' permission. No harm was caused to the participants with regard to anonymity and confidentiality.

1.8.3 Management of information

During the collecting, storing and presenting of data, the researcher should manage information to ensure that the ethical principles of confidentiality and anonymity are maintained (Engel & Schutt, 2009:64; Flick, 2011:220, Monette, Sullivan & DeJong, 2011:58). After collating the data, the researcher can offer participants a chance to uncover and delete any data which they wish to remain private (Monette et al., 2011:58). With the use of technology such as computers, the researcher develops an electronic database where a password is used to reduce the risk of access to data by unauthorised persons. Other social workers use lockable rooms and filling cabinets to protect the data obtained from the participants (Engel & Schutt, 2009:64; Flick, 2011:220).

The consent form (Annexure C), requesting permission to publish information was completed by the participants. The researcher ensured that records were kept in a safe, lockable place. A password was created for data stored electronically to make sure that unauthorised persons could not access stored data. To guarantee that participants remain anonymous, the researcher was vigilant when presenting the results. In this regard, the researcher changed the participants' real names and assigned letters of the alphabet when reporting results. For example, participant one in this study is referred to as participant A.

1.9 Conceptualisation of key concepts

The term concept is explained by Monette et al. (2011:30) as a mental construct or image developed to symbolise ideas, things, or events. As such, the researcher finds it critical to define and describe key concepts as follows:

1.9.1 Social work

Social work is internationally defined as "a profession that promotes social change, problem solving in human relationships, empowerment and the emancipation of pregnant teenagers to enhance their well-being" (Hare, 2004:409; Barsky, 2006:14; Earle, 2008:15; Nicholas et al., 2010:5). Theories of human behaviour and social systems are employed to understand the interaction of the person and the environment. Thus, the principles of human rights and social justice are central to social work (Hare, 2004:409). Social work improves individuals' capacity to resolve problems, cope and function effectively. It links individuals "with needed resources,

improve social service delivery and promotes justice through the development of social" policies (DuBois & Miley, 2011:3). It seeks to deal with "inequalities and injustices that exist within the communities while using a variety of skills and techniques." Consequently, social work interventions range from "primary person-focused psychosocial processes to involvement in social policy, planning and development. Intervention is done at a micro, meso and macro level" (Nicholas et al., 2010:5, 11; Hepworth et al., 2010:5).

Overall, social work encompasses comprehensive methodologies that stretch "from clinical interventions with individuals, families and groups, to community-based interventions, policy practice and social development" (Hare, 2004:417). Its focus is on enabling people within their environments to develop full potential, enrich lives and prevent dysfunction (Seabury, Seabury & Garvin, 2011:9).

In the context of this research, social work refers to a profession that seeks to help pregnant teenagers, their families and partners/boyfriends to resolve challenges they are faced with in order to develop coping strategies. This would enhance their day-to-day functioning.

1.9.2 Social worker

According to DuBois and Miley (2011:3), a social worker is a professional person who assists others with his or her skills and techniques to resolve problems and get identified resources, provides support during crises, and facilitates social responses to those who are in need of assistance. In South Africa, a social worker should have completed a four-year Bachelor's degree in social work at any of the accredited universities, and has registered under Section 17 of the Social Service Professions Act No.110 of 1978 as amended. Therefore, a social worker becomes a change-agent within the society and in the lives of the individuals, families, groups, and communities (Council & International Federation of Social Workers & International Association of Schools of Social Work, 2001:1). Social workers' professional relationships are built upon a high regard for individual worth and dignity, and are advanced by mutual participation, acceptance, confidentiality, honesty, and the responsible handling of conflict (DuBois & Miley, 2011:3). In terms of the Children's Act No. 38 of 2005, a designated social worker is a professional in the service of the

National or Provincial Department of Social Development or a designated child protection organisation or a municipality.

1.9.3 Casework (direct practice with individuals)

Casework is a method of direct practice within social work and is typically conducted on a face-to-face basis with individuals, groups, or families. This often involves advocating for the plight of these teenagers whereby the social worker seeks resources in the interest of the client (SACSSP, 1999). Hepworth et al. (2010:23) state that casework is a social work method used by social workers, consisting of activities in widely varying settings, aimed at assisting individuals, couples, or families to cope more effectively with problems that impair their social functioning. As such, the social worker aims to strengthen the empowerment capacities of the clients through casework.

1.9.4 Group work

Toseland and Rivas (2012:11) define group work "as a goal-directed activity" with lesser treatment, and task groups "aimed at meeting socio-emotional needs and accomplishing tasks". This activity is directed towards individual members of a group and towards a group as a whole within a system of service delivery. Doel (2000:148) refers to group work as a method of social work practice which is concerned with the recognition and use of processes which occur when two or more people work together towards a common purpose. Lindsay and Orton (2012:7) add that group work is a method of social work that "aims, in an informed way, through purposeful group experiences, to help individuals and groups to meet individual and group needs, and to influence and change personal, group, organisational and community problems." Groups foster an understanding that individuals are not alone in their suffering by, for instance, universalising the issues pregnant teenagers face. Hence, belonging and relating to a peer group reduces anxiety, increases self-expression and willingness to try new ideas (Drumm, 2006:23; Toseland et al., 2005:64). The SACSSP (1999) states that group work is a method used in social work practice that involves a small group of people with common interests or concerns who meet on a regular basis to work towards their common goals. The latter definition is adopted for purposes of this study.

1.9.5 Community practice

The commonly used concept is community development which focuses on the method (means) to bring about change through the use of a community development worker (CDW) (Swanepoel & De Beer, 2011:36). However, community practice refers to "taking action to enhance the quality of life of communities" (Schenk, Nel & Louw, 2010:9), which is adopted for the purpose of this study.

1.9.6 Generalist social work

Generalist social work is an integrated and multilevel approach designed for meeting the purpose of social work (Dudley, 2009:8). As such, social workers interact with pregnant teenagers at all levels and link them with available resources, enhance the responsiveness of organisations in terms of resource systems, advocate just social policies to ensure equitable distribution of resources, and research all aspect of social work practice (Scottish Executive, 2005:23). On the other hand, Compton et al. (2005:15) view a generalist as a social work practitioner whose knowledge and skills encompass a broad spectrum, and who assesses problems and their solutions comprehensively. The social worker would have to understand and demonstrate the skills and competence in the whole range of services provided to pregnant teenagers (Carolus, 2008:48).

1.9.7 Teenage pregnancy

The term teenage pregnancy relates to a teenager or under-aged girl (usually between the ages 13 and 19) who becomes pregnant (Kanku & Mash, 2010:564). Mothiba and Maputle (2012:1) are of the same view, that a pregnant teenager is a pregnant woman younger than 19 years of age. In this study, pregnant teenagers refer to teenage girls between the ages 13 and 19.

1.10 Structure of the research report

The research report is structured as follows:

- **Chapter One: Orientation to the study**

    This chapter provides the introduction and background to the study, motivation for the study, problem statement, research question(s), aim(s) and objectives,

ethical considerations, conceptualisation/key concepts, and structure of the research report.

- **Chapter Two: Application of the research methodology**

  This chapter provides a detailed research methodology which includes the application of the qualitative approach, research design, and methods of data collection, analysis, and verification of data.

- **Chapter Three: Presentation and discussion of the findings**

  The chapter focuses on the presentation of the research findings and literature control to verify the findings.

- **Chapter Four: Summary, conclusions, and recommendations**

  In this chapter, a summary of the research report, overall conclusions based on major findings, and recommendations are provided.

1.11   Conclusion

The research problem was explored in this chapter, informed by research questions and objectives of the study. Key concepts were defined to guide the study. The chapter also structured the research into five chapters. The ensuing chapters (Chapters Two to Four) sequentially focus on the overview of the theoretical perspective on social work services, application of the research methodology undertaken during this study, as well as the presentation and discussion of the findings and the summary, concluding remarks, and possible recommendations.

CHAPTER TWO

APPLICATION OF THE RESEARCH METHODOLOGY

2.1 Introduction

This chapter focuses on the application of the research methodology employed throughout the study, and how the research was conducted and structured. The major aim of this study was the exploration and description of how the qualitative research process was used to understand the social work services which social workers provide to pregnant teenagers in the area under study. Focus is placed on the research approach and design, population and sampling, preparing participants for data collection, data collection, pilot testing, data analysis, as well as data verification.

2.2 Research methodology

The researcher endeavours to understand and seek new explanations on the social work services that social workers render to pregnant teenagers in the Capricorn District in Limpopo Province. The researcher adopted a qualitative research method as described by Dudley (2011:20), namely that "qualitative methods are an approach to collect data in an attempt to discover the quality of something, its peculiar and essential character," and unlike quantitative methods which involve analysis of numbers these "methods are inductive in nature and attempt to discover new explanations" (Dudley, 2010:25). Yegidis et al. (2012:21) add that qualitative research emphases words such as subjective, relative, or contextual. Wisker's (2008:65) research methodology is explained as the rationale used to administer a research study that determines the procedures to be followed in addressing the research problem. A qualitative research methodology is based on the belief that knowledge of human beings is subjective as it is socially constructed (Chilisa & Kawulich, 2012:56). The methodology consists of approaches that seek to understand the behaviour and lifestyle as experienced by the individuals involved (Creswell, 2013:45).

Thus, a qualitative research methodology was considered appropriate to explore the uniqueness of individual social workers' experiences and perceptions on the nature

of social work services they render to pregnant teenagers, hence the ensuing methodological discussion.

2.3 Research approach

A qualitative approach is a multi-perspective approach that seeks to understand participants in their natural setting by interpreting a social phenomenon in terms of the meanings participants attach to it (Denzin & Lincoln, 2011:4, 24). On the other hand, Berrios and Luca (2006:184) refer to it as an investigation into the "pure experiences" of the participants. The focus is on participants' lived experiences and obtaining a deeper understanding of their thoughts and feelings (Royse, 2008:27). Monette et al. (2011:92) indicate that these human experiences, meanings, or feelings cannot be meaningfully reduced to numbers and measures; instead they can be better expressed through in-depth interviews with participants and through qualitative, narrative descriptions. In this study, the researcher interviewed the participants at their workplace.

A qualitative approach is considered most suitable when in-depth information or knowledge on a particular research topic is "sketchy or where there is little theoretical understanding" which "makes it impossible to develop hypotheses" (Royse, 2008:270; Monette et al., 2011:92). It tends to be exploratory, descriptive, and contextual in nature, and result in the formulation rather than verification of hypotheses (Monette et al., 2011:92).

The following paragraphs describe some of the characteristic features of the qualitative approach:

In this research study, "qualitative approach depends on inductive instead of the deductive reasoning" (Yegidis & Weinbach, 2002:17). This "approach permits the researcher to recognize many factors involved in the problem under study, to develop a complex picture of the problem and to report on multiple perspectives" (Creswell, 2009:176).

The "first plan for the research process is flexible; as a result it can be modified during the research process in order to gather information about the problem from the participants' perspective" (Creswell, 2009:175-176). By itself, a "widespread review of literature may not occur prior to data collection; instead an in-depth pilot

testing of literature control may be done to endorse or question the initial findings of the research" (Yegidis & Weinbach, 2002:17). A pilot-testing activity was done on two of the participants prior to data collection.

According to Yegidis, Weinbach, and Myers (2012:22), "the researcher is the primary instrument for data collection and analysis which requires constant contact with the participants in their natural settings."

Data gathered as "qualitative are mostly written or spoken words or observations that do not have a straight mathematical interpretation" (Engel & Schutt, 2009:23). Furthermore, "data analysis is explanatory as it involves understanding the meaning of words and observations" (Remler & Van Ryzin, 2011:57). The researcher used an interview guide to collect data.

Due to a lack of in-depth information on the nature of social work services to pregnant teenagers a qualitative approach was considered suitable to gain a deeper understanding of the phenomenon. Moreover, this investigation sought to explore and describe (Mack et al., 2005:29) social work services rendered to pregnant teenagers in the Capricorn District in Limpopo Province. This was done through face-to-face, semi-structured interviews (Mack, Woodsong & MacQueen, 2005:9). A face-to-face, semi-structured interview was conducted with each of the 12 participants at their respective venues.

2.4 Research design

The researcher laid out a plan before the participants were interviewed as explained by Marshall and Rossman (2011:89) that "research design presents a clear, feasible and flexible plan with concrete and specific details to conduct the study." In addition, Royse (2008:29) defines a research design as a "blueprint which outlines the approach to be used to collect data and generally provides information about thewho, what, when, where and how of the research project." Durrheim (2006:44) is of the view that the "researcher is guided by the goal of the study when developing the research design." A research design is "the entire process of research from conceptualising the problem, to writing the narrative" (De Vos, Strydom, Fouché & Delport, 2005:271).

The research design includes "reflection on one's identity and one's sense of voice and perspectives, assumptions, and sensitivities" (Marshall & Rossman, 2011:96; Monette et al., 2011:92). In this study, an exploratory, descriptive, and contextual research design was used with the aim to explore and describe social work services rendered to pregnant teenagers in the Capricorn District of Limpopo Province. The description of the research design is presented below:

2.4.1 Exploratory design

An exploratory research design arises when there is a dearth of basic information on a new area of interest (Bless, Higson-Smith & Kagee, 2006:47; Royse, 2008:29; Rubin & Babbie, 2010:41; Marshall & Rossman, 2011:69). In using this design the researcher aims to "yield new insights or provide an in-depth understanding of the perspectives and experiences of the research participants" (Babbie, 2010:93; Hennink, 2011:10). An exploratory research design was utilised in this research to gain an in-depth understanding on social work services to pregnant teenagers. Consequently, the researcher used an "open-ended, flexible and an inductive approach in an endeavour to develop new insights and questions on the phenomenon" (Durrheim, 2006:44). An exploratory research design was necessary because little was known about the services participants render to pregnant teenagers.

2.4.2 Descriptive design

In contrast to exploratory research, a descriptive design is more "concerned about the participants and their environment, interactions, meanings and everyday lives" (Rubin & Babbie, 2011:134). It makes it possible for the researcher to gain a better understanding of the phenomenon under study "through complex textual descriptions" (Rubin & Babbie, 2010:42; Marshall & Rossman, 2011:69; Remler & Van Ryzin, 2011:5). The researcher opted to employ the descriptive research design to produce qualitative descriptions on a complex phenomenon, and provide rich details about the participants' environment, events, beliefs, attitudes, interactions, and interpretation of the phenomenon under investigation (Rubin & Babbie, 2010:42; Marshall & Rossman, 2011:68-69). The researcher observes and then describes what was observed. In this instance, the descriptive research design

for this study research design enriched the study about the nature of social work services rendered to pregnant teenagers.

2.4.3 Contextual design

In using contextual design "field interviews are conducted with participants in their work places exploring a new area of study or complex issues that embrace the perspective of the study population and the context in which they live" (Hennink et al., 2011:10). Qualitative research aims to investigate phenomena in social settings to derive personal meaning. The researcher compiles "concrete detailed data about what occurs in the context of the participant's work" (Holtzblatt, Wendell & Wood, 2005:22). The context in this research endeavours includes the environment and conditions in which the study took place (Holloway & Wheeler, 2010:5). This study was aimed at exploring and describing the research question, hence the researcher interviewed social workers who render social work services to pregnant teenagers in rural and urban areas in the Capricorn District of Limpopo Province.

The following section describes the research population and the sampling methods used to procure the most suitable sample.

2.5 Population and sampling

The term population refers to the "totality of the target group, persons or other sampling units from which a sample must be drawn" (Rubin & Babbie, 2010:135; Monette et al., 2011:136; Strydom, 2011:223). Moreover, "a sample is a subset of cases selected from the population" (Yegidis & Weinbach, 2002:180). In qualitative studies researchers look "for a sample that will provide appropriate and adequate insight into people's experience of the world, offer in-depth and" rich information of the social phenomenon or represent a breadth of human experiences (Nicholls, 2009:639).

It is important to note the distinction between "universe" and "population." Strydom (in De Vos, Strydom, Fouché & Delport, 2005:193) emphasises that "universe means all potential subjects who possess the attributes in which the researcher is interested," whereas "population refers to individuals in the universe who possess specific characteristics." The population for this study comprised male and female

social workers with more than two years' experiences providing social work services within the Department of Social Development (DSD) in the Capricorn District.

Non-probability sampling methods are preferred in qualitative research as opposed to probability sampling methods, because the likelihood for inclusion in the sample cannot be calculated as the characteristics of the sample are more important than the representativeness or generalisation of findings to other settings (Monette et al., 2011:149; Yegidis et al., 2012:196). Focus is on selecting cases or persons that can provide rich information on the phenomenon under study rather than giving the target population an equal chance for inclusion in the study (Laher & Botha, 2012:89). It was important for the researcher to select a sample purposefully to inform the understanding of the phenomenon being studied. Hence, the researcher opted for the use of non-probability, purposive sampling.

2.5.1 Sampling technique

In developing a purposive sample, the researcher would use prior knowledge or expertise to select individuals who can best serve the purpose of the study (Berg, 2009:50-51; Babbie, 2010:193; Monette et al., 2011:153). The researcher was un-biased when selecting social workers for this study. As such, a purposive sampling method was used where a justifiable sample, coupled with ingenuity, was drawn (Durrheim, 2006:50; Rubin & Babbie, 2010:147; Glesne, 2011:44; Laher & Botha, 2012:93; Miles, Huberman & Saldaña, 2014:32). Accordingly, in non-probability purposive sampling suitable participants are "selected according to preselected" criteria relevant to a particular research topic (Mack et al., 2005:5; Laher & Botha, 2012:93).

Using knowledge from personal experience with social workers, the researcher selected social workers who met the following criteria:

- Social workers employed by the Department of Social Development in the Capricorn District, Limpopo Province with a minimum of two years' experience.

- One social worker employed by the Department of Health in the Capricorn District, Limpopo Province with a minimum of two years' experience.

- Social workers who are known to be assertive and able to articulate their ideas without fear.

- Both male and female social workers willing to participate in the study.

2.5.2 Sample size

Another criterion that is considered in assessing the quality of a research sample, is the sample size (Yegidis et al., 2012:197). Therefore, Yegidis et al. (2012:197) link sample size to the number of cases the sample contains but not the percentage of the population or sampling frames that it contains. There were no predetermined responses; rather, data saturation was applied as a guiding principle for data collection (Laher & Botha, 2012:88; Mason, 2010:17). A sample size of 12 social workers was decided upon. Extensive and in-depth information was collected until a point was reached when forthcoming data no longer added value to the emerging findings (Creswell, 2013:157; Miles et al., 2014:31). Gerrish and Lacey (2010:150) maintain that grounded theory uses the concept of saturation to determine sample size. Here, data are collected and analysed until no new themes emerged; therefore, it is assumed that all the component parts of the phenomenon under study have been captured.

The following section provides information on how the participants were prepared for the semi-structured interviews.

2.5.3 Recruitment and preparation of participants

Before making contact with prospective participants, the researcher needs to work together in close consultation with gatekeepers or authorities to obtain permission to conduct the research study, first by identifying potential participants (Mack et al., 2005:6). The gatekeepers might request a letter detailing the research plan, and the researcher might need to negotiate conditions for accessing the research site from the leaders or gatekeepers (Glesne, 2011:57; Ogletree & Kawulich, 2012:65). The researcher wrote two letters, one to the Capricorn District office and the other to the Capricorn Sub-District office (Annexure G). The district office subsequently wrote a letter to the provincial office informing them about the research project. In response, three months after the initial request, the provincial office granted the researcher written permission to conduct the research study (Annexure H). These processes

involved providing information about the research, listening and responding to concerns or demands, and clarifying critical issues about the research (Glesne, 2011:58).

When access to the participants is obtained, the researcher would then notify prospective participants about the study. During these individual sessions, the researcher made sure that participants were familiarised with all aspects of the study, keeping in mind the maxim that the first impression sometimes may affect the entire study (Engel & Schutt, 2009:64; Babbie, 2010:316).

Participants are normally informed about all aspects of the research which allows them to weigh the benefits and the risks associated with participating in the study (Engel & Schutt, 2009:64). If the participants are prepared to participate, informed consent forms (Annexure B) should be completed and signed by both the researcher and each participant (Berg, 2009:88). Babbie (2010:317) asserts that this "enables the researcher to establish an open and trusting relationship with the prospective participants."

Regarding access to potential participants, the researcher was requested to prepare a research proposal that could be reviewed by the Research and Ethics Committee (REC) in the Department of Social Work at the University of South Africa (UNISA) to ensure that participants would be protected from potential harm. Thus, the research proposal was examined by the REC and an ethical clearance certificate was issued (Annexure F).

Notably, a letter of permission was received from the Head of the DSD Provincial Office (Annexure H), which the researcher presented to the Capricorn District local municipalities before conducting the research. Upon receiving permission from the latter, the researcher started recruiting potential participants.

Informed consent forms should specify the participant's right to withdraw from the study without penalty (Creswell, 2013:153; Ogletree & Kawulich, 2012:68-69). It should explain the research procedures, outlining the goal of the research, ethical considerations and benefits associated with the study, potential threats that could impede the progress of the study, as well as contact information for further clarification. Both the researcher and the participant should sign and date the

consent form (Berg, 2009:88; Creswell, 2013:153). As such, "the researcher would be able to create an inductive, open and trusting working relationship with the potential participants during the study project" (Babbie, 2010:317).

It is important to conduct a research interview in an appropriate venue without distractions such as opening and closing of doors, telephones ringing, or children moving about; the environment should allow participants to feel at ease to participate freely (Hennink et al., 2011:121; Glesne, 2011:113). Setting a suitable time for the interviews allows participants a moment to assemble, relax, and communicate for the duration of the interview (Hennink et al., 2011:121). As such, the participant sets a date, time, and place for the semi-structured interview to be conducted.

The research interviews were conducted in the participants' offices. A notice was placed on doors to indicate that interviews were in progress and that access was prohibited. Participants also informed their colleagues that they should not interrupt the interview process. All telephones were switched off.

In addition, permission to digitally record the interviews and write down notes on observations and interesting points was granted by the participants interviewed. The researcher explained to the participants that information recorded can be accessed by only the supervisor and the independent coder. Thus, information would be kept confidential to protect the identities of the participants. Mack et al. (2005:9) write that participants are informed about their rights and ethical considerations when they agree to participate (Mack et al., 2005:9).

During the initial contact with individual participants, the researcher formally introduced himself and gave the participants the opportunity to ask questions regarding the research plan. The researcher also clarified that there would be no incentives, monetary or otherwise, if they agreed to participate. After participants showed their willingness to participate, informed consent forms were signed by the researcher and the participants. However, some participants declined to participate because of time constraints, and others who initially agreed to participate cancelled their appointments at the eleventh hour. The researcher recruited 16 participants. Two of them were part of the pilot-testing project, two turned down the invitation, and 12 participants took part in the study.

2.6 Data-collection method

Throughout the study, the "method of data collection entailed documents, observation, digital recordings and interviews" (Creswell, 2009:185), hence it is important for the researcher to note that a good relationship with the participants should be established before data collection occurs. Then, the researcher in planning to collate data engages in activities that are aimed at providing answers to the research questions (Creswell, 2013:147). Burns and Grove (2011:52) emphasise that data collection is "a plan for precise, systematic gathering of information."

Data were collected by conducting semi-structured interviews with 12 participants. A semi-structured interview is an interview that is less structured, allowing participants an opportunity to answer in their own words, in a meaningful, rich, and enlightening manner without being coached by the researcher. In qualitative research data collected from the interviews cannot be quantified but described in terms of themes, sub-themes and categories relating to the participants' views (Mack et al., 2005:4; Remler & Van Ryzin, 2011:64).

Interviews are conducted with participants in order to understand their social worlds and meaning attached to their realities. An interview is a conversation that demonstrates the art of asking questions and listening (Denzin & Lincoln, 2005:643). An interview guide includes a set of open-ended, probing questions that gives participants the opportunity to respond in their own way, with other questions emerging from the dialogue between the researcher (interviewer) and the participants (interviewees). The purpose of the interview is to capture the participants' lived experiences in their own words (Marshall & Rossman, 2011:93). The choice of semi-structured interviews offers sufficient flexibility to approach participants differently while exploring emerging topics (Noor, 2008:1602-1604; Rubin & Babbie, 2010:104). They are often the sole data source for a qualitative research project, and are usually scheduled in advance to take place at a designated time and location.

The researcher introduced himself to the potential participants (social workers) and explained the purpose of the research project. The research questions were conducted in English.

2.7 Reflexivity

With regard to flexibility, the researcher adapts the sequencing and the wording of the questions listed in the interview guide to each individual participant (Rubin & Babbie, 2010:104). As such, the researcher should be prepared to remove or change questions included in the interview guide (Glesne, 2011:103). This might require of the researcher to return to the previously interviewed participants in order to ask questions that emerged in the study (Glesne, 2011:103). The author further writes that the researcher should inform the participants about the possibility of a second interview to clarify emerging insights. Personal reflexivity refers to how a person's values, beliefs, acquaintances and interests influence his research (Doyle, 2013:238). In this instance, the researcher distanced himself from influencing the thinking of participants by allowing them to discuss and openly narrate their experiences (Doyle, 2013:238; Ncube, 2015:50).

2.8 Bracketing

According to Doyle (2013:238-255), "bracketing is mind mapping or phenomenological reduction." The researcher should develop a non-judgmental and objective attitude about the participants naratives and information shared (Doyle, 2013:238-255). In this study, the actual words spoken by the participants were captured electronically (Doyle, 2013:238-255; Ncube, 2015:50). After each interview, the researcher reflected on his role as interviewer to ensure that his ideas did not influence the participants' responses.

In creating an interview guide, a researcher frames questions that allow him or her to explore the phenomenon under study with the participant (Nicholls, 2009:640). The extent of an interview guide's detail depends on the extent of the anticipation of the topics and issues to be covered (Rubin & Babbie, 2010:104). It is recommended that the researcher should familiarise the participants with the contents and purpose of the interview guide prior to the interview session (Rubin & Babbie, 2010:105).

Before data collection, the researcher planned an interview guide, which contained a list of open-ended questions, allowing for further probing if deemed necessary. The interview guide was attached to the letter that was sent to the participants requesting them to participate in the study. The researcher emphasised that new topics that

emerge during the interview would be explored, and participants were also encouraged to openly and comprehensively share their stories. The biographical questions that were included in the interview guide are as follows:

- Gender.

- How would you like to be addressed during the interview?

- How old are you?

- What is your highest level of education?

- What are you studying currently?

- What position do you occupy at work?

- How long have you been involved in providing services to pregnant teenagers?

- In which areas of the Capricorn District do you provide services to pregnant teenagers?

After gaining the biographical information on the participants, the researcher asked open-ended questions related to the research topic. Such questions did not elicit a simple yes or no answer, and were not leading participants' responses in a certain direction (Hennink et al., 2011:119). Such questions enabled participants to share the nature of social work services provided to pregnant teenagers (Hennink et al., 2011:120).

The interviewer's task was to collect data while listening to and encouraging the participants to share their experiences (DiCicco-Bloom & Crabtree, 2006:314-321). The following open-ended questions were used to gather information from the participants:

- Share with me the social work services you provide to pregnant teenagers (probing at individual, group, and community levels).

- In your opinion, which social work services do you find helpful for pregnant teenagers?

- What challenges do you encounter when rendering services to pregnant teenagers?

- How do you address challenges you encounter when providing social work services to pregnant teenagers?

- What suggestions do you have on how to improve social work services for pregnant teenagers?

The researcher used the following interviewing skills and techniques to gather information from the participants:

Reflexivity: Reflexivity is critical to engagement and personal introspection through which the impact of any preconceived or culturally defined beliefs, values and possible prejudices are identified, considered and confronted by the researcher. The researcher may also contemplate how the research process may impact upon the findings, results, or conclusions (Carey, 2012:17).

Establishing rapport: A good working relationship was established between the researcher and the participants. Rapport with the participants fosters open and free communication, which is the hallmark of effective interviews (Hepworth et al., 2010:44). Nicholas et al. (2010:105) maintain that rapport is the "relationship of trust" between the researcher and the participants. The researcher should be able to use skills such as active listening skills. The researcher started by greeting the participants, and questions logically flowed to biographical ones (Hepworth et al., 2010:44).

Logical order: The researcher should anticipate as best he can how the participants would understand the research questions and how they are likely to respond (Maxwell, 2013:101). He role-played the position of an interviewee and got feedback from colleagues about how they thought the questions will work. The researcher should pilot-test the interview guide to determine if the questions work as intended and what revisions the research needs to make (Maxwell, 2013:101). This enables the researcher to ensure that all questions are presented in logical order as they appear in the interview guide, and to avoid confusing the participants. The questions should generally be short and to the point. More information can then be drawn and non-directive probes such as *"Can you tell me more about that?"* and follow-up questions can then be tailored to the answers which flowed to the main questions (Hennink et al., 2011:109; 116-117; Schutt, 2012:306).

Active listening: Listening requires concentration and focus beyond what researchers do in everyday life (Seidman, 2013:359). He or she should be conscious of time during the interview; be aware of how much ground has been covered, and how much there is still to do. It is also important for the researcher to be sensitive to the participants' energy level and any nonverbal cues such as eye contact the participants may exhibit which may indicate a drop in concentration. In order to facilitate active and accurate listening, the researcher digitally recorded the interviews, and took notes to keep track of information that the participants shared with him in order to revisit these subjects when necessary (Hesse-Biber & Leavy, 2011:105; Seidman, 2013:359-367).

Emphasising the participant's perspective: In this study, the purpose of the research interview was to elicit the participant's perspective; therefore, the researcher considered himself the student and treated the participant as the expert. The researcher was mindful that he should demonstrate a neutral attitude. He should be aware of what he says, how he says it, and bear in mind that his body language could convey his own biases and emotional reactions (Mack et al., 2005:39).

Clarification: The researcher should sympathetically search for further clarification from the participants during the interviews on the meanings attached to their responses (Nieuwenhuis & Smit, 2012:133). The researcher was not biased when asking participants questions; he employed open-ended, neutral probes to demonstrate keenness and honesty to gather information as experienced and perceived by the participants.

Effective questioning: Proficiency in effective questioning techniques is important when conducting interviews in order to encourage participants to speak freely. This involves keeping track of which questions have or have not been asked and answered. The researcher should ask open-ended questions, avoid leading questions, and use follow-ups and probing (Mack et al., 2005:41). The researcher was guided by the interview guide to ask relevant questions. Open-ended questions such as "would you please describe the social work services rendered to pregnant teenagers?" were asked. Probing was also used to elucidate contradictory views on an issue; for example, one participant initially said that there were no social work services provided to pregnant teenagers but later on reversed her statement and

said that social work services are provided to pregnant teenagers. Probing was used to highlight such conflicting responses.

Ending the interview: The researcher thanked each participant for the time and valuable contributions made throughout the research project, and for their willingness to participate.

The section below discusses the pilot testing conducted by the researcher to familiarise himself with the research study methods and procedures.

2.9 Pilot testing

Pilot testing is a purposful role-playing exercise which is conducted by the researcher to test, learn, get acquinted with and inprove the research methods, questions, and skills (Mack et al., 2005:37; Glesne, 2011:56; Hennink et al., 2011:120). The researcher should clearly explain the purpose of the pilot testing to the participants (Glesne, 2011:56).

Two participants who took part in the pilot testing of the research questions were selected from the target population following the set criteria discussed earlier in Section 2.5.1. Face-to-face semi-structured interviews were conducted in English. With the guidance and support of the supervisor the researcher was supplied with various articles relating to qualitative interviews and successfully executed the pilot testing. The question that needed clarification was, "*Share with me the social work services you provide for pregnant teenagers*" and it was corrected to read "*Share with me social work services you provide for pregnant teenagers at the individual, group and community level.*"

The pilot testing afforded the researcher an opportunity to acquaint himself with interviewing skills and techniques. He also felt confident when preparing to conduct interviews with participants which yielded rich information required for the study.

The following section is based on the data analysis process.

2.10 Method of data analysis

Qualitative data can be analysed in many different ways, based on a variety of philosophies and qualitative methodologies (Dudley, 2011:250). Botma, Greef,

Mulaudzi and Wright (2010:220) state that "data analysis involves making sense of text and image data, preparing it for analysis, conducting different analyses, and interpreting and representing the data." In this study, the researcher analysed data using a step-wise framework proposed by Tesch (in Creswell, 2009:186). In qualitative research, "data analysis consists of preparing and organising the data for analysis, then reducing it to themes through the process of coding and condensing the codes, and finally representing the data in figures, tables or a discussion" (Creswell, 2007:148; Morake, 2013:34). The researcher became immersed in the participants' experiences by repeatedly listening to the audio recordings (Streubert & Carpenter, 2011:92). The researcher transcribed data immediately after each interview. The transcripts were analysed in detail to determine common themes, and these were then divided into sub-themes and categories (Rangiah, 2010:20).

The researcher categorised the analysed data into themes and sub-themes using a coding system in accordance with the following step-wise framework proposed by Tesch (in Creswell, 2009:186):

- The transcripts were read one by one, the researcher making notes and writing down the first idea that came to mind.

- The researcher systematically worked through all the transcripts in order to understand what the interviewees tried to convey.

- After completion, the researcher compiled a list of similar themes which he divided into columns of main themes, sub-themes, and categories.

- The themes were then abbreviated in code form, and these codes were written next to the appropriate segments of the text, observing the organisation of data to establish whether new categories or codes emerge.

- Each transcript was coded to correspond with the list of themes and sub-themes.

- The transcripts were coded in alphabetical order.

- The researcher grouped the data material belonging to each category together, and performed a preliminary analysis.

The researcher reported on the findings and sought the expertise of an independent coder for data analysis. The coder's report was forwarded to the study supervisor for discussion with the researcher, after which the required data verification and quality checks were effected (Friese, 2014:14).

2.11 Data verification

In qualitative research, "data verification checks help the researcher to ensure the reliability and validity of the findings to increase and support the findings and conclusions. Rigor in qualitative terms is a way to establish trust or confidence in the findings of a research study" (Thomas & Magilvy, 2011:151-155). To demonstrate the trustworthiness of the research findings, the researcher employed Lincoln and Guba's model of trustworthiness of qualitative research for data validation (Morrow, 2005:251; Anney, 2014:275; Cope, 2014:89; Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs, 2015:1-6).

This model addresses four components of trustworthiness relevant to qualitative research, namely credibility, transferability, dependability, and confirmability (Morrow, 2005:251; Thomas & Magilvy 2011:151-155; Anney, 2014:275; Cope, 2014:89), which are discussed as follows:

2.11.1 Credibility of findings

Credibility refers to the truth of the data; in other words, it is the participants' views, and the interpretation of these views by the researcher (Cope, 2014:89). To improve credibility, the researcher should "offer feasible alternative interpretations and argue equally for or against them" (Julie, 2013:47). Anney (2014:276) states that "credibility establishes whether or not the research findings represent believable information collected from the participants' original data and its correct interpretation of the participants' original views." The researcher establishes rigour of the inquiry by adopting the following credibility strategies: prolonged engagement, triangulation, peer debriefing, and member checking.

Lincoln and Guba (Elo et al., 2015:1-6) describe "prolonged engagement in the field as the investment of enough time in data gathering." Prolonged engagement requires the researcher to become immersed in the participant's world. The extended time in the research settings helps the researcher to gain insight into the

context of the study, which minimises the falsification of information that might arise due to the availability of the researcher in field. To "support credibility the researcher should demonstrate engagement and audit trails" (Cope, 2014:89).

The researcher visited the participants at each of the five Capricorn District local municipalities, and held information meetings with the participants during preparation time in order to build trust. The participants were allowed to ask questions with regard to the research project, which were clarified. The participants welcomed the researcher and were willing to participate. This gave in-depth understanding of the phenomenon under study. Trust was gained and good a relationship was established.

Triangulation enhances the trustworthiness and authenticity of the study (Holloway & Wheeler, 2010:115). Polit and Beck (2008:768) define triangulation "as the use of various data-collection methods to address a research problem such as observation and structured interviews." For instance, if the researcher determines that the results of one measure of a variable are similar to the results of another measure of the same variable, the findings are taken as triangulated (Dudley, 2011:95). The researcher triangulated the information from the participants to ensure its accuracy.

Peer debriefing involves having discussion meetings with peers to review and explore different aspects of the inquiry as a way of ensuring the trustworthiness of the data (Polit & Beck, 2008:548). It is defined by Botma et al. (2010:232) as "a discussion with peers not involved in the research study." A qualitative researcher, during the research process, is required to seek support from other professionals willing to give scholarly guidance, such as members of academic staff (Morake, 2013:30). As a result, "feedback from peers helps the researcher to improve the quality of the inquiry findings" (Anney, 2014:276). In this study, the researcher discussed the research process and findings with the supervisor and three researchers from another institution experienced in qualitative methods.

2.11.2 Transferability of findings

Transferability of findings refers to the "degree to which the results of qualitative research can be transferred to other contexts with other respondents or groups" (Shenton, 2004:69; Anney, 2014:277; Elo et al., 2015:1-6). These transferred

findings should have meaning to individuals who were not involved in the study; that is, readers should be able to associate the results with their own experiences to become more realistic. The researcher should present rich and thick textual descriptions on the informants and the research context to enable the reader to assess the findings' capability of being fit or transferable (Nicholls, 2009:645; Creswell, 2013:252; Cope, 2014:89). However, De Vos et al. (2005:346) argue that "generalising findings in qualitative research may be challenging" because the "research takes place in real and natural settings where there are few controlling variables but is possible if the researchers could demonstrate that the study was guided by concepts, models and the use of multiple data-collection methods."

Purposive sampling is a technique used in naturalistic inquiry studies (Anney, 2014:278), and is defined by Teddlie and Yu (2007:77) as "selecting units based on specific purposes associated with answering a research study's questions." It helps the researcher to focus on participants who are particularly knowledgeable on the issues under investigation.

To enable the reader to assess the transferability of the findings, a non-probability purposive sampling method was used to select participants who could provide rich data on social work services provided to pregnant teenagers. Semi-structured interviews were conducted which yielded rich data on the research topic. Clear descriptions of the demographics of the participants and their experiences resulted in themes, sub-themes, and categories. The documented research method provides for an audit trail for application in other situations.

2.11.3 Dependability of findings

Apart from providing thick descriptions of the study to ensure its transferability, Bitsch (2005:86) refers to dependability as "the stability of findings over time" and under different conditions. Elo et al. (2015:1-6) concur that it is important to state the principles and criteria used to select participants, and to detail the participants' main characteristics in order for transferability of the results to other contexts to be assessed accurately. Gerrish and Lacey (2010:139) are of the view that dependability relates to the transparency of the research process and decision trail.

This can be achieved when another researcher agrees with the decision trail at each stage of the research process (Cope, 2013:253; 2014:89).

In this study, the researcher explained to the participants that they were the experts with regard to the subject, and requested that they should be open and honest in their discussion. Hence, a consent form (Annexure B) was signed to ensure consistency (Ryan-Nicholls & Will, 2009:78). Dependability of findings can also be improved when individuals code data separately; examine and compare codes and reach consensus on the codes (Creswell, 2013:253). In this study, the analysis of data was conducted by the researcher and an independent coder independently. Thereafter, an agreement was reached on the themes, sub-themes, and categories.

2.11.4 Confirmability of findings

Confirmability refers to the degree to which the findings of an investigation could be confirmed or corroborated by others (Kumar, 2019:185; Anney, 2014:279). Cope (2014:89-90) also relates confirmability to a researcher's ability to show that the data represent the participants' responses and not the researcher's biases or point of view. In this research, rich direct quotes from the participants were presented that depict each emerging theme. The interviews were digitally recorded, and data was transcribed verbatim to avoid the possibility of bias. Cope (2014:89-90) agrees that the researcher can demonstrate confirmability by describing how conclusions and interpretations were established as well as exemplifying that the findings were based unequivocally on the data collected.

In confirming data, it is commended that the analysis be performed by more than one person to increase comprehensibility, and provide sound interpretation of the data (Elo et al., 2015:5). The researcher secured the services of an independent coder to analyse the data. Gubrium and Holstein (2009:40) add that documenting one's feelings and emotions about the identities and roles assumed and taken can also be a useful part of the "audit trail." The researcher was non-judgmental throughout the research process, and ensured that the responses of the participants were captured verbatim. In this instance, the researcher distanced himself from influencing the thinking of participants by allowing them to discuss and openly narrate their experiences with regard to the social work services they render to pregnant teenagers (Ncube, 2015:50).

2.12 Conclusion

Chapter Two explores the application of a qualitative research methodology in realising the aim and objectives of the study. A qualitative methodology was considered most suitable as the researcher sought to gain in-depth information on social work services provided to pregnant teenagers in the area under study. Hence, the discussion focused on the application of the qualitative research approach, the research design utilised, population and sampling, data collection, and analysis and methods employed to ensure trustworthiness.

Chapter Three covers the presentation and discussion of the research findings.

CHAPTER THREE

PRESENTATION AND DISCUSSION OF THE FINDINGS

3.1 Introduction

A qualitative research was conducted to explore and describe the social work services provided to pregnant teenagers in the Capricorn District in Limpopo Province. Hence, the explorative, descriptive, and contextual strategy was adopted in this undertaking. The sample was procured through a non-probability, purposive sampling technique.

The research findings were drawn from 12 semi-structured interviews conducted with social workers. Of the 12 participants, 11 were employed by the Provincial Department of Social Development and one by the Department of Health. To give credence to the study, both the researcher and an independent coder analysed the qualitative data, independent of each other. Discussions with the researcher, the independent coder, and the supervisor were held to reach consensus on the five themes, 16 sub-themes and 14 categories that emerged from the data analysis.

The findings are discussed in this chapter, starting with the biographical data of the participants. Direct quotations from the semi-structured interviews are contrasted with literature and scholarly articles.

3.2 Biographical profile of the participants

The demographic data in Table 1 below depicts the participants' gender, ages, years of working experience, and areas of work. To ensure confidentiality and anonymity, letters of the alphabet were used instead of the participants' real names.

Table 1: Biographical profile of the participants

Participant	Gender	Age in years	Years of experience	Areas of operation
A	F	42	10	All areas in Polokwane District
B	F	43	5	Lebowakgomo Hospital, Lepelle-Nkumpi municipality
C	F	38	3	Welgelegeen Eduana Park and Ivy Park
D	F	33	5	Broaddenhill, Mittondriff and Mailana
E	F	34	7	Molemole
F	M	38	5	Kalkspruit, Magongoa, Christina and Waschbank with office at Ga-Maraba
G	M	29	6	Mashashane and Diana
H	F	32	7	Bloodriver, Dairing Extention, Manganyi and Thakgalang.
I	M	31	5	Emdo Park, Seshego Township Extension 77, Extension 44, Mahlasedi Park and Lesedi Park
J	F	40	7	Ramushwana and Chloe villages
K	F	36	8	Polokwane district
L	F	46	8	Polokwane district

3.2.1 Gender distribution

During the colonial and apartheid era in South African society, men occupied a privileged position in comparison to women (Khunou, Pillay & Nethononda, 2012:122). Hence, women make up 85% of the social work profession. Even though professionalisation of social work has raised the number of males from 10% in 1996 to 30% in 2011, women still dominate this field (Earle, 2008:139-140). In May 2011, there were 2 374 (15%) registered male social workers, and 13 747 (85%) female social workers. Statistics from the South African Council for Social Service

Professions (SACSSP) (2010:1) also confirm that women remain in the majority, with men making up between 11% to 13% of the 16 121 registered social workers. This predominance of females could be the result of low salaries which is a major disincentive to men (Hochfeld, 2002:110; Khunou, Pillay & Nethononda, 2012:122). In this study, eight females and four males participated.

3.2.2 Age distribution of the participants

The ages of the participants ranged from 29 to 46 years. The mean age was 37 years. Eight participants were between 29 and 38 years of age. According to the classical work of Erik Erikson's model of life development, 21 to 40 years of age falls under the stage of intimacy versus isolation. During this stage, young adults begin to work and also focus on romantic attachments or friendships with others. Failure to acquire this desired objective may result in isolation. On the other hand, participants who were between 40 and 46 years of age fell under the stage generativity versus stagnation (from 40 to 65 years). During this stage an adult feels energised, creative to work and be productive in order to avoid feelings of stagnation (Greene, 2010:94; Kail & Cavanaugh, 2013:350).

3.2.3 Highest level of qualification

All the participants hold a four-year bachelor of social work degree from different accredited South African universities. This is important as the foundation of professional social work is a body of knowledge, skills, and values (Kirst-Ashman, 2013:19; SACSSP, 2014:1). In South Africa, a four-year bachelor of social work degree is required for one to register as a social worker with the SACSSP and to practise social work (Rautenbach & Chiba, 2010:23).

3.2.4 Length of working experience and position at work

The length of the participants' working experience as social workers ranged from three to ten years with a mean of six years. Eleven participants had six years working experience whereas only one had three years. The participants' varied years of experience on the provision of social work services to pregnant teenagers added to the credibility of the findings.

3.2.5 Areas of services

The map below outlines areas where the12 participants work within the five local municipalities in the Capricorn District in Limpopo Province.

Figure 1: Image of the Capricorn District map
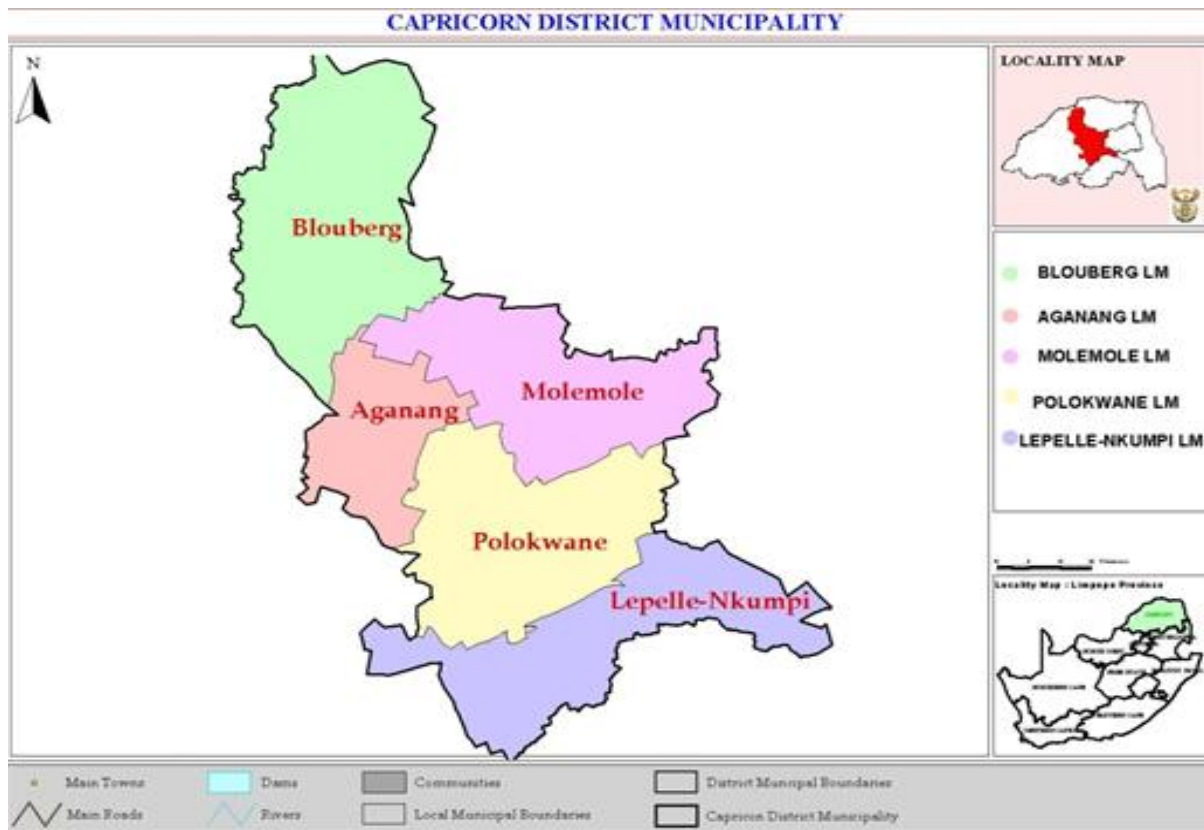
Limpopo Province is one of the nine provinces of the Republic of South Africa, and it is situated in the far northern part of the country; its capital city is Polokwane. Capricorn District consists of five local municipalities, namely Aganang, Blouberg, Lepelle-Nkumpi, Molemole, and Polokwane with a population of 1 243 167. This study was conducted in the Capricorn District (Figure 1) which consists of urban, semi-rural, and rural communities (Capricorn District Municipality, 2012:35; Mothiba & Maputle, 2012:2).

The Capricorn District Municipality Spatial Development Framework (2007:1) states that the largest sector of the communities within the municipality resides in rural tribal villages, followed by those in urban settlements. Of the 12 participants, 10 render

social work services for pregnant teenagers in both rural and urban areas, while two are based in urban welfare offices.

3.3 Presentation of the themes, sub-themes, and categories deduced from the analysed data

In the section below, each of the themes with its related sub-themes and categories (where applicable) are presented by providing storylines to substantiate each of the aforementioned. The themes, sub-themes, and categories (where applicable) are subjected to literature control. To maximise the credibility of the findings after the researcher and the independent coder had analysed the qualitative data, a discussion on the outcome of the analysis was held with the study supervisor to agree on the themes, sub-themes, and categories that had emerged.

The first five themes, 16 sub-themes, and 14 categories that emerged from the qualitative data are presented in Table 2 below.

Table 2: An overview of themes, sub-themes, and categories that emerged from data analysis

Theme	Sub-theme	Category
Theme 1: Specific challenges experienced by pregnant teenagers	Sub-theme 1.1: Contributory factors to teenage pregnancies	
	Sub-theme 1.2: Personal challenges experienced by pregnant teenagers	
Theme 2: Social work services provided to pregnant teenagers	Sub-theme 2.1: Micro level of intervention	Category 2.1.1: Providing educational information and developing life skills
		Category 2.1.2: Roles utilised during services to teenagers
		Category 2.1.3: Theoretical frameworks and techniques utilised when

55

Theme	Sub-theme	Category
		working with teenagers
		Category 2.1.4: Values employed to ensure a safe environment for the teenager
		Category 2.1.5: Family services
		Category 2.1.6: Multi-professional team and networks
	Sub-theme 2.2: Meso level of intervention	Category 2.2.1: Recruitment of members of the support group.
		Category 2.2.2: Content of group work sessions
		Category 2.2.3: Utilising the group work process
	Sub-theme 2.3: Macro level of intervention	Category 2.3.1: Type of service social workers provide
		Category 2.3.2: Roles and techniques employed in community work services
Theme 3: Social work services viewed as helpful for pregnant teenagers	Sub-theme 3.1: Micro level of intervention	
	Sub-theme 3.2: Meso level of intervention	
	Sub-theme 3.3: Macro level of intervention	
Theme 4: Challenges encountered when rendering services to pregnant teenagers	Sub-theme 4.1: Difficulty to maintain long-term contact	

Theme	Sub-theme	Category
	Sub-theme 4.2: Pregnant teenagers' lack of cooperation	
	Sub-theme 4.3: Personal challenges of pregnant teenagers that impede social work services	
	Sub-theme 4.4: How challenges encountered when providing social work services to pregnant teenagers are addressed	
Theme 5: Suggestions on how to improve social work services for pregnant teenagers	Sub-theme 5.1: Professional relationship with the teenager	
	Sub-theme 5.2: Types of support for pregnant teenagers	Category 5.2.1: Formal support
		Category: 5.2.2: Practical support
		Category 5.2.3: Informal support
	Sub-theme 5.3: Professional support and development	
	Sub-theme 5.4: Resources needed for service delivery	

3.3.1 Theme 1: Specific challenges experienced by pregnant teenagers

In the Capricorn District, some families are unable to provide basic needs for their children because most rely on grandparents' pension grants. Thus, children from such families become prone to coercive sexual relations where financial reward is exchanged for sex (Sethosa, 2007:10; Makiwane, 2010:193). In the following section, contributory factors to pregnant teenagers and personal challenges experienced by pregnant teenagers are discussed.

3.3.1.1 Sub-theme 1.1: Contributory factors to teenage pregnancy

Young girls are initially socialised in the community environment, where they interact with their peers, teachers, boyfriends, and make new friends. Such interactions begin to have an influence on the girls and their behaviours. A study conducted by Cooper and Guthrie (2007:30) confirms that the "ecological approach to adolescent behaviour asserts that development in adolescence is influenced" by various factors such as a lack of parental knowledge about sexual matters, financial reward in exchange for sex, independence, coercive sexual relations, peer pressure, and mass media, which are discussed below (Kanku & Mash, 2010:564).

Two participants explained that teenagers become pregnant because some parents lack parental knowledge about sexual matters to educate their children and to address social problems:

> *"She said that her parents are reluctant to talk issues of sex. They* [parents] *lack knowledge concerning sex. The teenager will seek information from her friends and sometimes the information will be incorrect."*

> *"The pregnant teenager indicated that her parents are conservative, therefore, they do not discuss matters of sex with children."*

Marston and King (2006:1583) warn that the lack of accurate knowledge about sexual matters seems to be another major cause of pregnancies among young girls. The family milieu and parents are regarded as the most suitable to enlighten the child about sexual matters (Bezuidenhout, 2004:42). However, in certain families, sexual matters are seldom spoken about or discussed, and any sex topic is taboo (Rangiah, 2012:16). According to Newman (2009:4), mothers often fail to communicate the "facts of life" to their daughters even though the family is regarded as a key institution in society. Parents have responsibilities to care, protect, and guide their children to prevent early pregnancy. However, given modern technology, the researcher assumes that teenagers have easy access to printed and electronic information on sexual matters.

Two participants said that financial reward in exchange for sex is one of the most important contributory factors to teenage pregnancy.

> *"Financial reward is a problem to these teenagers because men particularly older men give them money or buy them expensive items such as cell phones for unprotected sex."*

> *"The teenager's mother pleaded with her daughter and other family members not to open a police case against him* [perpetrator] *because he was supporting them financially. However, I* [social worker] *did my job of placing him in the Child Protection Register."*

Having sex for money or gifts has been found to be a common occurrence among girls in many parts of Africa (Kim, 2008:1). The "practice of receiving money and gifts for sex has generally been perceived to be a consequence of women's poverty" (Kim, 2008:1). There is a plethora of information suggesting that poverty may lead some teenagers to engage in unprotected sexual activities (Mwaba, 2000:32; Rangiah, 2012:11; Karra & Lee, 2012:17; Mnyipika, 2014:12).

Some parents are compelled to work some distance away from their homes, leaving teenagers without parental supervision. There seems to be a correlation between the lack of parental supervision (not knowing the whereabouts and activities of their teenagers outside home and school) and teenage pregnancy (Miller, Benson & Galbraith, 2001:9). For instance, teenagers who received more parental monitoring were more likely to wait before sexual initiation than those who received less monitoring from their parents.

Two participants pointed out that teenagers who become independent, may over time lose their ties to parental authority.

> *"One teenager aged 15 years and in grade 9, explained that her single mother works at Makhado as a domestic worker and so she would be home alone and lonely. As such, she took advantage of being independent and invited her boyfriend to keep her company all night, almost every night."*

> *"Other households had been deserted by parents who flocked to cities like Gauteng to seek employment leaving children behind to fend for themselves."*

The findings are consistent with the notion that a lack of parental care and supervision due to working parents and single parenthood result in teenage pregnancy and early childbearing (Lyon & D'angelo, 2006:148; Moliko, 2010:24; Makola, 2011:33). Most single mothers work outside the home environment, and their children know the exact time when they return home; young people are therefore tempted to engage in sexual activities. Some young girls are not monitored or guided by an adult, and are thus exposed to sexual vulnerabilities (Moliko, 2010:24; Makola, 2011:33). This trend has been prevalent in Limpopo villages for many years due to the lack of employment opportunities. As a result, some

teenagers are left alone at home when parents seek employment in towns and cities and are then at risk of becoming pregnant.

Apart from being independent, some teenagers are "forced into sexual activities by stepfathers and male educators" (Moliko, 2010:21, 26; Mwinga, 2012:29). Some teenagers are coerced into sexual activities by older men. These experiences include the use of "violence, physical force, entrapment, threats, verbal insistence, deception and rape" (Kanku & Mash, 2010:567; Makola, 2011:29; Julie, 2013:16).

Three participants reported that teenagers become pregnant because *they are "forced into sexual intercourse by their stepfathers, older men and male educators."* Unfortunately, some of these teenagers do not report incidents of rape by older men for fear of reprisal. One participant reported:

> *"She boldly said that she was afraid to tell her mother that she was pregnant because she was impregnated by her stepfather. She said that her mother would not believe her and might chase her out of the house."*

Fear of the consequences hampers teenagers and makes it difficult for them to confide or tell their mothers about the perpetrator, such as a stepfather. Zastrow (2013:206) is of the view that in the past some families would not report sex between stepfather and a child because the child may have been enticed or pressurised, rather than physically forced, to participate. On the other hand, some children are unlikely to report sexual abuse because they often have loyalties towards the perpetrator and realistically fear the consequences, for themselves and the family (Moliko, 2010:21; Julie, 2013:16).

Another participant said that some pregnant teenagers are forced into sex by older men (lovers) because they promise to marry them.

> *"One teenager explained that she was promised marriage by an older lover who later found out that he was married. It was too late to turn back because she was already pregnant."*

For instance, the Botswana Health statistics report (2003:13) indicates that "coerced sex is a common phenomenon in African developing countries and is a cause of unprotected sex." It has also been noted that older men have a tendency to force their female partners to have sex with them (Hammer & Banegas, 2010:291).

Two participants reported:

> *"She said that when her boyfriend was drunk, he would beat her and have sex with her without her consent."*

> *"Some teenagers explained that they were forced into having sex without a condom and they agreed to the demands because they were afraid to lose their lovers."*

The participants' experiences support previous findings that some older men have been responsible for teenage pregnancies (Mwinga, 2012:29). A study conducted in Cape Town showed that older men often resort to violence and physical assault to initiate and maintain sexual relationships. In that study, pregnant teenagers were significantly more likely than other adolescents, who have never been pregnant, to have older partners and to have experienced forced sex (Julie, 2013:15). There are reports that adolescents whose first sexual intercourse was coerced are more likely to become pregnant; they also reported the pregnancy as undesired, while some contracted STIs and HIV (Nemutanzhela, 2007:38; Sethosa, 2007:11; Hammer & Banegas, 2010:291; Mwinga, 2012:29). One participant reported that some educators exploit teenagers by having sex with them.

> *"The school environment is supposed to be a place where children are safe but one teenager said that she was made pregnant by a teacher who was threatening to fail her so that she could not go to the next grade. She then agreed to have sex with him in a classroom without a condom. She said she agreed because she wanted to pass."*

It is therefore evident from the findings that sexual exploitation by teachers is a factor which contributes to teenage pregnancy, and in many instances teenagers are expelled from school when it is learned that they are pregnant. This situation is unjust to say the least, because while teenagers are driven out, those teachers are still proceeding with their lives. There are, however, teachers and parents who feel pity for these teenagers who are overtly misused and taken for granted by some educators (Moliko, 2010:26).

As children make the "transition from childhood to adolescence and engage in the process of identity formation, their reliance on parents and siblings as the sole sources of influence and decision making" begins to change (Panday et al., 2009:36). A participant mentioned that, *"peer pressure is another factor that influences teenagers' sexual behaviour."* A sense of belonging makes some

teenagers believe what their peers say or do what they want them to do because they want to please them. Unfortunately, most of them are misled. Hence, incorrect information received about sexual matters from the peer group, peer pressure, or the need of the teenager to be like her peers all contribute to causing unwanted pregnancies (Jewkes, Levin, & Penn-Kekana, 2003:131; Bezuidenhout, 2008:40; Sibeko, 2012:11). To make matters worse, the sexual information that peers have is not always accurate.

According to Panday et al. (2009:87), "family planning services are provided to young people with the purpose of making available reproductive health services, provide contraception including condoms and improving their knowledge and skills to use them."

Two participants mentioned the lack of access to contraceptives as a contributory factor towards teenage pregnancy.

> *"Some teenagers reported that they had a problem with some health workers who turned them away from health facilities when they requested contraceptives."*

> *"One teenager said that she thought she became pregnant because she stopped using contraceptives. She said that health workers turned her away when she requested contraceptives. Most pregnant teenagers indicated that they are unfairly treated by health workers."*

The findings of this study confirm Macleod and Tracey's (2010:18) claim that the attitudes of nurses at hospitals and other health centres are a barrier to adolescents' access to contraceptives in South Africa. These attitudes hinder teenagers from seeking family planning services, and this contributes to the prevalence of teenage pregnancies. The 1994 action plan of the International Conference on Population and Development emphasised the need to improve youth and adolescent sexual and reproductive health services. However, a South African study conducted with the participation of health workers revealed that nurses are often reluctant to provide contraceptives to adolescent girls, and frequently try to manipulate them into abstaining from sexual activities (Macleod & Tracey, 2010:18; Rangiah, 2012:13; Ahanonu, 2014:33).

Health workers must be aware of these attitudes, beliefs, and values so that effectiveness in discussing sexuality matters as a professional is not limited. Equally,

young people should be educated about their rights to access health care services, and taught life skills on how to make informed decisions. Teenagers should be able to access family planning services at clinics and other mobile services at no costs to themselves (Woo & Twinn, 2004:595; Panday et al., 2009:48).

Accessibility of health facilities seems to be a challenge as pointed out by two participants.

> *"A pregnant teenager complained that she had to walk long distances in order to access health services."*

> *"Some teenagers said that they need user friendly clinics so that they can access contraceptives without been teased by health workers."*

Most adolescents from rural areas normally walk long distances to reach a health care facility (Tladi, 2014:324). Previously, health services were not found to be youth-friendly due to the fact that health care providers often overlook an adolescent's situation (Ratlabala, Makofane & Jali, 2007:30; Panday et al., 2009:88). Twenty years after the advent of democracy in South Africa, one expects inaccessibility of health services to be a thing of the past and that all patients would receive fair treatment from health workers as enshrined in the Bill of Rights (Edwards, 2008:228).

The inconsistent and incorrect use of contraceptives by some teenagers has been identified as problematic (Panday et al., 2009:56). Four participants explained that teenagers do not use condoms consistently.

> *"The teenager said that she has used condoms during her first sexual intercourse. As time went by, she stopped using condoms."*

> *"Another teenager said that a condom makes her develop a rush in her private parts and she does not want to use it."*

> *"When she uses a condom he will think that I do not love him."*

> *"She explained that sex with a condom is not enjoyable."*

Although some researchers claim that condom use has increased over time, these findings indicate the inconsistent use of condoms among teenagers which may significantly increase the risk for unplanned pregnancy and sexually transmitted illnesses. The misconceptions held by teenagers about the use of condoms influence their decisions to use them. Such misconceptions often arise from false beliefs about

contraception, for example, that a condom could slip off during intercourse and be left inside a vagina of the teenage girl; sexual satisfaction is lessened by the use of condoms; condoms are of a poor quality; and fear of the physical effects (vaginal thrush, weight gain, or nausea) and fertility-related side effects due to the use of contraceptives (Panday et al., 2009:31, 57; Kanku & Mash, 2011:567; Nkwanyana, 2011:22).

The power and gender imbalance in relationships lead to unsafe sex and increase the risk of STIs and HIV among teenage girls. It is estimated that 4.3% of women aged 15 to 24 in Sub-Saharan Africa are living with HIV (Kanku & Mash, 2011:570). It is little wonder then that the Joint United Nations Programme on HIV/AIDS (UNAIDS) considers 15 to 24-year-olds to be the age group most threatened by AIDS and at the centre of HIV vulnerability (Kanku & Mash, 2011:570). In this study, participants referred to teenagers between the 13 and 19 years as most prone to STIs and HIV.

A shortcoming noted in most of the participants' responses, was notably their failure to mention the mass media with its sexualised material as a contributing factor that propagate schoolgirl pregnancies as it provides young girls simple access to adult television programmes which contain pornographic scenes. Only one participant mentioned that a teenager was "*influenced by pornographic and adult television programmes which led to her pregnancy.*" Free, easy access and availability of pornographic material and information on sex on electronic devices such as computers and cell phones may tempt teenagers to experiment in sexual activities. This is confirmed by Rangiah (2012:13) who established that adolescent girls who were exposed to sexuality in the media were more likely to engage in sexual activities. Notably, the ecological approach holds on the premise that families belong to a larger communal environment which is certainly influenced by educational, economic, political, biological, and spiritual systems that contain strengths, resources, potential needs, and risks (Oni, Nortjie & Joubert, 2005:56; Gasker & Vafeas, 2010:296).

The crisis equilibrium model as elucidated by Hepworth et al. (2010:379) is the basic intervention approach to crisis intervention. This framework is highly developed to conceptualise teenage pregnancy as a crisis whose positive resolution leads to the

integrity of the pregnant teenager. It is intended to lessen pregnancy-related stress, restore functioning, and prevent further exacerbation of problems. Based on this description of a crisis, teenage pregnancy could be seen as an experience that leads to fast physical, emotional, and social changes that are usually unforeseen by the pregnant teenager; however, if they are provided with quality and relevant support, they will be able to cope (Sodi, 2009:31; Hepworth et al., 2010:379; Trevithick, 2012:320).

3.3.1.2 Sub-themes 1.2: Personal challenges experienced by pregnant teenagers

Teenage pregnancy is predominantly unintentional, and for that reason girls respond differently to the phenomenon. The teenager has to cope with the sudden anxiety of being a teenage mother. In other instances, the teenager has to cope with condemnation by and disappointment of people close to them, such as their parents (Sodi, 2009:11; Motjelebe, 2009:11; Chauke, 2013:19). Pregnant teenagers encounter sadness, fear, disgrace, and humiliation when they have to disclose an unplanned pregnancy to their families, boyfriends, and friends. When teenagers become pregnant, their relationships with their parents are adversely affected (Richter, Norris & Ginsburg, 2006:2).

Two participants came across a pregnant teenagers who exhibited feelings of shame, embarrassment, fear, and sadness about their situation.

> *"There was another pregnant teenager who said her parents will be angry with her if they can find out that she was pregnant. Therefore, she wanted me to assist her by telling her parents about her condition."*

> *"One teenager said that she was a Christian and does not know what she would say to her parents, church pastor and friends. She was ashamed, embarrassed, fearful and sad that it happened to her."*

Pregnant teenagers experience a variety of negative feelings as a result of an early pregnancy and are afraid to tell their families, partners, and peers about their condition. Such pregnant teenagers need assistance to inform their parents about their pregnancies and to avert suicidal thoughts that arise as a result of feelings of shame, guilt, and fear (Richter, Norris & Ginsburg, 2006:2; Nemutanzhela, 2007:65; Makola, 2011:37). When parents hear the news that their teenage daughter is pregnant, most parents react negatively, expressing anger and disappointment

(Motjelebe, 2009:11). Nemutanzhela (2007:88) argues that the paramount responsibility of parents is to support and motivate their children to become future responsible mothers.

A gap was noted that most participants did not identify parental strengths which can be utilised to equip parents to face challenging parenting problems such as accepting that their daughters are pregnant. Thus, from a strengths perspective, parents instinctively harness the strength and skill within themselves in challenging situations which need to be identified, utilised, and expanded to alleviate the presenting problem. In addition, research suggests that many social workers underestimate client strengths and therefore fail to provide correct social work interventions (Hepworth et al., 2010:178; Birkenmaier, Berg-Weger & Dewees, 2011:77; Saleebey, 2013:15).

The participants regarded discrimination and stigmatisation as major challenges which face pregnant teenagers because it may lead to isolation and suicide. Two participants reported:

> *"Some teenagers who are discriminated against isolate themselves or even commit suicide or experience complications during birth such as premature birth."*

> *"A teenager who was discriminated against, tend to isolate herself. When in isolation she begins to have suicidal thoughts because she told herself that there is no one to share her problems with."*

A report on assessment of orphans and vulnerable children in Limpopo confirms that teenagers may feel rejected and discriminated against by their friends, schoolmates, and society. It further explains that "social isolation and stigmatisation are major personal problems" to pregnant teenagers (Bezuidenhout, 2004:27; DSD, 2011:24; Sibeko, 2012:21) which may lead to suicide.

Suicide could be a last option for a young woman who finds herself in a situation from which she cannot extract herself because of an unplanned pregnancy. The same situation has been reported by one participant that "*some young girls particularly frequent in Capricorn District where access to family planning is limited and access to abortion are restricted due to unfriendly attitudes shown by some health workers, have suicidal thoughts.*" Mosetlhe (2011:30) upholds the view that failure to prevent pregnancy has been associated with a greater risk of suicide,

especially for unwanted pregnancies. Pregnant women in crisis may face a dilemma in disclosing their pregnancy, interrupting it or social and economic difficulties (Mosetlhe, 2011:30; Pompili, 2005:119).

According to the United States Centre for Disease Control, suicide among teenagers is the third primary reason of death. The WHO (2001:15) states that the rate of suicide among young women in the USA was 4.1/100 000 (1999), 3.3/100 000 (1999) in the United Kingdom and 5.2/100 000 (1990) in Zimbabwe. However, the rate of suicide among Black women in the United States was 1.7/100 000 which was lower than that of the white women at 4.4/100 000. The rate of attempted suicide in pregnancy has been reported to be 0.4 per 1 000 pregnancies in the state of California, USA over an eight-year period (WHO, 2001:15; Mosetlhe, 2011:20). Unfortunately, statistics on suicide among pregnant teenagers in South African has not been found.

Apart from being discriminated against, two participants mentioned that some pregnant teenagers were unable to balance school work and motherhood.

> *"A teenager said that she was still attending school and scared of dropping out of school, and not prepared to be a mother as well because she would not be able to balance the school work and that of being the mother."*

> *"A pregnant teenager is always absent from school because most of the time she is tired and cannot concentrate in class."*

The findings of this study concur with Malahlela and Chireshe's (2013:7) view that the school performance of pregnant teenagers is often lower than that of their peers. The reasons include, among others, non-attendance because of problems caused by an unplanned pregnancy and feelings of fatigue, particularly towards the end of the pregnancy. A pregnant teenager who does not attend classes regularly is more likely to drop out of school because she is often unable to cope with the dual responsibilities of being a learner and a teenage mother (Chauke, 2013:29). However, in terms of the South African Schools Act No. 84 of 1996, teenagers who become pregnant and are still attending school are likely to attend school after the birth of the child (Motjelebe, 2009:12; Bhana, Morrell, Shefer & Ngabaza, 2010:873).

In South Africa, pregnancy and parenting among school-going learners is not rare. Nearly a third of women have children before they reach the age of 19 (Department

of Education, 2010:1). Given that education is obligatory until the age of 16, and countless learners continue to go to school until the age of 20 and older, pregnancy and parenting are evident at various schools, particularly in Limpopo. For instance, in 2007, nearly 50 000 learners became pregnant while at school and a large number occurred in poorer provinces such as KwaZulu-Natal and Limpopo (Jewkes, Morrell & Christofides, 2009:675). The South African Constitution and current educational policy allow pregnant and parenting learners to continue schooling. Furthermore, the context of teenage pregnancy is shaped by a wide range of discourses relating to teenage sexuality, pregnancy and motherhood (Jewkes, Morrell & Christofides, 2009:675; DOE, 2010:1).

Unplanned pregnancies result in unwanted children, but it is also associated with HIV and AIDS (Sodi, 2009:51). Two participants reported that some pregnant teenagers were afraid to test for HIV.

> *"The teenager thought she was HIV positive, and was afraid to do HIV, Counselling and Testing."*

> *"Her boyfriend left immediately after she told him that she was pregnant. Her boyfriend had many girlfriends and she thought that she was infected with either STIs or HIV."*

HIV and AIDS infect many babies whose mothers are infected, especially if the mother has not had antiretroviral medicine early in the pregnancy. The realisation of pregnancy is accompanied by fear associated with the possible discovery of an HIV-positive status and the implications thereof (Gama, 2008:22; Sodi, 2009:51; Makola, 2011:37). Although the association between HIV positive status and reproductive behaviour has been widely documented in Africa, only a small proportion of teenagers actually know their HIV status. The vast majority has never been tested, or if tested, did not receive their results (Bankole, Keogh, Akinyemi, Dzekedzele, Awolude & Adewole, 2014:28).

The introduction of the Choice on Termination of Pregnancy Act No. 92 of 1996 (CTOP) in South Africa was commended as a progressive move to allow women, irrespective of age, socio-economic status, race or location, to access early, safe and legal termination of pregnancy upon request up to 12 weeks of gestation (Rangiah, 2012:19; Ratlabala et al., 2007:27). Two participants mentioned that most

teenagers wanted to terminate their pregnancies because they could not afford to raise their children on their own.

> *"The teenager said that she was disappointed by her older lover who promised to marry her. He is married and therefore, she could not raise the child alone and felt that it was better to terminate the pregnancy."*

> *"She explained that she was not prepared to be a single mother because her boyfriend has left and not supportive."*

Pregnant teenagers may opt for abortion according to the Choice on Termination of Pregnancy Act No. 92 of 1996 (Bhana, Clowes, Morrell & Shefer, 2008:78; Rangiah, 2012:19). Any young girl who wishes to terminate an unplanned and unwanted pregnancy benefits from this Act as it recognises the woman's reproductive rights (Ratlabala et al., 2007:28). However, teenagers who experience personal challenges because of the pregnancy need a great deal of formal and informal support. This is discussed later in theme 5, categories 5.2.1 and 5.2.3 respectively.

3.3.2 Theme 2: Social work services provided to pregnant teenagers

Social work globally enhances individuals' capacity to resolve problems and function efficiently. Social workers connect individuals "with needed resources, improve social service delivery and promote social justice through the development of social policies" (DuBois & Miley, 2011:3). Social work encompasses comprehensive methodologies that include clinical interventions with individuals, families and small groups, to community-based interventions, policy practice and social development (Hare, 2004:417). The focus is on enabling people within their environments to develop full potential, enrich lives and prevent dysfunction (Seabury, Seabury & Garvin, 2011:9). In the context of this study, social work seeks to help pregnant teenagers and their families to resolve challenges and enhance their wellbeing.

The democratisation of South Africa in 1994 saw early steps for change in social welfare. The advent of the White Paper for Social Welfare of 1997 was the first step towards the transformation of the welfare sector (Nicholas et al., 2010:58). Its purpose is to provide and construct an independent people in collaboration with all stakeholders through an integrated social welfare system which is equitable, sustainable, accessible, people-centred and developmental (White Paper for Social

Welfare, 1997:9). However, Nicholas et al. (2010:58) are of the view that the White Paper for Social Welfare should be updated to reflect the current policy changes.

The participants indicated that their services to pregnant teenagers are guided by the White Paper for Social Welfare (1997) which provides the framework for the transformation and restructuring of social welfare services (DSD, 2013:11). The developmental welfare services and programmes are designed to meet the social needs of individuals such as pregnant teenagers, and create opportunities for them to realise their potential (DSD, 2013:11).

During prevention and promotion services one participant mentioned that she provides educational programmes to pregnant teenagers about the life cycle.

> *"Social work services are about prevention and promotion services. I educate the teenager about the life cycle. I particularly speak about the adolescence stage. I explain that adolescence is a stage where she would be trying to find herself, her identity. During this stage of puberty, she would try to experiment with many things and may sometimes be under peer pressure."*

During prevention and promotion services the focus is on individual behaviour by developing personal skills such as educating teenagers about the life cycle. Thereafter a move is towards a wide range of social and environmental interventions including creating supportive environments and strengthening community action (DSD, 2013:32). These services aim to enhance the process of empowering people through available resources in order to improve their well-being (DSD, 2013:32; DSD, 2006:20). The life-cycle approach should form the basis for social service planning and delivery. Programmes should therefore take into consideration the diverse phases within the family's life cycle, namely early childhood and childhood development, school-going and adolescence, young adulthood, middle age, retirement and old age stages (White Paper on Families in South Africa, 2012:36).

However, most participants were unable to articulate comprehensively the services provided to pregnant teenagers. Only one participant indicated that she "*prevents secondary pregnancy*" but nothing was mentioned how information is promoted through the application of multiple strategies.

3.3.2.1 Sub-theme 2.1: Micro level of intervention

At the micro level of intervention, one participant reported that they pay attention to "*helping pregnant teenagers to identify, formulate and solve their problems.*" This type of intervention is often the focus of clinical practice for individual clients, couples, and families. Another participant mentioned that the *"reason of the intervention is varied and starts from promoting life skills or changing behaviour, increasing life options and coping with changing life situations and transitions.*" Intervention is therefore described as the joint activity between the social worker and the client in achieving the goals agreed upon during assessment (Smale, Tucson & Stathan, 2008:423; Birkenmaier et al., 2011:9; Apgar, 2015:188).

- **Category 2.1.1: Providing educational information and developing life skills**

When providing information on life skills social workers need to be mindful of the fact that when adolescents mature cognitively, their mental process becomes more analytical (Schmied & Tully, 2009:31). They are "capable of abstract thinking, better articulation and developing independent ideologies" (Schmied & Tully, 2009:32). However, they are still within the period of experimenting and risk taking, giving in to any form of peer pressure and making uninformed decisions on crucial issues such as engaging in unsafe sex (Sibeko, 2012:11).

The participants mentioned that:

> "S*elf-awareness helps pregnant teenagers understand themselves and establish their personal identity. That the lack* of *information and skills prevent them from effectively exploring their potential and establishing a positive image and sound career perspective.*"

> *"I educate pregnant teenagers with information on effective communication, in order to express herself verbally and nonverbally with family members, peers, or boyfriend. I explain the importance of interpersonal relationships that can make and keep friendly relationships."*

The participants' experiences support Rani and Singh's (2013:68) assertion that effective communication helps young people to express themselves both verbally and non-verbally, in ways that are appropriate to their culture and situations. For example, the client can show dissatisfaction through her facial expression, without saying a word. The use of gestures, body position and movement, proximity to the

social worker offer clues about the client's internal status beyond the words they use (Hepworth et al., 2010:176; Burnard, 2013:55).

- **Category 2.1.2: Roles utilised during services to teenagers**

Based on their knowledge and skills, social workers perform a variety of roles relevant to the needs of pregnant teenagers such as being an educator, enabler, broker, advocator, negotiator, mediator, public speaker, and activist (Carolus, 2008:48; Zastrow, 2010:44-45; Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2011:331). On the other hand, the functions of a social worker require a wide range of knowledge that includes theory on human development, organisation and community development, along with policy and procedural analysis (Nicholas et al., 2011:115). In working with the client, the social worker would assume appropriate multi-layered intervention strategies.

The participants mentioned that they have performed the roles of educator, enabler, mediator, advocate and broker and change agent when providing social work services to pregnant teenagers. Four participants said:

> *"I play a role of an educator when I educate the teenager about life skills such as problem solving. With pregnant teenagers I assume a teacher role to provide information."*

> *"I educate the client that she should not smoke and drink alcohol when pregnant."*

> *"I share educational information with pregnant teenagers on parenting skills, when I educate them about how to raise a child. Furthermore, I educate them about child trafficking and types of abuse such as child neglect."*

The findings highlights the role played by the participants as educators. However, it should be borne in mind that an educator has to be knowledgeable and skilled in order for him/her to give accurate information to clients and teach them adaptive skills (Zastrow, 2009:71). Imparting information and teaching life skills to pregnant teenagers is part of nearly every therapeutic intervention. For instance, they are taught parenting skills and strategies for coping with anxiety, and provided information relating to sexually transmitted diseases such as HIV (Hepworth et al., 2010:26; Dorfman, 2013:44).

Apart from the role of an educator, the participants mentioned that as enablers, social workers help pregnant teenagers cope with the myriad stressors and crises attributed to the position in which they find themselves. Three participants said:

> *"My other role is that of an enabler to assist the teenager to be able to solve problems on her own and recognise available resources that would assist her to be self-reliant such as the support of her brother."*

> *"I play a role of an enabler by motivating, supporting and encouraging the teenager to be self-reliant because she will know that the use of a condom during sex does not only prevent pregnancy but also sexually transmitted diseases such as HIV and other related diseases including second pregnancy."*

> *"As an enabler I suggest alternatives and help the teenager to select from the alternatives to make her own decision."*

As enablers, social workers can help teenagers make decisions about their course of action. Pregnant teenagers are encouraged to confront the challenges they face, problem-solve and change, with the assistance of the social worker who, in the role of enabler, creates the conditions and the environment in which change can occur. Enabling social workers convey hope and encouragement, and they may offer suggestions and advice (Dorfman, 2013:44; Zastrow & Kirst-Ashman, 2013:90).

The findings of this study signify that social workers as enablers provide support, encouragement, and suggestions to pregnant teenagers as individuals so that they may resolve their problems. Based on the strengths perspective, the provision of social work services to pregnant teenagers represents a move to embrace social work practice values and principles of self-determination, acceptance, and respect (Cash, 2008:483; Kirst-Ashman, 2013:416; Birkenmaier, Berg-Weger & Dewees, 2014:197).

At micro and meso levels, intervention mediation is becoming increasingly fundamental in resolving problems in, for example, dysfunctional families. Two participants mediated between teenagers and their parents.

> *"I played a role of a mediator between the teenager and her parents to come to a mutually beneficial resolution."*

> *"I was a mediator when resolving conflicts in her family. I played a role of providing information about child support grant."*

Although the response provided may seem vague, in this study the mediator role involves resolving arguments or conflicts at micro, meso, or macro levels (Zastrow & Kirst-Ashman, 2010:47; Zastrow, 2013:418). At the macro level, the mediator helps various factions within a community to settle their differences, whereas at the micro and meso levels mediation becomes fundamental in resolving, for example, problems in dysfunctional families due to teenage pregnancy.

The findings of this study confirm the claim that the mediator "intervenes in disputes between parties to help them find compromises, reconcile differences, or reach mutually satisfactory agreements" (Zastrow, 2013:418). They remain neutral; in other words, they do not take sides with either party (Hepworth et al., 2010:28). However, the participants did not explain how they use mediation at macro level. This is attributed to the fact that they focus on rendering services to individual pregnant teenagers and their families.

As advocates participants regard their role as active and directive when advocating for teenagers or groups (Zastrow & Kirst-Ashman, 2010:48; Zastrow, 2013:71). One participant said that she spoke to the pregnant teenager's mother who displayed a hostile attitude and made her understand that her daughter needed help.

> *"During my home visit, a mother of a pregnant teenager displayed a hostile attitude. She tried to chase me out of her house. I challenged and negotiated with her and explained how important her daughter requires support."*

The social worker also helps clients to access services from existing institutions that may be indifferent to providing services to deserving clients. Then she identifies with the plight of the disadvantaged and pleads the cause of pregnant teenagers (SACSSP, 2014:17) to further social justice and obtain resources that might otherwise not be provided (Zastrow, 2013:71).

In contrast, Munson (2012:101) argues that advocacy is one of the poorly defined functions in the helping professions. When social workers advocate for clients they are put in conflict because these organisations view client advocacy as a threat and a source of increasing cost of care.

Advocacy and brokerage are related to one another. In addition to being a broker, the generalist social worker also needs to be an advocate for clients denied access

to existing resources (Zastrow, 2009:523; Wilks, 2012:144; Kirst-Ashman & Hull, 2014:540). One participant said:

> *"During community dialogues held at Ga-Ramaswikana village, community members complained that they do not have a clinic therefore I link them with the Department of Health to provide a mobile clinic."*

Often a social worker will attempt to link pregnant teenagers with other community resources. A client may require different types of services from agencies within communities, such as access to contraceptives and attending pre-natal programmes (Zastrow, 2009:523; Kirst-Ashman & Hull, 2011:293 SACSSP, 2014:17).

Furthermore, another participant pointed out that she is a change agent:

> *"During community conversations we raise awareness on HIV. We wanted to change the environment to be youth free of HIV. Young people were dying leaving behind orphan children, so I play a change agent role."*

Social workers have the responsibility for helping to change the circumstances and situations of clients (Kirst-Ashman & Hull, 2011:293; Zastrow, 2015:35). The findings suggest that social workers utilise various techniques, roles, and skills when assisting pregnant teenagers. Appropriate techniques act as a stimulus to empower teenagers and to effect change. Social workers, however, who draw exclusively from an ecological approach in promoting equitable distribution of resources, may find it difficult to identify and utilise the strengths of pregnant teenagers and families.

Thus, utilising the ecological model of practice is helpful in conceptualising the historical, cultural, environmental, structural, and individual level factors that influence a social problem, and impede individuals' and communities' abilities to adapt. Using this model allows macro workers to think holistically about the social problem by recognising the interconnection of social factors related to teenage pregnancy, which is affecting populations and communities (Trevithick, 2012:326; Miller & Archuletta, 2013:1). There is some agreement that the ecological perspective, with its focus on the interrelationship between interpersonal and wider communal factors, will most likely determine the degree of risk or resilience in the developing child (Nicholas et al., 2010:90). However, critiques of this approach point out that it gives individuals freedom to become independent. They tend to rely on social workers to advocate for them (Collins, Jordan & Coleman, 2010:270).

- **Category 2.1.3: Theoretical frameworks and techniques utilised when working with teenagers**

Human behaviour is complex in nature. Numerous theories are used for social work practice at the micro, meso, and macro levels (Baden, 2010:40) in order to explain why people do what they do. Guided by the Framework for Social Welfare Services (2013:12), two participants mentioned that in order for them to promote social solidarity through participation and community involvement, the developmental approach should be employed.

> *"The Department of Social Development puts emphasis on the developmental approach with the aim of promoting the general welfare of society as well as the emancipation of individuals, families, groups and the communities."*

> *"The developmental approach move beyond a focus on individual behaviour towards improving socio-economic background of teenagers, for example the provision of the child support grant by the Government."*

According to the Framework for Social Welfare Services (DSD, 2013:12) a developmental approach is fundamental to the delivery of integrated social welfare services. South Africa's developmental approach to social welfare changed from the country's one-of-a-kind history of human rights violations, discrimination due to colonialism and apartheid, to a lengthy history of human agency and social action to transform these situations (Midgley & Conley, 2010:193).

People are members of a community; as such, when one member becomes ill, the community is affected. Therefore, social workers should also focus on the environment where young people come from considering the fact that "teenage mothers need to adapt and develop through transition with all the many environments of which they are part" (Motjelebe, 2009:30). A participant shared the theoretical underpinnings of the services she renders to teenage mothers as follows:

> *"I am guided by the system theory, and the ecosystem and the strengths perspective. It is important because you cannot help the individual without considering the environment, where she comes from, where she stays and the resources around her because this helps pregnant teenagers to adapt to their new situation."*

The system theory is about a system which consists of orderly and functionally interrelated elements. It offers social workers a conceptual perspective that emphasises interactions and relationships among the different micro, meso, and

macro systems which relate to individuals, groups, and organisations respectively. In systems theory, the child is considered an element of a family which, in turn, is a sub-system considered an element of the community (Kirst-Ashman & Hull, 2009:9; Kirst-Ashman, 2010:20; Birkenmaier et al., 2011:209). Furthermore, the system theory, ecosystem, and strengths perspectives offer frameworks for understanding and analysing the interrelationship between individuals and their communities (Nicholas et al., 2010:86). Thus, at the core of every human behaviour theory is an explanation of how pregnant teenagers can be assisted to function better in society, and what needs to be done to resolve their difficulties (Greene & Kropf, 2011:5).

According to Hepworth et al. (2010:139), social workers may employ various techniques when providing social work services to pregnant teenagers. The participants indicated that they establish rapport, listen attentively to pregnant teenagers, and paraphrase the message with empathetic responses.

Two participants emphasised that they establish rapport with pregnant teenagers for them to feel valued, free, safe, and comfortable and encourage them to share their experiences, feelings, and perspectives (Hennink et al., 2011:113; Hesse-Biber & Leavy, 2011:105):

> *"I greet the client in the language she understands, offer her a seat, introduce myself and tell her of the services we offer. One teenager started to open up immediately as she felt comfortable and began to share her feelings."*

> *"After I have established rapport with the pregnant teenager, she began to cooperate and presented her problems without fear. She was free and comfortable."*

The findings suggest that the establishment of rapport is essential because it creates wide and liberated conversation with clients, which is the hallmark of effective intervention (Hess & Orthmann, 2010:181; Hepworth et al., 2010:44; Griffin, 2015:70).

During establishment of rapport, social workers should attend to pregnant teenagers through active listening to verbal and observation of the nonverbal cues.

One participant mentioned that it is important that social workers listen attentively to the clients so that they may feel accepted.

"I use listening and attending skills because it is important to listen to what the teenager is saying so that she may open up and talk freely, clarifying issues that she did not understand such as Prevention of Mother to Child Transmission (PMTC)."

Attending involves a conscious awareness of what is being communicated by one person to the other, with the aim of transmitting and receiving the message that is being communicated (Stein-Parbury, 2009:200; Burnard, 2013:49). Paraphrasing is used to restate the client's message concisely (Hepworth et al., 2010:131). A participant stated that:

"In paraphrasing what she said I do not change the meaning of what she would have said, summarizing, reframing, non-verbal attending, communication skills and empathy."

Caution should be exercised when paraphrasing. Messages that are too brief may derail the pregnant teenager's train of thought (Hepworth et al., 2010:131; Birkenmaier, 2014:75).

Empathy is the ability to put aside one's "own frame of reference and attempts without preconceived ideas to hear and understand the client and convey such understanding to the client verbally and nonverbally" (Du Toit, Grobler & Schenk, 2003:152). This technique was used by participants to build trust and to ensure that pregnant teenagers realise that the social worker is supportive and prepared to listen in a non-judgmental manner.

Three participants said that they use verbal and nonverbal communication such as eye contact (Gitterman & Germain, 2008:143) when providing social work services to pregnant teenagers.

"I greet and introduce myself to the teenager, observing her nonverbal cues for example; the teenager may smile while her body is rigid."

"I pointed at a chair for the teenager to sit."

"I nod my head in agreement with the teenager will be saying to show that I am listening."

Social workers use posture, gestures, and facial expression to show attentiveness, and maintain eye contact during interviews with pregnant teenagers (Gitterman & Germain, 2008:143).

The social work profession recognises the value and dignity of every individual irrespective of their origin, status, sex, age, belief, or contribution to society (Lentswe, 2005:30). Thus, it is essential to understand cultural diversity when assisting pregnant teenagers (Carolus, 2008:45).

- **Category 2.1.4: Family services**

From a strengths perspective, the meanings social workers attach to services they provide affect the way they perceive and approach children and their families' experiences and challenges (Collins et al., 2010:265; Saleebey, 2013:11).

Two participants mentioned that they assist pregnant teenagers to be reunited with their families.

> *"During family perseveration services I conduct home visits, educate families about parenting skills such as how to raise children, how to communicate with one another, role clarification and sharing of household tasks such as cleaning the house. I assist teenagers who ran away from their home by reuniting them with their families."*

> *"During family conferences, I emphasise that, their daughter need a safe and stable family and that separating her from them may be traumatic to her and may leave lasting negative effects such as contemplating suicide. I educate the family and help them to improve their parenting and family functioning."*

This confirms the assertion that family preservation services strengthen families, improve their problem-solving skills and home environment, and lead to a reduction in incidents of child maltreatment (Harris & Franklin, 2006:55; Popple & Leighninger, 2008:315; Strydom, 2010:192).

The Children's Act No. 38 of 2005 is recognised as the cornerstone of the policy and legislative framework for delivering services to vulnerable children and protecting their wellbeing (DSD, 2013:9). As far as their knowledge of the requirements of the Children's Act on family preservation services is concerned, participants stated that they are required to provide holistic services to children within their families, focusing on meeting their best interests. One participant reported:

> *"I shared with her* [pregnant teenager] *about the Children's Act and explained that it is a policy document with clause which outlines family responsibilities."*

Family preservation services seek to encourage parents to take responsibility for raising their children (Swart, 2012:24) and keeping children and their families intact

(Maccio, Skiba, Doueck, Randolph, Weston & Anderson, 2003:6; Sandoval, 2010:48).

- **Category 2.1.5: Multi-professional team and networks**

Multi-professional collaboration and teamwork have been presented as positive and necessary interventions to achieve good care. Good teamwork is dependent upon having goals and purpose, the capacity to listen, to respect the views of others, to communicate in a respectful manner upon consultation and collaboration, and to be willing to give of oneself for the benefit of another (Mowat, 2007:57; Coulshed & Orme, 2012:21).

However, two participants expressed their frustration about lack of collaboration between various government departments.

> *"I struggle to conduct an awareness campaign which involves multidisciplinary teams. When I invite to them for a plenary meeting they do not attend meetings."*

> *"Other professionals refer clients to social workers without a referral letter."*

The findings of this study indicate that a lack of collaboration among various professionals may compromise pregnant teenagers' access to required medical care, and psychological and psychiatric assistance. Therefore, it is essential for social workers to describe to clients the services available in their agency, and the reason for a referral to another welfare organisation (Hepworth et al., 2010:194; Green Paper on Families, 2011:27; Coulshed & Orme, 2012:21; Framework for Social Welfare Services, 2013:15).

3.3.2.2 Sub-Theme 2.2: Meso level of intervention

Social group work is a primary method of social work in which groups are assisted through mutual aid to grow, change and develop according to their own abilities (Nicholas et al., 2010:127). This intervention is between the micro and macro level intervention. In this study, it focuses on smaller groups of pregnant teenagers. Thus, a social worker who engages with pregnant teenagers during the meso level intervention utilises the secondary intervention strategies among groups at risk.

However, some participants highlighted practical problems that inhibit them when attempting to establish support groups among pregnant teenagers. Two participants pointed out that they do not conduct group work sessions with pregnant teenagers.

> *"I have never intervened at a meso level because most clients travel long distances to access our services, so is difficult for me to establish support groups."*

> *"Since I joined the department, group work was not in the reporting template. When I signed the contract services level agreement it was not included, so it was not important because I do not get points for it. I do not think so* [referring to an awareness of the provincial DSD of a need for group work] *because if they knew they would have changed it. Then we would be able to provide effective social welfare services to pregnant teenagers."*

The last findings are disheartening as they illustrate the lack of creativity and initiative on the part of some workers. The fact that group work has not been included in the service level agreement should not be a reason for depriving clients of a service that would improve the quality of their lives. It is important to note that the profession of social work seeks to engage pregnant teenagers in effective collaborative prevention interventions at meso level (Zastrow & Kirst-Ashman, 2010:440; Mostofsky, 2014:1112).

- **Category 2.2.1: Recruitment of members of the support group**

This strategy was based upon the premise that direct contact with prospective group members is an effective way of recruiting participants (Toseland & Rivas, 2012:163). Therefore, participants who provide services at meso level mentioned that they recruit members to join the support group.

> *"I recruit 13 to 19 year old pregnant teenagers from the antenatal clinic in Lebowakgomo Hospital."*

> *"I recruit pregnant teenagers who come to my office seeking help, for example of being reunited with their families."*

Random invitation is one form of group recruitment because some participants recruit only pregnant teenagers who visit their offices. However, some pregnant teenagers are referred by Health workers from the clinics in particular. Most participants failed to indicate which method of recruitment was used to recruit pregnant teenagers. It is important for the group worker to think in terms of different descriptive (age and gender) and behavioural characteristics, including issues of

homogeneity or diversity when recruiting potential members (Gitterman & Germain, 2008:351;Kirst-Ashman & Hull, 2012:4;Zastrow, 2012:14). A shortcoming was noted, namely that members were not screened.

After recruitment, the participants explained that they contracted with group members.

> *"During the planning phase, I begin the contracting processes. I have a contracting form for members to sign and I also sign it. The contract includes group's procedures such as the duration and frequency of group meetings."*

During the beginning phase, it is recommended that the group facilitator draw up and enter into a contract with group members to explain the position, needs, and expectations of everyone concerned (Forsyth, 2009:19; Nicholas et al., 2010:139; Lindsay & Orton, 2014:33).

- **Category 2.2.2: Content of group work sessions**

Content refers to what group members and leaders talk about during sessions and includes activities such as role playing. This programme planning assists in achieving the purpose of a group processes as well as the skills that group workers have to possess so that the group process can function at the most favourable level (Hepworth et al., 2010:285; Nicholas et al., 2010:135; Conyne, 2014:3). Two participants explained that a successful programme contributes towards the achievement of all aspects of the group work process.

> *"I assist group members to draw up a programme which entails topics such as parenting skills, prevention of secondary pregnancy and how to apply for child support grant. The group goals will direct us to formulate the content of the group sessions."*

> *"Members will prioritise their topics that they feel must be discussed such as how to manage emotions coping with stress problem solving and decision making. In that case the group members will determine the programme of the group."*

The topics should always have a logical format and should link up with the overarching aim of the group. *One participant responded that "group members determine the content of group sessions."* It is also important to note that the content of the group sessions should never rely on what the group worker considers to be of importance, but on the real needs of the members (Nicholas et al., 2010:135; Teater,

2014:249; Zastrow, 2015:411). Conversely, few participants determined the content of group sessions without involving members of the group.

- **Category 2.2.3: Utilising the group work process**

The group process involves the dynamic interaction among group members that enhances growth and change in them (Nicholas et al., 2010:132). This ongoing process includes opinion and information exchange, decision making and support which create patterns in relation to roles, norms and patterns of conflict management (Nicholas et al., 2010:132). Most participants mentioned that all groups go through the three developmental stages of beginning stage; middle stage and the ending stage. Other participants use Tuckman's well-known model of group development stages which include forming; storming, norming, performing; and adjourning (Teater, 2014:244). Some authors support the statement that social workers who utilise group work in their practice should begin with an understanding of group processes. The authors maintain that the phases of the Tuckman group development model are a useful model in describing the processes of group growth, how it develops, resolving its conflicts, and achieving its purpose. The framework consists of five phases: forming, storming, norming, performing and adjourning run along the beginning, middle and ending phases of a group. The beginning phase includes the forming stage, the middle phase includes the storming, norming and performing stages while the ending phase includes the adjourning stage and these groups will generally progress through each stage in a linear fashion (Zastrow, 2009:19; Teater, 2014:244; Dhawan, 2015:266).

The beginning phase is used to help establish guidelines, structures, goals and purposes and to assert the worker's role in facilitating the achievement of group goals (Brandler & Roman, 2015:55). Three participants explained that during the beginning phase members are worried and not sure whether to be part of the group or keep their distance.

> *"In the beginning phase most group members were silent, looked at each other as if they are expecting something. They were nervous."*

> *"Members are not sure whether to participate actively in the group or acknowledge their judgment of uncertainty. They do not know each other and cannot trust each other."*

"Members needed support and direction to feel that they belong. In the initial phase, members did not know what to do; they were shy and did not want to talk because they did not trust each other."

The group worker establishes rapport with group members, assisting them to develop trust. Members begin with introducing themselves to each other and setting ground rules. At this phase the group worker shows member communalities, connect them to each other, and commence face-to face-interaction (Onserud, Brockway & Mancell, 2009:8; Zastrow, 2009:83; Nicholas et al., 2010:132).

During the beginning phase, the participants play the role of facilitators as illustrated by one.

"During the first phase I facilitate the group processes. I lead the group to identify common challenges. I play a role of a group facilitator. I also guide members to draft a programme for the group."

As a result, the group facilitator needs to provide guidance, boundaries, a clear purpose for the group experience, and supports the members in embarking on a learning and change process together. It is significant that the arrangement of the group should have a reflective result on the behaviour of members of the group as well as discipline during sessions of the group process (Nicholas et al., 2010:131). Apart from playing different roles in a support group, group workers also have the task of helping group members to "develop dynamics that promote satisfaction of members' socio-emotional needs while facilitating the accomplishment of group tasks" (Toseland & Rivas, 2005:64). Furthermore, another participant reported that she uses verbal and nonverbal communication with group members. This is critical since communication in support groups is at the heart of group work practice (Zastrow, 2012:238). The group worker should make use of communication skills intended to facilitate interpersonal relationships, and those intended to facilitate the achievement of group objectives. Therefore, the facilitator should be skilful in programme planning in both verbal and nonverbal communication.

In the middle stage, members pay attention to the group goal. They discover new knowledge and thoroughly discuss the different issues such as parenting skills. These include completing responsibilities or engaging individual contribution and remedial work (Janzen, Harris, Jordan & Franklin, 2006:37). Most participants mentioned that during the middle stage of group development, members become

more relaxed, and share information about the problems troubling them concerning the group. One participant shared his/her experience:

"There was increased intimacy, formation of cliques and emergence of scapegoating and bulling which may result in more complicated group dynamics."

Conflicts that arise in the group should be seen as a necessary and useful part of the process because they offer an opportunity for individual and group growth, and for relationships to deepen as the group engages in conflict resolution (Janzen et al., 2010:37; Nicholas et al., 2010:131; Teater, 2014:244). As a result, the group facilitator wants to start an additional, essential part to make sure that the safety of the group is maintained.

Apart from ensuring group safety, the participants explained that they encouraged members to assume more responsibilities for cohesion and well-functioning support (Onserud et al., 2009:9).

A participant pointed out that the middle stage focused on goal achievement:

> *"The working phase has already begun and members are discussing for example the importance of effective communication because they will learn how to communicate with others. Members have accepted that they are pregnant and are prepared to face the world without fear but to share what they have learnt with their peers. I summarise and clarify information provided by group members during the discussions. I also play a role of a resource finder when members are given the task of identifying resources such as clinics in their communities."*

The storyline supports the view that the middle stage of a group is characterised by an emphasis on work. Energy is devoted to developing cohesion and group functioning, and words such as intimacy, performance, and problem solving are frequently used to convey the emphasis on work and goal achievement (Toseland, Jones & Gellis, 2004:25; Nicholas et al., 2010:131; Teater, 2014:244).

The ending stage, according to Toseland et al. (2004:24), is a group development stage which focuses on the completion of the remaining tasks. Evaluations of the work of the group are conducted and ending ceremonies are planned. Furthermore, task groups complete their business, make decisions, and produce results of their efforts. Group members also focus on methods for maintaining positive changes made after the group ends (Toseland et al., 2004:24).

The final stage, adjourning involves termination of task behaviours and disengagement from relationships. Usually, the termination session is marked by recognition for participation and achievement and an opportunity for members to say personal goodbyes (Teater, 2014:244). It is very difficult for some members to accept that the process of the group has come to an end.

Similarly, the ending stage is a critical part of a support group for pregnant teenagers (Nicholas et al., 2010:142). It is anticipated that pregnant teenagers will be able to impart skills and knowledge they have learned in the support group to others outside the group. On the other hand, the ending of the group may become an emotional experience for some, whereas others may view it as meaning that the group has done what it was supposed to do (Janzen et al., 2006:37). One participant shared how she ended group sessions:

> *"When a closing session is near group members were prepared for termination. We evaluated the work that we did as a group. Then I provided them an opportunity to say goodbye to each other."*

The final stage of group development is called ending. Members will experience a sense of loss and a need for adaptation to a changed situation without the group or with a differently constituted group (Kurland & Salmon, 2012:8; Doel & Kelly, 2014:7; Brandler & Roman, 2015:104). The ending stage of a group is also characterized by the completion and evaluation of the group's efforts (Brandler & Roman, 2015:104). Unfortunately, the participants in this study were unable to explain how they have monitored the ending phase and evaluated the progress made by the group.

Of the 12 participants, three did not conduct group work with pregnant teenagers. The decrease in the use of social group work which may lead social workers not to view group work as an effective response to clients' needs was noted by Drumm (2006:19). The marginalisation of social group work within the social work profession is also attributed to a flawed perception (Drumm, 2006:19). Remarkably, some social workers who practice group work "struggle with their employers to legitimise and include social group work as a crucial method of practice" (Drumm, 2006:19). Some participants presented examples of case work during group work sessions, which shows their failure to understand the method of social group work.

3.3.2.3 Sub-theme 2.3: Macro level of intervention

The macro practice is an intervention designed to bring about change within communities (Grey, 2011:1). Since the late 1800s, macro social work has taken a more holistic approach. This is the view of individuals in relation to their economic status, the political climate of which they are a part, their community, and how society views their particular ethnicity, disability, or other characteristic. Thus, macro practice "draws from theoretical foundations while simultaneously contributing to the development of new theory" (Grey, 2011:1). Social workers who work with communities and intervene at macro level are sometimes called community workers.

Community practice is the core of social work and necessary for all social workers. Although usually associated with community organisation, social action, social planning, other macro practice activities, and direct service, clinical social workers engage in community practice when they make client referrals, assess community resources, develop client social support systems, and advocate to policymakers for programmes to meet clients' needs (Hardcastle, Powers & Wenocur, 2010:23). One participant said:

> *"Before we conduct awareness campaign we start by doing a situational analysis to see if it is fit for us to raise awareness on teenage pregnancy."*

A situational analysis is important for any sound intervention as it ensures the relevance of a programme and establish the best course of action to for instance enter communities and partnerships (Hardcastle, Powers & Wenocur, 2010:16). The community would be understood better if the community worker performs a good situational analysis. Important resources within the community should be unearthed (Hardcastle, Powers & Wenocur, 2010:16; Vasile, Rahoveanu, Subic & Dusmanescu, 2013:26). However, most participants in their work with communities failed to use the strengths, weaknesses, opportunities, and threats analysis to gauge a community's internal strengths and weaknesses, and to measure opportunities and threats posed by external forces (Gamble & Weil, 2010:329; Phillips & Pittman, 2015:257).

The participants mentioned that after identifying the needs of the community, gaining entry may seem like a relatively easy matter, but a simple error by the organisers could ruin the changes of successfully organising the community. The social worker

must tactfully negotiate entry into a community with individuals who control both the formal and informal political arena of the community, such as the Chief (McKenzie & Pinger, 2015:139).

One participant indicated that she had to go through gatekeepers for permission to speak with the targeted community members:

> *"When we conduct community dialogues we start by requesting permission from the chief of the targeted village. We will also involve traditional healers, ward councillors and other relevant role players."*

The finding reveals that the participant was able to request permission from the gatekeepers because these "power brokers" know their communities, how they function, and how to accomplish tasks within them (McKenzie & Pinger, 2015:140). In most rural areas of the Capricorn District, traditional leaders are more respected than any other person. When the members of the community are summoned by their traditional leader, community members attend without fail. This is consistent with the view that maintaining networking relationships with relevant service providers and empowering other organisations with relevant knowledge is essential for service delivery (Strydom, 2010:202).

When permission is granted the community worker will plan for an awareness campaign with other stakeholders, evinced by the following quotation:

> *"Sometimes we will be invited by the community leaders, or Faith Based Organisations to come and give a talk but the most important reason for conducting campaigns is that teenagers in rural areas are from poverty stricken families and therefore become vulnerable and fell pregnant."*

This statement is in line with the Framework for Social Welfare Services (2013:25); "service integration is an integral part of effective quality-driven social welfare services." Contained within the background of this framework, service providers such as non-governmental organisations (NGOs) must collaborate during service delivery for the benefit of the consumers to receive effective services and information (Ramey, 2013:488). Such services would also be beneficial for pregnant teenagers. Notably, the White Paper for Social Welfare denounces models that hold individuals responsible for their disadvantaged circumstances, and seeks to address societal deficiencies that restrict individuals in developing their potential (Bak, 2004:85).

The strengths perspective encourages social workers to work in communities (Saleebey, 2013:17). Conversely, the DSD (2013:9) and Patel, Schmid, and Hochfeld (2012:3) all maintain that the DSD adopted a developmental approach which integrates the provision of social services with economic development, and recognise the importance of sustainable development in addressing teenage pregnancy. The basic idea is to promote equity and social justice with regard to accessing communal resources such as clinics for family planning (Bak, 2004:82; White Paper for Social Welfare, 1997:5). Nicholas et al. (2010:171) argue that teenagers are part of the subsystem and the community as well; therefore, to survive they have to change in order to adapt to the environment. Social workers should empower community members to enhance their strengths and influence the improvement of their circumstances The strength perspective is also relevant because community members' capacities and resources can be strengthened by this approach (Cash, 2008:483; Zastrow, 2008:55; Patel et al., 2012:215).

- **Category 2.3.1: Type of services social workers provide**

Social workers in the Capricorn District of Limpopo Province have a duty to all children, and to those who are vulnerable due to teenage pregnancy. Pregnant teenagers need committed assistance through the provision of quality social work services to ensure that they would not be exposed to any danger. Many government departments are involved in providing protective services to vulnerable children (Streak & Poggenpoel, 2005:3), notably the Limpopo Provincial Department of Social Development. According to the Children's Act No. 38 of 2005, services should be rendered to favour the child's needs.

With regard to community work, social workers mobilise, strengthen, and empower communities by effectively addressing their problems and improving their capacity for development (Integrated Service Delivery Model, 2006:15).

The participants pointed out that guided by the Framework for Social Welfare services (2013:12), certain identified services in line with the purpose of their existence should be provided.

Two participants mentioned that prevention and promotion services are provided at macro level:

> *"At a community level I provided prevention and promotion services as well as early intervention services because prevention is better than cure."*

> *"We prevent second pregnancy by providing life skills such as decision making to teenagers and promote safer sex through information sharing on sex education."*

This is in line with the generic basket of services and types of available interventions (DSD, 2013:30) the prevention and promotion of services, which entail educational programmes, life skills, awareness programmes, parenting programmes, advocacy, and information and advisory services (Integrated Service Delivery Model, 2006:18; Manual on Family Preservation Service, 2009:27-28; Framework for Social Welfare Services, 2013:30). These levels of intervention are identified by the DSD as central to community work service delivery (Manual on Family Preservation Services, 2010:44; White Paper on Families in South Africa, 2012:38). Guided by the White Paper for Social Welfare (1997), the participants revealed that they were committed to giving the highest priority to the promotion of family life, and the survival, protection of all children within the community (White Paper on Families in South Africa, 2012:38). It further states that social welfare services should be planned and rendered in a manner that would benefit the child, family and the community (Streak & Poggenpoel, 2005:13).

Two participants interviewed mentioned that prevention and promotion services are provided at macro level:

> *"During community conversations some teenagers raised concerns that their parents disowned them when they were pregnant and felt like committing suicide. Therefore, I educated them about life skills such as self-awareness, self-esteem and effective communication."*

In line with this finding, the White Paper on Families in South Africa (2012:38) indicates that social work services rendered at an early intervention level seek to protect children, families, and the community from the problems that affect their social functioning. Teenagers at risk of developing functional problems do not have time to wait. It is necessary for a community worker to identify the problems teenagers have, and what they are struggling with. For these teenagers, early help means good intervention, and this may mean that it is possible to prevent the

problems increasing and becoming more difficult to manage (Klein, 2013:204; Chen, 2014:3).

Apart from providing early intervention services, the participants also provide social assistance and relief services to pregnant teenagers at macro level. One participant reported:

> *"We* [participants] *provide social assistance and relief services in a form of food parcels."*
>
> *"I refer clients to SASSA for social grants and others need food parcels, school uniform and bursaries."*

People who are in urgent need of support such as food parcels will be assisted under the social relief of distress programme. Social assistance provides different services where clients are referred to SASSA to apply for child support grants (Integrated Service Delivery Model, 2006:18; Framework for Social Welfare Services, 2013:30).

With regard to social support services, one participant mentioned that he *"provides informational support which includes advice, suggestions and directives"* to help teenagers resolve their personal problems (DSD, 2006:18). Social support services are aimed at enhancing, strengthening and stabilising individuals, families and communities by assisting them to identify and meet their own social needs (Integrated Service Delivery Model, 2006:18; Manual on Family Preservation Service, 2009:27; Framework for Social Welfare Services, 2013:30).

- **Category 2.3.2: Roles and techniques employed in community work services**

From the research findings it is evident that the participants performed various roles when assisting the community to reach their dreams of living a better life. One participant reported:

> *"I become a public speaker, a planner, community worker, coordinator, adviser, and link people to relevant stakeholders such as the health workers for family planning as well as legal abortion, refer them to SASSA for various grants such as foster care grant of orphans whose teenage mothers had passed on due to HIV and AIDS or died of complications during birth."*

It is clear from the findings that social workers were recruited to talk to various groups and clients about available services or to advocate for other services. Social

workers who have public-speaking skills can explain services to members of the prospective group clients (Zastrow, 2010:72). In addition, social workers as coordinators bring components together in some kind of organised manner (Carolus, 2008:55; Zastrow, 2010:72). For example, teenage pregnancy is a societal problem which needs several agencies to work together.

One participant shared information on how communities were educated through parenting skills programmes, and on taking care of their children:

"I educate the community about the family as a unit which must protect children from all forms of abuse such as sexual abuse. I provide them with information on child trafficking. I inform them that children went missing and sold to other people in another country for prostitution therefore they must take stand to safe-guard their children."

The key to increasing the proper utilisation of interventions is community education, and therefore addressing issues related to child abuse and neglect is the responsibility of community members (Rangiah, 2012:15). Regarding sex education, another participant said:

"*I educate communities to talk to their children about sexual matters.*"

The aforesaid findings are supported by Makola (2011:21) who explains that teenagers are falling pregnant because parents and teachers do not communicate with them about sex. Some authors, however, argue that in some African cultures it is unacceptable for parents to discuss sexuality with children (Seekoe, 2005:27; Yako, 2007:16). To raise awareness on teenage pregnancy, one of the participants reported:

"I warned parents that they must not sell their children to men particularly to older men because they wanted to benefit either financially or materially."

The finding points to the fact that the lack of financial support may also result in teenage pregnancy (Rangiah, 2012:11); this statement confirms the views of other authors that some parents lose focus and allow their children to enter into vulnerable relationships with married men in the hope that their children will bring money home to augment the desperate material needs of the family (Nemutanzhela, 2007:62; Makola, 2011:20).

In addition to the roles and techniques used during awareness campaigns, the social worker as a community worker should try to avoid giving direction, and should instead adopt the roles of enabler, encourager, guide, teacher, catalyst, coordinator, and facilitator of the problem-solving process (Carolus, 2008:51; Ross & Deverell, 2010:374).

In this study, most participants did not mention the importance of educational campaigns at schools relating to sexual behaviour and the prevention of teenage pregnancies, avoidance of alcohol and drug usage, and the provision of recreational facilities for teenagers.

3.3.3 Theme 3: Social work services viewed as helpful for pregnant teenagers

Most participants indicated that prevention and promotion services, early intervention services, social assistance and relief, as well as social support services are viewed as helpful to pregnant teenagers. This is consistent with the framework for integrated social welfare services which seeks to demonstrate the interrelationships between key elements of service delivery (DSD, 2013:11).

Reuniting teenagers with their families is an accomplishment, and indicates that social work services are helpful to pregnant teenagers:

> "*After parenting programmes were held, the pregnant teenager was allowed back and reunited with her family. She ran away from home because she disappointed her parents.*"

Keeping pregnant teenagers at home with their families is an encouraging outcome of social work services (Forrester, Copello, Waissbein & Pokhrel, 2008:419; Sandoval, 2010:48). Teenagers and families who cooperate make it easier for social work services to be helpful to pregnant teenagers. *"The clients were cooperative and accepted responsibility to assist with challenges facing the pregnant teenager."* The finding is consistent with Sandoval's statement that a family's success, through the intervention of social work services, is determined by the family's ability to accept responsibility, receive services, and be cooperative.

3.3.3.1 Sub-theme 3.1: Micro level of intervention

At micro level, social workers intervene at the individual level to enhance changes within one's functioning, social relationships, and ways in which one interacts with

social and institutional resources (Segal, Gerdes & Steiner, 2010:443). At micro level, prevention and promotion of services are aimed at enhancing people's capacity and to avert factors that may impede their wellbeing (Integrated Service Delivery Model, 2008:20; Framework for Social Welfare Services, 2013:30). One participant mentioned:

> *"...prevention services and promotion of information played a significant role in preventing the psychological and emotional effects of the pregnant teenager."*

The finding supports Walker's (2012:7) assertion that these services are programmes that "prevent or delay the onset of health and behaviour problems." In addition, the storylines support the research which reveals that the rendering of family preservation services seeks to keep teenagers and their loved ones together as an intact unit (Maccio et al., 2003:6; Sandoval, 2010:48). Likewise, Giese (2007:20) attests that the policy shift in the White Paper for Social Welfare advocates for a better approach which places emphasis on prevention and early intervention services. Social workers should contribute to social development by implementing appropriate intervention strategies in response to the problems.

3.3.3.2 Sub-theme 3.2: Meso level of intervention

During the interviews, most participants exhibited enthusiasm about social work services which were helpful at a meso level. At this level, intervention is targeted at preventing problems from occurring for groups at risk. One participant reported:

> *"With my social work experience and perceptions I think prevention, early intervention and family preservation services are helpful for pregnant teenagers because in 2010 I had a support group of 21 members and today in 2014 I have only 8 members. This is an indication of our services making an impact to our people lives."*

The finding of this study supports the assertion that a social worker's primary function is working with clients (Nicholas et al., 2011:105). He or she feels comfortable in developing a successful professional client-worker relationship, built on rapport, self-determination, confidentiality, respect and acceptance, and taking control of professional boundaries. As such, the set goals and objectives of the working process could be achieved.

3.3.3.3 Sub-theme 3.3: Macro level of intervention

Macro level intervention involves a larger number of people, contexts, and circumstances than that of micro and meso practice (Kirst-Ashman & Hull, 2012:34). The participants explained that at a macro level intervention, they start by requesting permission from the key leaders to conduct awareness campaigns. One participant responded:

> *"We meet with the key leaders like the village Chiefs, who will give us permission to run the campaign thereafter, we invite other community leaders; councillors, ward committees to plan for the event."*

Collaboration and partnership of community members and FBOs are essential in establishing a community-wide response to teenage pregnancy. Members must take ownership of the project, and see themselves as playing an important role in articulation and attainment of the response vision. Thus, support from key leaders in the community is needed because these are the people who are highly respected for their knowledge and contributions to the community (Lundy & Janes, 2009:536).

One participant reported that community work is important and helpful for teenagers:

> *"Community work services were important as well but we could not receive direct appraisal from teenagers. At this level we prevented early pregnancies and second pregnancies, however, some of the community members did indicate that awareness campaigns were helpful because some of their children had passed grade without being pregnant."*

Community work intervention is important because it may offer the individual a meaningful identity, and provide practical resources such as the clinic to access contraceptives. In this way, community social work is linked to more widely preventive services and development in communities. The advantage of the programme is that it targets every community member during the campaign (Kerson & McCoyd 2010: 62; Adams & Nelson, 2011:231; Franklin, Harris & Allen-Meares, 2012:435). Another participant confirmed this view with the following remark:

> *"In another awareness campaign we gave people T-Shirt written I am 100% virgin. This was an idea of a colleague who suggested this message to the planning committee. I still see people wearing the T-shirt in the streets which is another way of promoting information on teenage pregnancy."*

Kirst-Ashman and Hull (2008:33) attest that the macro level intervention process has indeed succeeded, although the same problems have surfaced in another form.

Previously, the term indirect practice was used to signify the elements of macro practice. The term direct practice is characterised by face-to-face contact with clients while "indirect practice was used to refer to social work's commitment to change-efforts at the environmental level with a focus on societal issues" such as teenage pregnancy (Kirst-Ashman & Hull, 2008:33). Kirst-Ashman and Hull (2008:116) write that "integrating generalist social work practice with macro systems involves interventions that maintain positive community social processes, develop and restore social processes that can contribute to human development and functioning, and empower individuals and small systems to influence the larger systems affecting people's lives. Thus, utilising an ecological model practice assists in having an idea of the community's history, culture, and its surroundings. This would simplify the community worker's task in recognising "the interconnection of social factors related to" teenage pregnancy, which affect populations and communities (Miller & Archuletta, 2013:1).

3.3.4 Theme 4: Challenges encountered when rendering services to pregnant teenagers

Social workers are faced with a mammoth challenge when assisting pregnant teenagers. When people are beset by problems, they seek help. Usually, they think they are unble to solve their problem unless someone helps them to do so. Furthermore, they may expect the helper to produce solutions for their problems (Gordon, 2009:11).

3.3.4.1 Sub-theme 4.1: Difficulty to maintain long term contact

Ten participants reported that some pregnant teenagers stopped attending individual and group sessions for no apparent reason. Some of them were traced, but others could not be located:

> "To be pregnant and HIV positive is a challenge because some of these pregnant teenagers disappears and stop attending sessions and when I trace them they shall have relocated somewhere else."

The findings based on the researcher's analysis illustrate that participants generally fail to clarify to their clients the function of social workers and the services they provide when interacting with clients. Should clients not fall within the ambit of a specific service, they should be referred to another service that could provide them

relevant assistance The role of the social worker is to assist clients to understand why they need help and where to obtain this. The strengths perspective on the other hand, is about the power of the self to heal with the help of the environment which the social worker may utilise to assit pregnant teenagers (Saleebey, 2013:103).

3.3.4.2 Sub-theme 4.2: Lack of cooperation

Involuntary clients might be reluctant to work towards the goals set by the social worker or the authoritative system, and may exhibit resistance (Collins et al., 2010:282). Regarding the feelings and perceptions of involuntary clients, a few participants reported:

> *"Most pregnant teenagers who came to my office involuntarily do not cooperate."*

The finding confirms the assertion that working with involuntary clients might be uncomfortable for some social workers (Birkenmaier et al., 2011:137). Such incidents validate the view that some clients show feelings of anger and fear towards child welfare workers (Grockel, Russell & Harris, 2008:104). Some authors caution that coming up with superimposed programmes or treatment protocols might yield what seems to be resistance, particularly from individual clients; yet it could be an indication that the goals of the programmes do not equate to those of the client (Collins et al., 2010:270; Saleebey, 2013:19).

One participant mentioned that most pregnant teenagers do not report abuse:

> *"Most teenagers who were sexually abused did not report the abuse either to the local social workers or to the police."*

The findings concur with those of Casey, Getz, and Galvan (2008:62) that girls are mostly sexually abused by people they know, although it is believed that fewer are likely to report the abuse because for various reasons such as low self-esteem, family disorganisation and poor parental supervision.

3.3.4.3 Sub-theme 4.3: Personal challenges of the teenager that affect services

When a pregnant teenager does not have the confidence to socialise with others, this can be a consequence of social dysfunction and self-isolation. Again, some teenagers with low self-esteem do not cooperate with social workers during group or individual sessions, and that impedes working process.

Eight participants reported that most teenagers are not self-assured. If they do not perform well in the classroom, some give up and focus their attention on alcohol and other forms of substance abuse. This error in judgment unfortunately leads some girls to inappropriate sexual behaviour, and they fall pregnant. The participants were in agreement on this point:

> *"When low self-esteem exists within teenagers they will continue making mistakes like making more than one child hence we educate them about life skills."*

The participants' experiences support the views of Kanku and Mash (2011:567) that some teenagers are unable to imagine creating a better future for themselves by staying at school after the pregnancy. Thus, fear and anxiety result in low self-esteem and low self-concept which may cause depression (Manning, 2007:11). The escalating prevalence of problems among teenagers gives rise to desperate thoughts, and drug abuse is but one of several inappropriate activities which are indicative of the problems that adolescents are grappling with. Incorrect information and mixed messages from the media, teachers, family, and society as a whole exacerbate the confusion experienced by young people. Undoubtedly, teenagers are at risk because they lack social support to seek appropriate and effective help. Thus, adolecents require tools to strengthen their coping abilities to counter environmental stress and disadvantages (Yadav & Iqbal, 2009:61) This would assist pregnant teenagers to understand the worker-client contract entered into in order to achieve set goals (Yadav & Iqbal, 2009:70).

All participants reported that financial constraints are a major problem to pregnant teenagers:

> *"Most teenagers that I have engaged with indicated the problem of money as their challenges because without money they are unable to travel to access our offices and other offices such as the clinics."*

The finding demonstrates that poverty is one of the major contributors to teenage pregnancy (Rangiah, 2012:11). The largest sector of the community is "characterised by poor socio-economic conditions which include poverty, unemployment and reliance on government grants and limited opportunities for teenagers" (Kanku & Mash, 2010:565).

Dropping out of school was discussed by participants and emphasised:

> *"The is a challenge with pregnant teenagers dropping out of school, most of them do so permanently during or after the pregnancy."*

The finding is consistent with the assertion that adolescent childbearing is often associated with an end to schooling, especially for girls (Kaufman, De Wet & Stadler, 2001:148). Most pregnant teenagers are unable to go back to school because they are not coping with the dual responsibilities of being a mother and a student, find it difficult to keep up with peers where academic performance is concerned and feel obliged to care for their children (Sodi, 2009:21; Makola, 2011:39). The Human Science Research Council concludes that many pregnant teenagers drop out of school, especially if they do not come back to class within a year of giving birth (HSRC, 2009:58). Generally, the future life of young mothers becomes gloomy because two out of three pregnant teenagers drop out of school (Marule, 2008:93).

Dropping out of school will disadvantage such girls as education is central to the development of young people and prepares them for work and life in general (Sibeko, 2012:1). For instance, teenagers without high school education because of becoming pregnant and dropping out of school permanently will not have the requisite level of education or sufficient skills to enter the open labour market (Clarke, 2005:12). Such teenagers would remain dependent on the state and their parents, a phenomenon which would feed the existing vicious cycle of poverty within the family (Kaiser, 2005:1).

A lack of support from families, friends, partners, communities, churches, nurses, and teachers aggravate problems encountered by teenage mothers (Adams, 2012:84). One participant cited lack of support for pregnant teenagers:

> *"The challenges that I come across is that most families do not support their children. Some of the families are failing teenagers because it is unable to impart social ethics and most importantly material welfare to these children."*

The finding confirms the view of Motjelebe (2009:26) that not all families provide support for their family members. The extended family, which includes uncles, aunts, and grandparents, are supposed to provide emotional support to the pregnant teenager. These individuals are related by blood or marriage with a network of relatives. Most of them indicate that they have too many mouths to feed and therefore they cannot afford another. Apparently, most relatives are reluctant to provide support to pregnant teenagers (Chigona & Chetty, 2008:272). Families,

parents, friends, and boyfriends shun the impregnated teenager because they feel humiliated and afraid that society would frown upon them. One of the participants said:

> *"Some boyfriends are not supportive as well which put pregnant teenagers' lives in danger like having suicidal thoughts. Most pregnant teenagers are complaining about members of the nuclear and extended families as well as their parents are not providing care and support."*

The boyfriends of most pregnant teenagers are unable to support their girlfriends since they come from low income homes, have poor school performance, low educational attainment and seldom have the financial resources to support the child and the mother (Panday et al., 2009:110). Another participant reported that:

> *"Some educators were also not supportive because the teenagers had disappointed them. Some of these teenagers were performing well at school but since they became pregnant their performance dropped."*

Teenage pregnancy, according to Matlala, Nolte, and Temane (2014:5), is seen as ethically incorrect, or as a disgrace, and is stigmatised in some communities in South Africa. The lack of support by educators to pregnant learners is attributed to a lack of training to meet the health needs of pregnant learners (Mpanza & Nzima, 2010:433). Furthermore, some schools seem to turn a blind eye to pregnant learners by refraining from playing an active role in attending to their specific needs. However, Rangiah (2012:11) warns that pregnant teenagers are not supposed to be excluded from school except for health reasons. Instead, they should be supported.

Generally, the participants emphasised the lack of support from friends, and further indicated that pregnant teenagers can no longer attend church because they have lost friends who used to accompany them.

Two participants mentioned that most pregnant teenagers are rejected by their friends:

> *"She* [pregnant teenagers] *said her friends from the neighbourhood reject her."*

> *"They* [pregnant teenagers] *lost friends who are supposed to support them during this difficult time."*

Motjelebe (2009:27) is of the view that pregnant teenagers should enjoy support from friends and neighbours, but this does not happen in practice. Most teenagers

spend their time with friends in their neighbourhood, socialising and sometimes attending church together. The findings show a different scenario, however, as according to the participants, pregnant teenagers are discriminated against and rejected by people they once trusted.

3.3.4.4 Sub-theme 4.4: How challenges encountered when providing social work services to pregnant teenagers are addressed

Most parents react negatively, and express their anger and disappointment when they hear that their teenage daughter is pregnant (Motjelebe, 2009:11), while some boyfriends, peers, friends, and church members alienate them. With regard to assisting pregnant teenagers at an individual level, 10 participants mentioned:

> *"I will normally involve significant others when helping a pregnant teenager so that together we can provide support and encourage active participation and cooperation."*

The lack of support from the teenage mothers' families, friends, partners, communities, churches, nurses and teachers aggravate their problems (Adams, 2012:83). Another participant explained:

> *"I conduct home visits for teenagers who cannot visit my office. For example, the teenager who was heading the household I assisted her on how to share household chores with other siblings. She had two siblings; a boy aged 12 and a girl of 15 years old. The pregnant teenager was 17 years old. I suggested that the 15 year old girl could do the dishes and may learn to wash her clothes. They were foster care grant recipients so I taught her how to budget for example putting like R50 for each at a bank with lesser charges for investment which will help them for paying their colleges fees."*

The above finding illustrates challenges faced by orphaned a pregnant teenager heading a household and the services she requires in relation to managing the household and parenting. These complex challenges may impede her school performance and attendance. Orphaned pregnant teenagers rely on the Child Support Grant for their survival; therefore, educating them on budget breakdown proved to be useful.

Therefore, poverty and child-headed households are identified as other factors that contribute to teenage pregnancies as a result of poor or no parental guidance and control, some teenagers engage in sexual activities in exchange for money for survival (DSD, 2011:22). Social workers consequently have a mammoth task of

delivering quality social work services to individuals and families to enhance their social functioning (DSD, 2011:22).

Meso practice offers assistance to groups of people experiencing similar problems such as pregnant teenagers. Educational, treatment, or task groups are conducted depending on their goal (Kirst-Ashman, 2009:120).

With regard to information sharing, five participants mentioned that they educate pregnant teenagers on the safety of contraceptives:

> *"I share with them information to say that the condoms and contraceptives cannot cause any harm to anybody because they have been tested and approved by the SABS."*

The finding shows that some group members were reluctant to use condoms and claim that they are turned away from the clinics by health workers. The participants indicated that they emphasised the use of condoms. The participants reported that condom use becomes increasingly inconsistent as relationships evolve (Hamprecht, Hodzic & Warriner, 2004:18). Presumably, using condoms prevents HIV transmission and unwanted pregnancies. After all, condoms appear to be the best method available to protect sexually active people against HIV. Against this backdrop, the Children's Act No. 38 of 2005 states that "no person may refuse to sell condoms to a child under 12 years and older, or refuse to provide such a child with condoms on request when such condoms are distributed free of charge" (Rangiah, 2012:18).

Another participant emphasised the need for a support system, and encouragement by social workers:

> *"In group sessions I encouraged members to support each other when they were inside the group as well as outside the group. I encouraged them that when they attend sessions, they help them and other young people as well."*

The finding confirms the view by Rwomire (2011:109) that supportive treatments such as information sharing, encouragement, clarification, and suggestion "are used by social workers through group processes and interpersonal relationships."

Six participants recommended that promotional materials be used to keep communities informed:

"Handing out of promotional materials of teenage pregnancy is also a way of information sharing. However there are few teenagers who cannot read because some of these flyers are written in deep English. So I think if the flyers can be written in simple English can solve the problem."

The finding supports the views of Hepworth et al. (2010:413) that at macro level social workers should use a range of social work roles such as resource developer. In developing and supplementing resources, social workers can identify a community library and display books, flyers, and placards. This intervention can be used to change conditions, improve environments, and respond to the needs identified by the community.

With regard to the requirements of the Children's Act No. 38 of 2005 on the protection of children, two participants commented that at macro level they educate the community about their responsibilities:

"During awareness campaigns I emphasis on parenting skills. Parents should protect their children. Support them as well as providing the basic needs such as food, shelter and most of all give them love."

The finding indicates that social workers who render services to pregnant teenagers should align their services to the requirements of the Children's Act No. 38 of 2005. Thus, at macro level the community, particularly parents, are educated about their responsibilities, which include provision of social and psychological services, imparting information relating to social ethics, as well as providing material welfare to pregnant teenagers (Motjelebe, 2009:24).

To enable teenagers to cope with the problem of early pregnancy, they need a great deal of support from the community. Regarding services provided at macro level, two participants responded:

"When we conduct community awareness campaigns, we ensure that we educate the communities about social support system or network. We emphasise that, pregnant teenagers should be supported and not stigmatised."

The finding indicates that the participants had knowledge about the types of social support networks that exist within the community. In order to prevent teenagers' isolation, suicidal thoughts, school dropout, stigmatisation, and discrimination the social worker had the task of educating and involving the community, the church, friends, neighbours, the extended and immediate families (Motjelebe, 2009:23-28).

The community at large should be made to understand the importance of open communication between parents and their children. This could be done through the use of campaigns, workshops, and rallies in the clinics, community centres, social, cultural, and religious groups (Oyedele, Wright & Maja, 2014:90).

3.3.5 Theme 5: Suggestions on how to improve social work services for pregnant teenagers

According to Nicholas et al. (2011:37), "social workers who are properly registered and subscribe to the code of professional conduct and ethics are able to use their skills and knowledge to enhance the functioning of individuals, families, groups and communities." In addition, the White Paper for Social Welfare (1997) accentuates the need for an integrated and inter-sectoral approach to services.

One participant pointed out that to improve social work services, coordination and collaboration of multi-agency teams should be strengthened:

> *"During multi-agencies team meetings, we emphasise that all public servants must serve all consumers of services with diligent and no one must be denied access to services. In the meetings we indicated that young girls complained about health officials who refuse them access to family planning."*

This type of team collaboration may also improve client-care outcomes. The multidisciplinary team is often recognised as a preferred form of service delivery in most organisations. Some authors also support this statement that this is a culture of creating a rich climate for professional growth and improving the quality of services to young people at risk (Walker, 2012:185; Dziegielewski, 2014:125; Case-Smith & O'Brien, 2015:521).

In addition, the participants reported that high caseloads hinder the provision of social work services to pregnant teenagers:

> *"We are losing focus because there is too much work, so I think if the employer can employ more social workers, caseloads will be lessened and services will improve because I will be doing quality work."*

The findings are supportive of the outcomes of previous studies which showed that social workers who had caseloads in excess of 50 clients found it difficult to provide services to pregnant teenagers (Strydom, 2010:196;199). Dlangamandla (2010:90)

also found that due to a number of high caseloads, social work cases tended to be crisis oriented.

Notwithstanding the participants' failure to cope with their workload, they also reported a lack of resources and poor working conditions. One participant mentioned that the working conditions for most social workers in the welfare sector are generally poor and affect their performance:

> *"There is lack of transport to do home visits. We are six in an office and share two cars."*

> *"We struggle to write reports, there is only one computer and we are four in our station."*

The findings reveal that the participants can improve the quality of services if additional resources could be made available. The research done by Earle (2008:72) confirms that social workers are frustrated by the unavailability of material resources, and that the shortage of resources impeded service delivery.

3.3.5.1 Sub-theme 5.1: Professional relationship with the teenager

From the outset, social workers should feel comfortable developing a professional client-social worker working relationship with pregnant teenagers. A professional relationship with teenagers will be successful when rapport, self-determination, confidentiality, respect, acceptance, communication, and maintenance of professional boundaries in the interaction between the participants and pregnant teenagers exist. Many professionals enter into the field of social work to help others grow and improve their life circumstances. Yet, when working with clients, social workers must maintain clear boundaries to assure professional integrity and responsibility (Nicholas et al., 2010:105; Cooper, 2012:95; O'Leary, Tsui & Ruch, 2012:7).

3.3.5.2 Sub-theme 5.2: Types of support to pregnant teenagers

Young women who leave school due to pregnancy need moral support unreservedly. There are two types of support that are provided to pregnant teenagers, namely social support and a social support network, which are categorised into formal and informal support (Mtjelebe, 2009:22).

- **Category 5.2.1: Formal support**

Nine participants reported that as professionals, they are obliged to provide formal support to pregnant teenagers:

> *"The formal social support systems which are us professionals we emphasised on services such as support services that we provide to individuals, families and communities should be utilised and it is free."*

This statement supports Mtjelebe's (2009:22) opinion that formal social support systems operate under the auspices of welfare organisations. These are sponsored services rendered by professionals such as social workers who provide social services to pregnant teenagers.

A social marketing model facilitates change by persuading community members to accept, act upon, or use specific socio-economic services. The researcher was told by one participant that the DSD initiated a programme called "taking DSD to the community," but it fell by the wayside although by all accounts it appeared to be a good programme. The participants were concerned that social work services were not known in communities. They referred to a school teacher who, for example, refers children who require identity documents to their office (Framework for Social Welfare Services, 2013:21).

One participant mentioned that some clients think that social work services are provided to people who want to apply for CSG:

> *"But I think we must have a way of marketing our services because people particularly teenagers think that social workers' job is only doing foster care grant and resolving family conflicts."*

This finding is in contrast to Lefebvre's (2013:1) assertion that marketers are often brought into a service delivery environment to solve what is in actuality a communication problem. Some teenagers from other rural areas travel long distances in their search for help. Therefore, it is of paramount importance that correct information is provided to prevent these young people from being sent from pillar to post.

The community outreach programmes are programmes provided by multi-sectoral, multi-disciplinary teams composed of, for example social workers and health workers. They facilitate change in community members' lives by equipping them with

the knowledge, insight, skills, and attitudes required for effective individual and collective functioning (Framework for Social Welfare Services, 2013:12).

In relation to promoting information, five participants agreed:

> *"Promotion of information is also helpful. We transfer knowledge to young people through flyers, stickers and on a face to face basis."*

South Africa is one of several countries in sub-Saharan Africa that has taken steps to protect young mothers' right to education. Even before the transition to democracy, in the absence of a formal policy, schools allowed pregnant teenagers to remain in school, and to return to school post-delivery (Panday et al., 2009:89).

- **Category 5.2.2: Practical support**

According to the White Paper for Social Welfare (1997), social relief is merely a temporary measure. A few participants indicated that some of their clients were referred to other places to get food parcels:

> *"Sometimes I will request food parcels from other colleagues on behalf of the client. I sometimes refer them to SASSA for food parcels."*

The finding reveals that social assistance in the form of food parcels can go a long way towards making the helping process successful, because the client will be able to attend sessions with sufficient energy. The Social Assistance Act No.13 of 2004 states that the Minister may provide social relief of distress to a person who qualifies for such relief as may be prescribed (Serr, 2006:178; Engel & Schutt, 2013:144).

- **Category 5.2.3: Informal support**

The informal social support system is the second category. The service is provided by individuals, families, friends, peers, relatives, or members of the support group (Motjelebe, 2009:23; Bhana et al., 2010:872). The participants explained that pregnant teenagers need support from their families, friends, community, and the church.

Teenage pregnancy is often not accepted by parents, to the extent that teenagers are forced to leave home because they have caused embarrassment to the family. Sometimes parents distance themselves from pregnant teenagers because they feel

ashamed that the community will look down upon the family, because of their child's actions (Chigona & Chetty, 2008:271).

Some families, however, do support their pregnant teenagers when faced with the difficulties of early pregnancy:

> *"The family stood by her* [pregnant teenager] *and pledged to support their daughter until she gives birth."*

> *Her* [pregnant teenager] *mother said that she will look after the baby so that she can go back to school."*

The findings confirm an assertion that the family can be functional as a system, and this plays a central role in the social, psychological, and biological development and maintenance of family members (Motjelebe, 2009:25). Frost, Abbott and Race (2015:13) purport that family support is necessarily based on a theory of change. It is a proactive process which engages with the parent(s) and young person in a process of change. Such support can be offered early in the life of the child or early in the emergence of the identified challenge facing the family. However, some participants failed to identify the family's strengths because other pregnant teenagers had run away from their homes. The Manual on Family Preservation Services (2010:44) indicates that when families face diverse challenges, they may have strengths and resources which social workers need to identify and utilise to help them dealing with their problems. Another type of support is one provided by friends:

> *"She indicated that her friends support her a lot, she even advised her to see a social worker with regard to child support grant."*

> *"When she* [pregnant teenager] *felt isolated and discriminated against, she said her friend provided her with social skills. She interacted and communicated with her to be confident."*

The findings suggest that friends are an important source of primary social support because they can positively impact the socialisation of these young girls. Pregnant teenagers may seek solace, moral, and emotional support from others around them (Galano, 2007:156; Kirst-Ashman & Hull, 2009:329; Motjelebe, 2009:27). However, most pregnant teenagers feel neglected and no longer accepted by their friends (Weed, Nicholson & Farris, 2015:58).

Instead of supporting pregnant teenagers, the community sees them as careless as well as immoral, and most of all not fit to mix with non-parenting learners or other

children within the community. They are treated as and referred to as "the other girls" (Chigona & Chetty, 2008:274).

This statement is similar to the response of one of the participant that pregnant teenagers do not receive support from communities:

> *"She* [pregnant teenagers] *said that the community members did not support her and assisted the school board to get her removed from school even though it is against the Department of Education policy."*

The community can place significant pressure on schools to expel pregnant and parenting learners, even though it is contrary to the Constitution of the country. In the event where schools do not expel pregnant and parenting learners, the community finds ways of mocking teenage mothers on their way to or from school as a way of preventing them from attending school. Also, researchers have established that many educators are not pleased with the challenge of dealing with a policy that allows pregnant schoolgirls to continue with their schooling (Mpanza & Nzima, 2010:433; Chauke, 2014:37).

Regarding the church as a support system, two participants reported:

> *"She was from a Christian family, the church she attends stopped her from participating in church activities but she said that overall the church supported her throughout, and they even bought her items for the unborn baby."*

It is appropriate to mention that the church is actually classified as a type of voluntary association, which provides spiritual guidance to individuals and therefore functions as a major social support system. In this regard the priestly functions of religious bodies contribute to the stabilisation and order in societies, and provide a feeling of security and a sense of self-worth (Motjelebe, 2009:22; Martinez & Abrams, 2013:172).

3.3.5.3 Sub-theme 5.3 Professional support and development

Each institution needs competent supervisors and/or managers to collectively achieve the objectives of the institution efficiently and effectively through a professional support system. Colleagues should be treated with respect (Nicholas et al., 2011:242).

The participants expressed their frustration of the lack of professional support. One participant indicated that the SACSSP (2011:2) promotes that "all registered social workers should acquire points through Continuous Development Programmes." However, the Department of Social Development is not providing support in this regard, because fewer accredited trainings are provided to the few. Of the 12 participants, two cited a lack of support for in-service training:

> "Effective services can be provided by competent supervisor who were trained and developed by Department. For example, the DSD has introduced a key performance area called CDP in our working contract to encourage us to study further in work related courses. I also suggest that we have regular in-service training."

These statements support Crosson-Tower's (2009:242) view that the provision of competent supervision to social workers is essential to meet the demands of providing effective services. Similarly, the literature shows that social work organisations should provide team building and supportive sessions on an ongoing basis in order to promote a positive organisational culture. The National DSD has observed that organisations that support social workers have the best staff retention rates (DSD, 2009:59).

Continuing professional development (CDP), is the responsibility of all social workers to improve their capabilities, confidence and direction of practice and the career (NASW, 2009:7). Although many employers do not provide social work training for their employees at work, they tend to support the social work professional's pursuit of professional development in other ways (NASW, 2009:7).

In the State of the Nation Address of 9 February 2007, the former President of South Africa Thabo Mbeki emphasised the need "to accelerate the training of family social workers at the professional and auxiliary level, which will be an important step towards improving the support of professionals at both the level of education and working conditions" (Earle, 2008:5).

3.3.5.4 Sub-theme 5.4: Resources needed for service delivery

In order to "implement the service delivery framework effectively, a range of human, financial and other infrastructural resources are required" (DSD, 2006:33). The lack

of such resources is likely to demotivate service providers. Five participants reported:

> *"We do not have stationary; we need computers, printers, telephones, and transport."*

> *"We need transport to conduct home visits because when we apply for subsidised cars, we wait more than three years to receive them."*

> *"Some clients need privacy but in our offices we cannot keep to the principle of confidentiality because there is no office space. We are four in one office. Sometimes we request our colleagues to wait outside until we done with our customers"*

> *"We need human resources. There is shortage of social workers. The work is too much for us."*

The challenges articulated above, correspond with Alpaslan and Schenck's (2012:374) findings that "social workers are frustrated because of the lack of access to resources such as inadequate stationery, office space, information technology, funds for projects and shortage of vehicles" as a result, social work services are significantly impeded. Some authors are also of the opinion that social workers need both the social and economic resources for services delivery (Earle, 2008:72; Hepworth et al., 2010:27; Rwomire, 2011:111). In other words, adequate resources can lift the morale of social workers in delivering quality services.

With regard to shortages of social workers, the DSD (2009:26) acknowledges that many social workers have left the country, and others have left the profession, because of low salaries and poor working conditions. High caseloads and multiple role responsibilities are some of the challenges social workers face when providing social work services to pregnant teenagers (DSD, 2009:25; Alpaslan & Schenck, 2012:376).

3.4 Conclusion

This chapter presented the research findings, focusing on themes one to five that emanated from the transcribed interview recordings conducted with 12 social workers who provide social work services to pregnant teenagers in the Capricorn District in Limpopo Province.

The first theme focused on the specific challenges experienced by pregnant teenagers, which includes sub-themes and contributory factors to teenage

pregnancies, and personal challenges experienced by pregnant teenagers. The second theme discussed social work services provided to pregnant teenagers at micro, meso, and macro levels. This is followed by theme three on the social work services viewed as helpful for pregnant teenagers. The challenges encountered when rendering services to pregnant teenagers were discussed in theme four. And lastly, the fifth theme illustrated the suggestions on how to improve social work services for pregnant teenagers.

The participants are guided by the Framework for Social Development when providing social work services, but the findings indicate that most participants cannot integrate the theory into practice; it seems that the guideline itself needs to be reviewed. Moreover, the researcher is of the view that the guideline is not sufficiently clear on social work services provided to pregnant teenagers, group work in particular.

Despite probing, most participants were unable to provide an in-depth description of the services they provide to pregnant teenagers. The participants did not, however, indicate whether the services provided to pregnant teenagers were monitored and evaluated to determine their effectiveness. These social work services are rendered randomly. As such, the researcher is of the opinion that there are no specific social work services provided to pregnant teenagers.

In conclusion, the purpose of social work intervention relating to pregnant teenagers entails helping teenagers at micro, meso, and macro levels to address social problems, and to advocate and speak for vulnerable clients such as children, in their best interest. By the very nature of their work, social workers render services to young girls, some of them pregnant. As a result, this research project contributes to the knowledge base of the social work profession. The results of this study will offer a better understanding of the problems pregnant teenagers are faced with. Social workers would hopefully also gain better insight into the phenomenon under study as they would be able to assist teenagers more efficiently with newly gained knowledge that could prevent teenage pregnancy. The result of the research project could also provide guidance to social workers in influencing policy development and advocating for effective policy implementation.

Chapter Four provides a summary, conclusions, and recommendations ensuing from this research study.

CHAPTER FOUR

SUMMARIES, CONCLUSIONS, AND RECOMMENDATIONS

4.1 Introduction

The aim of the research study was to gain an in-depth understanding of the social work services offered to pregnant teenagers in the Capricorn District in Limpopo Province. This chapter provides a brief summary of the previous chapters, the qualitative research process followed, and the research findings. Conclusions and recommendations are also presented, based on the qualitative research process and the findings.

4.2 Emerging issues from the previous chapters

Chapter One provides a general orientation to the research study. The first section of the chapter describes the background, problem statement, and motivation for the study. The research question and goal which are linked to the topic are provided, followed by objectives that guided the investigation. The qualitative research methods were briefly introduced. Informed consent, confidentiality, anonymity, and management of information as fundamental ethical considerations that guided the researcher's conduct were elucidated. Finally, the key concepts utilised in the study were clarified.

Chapter Two focuses on the application of the research methodology. The report outlines the implementation of the research approach, research design, the recruitment process and procurement of a sample using the purposive sampling technique, preparation of participants for semi-structured interviews, and the analysis of the data and verification thereof.

Chapter Three presents the major research findings informed by the scientific methodology employed in Chapter Two.

Chapter Four provides summaries and conclusions, and proposed recommendations to be considered to strengthen social work services for pregnant teenagers.

4.3 Summaries, conclusions, and recommendations of the research study

This section is based on the summaries of the qualitative research process, the major findings, the conclusions reached, as well as recommendations for practice, policy, education, and future research.

4.3.1 Summary and conclusion based on the research process

In order to accomplish the set goal of the study a qualitative research method, coupled with an explorative, descriptive and contextual strategy, was employed. This process enabled the researcher to gather rich information on the nature of social work services provided by social workers to pregnant teenagers. The overarching research question was: *What social work services are rendered to pregnant teenagers in the Capricorn District of Limpopo Province?* To this end, the research goal was: *To gain an in-depth understanding of the social work services offered to pregnant teenagers in the Capricorn District in Limpopo Province.* The aim of the research study was partially attained as rich information, pertaining to direct services with individuals but to a lesser extent with groups and communities, was gathered from the participants through semi-structured interviews, aided by an interview guide.

The research goal that guided the research process was to explore and describe the *social work services provided to pregnant teenagers in the Capricorn District in Limpopo Province.* This was accomplished through the application of the qualitative research approach described in Chapter three and the findings presented in Chapter Four.

The aforesaid research goal was divided into the following objectives that enabled the researcher to follow a well-structured process to attain the set goal successfully:

- To obtain a sample of social workers who provide services to pregnant teenagers in the Capricorn District in Limpopo Province.

- To conduct semi-structured interviews with social workers in order to explore the social work services they offer pregnant teenagers.

- To conduct semi-structured interviews facilitated by open-ended questions included in an interview guide.

- To sift, sort and analyse the qualitative data gathered using Tesch's eight steps (cited in Creswell, 2009:186).

- To describe the social work services provided to pregnant teenagers.

- To examine and understand the data and carry out a literature control in order to confirm the findings.

- To draft conclusions and make recommendations on how to improve social work services to pregnant teenagers.

Qualitative data was obtained from 12 participants through semi-structured interviews. Analysis took place through the application of the eight steps proposed by Tesch (in Creswell, 2009:186). Five themes, 16 sub-themes and 14 categories emerged from the findings. Data verification was conducted following Lincoln and Guba's model (Morrow, 2005:251; Anney, 2014:275; Cope, 2014:89; Elo et al., 2015:1).

The qualitative research methodology employed in this study was suitable and helpful as it made it possible for the researcher to engage with participants to gather information and thus achieve the goal of the study.

The following conclusions were drawn from the qualitative research process applied in this study:

- The non-probability, purposive sampling method utilised to select the sample was suitable for the study as the participants with relevant experience were identified and recruited to partake in the study.

- Preparing the participants for data collection proved to be an important process. The researcher managed to establish a trustworthy relationship with the participants. As a result, they were willing to give their time, and volunteered to participate in the study. They freely expressed their thoughts, feelings, and experiences in their natural settings.

- The semi-structured interviews allowed the researcher to probe, and thus managed to explore the phenomenon under study.

- The themes, sub-themes, and categories that emerged from the findings brought about solid descriptions, although in some areas (such as group work

and community work) were not substantively representative of the social work services provided to pregnant teenagers.

- Lincoln and Guba's model of data verification was useful in the demonstration of the findings' trustworthiness (Morrow, 2005:251; Anney, 2014:275; Cope, 2014:89; Elo et al., 2015:1).

- The ethical considerations that guided the researcher's conduct throughout the study are informed consent, confidentiality, anonymity, and management of information.

4.3.2 Summary and conclusions based on the discussions of the research findings

A brief summary of the five themes, 16 sub-themes and 14 categories that emerged from the qualitative data analysis followed by the researcher's conclusions is presented below:

4.3.2.1 Theme 1: A description of the pregnant teenagers that social workers work with

Theme 1 is significant (even though it was not a specific question to the participants) as it relates well to the focus of this study. In addition, it provides the social work profession with a description of the challenges experienced by teenagers as shared by the participants, notably that pregnant teenagers experience challenges such as falling asleep during school lessons, poor performance, dropping out of school, and being single parents. In order to provide effective social work services to pregnant teenagers, participants involve others close to these teenagers such as parents, and conduct scheduled home visits to gather more information about the client system. The participants indicated that personal problems experienced by pregnant teenagers might be exacerbated by poverty, sexual abuse, peer pressure, a lack of parental control and information on sexuality, a lack of access to contraceptives, or gender imbalances.

4.3.2.2 Theme 2: Social work services provided to pregnant teenagers

The participants reported that they provide social work services at macro, meso, and macro level interventions which are in harmony with those provided for in the White

Paper for Social Welfare (1997), the DSD's Framework for Social Welfare Services (2013), and the Integrated Services Delivery model (2006). The participants are also aware of the requirements of the Children's Act No. 38 of 2005 that seeks to meet the best interests and needs of children within the family environment, and to prioritise prevention and early intervention. They taught pregnant teenagers about life skills such as self-awareness to assist these girls in making informed decisions. Teenagers were empowered to participate in challenging government to build more user-friendly clinics. Theoretical frameworks such as a strengths perspective, empowerment approach, ecological approach, systems theory, crisis intervention and lifecycle approach, as well as techniques such as establishing rapport, active listening, rephrasing, clarification and neutral probing utilised when working with pregnant teenagers, were used appropriately.

4.3.2.3 Theme 3: Social work services viewed as helpful for pregnant teenagers

According to the participants, social work services are helpful at three levels of intervention, namely micro, meso, and macro levels. At the micro level, the participants shared that prevention and promotion services; early intervention services and family preservation services are helpful to pregnant teenagers, and played a significant role in preventing the destructive psychological and emotional effects facing pregnant teenagers.

Participants pointed out that at meso level, in group work, promotion, protection, and family preservation services were helpful because group members were educated in life skills, provided with helpful information such as linking members with relevant resources such as SASSA, Home Affairs and clinics. Other group members were provided the opportunity to be reunited with their families.

As regards macro level, participants reported that situational analysis is important when planning awareness campaigns. They requested permission from gatekeepers, particularly in rural areas, when conducting awareness campaigns on teenage pregnancy. Problems identified within communities were substance abuse among teenagers and becoming pregnant.

4.3.2.4 Theme 4: Challenges encountered when rendering services to pregnant teenager

Challenges encountered by the participants when providing social work services for pregnant teenagers include:

- Difficulty in maintaining long-term contact with pregnant teenagers due to resistance, non-cooperation, lack of participation, and aggressive behaviour from involuntary teenagers and non-cooperative parents who have been referred to social workers by other professionals, particularly teenagers who are physically violent, involved in substance abuse, or teenage girls who do not sleep at home or are sexually involved with older men.

- When rendering services to pregnant teenagers, the participants experience interference from family members, especially mothers defending the perpetrator who is often a spouse. The mothers accuse their children of lying. In other cases, perpetrators are not arrested and they go back to the same area where the victim (child) resides. This frustrates participants in their efforts to provide social work services to pregnant teenagers

- Clashes between cultural practices, for example forcing teenagers into marriage, and the provisions of the Children's Act No. 38 of 2005.

- Inaccessibility and a shortage of communal resources such as youth-friendly clinics.

- Lack of pool cars to use for home visits

- Shortage of social workers, despite the introduction of the recruitment and retention strategy for social workers by the DSD (2009).

- Lack of informal support from churches, parents, educators, and community leaders leave the burden of teenage pregnancy on the shoulders of social workers.

- Lack of organisational support in terms of effective supervision and capacity building through continuous training. This reportedly results in them struggling to cope with the demands of their work; some experienced emotional and physical exhaustion, burnout, and a compulsion to change their area of work.

- Lack of cooperation from other practitioners, particularly those working in the health sector and the judiciary (police, lawyers, and magistrates). Some participants felt undermined by other professionals, while others felt that these professionals do not want to fulfil their responsibilities when it comes to child protection.

Based on the above-mentioned challenges, the researcher concluded that the participants will not be able to offer effective and efficient social work services to pregnant teenagers without the required human and financial resources, organisational support, and communal involvement. The lack of cooperation from some pregnant teenagers and their parents, including the lack of collaboration from other role players, frustrate the efforts of social workers.

4.3.2.5 Theme 5: Suggestions on how to improve social work services for pregnant teenagers

Little information is available on social work services in rural communities and this issue needs to be addressed.

Suggestions on how to improve social work services provided to pregnant teenagers are as follows:

- Social work services should be advertised on radio stations, in newspapers, and through posters or flyers.

- Resources such as the provision of funding for teenage pregnancy prevention programmes and cars should be increased. Capacity building of social workers should take place at provincial and district levels to facilitate the organisation, management, and implementation of programmes.

- Social workers should encourage communities to establish and maintain support networks for pregnant teenagers.

- Cultural issues must be taken into account when providing social work services, and an elementary level of language, especially in English, must be used to convey messages.

- The Department of Basic Education should collaborate with the DSD and appoint social workers to address challenges faced by pregnant teenagers at schools.

4.3.3 Recommendations made by the participants

- Infrastructure such as offices, software, and cars, needs improvement to enable the delivery of effective social work services.

- Group work intervention programmes should be implemented to bring about behavioural change among pregnant teenagers.

- Social workers should encourage the community to establish and maintain supportive networks.

- Specialisation in social work services is required in order to provide prevention programmes for teenage pregnancy.

- The ratio of the caseload for social workers rendering services to pregnant teenagers should be at least 1:10.

- The DSD should conduct skills audits to establish the needs of social workers, and offer appropriate training.

- Health settings should be accessed by all, including pregnant teenagers.

- Health workers should not deny teenagers the right to family planning.

- Social workers should work in multidisciplinary teams to address challenges faced by pregnant teenagers.

The researcher reached the conclusion that the recommendations made by the participants are sound and generally attainable.

4.3.4 Recommendations based on the research study

Based on the research findings and research process, the researcher makes the following recommendations for practice, policy, education, and further research in this field:

4.3.5 Recommendations for the practice

- The DSD should provide ongoing training workshops for social workers in capacity building.

- Social workers should be encouraged to enrol in workshops and seminars to fulfil the requirements of the Continuous Development Programme (CDP) set out by the SACSSP.

- Apart from training social workers, a more integrated, interdisciplinary approach should be strengthened and promoted by the DSD. This will ensure effective collaboration between the role players and social workers for the benefit of clients.

- Supervision of social workers should be monitored by designated managers to ensure that social workers perform to the required optimal standards.

- An effective monitoring and evaluation tool should be developed and implemented by the DSD in order to determine the level of success and the effectiveness of social work services provided to individuals, families, groups, and communities.

- Services should be prioritised and broadened by focusing on teenage pregnancy.

4.3.6 Recommendations for the policy

The policies on social work services for pregnant teenagers, from a strengths perspective, exist as indicated in the White Paper on Families in South Africa (2012), the Manual on Family Preservation Services (2010), and the Children's Act No. 38 of 2005. However, the responses from the participants did not clearly elucidate the integration of these policies in the provision of social work services, and therefore the researcher recommends that:

- The DSD should continuously monitor and evaluate the implementation of these policies to determine their effectiveness in alleviating problems among pregnant teenagers. They should also advocate for the policies to be amended as required, for effective service provision.

4.3.7 Recommendation for education

Most government institutions are unable to provide effective and efficient services to their clients due to low standard of education and training (Bezuidenhout, 2008:12). These institutions believe that they are wasting money in training their staff. Conversely, Nicholas et al. (2010:23) maintain that "the needs of South Africa and employers demand that social workers are well grounded in general practice with knowledge, understanding and skills in a variety of settings." As such, the researcher recommends that:

- Social workers who render social work services to pregnant teenagers should be continuously selected for accredited developmental programmes.

- Peer education should be promoted.

- In-service training should be encouraged.

- To add knowledge to education, work, and international growth.

4.3.8 Recommendation of the area for further research

- Social work services for pregnant teenagers using an exploratory qualitative method were identified. Further mixed-method researches are needed in order to gain an in-depth understanding of social work services to pregnant teenagers.

- Parental responsibilities were seen as taxing and burdensome to pregnant teenagers. On reviewing the literature on this aspect, the researcher found that there was a dearth of evidence on the experiences of pregnant teenagers in carrying out parental responsibilities. There is a need for in-depth research to explore the experiences of pregnant teenagers.

- There is a need to investigate parental needs, and to empower social workers to support and provide guidance and accurate knowledge around sexuality. This will ensure that parents will be the primary sources of information about sex, and teenagers will not be misled by their peers.

- Future research should explore teenagers' sexual activities at school, taking into consideration educators' attitudes towards sexuality at school and the procedures which are followed after school-going teenagers become pregnant.

4.4 Conclusion

In conclusion, the research study commenced with orientation to the study which incorporated an introduction and background, motivation for the study, problem statement, and an introduction to the research process. This was followed by the process of data collection and a review of literature on social work services to pregnant teenagers, and the theories or perspectives informing the provision of social work services. Particular attention was given to a developmental approach utilised within the South African context. This chapter is the culmination of the research report, and presented summaries and conclusions based on the themes, sub-themes and categories, followed by recommendations concerning policy, practice, education, and future research.

REFERENCES

Adams, P. & Nelson, K. 2011. *Reinventing human services: community-and-family-centred practice.* New Brunswick, New Jersey: Transaction Publishers.

Ahanonu, E.L. 2014. Attitudes of healthcare providers towards providing contraceptives for unmarried adolescents in Ibadan, Nigeria. *Journal of Family and Reproductive Health,* 8(1):33-40.

Alpaslan, N. & Schenck, R. 2012. Challenges related to working conditions experienced by social workers practising in rural areas. *Social Work/Maatskaplike Werk,* 48(4):367-386.

Ambrosino, R., Heffernan, J., Shuttlesworth, G. & Ambrosino, R. 2011. *Social work and social welfare: introduction.* London: Thomson Brooks/Cole.

Anney, V.N. 2014. Ensuring the quality of the findings of qualitative research: looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 59(2):272-281.

Apgar, D. 2015. *Social work ASWB clinical exam guide: a comprehensive study guide for success.* New York: Springer Publishing Company.

Arai, L. 2007. Peer and neighborhood influence on teenage pregnancy and fertility: qualitative findings from research in English communities. *Health and Place*, 13(1): 87-98.

Babbie, E. 2010. *The practice of social research*, 12th ed. Australia: Wadsworth, Cengage Learning.

Baden, J. 2010. *The Integration of theory into practice: suggestions for supervisors.* [Online].From: http://www.utexas.edu/research/cswr/survey/journal/articles/030205.pdf (Accessed: 03 February, 2014).

Bak, M. 2004. Can developmental social welfare change an unfair world? The South African experience. *International Social Work*, 47(1):81-94.

Bankole, A., Keogh, S., Akinyemi, O., Dzekedzeke, K., Awolude, O. & Adewole, I. 2008. Differences in unintended pregnancy, contraceptive use and abortion by HIV status among women in Nigeria and Zambia*. International Perspective on Sexual and Reproductive Health,* 40(1):28-38.

Barsky, A.E. 2006. *Successful social work education: a student's guide*. Belmont, California: Thomson Brooks/Cole.

Berg, L.B. 2009. *Qualitative research methods: for the social sciences*, 7th ed. Boston: Allyn & Bacon.

Beresford, P. 2007. *The changing roles and tasks of social work from service users' perspective: a literature informed discussion paper.*
[Online]. From: http://www.gscc.org.uk/view/DownloadFileAction?id=8576943 (Accessed: 28 November, 2007).

Berrios, R. & Luca. N. 2006. Qualitative methodology in counseling research: recent contributions and challenges for a new century. *Journal of counseling and development*, 84:174-186.

Berman, P., Pallas, S., Smith, A.L., Curry, L. & Bradley, H.E. 2011. Improving the delivery of health services: a guide to choosing strategies. *Health, Nutrition and Population Discussion Paper.*

Bezuidenhout, F.J. 2004. *A reader on selected social issues*, 3rd ed. Pretoria, Hatfield: Van Schaik Publishers.

Bezuidenhout, F.J. 2008. *A reader on selected social issues*, 4th ed. Pretoria, Hatfield: Van Schaik Publishers.

Bhana, D., Morrell, R., Shefer, T. & Ngabaza, S. 2010. South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality*, 12(8):871-883.

Bhana, D., Clowes, L., Morrell, R. & Shefer, T. 2008. Pregnant girls and young parents in South African schools. *University of the Western Cape Research Repository, Agenda,* 76:78-90.

Birkenmaier, J., Berg-Weger, M. & Dewees, M. 2011. The *practice of generalist social work*, 2nd ed. New York: Routledge.

Birkenmaier, J., Berg-Weger, M. & Dewees, M. 2014. The *practice of generalist social work*, 3rd ed. New York: Routledge.

Bitsch, V. 2005. Qualitative research: a grounded theory example an evaluation criteria. *Journal of Agribusiness*, 23(1):75-91.

Blaikie, N. 2007. *Approaches to social enquiry*, 2nd ed. Cambridge: Polity Press.

Bless, C., Higson-Smith. C. & Kagee, A. 2006. *Fundamentals of social research methods: an African perspective*, 4th ed. Cape Town: Juta & Co Ltd.

Botma, Y., Greef, M., Mulaudzi, F.F. & Wright, C.D. 2010. *Research in health science*. Cape Town: Heinemann.

Botswana. 2003. *Health statistics reports*. Gaborone: Government printer.

Borne, P.T. 2011. *Social work students' attitudes towards teenage pregnancy prevention: The importance of religiosity and feminist ideology*. MA (SW)

dissertation, Louisiana State University and Agricultural and Mechanical College, Louisiana.

Brandler, S. & Roman, C.P. 2015. *Group work: skills and strategies for effective interventions*, 5th ed. London: Routledge.

Braun, V. & Clarke, V. 2013. *Successful qualitative research: a practical guide for beginners.* United States of America: Sage Publishers.

Brink, H.I. 2006. *Fundamentals of research methodology for health care professionals.* Cape Town: Juta & Company Ltd.

Burnard, P. 2013. Effective communication skills for health professionals. *Therapy in Practice 28.* Springer-Science Business Medier B.W.

Burns, N. & Grove, S.K. 2009. *The practice of nursing research: appraisal, synthesis and generation of evidence*, 6th ed. USA: Saunders Elsevier.

Burns, N. & Grove, S.K. 2011. *Understanding nursing research, building an evidence-based practice*, 5th ed. Texas: Elsevier Saunders.

Case-Smith, J. & O'Brien, J.C. 2015. *Occupational therapy for children and adolescents*, 7th ed. St. Louis, Missouri: Elsevier Saunders.

Carey, M. 2012. *Qualitative research skills for social work: theory and practice.* United States of America: Ashgate Publishing.

Carolus, B.C. 2008. *The need for social work intervention in a rural community regarding unemployment and HIV/AIDS.* MA (SW) dissertation, North-West University, Potchefstroom.

Cash, S.J. 2008. Family preservation services. In Coady, N. & Lehman, P. (eds.). *Theoretical perspectives for direct social work practice: a generalist-eclectic approach,* 2nd ed. New York: Springer Publishing Company, 471-492.

Chauke, H. 2013. *The challenges experienced by teenage mothers in secondary school: the case of Hlanganani South Circuit.* MA (Ed) dissertation. University of Limpopo, Polokwane.

Chen, D. 2014. *Essential elements in early intervention: visual impairment and multiple disabilities*, 2nd ed. New York: American Foundation for the Blind Press.

Chigona, A. & Chetty, R. 2008. Teen mothers and schooling: lacunae and challenges. *South African Journal of Education*, 28(2):1-14.

Children's Act (Act No 38) of 2005, see South Africa, 2006.

Chilisa, B. & Kawulich, B.B. 2012. Selecting a research approach: paradigm, methodology and methods. In Wagner, C. Kawulich, B.B. & Garner, M. (eds.). *Doing social research: a global context*. London: McGraw-Hill.

Choice on Termination of Pregnancy Act (Act No 92) of 1996, see South Africa, 2008.

Clarke, L. 2005. Fighting the "dual fight" early pregnancy and HIV/AIDS. *AIDS Bulletin*, 12-13.

Collins, D., Jordan, C. & Coleman, H. 2007. *An introduction to family social work*, 2rd ed. Belmont: Brooks/Cole.

Collins, D., Jordan, C. & Coleman, H. 2010. *An introduction to family work*, 3nd ed. Belmont: Brooks/Cole.

Compton, B.R., Galaway. B. & Cournoyer, B. 2005. *Social work processes,* 7th ed. Belmont, USA: Brooks/Cole.

Conyne, R.K. 2014. *Group work leadership: an introduction for helpers*. United States of America: Sage Publishers.

Cooper, F. 2012. *Professional boundaries in social work and social care: a practical guide to understanding, maintaining and managing your professional boundaries*. London: Jessica Kingsley Publishers.

Cooper, S.M. & Guthrie, B. 2007. Ecological influences on health-promoting and health-compromising behaviours. *Family and Community Health, the Journal of Health Promotion and Maintenance*, 30(1):29-41.

Cope, D.G. 2014. Methods and meanings: credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1):89-91.

Coulshed, V. & Orme, J. 2012. *Social work practice*, 5th ed. Hampshire: Palgrave Macmillan.

Cox, C.B. 2003. Designing interventions for grandparent caregivers: the need for an ecological perspective for practice. *The Journal of Contemporary Human Services*, 84(1):127-134.

Cree, V.E. 2011. Social work: a reader. *Student Social Work Series.* London: Routledge, Taylor & Francis Group.

Creswell, J.W. 2007. *Qualitative inquiry and research design: choosing five approaches*, 2nd ed. Thousand Oaks, California: Sage Publishers.

Creswell, J.W. 2009. *Research design: qualitative, quantitative and mixed methods approaches,* 3rd ed. Thousand Oaks, California: Sage Publishers.

Creswell, J.W. 2013. *Qualitative inquiry & research design: choosing among five approaches*, 3rd ed. Thousand Oaks, California: Sage Publishers.

Crosson-Tower, C. 2009. *Exploring child welfare: a practice perspective*, 5th ed. Boston: Pearson Education.

Dane, F.C. 2011. Evaluating research*: methodology for people who need to read research*. Los Angeles: Sage Publishers.

Dhawan, N. 2015. *Social work for UGC net paper II*. New Delhi: McGraw Hill Education Private Limited.

Denzin, N.K. & Lincoln, Y.S. 2011. Introduction: the discipline and practice of qualitative research. In Denzin, N.K. & Lincoln, Y.S. (eds.). *Collecting and interpreting qualitative materials*, 3rd ed. Los Angeles: Sage Publications, 1-43.

Department of Social Development. 2006. *Integrated Service Delivery Model*. Pretoria: Department of Social Development.

Department of Social Development. 2009. *The Children's Act Explained Booklet 3: the courts and the protection of children*. Pretoria: Department of Social Development.

Department of Social Development. 2010. *Manual on Family Preservation Services*. Pretoria: Department of Social Development.

Department of Social Development. 2011. *Factors associated with teenage pregnancy in Limpopo Province.* Polokwane: Department of Social Development.

Department of Social Development. 2013. *Framework for Social Welfare Services.* Pretoria: Department of Social Development.

DOE. 2010. *Report on the annual school survey*. [Online]. From: http://www.info.gov.za/view/DownloadFileAction?id=126663
(Accessed: 08 September, 2011).

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2010. *Research at grassroots,* 4th ed. Pretoria: Van Schaik Publishers.

DiCicco-Bloom, B. & Crabtree. B.F. 2006. Making sense of qualitative research*: the qualitative research interview. Medical Education*, (40):314-321.

Dlangamandla, V.P. 2010. *The experiences of social workers regarding the implementation of a developmental social welfare approach within the Department of Social Development, Gauteng Province.* MA (SW) dissertation, University of Pretoria.

Doel, M. 2000. Groupwork. In Davies, M. (ed.). *The Blackwell encyclopedia of social work.* Oxford: Blackwell.

Doel, M. & Kelly, T.B. 2014. A-Z of groups & group work: *professional keywords 'unlocking knowledge for practice'.* London: Palgrave, Macmillan.

Domenico, D.M. & Jones. K.H. 2007. Adolescent pregnancy in America: causes and responses. *The Journal for Vocational Special Needs Education*, 30(1):4-12.

Dorfman, R.A. 2013. *Clinical social work definition practice and vision*. United States of America: Brunner/Mazel Inc.

Doyle, S. 2013. Reflexivity and the capacity to think. *Qualitative Health Research*, 23(2):238-255.

Drumm, K. 2006*. The essential power of group work: social work with groups. The Haworth Press*, 29(2):17-31.

DSD, 2011, see Department of Social Development. 2011.

DSD, 2012, see Department of Social Development. 2012.

Dziegielewski, S.F. 2014. *DSM-5 in action*, 3rd ed. West Sussex, England: John Wiley & Sons, Ltd.

Du Toit, A.S., Grobler, H.D., & Schenck, C.J. 2003. *Person-centred communication: theory and practice,* 2nd ed. Cape Town: Oxford University Press.

DuBois, B. & Miley, K.K. 2011. *Social work: an empowering profession*, 7th ed. Boston: Ally & Bacon.

Dudley, J. 2009. *Social work evaluation: enhancing what we do*. Chicago, IL: Lyceum Books, Inc.

Durrheim, K. 2006. Research design. In Terre Blanche, M., Durrheim, K. & Painter, D. (eds.). *Research in practice: applied methods for social sciences*. Cape Town: UCT Press.

Earle, N. 2008. *Social work in social change: the profession and education of social workers in South Africa.* Cape Town: HSRC Press.

Edwards, M. 2008. *The informed practice nurse,* 2nd ed. West Sussex, England: John Wiley & Sons, Ltd.

Engel, R.J. & Schutt, R.S. 2009. *The practice of research in social work*, 2nd ed. Thousand Oaks: Sage Publications.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K. & Kyngäs, H. 2015. *Qualitative content analysis: a focus on trustworthiness.* Sage Publications.

Flick, U. 2011. *Introducing research methodology: a beginner's guide to doing a research project.* Los Angeles: Sage Publications.

Fogel, S.J. & Mason, S.E. 2012. Prevention intervention in social work: special focus. *The Journal of Contemporary Social Services, Families in Society*. Milwaukee: Families in Society.

Forrester, D., Copello, A., Waissbein, C. & Pokhrel, S. 2008. Evaluation of intensive family preservation services for families affected by parental substance misuse. *Child Abuse Review*, 17:410-426.

Forsyth, D.R. 2006. *Group dynamics*, 4th ed. Belmont: Thomson Learning, Inc.

Fouché, C.B. & De Vos, A.S. 2005. Problem formulation. In De Vos, A.S., Strydom, H., Fouché C.B. & Delport C.S.L., *Research at grass roots: for the social sciences and human service professions*, 3rd ed. 100-110.

Franklin, C., Harris, M.B. & Allen-Meares, P. 2012. *The school services sourcebook: A Guide for School–Based Professionals*, 2nd ed. New York: Oxford University Press.

Fredericks, L. 2013. *Sugar daddies, teen pregnancies - how to help girls*? [Online]. From: http://www.iol.co.za/lifestyle/family/kids/sugar-daddies-teen-pregnancies-how-to-help-girls-1.1487145#.Vj9ljbcrLIU (Accessed: 15 March, 2013).

Friedman, B.D. 2006. *The research tool kit: putting it all together*, 2nd ed. Belmont, CA: Brooks/Cole.

Friese, S. 2014. *Qualitative data analysis with ATLAS-ti*, 2nd ed. Los Angeles: Sage Publications.

Frost, N., Abbott, S. & Race, T. 2015. *Family support: prevention, early intervention and early help*. Cambridge: Polity Press.

Gama, N.N. 2008. *The effects of unplanned pregnancy on female students of the University of Zululand*. MA (CW) dissertation. University of Zululand, Kwazulu Natal.

Galano, J. 2007. The Healthy families initiative: integrating research, theory and practice. *Journal of Prevention & Intervention in the Community*, 34(1):1-223.

Gamble, D.N. & Weil, M. 2010. *Community practice skills: local to global perspective.* New York: Columbia University Press.

Gasker, J. & Vafeas, J. 2010. The family-in-environment: a new perspective on generalist social work practice. *The International Journal of Interdisciplinary Social Sciences*, 5(2):291-303.

Gerrish, K. & Lacey, A. 2010. The research process in nursing, 6th ed. Oxford: Wiley-Blackwell.

Giese, S. 2008. *Setting the scene for social services: the gap between service need and delivery.* Cape Town: Children's Institute, University of Cape Town.

Gitterman, A. & Germain, C.B. 2008. *The Life model of social work practice: advances in theory and practice.* New York: Columbia University Press.

Glesne, C. 2011. *Becoming qualitative researchers: an introduction,* 4th ed. Boston: Pearson.

Gordon, R. 2009. *A preliminary investigation of the causes and consequences of schools pregnancy and dropout in Zimbabwe.* Harare: Department for International Development (DFID).

Greene, R.R. 2010. *Human development theory and social work practice*, 3rd ed. New Brunswick, New Jersey: Transaction Publishers.

Greene, R.R. & Kropf, N.P. 2011. *Competence: theoretical frameworks.* United States of America: Transactional Publishers.

Green Paper on Families. 2011, see South Africa, Department of Social Development. 2011.

Grey, D. 2011. *Working definition of macro social work practice.* [Online] From: https://sites.google.com/a/une.edu/deborah-grey-ssw-511/deborah-grey-ssw-510/social-work-definitions-1 (Accessed: 26 February, 2013).

Griffin, J.C. 2015. *Client–centred exercice prescription*, 3rd ed. United States of America: Human Kinetics.

Grockel, A., Russell, M. & Harris, B. 2008. Recreating family: parents identify worker-client relationships as paramount in family preservation programs. *Child Welfare Journal*, 87(6):91-113.

Grove, S.K., Burns, N. & Gray, J.R. 2013. *The practice of nursing research: appraisal, senthesis and generation of evidence*, 5th ed. St. Louis, Missouri: Elsevier Saunders.

Gubrium, J.F. & Holstein, J.A. 2009. *Analyzing narrative reality.* Thousand Oaks, California: Sage Publishers.

Hammer, J. & Banegas, M.P. 2010. Knowledge and information seeking behaviours of Spanish speaking immigrant adolescents in Curacao, Netherlands Antilles, family and community health. *The Journal of Health Promotion and Maintenance,* 33(4):285-300.

Hampecht, A., Hodzic, A. & Warriner, I. 2004. How do perceptions of gender roles shape the sexual behavior of Croatian adolescents? *Social science research policy briefs,* 1(1):1-2.

Hardcastle, D.A., Powers, P.R. & Wenocur, S. 2010. *Community practice: theories and skills for social workers*, 2nd ed. New York: Oxford University Press.

Hare, I. 2004. Defining social work for the 21st century: the international federation of social workers' revised definition of social work. *International Social Work,* 47(3):407-424.

Harris, M. & Franklin, C. 2003. Effects of cognitive-behavioural, school-based group intervention with Mexican American pregnant and parenting adolescence. *Social Work Research,* 27, 74-84.

Hennink, M., Hutter, I. & Bailey, A. 2011. *Qualitative research methods.* United States of America*:* Sage Publications.

Hepworth, D.H., Rooney, R.H., Rooney, G.D., Strom-Gottfried, K. & Larsen, J. 2010. *Direct social work practice: theory and skills,* 8th ed. USA: Brooks/Cole.

Hess, K.M. & Orthmann, C.H. 2010. *Criminal investigation*, 9th ed. USA, Delmar: Cengage Learning.

Hesse-Biber, S.N. & Leavy, P. 2011. *The practice of qualitative research*, 2nd ed. Thousand Oaks: Sage Publications.

Hochfeld, T. 2002. Striving for synergy: gender analysis and indigenous social work practice in South Africa. *Social Work/Maatskaplike Werk*, 38(2):105-118.

Holloway, I. & Wheeler, S. 2010. *Qualitative research in nursing and health care*, 3rd ed. Oxford: Wiley-Blackwell.

Holtzblatt, K., Wendell, J.B. & Wood, S. 2005. *Rapid contextual design: a how-to guide to key techniques for user-centered design*. Elsevier: Morgan Kaufman Publishers.

HSRC. 2009. T*eenage pregnancy in South Africa: with a specific focus on school-going learners*. 11 July. Internal document.

Inspired Consulting Group. 2012. *Roles of a social worker.* [Online]. From: http://www.inspiredconsultinggroup.net/blog/2012/10/21/Roles-of-a-Social Worker.aspx (Accessed on 21 October, 2012).

International Association of Schools of Social Work & International Federation of Social Workers. 2001. *Definition of social work*. [Online]. From: www.iassw-aiets.org/images/Documents/Download%20Definition%20of%20Social%20Work.pdf (Accessed: 06 September, 2012).

Janzen, C., Harris, O., Jordan, C. & Franklin, C. 2006. *Family treatment: evidence-based practice with populations at risk*, 4th ed. Australia: Thomson Brooks/Cole.

Jean-Vasile, A., Rahoveanu, A.T., Subic, J. & Dusmanescu, D. 2013. *Sustainable technologies, policies and constraints in the green economy.* United States of America: Information Science Reference.

Jewkes, R., Morrell, R. & Christofides, N. 2009. Empowering teenagers to prevent pregnancy: Lessons from South Africa. *Culture, Health and Sexuality*, 11:675-688.

Jewkes R., Levin J., Penn-Kekana L. 2003. Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study. *Social Science & Medicine*, 56(1):125-34.

Julie, V.J. 2013. *Young mothers' perceptions of teenage pregnancy in Vredendal: a social cognitive learning approach*. MA (SW) dissertation, University of South Africa, Pretoria.

Kail, R.V. & Cavanaugh, J.C. 2013. *Human development: a life-span view*, 6th ed. Wadsworth: Cengage Learning.

Kaiser, S.H. 2005. *An "epidemic" of an adolescent pregnancy? Some historical and policy considerations*. London: London: Routledge, Taylor & Francis Group.

Kanku, T. & Mash, R. 2010. Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *South African Family Practice*, 52(6):563-572.

Karra, M. & Lee, M. 2012. Human capital consequences of teenage childbearing. In Kaufman, C.E., De Wet, T. & Stadler, J. 2001. Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2):147-160.

Kaufman, C.E., De Wet, T. & Stadler, J. 2001. Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2):147-160.

Kerson, T.S. & McCoyd, J.L.M. 2010. *Social work in health care settings: practice in context,* 3rd ed. London: Routledge, Taylor & Francis Group.

Khunou, G., Pillay, R. & Nethononda, A. 2012. Social work students' perceptions of gender as a career choice determinant. *The Social Work Practitioner-Researcher*, 24(1):120-135.

Kim, C. 2008. *Teen sex: the parent factor.* [Online].
From: http://www.hertage.org/research/reports/2008/10/teen-sex-the-parent-factor (Accessed: 07 October, 2008).

Kirst-Ashman, K.K. 2010. *Introduction to social work and social welfare: critical thinking perspectives*, 3rd ed. Belmont: Brooks/Cole Cengage Learning.

Kirst-Ashman, K.K. 2013. *Empowerment series: introduction to social work and social welfare: critical thinking perspective*, 4th ed. United States: Brooks/Cole Cengage Learning.

Kirst-Ashman, K.K. & Hull, Jr, G.H. 2008. *Understanding generalist practice,* 5th ed. Belmont: Brooks/Cole Cengage Learning.

Kirst-Ashman, K.K. & Hull, Jr, G.H. 2009. *Generalist practice with organisations and communities,* 4th ed. Belmont: Brooks/Cole Cengage Learning.

Kirst-Ashman, K.K. & Hull, Jr, G.H. 2011. *Generalist practice with organisations and communities,* 5th ed. Belmont: Brooks/Cole Cengage Learning.

Kirst-Ashman, K.K. & Hull, Jr, G.H. 2012. Empowerment series: *generalist practice with organisations and communities,* 5th ed. Belmont: Brooks/Cole Cengage Learning.

Kirst-Ashman, K.K. & Hull, Jr, G.H. 2014. *Empowerment series: understanding generalist practice,* 7th ed. Belmont: Brooks/Cole Cengage Learning.

Klein, P.S. 2013. *Early intervention: cross-cultural experience with a meditational approach.* New York: Routledge, Taylor & Francis Group.

Kumar, R. 2011. *Research methodology: a step-by-step guide for beginners*, 3rd ed. Los Angeles: Sage Publications.

Kurland, R. & Salmon, R. 2012. *Group work practice in a troubled society: problems and opportunities.* London: Routledge, Taylor & Francis Group.

Kyei, K.A. 2012. Teenage fertility in Vhembe District in Limpopo Province, how high is that? *Scholar Link Research Institute Journals*, 3(2):134-140.

Laher, S. & Botha, A. 2012. Methods of sampling. In Wagner, C. Kawulich, B.B. & Garner, M. (eds.). *Doing social research: a global context.* London: McGraw-Hill. 86-99.

Lefebvre, G. 2013. *Social marketing and social change: strategies and tools for improving health, well-being and environment*, 1st ed. United States of America: Jossey-Bass Publishers.

Lentswe, K.S. 2005. *Domestic violence in a black rural community. Guidelines for a social work prevention programme.* MA (SW) dissertation, North West University, Potchefstroom.

Lindsay, T. & Orton, S. 2012. *Groupwork practice in social work: transforming social work practice*, 2nd ed. Cathedral Yard: Learning Matters Ltd.

Lindsay, T. & Orton, S. 2014. *Groupwork practice in social work: transforming social work practice*, 3rd ed. Cathedral Yard: Learning Matters Ltd.

Lundy, K.S. & Janes, S. 2009. *Community health nursing: caring for the public's health,* 2nd ed. London: Jones and Bartlett Publisher.

Lyon, M.E. & D'angelo, L.J. 2006. *Teenagers, HIV and AIDS: Insights from youth living with the virus.* Westport, Conn: Praeger Publishers.

Maccio, E.M., Skiba, D., Doueck, H.J., Randolph, K.A., Weston, E.A. & Anderson, L.E. 2003. Social workers' perceptions on family preservation programs. *Family Preservation Journal*, 7:1-18.

Mack, N., Woodsong. C., MacQueen. K.M., Guest, G. & Namey, E. 2005. *Qualitative research methods: a data collector's field guide*. North Carolina: Family health International.

Macleod, C.I., & Tracey, T. 2010. A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology*, 40(1):18–31.

Makiwane, M. 2010. The Child support grant and teenage childbearing in South Africa. *Development Southern Africa*, 27(2):193-204.

Makhitha, T.S. 2013. *Sexual activities at school: teenagers' experiences and social work support.* MA (SW) dissertation, University of South Africa, Pretoria.

Makofane, M.D.M. 2015. "Not all men are fathers": experiences of African women from families with absent fathers. *Social Work/Maatskaplike Werk*, 51(1):1-44.

Makola, M.P. 2011. *Teenage pregnancy: views of parents/caregivers, teenagers and teachers at two high schools in Soweto, Gauteng*. MA (PSY) dissertation, University of the Witwatersrand, Johannesburg.

Malahlela, M.K. 2012. *The effects of teenage pregnancy on the behaviour of learners at secondary schools in the Mankweng, Limpopo*. MA (Ed) dissertation, University of South Africa, Pretoria.

Malahlela, M.K. & Chireshe, R. 2013. Educators' perceptions of the effects of teenage pregnancy on the behaviour of the learners in South African secondary schools: implications for teacher training. *Journal of Social Sciences*, University of South Africa, 37(2):137-148.

Manning, M.A. 2007. *Self-concept and self-esteem in adolescents*. Washington DC: National Association of School Psychologists.

Manual on Family Preservation Services. 2010, see Department of Social Development. 2010.

Martinez, D.J. & Abrams, L.S. 2013. Informal social support among returning young offenders: a metasynthesis of the literature. *International Journal of Offender Therapy and Comparative Criminology*, 57(2):169-190.

Marshall, C. & Rossman. G.B. 2011. *Designing qualitative research,* 5th ed. Los Angeles: Sage Publications.

Marston, C. & King, E. 2006. Factors that shape young people's sexual behavior: a systematic review. *Lancet*, 368(9547):1581-1586.

Marule, N. 2008. *By the number: the public cost of teen childbearing: national campaign to prevent teen pregnancy*. United States of America: Brooks/Cole Publishers.

Mason, M. 2010. Sampling size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative social research*, 11(3)(8):1-19.

Matlala, S.F., Nolte, A.G.W. & Temane, M.A. 2014. The Need for a model to facilitate health for pregnant learners attending secondary schools in South Africa. *Mediterranean Journal of Social Science*, 5(25): November, 83-90.

Matsimbi, J.L. 2012. *The perceptions, expectations, fears and needs of chemically dependent youth in a rehabilitation centre*. MA (SW) dissertation, University of South Africa, Pretoria.

Maxwell, J.A. 2013. *Qualitative research design: an interactive approach*, 3rd ed. Los Angeles: Sage Publications.

McKenzie, J.F. & Pinger, R.R. 2015. *An introduction to community and public health,* 8th ed. Jones & Barlet Learning.

Midgely, J. & Conley, A. 2010. *Social work and social development: theories and skills for developmental social work.* New York: Oxford University Press.

Miles, B., Huberman, A.M. & Saldaña, J. 2014. Q*ualitative data analysis: a methods sourcebook*, 3rd ed. Los Angeles: Sage Publications.

Miller, C.R. & Archuletta, A.J. 2013. Macro community-based practice: educating through community-based action projects. *Journal of Community Engagement and Scholarship,* 6(2):1-23.

Miller, S.E., Tice, C.J. & Harnek Hall, D.M. 2008. The generalist model: where do the micro and macro converge? *Advances in Social Work,* 9(2):79-90.

Miller, B.C., Benson, B. & Galbraith, K.A. 2001. Family relationships and adolescent pregnancy risk: a synthesis. *Development Review*, 21, 1-38.

Moliko, M.R. 2010. *Teachers' perceptions of teenage pregnancy in selected schools in Lesotho*. MA (Education) dissertation, University of Zululand, Durban.

Monette, D.R., Sullivan, T.J. & DeJong, C.R. 2011. *Applied social research a tool for the human services,* 8th ed. Australia: Brooks/Cole Cengage Learning.

Mothiba, T.M. & Maputle, M.S. 2012. Factors contributing to teenage pregnancy in the Capricorn district of Limpopo Province. *Curationis*, 35(1):1- 8.

Motjelebe, N.J. 2009. *The social support network of teenage mothers in Botshabelo.* MA (SW) dissertation, Cape Town, University of Stellenbosch.

Morake, V.V.V. 2013. *Nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at public hospitals in Gauteng Province.* MA (ANE), University of Pretoria, Pretoria.

Morrow, S. 2005. Quality and trustworthiness in qualitative research in counseling Psychology. *Journal of Counseling Psychology*, 52(2):250-260.

Mosetlhe, T.C. 2011. *The occurrence of parasuicide among pregnant women at Dr George Mukhari Hospital: a retrospective study.* MA (MED), University of Limpopo-Medunsa Campus, Polokwane.

Mnyipika, N. 2014. *Exploring factors that influence condom use among high school teenagers aged between 16 and 18 years in Dutywa District, Eastern Cape, South Africa.* MA (SOC) dissertation, University of South Africa, Pretoria.

Mostofsky, D.I. 2014. The handbook of behavioral medicine: *Blackwell Handbooks of Behavioural Neuroscience,* 1(1):1100-1112.

Moultrie, T.A. & McGrath, N. 2007. Teenage fertility rates falling in South Africa. *South African Medical Journal*, 97(1):442-443.

Mowat, J. 2007. *Using support groups to improve behavior.* Los Angeles: Sage Publications.

Mpanza, N.D. & Nzima, D.R. 2010. Attitudes of educators towards teenage pregnancy. *Procedural Social and Behavioural Sciences*, 5:431–439.

Munson, C.E. 2012. *Handbook of clinical social work supervision*, 3rd ed. New York: The Haworth Social Work Practice Press.

Mwaba, K. 2000. Perceptions of teenage pregnancy among South African adolescents. *Health SA Gesondheid*, September, 5(3):330-334.

Mwinga, A.M. 2012. *Factors contributing to unsafe sex among teenagers in the secondary school of Botswana.* MA (Public Health) dissertation, University of South Africa, Pretoria.

NASW. 2009. *An author's guide to social work journals*, 5th ed. Washington, DC: NASW Press.

Ncube, S. 2015. *Factors that drive children from their homes to the streets: Bulawayo suburban experience.* MA (Public Health) dissertation, University of South Africa, Pretoria.

Nduvheni, S. 2011. *Limpopo MECs to address teenage pregnancy.* [Online]. From: http://www.sanews.gov.za (Accessed: 20 March, 2013).

Nemutanzhela, T.S. 2007. *Traumatic experiences of teenage pregnancy by married men: a challenge to pastoral care*. MA (Theology), University of Pretoria, Pretoria.

Newman, L. 2008. Teenage pregnancy no surprise. *The Mercury*, May 9:4.

Nicholas, L., Rautenbach, J. & Maistry, M. 2010. *Introduction to social work*. Cape Town: Juta & Company Ltd.

Nicholls, D. 2009. Qualitative research: part 3 - methods. *International Journal of Therapy and Rehabilitation*, 16(12):638-647.

Nieuwenhuis, J. & Smit, B. 2012. Qualitative research. In Wagner, C., Kawulich, B.B. & Garner, M. (eds.). *Doing social research: a global context*. London: McGraw-Hill. 124-139.

Nkwanyana, T.R. 2011. *A study of the high rate of teenage pregnancy in high schools in the iLembe District*. MA(Ed) dissertation, University of South Africa, Pretoria.

Noor, K.B.M. 2008. Case study: a strategic research methodology. *American Journal of Applied Sciences,* 5(11):1602-1604.

Ogletree, T. & Kawulich, B.B. 2012. Ethical considerations in conducting research. In Wagner, C. Kawulich, B.B. & Garner, M. (eds.). *Doing social research: a global context.* London: McGraw-Hill. 62-72.

O'Leary, P., Tsui, M.S. & Ruch, G. 2012. The Boundaries of the Social Work Relationship Revisited: Towards a Connected, Inclusive and Dynamic Conceptualisation. *British Journal of Social Work*, 10(1):1-9.

Oni, T.E., Prinsloo, E.A.M., Nortje, J.D., & Joubert, G. 2005. High school students' attitudes, practices and knowledge of contraception in Jozini, KwaZulu-Natal. *South African Family Practice,* 47(6): 54-57.

Onserud, H., Brockway, J.S. & Mancell, K. 2009. *The social group work approach: promoting individual growth and community building.* Youth Development Institute Publication.

Oyedele, O.A., Wright, S.C.D. & Maja, T.M.M. 2014. Communication participation in teenage pregnancy prevention using the community-as-partner model. *International Journal of Nursing and Midwifery*. Tshwane University of Technology, Pretoria.

Panday, S., Makiwane, D., Ranchod, C. & Letsoalo, T. 2009. *Teenage pregnancy in South Africa: with a specific focus on school-going learners.* South Africa: HSRC Press.

Patel L., Schmid, J. & Hochfeld, T. 2012. Transforming social work services in South Africa: perspectives of NPO managers. *Administration in Social Work*, 36:212-230.

Phillips, R. & Pittman, R.H. 2015. *An introduction to community development*, 2nd ed. New York: Routledge, Taylor & Francis Group.

Polit, D.F. & Beck, C.T. 2008. *Nursing research: principles and methods,* 8th ed. United States of America: Lippincott Williams & Wilkins.

Pompili, M. 2005. Comment on suicide during pregnancy. *The European Journal of Obstetrics, Gynaecology and Reproductive Biology*, 120, 119-124.

Popple, P.R. & Leighninger, L. 2008. *The policy based profession: an introduction to social welfare policy analysis for social workers*, 4th ed. Boston: Pearson Education.

Radebe, N. 2013. *The scourge of teen pregnancies*. [Online].
From: http://www.sanews.gov.za (Accessed: 15 March, 2013).

Ramey, H.L. 2013. Organizational outcomes of youth involvement in organizational decision making: a synthesis of qualitative research. *Journal of Community Psychology*, 41(4):488-504.

Rangiah, J. 2012. *The experiences of pregnant teenagers about their pregnancy*. MA (Nursing Science) dissertation, Cape Town, Stellenbosch University.

Rani, R. & Singh, A. 2013. Life skills education: teachers' manual. *International Journal of Multidisciplinary Research*, 5(1):68-73.

Ratlabala, M.E., Makofane, M.D.M. & Jali, M.N. 2007. Perceptions of adolescents in low resourced areas towards pregnancy and the choice on termination of pregnancy (CTOP*). Curationis, Journal of the Democratic Nursing Organisation of South Africa,* 30(1):26-31.

Rautenbach, J.V. & Chiba, J. 2010. Introduction. In Nicholas, L., Rautenbach, J. & Maistry, M. (eds.). *Introduction to social work*. Claremont: Juta and Company. 3-38.

Remler, D.K. & Van Ryzin, G.G. 2011. *Research methods in practice: strategies for description and causation*. Thousand Oaks, CA: Sage.

Rengasamy, S. 2009. *Social case work: celebrating the dignity and worth of every individual*. India: Madurai Institute of Social Science.

Richter, L.M., Norris, S.A. & Ginsburg, C. 2006. The silent truth about teenage pregnancies. *South African Medical Journal,* 96(2):122-124.

Ross, E. & Deverell, A. 2010. *Health, illness and disability: psychosocial approaches*, 2nd ed. Hatfield Pretoria: Van Schaik Publishers.

Royse, D. 2008. *Research methods in social work*, 5th ed. Australia: Thomson Brooks/Cole.

Rubin, A. & Babbie, E. 2010. *Essential research methods for social work*, 2nd ed. Belmont: Brooks/Cole.

Rubin, A. & Babbie. E. 2011. *Research methods for social work*, 7th ed. Belmont, CA: Wadsworth/Thomson Learning.

Runhare, T. & Vandeyar, S. 2011. Loss of learning space within a legally inclusive education system: *Institutional Responsiveness to Mainstreaming of Pregnant Learners in Formal Education.* University of Venda & Pretoria, South Africa.

Rwomire, A. 2011. The role of social work in national development. *Social Work Society,* 9(1):108-118.

Ryan-Nicholls, K.D. & Will, C.I. 2009. Rigor in qualitative research: mechanism for control. *Nurse Researcher,* 16(3):70-85.

SACSSP. 2011, see South African Council for Social Service Professions, 2011.

SACSSP. 2010, see South African Council for Social Service Professions, 2010.

SACSSP. 2014, see South African Council for Social Service Professions, 2014.

Saleebey, D. 2013. Introduction: power in the people. In Saleebey, D. (ed.). *The strengths perspective in social work practice,* 6th ed. Boston: Pearson.1-23.

Sales, B.D. & Folkman, S. 2000. *Ethics in research with human participants.* Washington, D.C: American Psychology Association.

Sandoval, C. 2010. *Children's social workers' experiences and perceptions on the family preservation program.* MA (SW) dissertation, California State University, Long Beach.

Sayegh, M.A., Castrucci, B.C. & Hobbs-Lopez, A. 2010. *Teen pregnancy in Texas: 2005 to 2015.* Springer: Maternal Child Health.

Schenk, R. Nel, H. & Louw, H. 2010. *Introduction to participatory community practice.* Pretoria: Unisa Press.

Schmied, V. & Tully, L. 2009. *Effective strategies and interventions for adolescents in a child protection context: Literature review.* Ashfield: NSW Department of Community Services.

Schutt, R.K. 2012. *Investigating the social world: the process and practice of research,* 7th ed. London: Sage Publications.

Scottish Executive. 2005. *The need for social work intervention: a discussion paper for the Scottish 21st social work review.* Edinburg: Scottish Executive.

Scottye, J.C. 2008. Family preservation services. In Coady, N. & Lehman, P. (eds.). *Theoretical perspectives for direct social work practice: a generalist-eclectic approach,* 2nd ed. New York: Springer Publishing Company: 471-492.

Seabury, B.A., Seabury, B.H. & Garvin, C.D. 2011. *Interpersonal practice in social work: promoting competence in generalist practice*, 3rd ed. Los Angeles: Sage Publications.

Seekoe, E. 2005. Reproductive health needs and reproductive health behaviour of the youth in managing in the Free State Province: a feasibility study. *Curations,* 28(3) August: 20-30.

Segal, E.A., Gerdes, K.E. & Steiner, S. 2010. *An Introduction to the profession of social work: Becoming a change agent*, 3rd ed. Australia: Brooks/Cole Cengage Learning.

Seidman, I. 2013. *Interviewing as qualitative research: a guide for researcher in education and social sciences*, 4th ed. New York: Teachers College Press.

Sethosa, G.S. 2007. *Teenage Pregnancies as a management issue in Township Schools in George*. MA (Education) dissertation, Nelson Mandela Metropolitan University, Port Elizabeth.

Serr, K. 2006. *Thinking about poverty,* 3rd ed. Australia: The Federation Press.

Shaw, I.F. 2012. *Contemporary Social Work Studies*: *practice and research.*United States of America: Ashgate Publisning Company.

Shenton, A.K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22:63–75.

Sibeko, P.G. 2012. *The effect of pregnancy on a schoolgirl's education.* MA (Educational Psychology) dissertation, University of Zululand, Durban.

Smale, G., Tucson, G. & Stathan, D. 2008. Social *work and social problems.* Basingstake: Palgrave Macmillan.

Smith, K. 2013. *Teen issues: sugar daddies.* [Online].
From: http://www.sanews.gov.za (Accessed: 20 March, 2013).

Social Service Professions Act (Act No.110) of 1978, see South African Council for Social Service Professions. 1999.

Sodi, E.E. 2009. *Psychological Impact of teenage pregnancy on pregnant teenagers*. MA (PSY) dissertation, University of Limpopo, Polokwane.

Solomon-Fears, C. 2012. Teenage prevention: statistics and programs pregnancy. *Congressional Research Service*, April 12:1.

South Africa. Department of Social Development. 2011. *Framework for social welfare services*. [Online]. From: http://www.dsd.gov.za (Accessed: 22 August, 2013).

South Africa. Department of Social Development. 2011. *Factors associated with teenage pregnancy in Limpopo Province*. [Online]. From: http://www.dsd.gov.za (Accessed: 22 March, 2012).

South Africa. Department of Social Development. 2009. *Recruitment and retention strategy for social workers.* Pretoria: Government Printer.

South African Council for Social Service Professions. 1999. *Social Service Professions Act, 1978 regulations and rules: manual*, 3rd ed. Pretoria: SACSSP.

Spatial Development Framework, 2007, see Capricorn District Municipality. Polokwane, Limpopo Province.

Statistics South Africa. 2006. *Census 2011 municipal report Gauteng.* Pretoria: Statistics South Africa.

Stein-Parbury, J. 2009. Patient and person: *Interpersonal Skills in Nursing*, 4th ed. Churchill Livingstone: Elsevier.

Streak, J. & Poggenpoel, S. 2005. *Towards social welfare services for all vulnerable children in South Africa: a review of policy development, budgeting and service delivery*. Cape Town: Institute of Democracy in South Africa.

Streubert, H.J. & Carpenter. D.R. 2011. *Qualitative research in nursing: advancing the humanistic imperative,* 5th ed. Baltimore: Lippincott Williams & Wilkins.

Strydom, C. & Tlhojane, M.E. 2008. Poverty in a rural area: the role of the social worker. *Social Work/Maatskaplike Werk, 44*(1):34-51.

Strydom, H. 2011. Ethical aspects of research in the social sciences and human services professions. In De Vos, A.S., Strydom, H., Fouché C.B. & Delport C.S.L. *Research at grass roots: for the social sciences and human service professions*, 4th ed. Pretoria: Van Schaik Publishers. 113-130.

Strydom, M. 2010. The implementation of family preservation services: perspectives of social workers at NGOs. *Social Work/Maatskaplike Werk*, 46(2):192-208.

Swanepoel, H. & De Beer, F. 2011. *Community development: breaking the cycle of poverty,* 5th ed. Lansdowne: Juta.

Swart, H. 2012. A broken system cannot fix the broken people. *Mail and Guardian*, June 28:24.

Teddlie, C. & Yu, F. 2007. Mixed methods sampling. *Journal of Advanced Nursing*, 1(1):97-100.

Thomas, E. & Magilvy, J.K. 2011. Qualitative rigor or research validity in qualitative research. *Journal for Specialist in Pediatric Nursing*, 16:151-155.

Teater, B. 2014. *An Introduction to applying social work theories and methods*, 2nd ed. Berkshire: McGraw-Hill Open University Press.

Toseland, R.W., Jones, L.V. & Gellis, Z.D. 2004. *Group dynamics*. Guilford Press.

Toseland, R.W. & Rivas, R.F. 2005. *An Introduction to group work practice,* 5th ed. Boston: Allyn & Bacon.

Toseland, R.W. & Rivas, R.F. 2012. *An Introduction to group work practice,* 7th ed. Boston: Allyn & Bacon.

Tladi, F.M. 2014. Strategies for making antenatal care clinics accessible to teenagers in rural Limpopo Province, South Africa. *African Journal for Physical, Health Education, Recreation and Dance, 1(2):918-329.*

Trevithick, P. 2012. *Social work skills and knowledge: a practice handbook,* 3rd ed. Berkshire: McGraw-Hill Open University Press.

Walker, M. 2005. The statutory social worker's role in prevention and early intervention with children. *Social Work Research Centre*, University of Stirling.

Walker, S. 2012. *Effective social work with young people & families: putting systems theory into practice.* Los Angeles: Sage Publications.

Walton E. 2001. Combining abuse and neglect investigations with intensive family preservation services: an innovative approach to protecting children. In Thyer, B. & Myers, L.L. (eds.). *Research on social work practice*. Thousand Oaks: Sage Publications. 627-644.

Weed, K., Nicholson, J.S. & Farris, J.R. 2015. *Teen pregnancy and parenting: rethinking the myths and misperceptions*. London: Routledge, Taylor & Francis Group.

White Paper for Social Welfare, see South Africa. Department of Welfare. 1997.

White Paper on Families in South Africa, see South Africa. Department of Social Development. 2012.

WHO. 2001. Adolescent friendly health services: *an agenda for change.* Geneva: World Health Organization.

Wilks, T. 2012. *Advocacy and social work practice.* Berkshire: McGraw-Hill: Open University Press.

Wisker, G. 2008. *The postgraduate research handbook*, 2nd ed. New York: Palgrave Macmillan.

Woo, H. & Twinn, S. 2004. Health needs of Hong Kong, Chinese pregnant adolescent. *Journal of Advanced Nursing*, 45(6):595-602.

Yadav, P. & Iqbal, N. 2009. The impact of life skills training on self-esteem, adjustment and empathy among adolescents. *Journal of the Indian Academy of Applied Psychology*, 35:61-70. Jamia Millia Islamia, New Delhi.

Yako, E.M. 2007. A comparative study of adolescents' perceived stress and health outcomes among adolescent mothers and their infants in Lesotho. *Curations*, 30(1):15-25. University of Fort Hare, East London.

Yegidis, B.L. & Weinbach, R.W. 2002. *Research methods for social workers,* 4th ed. Boston: Allyn & Bacon.

Yegidis, B.L., Weinbach, R.W. & Myers, L.L. 2012. *Research methods for social workers,* 4th ed. Boston: Allyn & Bacon.

Zastrow, C. 2008. *Introduction to social work and social welfare: empowering people*, 9th ed. United States: Thomson Brooks/Cole.

Zastrow, C.H. 2009. *Social work with groups: A comprehensive workbook*. United States of America: Brooks/Cole, Cengage Learning.

Zastrow, C.H. 2010. *The practice of social work: a comprehensive work text*. Belmont: Brooks/Cole.

Zastrow, C.H. 2012. *Methods/Practice of social work generalist series: the practice of social work: a comprehensive work text*, 10th ed. Belmont: Brooks/Cole.

Zastrow, C.H. 2013. *Introduction to social work and social welfare: empowering people,* 11th ed. Belmont: Brooks/Cole.

Zastrow, C.H. 2015. *Empowerment series: social work with groups: a comprehensive work text*, 9th ed. Belmont: Brooks/Cole.

Zastrow, C.H. & Kirst-Ashman, K.K. 2013. *Empowerment series: understanding human behaviour and the social environment*, 9th ed. Belmont: Brooks/Cole.

ANNEXURE A: A letter requesting the individual's participation in the research study

Date: …………………

Dear Prospective Participants

I Freddy Skobi, the undersigned, am a social worker in service of the Department of Social Development in Capricorn District of the Limpopo Province, and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: **SOCIAL WORK SERVICES FOR PREGNANT TEENAGERS IN THE CAPRICORN DISTRICT, LIMPOPO PROVINCE**.

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study and the reasons for a need for this particular study. Furthermore, you will be informed about what you will be asked, what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study.

This research project originated as a result of the challenges experienced by social workers on providing services for pregnant teenagers as required by the Children's Act No. 38 of 2005. The aim of the study is to report on social work services social workers render to pregnant teenagers. The information gathered from this study will suggest to social workers on social work services required for pregnant teenagers.

Should you agree to participate, you would be requested to participate in a face-to-face interview that will be conducted at a place and time that will be convenient to you.

During the interview the following questions will be directed to you:

- Share with me the social work services you provide to pregnant teenagers (probes - at an individual, group and community levels).

- In your opinion, which social work services do you find helpful for pregnant teenagers?

- What challenges do you encounter when rendering services to pregnant teenagers?

- How do you address challenges you encounter when providing social work services to pregnant teenagers?

- What suggestions do you have on how to improve social work services for pregnant teenagers?

With your permission, the interviews will be digitally recorded. The recorded interviews will be transcribed word-for-word. Your responses to the interview both the taped and transcribed versions will be kept strictly confidential. The recordings will be coded to disguise any identifying information. The tapes will be stored in a locked office at the Department of Social Development, Capricorn District and only I will have access to them. The transcripts without any identifying information will be made available to my research supervisor and an independent coder with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled to. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

You have the right to change your mind at any time during the study and discontinue participation without any loss of benefits. As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact me (Freddy Skobi), the researcher on these numbers: cell phone 076 144 9281 or Professor MDM Makofane, my supervisor/advisor on telephone number 012 429 6884.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Professor AH (Nicky) Alpaslan, telephone number: 012-4296739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher, researcher's supervisor and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions. Thank you for your participation.

Kind regards

_____

Freddy Skobi (Researcher)

Contact details:

Cell: 076 144 9281.

Fax: 015 291 5917.

Email: 77575@mylife.unisa.ac.za

ANNEXURE B: Information and informed consent document

Title of the research project:

SOCIAL WORK SERVICES FOR PREGNANT TEENAGERS IN THE CAPRICORN DISTRICT, LIMPOPO PROVINCE

Reference number: 7757514

Researcher: Mr Freddy Skobi

Address: 33 Toronto Street

Mahlasedi Park

Polokwane

0704

Contact cell phone number: 076 144 9281

	Initial
DECLARATION BY THE PARTICIPANT: I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant of _____ _____ _____(address) **A. HEREBY CONFIRM AS FOLLOWS:** 1. I was invited to participate in the above research project which is being undertaken by Freddy Skobi of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.	Initial
2. The following aspects have been explained to me: 2.1 Aim: the researcher is studying the social work services for pregnant teenagers: an exploratory study. 2.2 The information will be used to inform social workers on the type of services required for pregnant teenagers.	Initial
2.3 I understand that: The goal of the study, the need for the study and the benefits it will have for me, my work colleagues and other stakeholders. The reasons for being selected to participate in the study and that my participation is voluntary. I will participate in a face-to-face interview at a place and time convenient to me for a period not exceeding two hours.	Initial

The information that I will share will be audio taped and recorded on a paper and later on transcribed. The information that I will share will be made known to the public by means of a research report and might be used in subsequent scholarly presentations, printed publications or further research. I have the right to withdraw from the study at any point. I have the right to ask for clarification or more information throughout the study. I may contact the relevant administrative person or body if I have any questions with regard to the researcher's conduct or procedures of the study.	
2.4 Risks: I do not see any risk associated with the study.	Initial
Possible benefits: As a result of my participation in this study, more information on social work services for pregnant teenagers will be established and publicised.	Initial
Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.	Initial
Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.	Initial
Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.	Initial
3. The information above was explained to me by Freddy Skobi in English or an indigenous language of the participant's choice and I am in command of this language. I was given the opportunity to ask questions and all these questions were answered satisfactorily.	Initial
4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without	Initial

any penalty.	
5. Participation in this study will not result in any additional cost to me.	<u>Initial</u>
B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT Signed/confirmed at _____ on _____20__ _____ _____ Signature or right thumbprint of participant Signature of witness	

ANNEXURE C: Consent form requesting permission to publish information

As part of this project, I have made an audio recording of you. I would like you to indicate (with ticks in the appropriate blocks next to each statement below) what uses of these records you are willing to consent to. This is completely up to you. I will use the records only in ways that you agree to. In any of these records, names will not be identified.	Place a tick [✓] next to the use of the record you consent to
1. The records can be studied by the research team and quotations from the transcripts made of the recordings can be used in the research report.	
2. The quotations from the transcripts made of the recordings can be used for scientific publications and/or meetings.	
3. The written transcripts and/or records can be used by other researchers.	
4. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.	
5. The records can be used on television or radio.	
_____ Signature of participant	_____ Date

ANNEXURE D: Statement and Declaration

STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

I, Freddy Skobi declare that

3 I have explained the information given in this document

   to_____ (name of participant);

- he/she was encouraged and given ample time to ask me any questions;

- This conversation was conducted in English and an indigenous language of the participant's choice and no translator was used.

Signed at _____ on _____20___

　　　　　　(place)　　　　　　　　　　(date)

_____　　　_____

Signature of investigator/representative　　　Signature of witness

---

ANNEXURE E: Important message to participants

IMPORTANT MESSAGE TO PARTICIPANT	
Dear Participant Thank you for your participation in this study. Should at any time during the study • an emergency arise as a result of the research, or • you require any further information with regard to the study, or • you need to refer someone who is a potential participant for this study, kindly contact me, (Freddy Skobi) on cell number 076 144 9281.	

ANNEXURE F: Ethical Clearance Certificate

UNISA
university
of south africa

Ethical Declaration
Department of Social Work
University of South Africa

Declaration

We the undersigned, hereby declare that the Masters proposal of the student named below has received ethical clearance from the Departmental Ethics Committee on the 07 August 2013.10.31.

Title of proposal:
An exploratory study social work services for pregnant teenagers.

Student name: **Freddy Skobi**

Student number   7757514

Signature

Name of supervisor: **Prof. MDM Makofane**

Signature:

Date: 31|10|2013

Chairperson of Departmental Ethics Committee
Prof. AH Alpaslan

Signature:

Date: 31|10|2013

The Chairperson of the Department of Social Work
pp **Prof. L. Qalinge**

Signature:

Date: 31/10/2013

ANNEXURE G: Letters requesting permission to conduct the research study

Box 663
Ladanna
Polokwane
0704

Department of Social Development

Capricorn Municipality

34 Hans Van Rensberg

RE: REQUEST FOR PERMISSION AND APPROVAL TO CONDUCT STUDY RESEARCH FOR MASTER'S DEGREE

- I Skobi Freddy, the undersigned, am a social worker in service of Department of Social Development in Polokwane Capricorn District.

- I am a registered Master's Degree student (7757514) in the Department of Social Work at the University of South Africa (UNISA).

- In fulfilment of requirements for the master's degree, I have to undertake a research project on part-time basis for the duration of two years and have consequently decided to focus on the following research topic: **Social work services for pregnant teenagers.**

- Collecting data is a demanding role in research processes and therefore it could have an effect on my work in the Department.

- I hereby approach you to grant me permission (in writing) to undertake this study as this will benefit both the researcher and the Department.

Hope to hear from you soon

Yours sincerely

Skobi F (Mr)

ANNEXURE H: **Letter for permission to conduct the research study in the Department of Social Development, Limpopo Province**

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

Confidential

Ref : S5/3/1/2

Enq : Ledwaba MS

Tel : 015 293 6466

Date : 26 November 2013

To : Mr Skobi F
P O BOX 663
Ladanna
0704

RESPONSE ON THE REQUEST TO CONDUCT RESEARCH STUDY TITLED "SOCIAL WORK SERVICES FOR PREGNANT TEENAGERS IN THE CAPRICORN DISTRICT MUNICIPALITY"

1. The above matter refers to the letter dated **22 August 2013** forwarded to the Department and acknowledges receipt thereof.

2. The Department of Social Development hereby grant permission to conduct the above-mentioned research, on the proviso that the Ethics Committee for the University of South Africa has provided clearance for the study.

3. **NB**. On completion of the study, a copy of the mini dissertation should be submitted to the Department of Social Development in honour of your commitment.

4. The Department take this opportunity to wish you well during the period of research.

....   28/11/2013
SENIOR MANAGER: HUMAN CAPITAL   **DATE**
DEVELOPMENT AND ORGANISATIONAL STRATEGY

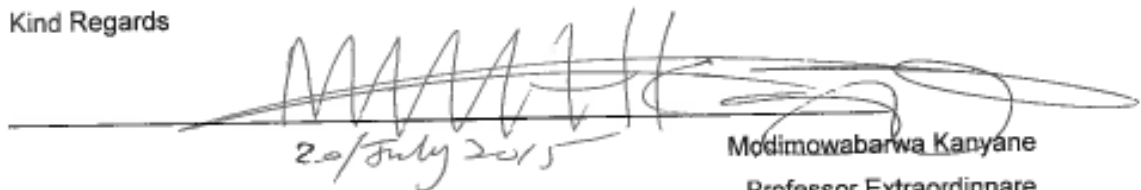## ANNEXURE I: Letters from editors

TO WHOM IT MAY CONCERN

I hereby state that I have edited the dissertation of Mr Freddy Skobi (7757514) entitled "*Social work services for pregnant teenagers in the Capricorn District in Limpopo Province*". I made sure that the dissertation is readable and makes logical sense in my editorial work. I also confirm that the student made corrections and provided editorial treatment to the corrected version of the dissertation.

Disclaimer

Whilst at the time of submission to student, editing and technical treatment of this dissertation was attended to as requested; any reworking of sentences and technical changes made based on my track changes is the sole responsibility of the student.

Kind Regards

20/July 2015

Modimowabarwa Kanyane
Professor Extraordinnare
Chief Research Specialist (CRS)
Democracy, Governance and Service Delivery (DGSD)
Human Sciences Research Council (HSRC)
Tel: 012 302 2809|Fax: 086 651 8210:Cell:082 324 1338
Alternate email: Kanyane@yahoo.com|Weblink: www.hsrc.ac.za

CERTIFICATE OF VERACITY

MASTER OF ARTS IN SOCIAL WORK

SOCIAL WORK SERVICES FOR PREGNANT TEENAGERS IN THE CAPRICORN DISTRICT, LIMPOPO PROVINCE

Freddy Skobi
(Student Number 7757514)

I, the undersigned, hereby certify that the editing process comprised the following:

Language editing

- Syntax.
- Sentence construction.
- Grammar, punctuation, and spelling.
- Appropriate word selection.
- Final proofreading.

Format/layout editing

- Uniformity in page layout.
- In-text citations compared with sources in reference list (and vice versa).

Freelance editor	:	S M Bell
Completed	:	8 January, 2016
Signature	:	*Sue Bell*