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**AN EXPLORATORY STUDY  
OF THE EXPERIENCES  
OF BLACK TEENAGE MOTHERS**

**THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS**

**FOR THE DEGREE OF MASTER OF**

**SOCIAL SCIENCE (SOCIAL WORK)**

**RHODES UNIVERSITY, EAST LONDON**

**BY**

**NOMONDE MPETSHWA**

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**(ii)**

I, **Nomonde Mpetshwa**, hereby declare that, this exploratory study of the experiences of black teenage mothers is my own work, and that all the sources used or quoted here have been indicated and acknowledged by means of complete references

**SIGNED BY:.....**

**N. MPETSHWA**

**DATE:.....**

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### **ABSTRACT.**

An exploratory descriptive design was used to explore the experiences of a sample of black teenage mothers of Libode, Ngqeleni and Port St Johns. A St Barnabas Hospital birth record register was used to select seven Xhosa speaking black teenage mothers, with children under a year old who have kept their children and are staying with their extended families.

Qualitative interview was used to collect data from the abovementioned respondents. The data one want to use may not feasibly be available in any other form, so that asking people for their accounts, talking and listening to them, may be the only way to get at what you are interested in (Mason 1998:39). Qualitative interview was therefore used to collect data from the abovementioned respondents. Qualitative interview according to Mason (1998:38) involve one to one interaction as in this study, or a larger group, and it carries more advantages in data collection compared to other research tools.

Some interesting information, which drew the researcher's attention, was gathered. Information such as the reaction by family members, community and its structures, and peers including teenage fathers, made the research more challenging. The anger showed by brothers of one of respondents raised the researcher's curiosity.

Another interesting piece of information that was gathered was the negative reaction by the church. The researcher had no idea that the church can negatively involve itself in community affairs, but one of the respondents reported to have been encouraged by one of the church members to go on with her studies despite her pregnancy. The same applied to some schools, where pregnant teenagers were not allowed to continue schooling, while in other schools the same situation was allowed.

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The major findings were that, respondents have forfeited some of their favorite hobbies such as extra mural school activities, teenage activities and their lives have been negatively affected by their teenage motherhood in areas such as education, family relations, peer relations including their boyfriends and community. Again lack of support by people close to these young mothers including different professionals has also been identified.

It has also transpired during this study that, teenagers can indeed be good mothers, but socio-economic stress and lack of social support often prevent them from giving their babies a reasonable start in life.

Amongst the recommendations made undertaking a bigger study has been suggested.

**KEY WORDS:**

Teenagers; motherhood; black; pregnancy; challenges; difficulties; peers; families; experiences; boyfriends; culture; education; adolescence.

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## CHAPTER I.

### 1.1 GENERAL ORIENTATION TO THE STUDY.

Teenage pregnancy, according to Kakaza and Zito (1991: 11) is a major social problem in South Africa. The social consequences of pre-maturely constituted families are costly in both human and monetary terms. Incidents of pregnancy according to Greathead (1988: 118) are increasing to what some believe are epidemic proportions. Devenish, Funne and Greathead (1992: 118) state that every year two out of ten South African teenagers become pregnant, out of these five thousand are under the age of sixteen years. As an example of these incidents, between the periods March and May 1996, Port Elizabeth municipality health department birth statistics shows that, in two months 396 teenagers were reported and recorded to have delivered babies. A similar pattern was reported for the Umtata and Libode districts (Mzimba 1998).

Acres (1995:21) and Gray (1987:291) state that teenagers who become pregnant while at school and continue with their pregnancies may remain disadvantaged for the rest of their lives, because this often puts an end to their education, meaning that they will have problems of being child mothers with little or no income at all, and this can contribute to a vicious circle of welfare dependency.

A pregnant teenager must deal simultaneously with two developmental tasks, that is biological and psychological that ordinarily would have occurred in sequence and would have stretched over several years. Biologically she has to cope with the stresses of pregnancy before she can accommodate herself fully to the demands of puberty. Psychologically she has to cope with adult tasks of motherhood while still acculturating herself to the challenges of teenage-hood (Woods in Conger 1983: 215) and (Rogel & Peterson in Craig 1989:384). As a result teenage mothers may have difficulty in providing adequate care for their infants (Armstrong 1993:18).

Teenage motherhood is accompanied by stress in family and other relationships such as parental disapproval and peer avoidance (Reiss in Craig1996: 384;Schafer 1985:119). Literature has shown culture has an impact on the experience of teenage motherhood. In the black culture, teenage motherhood is discouraged as only married couples are expected to bear children in spite of the increasing number of teenage mothers (Craig 1996:219; and Ndamase 1998). The researcher's experience shows that even in modern times, parents have difficulties coping with their own teenage children becoming mothers.

Research has given little or no attention to the experiences of black teenage mothers in South Africa and yet studies in America and South Africa show that teenage pregnancy is a problem calling for effective professional intervention (Gillis 1988:12). This shows that there is a need for the exploration of this area of study.

## **1.2 AIMS**

The goals of this research were:

- 1.2.1** To explore and gain a deeper understanding of experiences and impact of teenage motherhood on black teenagers.
- 1.2.2** To explore the impact of family reactions on the teenage mother, and the role that the family has played during and after pregnancy in terms of emotional, psychological and monetary support.
- 1.2.3** To explore how peer relations have changed during and after pregnancy.

### **1.3 ANTICIPATED VALUE OF THE FINDINGS.**

The researcher hopes that, this study will suggest strategies for the role of social workers when working with teenage mothers and their families.

### **1.4 RESEARCH DESIGN AND METHODOLOGY.**

The research was carried out using qualitative research and an exploratory/descriptive design, as this method enabled the researcher to assemble a detailed description of social reality from the perspective of teenage mothers (Grinnel 1988:187).

According to Mouton and Marais (1990:204) qualitative research is based on induction, holism and subjectivism. Its strategy is inductive in that the researcher attempts to understand a situation without imposing pre-existing expectations on the setting. The qualitative design begins with a specific observation and builds towards general patterns. It also attempts to strengthen the knowledge base where a topic has not been explored.

A purposive non-probability sampling procedure was used to select black teenage mothers whose children are under a year old (Creswell 1994:148). The respondents were black, Xhosa speaking teenagers who have kept their children and are living with their extended families.

The sample comprises seven teenage mothers, which were drawn from the St Barnabas General hospital birth record register. The hospital is situated in Libode district and it serves Libode, parts of Ngqeleni and Port St Johns districts.

The researcher has utilized research questions as a guide to explore, identify and define action required. The following questions were addressed, as they address the aims of this study (see codes at the end of the English version interview schedule).

- Is the teenage mother staying with her baby?
- Who was told first when the pregnancy was discovered?
- What was that person's reaction?
- How did the teenage mother feel about the reaction?
- How has teenage motherhood impacted on the teenage mother's education?
- The experiences of being a teenage mother in the community?
- How has teenage motherhood affected the relationship with the family?
- What are the challenges associated with being a teenage mother?
- Who assists in baby care?
- Who maintains the baby?
- What are the best things about being a mother at such a young age?

### **1.5 RESEARCH TOOL.**

Teenagers were interviewed using a semi-structured interview schedule, with both open and closed ended questions as this allowed the researcher to encourage respondents to elaborate, provide incidents and clarification (Blaxter, Hughes & Tight 1996:182).

The term 'qualitative interview' is usually intended to refer to in-depth semi-structured or loosely structure forms of interviewing Burgess (in Mason 1998:38) calls this term 'conversations with a purpose'.

Qualitative interviews may add an additional dimension, or may help the researcher to approach questions from a different angle or in greater depth (Mason 1998:42).

## **1.6 BRIEF BACKGROUND OF THE ST BARNABAS HOSPITAL.**

Situated on the Eastern region of the Eastern Cape Province, St Barnabas is a general hospital, which lies between the Libode and Port St Johns districts. It is one of the hospitals in this region which serves three districts namely Libode , part of Port St Johns and Ngqeleni.

## **1.7 DEFINITION OF TERMS/CONCEPTS.**

**FAMILY** - A family is the primary agent of socialization for children, who are in the process of developing fundamental values and learning about social relationships (Light, Keller & Calhoun 1989:124).

**PEERS** - Peer group plays an important role in the adolescent's struggle to form an identity and to form deeply held adult values. They also teach one another about subjects adults consider sensitive or taboo such as sex (Durkin 1995:146).

**ADOLESCENCE** - The word 'adolescence' comes from the Latin verb 'adolecere' which means 'to grow, or to grow to maturity '. It is defined as the period of growth between childhood and adulthood (Rice 1996:3).

**TEENAGE MOTHER-HOOD** – Teenage mother-hood is when a child becomes a mother; a young woman becomes a grandmother (Light et al 1989: 126).

**PREGNANCY** - The condition of being pregnant or with a child or young gestation with reference to appearance, bigness or swollen shape. For the purpose of this study pregnancy will refer to the unwanted/unplanned teenage pregnancy (Scanzoni 1995:453).

### **1.8 LIMITATIONS OF THE RESEARCH.**

The nature of the study limits generalizability (Bless & Higson-Smith 1988:88). While the teenage mothers may not be able to distance themselves from their immediate experience, a lack of 'objectivity' is not considered problematic – the study is from their perspective (Creswell 1994:150).

Language was also found, as the barrier in this study, translation of English concepts to Xhosa became a problem the example of this was the difference between difficulties and challenges (See page 60).

### **1.9 ANALYSIS OF DATA.**

Data analysis was done by hand in the following manner:

According to (Blaxter, Hughes & Tight 1996:182) data analysis involves sorting, coding reducing or summarizing the information from its original form. The researcher began the process of analysis by organizing data into categories. Common themes, similarities and differences were sought, as the information in each category was compared (Rubin & Rubin 1995:226).

### **1.10 ETHICAL CONSIDERATIONS.**

Permission to access the record from the hospital was requested from the superintendent. Consent from the respondents to be interviewed was also requested prior to their interview. The purpose of the study was clearly explained. Respondents were also told that their condition/situation may not be changed by their co-operation and participation, however acknowledgement of their ill feelings was done during data collection, as this is regarded as sensitive. Confidentiality was ensured (Creswell 1994: 147).

## **CHAPTER 2.**

### **LITERATURE REVIEW.**

#### **BLACK TEENAGE MOTHERS AND THEIR EXPERIENCES.**

##### **2. INTRODUCTION:**

When motherhood occurs in the teenage years it is generally considered to be problematic. It has for example, been associated with poor peri-natal health hazard outcomes; child abuse parenting problems; and dependency on welfare benefits, because of financial constraints, poor education outcomes for women and their children as well as female headed families (Butter; Simms & Smith in Phoenix et al 1991:86). (Hoffman et al 1988:373) have mentioned that teenage pregnancy and birth have made more demands on public funds for the care of young teenage mothers and their children.

Teenage pregnancy and birth is accompanied by stress in family and other relationships such as parental disapproval and peer avoidance. Although some teenage mothers experience conflicts with their parents, peers, community as well as their culture, some experienced less pressure from the abovementioned. It is believed according to Phoenix et al (1991:86) that negative focus on mothers under 20 is common, because little attention is paid to the circumstances in which most teenage mothers and their children live.

The researcher believes that, despite the problems, difficulties and experiences encountered by these children/ teenage mothers, the rates/ incidents of teenage pregnancy and motherhood is still on the rise. According to Kay (1985:112) more than one million teenage girls become pregnant every year and about 30 000 pregnancies and births are unintended and unwanted, however less than seven percent of teenage mothers give up their babies for adoption or for substitute care.

## **2.1 PROBLEMS ASSOCIATED WITH TEENAGE MOTHERHOOD.**

### **2.1.1 INTRODUCTION.**

According to the research made on teenage pregnancy and birth, it has been found that there is a number of problems associated with teenage motherhood. These include health hazards; parenting problems; financial constraints; poor educational outcomes for the young mothers and their children; and female headed families.

### **2.1 .2 HEALTH HARZARDS.**

Armstrong (1993:18) states that one of the things that springs to the mind for unwilling mother is abortion. She hopes for spontaneous abortion and might plan for an induced abortion where possible. The researcher believes that teenagers, especially black teenagers from rural areas, are still not well conversant about the Termination of Pregnancy (TOP) Act and as a result they opt for backyard abortion, which sometimes result in death.

Stevens (1994:439) contends that teenage mothers and their babies are also at higher medical risk than older mothers. Young mothers are more likely to experience problems with their pregnancy such as toxemia, anemia, miscarriages, still and premature births. The fetal head is often unable to pass safely through the immature pelvis and young teenagers are likely to have complicated deliveries and caesarian sections (Mc Cluskey et al in Hoffman et al 1998:386). Compared to other babies according to Bolton (in Hoffman et al 1998:386) more babies of teenage mothers are born dead and there are more cases of premature births, low birth weight, respiratory distress syndrome and neurological defects.

Low births weight with its corresponding low apgar scores is a major cause of more serious long-term problems, such as mental retardation, cerebral palsy, epilepsy and other neurological defects (Rodriquez & Moore 1995: 699). Mussen et al (1994:375) state that teenage mothers face further hazards if they breastfeed their babies. Even though they take dietary supplements, they tend to loose large amounts of calcium and other minerals from their bones (Chan in Mussen et al 1994:376). This is because their bones are still growing and

it is difficult for teenage girls to take in sufficient additional calcium and phosphorus to meet the simultaneous demand of milk production and new bone growth.

Lundberg and Plotnick (1995:177) believe that these complications can be prevented by good prenatal care and nutrition starting early in pregnancy, although this is less true for teenage mothers of 15 and younger. Even with the provision of proper medical care the poor diet, lack of education, late confirmation of pregnancy and poor general health care of most teenagers make positive pregnancy outcomes more difficult to achieve.

The increase in sexual activity among teenagers has led to concern about young women's heightened risk of unwanted pregnancies and more recently the dangers of sexually transmitted diseases (STD's), especially the frightening and lethal disease of HIV and AIDS (Coleman 1993:21). This makes one question how many teenagers as a result of the unprotected sexual intercourse, which has resulted to pregnancy, have contracted AIDS and are now living with this disease.

### **2.1.3 PARENTING PROBLEMS.**

A pregnant teenager must deal simultaneously with two developmental tasks that are biological and psychological that ordinarily would have occurred in sequence and would have stretched over several years. Biologically she has to cope with stresses of pregnancy before she can accommodate herself fully to the demands of puberty. Psychologically she has to cope with tasks of motherhood whilst still acculturating herself to the challenges of teenagehood (Woods in Conger 1983:215 & Rogel & Peterson in Craig 1996:384). As a result teenage mothers may have difficulty in providing adequate care of their infants (Armstrong 1993:18).

This according to Mussen et al (1990:595) can be attributed to the fact that many teen mothers still need mothering themselves and are ill prepared to take on the psychological social and economic responsibilities of motherhood.

Parenting according to Morrison (in Rodriguez & Moore 1995:687) is stressful, but teenage parenting fraught with developmental issues is particularly so, often leading to a cyclical inability to cope with further stress. Psychologists, psychiatrist, social workers and concerned

citizens agree that very young mothers are not prepared to care for their children (Craig 1996:363).

Dusek (in Rodriquez et al 1995:689) state that because of the instability of their developmental stages, teenagers may be more prone than others to emotional outbursts, dramatic mood changes and acute depression therefore adding a baby in this highly charged environment, escalates the risk for child abuse. These babies are in the hands of parents who in many cases are very immature and incapable of understanding the developmental need of self, not to mention those of a baby.

Therefore teenage mothers specifically lack parenting skills when compared to older mothers, for example they communicate less with their children and are less expressive and responsive as evidenced in lower levels of play and interaction Dusek (in Rodriquez et al 1995:687).

As a result the children of teenage mothers do not develop and progress at optimal levels and they are more likely to be disadvantaged because of their higher risk of growing up in a single parent environment.

#### **2.1.4 FINANCIAL CONSTRAINTS.**

The problem for the teenage mother is that the financial burden of rearing her child eventually falls on her own shoulders. Fathers, even brothers and for some perhaps lovers may assist, but in the long term it is the mother who finally become responsible (Lefaucheur 1988:12).

The very young and unskilled lone unmarried mothers are more likely to belong to under-privileged categories of the population. They are the ones social workers have mainly to deal with, and who appear to them to be 'disturbed' people (Lefaucheur 1988:12).

A single parent household depends entirely on one person for its economic maintenance, and taking into account rising costs of living and inflation, single parents frequently experience a loss (Snyman & Le Roux 1993:87). Poverty and single parenthood are two of the strongest predictors of children's anti-social behavior. It is the researcher's opinion that poor children and children of single parents have a high risk of externalizing problems, like conduct disorder and hyperactivity.

Acres( 1995:22) contend that the economic impact of teenage pregnancy and birth is not direct; rather it seems to trigger a chain of events that continue to undermine economic well being. One critical factor is the reduction in educational attainment followed by higher subsequent child bearing, lower income and marital instability.

### **2.1.5 POOR EDUCATIONAL OUTCOMES FOR THE YOUNG MOTHERS AND THEIR CHILDREN.**

According to Hoffman et al (1998:388) one crucial factor of teenage motherhood is the reduction on educational attainment followed by higher subsequent child bearing. According to Coleman (1993:7) a teenager who has experienced an early pregnancy is at much greater risk of not completing her high school education or not going on to higher education, than a teenager who does not experience pregnancy.

Some researchers such as Acres (1995:22) believe that, women with less schooling obtain jobs of lower wages, and earn less income annually. Therefore an early pregnancy and birth can be said to indirectly reduce occupational status and earnings through its effects on schooling opportunities.

It was interesting for the researcher to learn that even in our days some schools do expel a pregnant teenager from school. (Mhlanti 1999) claimed that this is being done presently to protect young children at school and again to avoid children giving birth at school, as the staff are teachers not midwives. The lack of marketable skills makes the teenage mother more likely to be either unemployed or employed in low paying, low skilled work that provides few, if any, benefits and opportunities. Often because she is working for low wages with an infant to support, the teenage mother must turn to public assistance. In most cases children born to teenage mothers pay a penalty in both cognitive and social development ( Hoffman et al 1988:89). Children of teenage mothers tend to score lower on school achievement tests and on IQ tests than children of older mothers.

According to Gillis (1988:15) by the time they are in high school, they are much more likely than other youngsters to have repeated a grade. Among the children of black teenage mother, 53 percent in one study had repeated a grade, but among children of older black mothers 19 percent repeated a grade (Furnsternburg et al in Hoffman 1988:389).

Socially, children of teenagers are also at a disadvantage. In elementary school they tend to be more active, impulsive easily frustrated and hyperactive than children of older mother (Mussen et al 1990:598). Boys seem especially affected, as they tend to be more aggressive and willful than other boys. When they reach high school, children of teenage mothers have trouble at school as they are often suspended, expelled or subjected to other disciplinary actions (Brooks-Gunn & Furnsternburg in Hoffman 1988:389).

Some know that pregnancy will not necessarily mean the end of their hopes of education and a professional career. In addition, a premarital child is no bar to future marriage, many women marry only after the birth of at least one child and there is some truth in the claim that men approve evidence that women are fertile (Lefauchuer 1988: 10).

As mentioned in the introduction of this chapter, literature has shown that as a results of low education and high rates of teenage motherhood spending of public funds for the care of young teenage mothers and their children have increased with one half of teen mothers going on welfare within a year, and 77% within five years. In 1989 the national public cost of all families started by a teen birth was \$21.6 billion (Rodriquez & Moore 1995:686). At that time, the annual cost of providing first year welfare services in the form of AID to families with dependant children (AFDC) medical aid, food stamps to a low income mother and her child was \$9.200 (Rodriquez & Moore 1995:686).

Paradoxically, according to (David in Rodriquez & Moore 1995: 685) the annual cost of family planning services under TITLE XIX for a sexually active teenager was only \$64 (System report MI in Rodriquez & Moore 1995: 685). The spiraling costs continue to climb. For example according to the same report, in one state the average monthly cost for (AFDC) rose to \$25,5 million in 1992. Therefore (Rodriquez & Moore 1995:286) believe that, from any view a too early teenage pregnancy is costly to both the person involved and the society.

The South African situation can be equivalent to the above, looking at high rates estimated to 40% at which black teenage mothers are applying for child support grant at welfare offices since it started in 1996.

#### **2.1.6 FEMALE HEADED FAMILIES.**

Marriage, although still valued by most people, is not the only arbiter of birth, women can and many do rear children without husbands. Teenage girls have joined the stream (Houser, Daniels & Michael 1993:19).

This according to Brent (1989:499) has led to single parent family becoming such a general phenomenon worldwide, which will soon be regarded as a particular type of family in South Africa too, one with particular needs for which society will have to provide the necessary services. Houser et al (1993: 18) argue that, teenage young women who have been raised by a single parent are more likely to have non-marital sexual intercourse than young women from intact families/marriage.

Another research conducted by Greathead (1988:23) shows that, unmarried mothers are by far the fastest growing group of one-parent families in Britain. In 1991 their numbers overtook the number of divorced mothers for the first time. Though no equivalent data is available in South Africa there is no reason to doubt that a similar situation would pertain here.

Some researchers such as (Asmussen et al in Houser et al 1993:18) have reported that adolescents from single parent families have a higher likelihood of using drugs and engaging in sexual behaviors. Some like Moore (in Hoffman et al 1988:387) have attributed the incidents of birth among unmarried girls to social changes. Many black women have become less likely to marry the fathers of their children, while Phoenix et al (1991:19) believe that social trends have played some part in teenage pregnancies and birth.

As teenage pregnancies and birth have become more common and single mother models have appeared among celebrities and career women, the stigma that was once attached to out of wedlock pregnancies has nearly vanished. There is evidence that teenage mothers have difficulty in providing adequate care for their infants (Armstrong 1992:18).

According to Mussen et al (1990:595) this can be attributed to the fact that many teen mothers still need mothering themselves and are ill prepared to take on the psychological, social and economic responsibilities of motherhood.

Parenting according to Morrison (in Rodriguez & Moore 1995:687) is stressful, but teenage parenting fraught with developmental issues and particularly so often leading to a cyclical inability to cope with further stress. This has been confirmed by Craig (1980:363) that, psychologists, psychiatrists, social workers and concerned citizens agree that very young mothers are not prepared to care for their children.

Therefore, according to research teenage mothers specifically lack parenting skills when compared to older mothers.

## **2.2 TEENAGE MOTHERHOOD, THEIR PARENTS, PEERS THE COMMUNITY AND CULTURE.**

### **2.2.1 INTRODUCTION.**

Research has shown that, parents or families; peers; the community; and the culture have an impact on teenage motherhood. The section that follows is going to discuss this.

### **2.2.2 PARENTS.**

Acres (1995:21) believes that child birth in the teenager does not only invariably put an end to her education, but also causes a disruption in her relationships with family and friends. According to Craig (1996: 384) very often teenagers who become pregnant encounter strong disapproval at home, or, they may be in conflict with their home environment to begin with.

The researcher believe that once the teenager becomes pregnant, parents become devastated, as they believe that everything that they have invested in that child for example education, the future, love and trust has been destroyed. This is collaborated by Preston-Whyte (1993:65) when he says that, although the African society has a strong positive value attached to fertility, the same is the opposite with young girls, as parents of unmarried teenager are invariably at first angry and disappointed, but with time, most accommodate the situation, and the child is accepted as a member of the family.

There is evidence that the disclosure of pregnancy may initially lead to further conflicts over autonomy, particularly when there is disagreement over whether to continue or terminate the pregnancy (Jacobs 1994:455). In his argument he mentions the fact that teen mothers, in his study, reported their experience of parental pressure to have an abortion. This may put a lot of pressure on a young and confused girl as indicated by Armstrong (1993:18) that one of the first things that springs to the mind of the unwilling young mother is abortion. She hopes for a spontaneous abortion and might plan for an induced abortion where possible. Stevens (1994: 439) state that with the growth in teenage motherhood among poor black families intergenerational conflicts are becoming increasingly frequent as many mothers still in their childbearing years are caring both for their own children and for the children of their daughters and are in fact 'grandmothers' already. In some cases as Greathead (1988: 26) has pointed out that if the teenage mother and the child chooses to live with her parents, which in many cases become apparent this usually cause problems as these parents, who have completed their family and whose children are older and enjoying more independence will find it a tremendous burden having to literally start all over again. Teenage pregnancy and motherhood in the family may therefore further add to difficulties and conflict that occur between teenagers and their parents.

On the other hand Jacobs (1994:454) states that in his study, teenage mothers spoke of improve relationships with their mothers who treated them less like children and more like adult after birth of their children.

### **2.2.3 PEERS.**

Koegh (1988:30) believes that due to peer group pressure, adolescents may have the idea that being sexually inactive may be abnormal, and may therefore become sexually active, or have a baby merely to be accepted by their peers. It is really the force of peer pressure that leads girls towards pregnancy. Boys and even more so, older men expect and demand full intercourse as part of normal 'love' relationship between man and woman. They threaten to leave girls who refuse them for other women, and few girls can withstand such pressure for long (Prisma 1987: 2). Because of this, from the point of view of teenage girls, there is little real pressure to avoid pregnancy.

Some teenagers have reported to lose their friendship with their peers due to their pregnancy and motherhood, and yet according to Greadhead (1988:20) teenagers need to realize that after the birth of the baby, they will be unable to maintain the same social life as before. This according to Acres (1985: 23) will be so as teenage mother's time will be taken up by baby care. Her friends will change, as their lifestyle will differ substantially. Both Acres (1995:24) and Greadhead (1988:26) state that many teenage mothers see their friends as having fun and enjoying life without the added responsibility of a child. Resentment, jealousy and feeling of having "lost out" often become apparent and are adversely projected onto the children.

Some teenage mothers complain that their friend's parents prevent their children from associating with them for fear of the latter exerting a bad influence. According to Stevens (1994:434), this is a very hurtful experience for the teenager, especially if the friendship is special to her. This can also retard her acceptance back into society.

The research has also shown that the desire for autonomy as represented by a desire to separate from parents is in some cases manifested in the teen mother's changing their attitude toward their relationship to the children's fathers. Although this relationship originally provided an alternative source of attachment, pregnancy and child bearing more often than not changed the nature of sexual and emotional intimacy between the young mother and the father, as the responsibility of pregnancy and child rearing fell primarily to the teenaged girl (Jacobs 1994:456).

Some respondents expressed disillusionment with male intimacy and a realization that they could not depend on male partners to take care of them or their children. For other respondents as Jacobs (1994:456) has mentioned, remained involved with the baby's father throughout pregnancy and the first year of the child's life, the conflicting needs of autonomy and attachment are often expressed as ambivalence over the future of the relationship.

Other problems associated with the continuity of the relationship between the teenage mother and father are, if the boy chooses to stay or marry the girl, he may also end up having limited education and career opportunities resulting in financial problems, thus he may find it difficult to cope with the demands of parenthood. Or the girls' family may also be angry with

him thus ignoring him. This might lead to the development of feelings of isolation and/or possible psychiatric problems (Koegh 1988:30).

In some research that has been conducted teenage mothers, when asked as to who is to support the child, many respond by saying that their parents or boyfriends will support them. This has proved to have negative effects, as support from the boyfriend seldom materializes and many mothers end up trying to obtain maintenance through the court. Even after a verdict in favor of a mother and the child, payment of maintenance is not guaranteed (Greathead 1988:26). The researcher believes that both the young mother and father should share equally in the responsibility of the child's needs.

#### **2.2.4 COMMUNITY REACTION AND CULTURAL IMPACT ON TEENAGE MOTHERS.**

It has also been identified that culture has an impact on teenage pregnancy and motherhood. According to Preston-Whyte (1993:65) there is, in the African society a strong positive value attached to fertility, and the fact that the woman is single does not mean that she will necessarily avoid pregnancy. But according to the African black culture for children this is substantially different, and it is discouraged at all costs.

Childlessness is regarded as a lasting sorrow, which is seen also as having a tragic result of leaving the individual without both emotional and financial support in their old age (Prisma 1987:2). Boys and men in turn, are responding to the expectation that they should be virile and his peers openly approve of indeed the man who has many girlfriends and has fathered a number of children. The crux of the matter is to, provide concrete evidence of virility and potency in men and of fertility in women.

The researcher's work experience is that, some young women become pregnant deliberately to catch a boyfriend. Most girls believe that stability of a relationship depends to the product, in this case a child. This was confirmed in a pilot study conducted prior to this study by the researcher at a local high school named Bhekizulu. More often than not, this backfires. Thus, the whole question and its possible solutions must depend on the willingness of the man to marry. Some men do marry, as marriage is part of the custom and at a later

stage feel resentful towards the wife and the child at having been forced to the altar. The boyfriend's own dreams of a career and a good life cannot be ignored, as many of these are punctured too. Some adult believe that it is bad enough for one life to be ruined, why must it be two? (Greathead 1988:26).

Research has revealed that, people are increasingly judged in terms of educational achievements, professional status, wealth and the respect accorded to community and religious leaders, both men and women as they grow older, are expected to have children (Preston-Whyte 1993:66).

Although, the prevalence of teenage pregnancy and motherhood has today bred a certain pragmatic acceptance of the situation, the researcher believes that, in black culture teenage motherhood is still discourage, as it has been evident that a lot of teenage mothers in rural areas is still inevitable, and they are often ridiculed, chased out of schools and even severely punished by their parents.

### **2.3 NEGATIVE FOCUSES ON TEENAGE MOTHERS.**

As (Phoenix et al 1991:87) has indicated that negative focus on teenage mothers has been identified, as a consequence any problems they experience are attributed to age rather than structural factors, such as their unemployment, histories and prospects. The attribution of the problem of young motherhood to youthfulness according to Phoenix et al (1991:86) serves to individualized it, and as a result any difficulties seem to be young women's own fault.

It has also been identified that there is labeling and stigmatization that occur to young mothers. According to Macy and Falkner (1986:18) before a girl become pregnant for the first time a girl is a girl, but after the birth she is said to be a girl with a child. Phoenix et al (1991:87) state that people who are not themselves, young mothers but rather are 'outsiders' perspective produce this negative focus. In the case of issues like early mother hood which are constructed as social problems, outsiders perspectives constitute the dominant social construct and are more likely to be explored and taken seriously than the accounts produced by mothers under twenty themselves (Seidman & Rappaport in Phoenix et al 1991:87).

Mothers under twenty are reported to have high rates of accidental rather than 'planned pregnancies' (Morrison et al 1991:87). Yet teenage women report that they become pregnant for a variety of reasons, just as older women do (Oakley in Phoenix et al 1991:88). A few according to Mussen (1990:598) state that they do not use contraceptives because they are trying to have babies and others indicate that they do not mind getting pregnant.

It is therefore not satisfactory to categorize women who become pregnant in their teenage years as doing so for irresponsible reasons to do with instrumentality, ignorance or to socially construct them as becoming pregnant for clearly different reasons from mothers who are over twenty (Morrison & Oakley in Phoenix 1991:88).

#### **2.4 RATES/INCIDENTS OF TEENAGE PREGNANCY AND MOTHERHOOD.**

The acceptance of the situation of teenage motherhood by some families and some cultures, and the removal of the sting out of the birth, goes some way to explain the high rates of early pregnancy, which is of grave concern to both African parents and community leaders. As teenage pregnancies and births are little more in numbers, but they are more visible, better known, less concealed and less well tolerated by families, social workers have been struck, since the early seventies by the lowering of their age and by the increase in the problems they pose. The unmarried mother appears more and more to them as an emotionally and socially disturbed teenager (Lefaucheur 1988:87).

Although teenage pregnancy and motherhood is still regarded as a problem, numerous studies conducted revealed that, the rate in teenage pregnancy and birth is still high, as teenagers are not using birth controls. The researcher is very much aware that not all teenage pregnancy result in child birth, and according to research, very few teenagers give up their children for adoption or alternative care, thus a number keep their children.

Again literature has shown that there are a variety of reasons why teenagers fall pregnant. Hoffman et al (1988:386) claim that most teenagers who become pregnant do not do so intentionally, instead, they seem to have no motivation to avoid it.

Changes in the black family also have affected the incidence of births to unmarried girls. Many black teenage mothers are the daughters of mothers who were teenage mothers.

However, black women have become less likely to marry the father of their children (Moore in Hoffman et al 1988:387). By 1982, 56,7 percent of all black babies were born to unmarried mothers up to 37,6 percent in 1970 (US Bureau of the Census 1986 in Hoffman 1988:387). Social trends play a part in teenage pregnancies and birth, as teenage pregnancies have become more common and single mother role models have appeared among celebrities and career woman. The stigma that was once attached to out-of- wedlock pregnancies has nearly vanished (Phoenix et al 1991:19). It is the researcher's belief that the above statement does not apply to all areas, there are still areas where teenage pregnancy is still a taboo.

Some women see and experience the nine months of pregnancy, as nine months of deviation from the norm. For them, before she becomes pregnant for the first time, a woman is a woman and a girl is a girl, after birth the girl becomes a girl who has had a baby, normality has been restored and with it a little extra (Macy & Falkner 1986:18). But Mussen (1990:594) in keeping with many other studies, claim that teenagers do not use contraceptives as they think they cannot become pregnant only because of the time of the month, age or infrequently of intercourse, or that contraceptives were not available when they needed them. Some avoid using contraception because they fear that it spoils the spontaneity of the relationship or because they think it would indicate that they expect to have intercourse (Chandy et al 1994:695).

Psychological studies have shown that teenagers, who do not use contraceptives, are also inclined to take risks and cope with anxiety by attempting to deny dangers rather than face up to them (Mussen et al 1990:598). There are few according to Mussen et al (1990:598) who stated that they do not use contraceptives because they are trying to have babies and others indicated that, they do not mind getting pregnant.

When the researcher was conducting a pilot study with ten Bhekizulu high school students to find out why they did not use contraceptives if they were not, their responses varied from the fact that they wanted to check if they could bear children, to some claiming that having a baby concretizes the relationship, the boyfriend is made to focus on the mothers of his baby

only, and yet some studies such as Jacobs (1994:457) states that one third of the teenagers reported that the fathers abandoned them once the pregnancy was confirmed, often denied paternity and engaged in new relationships.

Teenage pregnancy and births have become far more visible in our communities. In the 'good old days' of shotgun weddings and until recently when it became illegal to expel a pregnant student from school, pregnancies and teenage sexuality in general were easier to ignore (Forrest 1986:103; Neilsen 1991:23). Stevens (1994:438) believe that there are great similarities between impoverished black and white female pregnant teenagers. Both sub-populations, she contends, deem pregnancy and motherhood as a rite of passage to adulthood. Moreover she argues that motherhood for the pregnant teenager signifies adult responsibilities.

Most teenagers believe that contraceptives are dangerous, therefore fear harmful physical consequences Mc Arney & Simon (1994:569) and Gerrard (1981:337) state that other reasons for none use include sex guilt, insufficient education about sex, religious beliefs parent's expectations, peer group and cultural pressures- to quote one respondent from the pilot study "I am not treated as a child anymore".

Finally, according to Jacobs (1994:443) some studies, which provide diverse explanations for the rise of early motherhood among teenage women, attributed this phenomenon to family structure, limited economic opportunities, and the cultural values of ethnically diverse communities.

## **2.5 BRIEF HISTORY OF THE TRENDS.**

### **2.5.1 INTRODUCTION.**

Although research seemed to have given little or no attention to the experiences of black teenage mothers in South Africa, studies both in America and South Africa show that teenage pregnancy is still increasing. The literature hereunder will clearly show the incidents of such pregnancies and births.

### 2.5.2 INTERNATIONAL.

Since the 1970's, there has been a growing international awareness of the phenomenon of teenage pregnancy. In the United States, each year over 13 million, 13 to 19 year olds get pregnant (Tietzel in Craig 1989:351). With the number of births among young people growing at an annual rate of 16 percent, teenagers are responsible for one of every five deliveries (Lundberg & Plotnick 1995:179).

In spite of the fact that the use of condoms more than doubled during the 1980's, as of 1990, one third of sexually active teenagers were still practicing unprotected sex and 60 percent of their pregnancies were unplanned (Rodriquez & Moore 1995:685). This sad social commentary according to Rodriquez and Moore (1995:685) was evidenced by a record of 1.16 million babies born to unmarried mothers in 1990 most of who were teenagers. Literature has shown the significant increase of 62% in the birth rate of black unmarried teenagers aged 15-17 from 1970-1982. This dramatic increase has occurred while teenagers of other ethnic and racial groups have experienced a decline in out of wedlock births (Mc Arney 1994:569).

The increase among black teenagers has been most dramatic among 15-17 year olds whose unmarried birthrate of 72% is twice that of all white women (Lundberg & Plotnick 1995:179). Racial differences in teenage fertility and marriage behavior are substantial. In 1990 the birth rate for unmarried white teenagers was 29.5 per 100 of unmarried woman (Lundberg & Plotnick 1995:180). For black teens it was 110.1 or 3.7 times the white rate. The proportion of births to teenagers that were out-of-wedlock in 1990 according to Lundberg and Plotnick (1995:180) was 91% for blacks and 56% for white.

### 2.5.3 THE CASE OF THE REPUBLIC OF SOUTH AFRICA.

Teenage pregnancy, according to Kakaza and Zito (1991:11) is a major social problem in South Africa. The social consequences of pre-maturely constituted families are costly in both human and monetary terms. Incidents of pregnancy according to Greathead (1988:118)

are that every year four out of ten South African teenagers become pregnant, out of these, 5000 are under the age of 16 years.

Indications by Roderiquez and Moore (1995:686) are that, in South Africa the numbers of teenage pregnancies increases yearly. The Eastern Cape Province has the third highest teenage birth rate in South Africa after the Northern Province and KwaZulu Natal.

Recent reports appear to indicate an increase in teenage pregnancy in the Transkei (Kakaza & Zito 1991:14). This study was designed to assess the current status of teenage pregnancies in terms of prevalence, clinic attendance and obstetric at Umtata General Hospital hereafter referred to as UGH. The findings were that, with the total of 6.074 deliveries over the period of February to March 1996 teenagers accounted for 22.6 percent (U=1.376) of all deliveries. Mothers 16 years and below accounted for 3.9 percent (N=235).

A study conducted by a Wits University student Dan (1994:28) indicate that teenage reproduction tends to be frequent for the northern part of the former Transkei, with significant increase of child bearing among teenagers. About half, meaning  $\pm$  50 percent of 2500 girls under 16 years have begun child bearing. Another example of these incidents, show that 396 teenagers deliveries were reported in two months in 1996 by the Port Elizabeth Municipality Health Department birth statistics. A similar pattern was reported for the Umtata and Libode districts (Mzimba 1998).

### **CONCLUSION**

Teenage pregnancy and birth had become an issue of grave concern for policy makers, educators clinicians and parents as well as for teens themselves (Christopher & Roosa in Roderiquez & Moore 1995:685). Jacobs (1994:443) mentioned that some studies, which provide diverse explanations for the rise of early motherhood among teenage women, attributed this phenomenon to family structure, limited economic opportunities and cultural values of ethnically diverse communities.

The physical, economic and social hazards that face young mothers and their babies according to Gerrard (1987:339) have aroused the concern of many researchers. These hazards have led these young women to find themselves trapped in economic insecurity without the skills that enable them to obtain employment and burdened with the emotional and economic responsibilities of caring for an infant (Times in Joseph et al 1994:142).

A first birth to a teenager according to Acres (1985:22) precipitates dropping out of school, for reasons other than pregnancy, is nevertheless followed by pregnancy and birth. Low educational qualifications often result in low or no income at all.

Even if the teenage mother does marry, she runs a greater risk of divorce. She is also likely to have more pregnancies than the average woman, because she has begun her family earlier in her childbearing years than the average mother (Koegh 1988:31). Undisputable, unplanned teenage pregnancies have myriad family and social consequences, but answers to questions surrounding this phenomenon are far less obvious (Mussen et al 1990:596).

The researcher believes that emotional support can alleviate stress, providing practical assistance by informing the mother about children's capabilities and enhancing the mother's self esteem can be essential. This is collaborated by (Elster et al in Hoffman et al 1988:389). The research has also indicated that, too often the teenage father is ignored in the decision-making and he is just made to face the blame for the pregnancy attributed to him by the mother's angry parents. His feelings are seldom considered, nor are his wishes consulted, though he is a responsible party. All too often he himself is so confused, that he expresses the desire to do as the mother decides without actually thinking about the matter.

The additional adult may act as a buffer against negative events, provide social and emotional support for the mother and provide direct support to the child (Gillis 1988:12). (Amaro et al in Simon & Mc Anamey 1994:569) believe that teenagers can be good mothers but socio-economic stress and lack of social support often prevent them from giving their babies a reasonable start in life.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY.**

#### **3. INTRODUCTION.**

As it has been mentioned in chapter one of this study, that qualitative research and an exploratory/ descriptive design will be used. This is done because of its advantages over other designs. This chapter will therefore, look and expand on the advantages as well as its minor disadvantages. A proper sampling procedure will be chosen and explained, to demonstrate the importance of representativeness of a case under study. Method on how data will be collected will also be outlined, looking at qualitative interview and its advantages and why the researcher has chosen it over others.

Reliability and validity of this research will be checked and some issues related to them will be outlined. Ethics as one of the most important issue in research will be considered, and the manner in which the researcher conducts herself during research process will also be the part of this chapter. Finally the researcher will look at how the collected information will be analyzed and presented.

#### **3.1 RESEARCH DESIGN**

The research was carried out using qualitative research method and an exploratory/descriptive design. Hakim (1997:26) states that qualitative research is concerned with the individual's own accounts of their attitudes, motivations and behavior, and has the following qualities:

- (a) It can be extremely valuable for identifying patterns of associations between factors on the ground as compared with abstract correlations obtained from the analysis of large scales, surveys and aggregate data.
- (b) It offers substantively different and complementary information on the way attitudes and experience coheres in meaningful patterns and perspectives.

- (c) It may be used for preliminary exploratory work before mounting a larger scale or more complex study and;
- (d) Can be used in the development of theory.

Although the main weakness of the qualitative research is that small numbers of respondents cannot be taken as representative even if great care is taken to choose a fair cross section of the type of people who are the subject of the study (Hakim 1997:29). But Babbie (1998:90) claims that much of social research is conducted to explore a topic, or to provide a beginning familiarity with that topic and therefore typical to examine a new interest or when the subject of study itself is relatively new.

The three purposes of an exploratory design according to Babbie (1998:90) are;

- (a) To satisfy the researcher's curiosity and desire for better understanding of the phenomena under study.
- (b) To test the feasibility of undertaking a more extensive study.
- (c) To develop the methods to be employed in any subsequent study.

This study also suggested strategies of the role of social worker when working with teenage mothers and their families. Descriptive research provides detailed descriptions of the setting being investigated, therefore knowledge gathered through this study will help social workers and researchers to gain a deeper understanding of experiences and impact of teenage motherhood on black teenagers (Babbie 1998:91).

In summary a qualitative exploratory/descriptive design will enable the researcher to identify patterns of associations between factors on the ground, explore and describe the experiences and impact of black teenage mothers, the role that the family has played during and after pregnancy, as well as their peer relations.

Qualitative research provides a great many opportunities to talk with people. An interview is a purposeful conversation usually between two people (but sometimes involving more) that is

directed by one in order to get information. The major purpose of an in-depth interview is to learn to see the world from the eyes of the person being interviewed (Lee 1993:58).

According to Ely, Friedman and Steenmetz (1999:58) in striving to come closer to understanding people's meanings, the interviewer learns from them as informants and seeks to discover how they organize their behavior. In this approach the researcher asks those who studied to become the teachers and to instruct him/her in the ways of life they find meaningful Spradley (in Ely et al 1999:60).

### **3.2 SAMPLING PROCEDURES**

The sample comprised of seven teenage mothers, which were drawn from the St Barnabas general hospital birth record register. The hospital is situated in the Libode district and it serves Libode, parts of Ngqeleni and Port St Johns districts.

The sampling strategy is broadly intended to facilitate a process whereby generate and test theory from the analysis of their data (sometimes called inductive reasoning), rather than using data to test or falsify a pre-existing theory (Ely et al 1999:65).

In this latter model, sampling decisions are generally taken prior to the generation and subsequent analysis of data, which are seen as independent stages in the research process.

Using a purposive non-probability sampling procedure, Creswell (1994:148) seven black teenage mothers whose children are under a year old, Xhosa speaking and are living with their extended families were selected. According to Babbie (1998:195) purposive sampling is used on the basis of the researcher's own knowledge of the population. The elements and the nature of the researcher's aim, direct the choice.

With purposive sampling, although the researcher likely to want to make some early decisions about sampling, he/she is also likely to want to review these at certain stages. Therefore, in purposive sampling, the process of sampling, data generation and data analysis are viewed more interactively. This means that a qualitative researcher must work out not only when to start making sampling decisions, but also when to stop (Mason 1998:42).

The researcher has been and is still working as a social worker at the Libode district for the past seven years, and therefore knows the population quite well.

Rubin and Babbie (1997:229) state that, one can use personnel in the facilities to utilize their judgement in hand picking the cases that represent the segment suitable for a study. The researcher visited the St Barnabas hospital with the intention of assessing the possibility of accessing the birth records.

She met with the chief matron of the hospital and in the process of conversation the matron made mention of the fact that, there was a need to assist the researcher in selecting teenage mothers from a register. The reason for this being that they were the people who knew these teenage mother's physical addresses, those who stayed with their extended families, and those who had kept their babies, as they usually did the follow up services to all mothers gave birth for the first time. The assistance was verbally negotiated and finalized.

Fifteen teenage mothers were hand picked from the register, names were written on small pieces of paper, then the papers were folded and put in a box, then shook and thereafter seven papers and thus seven teenage mothers were hand selected from the box. Those selected were used as respondents in this study.

### **3.3 METHODS OF DATA COLLECTION.**

Teenagers were interviewed using a semi-structured interview schedule, with both open and closed ended questions, as this would not only allow the researcher to encourage respondents to elaborate, but provide incidents and clarifications or allow for filling in missing information necessary to understand the responses (Baxter, Hughes & Tight 1996:182). This method is primarily related to naturalness and spontaneity, flexibility and much control of the environment (Gochros 1981:225).

Generally, according to Lee (1993:101) these types of interviews are characterized by;

- (a) A relatively informal style, for example with the appearance of a conversation or discussion rather than a formal question and answer format.
- (b) A thematic, topic centered, biographical or narrative approach, for example where the researcher does not usually have a range of topics, themes or issues, which he/she wishes to cover.

- (c) The assumption that data are generated via the interaction itself, are the data sources.

A well-structured qualitative interview with carefully designed main questions, probes and follow-up questions has the following strengths;

- (a) Main questions encourage interviewees to express their own opinions and experiences.
- (b) Probes help specify the level of depth the interview wants, gives a sign to your respondent that you want longer and more detailed answer, specific examples or evidence.
- (c) It encourages the speaker to keep elaborating.
- (d) Encourages the respondent to finalize the answer currently being given.
- (e) Allows for get depth that is a hallmark of qualitative interviewing by pursuing themes that are discovered, elaborating the context of answers and exploring the implications of what has been said, through follow up questions (Rubin & Rubin 1995:146,148,150).

Semi-structured interviews offer a versatile way of collecting data, which means; even teenage mothers who are illiterate are catered for (Huysamen 1994:145).

The researcher could have chosen a questionnaire over interview, as it has the advantage of large coverage of the population, could be more cost effective, while generalizability is not limited, unlike in the interview (Bless & Higson-Smith 1995:111), but the interview has the strength of validity, and in data obtained, individuals are interviewed in sufficient detail for the results are taken as true, correct and complete (Rubin & Rubin 1995:140).

There are, however problems and limitations in any method, which depends on respondent's, self reports. Interviews can cause teenage mothers to refrain from expressing their real opinions on their true feelings because;

- (a) They do not know the answer and therefore can deliberately lie.
- (b) They are not able to admit socially undesirable feelings, attitudes, or trait even to themselves.
- (c) They misunderstand or misinterpret the question, therefore might give inaccurate answers.
- (d) They are unable to remember, despite their best efforts or may even blend truth with fiction to cover up their memory gaps (Gochos 1981:257).

But it has been indicated in the first chapter of this study, that lack of 'objectivity' is not considered problematic as the study is from their perspective (Creswell 1994:150).

In summary, a well-designed interview creates scaffolding for the interview, keeps the questioning on the topic and links what is asked in individual interviews to the overall design. It clarifies and completes the answers, making them intelligible and signals the interviewees about the expected level of depth, and it shows the interviewee that the interviewer is interested in the answers.

### **3.4 RELIABILITY**

In the abstract, reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time (Babbie 1998:129)

The researcher's knowledge of the culture, and language (that is Xhosa) her skills in gathering information and her experience in working with the youth helps to ensure that reliable information is obtained.

### **3.5 VALIDITY**

Validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie 1998:133).

There are many ways in which interviewers can affect validity of the responses they receive (Lee 1993:100). In relation to sensitive topics, interview effects of two kinds are have been thought to be important. Lee (1993:101) claims that first of all, it has long been suspected that social characteristics of the interviewers themselves might have a biasing effect on results.

A second source of bias has been sought in the expectations interviewers have about interview itself. The researcher has made use of professional judgment on the items under investigation and validity has been checked.

After the completion of the designing of the interview schedule, a black teenage mother was interviewed to assess if the questions to be asked in this study were answerable.

The researcher also undertook a pilot study of five black teenage mothers, which gave similar results to the main study.

### **3.6 ETHICAL CONSIDERATIONS**

Permission to access the records from the hospital was requested from the hospital superintendent, consent from the respondents to be interviewed was also requested prior to the interview. The purpose of the study was clearly explained.

Respondents were also told that their condition/situation may not be changed by their co-operation and participation, however referrals would be made when the need arose during data collection, as this is a sensitive topic. Confidentiality was ensured (Creswell 1994:147-148).

### **3.7 THE INTERVIEW AND THE RESEARCHER**

In the rural areas, the culture, beliefs and ethics of rural communities are expected to be respected. For the researcher to be accepted she dressed in a manner that suited that rural setting, and spoke the community language, namely Xhosa or Nguni language.

It is typical for the researcher to experience a slew of unanticipated, perhaps chaotic or disorganizing emotions during the course of the research (Ely et al 1997:109). According

to (Hughes in Ely et al 1997:109) feelings of self-doubt and uncertainty by several qualitative researchers have been documented.

The ability to embrace disturbed respondents with a sense of humor and presence of mind helped the researcher get through this moment relatively unscathed. It will also provide some of the more interesting anecdotes with which the researcher will undoubtedly amuse colleagues and friends (Van Maanen in Ely et al 1999:110). Therefore, one might be prepared intellectually.

The researcher agrees with Babbie (1998:265) when stating that, the manner in which the interviewer presents herself and dresses will have a bearing on the success or failure of the interview. The interviewer was therefore aware of the traditional structure and culture and respected this throughout the interview.

### **3.8 DATA ANALYSIS**

The purpose of data analysis is to organize the interviews, to present a narrative that explains what happens or provide a description of the norms and values that underlie cultural behavior (Rubin & Rubin 1995:229). While Ely et al (1999:111) believe that, to analyze is to find some ways to tease out what we consider to be essential meaning in the raw data, to reduce, organize and combine so that the readers share the researcher's findings in the most economical and interesting fashion. Therefore the researcher, like Ely et al (1999:111). believes that, the product of analysis is a creation that speaks to the heart of what was learned. This means therefore that, considerable organization of the data received from the respondents, is necessary before any meaningful analysis of the data can be carried out.

Analysis was done by hand through coding which refers to the grouping of responses of interviewees into categories that bring together similar ideas, concepts, or themes that are discovered, or steps or stages in the process (Babbie 1998:362). This was done by re-assembling the information into themes and arguments, then examining and comparing everything that has been put in the same category, and thereafter comparing across categories (Rubin & Rubin 1995:230).

After doing this entire grouping, the researcher worked on figuring out the theoretical or policy implications of the data, what broader questions could be answer, and what insights could be provide (Rubin & Rubin 1995:230).

Many researchers use qualitative data because they believe them to be richer, more insightful, and more flexible than quantitative data. They believe that meaning of an event is more likely to be caught in the qualitative net than on the quantitative hook US General Accounting Office (in Ely 1999:155). But others however, do include numbers, as an example of this Trina (in Ely et al 1999:155) in her study of four Kindergartners on children's play style, judged it informative to include a rather complex table that presented numerical results about each style category as observed overtime. She presented frequency counts in catogories, as well as consistencies over observations and contexts.

Similarly, in this study the researcher has seen a need to include numerical results in one of the tables that is table one, to compare the ages of teenage mothers and fathers. Lastly caution was taken to avoid interviewee's word choices becoming the researcher's paraphrases, as the researcher was taking notes by hand (Babbie 1998:365).

### **3.9 LIMITATIONS OF THE STUDY.**

According to Mason (1998:158) generalization is not easy to achieve in qualitative research or indeed in any research. It requires that one think carefully, and act strategically, throughout the whole research process, not just at the end when you are 'writing up'. One also needs to be aware of what kinds of explanations he/she is attempting to construct.

This means knowing what the researcher's explanation is doing (for example, comparing, developing and tracking) and knowing what is its relationship to the production of theory.

Other researchers such as Hammerley (in Lee 1998:160), which the researcher agrees with, believe that all qualitative research should be relevant to some legitimate public concern.

Hammersley (in Lee 1998:160) argues that at the very least if you are to use your research effectively, you will need to ensure that;

- (a) You do try to make some forms of generalization.
- (b) You do not make inappropriate or false generalizations.

- (c) Your generalizations are framed in such a way that they feed into wider sets of issues or questions, or help to initiate debate about issues and questions, which you see as 'Legitimate public concerns'.

### **CONCLUSIONS.**

In conclusion, qualitative research is one of the most effective tools in research field. When using a qualitative interview, researchers must learn when to speak during an interview in order to let the interviewee talk further. According to Ely et al (1999:60) this is more difficult when what is said strikes a chord, a chord we wish to share because we have been there and because the researcher sometimes develop warm ties with the people they are studying.

The measure of a successful interview, for example rests on the knowledge, sensitivity and skills of the qualitative researcher. It is that person's skill to 'listen with the third ear' to let the quiet ride, to come in with just the right probe, and to understand and use judiciously the literature in the field that are at issues rather than following prescribed question in a prescript order (Ely et al 1999:60).

The sum total of what people are will shape them as themselves into the service of their search, analysis and presentation. The researcher need to make informed decisions about sampling, that is decisions which are informed by analysis, theory explanation, and looking for negative instances is one example of that.

## **CHAPTER 4.**

### **DISCUSSION OF RESULTS/DATA ANALYSIS.**

#### **4. INTRODUCTION.**

This chapter aims at discussing the information gathered from the respondents.

As this study is qualitative in nature, the researcher has seen a need to present results in a tabulated form, to show how teenage mothers responded to the questions asked. The tables will contain the actual responses by respondents.

She is aware that tables can be better integrated into the actual section, but for the purposes of neatness they are put in separately, then analysis, supporting literature and the researcher's opinions will follow.

#### **4.1 BRIEF HISTORY OF TEENAGE MOTHERHOOD.**

The seven black teenage mothers under study is the sample, which was drawn from the birth record register of the St Barnabas hospital. Assisted by the senior professional sister of the maternity section, the researcher used a hand picking method to select teenage mothers.

There is, in the African society a strong positive value attached to fertility, and the fact that the woman is single does not mean that she will necessarily avoid pregnancy on that score alone. The case of a young girl is, however, substantially different, and the parents of unmarried teenagers who become pregnant are invariably at first angry and disappointed. With time, however most accommodate the situation, and the child itself is accepted as a member of the family (Preston-Whyte1993:65).

Research has shown that, although, the prevalence of teenage pregnancy and motherhood has today bred a certain pragmatic acceptance of the situation. A lot of teenage mothers in the rural are still often ridiculed, chased out of the school and even severely punished by their parents.

The researcher's estimation is that in a few years time, more children will be raised by single parent families, which according to (Asmussen et al in Houser et al 1993: 18) are associated with adolescent problems of adjustment namely, lower academic performance, depression, anxiety, aggression and other psychological problems.

**TABLE: 1****SECTION A: BIOGRAPHICAL DATA ANALYSIS.****TABLE OF RESULTS.**

<b>THEMES</b>	<b>RESPONDENTS</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Age of teenage Mother after pregnancy	17	16	17	18	15	16	19
Age of Father	20	20	21	22	30	25	21
STD passed after Pregnancy	Std 9	Std 6	Std 6	Std 6	Std 7 dropout	Std 6 dropout	Std 9 dropout
House-hold members staying with teenage mother during and after pregnancy	My mother, 2 brothers, 1 sister, myself and child 6 members	My mother, 3 siblings, myself and child 6 members	My mother, father, 4 siblings, myself and child 8 members	My mother, 9 siblings, myself and child 12 members	My grand-parents, my mother, brother, girlfriend, their child, 4 cousins 5 siblings myself and child 17 members	My sister, her husband, their 4 children, 3 siblings myself and child 11 members	My mother, brother, 6 siblings, myself and my child 10 members
Financial support of family staying with teenage mother	Two brothers working	My mother is a nurse	Mother have a spazza shop	Mother's disability grant	My mother and grand-mother's old age grant	My sister's disability grant and myself	My mother is doing odd jobs.

continuation of Table 1

Duration of stay by the teenage mother at the present place	Since birth	Since birth except for 1993-1994 when I was at a boarding school	Since birth	I have been staying with a relative, came back after her child's birth	I was removed when four months pregnant and I stayed with the relative, and I came back in May this year, that is 1999.	Since birth	Since birth
Teenage mothers who are staying with their children	Yes	Yes	Yes	Yes	Have been without her child for about a month but now she is staying with the child	Yes	Yes

#### **4.2 AGES OF TEENAGE MOTHERS AND FATHERS.**

All respondents are teenagers with their ages ranging from fifteen to nineteen years.

#### **4.3 DIFFERENCES IN AGES**

Generally in this study, respondents are younger than their boyfriends. This is believed to be in line with the African belief that a woman has to be younger than her male partner.

However the age differences between respondent number five and her child's father has raised the researcher's concern.

According to her work experience, a child under the age of sixteen years is legally unable to consent for sexual intercourse and should this happen it is viewed as equivalent of child sexual abuse (Eastern Cape Province Protocol on Management of Child Abuse 1999: 3-5).

#### **4.4 HIGHEST SCHOOL STANDARD.**

Some respondents reported to have failed and are presently repeating their grades. Some did not sit for their examinations during 1999, because of their pregnancy, as all respondent's birth occurred during 1999, and some reported to have dropped out of school as they were ordered to stop doing so either by their parents or by the school authorities.

There were some respondents who did positively well at school compared to others. The researcher is referring to those who did not fail their grades despite their pregnancy and giving birth. It has also been identified that there are respondents who are behind in schooling meaning they are in low grades compared to their ages.

The researcher's experience is that children in rural areas are quite slow in their schooling and it is not a disgrace to be twenty years and still be doing standard five or six. This can be attributed to the long distances they travel for schooling as well as the age at which they start schooling, in some cases as late as nine or ten. Again in the rural areas there is a tendency of

using small children as shepherds, that is some children including girls are made to look after the stock. There are however those who complete their schooling sooner.

There is a correlation between the data collected from the respondents and the theory outlined in chapter two of this study. According to Koegh (1988:31) as a result of the pregnancy and birth, the girl may have to leave school early, which limits her educational and career opportunities, thus earning a lower salary.

This is collaborated by Baldwin and Cain (in Papalia & Olds 1996 653) that among the consequences of teenage parenthood are that, these mothers are less likely to finish high school than their peers who do not have babies. Some researchers have indicated that even those who do go back to finish their studies, do so very late compared to their age group.

The researcher has noted that children of some respondents such as number five, six and seven who unfortunately have dropped their schooling because of their motherhood appeared to be still younger compared to the others and maybe their parents are still very angry with them, as Preston-Whyte (1993: 65) has mentioned that, they will soon accommodate the situation and will forgive the teenage mothers.

#### **4.5 HOUSEHOLD MEMBERS.**

All the respondents are presently staying with their extended families. As it has been indicated on the table of results, household members ranges between six to seventeen members. This is a typical African family, popularly known as the extended family system. Where all members of the same clan stay under one roof ranging from grandparents, parents, nieces and nephews, siblings and grandchildren.

In this study it also transpired that some families do accommodate girlfriends as well, as has been indicated by one respondent from the sample.

Respondent number five has reported to have temporarily been removed from her family to her maternal relative, and returned when the child was two months old.

#### **4.6 FINANCIAL SUPPORT OF THE FAMILIES STAYING WITH RESPONDENTS.**

Respondent number one has reported that her two brothers are working and are supporting the family. Her child benefits from this support. This is typical of an extended setting, where everything is shared amongst the household members.

Respondent number two has reported that her mother is a nurse and therefore supports them. The family seems to have a stable source of income compared to other families of these respondents.

Respondents numbers four and five depend on the disability grants. This is viewed as a risk as disability grant is very temporal. The researcher's work experience is that the department of welfare has cancelled a number of disability grants and presently people are suffering.

Respondent number six has reported that her grandmother on her old age pension supports the family, and her mother is doing odd jobs. Respondent number seven has reported that her mother supports the family with the money from her odd jobs.

Respondents one and two seem to have families with stable sources of income. With number three the situation is better compared with others such as number four, five, six and seven the situation is viewed as a shaking one, as old age ends should the recipient dies, disability is renewable yearly and odd jobs are also very temporary

It is the view of the researcher that with the addition of these children, these families will suffer more and therefore the children will be brought up in conditions of poverty. This is what Snyman and Le Roux (1993:86) believe, that a single parent depends entirely on one person for its economic maintenance, and taking into account rising costs of living and inflation, single parents frequently experience a loss of economic security. But in this study the situation is worsened by the nature of the income itself and the very source of income is queried for some respondents.

#### 4.7 STAYING WITH THEIR CHILDREN.

All the respondents have reported to have been staying with their families since birth, and have not parted with them except for temporal arrangements, such as going to boarding schools, and/or staying with relatives for different reasons, such as finance, avoiding gossip about pregnancy and others. One respondent reported to have been without her child for about a month. Because of the child's ill health she had to be brought home to her. All the respondents have reported that at this stage they would not like to part with their children as they have accepted the situation as well as development of attachment with their children.

#### 4.8 THE DURATION OF STAY WITH THE FAMILY

During this study, all the respondents were staying with their extended families. The researcher believes that if it is possible it is important to establish the motivation for the pregnancy and of keeping the baby in an attempt to avoid future problems such as child abuse and child abandonment. Therefore the researcher is of the opinion that staying with the original /immediate family is a good arrangement to benefit the mother and her child.

**TABLE 2.****SECTION B: PEOPLE INFORMED FIRST ABOUT PREGNANCY AND THEIR REACTIONS.****THEMES****RESPONDANTS**

	1	2	3	4	5	6	7
People informed first about pregnancy	My friend, boyfriend, my elder sister and mother.	My mother saw me first.	My boyfriend then my mother	My aunt, then my mother	My friend, my mother's friend then mother	My elder sister	My mother, noticed me first.
Their reactions	My friend reacted with shock and fright. I was confronted by my boyfriend and was accused of being irresponsible, and he denied the responsibility. We quarreled. My sister reacted with anger and was	At first she was not sure, and was very shocked to confirm it and asked if I have informed my boyfriend.	He appeared to have no problems and that he is responsible for this. My mother showed disappointment, frustration, and disbelief, and asked why did I do it so young.	My aunt reacted with anger and disappointment, and asked who did this, and where does he stay, how many times did I sleep with him, why did I sleep without contraception.	My friend with fright, cried and immediately decided to dump me. My mother's friend reacted with shock, and took me to my mother who severely	She reacted with shock and her sickness (Epilepsy) started. She thought of the money involved in childcare and as to what is	She asked me if I was aware that I was pregnant. She was very hurt, thinking of her monies paid to school. She said she did not know what to do, as she does not have a husband to support the existing

## continuation of Table 2

	<p>very frustrated. My mother also reacted with anger and asked me why did I do it.</p>			<p>She took me to the clinic very angry to confirm the months.</p>	<p>beat me with shock. I was admitted to the hospital and there after removed to a relative</p>	<p>going to happen to my schooling.</p>	<p>family.</p>
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#### 4.9 PERSONS FIRST INFORMED ABOUT PREGNANCY.

From this study it has been established that some respondents have informed their friends firstly about their pregnancy, before the news reached to their families. It was perceived by the researcher that these young mothers trusted their friends and they could share most of their secrets with them. However, some researchers such as Prisma (1987:2) believe, that pregnancy could be attributed to the force of peer pressure.

A proportion of the respondents have reported that their parents noticed their pregnancy before the rest of the family members or the community could see them.

This confirms the fact that mothers are perceived or seen as close to their children than fathers so they notice any physical changes occurring to their children sooner than their fathers. Therefore because of this closeness, mothers are constantly accused of being aware of their children's pregnancy or being part thereof.

One respondent shared her pregnancy with her boyfriend first; who seemed to be accepting the responsibility at first but later disappeared and went to stay with his brother.

This confirms what Jacobs (1994:456) has said, that although the relationship between the teenage father and mother originally provided an alternative source of attachment, pregnancy and child bearing changes the nature of sexual and emotional intimacy between the young mother and father, as the responsibility of pregnancy and child rearing falls primarily on the teenage girl.

Most have been reported to disappear immediately after the news was heard, which is confirmation of the statement made by Jacobs (1994:457) that some boyfriends abandon their girlfriends once the pregnancy is confirmed and also often deny paternity and engage in new relationships.

From the results it has become clear that the respondents have communicated their news to the people they have trusted and to the people they believe loved them. Respondents have reported that after the news of their pregnancy communicated to these people, they felt a great relief.

Respondents with fathers have reported to experience lots of hassles during their pregnancy as they have taken this seriously and had problems in accepting their pregnancy, compared to those without fathers in the household. The researcher's opinion is that some fathers always distance themselves from teenage pregnancy and births as they always point fingers at or shift the blame to the mothers.

All the respondents have confirmed that breaking of the news of their pregnancy was not easy.

#### **4.10 REACTION BY THE PEOPLE FIRST INFORMED.**

Respondents have reported that all the persons reacted with shock when they heard about the news regarding their pregnancy with the exception of one respondent who communicated this to her boyfriend first. His initial reaction was that he appeared to have no problems with this, but later decided to disappear.

They also reacted with anger, frustration, disappointment, and disbelief, especially parents who discovered the pregnancy themselves. Others were afraid on hearing the news like in the case of the sister of respondent number one and the friend of number five.

Some respondents were asked if they had informed their boyfriends. Number four was also asked how many times she slept with her boyfriend, and others were asked why they did not use protection as some were immediately taken to the clinic to confirm how far pregnant they were. All these responses are felt to be related to the shock of the news regarding the pregnancies.

About five of the respondents have experienced a lot of ill treatment from their family members, especially their parents, as they felt betrayed by this act of pregnancy. Some reported to have been dumped by their friends. This is confirmed in the literature by Greathead (1988:20), that teenagers need to realize that after the birth of a child, they will be unable to maintain the same social life as before, as her status has changes. All the respondents reported that the people who first received the news did not welcome the news of their pregnancy.

This therefore confirms what Preston-Whyte (1993:65) says, that some teenage girls when discovering that they are pregnant, they are severely ridiculed and sometimes punished.

**TABLE 3.**  
**FEELINGS OF TEENAGE MOTHERS**

Themes	RESPONDENTS						
	1	2	3	4	5	6	7
Feelings of teenage mothers.	Felt afraid especially of my father and my brothers. Thought of abortion but my friends discouraged. I also thought of running away to my grand mother's place. Also wanted to drink poison I actually did not know what to do.	I felt bad, embarrassed but somewhat relieved as my mother did not beat or shouted me.	I felt a little bit of a relief as my boyfriend confirmed that he is responsible and seemed to have any problems with my pregnancy. But when I thought of my mother my frustrations started I felt lost, blamed myself and afraid.	Felt so bad, cried. Felt helpless, hated myself wanted to run away, There was pain all over me I asked for forgiveness, also felt sorry for my mother especially when she cried.	Felt a pain every day. I cried a lot. I was miserable and still is (She cried) everybody was blaming me and was against what I did. I am hopeless, I see myself as a bad person.	I cried, blamed myself, run to neighbors to ask assistance, as my sister was sick and her husband was not around. I never thought it would be this serious (Her face shrunk).	I Felt so bad, I cried, hated myself, filled blame, I wished I was never born. I felt suffocated and it was hard.

#### **4.11 FEELINGS OF THE TEENAGE MOTHERS.**

On expressing their feelings, respondents mentioned fear especially for their parents and big brothers. They felt bad, embarrassed, frustrated, helpless, hated themselves, miserable, and sorry. Some thought of running away from home to their relatives or anywhere, where no one could find them. This shows that some could not face their parents for what they had done.

It is interesting to note that despite the feelings that all the respondents had, only one respondent thought of having an abortion. Maybe it was because of her educational level and that compared to the others she was nearer town, and could have influenced by town people. Yet Acres (1995:23) has mentioned that even in the countries where abortion is legal, it is the pregnant adolescent who is least likely to seek an abortion. Maybe this is because adolescents do not realize that they are pregnant, and if they do know, that it is too far into the pregnancy and also hope for spontaneous abortion to occur.

**TABLE 4.****IMPACT ON EDUCATION.****RESPONDENTS**

<b>THEMES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Impact on Education	My education was not affected, attended school as if nothing has happened. No one said anything at school. I wrote my exams and I passed. I gave birth to my baby early this year that is year 2000, and I was able to register and attended school.	I continued school as if nothing has happened. In fact no one noticed that I was pregnant. Maybe I was helped by my structure (she is huge) for her age.	Once this was discovered, my mother ordered me to stop schooling. Because I was embarrassed of my shape I stopped without questioning and restarted this year that is year 2000. I had to repeat the same class.	My mother reported this at school. The principal said I must continue schooling. Because I could not concentrate I failed. Therefore my education was effected.	My education was effected as I stopped schooling in November 1998, therefore I did not write my exams for 1999. My mother told me that I would never go back to school again. I wanted to be a doctor, a nurse or anything, now my dreams are shuttered	I dropped out of school and immediately I was ordered to seek for a job for the coming child. The school had no problems with me coming back after delivery but my parents told me that I would never go back to school.	Because of drowsiness in class, I could not concentrate well in class. I was always asleep and became embarrassed then decided to stop schooling in May 1999. My parents said I will never go back to school.

#### 4.12 IMPACT ON EDUCATION.

Some respondents have reported that their education have not been affected by their pregnancy and motherhood as they did not stop schooling, although other respondents failed because they lacked the ability to concentrate at the time.

About five respondents reported to have stopped schooling because of their pregnancy. But some have already resumed their studies this year. The literature as stated by Preston-Whyte (1993:65) confirms that, if it is at all feasible, a pregnant girl will return to school after the birth of her baby. This usually means that her mother cares for the child while she is at school. This therefore may mean that with some teenage mothers, their motherhood did not mean the end of their hopes for further education and perhaps a professional career, like in the cases of some of these respondents.

It is interesting to note that, there are schools which have come to accommodate pregnancy and yet there are those which claim that school premises are not a maternity home (Mhlanti 1998) . The results agree with what Greathead (1988:20) believes, that teenage pregnancy and motherhood are the most common causes of school dropouts, and teenage mothers subsequently face a far greater risk of unemployment and corresponding poverty. Very few have returned to school to complete their education. This therefore means as Lefaucheur (1988:65) has said, that the very young and unskilled lone unmarried mothers are more likely to belong to under privileged categories of the population than their peers who do not experience pregnancies during their teenage.



**TABLE: 5****COMMUNITY REACTION****RESPONDENTS**

<b>THEMES</b>	1	2	3	4	5	6	7
Community Reaction	There was a lot of gossip, people claimed that I am fond of boys and these are the results. My school friends withdrew a little bit from my company, that is, they were less frequent in socializing with me like before. I was cut off from church activities for three years, as I	There was nothing with my community except for one aunt from my church who came and said I should not stop schooling (support).	Community gossiped about my pregnancy. Some gossip was specially directed to my mother. They claimed that she mother talks a lot, this has served her good. It would be good if the boyfriend denies responsibility. I stopped	People were gossiping aside, but one woman came and confronted my mother saying that it suits me, as I was fond of boys. I am the one who teaches their children to love boys. She further said that she is going to report	Community did not know that I was pregnant, as I was removed to a relative. Where I stayed (relative) there was gossip about me. Where I stayed I was used as a slave. I used to clean, to do washing, fetch water from a	Elders told my friends that I am not a good child, I like boys and I will have influence on them, therefore they should avoid me. I was a guilder (Church programme) and a girl but my leader approached me to stop until a year.	The gossip from the community was heard, they said I am fond of boys more than my books. At church I was told to stop participating in church activities and I was never told as to when to participate again.

	was supposed to sit for my church exams, but I was denied that opportunity.		attending church.	me to church leaders.	distance, fetch firewoods and I nearly gave birth in the forest.		
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continuation of Table 5

#### 4.13 COMMUNITY REACTION.

According to the report by the respondents, the community reacted differently although gossip seemed to be common. A small proportion about three of respondents experienced no gossip as most of community members did not even notice that they were pregnant. Three respondents reported to have been labeled as promiscuous by some of the elderly community members. It was also noticed that in some respondents the gossip was directed at the parents as well, as it was said that it served them good as they talked too much, and that it would be good if the boyfriends denied the responsibility of paternity.

It was very interesting to note that the church as a community institution also had an impact on the experiences of teenage mothers. Church is always seen as a passive community institution as it does not involve itself much in the community activities. This therefore came to the researcher as a surprise to learn about its reaction towards the pregnancy of the respondents, as some respondents reported to have stopped participating in church activities, as they were instructed to do so by some of the church leaders. They have also reported that some were about to try for church examinations as full church members, but were denied that opportunity and were suspended for some years.

A proportion of about one percent of the respondent reported to have received support from church members to continue schooling despite their pregnancies. This means that the community could be a source of destruction as well as of support. However this may show that although there are people who cannot bear to see a 'baby' carrying a baby, there are those who accommodate this phenomenon.

The researcher's experience is that some churches do not allow the Christening of an 'illegitimate' now referred as 'out of wedlock' child. This explains that in some cases, single parents may not enjoy the same privileges as married people do.

**TABLE 6.****FAMILY REACTION.****RESPONDENTS**

<b>THEMES</b>	1	2	3	4	5	6	7
Family Reaction	My two brothers were very angry. They threatened to kill my boyfriend, and they claimed that they have stopped buying me clothes and to pay my school fees. My sister is still not happy with me, she	My mother cooled off after she confronted me. She never mentioned this again. My siblings are still very young and they did not notice me while I was still pregnant until I gave birth. But I have forfeited some privileges such new clothes and to have a	My dad was very angry he claimed that his absence has caused us to roam around freely and came back with children. My mother would sometimes not talk to me. I was treated differently, I am not as free with my family as before.	My grandmother (relative) ordered me to go home after delivery. My elder brother announced his hatred over me and my child. My brothers wanted to attack my boyfriend. My mother is still holding resentment towards me. I do not get everything that	No one is interested in me in my family. I my breastfeed my child as there is no one who is keen in assisting me financially. My brother is still very angry with me. My grandpa used to be very proud of me, saying that I am going to be a doctor. Those	I am not taken as a child anymore, But not as an adult as well. When decisions are made I am always counted out. Every-thing is imposed that is breastfeeding and many others, other children are given sweets I am not counted in like before. I am told that I	My family has totally changed towards me. Whenever I have done a mistake, my mother would say I was never paid for my pregnancy (Intlawulo) that is why. My brother is always nasty towards my child and me. My family is

continuation of Table 6

	<p>has lost trust with me. My father did not say a word, he as just angry. No one approved of this in my family and the atmosphere is still tense.</p>	<p>pocket money. The child has taken over my place in the family.</p>	<p>Decisions, some affecting me are done without consulting me, Such as visiting my father to the hospital going on holidays to relatives and many others. There was lack of trust. With my siblings there is no change.</p>	<p>other children at home get. Anything that I request I am always referred to this child (you can not bring a child at this age and be accurate).</p>	<p>jokes have gone. My mother is still very angry with me. My younger sibling is the only one who is better.</p>	<p>will never go back to school again. There is no trust anymore I am an isolate.</p>	<p>not happy about me at all.</p>
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#### 4.14 FAMILY REACTION.

Respondents have reported different reactions by their family members. They have reported that their families have lost trust and love for them, while some have also reported that the atmosphere is still tense. Some respondents reported anger by their families towards them. All the respondents have reported to have forfeited a variety of things, such as pocket money and buying of clothes. Some have reported being out casts during the making of family decisions, most of the things are imposed on them, as an example of this one mentioned the visitation of her father to the hospital, going on holidays and explained this as imposing instead of issues being discussed as before.

Some have mentioned that their brothers announced their hatred towards their boyfriends and wanting to kill them. They also reported that whenever they requested anything they are always referred to the mistake they had made in bringing a baby into the family prematurely.

Others have reported that, their family members had lost interest in them specifically, respondent number five who used to receive motivating jokes from her grandfather, saying that in few years to come, he would be a grandfather to a doctor. That was his way of encouraging her to study hard, but now such encouraging jokes had disappeared and this made her feel sad and de-motivated.

Number six has reported that she was not taken as a child anymore and when others were given sweets she was always counted out since the baby arrived and does not like that.

Number seven reported that whenever she had made a mistake, her mother would say 'you brought a child and never received any bride-wealth'.

The reactions showed by the families in this study clearly communicate their bad feelings about the new child and the fact that they did not approve of what had happened.

Houser et al (1993:18) believes that 'teenage' is a period of developmental changes associated with challenges and problems. Therefore pregnancy at this stage may further add to the difficulties and conflicts that occur between teenagers and their parents.

It is therefore hoped that as Preston-Whyte (1993:65) has mentioned, that families would soon accommodate the presence of the new baby.

**TABLE 7.****PEER RELATIONS.****RESPONDENTS**

<b>THEMES</b>	1	2	3	4	5	6	7
Peer Relations	Friendship with my schoolmates was affected. I don't go with them anymore. But locally my friends are still going socializing with me.	I did not share this with anyone of my friends they did not see me. Even after birth none queried or confronted me of not telling them my secrete.	There is no change with my friends, they still visit me as they used to do before. They still support me.	At school some children gossip about my pregnancy, saying that how did it happened to a conceited person like myself. The gossip included that I am playing big. I always think that I am better than them. It also included that why I am not aborting the	Up to now I have not met any of my friends since I came back home. But my younger sister had told me that one of my friends mother has told her daughter not to come near me or she will kill her. But the one, which I told her about my pregnancy, dumped me the same day.	My friends seemed to be very shy when they are with me. They are not warm towards my child. One said that she is afraid of young children when I offered her my baby. I did not believe her. We do not talk, share jokes accompany each other to town or	Their attitude has not changed. But being called to attend to child when we start talking with my friends always disturbs us. This therefore has caused them to seldom visit me.

continuation of Table 7

				child, how am I going to cope with the parties. My friends were not part of this gossip as they told me this.	Friendship has been definitely affected	shops like we used to do.	
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#### 4.15 PEER RELATIONS.

Some respondents have reported that they have noticed a change in their schoolmates when they returned after giving birth to the babies, but with local friends there were no change, they still chatted and went with them.

Generally in this study respondents reported no change in their peers. Some claimed that their friends and neighbors did not notice that they were pregnant. So that after the birth of the child, friends did not query them and therefore friendships were still intact.

Respondent number four-reported gossip by her schoolmates, but her friends however did not form part of that. Others reported a change in their friendships, and mentioned that some of their friends had dumped them immediately the news of their pregnancy was communicated, and that since their return from the maternity home they had not met with any of their friends, but the news had traveled that their friend's mothers had told their daughters not to come near them, as they did not need babies in their houses. This confirms what Greathead (1988:26) has said about some parents preventing their children from associating with teenage mothers for fear that the latter would exert a bad influence on them. This is a very hurtful experience for a teenager, especially if the friendship had a special significance.

About two respondents friends showed shyness when they were with teenage mothers, and that when they offered them their babies, they claimed to be afraid of young children. It may well be that they were truly afraid of young children as some people are, but respondents reported to have doubted that, and felt that it was rather just their way of avoiding them.

One also reported disturbed by her parents when she is with friends, and the parents to attend to her babies would call her.

The lack of enjoyment and the shyness of friends could be as Greathead (1988:26) has mentioned that, teenagers needed to realize that after the birth of a baby, the mother would be unable to maintain the same social life as before. On returning home from school, and over weekends, her time would be taken up by baby care. Her friends would inevitably change, as their life-styles would differ substantially.

The researcher believes that, some teenage mothers see their friends as having fun and enjoying life without the added responsibility of a child with resentment, jealousy and the feeling of having 'lost out' often becoming apparent, this is collaborated by (Acres1995: 24 and Greathead 1988:26).

**TABLE 8.****CHALLENGES OF TEENAGE MOTHERHOOD.****RESPONDENTS**

<b>THEMES</b>	1	2	3	4	5	6	7
Challenges of teenage Motherhood	My social life has changed. I don't attend parties as I used to. I will not enter beauty competitions anymore. There is a child to look after. I am not involved in school activities. Being a mother and caring for your baby is a challenge. You	Now I am a mother not a child. I don't enjoy social life like before that is attending night parties with friends. My schoolwork has been affected, although I did not dropout I failed because my child disturbed me a lot. I do not get	My boyfriend has left me he promise to be with me always. He has joined his brother in Johannesburg. I have written several letters, but nothing has come my way. I now have to face it alone. When everybody is asleep I am awake, I have to feed the child at	Lying and crying at the labor ward was a challenge. Bringing up a child alone is another challenge. Having a child who cries the whole night is a worse experience. Forfeiting parties and school activities is	Being a mother so young is a challenge and is bad. Bringing up the child alone as my parents have said that they are tired is worse. The boyfriend is nowhere to be found, in fact I never had a chance to communicate with him. My social life is	I do not sleep at night, as the child cries at night. Sometimes there is little or no food for her, no money to buy her clothes or to take her to the doctor when she is sick. You have to beg for money and sometimes you do not win. You are forced to	I am not schooling anymore and there is no chance that I will ever go back to school. The money to take me to school is used for the child's needs. I have learnt on how to care for the child without being oriented. No freak (youth

continuation of Table 8

	do not know why the child cries. You do not have money to buy yourself anything.	full time assistance from my family. I used to participate on school activities such as singing, arts and others, but not anymore.	midnight. In the morning I am drowsy. I do not attend parties anymore. I am stuck with the baby.	bad and is also frustrating. My body is not as cute (lovely) as before. I am selective in wearing my clothes.	affected and is mess. I am not a child at all as I used to. I do not enjoy teenage activities, at the same time I do not belong to the adults.	breastfeed whether you like it or not. You are always told to go with your child.	activities including parties). The boyfriend has dumped me.
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#### **4.16 CHALLENGES OF TEENAGE MOTHERHOOD.**

All the respondents have reported that their social life had been affected by their pregnancy and motherhood. They did not attend parties, or beauty competitions and there are no “freak” (attendance of variety of youth social activities) anymore. Those who had returned to school reported that they did not attend to their homework, as they had to look after their children. They did not participate in school activities such as chorale competitions, arts and culture and sports activities.

Six reported to have been dumped by their boyfriends with the exception of respondent number four who dumped her boyfriend. This is confirmed by Jacobs (1994:456) that some respondents expressed disillusionment with male intimacy and the realization that they could not depend on male partners to take care of them and their children. A proportion of respondents reported that they did not sleep as their children cried the whole night. Others told the researcher that bringing the child up alone was a challenge, and number seven reported that to care for a child without being prepared/ oriented was a challenge.

Generally respondents in this study reported that, to have no money for the child’s food, clothes or medical attention/ immunization, as well as the problem of requesting money from the angry parents while sometimes parents truly did not have money to offer for the abovementioned needs, proved more than a challenge.

It was pointed out by Papalia and Olds (1996: 653) that teenage mothers are likely to have money problems, and as a result many receive public assistance.

One respondent reported that she was forced to breastfeed her child against her will and she was always told to go with her child wherever she went. The respondents put more emphasis on their affected social life, while one mentioned that her body was not as cute as before, therefore she had to be selective in wearing fashionable clothes. Respondents seemed to be more concerned about their social life than any other factors. This is understandable because teenage-hood has been identified as a period of movement towards independency and social life is one of the activities that are important in their lives (Armstrong1993: 22).

**TABLE 9.****DIFFICULTIES OF BEING A YOUNG MOTHER.****RESPONDENTS**

<b>THEMES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Difficulties of being a young mother	The baby cries at night and I do not know what is the problem. She is a very sickly child she needs to be taken to the doctor now and again. Problems in requesting money everyday, and sometimes it is not there.	I do not have money for all the needs of a child that is clothes, food, and medical treatment. I always have difficulties in requesting and getting money from my mother. I do not sleep at night the child cries always, sometimes I do not know what	When the child is sick I do not know what to do. When the food is finished and the clothes are torn or he has outgrown them I always have problems in requesting money. I do not have money to take him for immunization most of the time. If I do have the money, I will have to miss	There is no money to buy food, clothes and to take the child to the doctor when the child is sick. Sometimes I miss school if my mother have some business to attend. The child cries the	I usually do not have money to buy food, clothes and to take the child to the doctor when the she is sick. I was told that I will not go to school anymore. I have lost friends and love from my family. Most of the time you I am alone .I do not sleep at night the child cries every time.	It is difficult to bring up the child alone without money. No support from the father. It is worse when the child is ill. Your social life comes to an end. You are not sure who fully supports you	The child get sick and there is no money to take him to the doctor or support the child. No food, no clothes and you are afraid to ask money from your parents. The child cries and the whole night and you are awake while

continuation of Table 9

	<p>The child needs to be fed, cloth and sometimes there is really no money to do that. It is hard to concentrate on my studies home works and other. The child is demanding. I am a mother full time, and I breastfeed.</p>	<p>he wants. I do not get support from the father, he has dumped me.</p>	<p>school and take the child to the clinic. Sometimes when the child cries I do not get assistance from my mother.</p>	<p>whole night. No assistance from the father, you feel rejected</p>	<p>You do not know what to do.</p>	<p>as everybody is against pregnancy. You are not free with the community, your friends and your family.</p>	<p>everyone is asleep, and if you sleep during day you are queried.</p>
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#### **4.17 DIFFICULTIES OF BEING A YOUNG MOTHER.**

In this study challenges and difficulties tended to overlap, possibly because of similarities when translated into Xhosa. For instance issues such as the baby cries at night, problems of finance and difficulties in getting money from the parents appeared in both responses of challenges and difficulties. Sometimes if the respondent had not mentioned it in challenges, she would definitely mention it in difficulties. About six respondents mentioned lack of support by their boyfriends that is teenage fathers. When examining difficulties it was found that most of them repeated what was said in the challenges. This has been identified as a limitation and it has been mentioned on chapter one of this study.

The researcher agrees with (Acres 1995:21 and Gray 1987:211) when they state that teenagers who become pregnant while at school and continue with their pregnancy may remain disadvantaged for the rest of their lives. This means that, the problem of finance could possible exist forever. But some researchers such as Kean (1989: 828) have reported that there are single parents who become successful in life although they do this later than their counterparts.

**TABLE 10.****ASSISTANCE IN BABY CARE, SUPPORT FROM BOYFRIEND OR HIS FAMILY AND MAINTENANCE OF THE BABY.****RESPONDENTS**

<b>THEMES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Assistance in baby care	My mother sometimes when she feels like cares for my baby, and one of my siblings also give me hand in baby care.	My mother and the helper do assist me in caring for the baby.	My mother and my siblings, assists me in taking care of the baby.	My mother and my siblings do assist me with the baby.	My grandmother do help me when she feels like and my younger sister as well.	When I am gone for the job, my sister takes over when I come back no one help me with the child.	My mom when she feels like, and my brother's girlfriend and she is much better than any one in assisting me in caring for my baby.
Support from boyfriend or his family	Nothing	Nothing	They once assisted me with a towel and one tin of a baby formula.	My boyfriend's mother occasionally assists me by clothes and food.	Nothing	My boyfriend sometimes assist me by money and the my sister.	My boyfriend and his family once assisted me with two tins of baby formula.

continuation of Table 10

Maintenance of the baby.	Maintained by the money from my brothers given to my mother	My mother	My mother	My mother and paternal grandmother	Breastfeed then assisted by grandmother	Myself and his father seldom maintains the baby.	My mother but mostly I breastfeed my child.
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#### **4.18 ASSISTANCE IN BABY CARE.**

Generally respondents in their responses have mentioned that their mothers in caring for the babies assisted them, and their siblings sometimes do, except for the respondent number two who did not have a sister but younger brothers. She reported that a helper also assisted her in baby care. Four of the respondents were getting assistance from their grandmothers. While one has reported to have got assistance from her brother's girlfriends who was staying with the family.

Respondents reported that their mothers assisted them when they felt like it. The researcher's experience was that parents believed that the young mother should be burden with the child so that she did not have to repeat pregnancy. That again, parents know that children under three months cry at night not because they are ill. That is maybe why mothers are reported to have offered their assistance in baby care when they felt like it.

#### **4.19 SUPPORT FROM BOYFRIEND OR HIS FAMILY.**

Five respondents reported to have received no support from their boyfriends or their families. Two reported that they received some support although they indicated that the support was minimal that is the child was given a wrapping towel when they came out of the hospital, another in a form of infant food and the other occasionally received money for clothes for the child. This shows how little involved the paternal figures were in the upbringing of the child of the unmarried teenager. This is in line with what Greathead (1988:26) said that, support from the boyfriend seldom materializes, and many young mothers end up trying to obtain maintenance through the court. According to Armstrong (1993:20) a child must be fed and nurtured if it is to grow and mature. Maternal families are seen as not coping alone, and really need assistance. The researcher's opinion is that, as it is believed that a man who impregnated the girl had equal rights to the child as the mother did, and he had equal responsibility towards his child like the mother as well. Therefore girls had right to demand assistance from the children's fathers.

It was also her belief that every child deserved to have at least one parent who was crazy about him. At least some teenage mothers confirmed their love for their children despite all odds.

#### **4.20      MAINTENANCE OF THE BABY.**

Generally in this study respondents reported that their parents maintained their children. Respondent number one's child was maintained by the money, which her two brothers gave the family. Their grandmothers, while five and seven breastfed full time, assisted respondents five and six. Number six mentioned that she seldom received maintenance from the child's father.

The researcher believes that the problem for the teenage mothers is that the financial burden of rearing their children eventually falls on their shoulders. This was confirmed by Lefaucheur (1988:12) by saying that fathers and even brothers and some times perhaps lovers, may assist, but in the long term it is the mother who becomes father and mother in one.

**TABLE 11.****BEST THINGS ABOUT BEING A MOTHER AND THE MESSAGE FOR TEENAGE MOTHERS.****RESPONDENTS**

<b>THEMES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Best things about young motherhood	There is nothing best about being a mother (shook her head)	There is absolutely nothing that is best about being a teenage mother.	I love my child at least I am back to school again I think that is best thing.	I play with my child I have learned to love her.	There is nothing at all that is best about being a young mother, you do not have friends, family is against you.	My child is beautiful I like her too much. I play with her. She always helps me in shifting my sorrows. She sleeps a lot during the day when I am at work, I always take her along.	Nothing at all (shook her head).
Message for teenage Mothers	They must be strong, Persist in asking for forgiveness from families especially	They must avoid sleeping without protection. Forfeit sexual activities without	Because it has happened, they must try to be strong. They should understand why people	They must never repeat this again. If still having an affair, use a condom,	They should be strong, not to repeat it again. Use a condom or abstain. It has happened they should try and face it. And advise	They must never have children again. They should visit the clinic for help or abstain. If possible they must not have boyfriend again. They should work hard for their children	The children belong to them, there is nothing that they can do or change. They should be strong in bringing up their children.

continuation of Table 11

	<p>their parents. Take care of their children, as they are the only parents available. Never mind being dumped by the boyfriends.</p>	<p>protection. Once beaten twice shy. Although it is difficult to bring up a child without money teenage mothers should try to make it happen.</p>	<p>are angry with them and should forgive them. Try to study hard at school to impress your parents. If parents do not want to take you to school ask your boyfriend to do so.</p>	<p>pills, injection or abstain.</p>	<p>those who have not done it to avoid it.</p>	<p>and love them as well. They should make teenage fathers to be responsible. If working they should pay child maintenance. They must not suffer alone</p>	<p>They should try to make their friends understand their position. They should use condom or abstain.</p>
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#### **4.21 BEST THINGS OF BEING A YOUNG MOTHER.**

A proportion of about five respondents reported that, there was absolutely nothing that was best about being a young mother. They all shook their heads, as means of putting an emphasis on what they meant. Two respondents reported that they loved their children, that they went back to school, and that they played with their children and therefore had since established a relationship/or a bond with them. This means that with some respondents, attachment was developed. This is what the research has indicated that indeed teenage mothers can be loving mothers if the socio- economic situation could be improved (Simon & Mc Anarney 1994:569).

Four respondents reported that their children slept a lot during the day and this therefore necessitated them to do their odd jobs free. Those who reported that there was nothing good about being a young mother seemed innocent and truthful about this statement. It was good to hear that, despite the experiences that these teenage mothers had, there were those who had love to offer to their young ones, and even those who had nothing to say, had decided not to abandoned their children. This may mean that in time they would learn to love their children as well. For those who expressed no love for their children this raised the researcher's concern, as Kean (1989:828) once observed, "every child deserves to have at least one adult who is crazy about them". But with motivation and support it is hoped that these young mothers will learn to love and care for their children.

#### **4. 22 MESSAGE FOR THE TEENAGE MOTHERS.**

Most respondents had a message of strength namely that other teenage mothers should be strong. They also had the message of encouragement that is they are encouraging other teenage mothers to take care of their children against all odds. Respondents also mentioned the need to ask for forgiveness from the parents, not to worry about being dumped by their boyfriends, as they seemed to be better off without them.

They also had a strong message of avoiding the re-occurrence of an unwanted pregnancy. A message of the usage of contraceptives was also offered in the interview as well as the

importance of abstinence. Number three encouraged others to study hard, and advised that if their parents did not want to take them back to school, they should ask their boyfriends or their families to assist if possible.

A proportion of about two respondents mentioned that teenage mothers should try and make their friends understand their position. Number three pointed out that teenage mothers should try to understand why people became angry and acted the way they did, what they had done was not nice, and therefore they deserve punishment and as such should forgive those who were angry with them.

The other section of about three respondents mentioned that teenage mothers should make teenage fathers take responsibility for their children as well so that, they should not have suffer alone.

The messages from teenage mothers seemed reasonable. It was interesting to notice that some of them knew that what they had done was wrong, and that asking for forgiveness was necessary. They mentioned something about contraception and abstinence, which showed that they were aware of such things. Abstinence seems unpopular amongst some teenagers, this maybe linked to what Hoffman et al (1988:386) believe, that teenagers who become pregnant do not do so intentionally, instead they seem to have no motivation to avoid it.

### **CONCLUSION.**

It is evident from these results that the schooling of some teenage mothers have been heavily affected because of their motherhood, and that teenage mothers have little or no money to take care of their babies in terms of feeding, clothing and medical attention.

It has also been reflected that their relations with peers community, religion and their families have been negatively affected as well, because of their motherhood.

Although some respondents reported to re-assume their schooling some had not. This therefore necessitates the working together with teenage mothers and their families by the

professionals, in order to make them aware of the consequences and responsibilities of teenage pregnancies and to guard against feelings into this trap.

## **CHAPTER 5.**

### **CONCLUSIONS AND RECOMMENDATIONS.**

#### **5. INTRODUCTION.**

From the theoretical perspective of the exploratory study of the experiences of black teenage mothers outlined in chapter two of this study, as well as the data gathered from the black teenage mothers themselves, the conclusions reached will be discussed with reference to the aims of this study recommendations will also be made.

##### **5. 1 CONCLUSIONS**

During this research it has been found that, get pregnant and clothes will not be the only thing you cannot get into. Some of the consequences of teenage parenthood are medical complications for mother and the baby and social problems for adolescents who must assume the responsibilities of parenthood before they are mature enough to handle them.

Among other things, is the less likelihood for the pregnant teenager to finish high school and financial problems, as many are reported to be receiving public assistance, at least for a while.

The worse part of all is that, these young mothers receive very little support from, boyfriends, parents, peers as well as the community as a whole, instead they are being further discouraged.

It is with regret to mention that children are exposed nowadays to more 'sexual' environment at a very young age. Again children are subjected to advertisements, films, literature, music and many more with a strong sexual connotation, and this happens without proper parental supervision or any other responsible people. It is therefore not surprising to see teenage pregnancies and motherhood rising yearly.

Throughout this study incidents of teenage parenthood are recorded as very high, and yet research shows little attention paid to this area of study. The researcher believes that, this is the challenge and responsibility of all professionals, parents, government, and community to

at least give support of any form to these children. This is so because, the researcher during this study learned that, unsupported adolescent pregnancy and motherhood carries a high risk of adverse consequences, both short and long term for the mother, child and family this is supported by (Acres 1985:40).

These consequences result from an interaction between number of biological and socio-economical factors, many of which are amenable to intervention (Acres 1985:40).

## **5.2 AIMS OF THE STUDY.**

### **5.2.1 TO EXPLORE AND GAIN A DEEPER UNDERSTANDING OF EXPERIENCES AND THE IMPACT OF TEENAGE MOTHERHOOD ON BLACK TEENAGERS.**

This aim was addressed by including/asking questions such as, who was informed first when pregnancy was discovered; what was that person's reaction; and how did the teenage motherhood impacted on the teenage mother's education among others. The researcher wanted to know more about the challenges, difficulties as well as best the things if any, that the teenage mother experienced.

Teenage mothers were able to tell and display their experiences, one of them even cried during the interview. The interview had to stop and the researcher acknowledged this young mother's feelings. It was clear that this young girl was going through a lot of pain by re-living her experiences of teenage pregnancy and motherhood for the first time since it happened.

The researcher took advantage of her training in counseling by attending to this teenage mother's feelings .A break was taken until the respondent was ready to resume the interview. During the session of acknowledgement of the teenage mother's feelings, the researcher explored the possibilities of referring the teenage mother for further sessions with a psychologist or to have the session with the researcher. The teenage mother was comfortable to further the session with the researcher.

Most of the respondents showed regrets about being a teenage mother, although they did not show it by crying, but they looked sad during the interview. The researcher individually acknowledged their feelings as well.

Information gained from the black teenage mothers confirmed some of the issues highlighted in the literature study in chapter two, such as:

- (a) Once the pregnancy is confirmed, abortion is thought of.
- (b) Teenagers are afraid to report their pregnancy, in time this is why Lundberg and Plotnick (1995:177) believe that positive pregnancy outcomes in teenagers are more difficult to achieve as they experience late confirmation of their pregnancy.
- (c) Education was heavily affected by their motherhood, as some have stopped schooling, some stopped while still pregnant, but now they have re-started schooling, some have been ordered either by their parents or school authorities to stop attending school due to their pregnancy.
- (d) Lack of finance with difficulties such as buying food for the child, taking the child to the doctor or clinic, buying clothes and many others.

Teenage mothers also reported that since their pregnancy and birth, they forfeited have a number of things, such as trust by some family members; sleeping at night as some of them have reported that their children cried the whole night; involvement in both teenage social activities as well as school extra mural activities.

Most teenage mothers reported that there was nothing that is best about being a teenage mother, although some have reported that they learned to love their children, and they now enjoyed their company.

**5.2.2 TO EXPLORE THE IMPACT OF FAMILY REACTIONS TOWARDS A TEENAGE MOTHER, THE ROLE THAT THE FAMILY PLAYED DURING AND AFTER PREGNANCY IN TERMS OF EMOTIONAL, PSYCHOLOGICAL MONETORY SUPPORT AND OTHERS.**

To achieve the above aim, questions such as, is the teenage mother staying with her child; who is financially supporting the persons staying with the teenage mother; how has her motherhood affected her relationship with her family; who is assisting the teenage mother in baby care; what form of support if any that comes from the boyfriend or his family; and who is maintaining the baby.

The responses to these themes managed to capture the familial reaction towards the teenage pregnancy and motherhood.

The information from the teenage mothers reflected that there were changes within the family, which occurred as a result of teenage pregnancy and motherhood. These included parents who were very cross with the pregnant teenager and did not accept the child. This was confirmed by Preston-Whyte (1993:65) that the parent of the unmarried teenager who became pregnant are invariably at first angry and disappointed.

It has also been discovered that some siblings had problems with their sister's teenage motherhood as some respondents reported their siblings as not very helpful in assisting in baby care and that some reported, their siblings to have lost trust in them. One reported that her brothers, after hearing the news of her pregnancy wanted to kill her boyfriend.

This information confirms what has been outlined by previous researchers, that teenage pregnancy and motherhood in the family may further add to difficulties and conflict that occur between teenagers and their parents/families (Erickson in Houser et al 1993: 118).

The data has shown that some black teenage mothers received no emotional, or psychological and very little financial support from their families. The researcher believes that, they received financial support only because it was a matter of "must," as there was no way that a

child could cope without money that is money to take the teenage mother to the clinic or hospital for delivery, and when the child arrived, she had to be taken to the clinic or doctor and buying of food to feed the baby. Most of them reported to have received no support at all from their boyfriends or their families, although few have reported to have seldom received little support from the above.

According to teenage mothers, during and after pregnancy it was the time when they were desperately in need of support, to quote one teenage mother on a television program 'after I discovered my pregnancy, I wanted someone close to me to hold my hand, tell me I am not wrong, I needed a hug and be comforted, to be re-assured that I am still loved'.

This shows that there is a great need to love and support these young mothers especially emotionally and psychologically, as they are vulnerable.

### **5.2.3 TO EXPLORE HOW PEER RELATIONS HAVE CHANGED DURING AND AFTER PREGNANY.**

When this aim was addressed, a question of how does being a teenage mother affect your relationship with your peers was asked. Responses varied, but most of them indicated a change on peer relation, although few reported to still have intact relationship with their peers.

Those who reported to have been dumped by their friends expressed shock and disbelief. To quote one respondent 'I did not believe my friend when saying she was afraid of a very young babies. The researcher agrees with Greathead (1988:26) when saying that, change in peer relations may retard the teenage mother's acceptance back into the society.

It was also interesting to learn that all the respondents now have nothing to do with their boyfriends, they either have been dumped or have dumped their boyfriends. This confirms that at the time of the interview respondents had no relationships with their baby's fathers, and this may show that, black teenage fathers participate less if at all in their children's lives.

In comparison, in terms of race /ethnicity, white teenage mothers according to Lefaucheur (1988:15) reported a higher amount of father participation. It may be that in most cases, among white couples, when the fathers are highly involved, couples are more likely to move in together or marry, than is true for black couples. The latter couples may be more likely to maintain involvement without getting married (Lefaucheur 1988:15).

The researcher believes that, father absence from the home may not be as strongly equated with father absence in the child's life. On the other hand it is common that, sometimes teenage fathers may ran away from being involved in the child's life because they are not ready or fear such a responsibility due to their age, financial status or fear of their parents.

It is therefore crucial to look at the employment experience of male youth, not only for its role in the economic mobility of these families, but also for its potential contribution to the child being. Enhanced job opportunities for young fathers, may foster their assumption of parental obligations.

### **5.3        RECOMMENDATIONS.**

The researcher believes that teenage motherhood has changed youth from being a season of 'hope' to a season of despair, disillusionment, and alienation. Before recommendations can be outlined, it is important to put forward some of the experiences learned during this research study, so as to lay a firm foundation for the forth coming recommendations.

To mention just the few during this study, the researcher learned that, teenage mothers never received any formal support from people around them, during and after pregnancy.

The experience of the researcher, is that unsupported adolescent pregnancy and motherhood carries a high risk of adverse consequences, both short and long term for the mother, child and the family, and this is supported by Acres (1985:40).

She believes that this can result to the following;

- (a) The increased frequency of low infant birth weight and its associated risks of mortality and neurological and/ or intellectual impairment.
- (b) Early repeat pregnancy.
- (c) Inadequate parenting, with its limiting effects on the physical, social and emotional development of the child leading in many instances to the repetition of the adolescent pregnancy cycle

All the abovementioned problems are seen as having enormous costs in human and financial terms. Therefore it is of importance to first of all identify all the relevant stakeholders, bring them together for the purposes of working together towards supporting teenage mothers.

Professionals are required to have knowledge of resources in and around their areas or communities to assist teenage mothers. If there are no available resources, professionals are to establish such resources, such as support groups, conflict resolution training etc. It was very interesting to learn that, teenage motherhood also had an impact on other community institutions either than education. Some teenage mothers have reported to experience problems of being expelled or deprived of the opportunity of participating in church activities, and this has been reported to cause pain, shame and regrets

### **5.3.1 PERSONS TO PARTICIPATE IN SUPPORTING TEENAGE MOTHERS.**

According to Chambers (1985:107) people concerned about families should be able to work as a team, for example in this study social workers, nurses, educators, teenage mothers and families could carry out joint exercises in establishing forums or groups dealing with support services of teenage mothers. It appears that young black mothers like these from this study

need more support than older mothers do, this is collaborated by Houser (1993:17). The researcher by mentioning the need for support does not imply that, these people should take over the responsibilities of teenage mothers, to support and guide them on their responsibilities. Their full participation is of vital importance, in both planning and in formation of these groups or forums, on how should it be structured, what type of activities and whom to participate.

### **5.3.2 TRAINING OF PROFESSIONALS.**

A process of empowerment of teenage mothers and people around them requires professional support, team work, skills and knowledge on how to deal with the challenges of teenage motherhood, in the community, at school in and outside the family setting.

Research needs to be undertaken to find out what skills and knowledge are required of professional support systems for them to be able to provide efficient and effective support, which can lead to teenage pregnancy and motherhood from being a nightmare to a positive learning experience. Universities, colleges and other learning institutions, which provide knowledge and skill for social workers, nurses, and educators, need to encourage students to undertake research on an ongoing basis to identify the needs of teenage mothers so that the information acquired could contribute to the existing body of knowledge.

### **5.3.3 TRAINING OF TEENAGE MOTHERS, FAMILIES AND COMMUNITY STRUCTURES.**

It is common knowledge that, people need training to be more informed and more effective in what they are doing. It is therefore very important that the newly elected group or forum be oriented on duties and responsibilities. Another important thing is networking presently known as inter-sectoral collaboration, Chambers (1985:07) states that networking can encourage support amongst groups.

Research has shown that, families with teenage mothers are seen as being under a potentially significant amount of stress, which can lead to conflict. Prisma (1987: 44) has suggested that families experiencing conflict may benefit from conflict resolution training. Skills on problem-solving and communication are quite relevant to studying and understanding conflicts between parents and adolescents, because differences between them require new approaches to family functioning Robin and Foster (in Houser et al 1993:20).

Social workers and other professionals therefore should do a better job of facilitating this process of empowering the stakeholders who need their help most and make it as easy as possible for them to get the services they needed (Kean 1993: 54).

Parent/adolescent conflict resolution training based upon behavioral approach, generally includes certain elements, such as problem solving, communication training, behavioral rehearsal and systemic problem identification (Houser et al 1993:21).

It has also been indicated by research that, black teenage mothers are under stress, they need support groups, which may help them 'unload ' emotionally and to enjoy social contacts recreation and new experiences as well as to content with numerous crises that can arise such as sudden sickness, child care, feeding and material support of the children. .

After being equipped these forums together with the professionals, can act as support groups. It is important therefore to identify and include those who were once teenage mothers to share their experiences and how they survived during their time.

Black teenage mothers need relief from the continual stress of taking sole responsibility for their children, decision making and general welfare, when they are without assistance from their lovers, friends families, communities and professionals.

It is important that, the teenage boy should understand the consequences for both himself and his sex partner before choosing to become sexually active. This could be achieved through sex counseling of teenage boy, he may be discouraged from becoming sexually active, or may be motivated to take the necessary precautions to avoid the emotional trauma attached to unwanted pregnancy and motherhood.

If it happens that none of the above happens and the teenage motherhood result, it is suggested that, people of both sexes must be helped to share the burdens and joys of parent-

child interaction, through expanded parent education programmes. This may help decrease both the rates and the negative consequences of single motherhood.

#### **5.3.4 SUGGESTED PROGRAMMES FOR TEENAGE MOTHERS.**

Research has shown that, some professionals when attending to teenage pregnancy problems work in isolation. The researchers believes that, if one works alone most of the time the project fails or collapse.

Different types of programs can be designed, and perhaps starting by piloting it then replicate it to another areas the following one has been as better.

A program which is going to focus on the under listed objectives;

- (a) Assist in the primary prevention of teenage pregnancy, there is saying that prevention is better than cure. The government, in its plans focus on prevention, this means that the whole prevention program will get the backing from the government, therefore funds may be made available for this type of project. Departments such as Welfare, Health and Education should work together as a team in this endeavor.
- (b) To prevent school drop outs with its subsequent limitations on employment. Education department to play the role of influencing teachers, school governing bodies and others in encouraging children to continue schooling while pregnant.
- (c) To optimize teenagers and infants health and development so that a stable and self-sustaining family unit results.
- (d) To prevent the re-occurrence of pregnancy until a more favorable age, this refers to awareness campaigns.

- (e) To prevent child abuse and neglect. If these mothers do not get support cases of child abuse and neglect are likely. Supporting the teenage mother and her family through counseling, that is social worker's role.
- (f) To foster linkages amongst community organizations, to meet teenager's need efficiently, inter-sectoral collaboration to be practiced.
- (g) To provide training not only for personnel but also for volunteers and all stakeholders
- (h) To evaluate the effectiveness and cost effectiveness of the service or program.

This type of program can provide a great deal of working together with families, teenage mothers and the community as well (working as a team).

According to the research done, many demands made on the single parents often deter them from seeking out these facilities. Consequently it is up to the agencies that provide such facilities to re-locate and reach out to teenage mothers and their families.

The programme can be expanded to include not only teenage motherhood related activities, but other youth activities, to increase interest as well as to avoid labeling and stigmatization of young parents. We can therefore borrow a technique from the supermarket world, and decide to offer one stop shopping in the same programme. This would perhaps include counseling services; support groups; a variety of youth activities; and all types of skills including coping skills.

A carefully planned program can be a success, but any program needs funds to succeed. This therefore means that from the planning stages, policy makers and influential community figures should be made aware or be part of the planning if the program is to be successful for them to make funds available for the program.

Although wide generalization of the findings in respect of the seven black teenage mothers mainly rural is not possible, the investigation nevertheless provided useful information on the type of experiences by the black teenage mothers. It is also recommended that an intensive

explanatory research be undertaken to consider some of the processes which underlie the prevalence of birth to unmarried African women, and to look at strategies adopted by these women when rearing children in the absence of support either by their families, friends and community or their boyfriends and their boyfriend's family.

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**ANNEXURE: 1.1**

**ULUHLU LWEMIBUZO**

**OMAMA ABAMNYAMA ABASELULA**

**ISIQENDU SOKUQALA.**

1. UNEMINYAKA EMINGAPHI?

13	14	15	16	17	18	19
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2. MINGAPHI IMINYAKA KATATA WOMNTWANA?

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3. UFUNDA KUBANI/ OKANYE UYEKE KUBANI ESIKOLWENI?

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4. UHLALA NABANI EKHAYA NGOKU?

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5. LINGAKANANI IXESHA UHLALA NABO?

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6. NGUBANI ONINCEDISA NGOKUTYA APHA EKHAYA?

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7. UHLALA NAYE UMNTWANA WAKHO?

EWE	HAYI
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8.UKUBA AKUNJALO, UNGAKHE UNDIXELELE UKUBA KUTHENI UGAHLALI NAYE?

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**ISIQENDU SESIBINI: INGXAKI/INZIMA ZOKUBA NGUMAMA OSELULA**

9.NGOBANI OWOKUQALA OWAMXELELAYO WAKUZIFUMANISA UKABA UKHULELWE?

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10. AZA WATHINI YENA?

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11. WAZA WEVA NJANI WENA?

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12.UKUBA NGUMAMA OSELULA KUYICHAPHAZELE NJANI IMFUNDO YAKHO?

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13.UKUBA NGUMAMA OSELULA BUYICHAPHAZELE NJANI INTLALO YAKHO EBULALINI?

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**14. BUCHAPHAZELEKE NJANI UBUHLOBO BAKHO NEFEMELI YAKHO?**

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**15. BUCHAPHAZELEKE NJANI UBUHLOBO BAKHO KUNYE NABAHLOBO BAKHO?**

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**16. KHA UNDIBALISELE NGENGXAKI ZOKUBA NGUMAMA OSELULA?**

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**17. ZINZIMA ZINI OHLANGABEZANA NAZO NANJE NGOMAMA OSELULA?**

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**18. NGUBANI OKUNCEDISAYO UKUHOYA UMNTWANA?**

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**19. LUNCEDO LUNI OLUFUMANAYO UKUBA LUKHONA OLUVELA KUTATA WOMNTWANA OKANYE IFEMELI YAKHE?**

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**20. WONDLIWA NGUBANI UMNTWANA WAKHO?**

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**21. ZINTO ZINI EZINTLE / NEZIMNANDI UKUBA NGUMAMA OSELULA?**

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**22. MYALEZO MNI ONAWO ORHALELA UKUWUGQITHISA KWABANYE OMAMA ABASELULA?**

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**ANNEXURE: 1.2**

**INTERVIEW SCHEDULE ON AN EXPLORATORY STUDY OF THE EXPERIENCES OF BLACK TEENAGE MOTHERS.**

**SECTION A: BIOGRAPHICAL DATA.**

1.How old are you?

13		14		15		16		17		18		19	
----	--	----	--	----	--	----	--	----	--	----	--	----	--

2.What is the age of the child's father?

.....  
.....

3.What highest school standard do you have?

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.....

4. Who are you staying with now?

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

5.For how long have you been staying with them?

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

6. Who is financially supporting the persons you stay with?

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

7.Is your child staying with you?

YES	NO
-----	----

8.If no, can you tell me why not?

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.....  
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**SECTION B: EXPERIENCE OF BLACK TEENAGE MOTHERS.**

9. Whom did you inform first about your pregnancy?

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10. How was his/her reaction?

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EI 11. How did you feel about his/her reaction?

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12. How has teenage motherhood impacted on your education?

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EI 13. Tell me about the experiences of being a teenage mother in your community?

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FR 14. How has your motherhood affected your relationship with your family?

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**PR 15. How does being a teenage mother affect your relationship with your peers?**

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**EI 16. What are the challenges associated with being a teenage mother?**

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**EI 17. What are the difficulties of being a teenage mother?**

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**FR 18. Who assist you in baby care?**

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**FR 19. What form of support, if any, do you receive from your boyfriend and/or his family?**

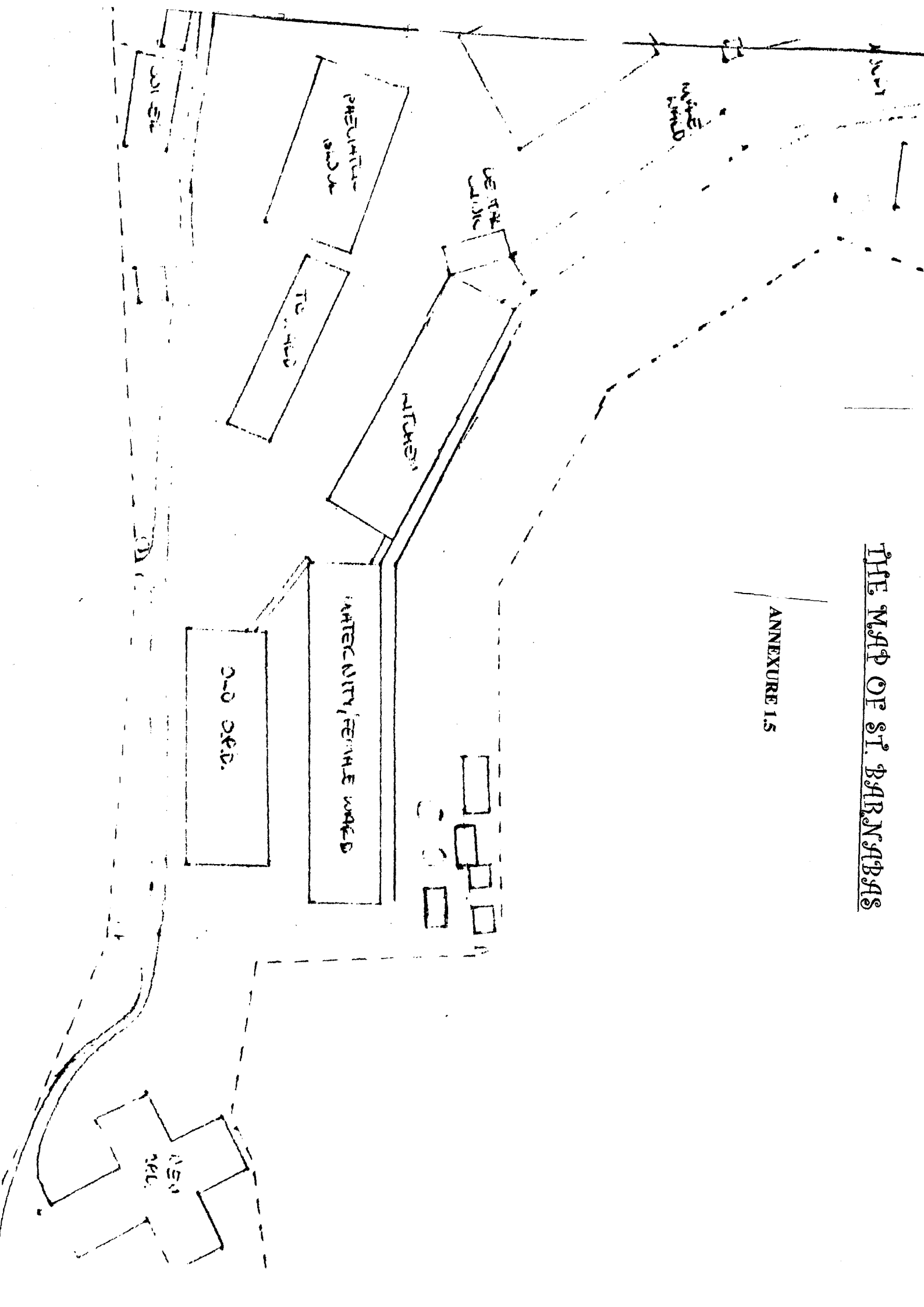
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**FR 20. Who is maintaining the baby?**

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THE MAP OF ST. BARNABAS

ANNEXURE 1.5



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EI 21. What are the best things about being a mother so young?  
Please explain.

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PR 22. What message do you have for other teenage mothers?

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**CODES**

**EI = EXPERIENCES AND IMPACT OF TEENAGE MOTHERHOOD**

**FR= FAMILY REACTION TOWARDS THE TEENAGE MOTHER.**

**PR= PEER RELATIONS.**

**THE SUPERINTENDENT  
ST BARNABAS HOSPITAL  
NTLAZA  
5114**

**SIR/MADAM,**

**REQUEST TO OBTAIN PERMISSION TO ACCESS HOSPITAL BIRTH RECORD  
REGISTER RE- MISS NOMONDE MPETSHWA.**

Please be informed that I am a social work masters student at Rhodes University East London campus, and that I am conducting a research study of the experiences of black teenage mothers.

The study will focus on teenage mothers whose children are under a year old, who have kept their children and are staying with their extended families. The study is purely academic, confidentiality is secured. Consent from the respondents to be interviewed prior to interview will be requested.

Respondents will also be informed that their condition/ situation may not be changed by their co-operation and participation, however referrals will be made when the need arises during data collection.

Hoping that my request will receive your favorable consideration.

Yours truly

**NOMONDE MPETSHWA**

**DEPT. OF WELFARE**

**C/O R.M.O.**

**LIBODE**

# PROVINCE OF THE EASTERN CAPE

## St. Barnabas Hospital

Department of Health



PO BOX 15  
Libode 5160  
Eastern Cape Province  
South Africa

Ref:  
Enquiries:

Tel: +27 (0) 47 555 1010/1011/1012/1024 Fax: +27 (0) 47 555 1013 E-Mail: [super@nilaza.um.healthlink.org.za](mailto:super@nilaza.um.healthlink.org.za)

ANNEXURE 1.4

05/08/1999

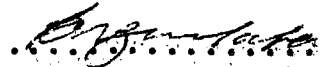
Miss Nomonde Mpetshwa  
Health Department  
R. M. O.  
LIBODE

Madam

REQUEST TO CONDUCT A RESEARCH AT ST. BARNABAS HOSPITAL :  
RE : ASSESSMENT ON HOSPITAL BIRTH RECORD.

This serves as a confirmation that you have been granted permission  
to conduct your research in our institution as per your request.

Yours faithfully

.....

DIRECTOR NURSING SERVICES  
pp. MEDICAL SUPERINTENDENT

CS