A MODEL FOR THE FACILITATION OF INTERGENERATIONAL RECONCILIATION IN TEENAGE PREGNANCY: A XHOSA PERSPECTIVE

S. James, D Cur
Nelson Mandela Metropolitan University, Port Elizabeth
Department of Nursing Science
Corresponding author: e-mail: sindisiwe.james@nmmu.ac.za

D. van Rooyen, D Cur
Nelson Mandela Metropolitan University, Port Elizabeth
Department of Nursing Science

J. Strümpher, D Cur
Nelson Mandela Metropolitan University, Port Elizabeth
Department of Nursing Science

ABSTRACT

The purpose of the research was to develop a model for midwives to facilitate the process of promoting a calm home environment, suitable for supporting pregnant teenagers. The design accepted for developing the model was theory generative, qualitative, explorative, descriptive, phenomenological and contextual. Data were collected from ten selected pregnant teenagers who were at least 24 weeks pregnant and who resided within the two selected townships in Port Elizabeth. The other participants were ten biological parents and ten grandparents of these pregnant teenagers, all of whom lived in the same houses as the teenagers.

Data were collected by using an audio-tape recorder and taking field notes. The interviews with the parents and grandparents were conducted in their homes, and the interviews with the pregnant teenagers were conducted in secluded rooms at the antenatal care clinics. The research findings revealed that conflict had destabilised some families, resulting in providing limited family support to the pregnant teenagers. However, the grandparents acknowledged the need to discuss the issues at stake and to solve the problem.

The results indicated that pregnant teenagers were deprived of the necessary family support during their pregnancies. A model for facilitating intergenerational conflict, as a strategy to assist the family to offer support to the pregnant teenagers, has been developed and applied with some potential benefits.

KEYWORDS: intergenerational conflict, intergenerational communication, facilitation of intergenerational understanding, reflection, teenage pregnancies

INTRODUCTION

Teenage pregnancy remains a challenge for the health professionals as it has the potential to lead to life-threatening obstetrical and medical complications. Potential obstetrical complications include pregnancy-induced hypertension and diabetes that lead to placental abruption and prematurity (Cronje & Grobler, 2006:666). Septicaemia, following failed abortions and risking total hysterectomy or permanent infertility, is also a potential severe complication, that could result in death. Some teenagers might struggle to keep their pregnancies till full term or deliver their babies normally due to their small pelvic spaces. Pregnant teenagers might deliver their babies prematurely, have prolonged labour or deliver only with assistance or caesarean sections (De Kock & Van der Walt, 2004:23.3).

Besides the medical and obstetrical complications, teenage pregnancies could have negative financial and social implications for the families (Bezuidenhout, 2006:43). Financially the family finds the pregnancy to be an additional burden because of the anticipated demands of the unborn child. The teenager might drop out of school because of poor grades and the difficulty of coping with the pregnancy or the roles of being a parent and scholar simultaneously (Bezuidenhout, 2006:45). A lower education qualification makes it impossible for the teenage mother to find a well-paying job. Ultimately she and her child might become the responsibility of her parents; and be viewed as family burdens.

Socially, families of pregnant teenagers have to deal with the stigma related to teenage pregnancy out of wedlock. In Xhosa families, teenage pregnancies out of wedlock are unacceptable culturally and traditionally. The Xhosa family sees the daughter as the pride of the family and the pregnancy spoils that image. At times, the pregnancy can jeopardise the possibility of the future marriage and welfare of that daughter (Irinoye et al., 2004:27; Kazembe, 2009:69; Omoni, 2009:25). Culturally, the mother of the girl child has the responsibility of preventing the occurrence of teenage pregnancy out of wedlock (Omoni, 2009:25; Kazembe, 2009:69). When the pregnancy occurs the parents are in conflict as the mother of the teenager is held responsible for failing to look after the girl child properly and bringing shame upon the family. In severe cases, the teenager is chased out of the house by the father and sometimes the mother is also expelled. Conflict within the home environment of the pregnant teenagers could result in a breakdown of family relationships with limited support for the pregnant teenager. She might miss antenatal clinic visits and thus miss opportunities for midwifery supervision. Assistance is therefore needed to help the family members accept the pregnancy, respect one another and cope within the home environment. Within such an environment, the teenager could receive the necessary family support and cope better with her pregnancy. In a well-supervised pregnancy there are fewer potential complications, which would contribute to limiting the increased maternal and neonatal deaths in the country. Facilitation of intergenerational respect promotes reconciliation, thus providing a calm environment needed for support of a pregnant teenager.

A model was developed for the purpose of assisting midwives to help families to cope with the pregnancy and to offer support to pregnant teenagers. The objective was to develop a model for midwives to use in facilitating the process of promoting a calm home environment suitable for the support of pregnant teenagers.

METHODS USED FOR DEVELOPING THE MODEL

A theory-generative, qualitative, explorative, descriptive, phenomenological and contextual research design was utilised to achieve the objective of designing the model. Meta-theoretical assumptions used in this model are in line with those identified by Kotzé as meta-paradigms in the "Anthropological Nursing Accompaniment Theory" (Kotzé, 2010:200). A combination of theory-generation steps, as suggested by Walker and Avant (2005:26), namely, concept analysis, construction of relationship statements, development and description of the model, was implemented.

Step 1: Concept analysis

Concept analysis included data collection for the purpose of concept identification, concept clarification and definition. Step one was done by means of audio-taped interviews conducted with Xhosa pregnant teenagers, as well as with parents and grandparents of pregnant teenagers.

Method of data collection

A purposive sample was chosen from the population of pregnant Xhosa teenagers, their biological parents and grandparents. The teenagers had to be a primigravida, be at least 24 weeks pregnant and 18–19 years old. All the participant groups (pregnant teenagers, parents and grandparents) had to reside in the same house within the research sites (two selected townships) in the Nelson Mandela Metropolitan Municipality in Port Elizabeth. Permission to conduct the study was granted by the Nelson Mandela Metropolitan University, and by the Department of Health through the regional office in Port Elizabeth.

Ten individual unstructured interviews with each category of participants (pregnant teenagers, parents and grandparents) were conducted in order to understand the nature and extent of family support provided to pregnant teenagers. The following questions were posed to each category of participants:

Pregnant teenager: *Tell me, how do you experience being pregnant as a teenager*?

Parent: *Tell me, how do you experience the pregnancy of your teenage daughter*?

Grandparent: *Tell me, how do you experience the pregnancy of your teenage granddaughter*?

The interviews were conducted in the months March to June in the year 2005. The first author conducted the interviews at venues chosen by the participants. Parents and grandparents were interviewed in their homes; and the teenagers were interviewed at the clinic in a secluded room or at home, depending on their preferences. It was necessary to allow the participants to describe their experiences and perceptions related to their pregnancies. Therefore a qualitative research method was suitable for collecting data (Pope & Mays, 2006:4). An audiotape recorder was used to record each interview, and consent for its use was granted by each participant. Interviews took an average of 60 minutes each. Data saturation (De Vos et al., 2007) was the criterion used to discontinue data collection and to continue with data analysis. The interviews were transcribed verbatim and analysed according to the steps suggested by Tesch (in Creswell, 2003:192). Relevance and clarity of the data collection methods were confirmed through a pre-test of two interviews in each category of participants, which did not form part of the actual data collection procedure.

The ethical principles adopted included permission, informed written consent, privacy and confidentiality, and no harm was done to the participants. All the information was kept confidential and locked away by the researcher. Two nurse researchers had access to the anonymous data transcripts during the data analysis stages. All participants gave informed written consent and were fully aware of the fact that they could withdraw at any stage of the study without being penalised in any way whatsoever. Each interview was conducted privately ensuring that no other family member was present during the interview.

RESEARCH FINDINGS

During the data analysis phase for the first step of the model construction, the main themes that emerged were that the teenagers experienced turmoil as they struggled to cope with their pregnancies and the accompanying emotions. They felt left out of the family and longed for opportunities to express their feelings to their families. The mothers of the pregnant teenagers reportedly felt unappreciated and were disinterested in speaking to the teenagers. However, these mothers would appreciate opportunities to discuss these issues with their husbands. The pregnant teenagers' fathers were angry and felt that their mothers had not been strict enough, thus failing to prevent these pregnancies. The grandparents experienced the pregnancies as causing nuisances that could have been avoided. They sought solutions for the problems and suggested family discussions. The participants' experiences, and the grandparents' suggestions, enabled the development of the model.

From the discussions of the results of the collected data with the selected panel of experts who were the established researchers from the university's departments of Education, Anthropology, Psychology and Nursing, four main possible concepts emerged, namely reparation, restoration, remedy and reconciliation. Taking cognisance of the discussion

of the data analysis and dictionary definitions of these concepts, the central concept for the model was identified as being intergenerational reconciliation. The concept was classified utilising the survey list of Dickhoff et al. (in Walker and Avant, 2005:14).

Definitions of the central concept of the model assisted to uncover the meaning and allow better understanding of the model. The definitions were deduced from dictionary definitions as well as from the literature reviewed.

Dictionary definition of the concept "reconciliation"

The dictionary definition of the concept "reconciliation" is the restoration of good relationships between people who have quarrelled or the persuasion of a person to tolerate something or someone as being the core to reconciling (Concise English Dictionary, 2004:424; Macmillan English Dictionary, 2002:504; South African Concise Oxford Dictionary: 2008:977). Furthermore, the concept of reconciling implies restoring harmony, and friendly relations between people so as to maintain co-existence in harmony, hope and confidence again as well as to compromise and resolve differences.

Subject definition of the concept "reconciliation"

The subject definition of reconciliation was obtained from a variety of sources. Gibson (2004:17) defines a reconciled person as one who is tolerant with those with whom he or she disagrees as a process of talking through, trusting and forgiving. Van de Vilver (2001:62) asserted that the aim of the Truth and Reconciliation Commission in South Africa was for people to speak directly and frankly about the past so that the mistakes of the past would never be made again. Sullivan and Tiff (2006:2), writing about reconciliation within the context of restorative justice, explained that restorative justice creates obligations to make things right by searching for solutions that promote repair, reconciliation and reassurance. In their study of restorative justice, these authors identified and referred to a need for direct involvement through dialogue between the victim and the offender through airing the issues surrounding a conflict in the presence of a facilitator to promote reconciliation. Russell (2004:139) states that healing takes time and cannot be rushed or programmed.

Dictionary definitions of concept "intergenerational"

Dictionary definitions of the concept "intergenerational" imply unifying responsibilities amongst the members of the family. A family could be made up of different generations of family members who are relatives, and connected through mutual and compatible needs (McGoldrick, 2001:71).

Subject definition of concept "intergenerational"

The intergenerational idea reflects the relationships that define families (McGoldrick, 2001:73). As explained by Newman, the intergenerational idea describes the basic mechanisms by which persons of different generations purposely collaborate to nurture and support one another. In this collaboration the older adults, children and youths could

assume special roles, designed to have positive and mutually beneficial impacts. In a strong intergenerational family there is transcendent power; and that family can be a powerful force in helping its members to realise who they are, where they come from and what they represent. McGoldrick (2001:73) further stated that at the root of the concept "intergenerational" there are connections that link specific generations within families.

Dictionary definition of "intergenerational reconciliation"

Intergenerational reconciliation is defined as the process of frank communication between family members which can lead to understanding, forgiveness and acceptance of one another's faults (Gibson, 2004:14).

Subject definition for "intergenerational reconciliation"

Intergenerational reconciliation, as an idea, describes the basic mechanisms by which persons of different generations purposely collaborate to nurture and support one another. In this collaboration the older adults, children and youths should assume special roles, designed to have positive and mutually beneficial impacts (McGoldrick, 2001:75). The benefits in the long run empower the family by uniting it. Therefore peace is a crucial element in intergenerational activities. The collaboration could be by means of reparation. Such as that suggested by Hayner (2002:171) who stated that reparation encompasses a variety of types of redress which aim at the provision of an environment conducive to healing. The environment includes provision of an opportunity to disclose the truth so as to repair broken relationships between individuals or groups.

Step 2: Construction of relationship statements

Construction of relationship statements was done by means of appropriate theoretical structuring of the concept (Walker & Avant, 2005:27) to determine likeness. The defined major concept was simplified by connecting all the related concepts by means of statements (Walker & Avant, 2005:27). Furthermore a list of defining attributes was compiled; the attributes were analysed and synthesised to form a definition of the main concept (Walker & Avant, 2005:30), and a model case was described. The description of the model case included all the identified essential attributes of the central concept.

Step 3: Description of the model

Construction of a model case starts with a description of an experience or an instance representing the concept according to one's best current understanding of that particular concept (Walker & Avant, 2005:69). Model cases may be created from personal experiences or described experiences either by certain individuals or from the literature. Most importantly, as stated by Walker and Avant (2005:69), a description of the model case includes all the identified essential attributes of the central concept. The scenario for the model case came from the narrated experiences of one of the pregnant teenagers.

From the model case the researcher identified the essential and related attributes of the concept "intergenerational reconciliation".

Following the identification of the essential and related attributes of the central concept, the model case was described in order to create a clear understanding of the central concept. The scenario for the model case came from the narrated experiences of one of the participating pregnant teenagers. From that description of the model case, a list of essential and related attributes of the concept "facilitation of intergenerational reconciliation" was identified.

THE MODEL'S ESSENTIAL CONCEPTS

Reflection refers to initiating introspection which leads to willingness to participate in meetings to gain insight. All role players (pregnant teenagers, parents, grandparents and midwives) need to show mutual respect and understanding.

Restoring family relationships implies that the role players communicate their own opinions effectively and are tolerant of one another. Role players compromise and show changes in attitudes.

Readiness to forgive refers to role players' acceptance of responsibilities, being ready to restore relationships and to re-unite the family.

Healing entails creating connectedness that is influenced by respect for traditional authority based on family values and beliefs.

Definition of the main concept of the model

Facilitation of intergenerational reconciliation is initiated by a process of reflection, which entails introspection, insight and understanding. The midwife facilitates willingness and participation in the process. The effective communication between the pregnant teenager, her parents and grandparents will enable the family relationships to be restored and will encourage readiness to forgive by accepting responsibilities to re-unite as a family. Healing concludes the process of facilitation of intergenerational reconciliation and results in a calm, supportive home environment for the pregnant teenager. A description of the process of facilitation of intergenerational reconciliation is provided in table 1.

Table 1: A description of the process of facilitation of intergenerational reconciliation

AGENT	**RECIPIENT**
Midwife, pregnant teenager, parents, grandparents	Pregnant teenager, parents, grandparents, midwife
PROCEDURE	
Facilitation of intergenerational reconciliation as the means of repairing family relations comprising: **Reflection**: The pregnant teenager and the parents will do some introspection into their own actions through the assistance of the midwife and through sharing of true experiences during meetings with the midwife. Facilitated reflection will result in the pregnant teenagers/parents taking responsibility for wanting to re-unite with one another. **Restoring family relationships**: Restored friendships promote frequent communication between the pregnant teenagers and their parents. **Readiness to forgive**: The pregnant teenagers and the parents commit themselves to intergenerational reconciliation as they feel ready to forgive. **Healing**: Ultimate intergenerational reconciliation will be achieved through facilitated healing, which embraces traditional family values and beliefs to provide a calm, supportive home environment for the pregnant teenager	
CONTEXT	
The antenatal clinic being attended by the pregnant teenager. The home of the pregnant teenager.	
TERMINUS	
A calm, supportive home environment, conducive to the pregnant teenager's wellbeing.	

OVERVIEW OF THE MODEL

In this study, the conflict between the pregnant teenagers and their parents could be resolved if an opportunity could be provided for all these participants to engage in open discussions, disclosing their experiences related to the pregnancies; thus the development of the model for facilitation of intergenerational reconciliation.

Facilitation of intergenerational reconciliation would be initiated by the midwife at the antenatal clinic when meeting a pregnant teenager, who acknowledged that she experienced conflict at home related to her pregnancy. The emphasis would be on encouraging introspection directed at the teenager's own actions before considering those of her parents. Through introspection the teenager should be able to gain insight into her own mistakes and become willing to talk to her parents in a respectful manner. The midwife should repeat the same process with the parents of the pregnant

teenager. Engaging in open meetings or discussions would promote opportunities to forgive willingly, and should result in discovering means of restoring effective family relationships, thus initiating the healing aspect of the intergenerational reconciliation process. The initial meetings or discussions would take place at the clinic but, as the relationship between the pregnant teenagers and their parents improved, the meetings would continue at the home of the pregnant teenager with the assistance of the grandparents.

The meetings and consequent discussions would be held informally; all the participants should be present. Privacy and respect should be maintained at all times. During these meetings the pregnant teenagers, their parents and grandparents would be assisted through guided reflection to engage in a process of introspection and they should come to terms with the actions that caused the existing family conflict. Reflection could pave the way for commitment to restore effective family relationships. Commitment is characterised by a change of the participants' attitudes towards readiness to forgive. Acceptance of responsibility is a vital step in readiness to forgive and promotes connectedness of the family that could culminate in healing. The midwife would remain available to assist where necessary and the grandparents would assume the role of maintaining the healing process using the influence of their experience as parents and from the authority vested in their traditional position in the family. The involvement of the grandparents would benefit the facilitation of the intergenerational reconciliation process by introducing the traditional values and beliefs embraced by the family to encourage cohesion within the family.

As the healing aspect of the process progresses, a closer relationship between the pregnant teenagers and their parents should develop and communication and interaction should improve towards becoming positive, promoting the confidence to rely on one another's support. The environment at home should become conducive to the support needs of the pregnant teenager. She and her parents should be guided into accepting the pregnancy and its consequences. Through the support of the parents and the grandparents, the pregnant teenager should become equipped to cope positively with the physical and psychological challenges of her pregnancy.

CONCLUSION

Teenagers' pregnancies could overwhelm families causing conflict. Unless this conflict is managed effectively, the family could become destabilised with disrupted relationships, impacting negatively on the pregnant adolescent's wellbeing. This happens in Xhosa families because of the stigma and the cultural and traditional implications attached to pregnancies out of wedlock. The model could assist families to cope more effectively with teenage pregnancies and to offer support to pregnant teenagers through the processes of reflection, restoring family relationships, readiness to forgive and healing.

RECOMMENDATIONS

This model provides a strategy to be used by midwives working in antenatal care clinics to enhance teenagers' and their families' abilities to cope with teenage pregnancies and to offer support to pregnant teenagers. The model should be implemented at various clinics throughout South Africa and feedback provided so that it could be further developed and refined.

LIMITATIONS

The model presented in this article was developed, based on information obtained from interviews conducted with pregnant teenagers as well as with their parents and grandparents. Although this provided an intergenerational perspective to the model, it needs to be operationalised and further developed. The information was obtained from interviews, and no observations were done about the actual interactions in the families' homes. This might have added another dimension to the model.

The interviews were only conducted in two selected areas of Port Elizabeth, and similar results might not be obtained from other areas. Consequently the proposed model should be pre-tested in different areas prior to its wide scale application.

REFERENCES

Bezuidenhout, F.J. 2006. *A reader on selected social issues.* Pretoria: Van Schaik.

Cronje, H.S. & Grobler, C.J.F. 2006. *Obstetrics in Southern Africa*. Pretoria: Van Schaik.

Concise English Dictionary. 2004. London: Clays.

Creswell, J.W. 2003. *Research design: qualitative, quantitative and mixed method approaches*. London: Sage.

De Kock, J. & Van der Walt, C. 2004. *Maternal and newborn care*. Lansdowne: Juta.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2007. *Research at grass roots*. Pretoria: Van Schaik.

Gibson, J.L. 2004. *Overcoming apartheid: can truth reconcile a divided nation?* Cape Town: Human Sciences Research Council.

Hayner, P.B. 2002. *Unspeakable truths. Facing the challenge of truth commissions*. New York: Routledge.

Irinoye, O., Oyeleye, A., Adeyemi, A. & Tope-Ojo, V.A. 2004. Analysis of parents' and adolescents' concerns and prescriptions for prevention and management of teenage pregnancy in Nigeria*. Africa Journal of Nursing and Midwifery,* 6(1):25–30*.*

James, G. & Van De Vilver, S. 2001. *After the TRC: reflections on the truth and reconciliation in SA*. Claremont: David Philip.

Kazembe, A. 2009. Factors that influence sexual behavior in young women*. African Journal of Midwifery and Women's Health,* 3(2):67–73.

Kotzé, W.J. 2010. *Nurse educators' guide to management*. Pretoria: Van Schaik.

McGoldrick, M. 2001. *Genograms in family assessment*. New York: W.W. Norton.

Macmillan English Dictionary. 2002. London: Macmillan.

Omoni, G.M. 2009. Teenage mothers in Kenya: seduced, coerced and at risk of HIV. *African Journal of Midwifery and Women's Health*, 3(1):24–29.

Pope, C. & Mays, N. 2006. *Qualitative research in health care*. Oxford: Blackwell.

Russell, D. 2004. *Political forgiveness: lessons from South Africa*. New York: Orbis.

South African Concise Oxford Dictionary. 2008. Cape Town: Oxford University Press.

Sullivan, D. & Tiff, L. 2006. *Handbook of restorative justice*. London: Routledge.

Walker, L.O. & Avant, K.C. 2005. *Strategies for theory construction in nursing*. New Jersey: Pearson Prentice Hall.