A PSYCHOSOCIAL SUPPORT FRAMEWORK FOR REINTEGRATING TEENAGE MOTHERS BACK INTO THE SCHOOL SYSTEM

by

MMAMORE REBECCA BABEDI

presented for the Degree: Doctor Educationis

in

Educational Psychology

in the

FACULTY OF EDUCATION

at the

CENTRAL UNIVERSITY OF TECHNOLOGY

SUPERVISOR: PROF JW BADENHORST

2021

DECLARATION

I declare that:

A PSYCHOSOCIAL SUPPORT FRAMEWORK FOR REINTEGRATING TEENAGE MOTHERS BACK INTO THE SCHOOL SYSTEM,

Is my original work. I adhered to the highest professional and ethical requirements that were practicable. I have not falsified documents under any circumstances. I acknowledged all referenced sources consulted during my research. I avoided any sort of plagiarism. I confirm that the originality of the study is verified, this study is my own work and has not been submitted by me for a degree at this university or any tertiary institution.

Mmamore Rebecca Babedi

September 2021

DEDICATION

This study is dedicated to:

My late aunt- Mrs Selina Pulane Mangoegape and late uncle Abenezer Serai Mangoegape: You always reminded me of how proud you are of my accomplishments and encouraged me to do more.

My beloved late parents, Mrs Jeanette Selekane Booysen and Mr Johannes Itumeleng Booysen, you always reminded me that: PHENYO E MO THAPELONG!

ACKNOWLEDGEMENTS

I would like to extend my sincere gratitude to the people who supported me during this study. I would like to thank:

- God the Almighty – the strength of my life, for being with me and guiding me during my studies.
- My supervisor, Prof J. Badenhorst, who always had faith in me in that I would complete my research. Thank you for being patient and for guiding me throughout the research. Your calm and patient nature and gentle way of enhancing my creativity have motivated me to achieve more than I could ever imagine.
- I am grateful to the principals and school-based support teams, the deputy principal, Mrs Tadi for arranging the initial meeting with participant teenage mothers. Thank you for sacrificing your time to partake in this research. You were most accommodating and shared your experiences with me and I have learned much from you.
- To all my participant teenage mothers for letting me in their lives. May the Almighty God oil your wings to soar high as the eagles do.
- To the participant parents and teachers, you provided an important angle into what adult support means to teenage mothers.
- I would also like to thank my family, my husband Nic, and daughters, Fifi and Tumi for their encouragement, their patience and understanding. I appreciate your continual unconditional love and unwavering support.

ABSTRACT

It is widely accepted that the teenage years are challenging because of the changes associated with the transition from childhood to adulthood, coupled with an immature ability to make responsible decisions. Teenage motherhood as a phenomenon is a challenge that is observed globally, and South Africa is no exception. The teenage mother faces challenges such as stigmatization and condemnation – not only in the community but also when she returns to school. Even worse, she may not be allowed to return to school. This may happen despite various policies and legislation to protect teenage mothers' rights and dignity, such as the education policy on teenage pregnancy (SASA, 1996). Amongst others, teenage mothers may remain in school while pregnant and are allowed to return to school after having given birth.

Parenting is a challenge for most adult women, and it stands to reason that the difficulties for teenage mothers are even more daunting. In high-risk communities, factors like poverty, socio-economic decline, family instability and lacking social support are likely to affect the young mother's academic performance and her ability to 'bounce back'. Psychosocial support enables the teenager to overcome these challenges and help prevent risk factors such as substance abuse and sexual activity, which may, in turn, increase the chances of unintended teenage pregnancy. To this end, the study explored how teenage mothers from high-risk communities can be supported to meet their educational goals. The aim of the research was to probe the challenges faced by these young girls in their quest to return to school and finish their education. The ultimate goal was to develop a support framework for schools to assist learners who gave birth to cope with their formidable circumstances and successfully reintegrate back into school.

Framed within the constructivist-interpretivist paradigm, a qualitative research approach was followed, utilising the phenomenological case study design. To learn more about the teenage mothers' experiences of their dual role as mothers and learners, in-depth interviews as well as a focus group interview were conducted, accompanied by various drawings and self-

reflective activities to generate rich data. In addition, in-depth interviews were conducted with two parents/guardians to learn more about their experiences and impressions, and how their children's circumstances impacted their lives. Two teachers from the participant school were also interviewed to determine the measures taken by the school to assist these learners.

The findings suggest that the most substantial risk factors – both from the literature and the empirical findings – which could potentially jeopardise the future success of teenage mothers, were feelings of rejection, regret, stress, anxiety, and helplessness. Adverse economic conditions, a resource-poor environment and failing social systems – in particular, the school – intensified these feelings. As a representative of the broader education system, the school neglected its responsibility to implement relevant policy and failed in fulfilling the role of 'in loco parentis'. The school denied the young girls the much-needed support – academic support in particular, but also emotional support – to develop the necessary resilience to help them achieve their goals. Amongst others, potential protective factors that emerged were a strong will to carve out a better future for themselves and their children, and an anchored home environment that paved the way for a stable temperament, acceptance, assertiveness and ambition – all essential components for goal setting.

Wide-ranging recommendations are offered, but, most importantly, a framework is proposed to improve the provision of support to successfully reintegrate teenage mothers into school and society to capacitate them to pursue their future goals.

Key words: Resilience, Protective factors, Risk factors, Teenage mothers, Psychosocial support.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ANNEXURES

LIST OF ACRONYMS

ARVs	Anti-retrovirals
BBL	Drawing (house): Beliefs I build my life on
BEd	Bachelor of Education
COVID-19	Co-Corona; Vi-Virus, D-Disease
CUT	Central University of Technology
CSEI	Coopersmith Self-esteem Inventory
CSE	Comprehensive Sexuality Education
DBE	Department of Basic Education
DBST	District Based Support Team
DBE	Department of Basic Education
DESA	The United Nations Department of Economic Affairs
DoE	Department of Education
EWP6	Education White Paper 6
FCIA	Free State Care in Action
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GSCT	Goodwin's Completion Sentences
HERD	Higher Education Research and Education
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HPCSA	Health Professionals Council of South Africa
ISP	Individual Support Plan
LO	Life Orientation
NGO	Non-Governmental Organisation
PI	Personal interview
QLTC	Quality, Learning and Teaching Campaign
REPSSI	Regional Psychosocial Support Initiatives
RD	Rosebush drawing

RSA	Republic of South Africa
RW	Rosebush write-up
SAMHSA	Substance Abuse and Mental Health Services Association
SASA	South African South African
SBST	School-Based Support Team
SIAS POLICY	Screening, Identification, Assessment and Support Policy
SMT	School Management Team
SGB	School Governing Body
STIs	Sexually Transmitted Infections
STATS SA	Statistics South Africa
TVET	Technical and Vocational Education and Training
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations, International Children's Emergency Fund
WHO	World Health Organisation
WIMH	What's in my heart

CHAPTER 1

GENERAL ORIENTATION TO STUDY

1.1 INTRODUCTION

Teenage pregnancy remains a concern to parents, young mothers, society and governments worldwide because the numbers of teenage pregnancies are forever increasing (Romero, Pazol & Gavin, 2016). Teenage pregnancy refers to unintended pregnancy in girls aged 13 to 19 who have not completed their basic education, are unskilled, and are dependent on their parents or caregivers for support (World Health Organisation, [WHO], 2008). It is widely accepted that the teenage years are challenging because of the changes associated with the transition from childhood to adulthood, coupled with an immature ability to make responsible decisions. Adequate support will enable the teenager to overcome these challenges during this crucial stage in her development and prevent risk factors, such as substance abuse and sexual activity, which may, in turn, increase the chances of unintended teenage pregnancy. The causes of teenage pregnancy are varied and complex and research abounds on the complexities surrounding the phenomenon. Willan (2013, p. 755) identifies some factors that may play a role, such as peer pressure, absent parents, sexual abuse, lack of knowledge, risky lifestyles, gang activities, health professionals' attitudes, traditions, and social pressure. All these factors are compounded by the poor socio-economic circumstances of many people living on the African content. For instance, in South Africa, factors such as social pressure, the need for self-affirmation to be regarded as a "woman", and to a lesser degree, the need to receive a child support grant, are cited as contributory factors to teenage pregnancy (Panday, Makiwane, Ranchod & Letsoalo, 2009).

The teenage mother faces challenges such as stigmatization and condemnation in the community when she returns to school. Even worse, she may not be allowed to return to school. This may happen, despite the South African Education policy on teenage pregnancy (SASA, 1996). Parenting is a challenge for most adult women, and it stands to reason that the difficulties for teenage mothers are even more daunting. Different authors believe that

teenage mothers and their children are likely to suffer from low self-esteem, which, in turn, is likely to affect both the mother's and the child's development and academic performance (Ryan-Krausse, Meadows-Oliver, Saddler & Swartz, 2009). In their study, Erol and Orth (2011) found that a third to fifty per cent of adolescents struggle with low self-esteem. Low self–esteem is strongly regarded as a factor that causes a reckless lifestyle that may lead to teenage pregnancy (McLeod, 2011) and adverse consequences (WHO, 2008; Duiker, 2007) such as lack of self-confidence and resilience in teenage mothers.

Importantly, Angie Motshekga (DBE, 2014), the National Minister of Basic Education, believes that good self-esteem and resilience can be achieved to counter adverse situations, by educating the girl child. Umara- Taylor, Guimond, Updegraff, and Jahromi (2013) concur with this view when they point out that, if teenage mothers could be provided with social support, it may boost their self-esteem and self-confidence, and improve resilience to overcome obstacles and enhance long-term well-being.

1.2 RATIONALE OF THE STUDY

As a former secondary school Life Orientation teacher, and currently employed by the DBE as an educational psychologist, I have witnessed many female learners who were either pregnant while at school, or who were teenage mothers already. I can attest to the fact that these teenagers tend to experience condemnation; they feel ostracised and find it difficult to balance their schoolwork and parenting duties – to the extent that many decide to drop out of school. Duncan (2011) believes that, with support strategies and reducing stigma and negative self-fulfilling prophecies, teenage mothers are more likely to remain in school until they finish their education. It is therefore important to understand how psychosocial support can influence the teenage mother's self-esteem and resilience. In my overview of the literature, I struggled to find studies on formal support programmes in disadvantaged communities in South Africa which can be implemented to assist teenage mothers to 'bounce back', rise above their circumstances, and work towards becoming productive citizens. This deficit in the literature was the impetus for addressing the gap in the literature.

1.3 SIGNIFICANCE OF THE STUDY

Early and unplanned pregnancy tends to have distressing effects on teenagers and their significant others. This research is significant for several reasons. Firstly, teenage mothers may benefit from the findings if schools are set on improving their resilience and self-efficacy levels by implementing a support programme as the one suggested in my research; this is most likely to enable them to cope with the challenges they face because of an unplanned pregnancy. Secondly, the high rate of school dropouts can be decreased by involving schools in the development of such a support programme. Thirdly, the study may assist parents of teenage mothers to better understand the challenges their daughters are facing and how to provide support. Finally, the findings of the study can serve as a guideline to the Department of Basic Education, school management teams, teachers, and other stakeholders who, directly or indirectly, are affected by the impact of unplanned pregnancies among girl learners. The results can be considered to contribute towards effective policymaking on psychosocial support services to teenage mothers.

1.4 PROBLEM STATEMENT

Worldwide, teenage pregnancy and the resultant teenage motherhood continue to pose family and societal problems. The teenage mother is not yet developmentally mature and is not equipped to deal with the challenges and responsibilities of parenting. Her future education prospects are likely to hang in the balance, as well as her opportunity to pass through the natural stages of adolescence to attain adulthood. It becomes even more intimidating if there are no supportive structures to encourage her to overcome adversities. More in-depth research on how to boost self-esteem, self-efficacy levels, resilience to recover from shame, and improve the lives of teenage mothers from disadvantaged communities is crucial.

In light of the rationale and purpose of this study as described above, the current study was guided by the following primary research question:

How can schools support teenage mothers from high-risk, disadvantaged communities to successfully reintegrate into school and society after having given birth?

The secondary research questions flowing from the primary question are formulated as follows:

- Which risk (liabilities) and protective factors (assets) affect teenage mothers' ability to successfully complete their schooling and set future goals for themselves?
- In what ways do these factors restrict them, or provide the means to successfully complete their schooling and set future goals for themselves?
- How effective are the measures taken by the school in supporting teenage mothers to integrate back into the school system?
- How can a strength-based approach assist schools and education authorities to support teenage mothers in terms of their integration back into school life specifically, and society in general?

1.5 **RESEARCH DESIGN AND METHODOLOGY** (cf. 4.2 – 4.5)

According to McMillan and Schumacher (2014), a research design in its broadest sense is key to providing the most valid and accurate answers to the research questions. My study was framed within the constructivist research paradigm, often also referred to as 'interpretivism', Creswell (2015) explains that the assumption underlying interpretivism is that events and situations are essentially context-bound and unique, and therefore historical and cultural settings and events require analyses that are suitable for the particular contexts in which they are embedded. As each study is underpinned by specific cultural, social, economic, and political experiences, the findings cannot be generalised; however, they clarify and explain how people make meaning of phenomena in a particular context, thus facilitating a deeper understanding of the human psyche (McMillan & Schumacher, 2014).

Congruent with the interpretivist paradigm, a qualitative approach was followed. Qualitative strategies are designed to clarify the *meaning* that informs the *actions* of people or the *outcomes* of situations by investigating interpretations, processes, and relations in social contexts (ibid.). It assists in generating rich data on how the participants attribute meaning to their lifeworld and the reasons behind their behaviour, actions, and interactions.

I approached this study from a phenomenological multiple case study viewpoint, focusing on the phenomenon (teenage pregnancy) within participants' real-life contexts (cf. Yin, 2014). A case study is a research method that focuses on understanding the dynamics of a single setting (De Vos, Strydom, Fouche' & Delport, 2011), while a multiple case study is a variant of a case study, where more than one setting of the same phenomenon is studied (Yin, 2014). McMillan and Schumacher (2014, p. 24) indicate that a case study examines a *bounded system,* or a case, over time and in-depth, employing multiple sources of data found in the setting. The case may be a programme, an event, an activity, or a set of individuals bounded in time and place. Gay, Mills, and Arasian (2011) add that case study research is an all-encompassing method covering design, data-collection techniques, and specific approaches to data analysis. The researcher should therefore choose the specific type of case study relevant to his/her particular research study. In this case, the phenomenological base of the study lay in understanding and interpreting the everyday lived experiences of teenage mothers in terms of their self-esteem, self-efficacy, and resilience.

Bronfenbrenner's ecological system's theory (cf. 2.3), in conjunction with resilience theory (cf. 2.4), formed the basis for the analysis of the empirical data as discussed in Chapter 5. The assumption was, following Ungar's (2019) exposition, that an ecological approach to resilience can, and has been proven to assist resilience researchers in conceptualizing the teenage mother's social and physical ecologies, from caregivers to surrounding communities and institutions, that account for both adjacent and distant factors impacting on the teenage mother that predict effective development in the face of adversity. Ungar (2019) further argues that a bio-social-ecological interpretation of resilience is informed by three principles: equifinality (many proximal processes can lead to many different, but equally viable, expressions of well-being); differential impact (the nature of the risks teenage mothers face,

their perceptions of the resources available to mitigate those risks); and contextual and cultural moderation (different contexts and cultures provide access to different processes associated with resilience as it is defined locally). The use of the Resilience theory in this study was evident in the teenage mother's resilience, which is primarily affected and developed in the microsystem. According to Bronfenbrenner's Social-Ecosystemic Theory, the lived experiences of teenage mothers are likely to be influenced by the contextual circumstances and conditions in which they live. (Bronfenbrenner, 1999).

1.5.1 Selection of participants

I employed aspects of both purposeful and convenient sampling to select the teenage mothers to participate in the research. Purposeful sampling involves a process of selecting information-rich cases which address issues that are central to the purpose of inquiry (Iphofen, 2011). Convenience sampling is based on the fact that the participants are both willing and available for the study. Braun and Clark (2013) describe an information-rich case as a case that clearly illustrates some feature or purpose of interest, where a phenomenon is most likely to occur, and where the participants possess a particular type of experience. One of the main advantages of using purposeful sampling is the fact that information obtained is generally fluid and continues until the information provided becomes redundant with no new information (De Vos et al., 2011).

Purposive sampling is the most common sampling technique that groups participants according to pre-selected criteria that are relevant to a particular research question (Babbie, 2020). In this study, the inclusion criteria involved teen mothers who:

- were aged 13 to 18 years at the time they fell pregnant.
- had at least one child who was not older than five years.
- were permanent residents of the Matjabeng municipality district; and
- were enrolled at a secondary school at the time of the pregnancy.

1.5.2. Data collection instruments

I aimed to undertake sustained in-depth, in-context research which allowed me to uncover subtle, less overt personal insights. Furthermore, data gathering was ongoing, in-depth, and contextualised, which allowed me to unearth subtle, less overt personal insights (Cohen, Manion & Morrison, 2013). To this end, multiple data collection instruments were utilised to generate data: a self-esteem inventory, semi-structured individual interviews, drawings, a sentence completion exercise, and a focus group discussion.

Some of these are briefly discussed.

1.5.2.1 Coopersmith's Self-esteem Inventory (CSEI) (cf. 4.5.3.1)

The first data collection instrument used to gather information from the teenage participants was the Coopersmith Self-Esteem Inventory (CSEI, Potard, 2017), which was aimed at assessing their self-esteem levels. According to Potard (2017), findings from various studies indicate that self-esteem can be either a risk or a protective factor, depending on the self and contextual factors of the participant. For this reason, I deemed it necessary to include it as part of the data gathering process. The inventory was merely intended to establish trends in the participants' sense of self concerning various areas of their lives. The nature of the statements in the inventory was such that it opened up avenues for further discussion, which was quite useful for establishing rapport. Importantly, *the aim was not to collect data for statistical purposes* – only to discover trends in the data.

1.5.2.2 Semi-structured Individual Interviews (cf. 4.5.3.2)

Data were furthermore collected through one-on-one interviews with participants, also referred to as individual interviews or one-to-one interviews. Ryan, Coughlan, and Cronin (2009) maintain that this is a valuable method of gaining insight into people's understandings and experiences of a given phenomenon – an ideal form of collecting in-depth data. I focused on the participants' unique and subjective experiences concerning their dual

role as mothers and learners. I developed interview guides (Annexure C3, D2, E2) where the questions were formulated to acquire answers to the research questions of the study (cf. Babbie, 2020; Forrester, 2010; De Vos, et al., 2011).

1.5.2.3 Goodwin's Complete Sentences Test (cf. 4.5.3.3)

The participants were requested to fill in incomplete sentences, to expand further on the information they shared. This projective method of information is based on the idea that this type of questioning revealed more of the participant's thoughts and emotional conflicts (Weiner & Greene, 2008).

1.5.2.4. Drawings (cf. 4.5.3.4)

Drawing is a form of art therapy that enables participants to express themselves – their perceptions and experiences – in a non-verbal way (Mayaba & Wood, 2015). It was utilised in this study as a medium for the young girls to explore both their internal and external world and contemplate their coping skills and abilities as mothers. In so doing, they were able to communicate potentially unrelenting ideas and messages that would otherwise be difficult to share (cf. Mayaba & Wood, 2015).

1.5.2.5 Focus group discussion (cf. 4.5.3.4)

Dilshad and Latif (2013) believe that focus groups are valuable tools for collecting qualitative data and comprise individuals with certain characteristics where the discussion focuses on a given issue or topic. Leedy and Ormrod (2015) add that focus groups are especially useful when time is limited. According to them, people feel more comfortable talking in a group than alone and interaction among participants may be more informative than individually conducted interviews. McMillan and Schumacher (2014) likewise point out that focus group interviews allow for a better understanding of a problem or a better assessment of a problem, concern, or idea. In addition to the focus groups, individual interviews were subsequently conducted with two principals. According to Creswell (2018), key informant interviews are in-

depth interviews with individuals who have special knowledge, status, or communication skills that they are willing to share with the researcher. The informants are usually atypical individuals and the authors advise that they must be selected carefully from among the possible informants (Cohen et al., 2013).

1.5.3 Data analysis

I used thematic content analysis, relying on identifying and analysing emerging themes from all forms of data collected (Braun & Clarke, 2013). Thematic analysis is a method aimed at identifying, analysing, and reporting themes within data. The advantage of applying thematic analysis is that it allows flexibility and the ability to reflect on reality (Bell, 2010; Creswell, 2018; Savisci & Berlin, 2012).

Qualitative data analysis is primarily an inductive, systematic process of coding, categorising, and interpreting data to provide explanations of a single phenomenon, which in this case was teenage motherhood (McMillan & Schumacher 2014). I used a process of coding to reduce data from the large quantities of descriptive information gleaned from interviews (Wiersna & Jurs, 2009). To make sense of the large volume of information gathered, I organised the collected data into categories and sub-categories and identified patterns among the categories. Categories and patterns emerged from the data (McMillan and Schumacher, 2014).

Table 1.1 provides an overview of the research methods employed in the study.

Table 1.1: Research methods

Research design	Phenomenological multiple case study
Selection of participants	Four teenage mothers, two parents, and two teachers were purposefully and conveniently selected to participate in the research.
Data collection methods	Coopersmith's self-esteem inventory; Semi-structured individual interviews; Goodwin's sentence completion test, drawings, and a Focus Group Discussion
Data documentation	Audio recordings Transcripts Drawings Narratives
Data analysis and interpretation	Thematic Analysis
Criteria to ensure rigour	Credibility Dependability Transferability Confirmability
Ethical considerations	Ethical clearance Informed consent Voluntary Participation Confidentiality and Anonymity Beneficence and non-maleficence

1.6. QUALITY CRITERIA

To ensure the rigour of the study, I adhered to stringent quality criteria. The interpretivist - constructivist inquiry requires particular criteria to ensure the trustworthiness and reliability of findings. These include credibility, transferability, dependability, and confirmability (Creswell, 2015).

Credibility was ensured through having several contacts with the participants until a saturation point was reached. As mentioned, I also utilised multiple data sources to obtain

corroborating evidence (Onwuegbuzie & Leech, 2007). Credibility was established by intensive engagement with the participants which allowed me to establish rapport with them.

Transferability: Transferability is known as the generalisability of an inquiry (Creswell, 2015). Transferability was ensured through the establishment of proper, thick descriptions of the research design and methodology and was accompanied by literature control to maintain clarity. Purposive sampling maximised the range of specific information that could be obtained from and about the participants' contexts. Importantly, the present study was based on comprehensive and extensive descriptions of specific cases that were not generalisable to other contexts.

Dependability: Thematic content analysis was used with specific codes created to describe the data. The recorded statements were transcribed line-by-line to form numbered interview scripts that could be checked by the researcher to ensure the accuracy of captured data (Roberts, Priest, & Traynor, 2006).

Confirmability: Intensive engagement with the data and the use of verbatim quotes of participants were used to make solid links between the data sets, and interpretations were used to increase confirmability (Lewis, 2009). I achieved confirmability through the safekeeping of transcribed audiotapes to confirm participants' responses. I furthermore triangulated the data (as discussed earlier) to reduce the effect of researcher bias (Creswell, 2015; Forrester, 2010; Iphofen, 2011). Additional quality criteria are discussed in depth in Chapter 4.

1.7. ETHICAL CONSIDERATIONS

Ethical guidelines were followed to ensure that participants were treated with respect and dignity (Babbie, 2020; Braun & Clarke, 2013; Cohen et al., 2013). As this research focused primarily on human beings (teenage girls) I was ethically responsible for protecting the rights and welfare of the participants since the study involved issues of mental discomfort, harm,

and danger (McMillan & Schumacher 2014). I strived to gain the trust and co-operation of all participants in the study and gave an undertaking that the information collected would be confidential (Babbie, 2020).

Voluntary participation and consent: The participants were informed from the outset that their participation was voluntary and that interviews would not be conducted without consent from them or their parents/caregivers (Babbie, 2020). I ensured that a sense of caring and fairness and personal morality always prevailed (McMillan & Schumacher 2014).

Anonymity and privacy: I ensured their privacy, respected the confidentiality of the data, ensured that the participants were not harmed in any way, and respected the participants' right to anonymity (Wiersma & Jurs, 2009). Anonymity was ensured by safeguarding all participants' identifiable prints and coding all the names (McMillan & Schumacher, 2014). Permission was obtained from the Free State Department of Education Strategic Planning and Research Unit and the Ethics Committee of the Central University of Technology.

1.8. CLARIFICATION OF CONCEPTS

The following section provides a summary of the concepts that were used in the study:

1.8.1 Psychosocial support

Psychosocial support is defined by Morgan (2009) as serving youngsters, families, and communities to improve their psychological wellbeing. It is expressed through care and dutiful relationships that uphold consideration, tolerance, and acceptance. Psychosocial care and support are provided consistently in response to the physical, emotional, mental, and social needs of learners at home, school and in the community (Inter-Agency Network for Education in Emergencies, 2016). Psychosocial support can lead to psychosocial wellbeing which relates to the bond between the learner, the family, the community, and the society (social). It also relates to how learners feel about themselves (Morgan 2009). Effective

psychosocial support could enhance a learner's resilience, which is the capacity to recuperate rapidly from the debilitating effects of traumatic early experiences or persevere in the face of stress without apparent significant negative psychological consequences (Lightfoot, Cole & Cole 2009). Psychosocial care and support could therefore enhance the wellbeing of learners in general, and teenage mothers in particular, to cope with crises in their lives.

1.8.2 At-risk communities

According to Nadat and Jacobs (2021), the concept of a high-risk community is derived from the set of social and economic conditions that place individuals "at risk" of failure, or of encountering significant problems related to employment, education, self-sufficiency, or a healthy lifestyle. At-risk conditions include both environmental or community characteristics, such as crime and limited employment opportunities, and individual qualities, such as poverty and low educational attainment (Theron, 2016). Individuals disadvantaged by low socioeconomic status are more susceptible to adverse environmental or community conditions, such as unsafe housing and poor-quality schooling, high rates of teenage pregnancy, and school dropout. Ungar (2019) observes that, in socially depleted communities, residents are often constrained in their efforts to transmit positive values and productive norms because of a lack of community structure and effective social controls.

1.8.3 Risk and protective factors

In terms of this study, *risk factors* are issues, individual characteristics, or ecological circumstances that increase the likelihood of undesirable results for teenage mothers. They present at psychological, biological, family, community, or cultural levels (Substance Abuse and Mental Health Services Administration (Figg, 2018).

Protective factors are elements that safeguard, support or toughen a teenage mother's response to singular or many strains (cf. Ungar, 2019). Ungar (2014) also refers to these factors as elements that improve the individual's responses to various difficulties. Protective

factors lower the prospect of negative outcomes (Figg, 2018). They include effective psychosocial care and support executed by significant others to develop and establish coping mechanisms in the teenage mother's life. Such measures taken by stakeholders would serve as protective factors against learning barriers and other negative consequences.

Nadat and Jacobs (2021) distinguish between internal and external protective factors. Internal factors include social competence (ability to form positive and productive relationships with others); problem-solving (the ability to identify problems and apply appropriate resources to solving them); autonomy (an ability to act independently and with control over their environment); and sense of purpose (the disposition to set goals, persist in achieving them, and maintain a focus). Theron (2016) observes that internal protective elements function in partnership with external protective factors to produce resiliency and positive outcomes such as a sense of caring; high expectations coupled with appropriate resources to reach goals; opportunities for meaningful participation and demands for personal responsibility.

1.8.4 Teenage mother

Within the context of this study, teenage mothers refer to girls between 13 and 19 years of age who had their schooling interrupted due to pregnancy and who returned to school after having given birth.

1.8.5 Self-esteem

Self-esteem is defined as the belief about oneself as well as the emotional responses to those beliefs (Erol & Orth, 2011). It refers to how one perceives oneself, for instance, concerning one's weaknesses or strengths, and the relationship an individual has with others. In the context of the current study self-esteem refers to teen mothers' attitudes about their self-worth that influence their self-esteem.

1.8.6 Resilience

Zimmerman (2013) and the Merriam Webster Dictionary (2021) state that resilience is the ability to recover from or adjust easily to misfortune or change. Resilience refers to positive outcomes in the presence of adversity, rather than to positive adaptation in general. It "surfaces in the face of hardship". For this study, resilience refers to strategies to support the teenage mother to transcend adversity, bounce back, regain positive self-esteem, and live a goal-directed life.

1.8.7 Self-efficacy

Self-efficacy is the belief that one can organise and executing certain behaviours or reaching valued goals (Bandura, 1982). Self-efficacy beliefs provide the foundation for human motivation, well-being, and personal accomplishment (Pajares & Valiente, 2006).

1.8.8 District-based Support Team (DBST)

This refers to a management structure at the district level, the responsibility of which is to coordinate and promote inclusive education through training; curriculum delivery; distribution of resources; infrastructure development; identification, assessment, and addressing of barriers to learning. The DBST must provide leadership and general management to ensure that schools within the district are inclusive centres of learning, care, and support. Leadership for the structure must be provided by the District Senior Management that could designate transversal teams to provide support (SIAS/DBE, 2014, p. 8).

1.8.9 School-based Support Teams (SBSTs)

These teams are established by schools as a school-level support mechanism, whose primary function is to provide coordinated school-, learner-, and teacher support. Leadership for the SBST is provided by the school principal to ensure that the school becomes an inclusive centre of learning, care, and support. This team is the same as an Institution-level Support Team (SIAS/DBE, 2014, p.10).

1.8.10 Individual Support Plan (ISP)

The ISP is a plan designed for learners who need additional support or expanded opportunities, developed by teachers in consultation with the parents and the School-based Support Team (SIAS/DBE, 2014, p.9).

1.8.11 Bronfenbrenner's Ecological Systems Theory

The Ecological Systems Theory was developed by Urie Bronfenbrenner to describe how social settings affect children's development. In order to understand children's development, this theory highlights the significance of observing them in a variety of situations, referred to as ecological systems. According to Bronfenbrenner's ecological systems theory, children become entangled in a variety of ecosystems, ranging from their most personal home ecological system to the bigger school system, and finally to the most expansive system, which incorporates society and culture. Each of these natural systems inevitably interacts with and influences children's lives in various ways. Bronfenbrenner's ecological model organizes contexts of development into five nested levels of external influence: *Microsystem*, *Mesosystem*, *Ecosystem*, *Macrosystem*, and *Chronosystem.*

1.8.12 Resilience and resilience theory

According to the University of Rochester's Children's Institute, resilience research is focused on researching persons who engage in life with optimism and humour despite tragic losses (Zautra, Hall & Murray, 2010, p. 3). Resilience entails not simply overcoming a very stressful

event, but also emerging with "competent functioning". A person's resiliency permits them to bounce back from hardship stronger and more resourceful. When an event is appraised as comprehensible (predictable), manageable (controllable), and somehow meaningful (explainable), a resilient response is more likely (ibid.)

Southwick, Bonanno, Masten, and Ce Panter-Brick (2014) believe that it is critical to clarify whether resilience is perceived as a trait, a process, or an outcome when defining resilience. Resilience is, according to them, more likely to exist on a continuum that can be found in varying degrees throughout many domains of life. Van Breda (2018) noted that individuals who adjust well to stress in the business or the classroom may struggle to adapt in their personal lives or relationships. Resilience can thus shift throughout time as a result of growth and interactions with the environment. In addition, stress and trauma responses occur in the context of relationships with other people (ibid.).

1.9 CHAPTER DIVISION

This thesis is organised into chapters, which align with how the research programme was followed.

Chapter 1 introduced the research problem with the main research question and sub-questions. A brief outline of the research design and methods, ethical considerations, and quality criteria were offered. Important concepts referred to throughout the study were also presented.

Chapter 2 (Theoretical framework of the study) provides an overview of Socio-Ecological Theory and Resilience Theory as the main theoretical framework that guided this study. The interaction between assets or protective factors and risk factors in the micro-, meso-, exo-, and macro systems in which the teenage mother functions will be emphasised.

Chapter 3 places teenage motherhood in both the global and regional context. This chapter examines the literature on teenage parenthood and associated elements of teenage pregnancy. The conversation then shifts to the developmental stages of adolescence, with a

focus on the teenage mother. It also discusses the impact of South African policies on teenage pregnancy and the ramifications for the teenage mother.

The fourth chapter outlines the research design and methods applied in this study. The chapter details how a qualitative approach was undertaken, consistent with the interpretivist-constructivist paradigm and with the phenomenological case study design as the strategy of inquiry. The methodology is described in greater detail as it relates to the research site, the sampling techniques, ethical considerations, and the data analysis approaches used. This chapter further describes how the criteria of trustworthiness, validity, and reliability were sought and considered during the research process.

Chapter 5 reports and interprets the findings in light of the conceptual framework and literature review of the study as reported in chapters 2 and 3. The discussion is organised in terms of interrelated themes and categories that were crystalised from the triangulated data.

In the final chapter, the conclusions, recommendations, and limitations of the study are presented within the context of a summary of the research. The implications of theoretical and empirical research are summarised. A psychosocial support framework for teenage mothers, including possible interventions, is proposed. The limitations of the study are stated and recommendations for further research are suggested.

1.10 SUMMARY

In this chapter, I introduced the study and presented the background to the investigation. I stated the problem which focuses on teenage mothers' lived experiences of balancing parenthood with their schoolwork, and the rendering of psychosocial care and support. The problem statement was further clarified utilizing research questions, as well as the purpose, aims, and objectives of the study. The research design and methodology were summarised, and some information was given regarding data collection and data analysis. Ethical principles

were also discussed briefly. I listed and defined all the key concepts relevant to the study. Finally, a synopsis of the six chapters of the study plan was outlined.

Chapter 2 addresses the theoretical framework of the study.

CHAPTER 2

A THEORETICAL LENS ON TEENAGE MOTHERHOOD

2.1 INTRODUCTION

In Chapter One, the study was contextualised by providing an overview of the problem to be investigated, a rationale for undertaking the study, and how I planned to conduct the research, including the research questions and the specific methods to be followed. I argued that teenage pregnancy and the resultant teenage motherhood continue to pose family and societal problems worldwide. The teenage mother is not yet developmentally mature and cannot deal with the challenges and responsibilities of parenting. Her future education prospects are likely to be in the balance, as is her opportunity to pass through the natural stages of adolescence and attaining adulthood. It becomes more challenging if there are no adequate supportive structures to encourage her to overcome adversities. Research on how to provide support to teenagers, especially teenage mothers who face challenges from disadvantaged communities in South Africa, how to recover from shame, and improve their lives, is scant.

In this chapter, I discuss the direct and indirect factors that impact the teenage mother's ability to realise her educational aspirations towards full integration in society through the lens of two theoretical perspectives, namely Bronfenbrenner's (1979) Ecological Systems Theory and Resilience Theory. More specifically, the focus will be on the interaction of assets or protective factors and risk factors in the micro-, meso, macro-, and exo- environment (system) within which the teenage mother functions.

2.2 THEORETICAL FRAMEWORK

Grant and Osanloo (2014) hold that the theoretical framework of a study serves as the guide on which to build and support the research; it also "provides the structure to define how [you] will philosophically, epistemologically, methodologically, and analytically approach your

research endeavour as a whole" (ibid., 2014, p.13). As such, then, the theoretical framework consists of the selected theory (or theories) that undergirds one's thinking in terms of how one understands and plans to research a topic (Maxwell, 2014), as well as the main tenets from the theory or theories that are relevant to the phenomenon under investigation. This framework will act as the 'canvas' against which the findings of the study will be interpreted. To this end, my study draws from the two theoretical perspectives mentioned (Ecological *Systems Theory* and *Resilience Theory)* concerning the factors impacting teenage mothers from 'exposed' communities, the systemic realities they face, and how they can 'bounce back' by focussing on their strengths and assets to reach their educational goals. The main characteristics of these two approaches are subsequently discussed concerning their relevance for the focus of this study. First, a brief background explaining the origin of the Ecological Systems model is provided to better understand how the relationship between the environment and other interlocking systems has evolved over the past several decades. Second, a closer look at the Ecological Systems model of Bronfenbrenner, in particular, is undertaken within the premise of a broader context of eco-systemic theory. Third, fundamental issues – the risk and protective factors within the different sub-systems and how these relate to the lifeworld of the teenage mother, are incorporated into a framework for conceptualizing the factors impacting the teenage mother's integration into the education system and into the broader social systems in society. Accordingly, the theoretical framework of the study is visually represented in Figure 2.1.

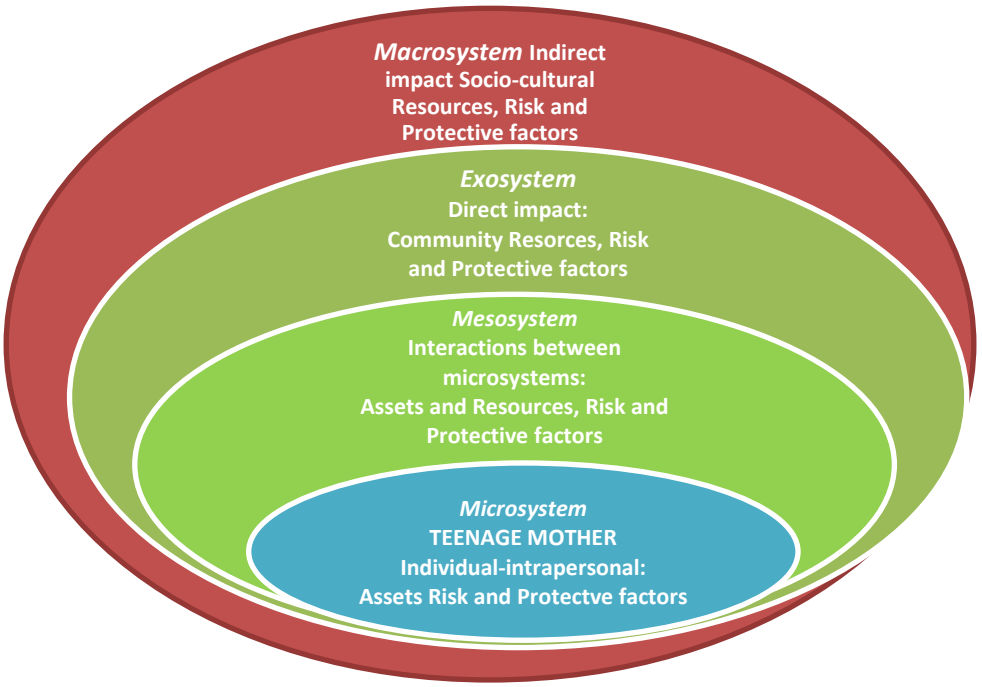

Figure 2. 1: Theoretical framework of the study

Source: Author

Each of the two theories that comprise the theoretical framework of this research is discussed in more detail in the sections that follow.

2.3 BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY

Over many decades, there has been much work on understanding how human development is shaped by the social contexts in which they function (Sabri, Hong, Campbell & Cho, 2017, p. 4). Systems theory looks at a person's development within the context of the system of relationships that forms his or her environment. To emphasise that people's biology (bodies) is a primary environment fuelling their development, the system theories define complex layers or systems of environment, each affecting a person's development. The interaction between factors in a person's maturing biology (emotions, intellect, behaviour), their immediate family/community environment, and the broader societal landscape fuels and steers their development. As Sabri et al. (2017) point out, changes or conflicts in anyone 'layer' or system will ripple throughout other layers. To study human development, one must

look not only at people and their immediate environment but also at the interaction of the larger environment as well. Such systems characteristically comprise subsystems that interact with the entire system (Sabri et al., 2017). The system itself also interacts with other parallel or wider systems outside it. Thus, 'grandparents', 'parents', and 'children' may be seen as subsystems within a family, while the family as a whole may interact with systems outside, such as other families, schools, churches, etc.

The following diagram exemplifies the interaction between different systems. The individual is part of (and nested in) a family (group), and the family is part of (nested in) a larger group such as a church or community. The implication here is that people don't live in isolation, but are part of larger groups or systems.

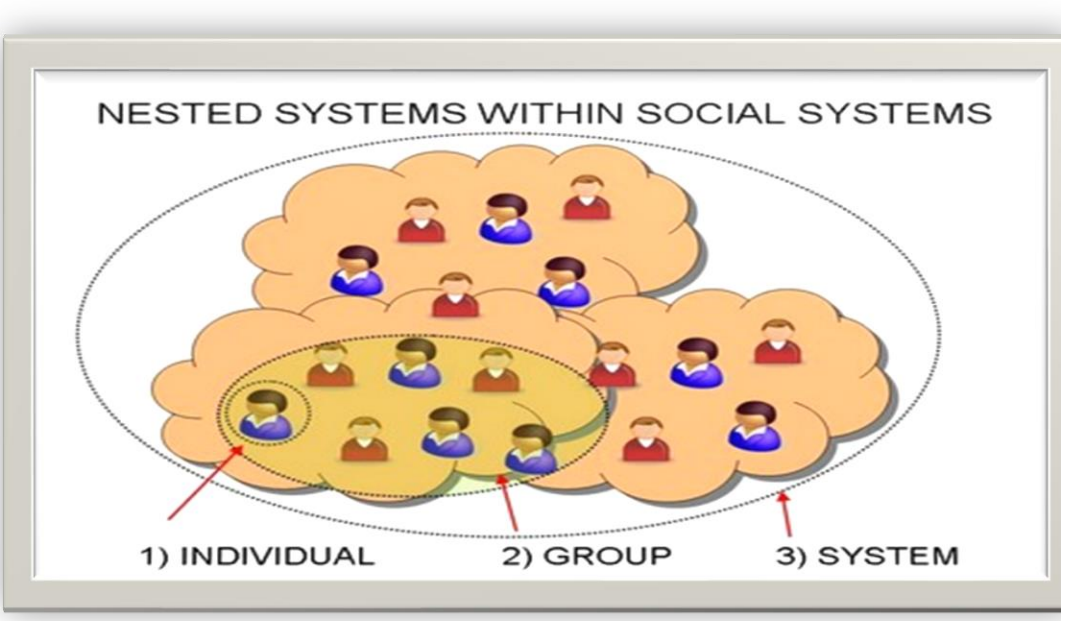

Figure 2. 2: Nested systems within social systems

(Source: Social welfare, social warfare-wordpress.com)

The eco-systemic theory focuses on circular interactional patterns, in other words, on the relationships between different parts of a larger system, such as a family, community, etc. Through schematic structure only closer levels appear to link with each other, however, that is not the case in reality. For instance, getting married is a transition from one culture to the other. In this way, the cultural level can directly connect with an individual, such a transition

is directly affecting an individual (Donald, Lazarus & Lolwana, 2012). Therefore, each level interacts with the other irrespective of the schematic distance between the levels. The human ecosystem (as depicted in the figure above) is a three-way structure–individual, group, environment – and the interaction between them.

Based on the above, a person is an area of focus within an eco-systemic framework. The affected systems are, for example, the individual, the family, peers, teachers/ tutors, the community, and broader society. An individual is embedded within these environmental systems and to develop a comprehensive understanding of an individual and his/her circumstances, one has to consider all interacting systems. Importantly, the interaction between both the systems and the individual is of equal importance (Bronfenbrenner & Morris, 2006). The most well-known systems theory is that of the Russian psychologist Urie Bronfenbrenner (1995; 2005). His Bio-ecological Systems Model was chosen for this study because it explains how family, peers, the school, and the community affect and is affected by the learner's development (Babedi, 2018). Bronfenbrenner (1979) identified four nested systems in which human development takes place, namely the *microsystem*, the *mesosystem,* the *exosystem,* and the *macrosystem,* which all interact with the *chronosystem.* Within each of these systems are certain factors, also referred to as *dimensions or interactions,* that help in understanding human development and behaviour (Bronfenbrenner, 1994). These are:

- **person factors** (for example, the temperament of the person and individuals close to the person)
- **process factors** (for example, the forms of interaction that occur in a family)
- **contexts** (for example, families, schools, or local communities)
- **time** (for example, changes over time in the person, or the environment).

Bronfenbrenner (1979) theorizes that the interactions that occur between people in long-term relationships (for example, between a mother and child, or an individual and a close friend) are the most important in shaping lasting aspects of development. These are called

proximal interactions (ibid.). The *process* of proximal interactions is affected by *personal* factors (for example, the temperament of the person), as well as the nature of the social *contexts* within which they occur (for example, the school as a context makes certain kinds of interaction between, say, a learner and a teacher more likely than other kinds of interaction). According to Moon, Patton, and Rao (2010, p. 3), these *process, person*, and *context* elements all change over *time* owing to an individual's maturation, as well as changes in the environments (systems) themselves. Therefore, the extent to which the processes affect development is influenced by a range of factors in the person and his/her environment.

The salient elements within the four systems – the micro- meso-, exo-, and macro-systems – and how they interact with the chronosystem as they relate to the teenage mother are explored next.

2.3.1 The microsystem

The **microsystem** refers to the relationships between an individual (interpersonal) and her inner, immediate settings and significant others. Wang, Liu & Wang (2011) asserts that the microsystem is where daily and direct interaction between the individual (teenage mother), her family, her friends, and her school takes place. The relationships in the microsystem play an important role in the intrapersonal development of the individual (Rabie, 2013). Intrapersonal development refers to the interactions and interrelatedness between aspects such as the verbal, non-verbal, physical, cognitive, social, and emotional development of an individual (Babedi, 2013; Donald, Lazarus & Lolwana, 2012). It is within the microsystem that the individual child experiences the initial reciprocal influence between herself and significant others, such as her parents (Dowling, 2014). The family is the primary, and potentially the most influential agent for promoting child development within the microsystem. Potentially stressful transitions and turning points in the family, for example, the death of a family member, can have a huge impact on the child (Dowling, 2014). This bi-directional influence is depicted in Figure 2.3.

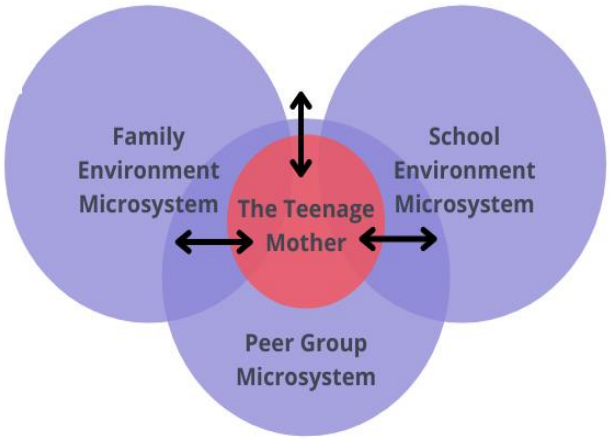

Figure 2. 3: The microsystem

Source: Author

2.3.2 The mesosystem

The interaction between the sub-systems (bi-directional relationships) in the microsystems is the second layer, referred to as the **mesosystem.** The mesosystem is a set of micro-systems (or relationships) that continuously interface with one another in a dynamic interaction process, such as the relations between the teenage mother's family and the school, the teachers, and peers. Put simply, it is formed by how the teenage mother interacts with the other microsystems – school, peers, and neighbourhood, and the resultant influence in her growth and development. The quality of reciprocal interactions and information sharing between the microsystems determine the degree of functioning of the mesosystem. For instance, what happens to the teenage mother at home is likely to have an impact on what happens at school and vice versa. The interactions either inhibit or enhance growth and development and direct the teenage mother's manner of dealing successfully with adversity (Swart & Pettipher, 2011). Activities such as family or individual counselling are aimed at improving the functioning of the family or the individual, thus impacting on mesosystems. Harmonious interactions tend to lead to a positive and well-functioning mesosystem (Krishnan, 2010). The mesosystem is graphically depicted in Figure 2.4.

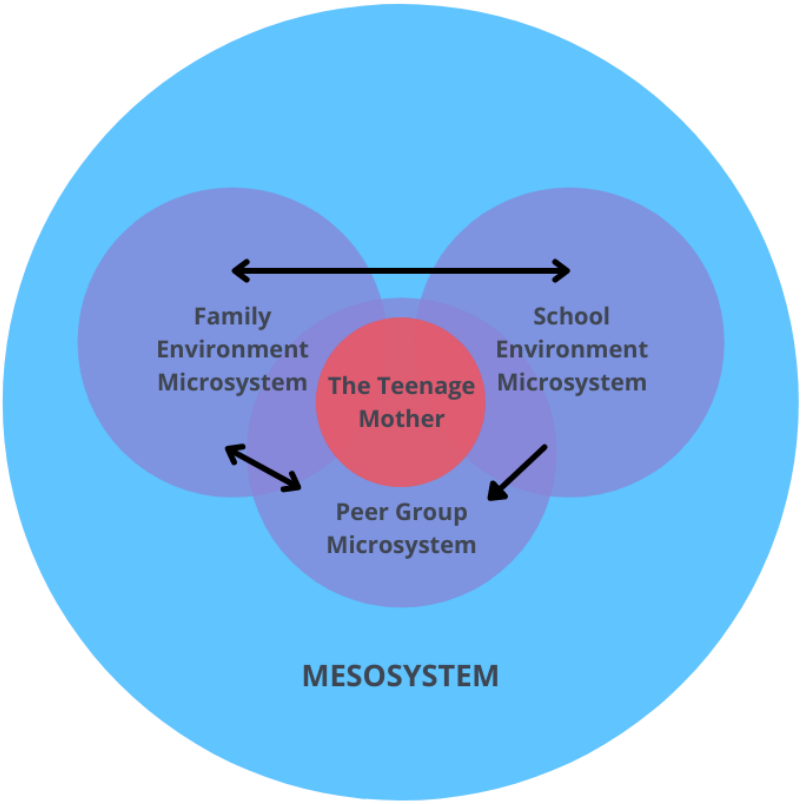

Figure 2. 4: The mesosystem

Source: Author

2.3.3 The exosystem

The instances where the individual (in this case, the teenage mother) is indirectly influenced is represented by the third layer called the **exosystem** (Bronfenbrenner, 2005). The exosystem includes the other systems in which the individual is not an active participant or is not directly involved. These include services that are informed by policies from government agencies such as health and social services, social media, services rendered by the school management, and conditions in parents' employment (Donald et al., 2012; Swart & Pettipher, 2011). This implies that the teenage mother's development is influenced by the availability or non-availability of community resources such as health and educational services as indicated in Figure 2.5.

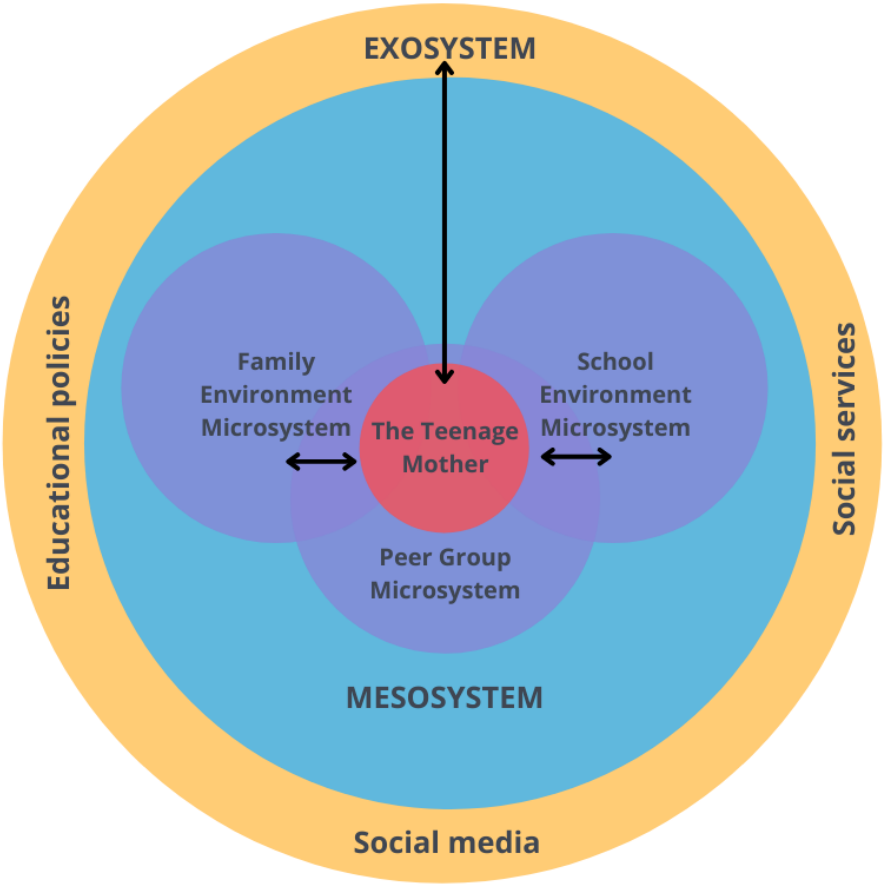

Figure 2. 5: The exosystem

Source: Author

2.3.4 The macrosystem

This fourth ecosystem, the **macrosystem,** represents the outermost layer of the model that influences all inner layers of the ecosystem and contributes to the teenage mother's development through the country's prevailing socio-economic climate, ideologies, values, and cultural beliefs in the society (Bronfenbrenner, 2005; Donald et al., 2012). Examples include government policies, legislation, customs of specific cultures and sub-cultures, social classes, forms of discrimination, social justice, and equality. The status of the macrosystem can enhance or destabilise the other subsystems (Krishnan, 2010). Important for this study is the incorporation of the role of culture as a contribution to the nested levels of influences (cf. Chapter 5). Both Bronfenbrenner (2005) and Nsamenang (2009) agree that the role of culture is essential for understanding the interactions between the individual and the systems.

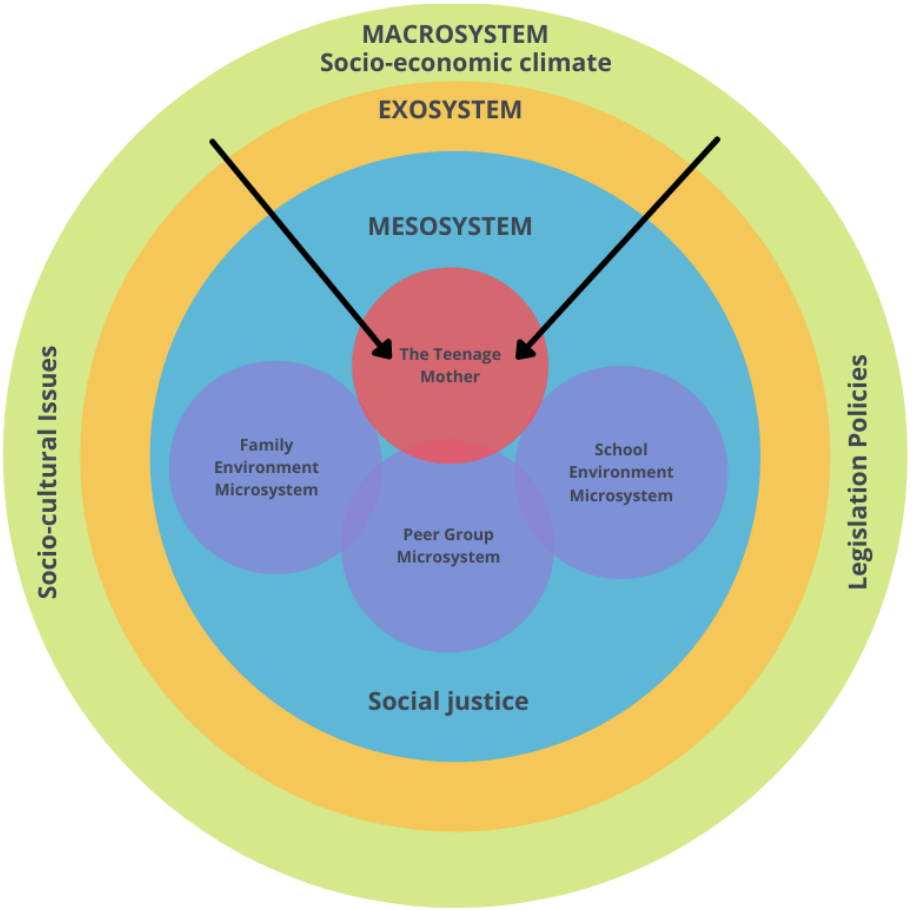

Figure 2. 6: The macrosystem

Source: author

2.3.5 The chronosystem

A fifth system, the **chronosystem,** was later added to incorporate the dimension that accounted for time, as it relates to an individual's environment (Donald et al., 2012). The chronosystem demonstrates the influence of both change and constancy and may include a change in family structure, moving to another place, the parents' employment status, as well as immense societal changes such as economic cycles and pandemics. All the above-mentioned systems interact with the chronosystem and any change or influence has a distinct impact on the individual (Dowling, 2014).

In summary, the value of Bronfenbrenner's theory for my study lies in the fact that it facilitates an expansive understanding of the teenage mother on multiple levels and the complex processes involved in her growth and development. Since she faces extra challenges that place additional demands on her, she needs to be very resilient and strong to deal with her added responsibilities. On account of this, Resilience theory was quite relevant for this study, because embedded in all the eco-systemic levels are both risk and protective factors which may either strengthen or jeopardise the teenage mother's ability to bounce back – be resilient – after facing setbacks and adversity. Together with Bronfenbrenner's Ecological Systems theory, Resilience theory facilitates a better understanding of how risks and opportunities within the different systems impact her life world. Hence, the ultimate aim of this study – to devise a multisystem support strategy to assist the teenage mother towards realising her educational goals through resilience – was informed by the interaction of risks and opportunities within a systems model.

2.4 RESILIENCE THEORY

Resilience theory starts from the premise that everyone can overcome adversity amid hardship. The generally used definition of resilience theory by several researchers is that it is an attempt to understand the phenomenon of an individual's strengths and positive adaptation (ability to easily adjust) to challenges and risks despite the hardships (Borucka & Ostaszewski, 2008; Pietrowski, 2006; Van Breda, 2020, p. 14) endured by the individual within their environment. For the teenage mother, resilience is the wake-up call to bounce back when things did not work out as planned and to believe in herself and press on until her educational goals are achieved (Brubaker & Wright, 2006). As Karatas and Cakar (2011) so aptly posit, the ability to perform motherhood responsibilities and meet educational demands successfully depends largely on one's resiliency levels.

2.4.1 Resilience and risk

In terms of this study, the risk factors in the life of the teenage mother refer to negative elements and circumstances which prevent her from coping successfully with challenges and

traumatic experiences and compromise her biological, environmental, and individual growth and development (Drude, 2019). Risk factors may furthermore promote outcomes that set her course on a negative life trajectory. For instance, some of the aspects that can manifest as risk factors are personal factors such as a lack of commitment to school, low self-esteem, low morale, etc., while social risk factors include friends with risky behaviour, negligent and unsupportive parents, financial problems, a poor-functioning school-based support team (SBST) and other similar factors. The chances of the teenage mother achieving academic goals are likely to be diminished as a result of these risk factors that she might face.

2.4.2 Resilience and strengths/assets

On the other hand, certain positive aspects and factors – assets and resources – may enhance the teenage mother's ability to 'bounce back' and facilitate a sense of wellbeing. These are referred to as protective or strength factors because they buffer the possible negative impact that could result from risk factors (Cluver, 2007). Examples of protective factors that enhance resilience are financial security, supportive parents, and siblings. Personal attributes, also regarded as skills and resources, are innate factors that can enhance attempts to overcome adversity and achieve resilience, such as self-esteem and self-efficacy (Heyne & Anderson, 2012; Fuinaono, 2012, p.43). These protective factors and assets act as buffers against life stressors and may promote general wellbeing.

Other protective factors include the resources (external/environmental influences from the individual, family, peers, etc) and elements that have the potential to decrease the impact of adversity, in this case, the negative effects associated with teenage motherhood (Cluver, 2007). This group includes mentors, positive relations with judicious peers, strong support teams at school, and community organisations (Fergus & Zimmerman, 2005). Masten (2007) emphasises the importance of strengthening the individual's external protective factors so that the individual can capitalise on them when in need of social support.

Coetta (2014) cautions that the impact of ecosystems on the resilience of an individual is often overlooked. Therefore, it becomes imperative to ensure that protective factors within the different systems in which the teenage mother functions and interacts – both internal and external – are enhanced and strengthened to assist her to successfully navigate risky situations. In the next section Resilience Theory as it relates to the teenage mother is addressed.

2.4.3 Defining resilience

The definitions of resilience are varied due to the focus and discipline of researchers; be it from the field of psychiatry, developmental psychopathology, epidemiology, or social sciences (Ledesma, 2014). In the following table the numerous aspects related to resilience are illustrated:

Table 2 1: Key terms in definitions of resilience

RESEARCHER	KEY TERMS/ PHRASES IN THE DEFINITION
Collins (2010); Frazer-Thrill (2010); Heyne & Anderson (2012); Zimmerman (2013); Ledesma (2014).	The ability to overcome adversity, adjust easily, move on, persevere until one succeeds
Luthar, Cicchetti & Becker (2007)	A dynamic process encompassing positive adaptation within the context of significant adversity.
Goldstein & Brooks (2005)	The ability to overcome adversity
Rutter (2006); Werner & Smith (1982)	Capacity to cope capability to withstand
Garmerzy (1991)	Cpacity for recovery
Hurd & Zimmerman (2011); Lee, Cheung & Kwong (2012)	A process of capacity
Ledesma (2014); Ungar (2012)	A set of resources…to overcome
Masten (2014); Walsh (2015)	A combination of positive factors that enable adaptation; adaptive behaviour

From the outset, resilience researchers such as Norman Garmezy (1991), Michael Rutter (2006), and Emmy Werner and Smith (1982) sought to inform practice in terms of their understanding of the reasons why some individuals fared well in the face of adversity while others floundered. Given the emphasis of theories emerging from the study of individuals who, despite their exposure to adversity, were competent, practitioners seeking to promote these individuals' ability to rise above their circumstances, started using the term, 'resilience' regarding the strengths and/or perseverance of vulnerable individuals, groups, and societies (Yates, Tyrell & Masten, 2015). The different ways in which the concept, 'resilience' is defined in literature on resilience as a human quality, suggests that its definition is influenced by (a) the historical and socio-cultural context within which research was conducted; (b) the researcher's conceptual inclinations, and/or (c) the population sampled (McAslan, 2010). It was Pines (quoted by Masten, 2007) who first stated that there was something important or distinct about a child who was identified as resilient, hence the first researchers studying this phenomenon defined resilience as 'a rare trait' in a child (Ungar, 2008; Rutter, 1990) and, having studied and evaluated those they regarded as 'resilient' children, these researchers classified them as extraordinary individuals. Informed by this definition, most of the early researchers, therefore regarded children with high self-esteem, motivation, autonomy, positive social orientation, and a sense of humour–traits which these researchers regarded as remarkable–as resilient.

Rutter (1990) contested this early view of resilience, positing that it (i.e., resilience) was not a predetermined quality inherent in any individual; rather, he argued, it was the product of protective factors – family, peers, and/or communities, for example – that contributed to the development of resilience in individuals (Rutter, 1990). Following this argument, Luthar, Cicchetti and Becker (2000) claim, moreover, that it is a person's *positive adaptation/competence* during *adversity* that constitutes resilience. Arguing that these two constructs are pivotal to a sound understanding of human resilience, Luthar et al. (ibid., 2000) claim, firstly, that resilience typically emerges during, or as the result of, negative life circumstances which present the person/s concerned with one or more adjustment challenges. Secondly, so they claim, positive adaptation/adjustment is usually defined in terms of behaviourally manifested social competence, coupled with the ability to meet stage-

specific developmental tasks. Therefore, they argue, young children's competence could be linked to the development of a close attachment with primary caregivers (Luthar et al., 2000). Yates et al. (2015), agree with Luthar et al. (2000), that resilience could be associated with both a developmental process and a dynamic capacity, and argue, therefore, that the term, 'resilience', should not be used to refer to a personality trait or attribute but rather to the process of which it is the outcome. Hence, they argue, a sound definition and/or understanding of resilience depends on the existence of clear operational definitions of both adversity and positive adaptation or competence.

Fergus and Zimmerman (2005) describe resilience as the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. Resilience theory, according to them, is aimed at understanding healthy development despite risk exposure, thus the focus is on strengths rather than on deficits. Yates et al. (2015), Fergus and Zimmerman (2005), as well as Luthar et al. (2000), acknowledge the influence of environmental factors on the development of resilience, adding that additional individual traits also play a decisive role in a person's ability to overcome adversity. According to them, 'promotive factors' such as assets or resources could help young people to avoid the negative effects of risk. Assets differ from resources in that they are intrinsic positive factors – an individual's competence, coping skills, and self-efficacy, for example – while resources are external positive factors – social environmental influences on adolescent health and development, for example – which help an individual to manage risks. Resilience, according to them, occurs in an ecological context with external resources helping adolescents to face risks and prevent negative outcomes. It follows that is therefore not a static, individual trait but a *process* that enables individuals to manage/overcome risks (Fergus and Zimmerman, 2005). To therefore equate resilience with positive adjustment, coping, or competence is a misnomer. Not only is each of these a distinguishable positive outcome of resilience but also a means by which negative outcomes could be avoided or minimised – coping successfully with a traumatic event (such as the death of a loved one), for example. In essence, the point that Fergus and Zimmerman (2005) are making is that resilience and competence, while related, are not the same, competence being no more than a vital asset/component of the resilience process. It could therefore be inferred

that the key tenet of ecological resilience theories and/or theoretical models is that it is the combination of external factors and personal attributes which fosters resilience and helps young people to avoid the negative effects of risk.

Ungar (2008), also emphasizing the influence of social contexts on an individual's resilience, provides a threefold definition of resilience. Firstly, he equates it with the capacity of individuals to navigate their way to resources that sustain their well-being; secondly, he claims that these individuals utilise physical and social ecologies to access resources, and thirdly, he emphasises the capacity of individuals, their families, and communities to negotiate culturally meaningful ways of sharing such resources. This tripartite definition of resilience highlights the importance of personal agency in an individual's efforts to identify and utilise the multiple resources they would need to satisfy their developmental needs. Importantly, these resources – the full range including psychological resources, like self-esteem and a sense of attachment as well as health care, schooling, and opportunities to display their talents to others – must be both available and accessible. Viewed from an ecological theory perspective, a child's resilience, therefore, depends on the extent to which the necessary physical and social ecologies are within her/his reach. Moreover, the aspects that are likely to have the greatest influence on an individual's resilience depend on the extent to which they are valued by a particular culture and/or society.

Irrespective of differences in the definition of resilience, there is consensus amongst resilience theorists that resilience occurs only in the presence of considerable adversity (Ungar, 2008; Rutter, 2005) because, according to Harvey and Delfabbro (2004), the fact that a person is resilient implies that s/he has at some time or the other experienced a difficult situation and, rather than avoiding the situation, not only faced the problem it constituted but also overcame it. By implication, according to Rutter (2006:4), a person might be resilient at one stage of her/his life but not at a later stage: the fact that s/he overcame adversities during adolescence does not guarantee that s/he will be able to do so as an adult, and vice versa. Also, according to Rutter (ibid) and Dass Brailsford (2005), regardless of which definition of resilience is adopted, what may be considered resilient in one context, may not be so in

another: one society may, for example, consider strict discipline as an asset whereas another may regard it as a risk factor.

To sum up, although resilience theorists define resilience differently and may disagree on the factors which encourage or inhibit resilience development, all of them agree that resilience is a common phenomenon, one in which adaptive functioning is upheld despite a variety of risks (Ungar, Brown, Liebenberg, Cheung & Levine, 2008; Schoon & Brynner, 2003; Masten, 2001; Rutter, 1990) and that risks, as well as resilience, are germane to basic human adaptation systems (Masten 2001). If these systems are functioning in such a way that the needs of an individual are accommodated the development of resilience in the face of severe adversity is assured. Put differently, the consensus amongst resilience theorists is that the term, 'resilience' refers to the ability of an individual to positively adapt or adjust to adversities to overcome the potentially negative effects of being exposed to risk.

2.4.4 Theoretical perspectives on resilience

Theories on resilience provide a useful framework for research that bridges what Patel (2015) refers to as the *ecosystems d*ivide, which could make important contributions to defining social development theory in general (Patel, 2015). For this study, an in-depth understanding of resilience depends on a broad discussion of various researchers' resilience focus which shows, similar to the different definitions of resilience, the widespread understanding thereof and how resilience research developed over the years. The sub-section describes, albeit briefly, the origin and development of various theories on resilience, indicating the relevance of each to my study.

2.4.4.1 Zimmerman and Fergus

In their quest to understand a particular phenomenon, researchers typically design a theoretical model which lends itself to the kind of understanding which is their aim. In their quest to understand human resilience, resilience researchers/theorists have to date designed

three main types of resilience models, commonly referred to as “compensatory,” “protective,” and “challenge” models (Fleming & Ledogar, 2008:7), each of which could be adopted by a researcher as the conceptual framework which will inform her/his determination, description, and evaluation of resilience in a specific population or individual.

More specifically, according to Fergus and Zimmerman (2005) as well as Zimmerman and Brenner (2010), resilience models are used in strength-based approaches to either understand child and adolescent development or to design a necessary or useful resilience-related intervention. In either case, the focus should be on the determination or promotion of positive social, contextual, and individual variables that could hinder or disrupt developmental resilience trajectories – from risk to mental distress, problem behaviour, and/or poor health outcomes (Fergus and Zimmerman, 2005). The views of Fergus and Zimmerman (ibid.) on the different types of resilience models are presented in the sub-sections which follow this one. More specifically, the focus is on how, in terms of each of these models, promotive factors could be common assumptions about the typical risk trajectory, namely that the outcomes of risk exposure are usually negative.

2.4.4.1.1 The Compensatory model

The Compensatory model describes a process in which promotive factors **counteract** exposure to risk through a direct and independent effect on an outcome (Zimmerman, Toddard, Eisman, Caldwell, Aiyer & Miller (2013). Fergus and Zimmerman (2005) believe that this model is one of the most popular resilience models used in research. Ledesma (2014) views the compensatory model as a factor that neutralises exposures to risk. He posits that risk and compensatory models have different contributions to the outcome.

Research indicates that parent and family connectedness and support help **compensate** for exposure to risk across a range of negative outcomes. This is indicative in the examples provided by researchers (Zimmerman, Steinman, and Rowe, 1998). A test of the compensatory model involving parental support and family involvement counteracted the

negative effects of economic disadvantages for predicting condom use among urban African American Youths (Elkington, Bauermeister & Zimmerman, 2011, cited in Zimmerman et al., 2013).

Zimmerman et al. (2013) describe a few examples of the compensatory model in action. The first is a case of children who were involved in a fight, they were prevented from engaging in violent behaviour by the mother. The fight represents a risk factor, while the mother's intervention compensated for the risk factor because it predicted less violent behaviour that was independent of the friend's behaviour. Another example was where fathers' support protected youths from the effects of depression on suicide ideation (Zimmerman et al., 2013). In one instance, parents helped to reduce the influences of peers' violent behaviour for predicting their child's violent behaviour. A result of this study was that parental support was associated with violent behaviour in youths who had witnessed a lot of violence (Zimmerman et al., 2013). Hurd, Sanchez, Zimmerman and Caldwell (2012:13, cited in Zimmerman et al., 2013) found that relationships with natural mentors promoted more positive long-term educational attainment by enhancing the effects of racial identity on participants about the importance of doing well in school for future success. This example is informed by results of research which was conducted by Zimmerman et al. (2013: 13) where they found that ethnic identity is a vital asset that can help the African American youths to overcome exposure to risk that is associated with racial injustice. This is an additive model, where stressors lower competence and personal attributes improve adjustment.

2.4.4.1.2 The Protective factor model

This is another model of resilience that is popular in research on resilience. The Protective factor model originates from development literature and systems theory (Ledesma, 2014). Ledesma (2014) further posits that protective factors enhance positive outcomes in the face of adversity. The Protective factor model refers to a process in which promotive factors **moderate** the negative effects of risks for predicting negative outcomes (Zimmerman et al., 2013). The model asserts that interaction between protection and risk factors reduce the probability of negative outcome and **moderates** the impact of being exposed to risk.

In this model, promotive factors are called protective factors to distinguish them from promotive factors that only compensate for risk exposure. The protective factors, unlike compensating factors, modify the effects of risks in an interactive fashion. For instance, in a case where active coping with stress is caused by socio-economic status, active coping is a protective factor for physiological stress associated with lower socio-economic status (Rutter, 1987, cited in Zimmerman et al., 2013).

The Protective factor model reveals that the youth living in less advantaged neighbourhoods are less likely to smoke cigarettes if they are involved in prosocial activities, that is being involved in extra-curricular activities at school and the community in a conducive environment since prosocial activities reduce challenges in health and behavioural challenges (Zimmerman et al., 2013).

Fergus and Zimmerman (2005) supplemented the three basic models with varients/ subtypes of the Protective-factor model, namely, Protective-stabilising model, Protective- reactive model, and Protective-protective model (Borucka & Ostaszewski, 2008).

The Protective-stabilizing model shows that promotive factors operate to moderate or decrease the association between risk and negative outcomes. For example, in a Risk-protective model, the negative effects of discrimination on distress were moderated by adolescents' feelings that being black was central to their identity, effects of discrimination on violent behaviour in African American males were decreased among men for whom race was central to their identity. The result, as Zimmerman et al. (2013) conclude is that ethnic identity can be a vital asset to help African American youths overcome exposure to risk that is associated with racial injustice. In another study, the Risk-protective model is also supported where a natural mentor moderated the effects of stress on mental health problems over time. Zimmerman, Bingenheimer, and Notaro (2002) state that natural mentors did not only have a compensating effect on problem behaviour for African American youths, but they

also had a moderating effect, that is protective, on the negative influence of friends on the attitudes on school.

The Protective-reactive model refers to cases where the positive factor is reduced but does not completely remove the predicted association between the risk and the outcome, the correlation weakens (Zolkoski & Bullock, 2012).

On the other hand, the Protective-protective model operates to enhance the effects of either promotive factor alone for predicting an outcome (Fergus & Zimmerman, 2005). In a Protective-protective model, protective factors can enhance other promotive factors, for instance, in one study, self-esteem enhanced connection to traditional culture for predicting less use of alcohol by adolescents among Native American Youth (Caldwell, Kohn-Wood, Schemeelk-Cone, Chavous & Zimmerman, 2004, cited in Zimmerman et al., 2013).

Another study of the Protective-protective model in which two promotive factors interact to enhance outcomes found that positive attitudes about African Americans enhanced the positive effects of fathers' support for predicting alcohol use among African American adolescents (Caldwell et al., 2004, cited in Zimmerman et al., 2013).

2.4.4.1.3 The Challenge model

The Challenge model was introduced by Rutter (1987). Unlike the compensatory and protective factor models, the Challenge model has not been studied and used intensively. This model acts as inoculation as it helps youth to overcome exposure to moderate levels of risk (Zimmerman et al., 2013). In this model, it is suggested that initial risk exposure must not be overwhelming but challenging enough to assist youth to develop skills that will enable them to cope with adversities and in this way prepare them for any possible future challenge (Ledesma, 2014). This is a curvilinear relationship, where stressors enhance adjustment but not at very low or very high levels. An example of this process is a conflict that is amicably resolved. This can assist the youth to overcome social conflict or stressors to avoid violent

responses later (Zimmerman et al., 2013). The basis of the Challenge model is that some stress is helpful for young people as it can foster the development of coping skills and encourage them to mobilise internal and external resources.

2.4.4.2 Ann Masten

Ann Masten is well known for her focus on resilience and its role in assisting families and children in dealing with adversity. This assertion comes out clearly in her definition of resilience as "the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development" (Masten, 2011:17). The definition suggests that resilience can be manifested in three ways, namely, achievement of better-than-expected results from high-risk people, maintaining a consistent functioning despite adverse conditions, and regaining or bouncing back after a traumatic experience (Masten & Ciccehtte, 2010).

Empirical underpinnings of Masten's work

Masten undertook research working with children from disadvantaged communities since the early 1990s and based on her observations, the following three premises were formulated (Shean, 2015:18). The first is that the long-term impact of adversity in childhood occurs through the disruption of processes underlying adaptation. Secondly, developmental tasks serve as valuable markers of how well development has been proceeding and as warning signs of possible trouble ahead. Lastly, the availability of psychosocial resources may counteract or moderate the potentially disruptive influence of adversity. Her research focus was on parenting quality and adolescents' psychological wellbeing (Masten, 1999). From her studies, she was also able to define three groups of resilient people, namely, (a) those individuals characterised by high competence and high adversity; (b) competent individuals who experience adequate competence and low adversity; and (c) a maladaptive group, which is characterised by having low self-worth, with high stress and reactivity levels. She concluded that psychosocial resources promote resilience (Shean, 2015:18).

In subsequent research, Wright, Masten, and Narayan (2013) present a bird's eye view of resilience research over the years, describing different 'waves of knowledge' about the aetiology of serious mental disorders in children and how they (children) appear to develop positively under risky conditions.

During the first wave of knowledge, pioneers set out to identify the correlates and markers of good adaptation among young people who struggle because of their genetic or environmental risk (Wright et al., 2013). This pioneering work was substantively descriptive, aimed at determining which factors impact the lives of at-risk children to identify ways of improving their life chances in risk situations characterised by hazardous experiences and vulnerabilities.

The second wave of knowledge reflected a more dynamic view of resilience, informed as it was by a developmental systems approach to theory and, as indicated earlier, by research on positive adaptation in the context of adversity or risk. More specifically, the focus of this knowledge wave was on transactions between individuals and the many systems in which their development is embedded.

The third wave, as described by Wright et al. (2013), focused on the development of resilience in children through interventions aimed at changing the usual developmental pathways. Typical of these interventions were efforts to promote resilience through prevention, intervention, and policy. Informing most of these interventions were concerns about the welfare of children growing up with adversities and vulnerabilities and an urgency to do something about it.

The fourth wave aimed at the development of a comprehensive, more holistic understanding of resilience, merging insights gained from research in a wide range of disciplines, a range of multi-level analysis methods, and from increasing attention being paid to genetic and neurobiological processes, brain development, and the ways that systems interact to shape development (Wright et al., 2013).

The fifth wave, which is currently rising, is aimed at redefining resilience as the ability to not only cope with conditions related to adversity but to challenge adversity that relates to social injustices.

In a recent research study in which Masten participated (Merrick, Labella, Narayan, Desjardins, Barnes & Masten, (2020), the authors emphasise the importance of multiple experiences, negative or positive, in shaping development. They discuss the concept of cumulative risk which dictates that risk factors in general – including both sociodemographic risk indicators and adverse life experiences – tend to co-occur, and when they do, the individual's ability to overcome adversity is at greater risk than the risk posed by any single risk factor (Merrick et al., 2020).

2.4.4.3 Michael Rutter

In his quest to search for competence in children who were experiencing adversity, he changed his focus from the original psychopathology. He researched children from lower and higher socio-economic status in the Isle of Wight and inner borough in London, respectively. He then identified six variables that are risk factors, namely, severe marital discord, low socioeconomic status, over-crowding or large family size, parental criminality, and mothers experiencing a psychiatric disorder. From the study, he concluded that cumulative risks are linked to poor outcomes (resilience) in children at risk (Shean, 2015).

Key elements of Rutter's research

Rutter, as guided by his past research from 2006 to 2013, believes resilience is not a function of individual psychological traits, but rather, depends on adaptation with the availability of correct and good resources (Rutter, 2013). He maintains that children might show resilience at different times or might not even show any resilience, because even a person who has traits of resilience, cannot show resilience all the time during their lifespan, he asserts.

Based on the facts above, Rutter posits that individual differences, such as genetics, personality, and temperament, determine how each person responds to risk and protective factors. Due to this assertion, it becomes imperative to assess each individual's needs, because each individual is unique and their reaction to their environment is also unique. It is not a "one size fits all" kind of situation (Rutter, 2013). According to Rutter (2013), the usefulness of risk and protective factors depends on the contextual factors and the child's circumstances. He maintains that the risk and protective factors are just a guide because they do not take the context and individual differences into account. Rutter (2013) supports the views on the Challenge model, that some risk is necessary and normal for development, as long as it is not too low or too high and needs to be moderate. Should the risk be too high, the individual would be overwhelmed and be discouraged or afraid to try again.

Rutter (2013) concurs with other researchers that no protective factor has more value than the other but rather individual characteristics and contextual factors are protective in particular situations. What stood out for me which was of relevance to the present study was the risk factor- "low socio-economic status" because my study focused on teenage mothers from high-risk areas, usually characterised by poverty.

2.4.4.4 Emmy Werner

Emmy Werner, another developmental psychologist, built her research on resilience theory on the work of Garmezy's (Garmezy, Masten & Tellengen, 1984). Werner defined resilience as, "The capacity [of individuals] to cope effectively with the internal stresses of their vulnerabilities (labile patterns of autonomic reactivity, developmental imbalances, unusual sensitivities) and external stresses (illness, major losses, and dissolution of the family)" (Werner & Smith, 1982, cited in Shean, 2015, p. 12).

She was part of the team of nurses, paediatricians, and psychologists who assessed developmental issues of children, such as, physical, intellectual, social development, physical disabilities, learning, and behavioural challenges (Shean, 2015, p. 12). The study monitored

the effects of stress on children before birth (in utero), looking at the mother's stress, poverty, and related stresses.

She came to a similar conclusion as Garmezy that not all children at risk react the same way to risk. According to the results of her study, two-thirds of the babies developed serious learning or behaviour problems when they were approximately 10 years old. Such children were also predisposed to being delinquents, likely to experience mental health problems and at risk of teenage pregnancy. However, one-third reacted differently and developed into competent, confident, and caring young adults. This observation meant they succeeded despite the adversities they experienced at a young age. Her study provided useful information on resilience that emphasised that not all children succumb to adverse life events (Shean, 2015, p. 11).

In her study, Werner further identified some elements that she believed predicted resilience, such as a **psychological element** and internal locus of control. Psychological element: Werner pointed out that resilience is not a matter of luck, she believed that a strong bond between the child and a caring and supportive adult (parent, teacher, adult) enhances resilience in an individual. She puts more emphasis on how the child responds to the environment, the psychological element. This fact is supported by Bonanno (2004) who posits that resilience depends on one's perception, whether you perceive an event as traumatic or an opportunity to learn and grow. He further asserts that what one believes determines the resilience in you. Resilient children tend to be autonomous and independent, they display a willingness to look for new experiences. She further posits that such children have an internal locus of control- they have a belief that they have control over what has happened, they believe that their attitudes, not their circumstances, affect their achievement. Bonanno (2004) concurs with Werner, that changing your locus from external to internal leads to positive changes in one's psychological wellbeing and performance.

Werner believed that resilience is not static, it could change over time. Despite the resilience in youth, some situations might present stressors that outweigh resilience, they might reach a breaking point. In some instances, some youths may acquire some skills and could be

resilient later in life. She agrees with Gramerzy (1984) that teenagers who have at least one supportive friend tend to be resilient and competent. She argued about resilience-related facts from the ecological point of view and further suggested that it is important to focus on protective factors, namely, individual, family, and community factors (Shean, 2015).

On an individual level, Werner believes, promotion of a sense of cohesion is crucial (Shean, 2015). For instance, a teenage mother who has a sense of cohesion becomes resilient due to, amongst other reasons, experiencing less anxiety, enjoying a secure relationship with parents and her child's caregiver, has an internal locus of control, and determination to succeed (Shean, 2015). Werner (1984) further elaborates that resilient teenage mothers engage in further education, over and above having a reliable social network for much-needed support (Shean, 2015). However, teenage mothers who are facing exposure to risks suffer from intense anxiety, would likely be dependent on parents, have an external locus of control with limited or no support (Shean, 2015).

Werner (1984) is of the view that the protective factors operate directly and indirectly. For instance, external support such as a church or non-governmental organisation that gives support to the teenage mother who has challenges, can improve her confidence and improve her capacity to care and provide for her child. Thus, her belief that with good resources, resilience can develop in an individual, a fact that Garmerzy et al., (1984) concurs with.

2.4.4.5 Michael Ungar

From all the theorists that have been discussed thus far, Ungar's (2010; 2013; 2017; 2018) research was most relevant to my study, because his main focus is also on resilience within a social systems framework. In particular, he focuses on the resilience of marginalised individuals, families, and communities experiencing life challenges and the role of culture to strengthen resilience in individuals (Ungar, 2013). Based on this premise, resilience is a set of resources that comprises the social environment around the individual, rather than an individual set of characteristics of a person. It is the cultural structures around the individual,

the services available to the individual, the way knowledge is generated, all of which combine with characteristics of individuals that allow them to overcome the adversity they face and chart pathways to resilience. Ungar (2018) defines resilience as the capacity of individuals to navigate their way to psychological, social, cultural, and physical resources.

Empirical underpinnings of Ungar's research

Ungar (2013) identifies seven tensions of resilience and posits that each individual will handle these tensions in accordance with their particular culture because there is an interaction and interdependence between context, culture, and individual strengths of the individual. These include (Ungar, 2013, p. 330-331):

1. Access to material resources – availability of financial, educational, medical, and employment assistance and/or opportunities, as well as access to food, clothing, and shelter.
2. Relationships – relationships with significant others, peers, and adults within one's family and community.
3. Identity – personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs, and values, including spiritual and religious identification.
4. Power and control – experiences of caring for oneself and others; the ability to affect change in one's social and physical environment to access health resources.
5. Social justice – experience related to finding a meaningful role in community and social Equality.
6. Cultural adherence – adherence to one's local and/or global cultural practices, values, and beliefs.
7. Cohesion – balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than oneself, socially and spiritually.

He maintains that the seven tensions of resilience can be overcome when the resources are available, a fact that concurs with the beliefs of researchers such as Werner and Garmerzy (1998).

Key elements from Ungar's theory

Ungar (2010) believes that resources provided by the environment play a crucial role in enhancing resilience. In line with his emphasis on the importance of the environment, Ungar (2013) proposes a social-ecological understanding of resilience. He explains that the individual's assets will be activated or limited by what the environment presents. Therefore, with meaningful resources within the environment, individuals are likely to interact and develop resilience. In other words, availability or non-availability of resources from social ecology can either increase or decrease choices that one can make towards the attainment of resilience (Ungar, 2013). He also emphasises cultural contributions to building resilience. He cautions that the practitioner needs to take into cognisance that culture is not static, therefore the interventions should be culturally and contextually relevant.

Ungar (2017) believes that resilience can be built in an individual, and he regards the family as playing a crucial role in a child's life. He contends that among the most challenging roles for families is balancing the level of risk and responsibility that young people experience. Ungar (2018) is not proposing that the child has no role in resilience, but that the emphasis should firstly be on the nature of the social and physical ecology, then on the interaction between the environment and the child, and lastly the child concerning academic achievement. He points out that schools must focus on the psychosocial development of children by providing supportive relationships, a sense of hope, and the opportunity to develop a host of non-academic skills. Children need and want "roots" (culture, relationships, a sense of place) and "wings" (adventure, risk, responsibility, celebration/acknowledgement) (Ungar, 2013, p. 335).

According to Ungar (2017), neighbourhoods are areas where there is a high degree of social cohesion and a shared approach to problem-solving and social development and are

therefore much more likely to be safe, nurturing spaces to raise children. In 2017, Ungar compiled a set of factors – a resource pack – aimed to assist those involved in strengthening children and young people's resilience and well-being. These nine common factors that predict resilience are structure, consequences, parent-child connectedness, many strong relationships, a powerful identity, sense of control, sense of belonging, fair and just treatment, and physical and psychological safety. To elaborate briefly, Ungar (2017) asserts that a reasonable amount of *structure* decreases as the children age and mature. To the teenage mother, structure means to love and care as well as the ability to express herself and demonstrate skills in decision making. He strongly believes that *consequences* improve the individual's good judgement and enable him/her to identify poor decisions. Like many of his contemporaries, Ungar (2017) maintains that a *quality relationship between parent and child* is characterised by warmth and care, resulting in an enhanced sense of *personal worth and a boosted self-esteem*. The relationships can also be strengthened when more people are interacting and supporting one another which contributes to a *sense of belonging*, especially important during the teenage years. The child interprets *fair and just treatment* as being allowed to take part in decision-making. Lastly, when basic needs are provided for and satisfied, the child feels physically and psychologically safe.

From the exposition of the different theoretical positions on resilience above, researchers focus on different resilience factors or aspects which they regard as critical to the development of resilience, but most importantly, there seems to be general agreement amongst them on key elements which could potentially undermine or promote an individual's resilience.

Table 2.2 provides a summary of the resilience phenomenon as perceived and/or defined by the researchers whose studies were discussed in the preceding section and sub-sections. In each case, its implications for the teenage mother are briefly outlined.

Table 2 2: A summary of theorists' views on the nature of resilience

THEORIST	MAIN TENETS OF THEORY	IMPLICATIONS FOR THE TEENAGE MOTHER
FERGUS AND ZIMMERMAN	Resilience is the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. Compensatory model: promotive factors counteract risk factors. Protective factors directly affect behaviour by balancing out the impact of risk factors Protective-factor model: Assets and resources tend to moderate the impact of risk and negative outcomes. Protective factors interact with and reduce risk factors (but do not keep the undesirable at a low level constantly). Challenging model: A stressor or risk factor is treated as a potential enhancer of successful adaptation. Repeated exposure to low-risk factors prepares one to face and overcome more serious risks in the future. A moderate risk can immunise and prepare an individual for new challenges. Too low and too high risks are bad for healthy development Emphasis should be on how assets and resources develop. Focus on skilling the youth to deal with adversity successfully rather than prevention efforts.	With a positive self-esteem, it is possible to cope sufficiently with stress. A strong sense of self compensates for the adverse impact of stress. Support is a compensatory factor, exerting a favourable impact on academic performance and competence. Growing up in a dysfunctional family (risk factor) may engender troublesome behaviour. However, a caring and supportive adult (e.g. a teacher at school), can influence and compensate (protective factor) for the negative influence from the family environment Confidence and assertiveness (assets) and parental support (resources) are likely to reduce the negative impact of teenage parenthood in a poverty-stricken situation. However, parental support (protective factor) should be stronger than the presence of challenges. Negative peer influences and reckless behaviour (risk factors) can be counteracted by proper parental support (protective factor). Parental support safeguards the teenage mother against the influence of problem peers. Comprehensive sexual education (protective factor) lowers the risk of repeat pregnancy or engaging in reckless behaviour when returning to school. A supportive home environment reduces vulnerability to academic and behavioural challenges. A moderate level of parental expectations strengthens competence, enhancing facing future challenges. Too high parental expectations hamper school activities and cause frustration. Too low levels of parental expectations (risk factor) demotivate the teenage mother and stifle problem-solving skills. Lack of family conflict (mother-daughter; between siblings) denies a teenage mother the opportunity to learn how to deal with conflict and overcome interpersonal disputes outside the home. Successful conflict resolution enhances the ability to cope with motherhood and life challenges

THEORIST	MAIN TENETS OF THEORY	IMPLICATIONS FOR THE TEENAGE MOTHER
ANN MASTEN	Resilience is a broad conceptual umbrella, covering many concepts related to positive patterns of adaptation in the context of adversity. Most human resilience arises from "ordinary magic" or the operation of fundamental human adaptive systems. Some children lack basic resources, opportunities, and experiences that nurture the development of adaptive systems (Maten, 2001).	Teenage mothers are entitled to be provided with basicnecessities (food, medical care, etc.), and opportunities to empower them. Resilience is the development process through which skills are required by using assets and resources to achieve positive adaptation. Focus on teenage mothers should be on the promotion of their competencies. Interventions must target powerful moderators such as self-efficacy, self-regulation, and problem-solving skills Interventions should facilitate realistic and positive goal setting.

THEORIST	MAIN TENETS OF THEORY	IMPLICATIONS FOR THE TEENAGE MOTHER
MICHAEL UNGAR	Defines resilience as a combination of the structures around an individual, and the characteristics of individuals that allow them to overcome the adversity they face and chart pathways to resilience. Identifies so-called 'tensions of resilience.' Outlines nine common factors that predict resilience - structure, consequences, parent-child connectedness, strong relationships, a powerful identity, sense of control, sense of belonging, fair and just treatment, and physical and psychological safety	Individual qualities are triggered or suppressed by the environment. For the teenage mother, her innate character and social structures around her (family support) influence how she will deal with the challenges, she is faced with. Emphasis on knowledge of the local environment's capacity to facilitate growth and development in teenage mothers is of great importance. Knowledge of cultural beliefs and acceptable practice enhances competence. Positive adaptation is measured by successfully meeting societal expectations and personal development

THEORIST	MAIN TENETS OF THEORY	IMPLICATIONS FOR THE TEENAGE MOTHER
EMMY WERNER	Resilience is the ability to cope effectively with inner stresses caused by vulnerabilities as well as their external stresses. Exposure to risk factors should be eliminated, competencies and self-esteem need to increase, as do the sources of support. An 'at risk' child is born into poverty, living in a family situation troubled by desertion, discord, or divorce, home environments marred by parental alcoholism or mental illness, and/or being reared by mothers with little formal education. Children have the ability to self-right, (bouncing back after falling) but those in the most persistently adverse situations struggle	Adversity calls for a greater understanding of protective factors and their impact to identify the necessary support and the potential impact of such support. Access to the right resources, such as adults who provide support to teenage mothers and their toddlers is crucial. Support enhances resilience as they experience or anticipate care and commitment from adults. The dependence on social welfare implies meeting only basic needs, however, this situation that seems dire can be a motivation to pursue their goals and achieve and be independent. Support from the family - parents, and grandparents - is essential to the development of resilience. The grandmother's support compensates for the mother's absence. The closeness of family enhances the teenage mother's sense of coherence. Family support improves the parenting ability of the teenage mother. Outside support (e.g. churches, peer groups, and social clubs) are essential for providing external support and correct information.
MICHAEL RUTTER	Resilience is an interactive concept comprising a combination of risk experiences and positive psychological outcomes. Resilience is more than social competence or positive mental health. Competence must exist with risk to be resilient. Resilience is not linked to individual psychological characteristics or greater functioning. It is a normal adaptation if the correct resources are available and accessible	Moderate challenges have the potential to develop coping skills - also for use in the future. Environmental threats that may influence the teenage mother's biological and genetic make-up hinder the development of resilience. Teachers and therapists need to pay attention to biological pathways which are essential for developing competencies. A positive parent-child relationship together with a conducive school environment is essential for the teenage mother's wellbeing and resilience. A teenage mother with unsupportive parents (risk factor) can adapt positively with the available resources (caring relative or adult). This serves as a protective factor from exposure to risk factors.

2.5 CONCLUSION

This chapter outlined the theoretical underpinnings and frameworks of the study. Two theoretical perspectives used to guide the present study were described. The two theories are Bronfenbrenner's Ecological systems theory and Resiliency theory. The chapter explored how the environmental levels affect and influence how teenage mothers relate to these environmental levels. This chapter explored the theoretical perspectives on resilience, as well as the models of resilience as approached by different researchers. The discussion sought to find how the two theories affect and influence one another. The chapter also highlighted the implications of different researchers' findings for teenage mothers.

The next chapter explores the teenage mother's resiliency as a function of Bronfenbrenner's Bio-ecological systems theory. The factors that contribute to teenage pregnancy, the impact of teenage motherhood on the mother and the toddler are also discussed.

CHAPTER 3

AN ECOLOGICAL SYSTEMS PERSPECTIVE ON TEENAGE MOTHERS FROM HIGH-RISK COMMUNITIES

3.1 INTRODUCTION

It is widely accepted that the teenage years are characterised by changes associated with the transition from childhood to adulthood (Sue, 2015). Coupled with the lack of maturity to make responsible decisions, it can become a very challenging period for the teenager (Karatas & Cakar, 2011), as will be pointed out further on. Most challenges necessitate strong support and guidance to counteract risk factors such as substance abuse and sexual activity which may, in turn, increase the chances of unintended teenage pregnancy. The causes of teenage pregnancy are varied and complex and research abounds on the complexities surrounding the phenomenon. Willan (2013) identifies some factors that may play a role such as peer pressure, absent parents, a lack of adult supervision, sexual abuse, a lack of knowledge, and risky lifestyles such as non-use of contraceptives and protection. Gunawardena, Fantaye and Yaya (2019) add health professionals' judgemental or uninviting attitudes and cultural traditions such as forced marriages at a very early age to the factors formerly listed. Raj and Boehmer (2013) mention gang activities, sexual violence, and social pressure. In the latter case, some cultures and communities value motherhood, and marriage and/or childbearing may be the best of the limited options available (ibid.).

This chapter focuses on teenage motherhood and related aspects to teenage pregnancy as described in the literature. First, and for a better understanding, a geographical contextualisation of the phenomenon is offered in terms of its prevalence on a national, provincial, and regional level in South Africa. This is followed by a discussion on the developmental stages during adolescence, with reference to the teenage mother. South African policies related to teenage pregnancy and its implications for the teenage mother are then briefly explored**.** Determinants of teenage pregnancy in high-risk communities are

also discussed. The chapter concludes with a discussion on the role of resilience in the life world of the teenage mother.

3.2 PREVALENCE OF TEENAGE PREGNANCY AND MOTHERHOOD

Teenage pregnancy is a global issue in high, middle, and low-income countries alike, and as such, it also poses a public health concern with far-reaching effects (Gunawardena et al., 2019). According to the World Health Organisation (WHO, 2018), it is estimated that an average of 16 million girls worldwide between the ages of 15 and 19 give birth every year. The average accounts for almost 11% of all births worldwide (Mohr, Carbajal & Sharma, 2019). In developed countries, on average 777 000 births occur amongst teenage girls younger than 15 years, even though the numbers differ from one region to the next (Ganchimeg, Ota, & Morisaki, 2014). In 2009, for example, teenage birth rates in the United States were five times higher than the teenage birth rates in other Western nations (Gilbert, Jandial, Field, Bigelow & Danielsen, 2009). In Europe, the United Kingdom was found to have the highest teenage birth rate of 26% (Paniagua & Walker, 2012). Although the projected global adolescent fertility rate has decreased by 11.6% over the last 20 years (Ganchimeg et al., 2014), the actual *number* of child births among teenagers has not decreased. The United Nations Department of Economic Affairs-DESA (2017) confirms this trend and attributes it to the large and increasing population of young women in the 15-19 age group in some parts of the world.

According to the United Nations Population Fund (Devi, Reddy, Samyukta, Sadvika & Betha, 2019) Sub-Saharan Africa had the highest prevalence (95%) of adolescent pregnancy in the world in 2013, while 50 % of all the births that occurred in the region were by teenagers. Like this global trend, the prevalence in the region also shows substantial variations across states and regions (Santelli, Song, Garbers, Sharma, & Viner, 2017). For instance, in Nigeria, it ranged from 6.2% in the Niger Delta State to 49% in the Abia State (Santelli et al., 2017). In South Africa, East Africa (Kenya), Assossa (Ethiopia), and in Sudan it ranged from 2.3% to 19.2%, 31%, 20.4%, and 31%, respectively (Assefa, Abiyou & Yeneneh, 2015; Romero, Pazol & Gavin, et al., 2016). Other countries with high-risk teenage pregnancies and childbirths included West and Central Africa, South Asia, Latin America, and the Caribbean (United Nations Population Fund-UNFPA, 2013; Every woman, Every child, 2015).

Most factors that contribute to teenage pregnancy in Africa are compounded by the poor socio-economic circumstances of most of the people living on the continent, such as poverty, a lack of education and work opportunities (UNICEF, 2013). Due to poverty and the evident lack of availability of necessities, teenage mothers and their children are at risk for a host of medical, social, and economic challenges (Devi et al., 2019) making teenage pregnancy a significant cost to the mother and the newborn child, as well as to their family and society as a whole.

In South Africa, as alluded to in Chapter 1 (cf. 1.1) the situation is equally concerning because the most recent information indicates that 13,9% of total births in South Africa are amongst teenage mothers (Statistics South Africa, 2018). According to Statistics South Africa's 2018 recorded live births release, girls between the ages of 15 and 19 accounted for 107 548 births in the country, while an alarming 3 235 births were attributed to mothers aged 10 to 14 (ibid.). By 2013, the provinces with the highest rates of fertility were Limpopo (16.6%), Northern Cape (15.4%), Free State (15.1%), and Eastern Cape (13.9%). Among these, significantly higher rates of pregnancy were observed among black and coloured adolescents, while fertility among White and Indian adolescents mirrored that of developed countries (ibid.). According to Mmotla (2020), this difference could be accounted for by the wide variation in the social conditions under which young people grow up, such as, disruptions in the family structure; inequitable access to education and health services; the concentration of poverty due to unemployment; and a lack of communication with parents about safe sex, especially in black and coloured communities. Of interest for this study is the observation by researchers such as Kimemia and Mugambi (2016) and Makiwane and Udjo (2012) that there is a sociological difference between teenage fertility in South Africa and other sub-Saharan countries in that childbirth to teenage women in South Africa tends to take place outside of marriage.

Despite common expectations that teenage pregnancy is a growing issue in South Africa, the available data (cf. Figure 3.1) indicate that the percentage of teenage mothers is not increasing (Mkalipi, 2013; Willan, 2013). This is confirmed by the Department of Health 2004-2019 report (2019), indicating that several studies have indicated a levelling and even

a decline in fertility levels among adolescents in South Africa. Nonetheless, the situation is justifiably alarming – not only in South Africa but globally as well.

Figure 3.1 portrays a comparison between the 2009 and 2018 teenage birth rates in South Africa.

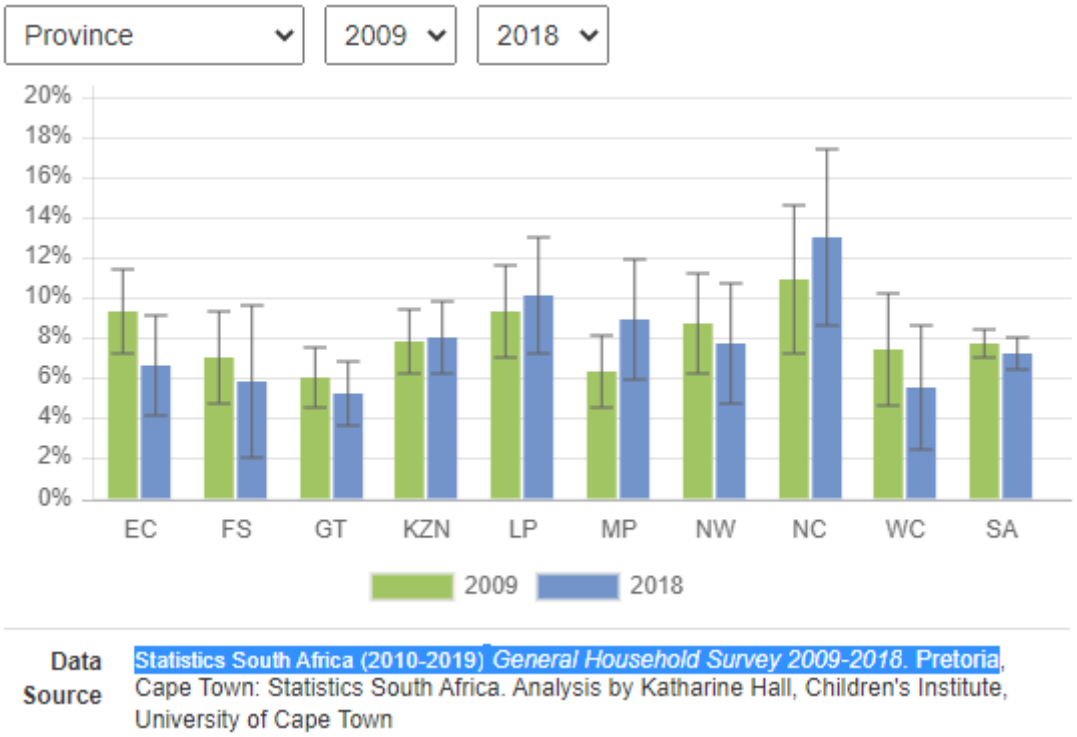

Figure 3 1: Pregnancy rates per province

Source: Statistics South Africa General Household Survey 2009-2018 (2019)

In addition to the data displayed in Figure 3.1, Times Live (2015) reports that the Free State was amongst the top three provinces in 2009 to register 325 pregnancies. In 2016, despite the reported provincial interventions such as awareness campaigns, strategies in peer education, and teacher training that focused on skills to appropriately disseminate information to teenagers (The Free State Care in Action-FCIA, 2017), the Free State recorded the second-highest number of pregnancies, with 487 cases. The report also indicates that the Minister of Education, Ms A. Motshekga, approved a policy that would focus on the prevention of teenage pregnancy and encourage retention and re-enrolment of teenage mothers in schools (ibid.). Among these pregnancies, 38% resulted in maternal

deaths and the survival rates of babies were a shocking 8%. Willan (2013) ascribed the high rate of maternal deaths and low survival of babies to the age of the mothers and the fact that the young female body is not yet ready and sufficiently mature for childbearing.

3.2.1 Geographical contextualisation of the study

Relevant to this research, it was vitally important to consider the contextual factors that influenced the lives and experiences of the teenage mothers who participated in my study. Demographic factors, location, and the socio-economic circumstances of participants all assisted in forming a mental picture of their life worlds. All of them lived in the town of Virginia at the time of data collection and generation. Virginia is a gold mining town located in the Lejweleputswa District Municipality, also referred to as the Goldfields of the Free State Province of South Africa. It is located 140 km northeast of Bloemfontein, the provincial capital.

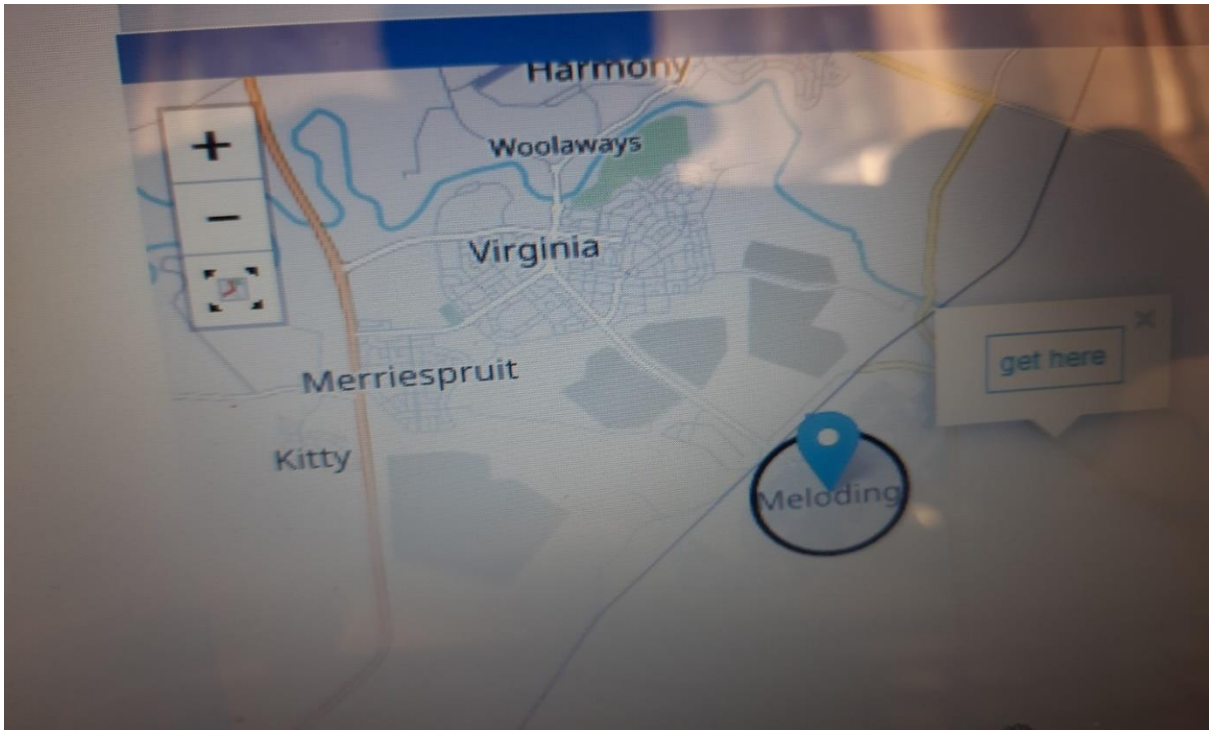

Figure 3 2: A map of Virginia

(Source: https://en.wikipedia.org.wiki/Virginia_Free State 2008)

In 1890, two railway surveyors from the United States, state of Virginia, etched their birthplace name on a boulder near the Merriespruit farm. The name was adopted when a railway siding was eventually built at this location, and it stuck after the discovery of gold in 1949 which resulted in a mushrooming settlement on the banks of the Sand River. The Sand River burst its banks in 1988 and has flooded parts of the city. The Merriespruit tailings dam tragedy happened just outside of Virginia in 1994 killing seventeen people (Wagener, 1997). Virginia was incorporated into the municipality of Matjhabeng in December 2000, along with the town of Welkom and those of Allanridge, Hennenman, Odendaalsrus, and Ventersburg.

Virginia is surrounded by some of the Free State's largest gold fields, and its economy is dominated by mining, gold-extraction plants, and gold-originated sulfuric acid production. This area is also considered to have the world's deepest pipe mine (Virginia website, 2008). In the surrounding area, commercial farms primarily grow maize (corn) and rear livestock. Virginia is located on the Bloemfontein-Johannesburg main railway line (Virginia website, 2008). According to the most recent Census (2011) data, the majority of people in terms of racial groups are as follows: Virginia has 88.7 % Black Africans, 7 % coloured people, 4% inhabitants of Indian/Asian descent, and 9.9% Whites. Residents speak various languages according to the different ethnic groupings, including Southern Sesotho which accounts for 65.4%, isiXhosa (13.1%), Afrikaans (11.0%), and 2.7% are English speaking.

Black people lived outside Virginia at Meloding 's location during the apartheid era. In the golden age of gold mining, the town itself boomed and gold mining was responsible for much of the economy of the towns. However, since the recent closure of mines, many families are left without breadwinners and mostly depend on government grants. The high unemployment rate results in poverty and a high crime rate that renders the township to be classified as a high-risk area. Most parents and guardians work far from home leaving the children all by themselves, which exposes the children to a lack of guidance and support. Like most other townships suffering from similar fates, teenage pregnancy and resultant teenage motherhood in the area is rife because the environment can have a positive (supportive) or negative (unsupportive) impact on the teenagers' lives (Dallas, 2004).

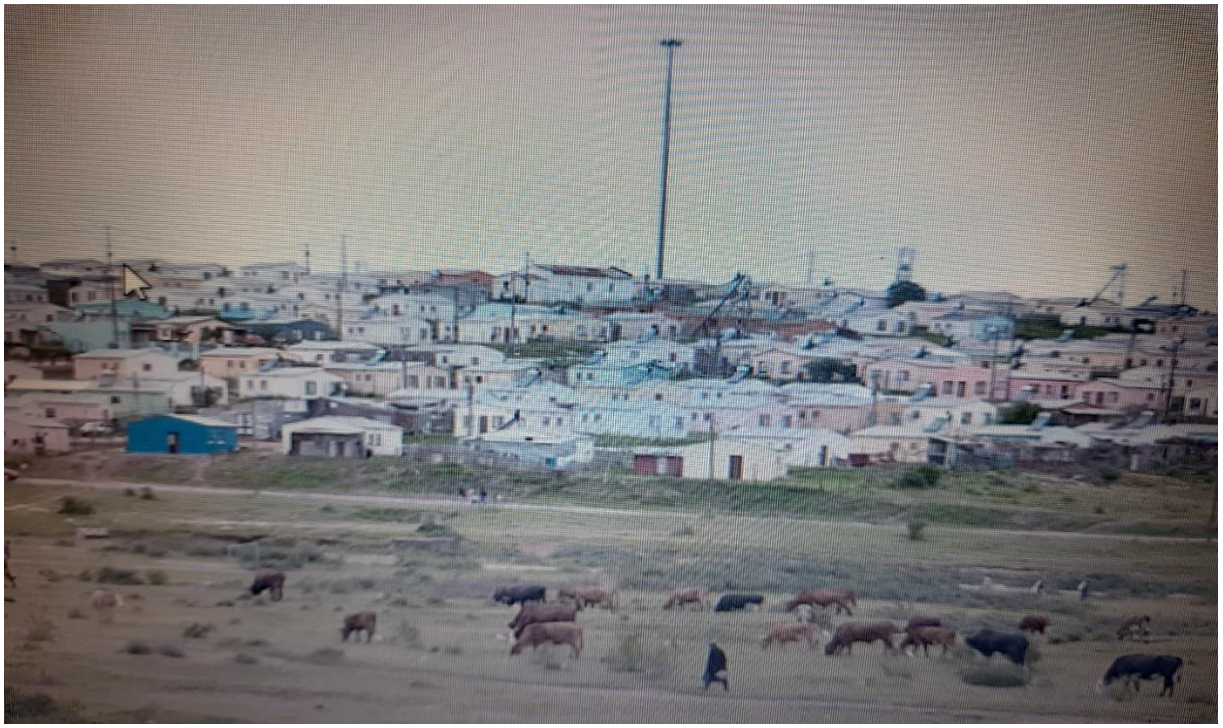

Figure 3 3: An image of Meloding Township in Virginia

Source: https://en.wikipedia.org.wiki/Virginia_Free State 2008

3.3 DEVELOPMENTAL STAGES OF A TEENAGE MOTHER

As already indicated (cf. 3.1) the terms 'adolescent' and 'teenager' are often used interchangeably; however, the terms differ in terms of the context within which they are used. Nsamenang (2009) clarifies that *adolescence* is typically the stage during the teenage years but can start before age 13 or end after age 19. The term t*eenage,* by contrast, refers to the specific age period that starts at 13 years and ends at 19 years. As is evident, the group is called teenagers because their age number ends with the word "teen". In some societies, the onset of the teenage stage is celebrated with a formal ceremony because it marks the growth that manifests as a change from childhood to adulthood (Nsamenang, 2009). Teenage pregnancy, defined as an unintended pregnancy during adolescence and the teenage years (WHO, 2018) also includes pregnancy in girls 10 to 12 years of age (Habitu, Yalew & Bisetegn, 2017). The stage is characterised by dramatic changes from

girlhood to motherhood and often poses challenges. Apart from psychological adaptations, the body is undergoing various physical changes for childbearing for which it may not be ready (Willan, 2013). Teenage motherhood, on the other hand, is the ultimate result of teenage pregnancy. According to the World Health Organisation (2018), a teenage mother is a young woman who becomes pregnant before reaching adulthood – which is generally regarded as 20 years of age. Motherhood is regarded as one of the most important milestones for most women around the world and in most communities, it is perceived as a sign of maturity. In the teenager, however, it may signal naivety or unstableness, or even the search for identity. Teenage motherhood happens at a crucial stage of their lives, which tends to disrupt their development, both physically and psychologically.

In this section, I take a cursory look at literature and theories of development according to different theorists, such as those of Sigmund Freud (1850-1939), Piaget (1932), Kohlberg (1973), and Erikson (1994), who all focused on child development.

3.3.1 Physical changes and sexual development (Sigmund Freud, Anna Freud, 1850-1939)

Papalia, Gabriella and Martorell (2020) define physical development as the growth of the body and changes in patterns in sensory capabilities, motor skills, and health. Adolescence is broadly divided into three stages, namely, early- (10-13 years), middle- (14-16 years), and late adolescence (17-19 years). This study focused on the second and the third stages. Physical changes begin in early adolescence, a time when most teenage girls become pre-occupied with their physical appearance.

Adolescent physical development can be understood by explaining both the biological factors and psychological factors, as well as their importance in determining the teenager's sexuality (Sales, Smearman & Brody et al., 2013). Biological factors include genetic factors and neuro-endocrine factors that decide the biological sex and can influence the psychological aspects of gender. During adolescence, the thinking, perception, and reaction of the person become sexually-oriented as gonadal hormones, cortisol, and many other hormones play a role in the development of puberty (Sandberg, Gardener & Cohen-

Kettnis, 2012). Puberty, the period during which adolescents reach sexual maturity and become capable of reproduction, is reached during adolescence and is considered to be a big milestone in the history of sexuality (ibid.). It is a time of rapid physical development (a physical 'spurt') and deep emotional changes which include an increase in height, breast development in girls, the appearance of pubic hair, and the onset of menstruation. At this age, the multitude of changes that occur in teenagers places them under immense stress, which could have negative physical and psychological effects (Kar, Choudhurry & Singh, 2015). Hence, Sigmund Freud (1923) in his theory of psychosexual development portrays adolescence as being fraught with an internal struggle.

At the onset of adolescence, the individual moves from the latency phase to the genital phase, which is retained throughout the adolescent years. Sexuality, which has remained dormant during the latency phase, becomes active during the genital period (Kar et al., 2015). During puberty, an individual's desire for intimacy and romance for the opposite sex typically develops. At this stage, teenagers can consider the different and correct ways to communicate the joy and affection that they might feel (Ott, 2010). Puberty in girls manifests differently from puberty in boys in that girls mature earlier than boys (Sekhoetsane, 2012). As a result, the girls become vulnerable since they are likely to face sexual advances from older boys; they are more likely to develop unwanted pregnancies, and they are more often predisposed to alcohol and substance abuse. The abuse of substances might likely be a way of coping during this stressful transition period.

Growth takes place rapidly during adolescence and requires good nutrition for healthy physical and sexual development. For a pregnant teenager, the need for good nutrition is even more important as the body requires more resources to fulfil the needs of the unborn child. However, in less developed countries adequate and balanced nutrition is usually a challenge due to financial constraints. Inadequate nutrition can also be the result of teenage girls' obsession with bodily image and the desire to avoid extra weight (Papalia, Gabriela & Martorell, 2020). Paniagua and Walker (2012) further posit that teenage mothers tend to avoid breastfeeding, and in many cases, they are likely to abuse substances such as smoking cigarettes and drinking alcohol. This reckless behaviour undoubtedly negatively affects their offspring and subsequent behaviour.

3.3.2 Cognitive development (Piaget, 1932)

Cognitive development refers to how one thinks, reasons, solves problems and understands – abilities that begin at birth (Simons-Morton, Crump, Hayne & Saylor, 1999). The most widely known elements of Piaget's (1957) theory of cognitive development (he also described moral, emotional, and language development in subsequent research) are embedded in the fact that children have general thinking patterns at different ages with different amounts of experience (Meese & Daniels, 2011). Piaget (1957; 1975) identified four stages of cognitive development in humans, namely the sensory-motor phase (from ages 0 to 2 years), the pre-operational phase (from ages 2 – 7 years), the concrete operational phase (ages 7 – 11 years), and finally, the stage of formal operations, ranging from 11 – 16 years of age and beyond. Steady and gradual development and experiences are observed from stage to stage, and all people pass through each stage at different rates, but in the same order. According to Siegler (2012), Piaget believed that individuals of the same age may be at different developmental stages and the thinking of older children (even adults) can be like that of younger children when they lack experience in specific areas.

Inhelder and Piaget (1958) described formal operational thought as the stage where the teenager acquires the capacity for hypothetic-deductive reasoning and propositional thought. In hypothetic-deductive reasoning, adolescents solve complex problems by coming up with theories to solve these problems from which they can deduce testable '*hypotheses*', thereby predicting possible outcomes. Piaget's (1957) formal operations (11 – 16 years and beyond) is a gradual progression of cognitive development from childhood to adulthood. At this stage, teenagers develop a capacity for abstract thinking, enabling them to think symbolically about things that are not necessarily physically visible. On a more sophisticated level, they can think about their thoughts (metacognition), including hypothetical events and situations regarding different issues – including personal identity, politics, and religion (Crowley, 2017).

Elkined (1988) challenged Piaget's suggestion that adolescents are capable of abstract thinking and maintained that they are not yet mature enough for hypothetic-deductive

reasoning and propositional thought. He substantiates his point by explaining that immaturity is evident in adolescent's cognitive characteristics, such as being argumentative, indecisive, their apparent hypocrisy, self–consciousness, and proneness to vulnerability. Siegler (2012) observes that during adolescence and within the ambits of normal human development, an imbalanced pattern of growth is observed between the brain regions that regulate emotion and mood, such as the amygdala, and those regions involved in executive functions (that include cognitive skills that are essential for prosocial actions, effective task planning and achievement) such as the prefrontal cortex (cf. 3.1). Chick and Reyna (2012) explain that the amygdala is flooded with hormones and causes the limbic system to grow (part of the brain that is responsible for fear and anxiety) before the part of the brain matures that controls impulse and regulates emotions. Converging studies (Haydon, Herring & Halpen, 2012; O'Rourke, 2020) indicate that the prefrontal cortex is the last brain area to achieve maturity, as shown by the image of the adolescent's brain on the right, in Figure 3.4, leaving teenagers with unstable and impaired core cognitive abilities for most of this developmental period. In simple terms, during adolescence, behaviour is often governed more by emotional centres than brain thinking centres, especially in situations of high excitement and peer presence (O'Rourke, 2020/Erikson, 1968). The teenage amygdala is activated, reflecting more of a gut reaction while the adult (left) brain is activated in the prefrontal cortex area, which is more involved in reasoning and reflection (Yurgelon-Todd, 2000). Due to the "not yet" developed part of the brain (prefrontal cortex area), the teenager tends to react quickly without properly thinking and as a result engages in risky behaviours and exposure to sexually transmitted diseases (Haydon et al., 2012)**.** This difference in thought patterns between adults and teenagers is aptly depicted in Figure 3.4.

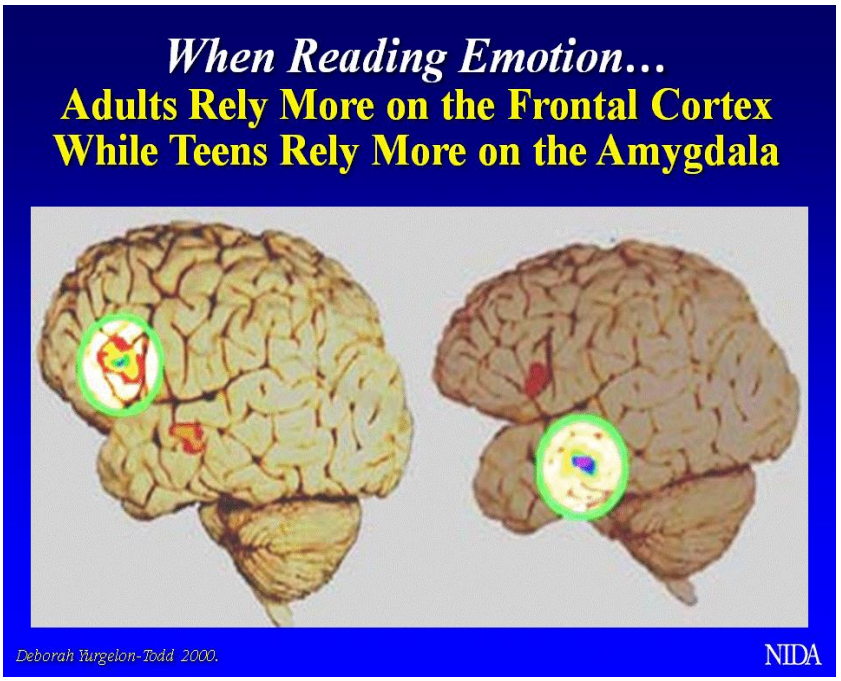

Figure 3 4: The differences in thought-invoking patterns of thinking as depicted between adults and teenagers

(Source: Deborah-Yurgelon-Todd, 2000)

Kar et al. (2015) argue that during this developmental stage teenagers believe they are not vulnerable to risks and would therefore act recklessly and impulsively. It is during this stage, I believe, that teenagers tend to argue and ignore wise counsel from parents, thus increasing unwise and uninformed decisions that may lead to risky behaviours, such as sexual activities and ultimately unplanned pregnancies.

3.3.3 Moral and cultural development (Kohlberg, 1958)

Piaget (1932) also believed that morality, just as cognition, evolves through constructive stages. Lawrence Kohlberg (1958) agreed in principle with Piaget's (1932) theory of moral development but wanted to develop his ideas further. He used Piaget's storytelling technique to tell people stories about moral dilemmas and he argued that moral reasoning is a necessary (but not sufficient) prerequisite for ethical behaviour (Kohlberg & Hersh 1977). Kohlberg (1958) outlined six stages of moral growth, each more suited to responding to moral dilemmas than those described by his predecessor. Kohlberg (1973) has pursued the growth of moral judgment well beyond the ages identified by Piaget (1957).

Kohlberg's (1958; 1973) theory of moral reasoning explains moral reasoning according to three levels of morality, namely pre-conventional morality, morality, and post-conventional morality (Papalia et al., 2020) as depicted in Figure 3.5.

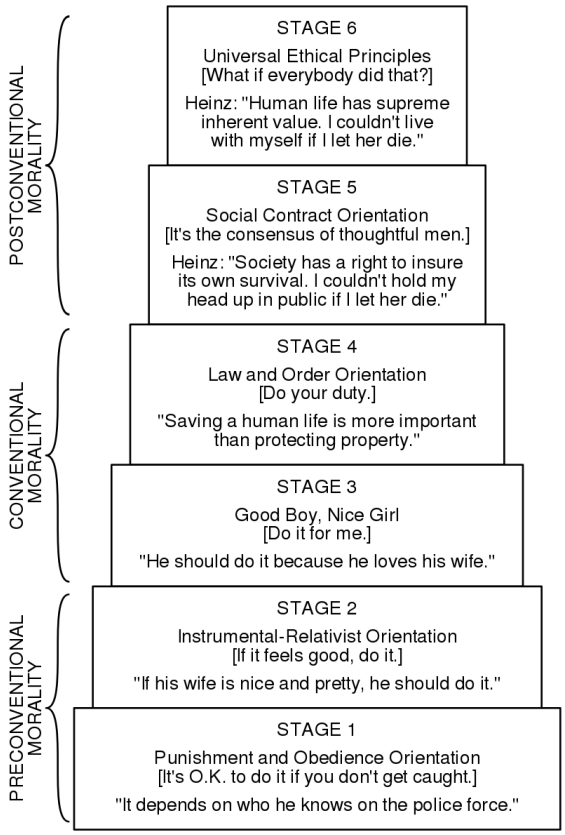

Figure 3 5: Kohlberg's three stages of morality

Source:
http://commons.wikimedia.org/wiki/File:Kohlberg_Model_of_Moral_Development.png

The adolescent, Kohlberg (1973) believed, typically functions on the second level, although some may progress to the third level of morality. At this stage, the adolescent tends to conform to social conventions and support the way things are, and the way they are done in the family and society (Nsamenang, 2009; Papalia, Gabriela & Martoreli, 2020). Piaget's and Kohlberg's theories do not recognise the parents' role in the adolescent's moral development. However, recent literature such as Bronfenbrenner (1996; 2005),

Nsamenang (2009), and Serpell and Nsamenang (2014) acknowledge that a child's development, including morality, is influenced by the parents and family.

3.3.4 Psychological and Psychosocial development (Erikson, 1902 - 1994)

Due to the complexity of the adolescent phase in terms of, amongst others, rapid sexual maturity, the teenager is often faced with frustration, confusion, and intrapersonal conflicts. Erikson (1968) referred to these conflicts as "crises". He maintained that the personal identity would depend on how the crisis is resolved. According to Erikson's (1968) theory, he proposed that human development goes through five stages from birth to adulthood, as depicted below.

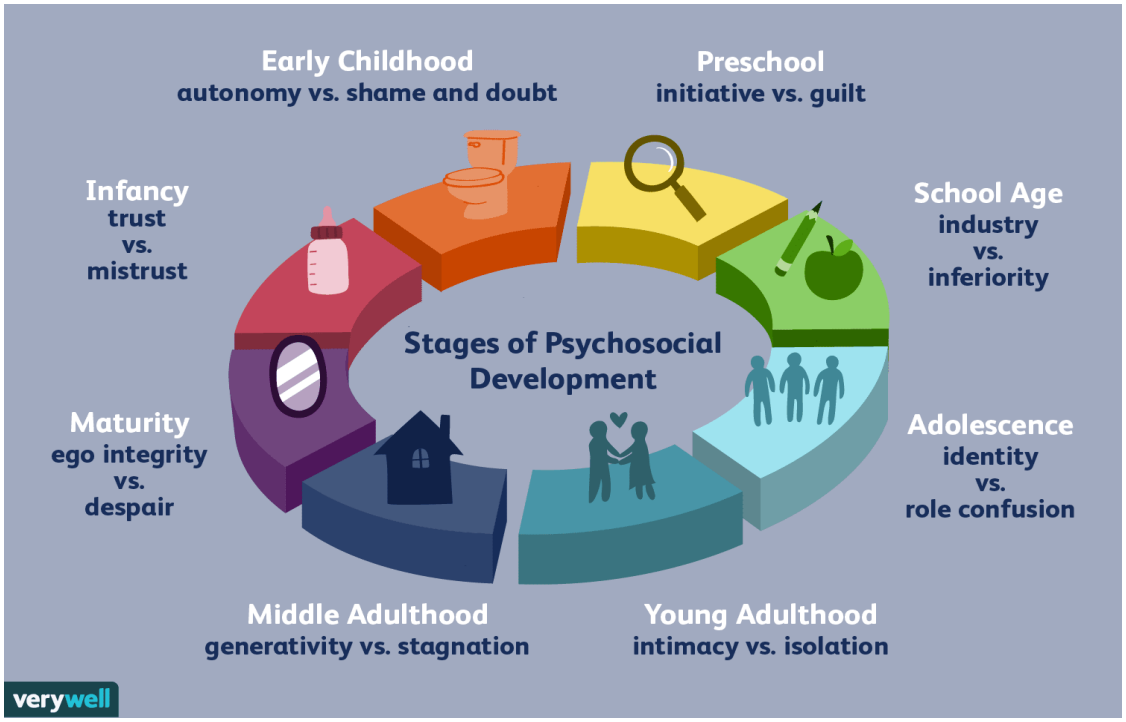

Figure 3 6: Erikson's stages of psychosocial development

Source: Shaffer & Kipp (2014)

The participants in this study fall into the fifth stage, Identity v/s Confusion, and the sixth stage, Intimacy v/s Isolation. The brief discussion of both stages is guided by Erikson's and Arnett's theories on development.

3.3.4.1 Stage 5: Identity v/s Confusion

According to Erikson (1968), children at this stage explore their independence and strive to develop a sense of self. It is the stage of an identity crisis. In their attempt to resolve the crisis of developing their identity, the youngsters ask themselves a core question, namely: "Who am I?". Answers to this question help in the development of a sense of identity. To resolve the crisis, the teenager may display a psychosocial crisis through being rebellious. Successful resolution depends on healthy social interaction and relationships with those in his world, thus enhancing their autonomy. On the contrary, if the resolution is unsuccessful, the teenager remains confused, he/she does not know who he/she is or remains unsure of what he/she believes. Erikson (1968) believes that the experiences and development of secure relationships with other people serve as a foundation for the next stage of intimacy v/s isolation.

3.3.4.2 Stage 6: Intimacy v/s isolation

According to Erikson, this stage is called Intimacy v/s Isolation, it occurs during young adulthood and mature adulthood around 40 years. During this stage, an individual starts seeking intimacy, especially with potential partners. The successful completion of this phase enhances love and committed intimate relationships (Shaffer & Kipp, 2014). However, failure to succeed in this phase tends to leave an individual lonely and isolated (Shaffer & Kipp, 2014). The achievement of "virtue of love" is what the teenage mothers are striving for in this study. During this stage, the teenagers also consider their future roles and how they will fit into and be accepted by society, in essence, they are developing their identities (Kail & Cavanaugh, 2010). At this stage, they can "make sense" of what they are involved in.

3.3.5 The role of culture in the development of adolescents

Bronfenbrenner (2005) maintained that the development of a teenager does not occur in isolation but in interaction with the family, peers, school, society, and cultural beliefs (Ott, 2010). Social factors or environmental factors play a significant role in the development of

an individual and the development of sexuality (Kar et al., 2015). Society's attitudes and cultural perception of sexuality largely influence the families in which an adolescent is nurtured and her sexuality cherished (Kar et al., 2015). Parents' attitudes toward sexuality education, parenting style, peer relationship, cultural beliefs, and customs are important factors that influence the learning and attitude of the teenager's sexuality development (Kar et al., 2015). In some cultures, sexuality is avoided or is regarded as taboo, thus allowing little scope to explore sexuality. The result may be that the teenager might be left with inadequate or incorrect information from peers (O'Rourke, 2020).

Serpell and Nsamenang (2014) concur with Bronfenbrenner's views on the influence of the environment on the individual's development. However, these authors emphasise the significance of culture in the development and support of the teenager. They argue that the skills and wisdom of the young ones are passed from grandparents and adults as they provide support, while Berry (2017) posits that the key facet of culture within educational institutions is that mind and culture are inseparable and mutually constitutive, which means that people are influenced by their society and culture. Berry (2017) views culture as a collection of background features that a community of people has established throughout their history, including a set of institutions, such as social, political, economic, and religious, which share a common set of meanings and values. In many cultures within the African community, the child develops and evolves to conform to their cultural values. Thus, Berry (2017) proposes that the child's lifestyle and behavioural patterns should be shaped by their interaction within the community in which they have developed. As far as African families are concerned, their community is seen as a strong constituent that brings people together, which is passed down from generation to generation; from grandparents to parents to siblings (Serpell & Nsamenang, 2014).

Traditions differ in every country and each country's interpretation of teenage pregnancy differs in some ways from other countries. The following comments are relevant for some cultures and races. When the baby is born, it is taken away from the teenage mother and the baby is treated as the last born of the family, and not as the grandchild. The teenage mother is not allowed or encouraged to talk freely and openly about her child or her feelings and health status. Based on my family experience, my view is that the cultural

variations that occur among various societies influence the support process and goals. In addition, they affect the teenage mother's actions and thought in terms of cognitive, communicative, motivational, socio-emotional, and spiritual characteristics (Nsamenang, 2009). It is therefore important for a teacher or any adult to understand and respect the teenage mother in the context of her sense of self within her culture and cultural belief system (Nsamenang, 2009).

3.4 SOUTH AFRICAN POLICIES RELATING TO TEENAGE MOTHERHOOD

Education for All was launched in 1990 at the World Conference on Education for all in Jomtien. The aim was to ensure the availability of quality basic education and ensuring at least basic education for all (UNESCO, 1994). A limitation was identified, that IFA does not focus on the poor, the disadvantaged, and individuals with special needs. This observation led to the introduction of Inclusive Education.

3.4.1 The Constitution of the Republic of South Africa, Act 108 of 1996

According to the constitution of South Africa (RSA 1996a, p. 29), everyone has the right to basic education, including basic adult education and higher education, which must be made available and affordable by the government. To this end, section 1 and 3 of the constitution states that no one should explicitly or implicitly discriminate against someone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, faith, belief, culture, language, and birth. In light of this decree, it is, as Dlamini (2011) points out, mandatory for schools to treat teenage mothers with respect and empathy. They cannot be refused the opportunity to remain in school while pregnant and cannot be prevented to return to school after giving birth when health allows.

3.4.2 National Policy on Teenage Pregnancy (2015)

This policy asserts the constitutional rights of pregnant learners to continue and complete their basic education without stigma or discrimination. In addition, it requires that the DBE and its structures provide quality Comprehensive Sexuality Education (CSE) and adolescent and youth-friendly sexual and reproductive health services, or referral to the health services. Specifically, the Act confirms that there should be no exclusion of pregnant learners who must be allowed to remain in school during their pregnancies and return as soon after giving birth as is appropriate for both the learner and her child.

For its part, the school is required to accommodate the reasonable needs of the learner to ensure that her right to education is not disrupted or ended by pregnancy or birth. This may imply short- to medium-term absences from school and an undertaking to hold a place in the system for the return of the learner and the completion of her basic education.

3.4.3 The Choice of Termination of Pregnancy, Act 92 of 1996

The Act includes guidance on a variety of choices, including the alternative of termination of pregnancy. The policy also stipulates that women's rights (regardless of marital status) to abortion on request before the 12th week of gestation, for different reasons, such as danger to mother/daughter's health, pregnancy due to rape or incest, and possible socio-economic deprivation, should be handled with care and respect. Like other individuals, teenage mothers also have the right to be treated with dignity, during or after birth, to have access to abortion, prevention, or termination measures, irrespective of their marital status.

3.4.4 South African School Act No 84 of 1996

In line with South Africa's constitution in terms of the right to education, the South African School Act (RSA, 1996b) enforces compulsory education for all children younger than 15 years. Schools are required to admit children irrespective of grade and/or disability. The schools are further advised to avoid any acts of unfair discrimination. This implies that

pregnant and teenage mothers are not to be denied a chance to attend school so that they can finish their education. In essence, the implication is to provide support to teenage mothers to enable them to complete their education in a manner that takes into account the health and welfare of the newborn child. If the stipulated requirements are observed in the school, this would translate into the much-needed protective factors that act as a buffer against the challenges that the pregnant learner and teenage mother face.

3.4.5 National Policy on the Prevention and Management of Learner Pregnancy in Schools of 2008

The Policy on Learner Pregnancy Prevention and Management was created to help officials, principals, school management teams, and educators respond to learner pregnancies. The Policy addresses the high rates of pregnancy among students, as well as the familial and social context in which it occurs, as well as options for reducing unintended and unwanted pregnancies.

According to this policy, pregnant students in South Africa have constitutional rights (South Africa's Constitution, Act 108 of 1996 (RSA,1996a) to continue and complete their basic education without shame or prejudice, even after giving birth. This could include short- to medium-term absences from school for routine clinic or hospital appointments, as well as a commitment to reserve a place in the system until she returns.

The school, family, and larger community in which a learner falls pregnant are responsible for ensuring the learner's ongoing education and providing support during and after the pregnancy. This strategy should lessen the overall impact of learner pregnancy while also ensuring individual learners' rights to a comprehensive and enabling education. The successful resolution needs to involve parents and communities (provided with needed guidance and education), in the implementation and scale-up of this method (Government Gazette, 2018).

3.5 DETERMINANTS OF TEENAGE PREGNANCY IN HIGH-RISK COMMUNITIES: AN ECOLOGICAL SYSTEMS PERSPECTIVE

As mentioned, South Africa, similar to international trends, has a huge teenage pregnancy problem (cf. 3.1 and 3.2). For this research, Bronfenbrenner's Ecological Systems Theory forms the backdrop to forge a better understanding of the phenomenon and to conceptualise a framework for integrating young teenage mothers into society in general, but specifically into the education system to enable her to regain her momentum and to 'bounce back' for a meaningful future filled with prospects for her (and her child) at all levels of her existence. The theory considers all individual factors, including all bi-directional aspects and interactions between the microsystem, mesosystem, exosystem, and macrosystem, since the different environments or systems can restrict or improve her growth and development significantly (Skobi, 2016).

3.5.1 Determinants in the microsystem

The social risk factors in the microsystem comprise variables such as unprotected sex, lack of knowledge, barriers to contraception, sexual abuse, family dynamics, socio-economic status, and economic incentives (Thobejane, Muaudzi & Zitha (2017). The interaction *between* these variables constitutes the mesosystem, and as McLeash and Redshaw (2017) emphasise, microsystem dysfunctionality can be a brewing ground for unplanned teenage pregnancy. For instance, in a family, an absent parent robs the child of much-needed guidance in her development to make informed decisions. Similarly, a school that lacks an environment conducive to learning, with wrong and unsavoury peers and unempathetic teachers all have the potential to affect the children adversely. In this study, such a school would contribute to the challenges that the teenager already faces around pregnancy.

The following potential risk factors in the microsystem, as depicted in Figure 3.7 are amongst many that can, directly or indirectly, contribute to teenage pregnancy:

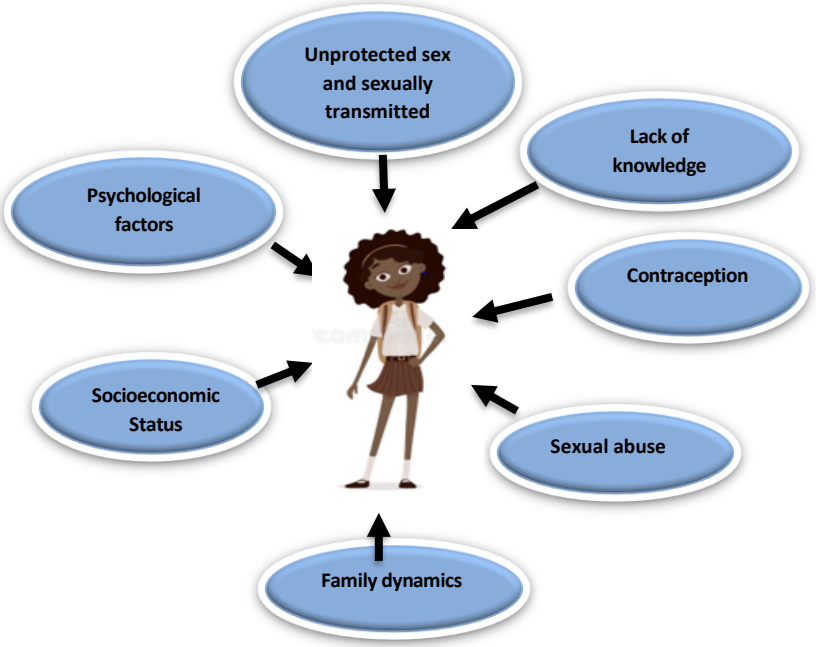

Figure 3 7: Determinants of teenage pregnancy in the microsystem as depicted in the study

Source: Author

3.5.1.1 Unprotected sex and sexually transmitted diseases

Lack of knowledge on contraceptives, not using contraceptives, or even forgetting to use them, all amount to unprotected sex. The reasons for not using protection are varied and may include being ashamed of indulging in sex or fearing using protection during sexual activities. Unprotected sex may have serious consequences and lead to an array of problems. Apart from unwanted pregnancy, the chances of contracting various sexually transmitted diseases are very likely, such as HIV and AIDS, herpes, syphilis, and gonorrhoea. Unprotected sex can furthermore result in re-infection if one or both partners are HIV positive. Developing resistance to antiretroviral drugs (ARVs) is another serious consequence of sexually transmitted diseases, as is the increased risk of affecting the unborn child. Research findings of Mchunu, Peltzer, Tushana & Seutlwadi (2014) on factors associated with teenage pregnancy in South Africa indicated that on average 40 % of teenage girls cited that some of the reasons to practice unprotected sex were a curiosity to experience sex and seeking romantic love and acceptance.

3.5.1.2 Lack of knowledge

Teenage girls who are uneducated about sex are more likely to have unintended pregnancies. They may get incorrect information from friends or be influenced by the media such as television programmes, movies, and printed media (cf. 3.5.1.2). Some teenage girls do not fully understand the biological and emotional aspects associated with having sex. In a study conducted by Mchunu et al. (2014), a shocking 55.5 % of teenage girls did not understand what was happening when they engaged in sexual activity. This indicates that teenagers may not always have the knowledge needed to make informed and responsible decisions about whether to engage in sexual activity and the consequences thereafter. In the same vein, adolescents who may wish to prevent pregnancy may not be able to do so because of knowledge gaps (WHO, 2011) and misconceptions as to where to obtain contraceptive methods and how to use them (Gunawardina et al., 2019). According to Darroch, Woog, Bankole and Ashford (2016) report, at least ten million unintended pregnancy cases occur annually among teenage girls aged 15-19 years in developing regions due to difficulty accessing correct information on time. I believe that an improved way of imparting knowledge to the teenagers coupled with a friendly and caring attitude of parents, teachers, and health workers, such as nurses at clinics, have the potential for closing the gap of “lack of knowledge” in teenagers. In this way, the chances of delayed pregnancy in teenagers are likely to be enhanced.

This is exacerbated by the adolescent’s lack of agency or autonomy to ensure the correct and consistent use of contraceptive methods at their disposal. Ignorance often manifests in adolescents’ belief that they are immune to sexually transmitted diseases and pregnancy (cf. 3.5.1.1). This undisputedly leads to reckless and risky behaviour that may lead to diseases and unintended pregnancy.

3.5.1.3 Access to health services and stigmatisation

According to the Wodon et al. (2017), some 1.2 billion adolescents are reaching their reproductive years, yet most still do not have access to family planning information and services (cf. 3.5.1.2). One of the biggest barriers to contraception is access to healthcare and the cost of birth control. Depending on the teenager’s sexual maturity, some who

decide to become sexually active refrain from visiting their local clinic to obtain counsel and support from nurses and healthcare workers. Regrettably, the attitudes of nurses have been cited as a major barrier to teenagers accessing contraception. The nurses tend to be uncomfortable about providing teenagers with contraception and related information and according to Gunawardena et al. (2019), they are unable to bracket their perceptions and beliefs because they feel teenage girls should not be having sex. Visits to the clinic are crucial since that is where the teenage girl typically receives counsel on the benefits of delaying sexual activity, contraceptive options, and the health implications of early pregnancy. However, due to the often-unfriendly atmosphere at the healthcare facilities, teenagers fail to acquire the much-needed information on sexuality education due to fear of stigmatisation. Teenagers need to be provided with the necessary information without fear of being judged or stigmatised (Mchunu et al., 2012). Failing to make use of clinic services denies the teenager the opportunity to seek advice, access correct information, and be open about her circumstances. To this effect, Sychareun, Vonxay, Houaboun, Thammavongsa, et al. (2018) assert that building trust between teenagers and healthcare workers is likely to contribute to the healthy sexual development of teenagers to adulthood. The situation needs urgent attention by authorities if we are to win the teenage pregnancy battle in schools.

3.5.1.4 Sexual abuse: incest or rape

Teenagers can be faced with unintended pregnancy because of sexual abuse such as incest or rape. In their research findings, Raj and Boehmer, (2013) revealed that more than a third of the girls reported that their first sexual encounter had been coerced or occurred during sexual abuse. Sexual coercion is where a person is forced to have sex against their will with the use of violence, threats, or deception (Gunawardena et al., 2019). Incest is defined as unlawful and intended sexual intercourse between a male and female or two persons who are prohibited to marry each other because they are related within prohibited degrees of consanguinity, affinity, or relationship (Criminal law [sexual offence and related matters] Amendment Act 32 of 2007). Incest renders the victim vulnerable because they might be dependent on the perpetrator for emotional and financial support, such as in the “sugar daddy” and “blesser /blessee” situation (cf. 3.5.3.2). Moreover, in some families, it may be the culture and belief to keep family secrets to protect family unity and dignity. Should

there be a report of alleged incest, the family would opt for protecting the family unity at the expense of the victim (Nsamenang, 2009). Wood (2014) asserts that any conflict or wrongdoing in some African cultures is resolved by “batsadi ba lelapa”, (family elders), to resolve the conflict without violence and to ask for forgiveness from the victim and the ancestors.

Incest presents undue stress to both the family and the victim. Sekhoetsane (2012) highlights that the victim’s welfare is at risk; she might already show signs of distress at school, academic performance might be declining, and unintended pregnancy is an actual risk. While it seems ideal to display family unity, the alleged molested teenager’s best interests are disregarded. Unfortunately, some communities respect a person who seems not to have moral standards and compassion, and who contributes to the distress, depression, and anxiety of the molested and family alike (Ajayi & Buhari, 2014). Other observed effects of incest include resentment by the victim due to emotional trauma, disruption of family structure (moral and legal implications), and possible disability and genetic disorder in the conceived child because the parents share the same genes (Kemoli & Mavindu, 2018).

Rape is another form of sexual aggression involving force and pressure that is performed against the person’s will. According to Criminal law [Sexual offences and related matters] Amendment Act 32 of 2007, rape is an unlawful and intentional act of sexual penetration with a complainant without the consent of the complainant. In South Africa, police records reveal that almost 41 583 cases of rape were reported in 2018/2019, which indicates an increase from 40 035 rapes in 2017/2018 (Fact sheet –SA crime statistics for 2019/20). Just like incest, rape is equally damaging and can also result in unwanted pregnancy for the teenager. Sadly, according to a 2006 survey, as quoted in Harrison (2011), 30% of girls in South Africa indicated that their first sexual experience was forced or under threat of force. The Guttmacher Institute (in Harrison, 2011) reports that girls who experienced sexual abuse were three times as likely to fall pregnant before the age of 18. According to Statistics South Africa (STATS SA), sexual offences increased to 53 293 in 2019/20 from 52 420 in 2018/19 (STATS SA 2019/20). Compounding the problem is teenage girls’ lack of

information on which procedures to follow in cases where they are sexually abused or raped

3.5.1.5 Family dynamics (cf. 3.6)

Teenage girls are more likely to fall pregnant if their parents or caregivers fail to empower them with the necessary knowledge and guidance on how to make responsible choices and take wise decisions regarding their sexuality (Mkhwanazi, 2010). Teenagers typically turn to their equally ignorant friends (Kearney & Levine, 2015) or suspect media platforms for direction on whether to engage in sexual activities if they do not feel at liberty to discuss these issues with their parents or caregivers (Kearney & Levine, 2015). This can without question result in misinformation and possible teenage pregnancy. Odimengwe and Mkwananzi (2018) found that children from divorced families or dysfunctional homes tend to lack guidance and the risk of vulnerability and teenage pregnancy is substantial. Likewise, Paniagua and Walker (2012) hold that daughters of teenage mothers are at risk themselves to fall pregnant as a teenager. The influence of family dynamics on adolescents and teenage girls is thus significant. For example, a strong family network may counteract the potential negative effects of a high-risk peer group.

3.5.1.6 Socioeconomic Status (cf. 3.5.3.2)

It has been widely reported that teenage pregnancy is more prominent among adolescents who are at an economic disadvantage (cf. 3.2). It is reported that in some of the least developed countries, at least 39% of girls marry before the age of 18 and 12% before the age of 15 (Wodon et al., 2017). The cultural traditions and values placed on marriages (Macleod, 1999) tend to influence early marriages which in turn increase teenage pregnancies, albeit inside marriage. More specifically, research also indicates that teenagers from unstable and poor maternal circumstances tend to be despondent about their future, they dislike school and are likely to let themselves get pregnant (Harden, Brunton, Fletcher & Oakley, 2009). According to Harden et al. (2009), some of the reasons that expose teenagers to the risk of pregnancy are fewer opportunities for positive youth programmes that address pertinent issues related to the prevention of pregnancy.

However, my experience is that poor socioeconomic status can be a reason for the teenager to work hard, finish school so that the cycle of poverty can be broken, by, amongst other things, delaying pregnancy for later after completing school. Conversely, the rates of teenage pregnancy are reported to be lower in more prosperous areas. The availability of resources, adequate and timeous provision of children's basic needs by parents, and positive attitude of healthcare workers can be attributed to lower risks to pregnancy in teenagers.

3.5.1.7 Psychological factors (cf. 3.6)

Antecedents such as low self-esteem, low self-efficacy levels, and negative self-concept are amongst the most common psychological risk factors of teenage pregnancy. These three concepts, although not the same, are interdependent and interlinked – all three-form part of the 'self' or self-identity (Puspasan, Rachmanati & Budiati, 2017), and they work together in determining the 'self-identity'.

In essence, *self-concept* is encapsulated in what the teenager *thinks* about herself – her abilities and characteristics, amongst others. Hargie (2011) emphasises that each person's self-concept is influenced by *context*, in other words, the person's circumstances at any given point in time. Her *self-esteem* refers to judgements and evaluations she makes about her self-concept – thus, while self-concept is a broad description of the self, self-esteem is a more specific evaluation of the self – what she thinks her *value* is (Berry, 2017). Just like self-concept, self-esteem varies across a person's life span and contexts. *Self-Efficacy* refers to the judgments the adolescent makes about her ability to perform a task successfully and reach her goals (Hargie, 2011). Berry (2017, p. 261) summarises the link between the three concepts by pointing out that "self-concept is derived from one's self-esteem and self-efficacy – which is one's belief that you can accomplish your goals." This interrelatedness is depicted in the following figure:

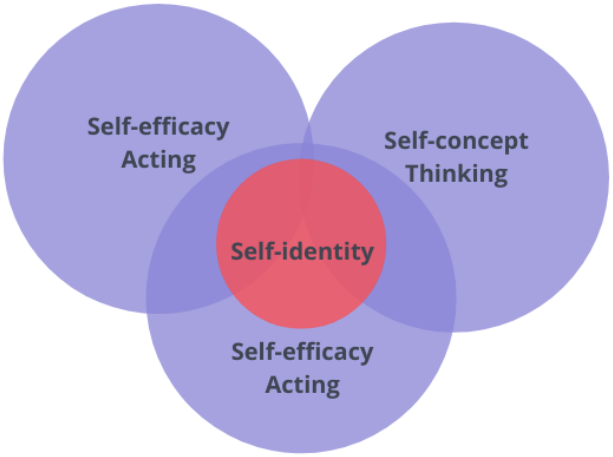

Figure 3 8: The interconnectedness between the self-concept, self-esteem, and self-efficacy

Source: Author

Low self-esteem

Self-esteem is defined as a person's overall sense of worth or personal value. The concept can also be understood as an individual's thoughts, beliefs, and feelings about his or her self-concept and identity, that is, how much an individual loves and appreciates himself or herself (Verywellmind, n.d.).

Self-esteem is a significant determinant of adolescent mental health and development, reflecting a capacity to feel deserving of happiness and to be able to effectively overcome life challenges (Wang, Liu & Wang, 2020). A teenage girl with positive self-esteem tends to perceive herself to be smart, confident, and strong and does not experience the overwhelming need to belong to a peer group. They typically will refrain from engaging in sexual activities and thus avoid pregnancy because they are not likely to be exposed to peer pressure. Papalia et al. (2020), assert that girls in supportive relations with friends and parents enjoy moral and social support which in turn impacts positively on their self-esteem. On the contrary, low self-esteem has been linked to a range of negative psychological, physical and social effects that may influence successful teenage development such as the transition to adulthood, including depression, anxiety, early

initiation of sexual activity (in girls), and substance abuse (McLeod, 2011), all of which are likely to increase chances of teenage pregnancy.

Low self-efficacy

According to Bandura's (1997) theory, self-efficacy is the individual's belief and confidence in their ability to effect changes through his/her actions to solve a problem. Self-efficacy addresses questions that seek to answer whether an individual 'can or cannot' achieve expectations on the task at hand (Huah, Costeines, Ayala & Kaufman, 2014). The emphasis lies in answering questions such as: Can I solve a problem? Can I succeed in my career? Will I be a good mother? (Puspasan, et al., 2017). In this way an individual tends to check his/her level of confidence, Van Der Merwe (2019, p. 134) refers to this phase as "the individual testing his/her perceptions of their abilities". Self-efficacy begins to develop at an early stage in young children, and according to Madux and Gosselin (2012) it does not remain constant; it can change as an individual experience's changes throughout life. The efficiency expectations that determine the efforts of learners on a task and how long they will last in the face of adversity depend on the level of difficulties involved (Masten, 2001) further posits that honest, verbal motivation, and honest praise tend to help the learner to have an improved feeling of "I can, I am able". The more one believes in him/herself, the more the likelihood to persevere until the task is complete, despite the challenges or feelings of inadequacy that one might have felt initially (Khan, 2013). Madux and Gosselin (2012) posit that the level of self-efficacy, unlike self-esteem, corresponds to the level of competence that an individual experiences. Baron, Branscombe and Byrne (2009) concur with Madux and Gosselin (2012) that the achievement of physical, academic, and other goals depends on self-efficacy. However, a low sense of self-efficacy may result in feelings of anxiety and helplessness, which in turn does not help in developing resilience (Van der Merwe, 2019). I can assert that from the discussion, a teenager with low self-efficacy has low self-esteem, lacks confidence, is demotivated, and tends to lack a persevering spirit (Khan, 2013). For a teenage mother, she is prone to have a sense of a loss of control over what happens in specific areas of her life as a mother and a student at the same time.

Negative self-concept

The term 'self-concept' is derived from self-efficacy and self-esteem – hence Frank (2014) refers to self-efficacy and self-esteem as "the pillars" of self-concept. Self-concept addresses questions such as: 'Who am I?'; 'Do I like myself'? 'How do I feel as a mother to be?' (ibid.) The *sense of self* is also influenced by how the person believes she is viewed by others (Puspasan et al., 2017). I believe that teenage mothers in this study also tended to define themselves based on their values, thoughts, and what they believed in. The answers to the questions posed earlier in this discussion are guided by an individual's feelings and reveal how a person views herself, be it positive or negative. Positive self-concept will be illustrated by the confidence shown in her abilities as a teenage mother, student, and ability to balance the two – a feeling that "I am a good mother". On the other hand, negative self-concept has been widely associated with teenage pregnancy (Puspasan et al., 2017). These authors (Puspasan et al., 2017, p. 94) define self-concept as "the totality of a complex, organised, and dynamic system of learned beliefs, attitudes, and opinions that each person holds to be true about her existence". Importantly, a self-concept may or may not be a true representation of the teenager's personal context. A traumatic experience can negatively affect her self-concept and as a result, also adversely affect her self-esteem. Individuals with poor self-efficacy and self-esteem are often unable to identify their shortcomings without attached judgment.

3.5.1.8 Peer Pressure

During adolescence, teenagers often feel pressure to make friends and to fit in with their peers. The effort often turns into what is known as peer pressure. Peer pressure is usually depicted as peers pushing an individual to do something that adults disapprove of. Teenagers within a peer group tend to display similar behaviours and attitudes. During adolescence, peers can serve both positive and negative functions. The choice of such friends may not be ideal, especially if they do not have a positive influence on the teenager's decisions and actions (Bearman, Peter & Brückner, 2009). Teenagers, for example, in the company of bad influence and friends are more likely to drink alcohol, use drugs and display reckless behaviour, such as engaging in unprotected sex which increases the risk of unplanned pregnancies (Bearman et al., 2009). Teenagers may also have sex to appear 'cool' and sophisticated, but in some cases, the result is unpleasant (Papalia et al.,

2020). In this instance, peer pressure tends to have the potential to cloud good reasoning skills. (O'Rourke, 2020). Peer support or the need to belong can easily replace the parent's voice (Lethale, 2008). That is the time where the teenager must be careful and show assertiveness, because, as Bearman et al. (2009) posit, if the number of high-risk members of a girl's peer group rises, so does her chance of making a sexual debut.

However, as Bearman et al. (2009) point out, peers who have good ties with their parents reduce a teenager's chance of making a sexual debut. Likewise, a group composed predominantly of low-risk peers is a protective factor for both sexual debut and pregnancy. Therefore, even though they may not completely understand the implications of having sex, the teenager may not be able to avoid allowing their peers to influence their decision to have sex, since, as Papalia et al. (2020) observe, it is not uncommon for peers to have more control over adolescents than the parent, even if the parent-child relationship is good.

3.5.2 The mesosystemic determinants of teenage pregnancy

The nature of the interactions *between* the various determinants of teenage pregnancy in the microsystem as discussed above constitutes the groundwork for the young teenager's further relations and may literally 'seal her fate' if dysfunctionality prevails.

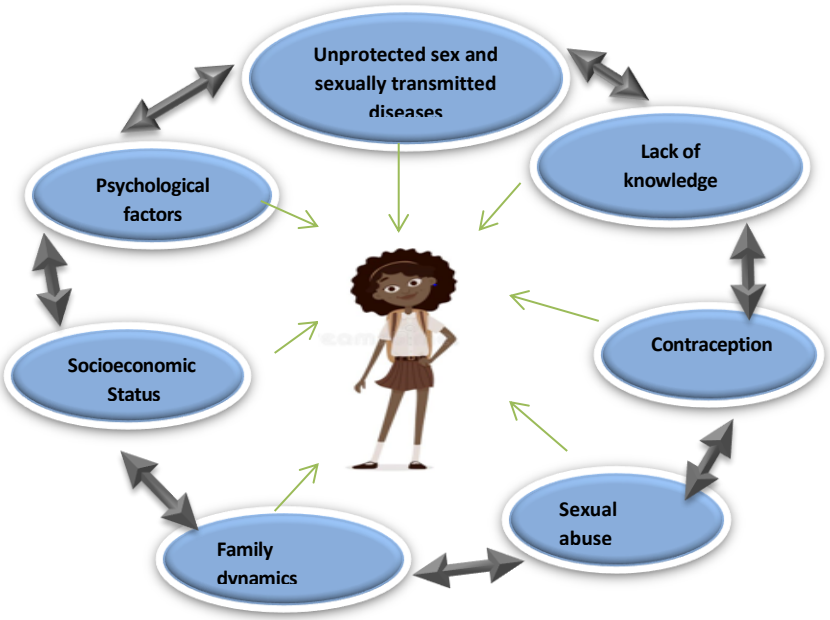

Figure 3 9: Determinants of teenage pregnancy in the mesosystem as depicted in the study

Source: Author

3.5.3 Determinants of teenage pregnancy in the exosystem

As alluded to earlier (cf. 2.3.3.), the third layer in the Ecological Systems Theory of Bronfenbrenner, the exo-system, contains elements impacting the microsystem; however, it does not affect the individual teenage girl directly; rather, the exo-system relates to certain community-level factors that impact periphrastically on the development of the teenage girl. For this study, the media, social norms and standards, education, and economic incentives are singled out.

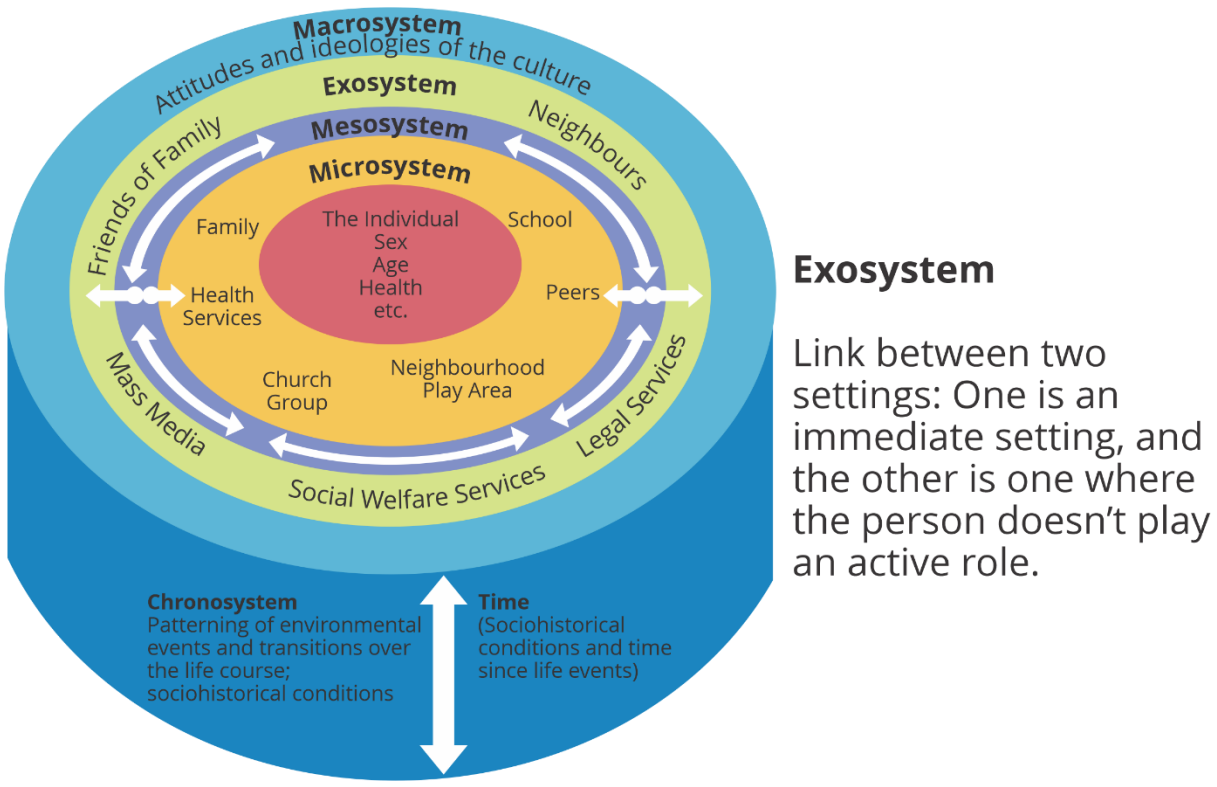

Figure 3 10: Exosystems

Source: Study.com (n.d.)

3.5.3.1 Media influence

> *"Whoever controls the media, controls the mind"*
>
> ***Jim Morrison***

In recent years there has been an exponential increase in global media interest to search for information. Adolescents also use media such as the internet, to search for knowledge that is relevant to sexuality (Kimemia & Mugambi, 2016). According to Coppens (2014) the media in all its forms–social, audio-visual, and print – contribute significantly to teenage pregnancy by glamorizing sex. This fact concurs with Sue's (2015) assertion that films and television programmes depict sexual relations among teenagers as the norm and they may encourage young girls to engage in reckless sexual activity.

A few research studies examined the correlation between the degree and type of access adolescents have to sexual material through television and their sexual attitudes and

behaviours. For example, in a study conducted by Pardun, L'Engle, and Brown (2015), the results revealed that the average teenager spends three to four hours a day in front of the television, which in some cases is more than the time spent in the classroom. Pardun et al. (2015) further report on research conducted with 75 teenage girls, half of whom were pregnant, where they found that the pregnant teenagers watched soap operas with high sexual content. Likewise, Kimemia and Mugambi (2016) report a significantly high correlation between teenage pregnancy and electronic media. As Harris (2011) observes, sexually explicit content abounds in the media and as such, exposure to such content can contribute to early initiation into sexual behaviour.

While all age groups potentially could be affected by sexual messages on television, adolescents may be particularly vulnerable for several reasons. Dave and Dave (2014) maintain that teenagers may not be sufficiently cognitively developed to discern and critique messages that they receive while watching television. Moreover, advertisements target teenagers during a challenging period of transition, from childhood to adulthood, when they are in the process of establishing their ideals, convictions, and identity. The media is also blamed for failing to raise awareness of the importance of using protection before engaging in sexual activities (Kearny & Levine, 2015).

3.5.3.2 Economic incentives (cf. 3.5.4.1)

The right to social security is enshrined in the Constitution of South Africa (RSA, 1996a) and the Social Assistance Act 13 of 2004 (RSA, 2004). The government offers a child welfare grant to single parents or caregivers who are low-income earners. The effect of the child support grant on adolescent pregnancy in South Africa has attracted concern in the last few years, prompting discussion that it may promote adolescent pregnancy. Some observers, like Kanku and Mash (2010) have suggested that the child support grant provided by the state was an incentive to young girls to fall pregnant, but according to Ngubane & Maharaj (2018), in a survey of 1,500 girls aged between 15 and 24, only 2% cited the child-care grant as an incentive. Udjo's thesis (2014) explored the association between receiving a child support grant for the first child and becoming pregnant with another child in two national data sets using logistic regression analysis and empirical

evidence. The results contradict Ngubane and Maharaj's (2018) findings. The findings showed that adolescents who received a child support grant are substantially *less likely* to be pregnant with another child than adolescents who do not receive a child support grant. Approximately 25% indicated that they longed for a baby. Other influencing factors – accounting for 20% – were social pressures and self-affirmation. For instance, in South Africa factors such as social pressures and the need for self-affirmation to be regarded as a "woman", are cited as contributory factors to teenage pregnancy (Panday et al., 2009).

Another relatively new phenomenon as referred to in section 3.5.1.4 earlier, especially in the African community, is that of teenage girls engaging in sexual relations with older men in exchange for gifts or money (Mc Cleary-Sills, Douglas, Rwehumbiza, Hamisi & Mabala, 2013). Research by Lethale (2008) suggests age discrepancies as a significant factor in teenage pregnancy in the sense that the "sugar daddy" power dynamics increase the vulnerability of a teenage girl. A 'blesser' is a new version of sugar daddy, which is mostly an older man. A blesser differs from a sugar-daddy in that a blesser's spending power places him on a far higher pedestal, almost giving him a godlike status in the eyes of the young girl. According to Thobejane et al. (2017), a girl dating a blesser practically experiences her life as being financially and materially blessed. Even though her life is enriched, repercussions such as unwanted pregnancy and HIV/AIDS infections are actual risks. In the same vein, several studies (Chatterji, Murray, London & Anglewicz, 2005; Krushnan, Dunmbar, Minnis, Medlin, Gerdats & Padian, 2008) have argued that young girls engage in sex with older partners and have transactional sex. Such relationships result in young women having little or no negotiating power with their partners to insist on condoms usage (Mchunu et al., 2012). In 2016, to curb the exploitation of poor young girls from inter-generational sex, Dr. Aaron Motsoaledi, South Africa's former Health Minister launched a three-year plan involving steps to protect young girls from such "blesser-blessee" relationships (Motswaledi, 2016, cited in Thobejane et al., 2017). The intervention is geared to prevent what teenage pregnancy does in the learners' lives, which is interfering with young women's educational attainment and resulting in fewer job opportunities for these young women.

3.5.4 The Macrosystemic determinants of teenage pregnancy (cf. 2.3.4)

Potential determinants of teenage pregnancy in the macrosystem include the country's prevailing socio-economic climate, values, and cultural beliefs in the society, all of which influence the inner layers of the teenage mother's ecosystem (cf. Bronfenbrenner, 2005; Donald et al., 2012). Examples include government policies, legislation, customs of specific cultures and sub-cultures, social classes, forms of discrimination, social justice, and equality. The status of the macro-system can either enhance or destabilise the other subsystems (Krishnan, 2010).

3.5.4.1 Social norms and standards (cf. 3.5.4.4)

Amongst others, the macrosystem focuses on cultural norms and societal beliefs which influence the teenager. The findings of Khuzwayo and Taylor's research (2018) concur with Bronfenbrenner's stance on the impact of culture and societal belief systems on the individual.

With the Covid-19 epidemic currently wreaking economic havoc in societies worldwide, its social effects have also been particularly devastating. In 2020, the pandemic lockdown was predicted by Hamadani, Hasan and Baldi (2020) to increase the incidence of teenage pregnancies, a prediction that was confirmed when Gauteng MEC of Health, Dr Nomathemba Mokgethi, reported that 1984 teenage deliveries were recorded nationally in July 2021, with August registering 155 births *more* than July 2021 (Times Live, 17 August 2021). Similarly, according to Reliefweb (2021), the number of infants born to teenage mothers in Gauteng has increased by 60% since the start of the COVID-19 pandemic, with *Save the Children* expressing concern for the wellbeing of both mothers and newborns. Of concern is that the data released by the Gauteng Department of Health show that more than 23,000 girls aged under 18 gave birth between April 2020 and March 2021 – of which 934 were aged under 14 – compared to 14,577 girls aged 19 and under having babies in the same period a year earlier (2019/2020).

As alluded to earlier (cf. 1.2), early pregnancy and motherhood in South Africa compel many girls to drop out of school and trap many in a cycle of poverty, making them reliant on public assistance and stigmatising many for falling pregnant or forced into early marriage. It also increases the danger of maternal difficulties, which leads to low baby survival rates, and pressures many young women to take on adult roles for which they are not emotionally or physically prepared. This has severe social and economic consequences.

Marumo Sekgobela, *Save the Children South Africa's* Health and Nutrition Thematic Manager, made the following observation (Reliefweb, 2021):

> "Watching a child turn into a mother is heart-breaking. Children need to be children, not birthing them. It's particularly devastating to learn that many of the girls who gave birth last year were barely teenagers. There has never been a more important time to empower teenagers to take control of their sexual health and stay safe. Save the Children calls on the Government of South Africa and Gauteng province to ensure that adolescents, regardless of gender, have access to comprehensive sexual and reproductive health information and services. We also call on families, communities, religious and traditional leaders to support the reproductive health rights of teenagers. It is time that we dismantle the barriers to accessing services."

3.5.4.2 Education

The COVID-19 pandemic's effect on education and the future employability of learners – teenage mothers in particular – is considerable. Ngoma-Diseko (SABC, 2020), the Commissioner for Gender Equality, maintains that COVID-19 has the potential to reduce the country's educational and skills development path even further. The negative impact is due to restrictions on schooling and any activity that could improve the productivity of the youth in the entire world, including South Africa. She (ibid., 2020) further highlights that the experience of the pandemic illustrates the importance of the family as a microsystem, and schools as protective and nurturing social institutions. Findings from a study conducted by Truzoli, Pirolla and Conte (2021) revealed psychological reactions to the pandemic from teachers and learners alike which present a reason for concern. The

closing, or partial closing of schools, raises the risk of non-suicidal self-injury (NSSI). Learners, in particular, may suffer from mental health difficulties, such as anxiety, depression, substance misuse, and disordered eating (ibid.). Gaffney, Himmelstein and Woolhandler (2020) advise resuming face-to-face training for the sake of learners' growth, health, and welfare. However, like Browning, Larson, Sharaievska and Rigolon et al. (2021) aptly point out, restarting schools without proper protection could expose millions of susceptible adults and children to serious COVID-19 pandemic long-term consequences for their health and education. These authors also emphasise that it is crucial to focus on how families and schools could correct the situation when life returns to normal after the pandemic by providing high-quality educational support and crisis-psychological oriented services to teachers, learners and the entire school community and help to maintain their psychological well-being.

3.5.4.3 South Africa's socio-economic climate

South Africa's general socio-economic climate looks grim, just like the global outlook. The COVID-19 pandemic has worsened the nation's fragile economy. Several findings were noted in the mid-COVID-19 Economic Outlook 2020 of the International Monetary Fund (IMF, 2020). Real Gross Domestic Product (GDP) grew in 2019 at an estimated 0.7%, down from 0.8% in 2018, and is expected to grow to 1.1% in 2020. Slow growth was driven in 2019 by a contraction in agriculture and mining. South Africa's poverty rate was 55.5%, and its inequality is among the world's worst. Unfortunately, the global shock triggered by the COVID-19 pandemic and unprecedented restrictions designed to protect public health led to a sharp contraction in the domestic economy (ibid., 2020). This situation has adverse ripple effects that include, amongst others, an upsurge of teenage pregnancy in the country (as noted earlier).

The Budgetary Supplementary review (2020) maintains that COVID-19's effects on real income levels are likely to set the South African economy back a few years after a decade of sluggish economic development. The country's real GDP growth is expected to plummet by 7.2% in 2020 (IMF, 2020). This is due to economic activity restrictions to contain the spread of the virus. To reverse this decline and move towards a future of higher, more

equitable development, urgent action is needed. Strengthening the competitiveness of South Africa will require decisive action to stabilize and narrow the debt (2020 Budgetary Supplementary Review).

3.5.4.4 Cultural beliefs and values (cf. 3.5.3.1; 3.5.3.5)

Maldonado-Morales (2019) asserts that during pregnancy, cultural practices are particularly important because future parents often rely on them when dealing with the transition to parenthood that is full of challenges and sacrifices. In the present study, findings illustrated certain patterns that emerged in intercultural differences in beliefs and cultures of individual teenagers in the group. The areas of difference included beliefs about prevention of pregnancy and contraception, the significance of being a mother at an early age, and the kinds of support systems available within their social network. These beliefs were influential in their becoming pregnant as well as during their pregnancy (Maldonado-Morales 2019). The findings in a study conducted by Akella and Jordan (2015, p.47-48) revealed that cultural values and beliefs tend to be learned or imitated from the individual's immediate social circle. This circle is made up of family, peers/friends, teachers, and community organisations. Some of the cultural norms and values cited include:

- The mother tends to be a role model that influences early pregnancy, which seems to imply that society does not condemn teenage pregnancy.
- Family reactions ranged from shock, anger, and disapproval to acceptance. MacLeod and Durrheim (2002) stated that in Transkei, for instance, unwed teenage motherhood is accepted, despite the devastating results of the increased financial burden and unfavourable social conditions for the family; The child of an unwed mother is usually absorbed by the extended family (ibid). However, with the tight economic climate, the practice is not that common anymore, the teenage mother is likely to raise the child as a single parent.
- Religious beliefs often influence teenage pregnancy because the teenager tends to cite religious reasons not to use contraceptives or terminate the pregnancy.
- Peers and friends seem to be supportive and non-judgmental. Their positive attitude might be influenced by the fact that they understand the situation because they are also teenage mothers; and

- Peer pressure – boyfriends are responsible for early pregnancy. The girl is either not assertive enough to convince the boyfriend to use prevention or the boy is expected to initiate the use of contraceptives.

Gyesaw and Ankomah (2013) further assert that girls tend to feel they would only be accepted as women once they had proved their fertility as mothers as well as to enhance identification with other women. For example, In Mchunu's et al. (2012) study, 19% of teenagers fell pregnant to prove maturity and as an affirmation to be seen as a woman. However, the tendency seems not as common in city dwellers as in rural areas. These social pressures prevent or discourage young women from using contraceptives and the risk of getting pregnant is heightened. There is also the cruel belief that sleeping with a virgin heals HIV/AIDS in some communities. For instance, in a study conducted in Kwa Zulu-Natal in 2014, it was reported that 5.1% of teenage pregnancies could be attributed to this belief (Mchunu et al., 2014).

The discussion above shows the necessity of all people involved in the teenage mother's educational life to allow open communication, to be sensitive, and respect the diverse cultural values and beliefs of the learners that need support during pregnancy and as teenage mothers. When these beliefs are assessed and incorporated into a care plan, a more effective program for pregnancy prevention will result (Nsamenang, 2009). As mentioned earlier, teenage girls tend to make limited use of clinics due to social and cultural values and morals, and judgemental attitudes of the society and health workers (Mchunu et al., 2012).

3.5.5 The chronosystem determinants of teenage pregnancy

As discussed under section 2.3.5, the chronosystem (which falls outside the parameters of this research), constitutes challenges that specifically focus on the interaction between the various systems and how they will affect the teenage mother *over time.* Motherhood will most certainly have consequences for the teenage girl's future and depending on how she can muster her strengths and navigate protective factors in her environment over time, her future can have a positive trajectory.

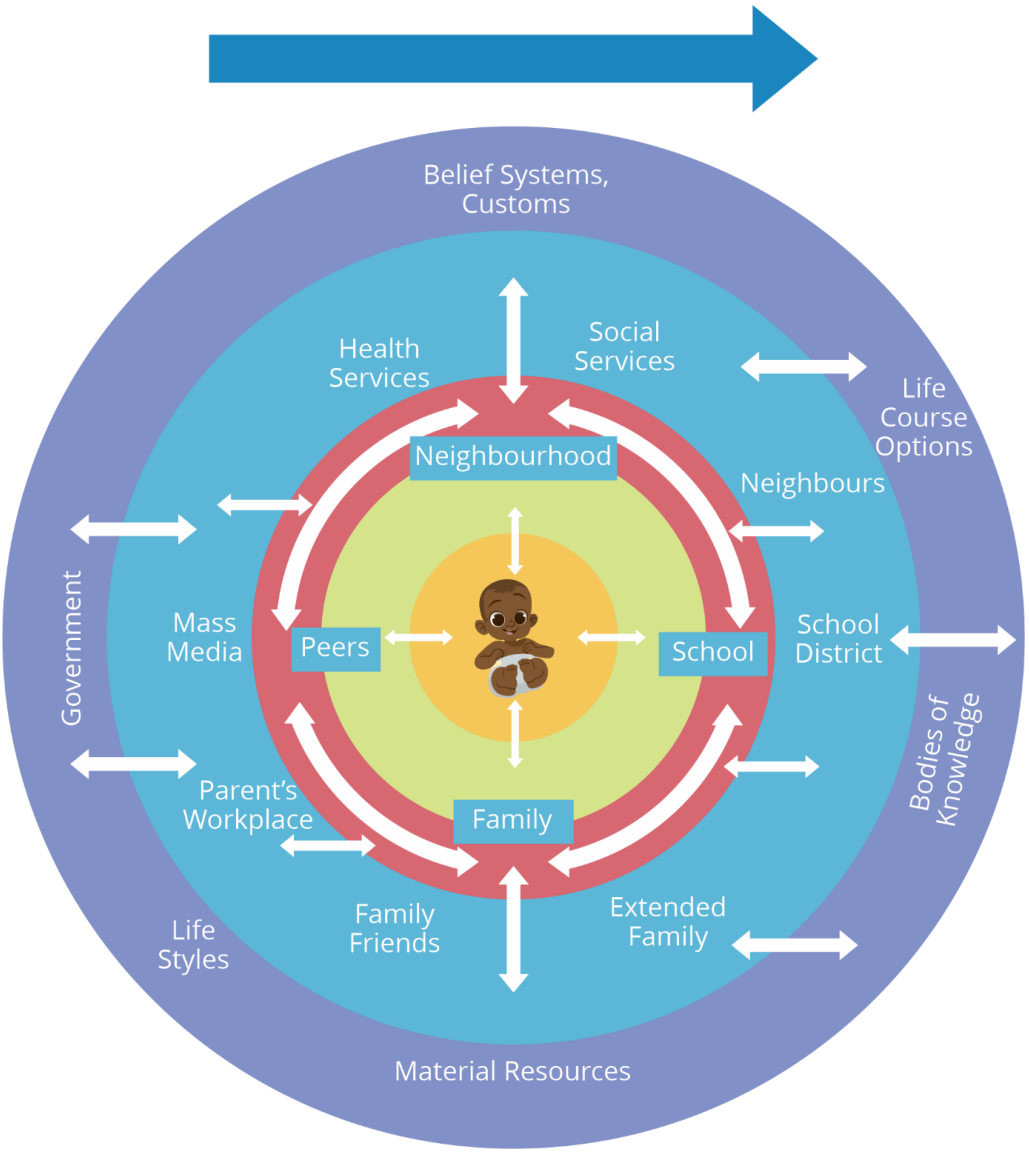

Figure 3 11: The chronosystem

Source: Study.com (n.d.)

3.6 POTENTIAL RISK FACTORS IMPACTING ON THE TEENAGE MOTHERS' ABILITY TO DEVELOP POSITIVE ADAPTIVE BEHAVIOUR

Some of the determinants of teenage pregnancy as discussed in the previous section often also manifest as risk factors in the life world of the young girl who fell victim to some of those determinants and, as a result, fell pregnant. As mentioned earlier (cf. 3.3), motherhood is regarded as one of the most important milestones by most women around the world. In most communities it is seen as a sign of maturity; however, in the individual teenager, it relates to her search for identity. Teenage motherhood happens at a crucial

and difficult developmental stage of life as it impacts dramatically on all domains of the teenager's life-physically, socially, emotionally, psychologically, and on health domains (Donald et al., 2012).

3.6.1 Teenage Mother's medical challenges

Early pregnancy among teenagers has significant health implications for teenage mothers and their infants. Medical complications associated with teenage mothers aged 10-19 years include anaemia, endometritis, systemic infections, and pregnancy-indicated hypertension (Pinzon & Jones, 2012; WHO, 2016). Pregnancy and childbirth complications are the world's leading cause of death among girls aged 15–19 years with low-and middle-income countries responsible for 94 % of global maternal deaths among women aged 15–49 years (Neal, Matthew, Frost et al., 2015; WHO, 2016). It is documented that 38% of these pregnancies resulted in higher maternal deaths and the survival rates of babies were a shocking 8%. Willan (2013) ascribes the high maternal deaths and low survival rates of babies to several factors. Some of the causes are the mother's age and the fact that the body is not yet ready and mature for childbearing. The underdeveloped pelvis contributes to difficult labour, with possible eclampsia and obstetric fistula, which in turn increases infant mortality and the mother's death (Stepp, 2009). In addition, some 3.9 million unsafe abortions among girls aged 15–19 years occur annually, leading to maternal mortality, morbidity, and long-term health problems (Darroch et al., 2016).

3.6.2 Infant's medical challenges

Early childbearing will raise risks for both newborns and young mothers. However, from their research findings, Kingston, Heaman, Fell, and Chalmers (2012) discovered that children born to teenage mothers, compared to those born to older mothers, especially those from high-risk communities, are at risk of challenges at birth. Children of teenage mothers are more likely than children of older mothers to be born prematurely at low birth weight, have higher neonatal mortality, and suffer a variety of health problems consequently (WHO, 2016). Nutritional deficiencies can also increase the risks of diseases and even death, due to, amongst others, lack of proper pre-natal support. As mentioned,

(cf. 3.3) pregnant teenagers from high-risk communities tend to avoid visiting their local clinics because in many cases they hide their pregnancy for quite some time before disclosing their status to parents or guardians. Their infants may also face social stigma as a result of diseases they are born with, such as HIV, which can hinder their growth and cause depression as they strive to keep their health status hidden to avoid stigma and prejudice from peers (UNICEF,2013). Another crucial issue is that these toddlers are more likely to acquire mental health problems and developmental delays, such as intellectual disabilities, as well as do badly in school (Earthbrook, Chaudhuri, Bartlett & Copeman, 2011). The difficulties may have long-term consequences and last into puberty, thus, increasing the risk of stigmatisation by peers.

3.6.3 Stress and depression

Corcoran (2016) holds that stress and depression can develop due to complications before, during, or after childbirth. Traumatic events such as rape or incest are likely to increase depression and trauma levels in the teenager. Compounding the risk of mental disorders is the fact that adolescents tend to be more prone to depression due to the rapid physical and psychological changes connected to puberty. New mothers are also at risk of getting the so-called ‘baby blues’, which may manifest as mood swings, anxiety, and a general feeling of sadness (Corcoran, 2016). Excessive and continuous stress may develop into postpartum depression after giving birth which is a serious condition that can persist if not treated by a medical professional (Corcoran, 2016). Still struggling with developmental challenges, the teenage mother, is at risk of developing postpartum depression due to increased responsibilities which can be overwhelming. Depression can exacerbate a lack of motherly care and compassion and even lead to child neglect. The child is often treated badly because the mother is unable to interact with peers and other friends (Hodgkinson, Colantuoni, Robab, Berg-Cross & Beltcher, 2010). In developing countries, depression tends to be exacerbated by the stigma, instead of the teenage mother being treated with empathy (Hodgkinson et al., 2010).

3.6.4 Increased burden on parents and/or family members

Parents are the closest support in the child's cycle in the microsystem and this is no different for the teenage mother. Her development and well-being are mostly influenced by the structure of the family, parents' character, attachment, the socio-economic standard of the family, structural unemployment, access to basics services, food, clothing, education, and shelter (Landsberg, Kruger & Swart, 2016). For the teenage mother, her parents/caregivers have a huge role to play in terms of emotional, financial, and material support (Lethale, 2008; Papalia et al., 2020).

3.6.5 Family support

The teenage mother often faces challenges caused by pregnancy and the resultant motherhood alone, and with increased responsibility, the father of the child frequently disappears. Lack of parental support can cause the teenage mother to feel rejected, alone, and overwhelmed. The depression levels of teenage mothers tend to develop from the prenatal through to the postnatal period, amid the scarcity of emotional, financial, and material support during these trying times (Leigh & Milgrou, 2008, cited in Mcleish & Redshaw, 2017). These feelings are aggravated by the lack of resources necessary for support (McLeish & Redshaw, 2017). However, with forgiving and empathetic parents, the impact of motherhood can be bearable. Grant and Hallman (2008) report that only a third of teenage girls return successfully to school due to a lack of family support.

3.6.6 Social challenges

Social effects for unmarried pregnant teenagers can include stigma and condemnation on the part of families, parents, and peers. This may jeopardize girls' future educational and employment opportunities (WHO, 2015). Besides the medical consequences of teenage pregnancies, the effect on the teenage mother's social issues such as morale, self-esteem, and quality of life can be equally devastating. The teenage mother faces challenges due to stigmatisation and condemnation from the community and she may even be prohibited to return to school (Ramulumo & Pitsoe, 2013). This may happen, despite the South African

Education policy on teenage pregnancy (RSA, 1996b) that requires that teenage mothers should not be discriminated against due to their status but be treated with dignity.

3.7 THE ROLE OF RESILIENCE IN THE LIFE WORLD OF THE TEENAGE MOTHER

As mentioned, (cf. 2.4) resilience theory seeks to study and explain why some people, despite facing severe challenges, manage to overcome them and 'bounce back', sometimes to the extent that the hardship they suffered propels them to be successful in terms of their life trajectory. To briefly recap, certain factors as explained above (cf. 3.6.1) have often proven to have a severely negative impact on the teenage mother, to the extent that she sees her future to be bleak and without the prospects to escape her circumstances. However, many of these risk factors can act as protective factors which can foster and elevate her resilience levels. Unfortunately, not all individuals have the natural ability to be resilient in the face of hardship (cf. 2.4.3). In this study, I worked from the premise that a strength-based approach is needed to assist the teenage mother to make the best of her circumstances and abilities by creating supportive environments and providing access to opportunities. Protective factors (assets and resources) should be cultivated to create such supportive environments which may ultimately enhance the young mother's resilience and ensure the successful accomplishments of her goals.

3.7.1 The microsystem

The Microsystem is the most significant level where the importance of fostering resilience can be observed. At this age, the young girl's microsystem (her inner circle) expands as the influence of peers, teachers, and the broader community becomes more prominent. Since self-esteem, self-concept, and self-efficacy affect the teenager cognitively, emotionally, and motivationally during her adolescent years, these aspects are highly susceptible to be influenced during and after pregnancy. The teenage mother who strives for emotional self-control can learn positive coping and decision-making skills, which can boost her self-esteem and self-efficacy. In this way, the protective factor comes from within (O'Connell, Boat & Warner, 2009). But most importantly, a supportive and trusting family, peer, and school support system will buttress such efforts of the teenage mother by creating an enabling environment that will assist her to face challenges confidently (Jain, Mshweshwe-

Pakela, & Charalambous, 2019). Positive support in the microsystem can thus buffer the effects of hopelessness (Wang et al., 2020) and improve her quality of life. However, if such support is lacking, resilience is unlikely to develop; it means the resources do not provide for positive adaptation, thus manifesting as a risk factor (Adu-Yeboah, 2015). It is therefore evident that interaction of the teenage mother with the family, school, and community, can also manifest as either risk or protective factors, and enhancement of the latter is crucial for the teenage mother to develop resilience (Adu-Yeboah, 2015).

Grandparents and other family members, such as uncles, can be protective factors due to the holistic support they usually provide to their grandchildren. I can bear testimony to this – my younger sister fell pregnant when she was 18 years old and in grade 12. My mother stepped in as a "guardian" and my sister was afforded a chance to complete her studies successfully. This is a support intervention that is regarded as a normal cultural belief in most Black African families.

Peers can also replace parents' support positively by being supportive and caring (Lethale, 2008; Donald et al., 2012). These teenagers, and more so the teenage mother, crave social acceptance, and association with peers enhances the formation of identity (Lethale, 2008). Peer support could increase resilience and without it, the teenage mother is likely to suffer adjustment problems (Papalia et al., 2020).

3.7.2 The Mesosystem

The quality of interactions in the **mesosystem** further determines the level of development of the teenage mother's resilience. Wang et al. (2020) emphasise that weak mesosystems hamper positive adaptation when the individual is faced with adversity. The teenage mother can be greatly empowered if affected by the positive interactions *between* sub-systems (family, peers, school). For example, lack of parental involvement in school activities has a negative impact on the teenage mother's self-esteem and sense of self-worth, which in turn might affect academic performance adversely. Conversely, active parental involvement influences the teenage mother's ability to face challenges in other areas related to the microsystem (cf. Donald et al., 2012). The ripple effect is likely to

include the school's positive response, which is another important protective factor. Schools that are resourced with skilled and empathetic teachers are essential for a troubled teenage mother (McLeash & Redshaw, 2017).

3.7.3 The Exosystem

Exosystemic influences, such as the institutional environment – the quality of community support groups (church, sports clubs, etc.) and the availability of effective social services (health services, government cash grants, unemployment insurance fund, housing subsidies) can foster resilience and strengthen the teenage mother considerably (Adu-Yeboah, 2015; Wang et al., 2020). For example, a parent of a teenage mother who is far away from home due to work commitments (promotion or better opportunities), potentially creates an environment that poses a risk of repeat pregnancy. However, a protective factor would manifest due to an employed parent who provides for the teenage mother's needs. Such a financially secure home environment will most likely boost her resilience since she can concentrate on her education.

Importantly, Wang et al. (2020) note that the impact of the exosystem in western communities is different from that of non-western communities. They explain that, in western communities, resilience tends to be mostly due to family support. Contrary to this, non-western communities depend on a collective type of support from parents, extended families, and the community. People from collectivist cultures, like most black families in South Africa, may have more concrete and interdependent self-concepts than people from individualistic cultures (Kar et al., 2015). O'Rourke (2020) believes that self-esteem is developed through collectivistic cultures. This collectivist culture is in line with a Setswana idiom – "ngwana sejo, wa thlakanelwa" (a child is raised by a village, all elders have the responsibility to impart knowledge and give support to the child).

Another important factor related to the development of resilience during pregnancy and subsequent motherhood is the *media and relevant literature*. Media influence is not necessarily always negative (cf. 3.5.3.1). Teenagers, and in particular teenage mothers can benefit from considering information provided by the media. In their research, Kearney &

Levine (2015) discovered that the launch of an MTV show in the United States which aimed at reducing teenage pregnancies led to a 4.3 % drop in teen births in the 18 months following its initial broadcast. This represents 24 % of the total decrease in teenage births in the United States over that time. Social media can be fruitful when interacting with peers, to share ideas, and concerns. Pardun et al. (2015) support the integration of guidelines on the correct use of social media and its influence in subjects such as Life Orientation. They believe that it would be wise for schools to establish regulations on the correct and educational use of media by teenagers. Reading about coping skills in her specific circumstances is likely to boost the teenage mother's spirits, self-confidence as well as determination to work hard and achieve her set goals. The other domain that tends to be positively influenced is the development of identity, especially, at this stage when the teenager is faced with identity conflict and constantly trying to balance mother-learner challenges (Brooks, 2013).

The availability of education and health services may also affect the way adolescent mothers respond as they prepare to return to school. The provision of reliable and accessible health care helps to balance the detrimental effects of feeling insecure and helpless as a good mother (Dunifon & Gill, 2013).

3.7.4 The Macrosystem

Protective factors in the **macrosystem** such as laws, cultural values, ideologies, and practices can foster resilience in several ways (Nsamenang, 2009) and indirectly facilitate different processes towards the development of resilience. This type of support is in accordance with the country's educational policies and legislation (cf. the Constitution of the Republic of South Africa, 1996; the National Policy on Teenage Pregnancy, 2015; The School's Act of 1996.) Stipulations as published in these documents serve as a protective factor that gives the teenage mother the assurance that she is protected and provided with support at school. Support from the school as mandated by the said legislation and policies must be evident in the teachers' attitude to assist the teenage mother on her educational journey. As Gill, Hayes and Senior (2015) observe, when schools and teachers display preparedness to support teenage mothers, this may lead to optimism and a sense of

expectation which may improve grades and encourage extra-mural activities. This may ultimately, according to Chigona and Chetty (2008), decrease the risk of school dropout.

National governments globally spend a large percentage of state finances on matters such as life skills, training on the prevention of teenage pregnancy, prevention of sexually transmitted diseases, and ways to reduce early school dropout. In the early part of the so-called *Millennium Development Goals age,* prevention of teenage pregnancy and associated mortality, morbidity, and prevention of HIV-related mortality among teenagers and young people was not given adequate attention due to conflicting priorities (WHO, 2015). The United Nations Millennium Declaration, signed in September 2000, committed world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women (Kumar, Kumar & Vivekadhish, 2016). During this time, the WHO collaborated with partners to advocate for commitment to adolescents, to create evidence and an epidemiological rationale for activities such as *'WHO Guidelines for Preventing Early Pregnancy and Poor Reproductive Outcomes in teenagers in developing countries* (UNESCO, 2009) to establish and test support mechanisms for the programme, to create capacity, and to lead initiatives in the limited but increasing number of countries that recognise the need for teenage health (UNESCO, 2009).

Non-governmental organizations have been at the forefront of attempts to discourage teenage pregnancy in many countries through ambitious and creative initiatives. There is a small but increasing number of effective government-led national initiatives, e.g. in Chile, Ethiopia, and the United Kingdom (United Nations General Assembly, 2015). These countries demonstrate what can be accomplished by applying effective research, combined with strong leadership, and perseverance. They encourage and inspire other countries, including South Africa, to do what is possible and what needs to be done urgently.

The chronosystem influences the teenage mother in that resilience will over time buffer the effects of uncertainty (risk) over her future in the long run. A resilient teenage mother would likely be motivated to work hard towards developing into a mature and competent

mother who also pursues education opportunities. Her ability to positively adapt to adversities and seek ways to cope will also improve with time, especially in the presence of the necessary support.

3.8 PREVENTION STRATEGIES

In South Africa, the Minister of Education, Ms A. Motshekga approved a policy that is intended to focus on the prevention of teenage pregnancy and encourage retention and re-enrolment of teenage mothers at school (FCIA, 2017). It is important to intensify provincial interventions such as awareness campaigns, strategies in peer education, and teacher training that focuses on skills for the appropriate and correct manner of disseminating information and skills to teenagers (FCIA, 2017).

Prevention is better than cure. It is cheaper to prevent pregnancy than to cope with the consequences thereof. The prevention of teenage pregnancy policy must be underwritten by certain principles and policies. Firstly, the teenage mother has the right to education and respect, as enshrined in the South African Constitution, Act 108 of 1996, and South African School's Act of 84 of 1996. Secondly, in Life Orientation the teachers should encourage prevention using positive interventions and encourage responsible decision-making Van Zyl, Van der Merwe & Chigeza (2015) to enhance the teenage mother's self-esteem and support her to persevere. Thirdly, the health therapists should ensure that learners are provided with appropriate information about reproductive health matters (correct and regular use of contraceptives, abortion, defer or discourage teenagers to initiate intercourse) at clinics and health facilities (Akella & Jordaan, 2015). In this regard, the two policies that guide the teaching and guidance are the Children's Act of 2005 (RSA, 2005) and South African Schools Act (RSA, 1996b). The former Act gives girls from age 12 permission to take some decisions (e.g. use of contraceptives) without their parent's consent. In my view, this Act overestimates the level of maturity of some children at this age, I believe they still need guidance on issues that will have an impact later in their lives.

Fourthly, the other Act that assists in preventing teenage pregnancy is the Choice of termination of pregnancy Act of 1996, which outlines the conditions and consequences of

terminating a pregnancy. In this way, the teenager is enabled to take an informed decision, however as stated formerly, the girls are likely not to be mature enough for such decisions on their own. Fifthly, provide psychosocial support to teenage mothers to help them complete their education in a manner that takes into account the health and welfare of the newborn child. In this manner, the necessary guidance could enhance the chances of success for the teenage mother. Lastly, to respect diverse cultures and family values and to provide sufficient flexibility to allow for a range of options I believe successful psychosocial support is imperative to ensure that teenage mothers bounce back and complete school. The focus should therefore be on participating in programmes for pregnant learners and teenage mothers (see chapter 6 for a comprehensive explanation of the proposed programme).

3.9 CONCLUSION

The chapter focused on the literature review about the experiences of teenage mothers from high-risk communities in the Free State province of South Africa. The literature review, through the citation of various academic articles, provided insightful information on various aspects of the study. The prevalence of teenage pregnancy was addressed to gain more information on the factors that may contribute to teenage pregnancy. The developmental stages of the teenage mother and South African policies relating to teenage motherhood were explored. A few determinants of teenage pregnancy in high-risk communities together with the potential risk factors impacting on the teenage mother's ability to develop positive adaptive behaviour were discussed. Lastly, the role of resilience in the lifeworld of the teenage mother on different ecosystemic levels was reviewed.

Chapter four details the methodology that guided this study.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

In the previous chapter, I placed teenage motherhood in both global and regional contexts. I also discussed the current situation of teenage motherhood in South Africa as well as the impact of teenage motherhood on the mother and the people in her life. This was done through the lens of the Ecological Systems theory (1979), with elements of Resilience theory to explore the risk and protective factors in the various sub-systems which may either enhance or hamper resilience in teenage mothers.

In this chapter, an in-depth overview of the paradigmatic perspectives of the study, the approach followed, and the research design and methods that were employed to generate and collect the data from the three interest groups that were the focus of the inquiry, are presented. I also discuss the criteria employed to ensure the trustworthiness of the study and finally, the ethical measures that were observed to carry out the empirical phase of the study, are outlined.

Figure 4.1 represents a visual representation of Chapter 4.

How can schools support teenage mothers from high-risk, disadvantaged communities to successfully reintegrate into school and society after having given birth?

The secondary research questions flowing from the primary question are formulated as follows:

- Which risk (liabilities) and protective factors (assets) affect teenage mothers' ability to successfully complete their schooling and set future goals for themselves?
- In what ways do these factors restrict them, or provide the means to successfully complete their schooling and set future goals for themselves?
- How effective are the measures taken by the school in supporting teenage mothers to integrate back into the school system?
- How can a strength-based approach assist schools and education authorities to support teenage mothers in terms of their integration back into school life specifically, and society in general?

Figure 4 1: A visual representation of Chapter 4.

This section provides a brief discussion of what constitutes a research paradigm and the implications of the specific paradigmatic perspectives within which the study was nested. A paradigm refers to a perspective, a point of view (Collins Dictionary, 2015), or a way of

looking at things, especially based on a person's beliefs or experiences. In terms of scientific inquiry, 'paradigm' is a Greek word that means a "pattern", or a way of thinking shared by a group of researchers who hold common beliefs, values, and methods used in solving research problems or questions (Kivunja & Kuyini, 2017). It was first used by Thomas Kuhn in 1962 to denote a philosophical way of thinking – a shared worldview that reflects a philosophical stance, representing beliefs and values in a discipline and impacting the research process (Kivangu & Kuyani, 2017; Shuttleworth, 2008). Thus, a paradigm guides the thinking of a researcher as to how the researcher views reality, perceives information, and what types of study the researcher favours (Terre Blanche & Durrheim, 2006). The researcher must be familiar with the paradigm he/she chooses to frame the study and, importantly, ensure that it is suitable for answering the research questions. The next section outlines the elements of a paradigm, followed by a discussion on the paradigmatic perspectives that guided this study.

4.2. PARIDIGMATIC PERSPECTIVES

Lincoln and Guba (1985, in Kivunja & Kuyini, 2017) identified four key elements of a paradigm namely, *ontology, epistemology, axiology,* and *methodology.* In their research, Lincoln and Guba (ibid.) emphasised the importance of understanding these four elements because they encapsulate basic assumptions, beliefs, norms, and values that navigate research.

Each of the elements seeks to answers a particular question:

Ontology seeks to answer the question: **"***What is reality?".* The question thus describes *what* is being studied (Kivunga & Kuyini, 2017) and focuses on what we believe in and whether what we believe is a verifiable reality. In essence, it involves the assumptions we make about whether something is real, in other words, ontology examines one's belief system (Kawulich, 2021). Creswell (2014) adds that to understand the world, there is a continuous attempt to interpret or make meaning of one's experiences – which is essentially the process of establishing what reality is. In social constructivism, within which this research is framed, the role played by people in how they *experience* the world and

how they *understand* and *make meaning* of acquired knowledge is recognised (Mertens, 2009). To this effect, they construct their reality (individual realities/constructivism) but also co-construct it by interacting with individuals (group-shared realities). These constructed realities are context-bound and can therefore not be generalised to a population (as would be the case in positivism).

Epistemology (meta-theoretical paradigm) is a Greek word "episteme" which means knowledge. The term describes *how* we come to know what we know, how we know the truth, or what counts as knowledge within the world (Kawulich, 2021). Epistemology can also be seen as the relationship between the researcher and what is researched. Epistemology tries to find the answer to the question, *"How do you know something?",* that is, what is the *source* of knowledge? (Kawulich, 2021). Epistemology determines whether the beliefs we hold are true and whether information can be proven using concrete data (ibid., 2021). For this study, one of my assumptions was that teenage mothers could construct their knowledge based on their experiences and held personal views based on the meaning they constructed about their experiences (Dagar & Yadav, 2016). The basic premise was that teenage mothers could make sense of their 'new' situations in terms of their existing knowledge. The premise was informed by what Ultanir (2012) asserts – that learning involves active processes in which one constructs meaning by linking new knowledge with one's existing knowledge. My focus was to find out *what* the teenage mothers regarded as knowledge, to determine the *source* of such knowledge and what *informed* their decisions and interpretations. Epistemology is closely related to ontology, in that epistemological assumptions arise from, or depend on ontological assumptions (Denzin & Lincoln, 2017). Thus, ontology and epistemology create a holistic view of how knowledge is viewed and how we can see ourselves in relation to this new knowledge, and the methodical strategies we use to discover it.

Axiology refers to ethics and value systems in a study (Marcus, Justus, & Lischen, 2012). The main question to be answered is: *what does the researcher value in his/her research?* This is important because, as Creswell (2014) emphasises, it defines wrong or right behaviour in research and how it 'guides' the researcher in terms of the cultural influences and moral issues and values that emerge during the research process. The research paradigm is thus axiological in that the values of the researcher inform the choice of the

research topic, methodological aspects of the research, how collected data is analysed, and how findings are interpreted (Creswell, 2014). In my study, I considered questions such as, "How can I be emphatic when engaging with the participants in terms of what happened to them, their circumstances, fears and joys, life choices, and beliefs? I strived to be fair, avoiding any actions that might be perceived as discriminatory or showing any signs of favouritism. I further ensured that I reduced risk or harm in all domains, physically, psychologically, and emotionally (cf. 4.6.3). To avoid the biases that might result, it became crucial to put in every effort to bracket my beliefs and values so that the results were minimally affected. Bracketing was achieved by being 'open' and making every effort to be non-judgemental and of the situation as far as possible to gain insight into their life-worlds. This was crucial because axiology also tends to have an impact on how one views oneself in relation to others (Marcus et al., 2012).

Methodology/Research Methods seeks an answer to the question: "*How do you go about finding out what you explore*?" (Smith, 2018). This element is discussed fully in section 4.4 in the chapter.

To summarise, Corbetta (2003) maintains that what can be considered the nature of reality (an ontological question), the basic beliefs about knowledge (epidemiological question), must inform how best to approach the question that is investigated and what can be expected to be known (methodical question) and the researcher's values and beliefs (an axiological question) must inform how best to approach the question that is investigated (a methodical question) and what can be expected to be known. Thus, it becomes evident that, for the researcher to achieve the research objectives, knowledge and understanding of the four elements form the basis of the scientific paradigms.

4.2.1 Selecting a paradigm

Bearing in mind the four elements comprising the choice of a research paradigm, I had to consider one of three main paradigms which Creswell (2015) proposes, namely *positivism*, *interpretivism/constructivism,* and *pragmatism*, the latter comprising elements of both positivism and interpretivism. The choice of a paradigm depends on the *nature* of the study that is undertaken, the *type of knowledge* that is required to best answer the research

questions, and how it would inform the research design. Kawulich (2012) cautions that no one paradigmatic or theoretical framework is more correct than another. **Positivism** is guided by the principles of objectivity (Park, Konge & Artino, 2020) – the social world is understood objectively. Positivists seek the truth and believe there is a single scientifically proven reality. Values have no place in positivism except when choosing a topic (Kawulich, 2012). Nelson (2013) asserts that due to the positivist stance of complete objectivity, positivism is not always suitable to be used in ecological systems theory, as was the case in my study.

Thus, I chose interpretivism/constructivism as a suitable paradigm for this study. Creswell (2014) asserts that interpretivism is interlinked with constructivism because both views aim to comprehend the world of human experience. For this reason, the two terms are used interchangeably in most research, including the current research. Mertens (2005) adds that both interpretivism and constructivism are related concepts that focus on understanding the nature of human life, which essentially means that truth is socially built. As such, interpretivist research aims to gain a better understanding of the participants and the topic (Babbie 2020) and favours empathy and an appreciation of the research participants. The way questions are asked, the tone of voice used by the researcher, and even the participants' comfort level with the researcher may affect the results.

Lederman and Abell (2014) outline the criteria for the evaluation of research from an interpretivist perspective as follows:

- Careful consideration and articulation of the research questions.
- Carrying out the inquiry in a respectful manner.
- Awareness and articulation of the choices and interpretations the researcher make during the inquiry process, coupled with evidence of his or her having taken responsibility for those choices.
- A written account that develops arguments.
- An evaluation of how widely the results should be disseminated.

As will emerge in the ensuing discussion, I observed these criteria during both phases of my study. While the strength of the interpretivist/constructivist perspective lies in the

detailed descriptions of the phenomenon under investigation, the conclusions of such research are limited to the specific research environment and cannot be applied to other situations (Denzin, 2014).

4.3. RESEARCH APPROACH

The interpretative paradigm is associated with a *qualitative* research approach because for both, the discussions are based on subjective experiences of the participants (Babbie & Mouton, 2005). Applied to this research, the different perspectives and realities of teenage mothers have been observed through multiple data collection methods. A qualitative approach accurately enabled me to obtain a rich, in-depth understanding of the way participants interpreted circumstances and experiences, what these interpretations involved, how they perceived their reality, and why they behaved in a certain manner (Braun & Clarke, 2013; Cohen et al., 2013).

Shank (2002, p. 5) defines qualitative research as "a form of systematic empirical inquiry into meaning that is planned, ordered and public and grounded in the world of experience" used by researchers to gain an understanding of how others make sense of *thei*r experiences. As an educational psychologist, I was interested in the psychosocial impact of participants' experiences, as well as how they coped when faced with adversities. Importantly, my role as a researcher was not only to understand how the participants described their lived experiences but also to understand them from their perspective (cf. Leedy & Ormrod, 2015).

Unlike the quantitative research approach, which relates to a positivist world view and which utilises larger samples compared to qualitative methods, the latter's results cannot be generalised because they do not reflect the opinions of a wider population. Table 4.1 summarises the key features of the two research approaches.

Table 4. 1: Features of Qualitative and Quantitative Research

Source: Babbie & Mouton (2007)

QUALITATIVE RESEARCH	QUANTITATIVE RESEARCH
The aim is to obtain a detailed description of experiences and circumstances.	The aim is to classify features, count them, and construct statistical models in an attempt to explain what is observed.
The researcher knows only roughly what he/she is looking for.	The researcher knows clearly in advance what he/she is looking for; it is a positivist approach because the researcher believes in one single reality.
The design emerges as the study unfolds.	All aspects of the study are carefully designed before data is collected.
The Researcher is the data gathering instrument.	The researcher uses tools, such as questionnaires, to collect numerical data.
Data is in the form of words, pictures or objects, exploration of values, meanings, thoughts, beliefs, experiences, thus in narrative form.	Data is in the form of numbers and statistics; statistical measures tend to confirm the reliability of the study.
It is subjective – individual participants' interpretations of events and experiences are important. Participant observations, in-depth interviews, etc. are employed to generate data and assist to uncover unexpected or unanticipated information.	It is objective – it seeks precise measurement and analysis of target concepts by using surveys, questionnaires, etc. It does not consider the feelings and experiences of respondents.
Data is rich, time-consuming and findings cannot be generalised, because of a small sample.	Quantitative data is more efficient, due to a larger coverage and the ability to test hypotheses, but may miss contextual detail.
The researcher tends to become subjectively immersed in the subject matter.	The researcher tends to remain objectively separated from the subject matter.

4.4 RESEARCH DESIGN (STRATEGY OF INQUIRY)

A research design is, according to Babbie (2020) a strategic framework that serves as a bridge between the research questions and the implementation of the actual research, or a product and related aspects used to obtain research findings (Abutabenjeh & Jaradat, 2018), or a blueprint or basic plan of how the researcher intends to conduct research

(Savisci & Berlin, 2012). The selected research design which was informed by the research questions and objectives of this study was the phenomenological case study (cf. 1.1).

As a qualitative research design, phenomenology uses a small sample of between 5-20 participants experiencing a common phenomenon (Creswell, 2014), and the meaning they attach to these experiences (Mills, Gabrielle, & Wiebe, 2010). Phenomenology aims to gain a deeper understanding of the nature and the meaning of everyday experiences by allowing the participants to narrate their unique and subjective experiences about the researched topic (Nortje, 2017). These experiences in the phenomenological design are called *lived* experiences that enabled me to gain a deeper understanding of the nature of the meaning that the teenagers attached to their motherhood from their point of view (Zeeck, 2012). Their first-hand experience provided rich information from their subjective views and on the perceived challenges they experienced (Nortje, 2017).

Case study research focuses on understanding the dynamics of a single setting (De Vos et al., 2011). McMillan and Schumacher (2014) indicate that a case study examines a *bounded system,* or a case, over time and in-depth, employing multiple sources of data found in the setting. The case may be a programme, an event, an activity, or a set of individuals bounded in time and place. Gay et al. (2011) on the other hand refer to a case study research as an all-encompassing method covering design, data-collection techniques, and specific approaches to data analysis.

The most important question that a researcher may ask himself or herself is under which circumstances the case study method can be utilised. According to Yazan (2015) a case study design should be considered when (a) the focus of the study is to answer “how” and “why” questions; (b) you cannot manipulate the behaviour of those involved in the study; (c) you want to cover contextual conditions because you believe they are relevant to the phenomenon under study, or (d) the boundaries are not clear between the phenomenon and the context. Furthermore, Harris (2017) mentions that case studies are preferred if the phenomenon concerns real-life situations (such as teenage pregnancy in this study) that the researcher does not have control over. This type of study is holistic and seen as a

"whole unit" that exists in a real-life context where the researcher searches through similarities and differences using cross-case comparisons.

Ardalan (2016) refers to three types of case studies, all with different purposes:

The intrinsic case study is solely focused on the aim of gaining a better understanding of the individual case. The purpose is not to understand a broad social issue, but merely to describe the case being studied.

The instrumental case study is used to elaborate on a theory or to gain a better understanding of a social issue. The case study merely serves the purpose of facilitating the researcher's gaining of knowledge about the social issue.

The collective case study furthers the understanding of the researcher about a social issue, or the population being studied. The interest in the individual case is secondary to the researcher's interest in a group of cases. Cases are chosen so that comparisons can be made between the cases and the concepts and so that theories can be extended and validated.

The Multiple-case study is a variant of case studies in which the researcher seeks to understand a phenomenon more than once (replicate) to verify a consistent pattern, as well as allow for deeper understanding (Garg, 2012).

The researcher should choose the specific type of case study which is aligned to his/her research study. I chose a *multiple case study* research design for this study. According to Yin (2014), a constructivist perspective underpins the multiple case study design (Yin, 2014). In multiple case study research, there is more than one set of the same phenomena that are studied (Yin, 2014). Congruent with qualitative research, multiple techniques to collect data were employed to gain insight into participants' subjective lived experience (McMillan & Schumacher, 2014), namely, Coopersmith's Self-esteem Inventory; one-on-one-individual interviews; The Goodwin Sentence Completion activity; drawings (Beliefs I build my house on; What is in my heart?); and a focus group discussion, facilitated by the

Rosebush activity (Annexures F, G, H, I & J). Merriam (2009) posits that a multiple case study, such as in the present research study, has the potential to increase the trustworthiness of the findings.

4.5 RESEARCH METHODS (METHODOLOGICAL PARADIGM)

In this section, the selection of participants, collection of data, and the data explication procedure are discussed. Nortje (2017) describes research methods as the process that is followed in identifying participants, collecting data, and analysing data relevant to ensure sound research findings of a study.

4.5.1. Selection of participants

The selection of participants can be regarded as both purposeful and convenient. Convenience sampling is based on the premise that the participants are available for study, which would assist the researcher in limiting the time spent finding suitable participants. Purposeful sampling enables the researcher to identify information-rich cases that clearly illustrate some feature or purpose of interest, where a phenomenon is most likely to occur, and where the participants possess a particular type of experience (Braun & Clark, 2013). The description applies to this study as the participants were teenagers who fell pregnant while at school but who returned to school after giving birth. The selected teenage mothers had to have experienced the studied phenomenon to address issues that were central to the purpose of inquiry (Iphofen, 2011). The advantage of using purposeful sampling is that an inquiry that is based on this method of selection usually allows for an in-depth understanding of a phenomenon.

4.5.1.1Teenage mother participants

Purposive sampling enabled me to check whether the prospective teenage mother participants complied with the predetermined criteria of the study (cf. Iphofen, 2011). In the case of this study, the inclusion criteria involved teenage mothers who:

- were between the ages of 13 and 19 years at the time they fell pregnant
- had at least one child who was not older than three years
- were permanent residents of the Matjhabeng municipality district; and
- were enrolled at a specific secondary school (the research 'site'), at the time of the pregnancy.

After briefing the target participants, the SBST coordinator assisted in selecting willing teenage mothers to take part in the research process. Initially, five teenage mothers agreed to participate and were ready to sign informed consent forms, after explained the process in detail. The aspects covered were ethically influenced, such as reasons for participating, processes involved, the voluntary nature of the process, the conditions of anonymity, and confidentiality. (cf. section 4.5). Unfortunately, the fifth participant withdrew because of family commitments.

The demographic profile of the teenage participants is displayed in Table 4.2.

Table 4. 2: Profile of teenage participants at time of data collection

Pseudonym	Code	Age	Family structure	Family Context
Thati	P1	19 years	Paternal aunt	Aunt (adopted mother) on a disability pension, former teacher, uncle (adopted father) employed
Tuki	P2	18 years	Maternal grandmother	Employed, lower than matric
Mpati	P3	16 years	Single mother	Unemployed, lower than matric
Mampi	P4	20 years	Both parents	Self-employed, lower than matric (mother); father-post matric

4.5.1.2 Parent participants

The selection of teachers and parents was also a purposive and convenient exercise. The parents (or in some cases, the guardians) of the four teenage mothers were requested to take part in the research process. However, only one parent agreed to avail himself, while other parents declined due to various reasons as explained in Chapter 5 (5.3.1). I then resorted to requesting the school to assist me in identifying other possible parents of

teenage mothers in the school to participate. One parent, who is also an SBST member, agreed to be interviewed. Ultimately, I had 2 parents who participated in the study.

Table 4. 3: Profile of parent participants

Pseudonym	Code	Age	Highest qualification	Employment status
Godfrey	P1	55	BA (Hons)	Former teacher, self-employed
Julia	P2	65	M. Ed	Pensioner, a former teacher

4.5.1.3 Teacher participants

The two teachers who indicated their availability and willingness to participate in the research were both SBST members, one of which was the deputy principal of the school. They taught some of the teenage participants and therefore had direct experience in interacting with the girls.

Table 4. 4: Profile of teacher participants

Pseudonym	Code	Age	Highest qualification	Employment status
Ntombi	T1	50 yrs	MEd	Deputy principal
Makgala	T2	45 yrs	BEd (Hons)	Teacher

Both the teachers and the parents signed the informed consent forms after having been briefed about the purpose of the study, the information which was required, and the procedure to be followed (cf. Annexures D1 and E1). The process used in selecting all participants in this study is depicted in Figure 4.2.

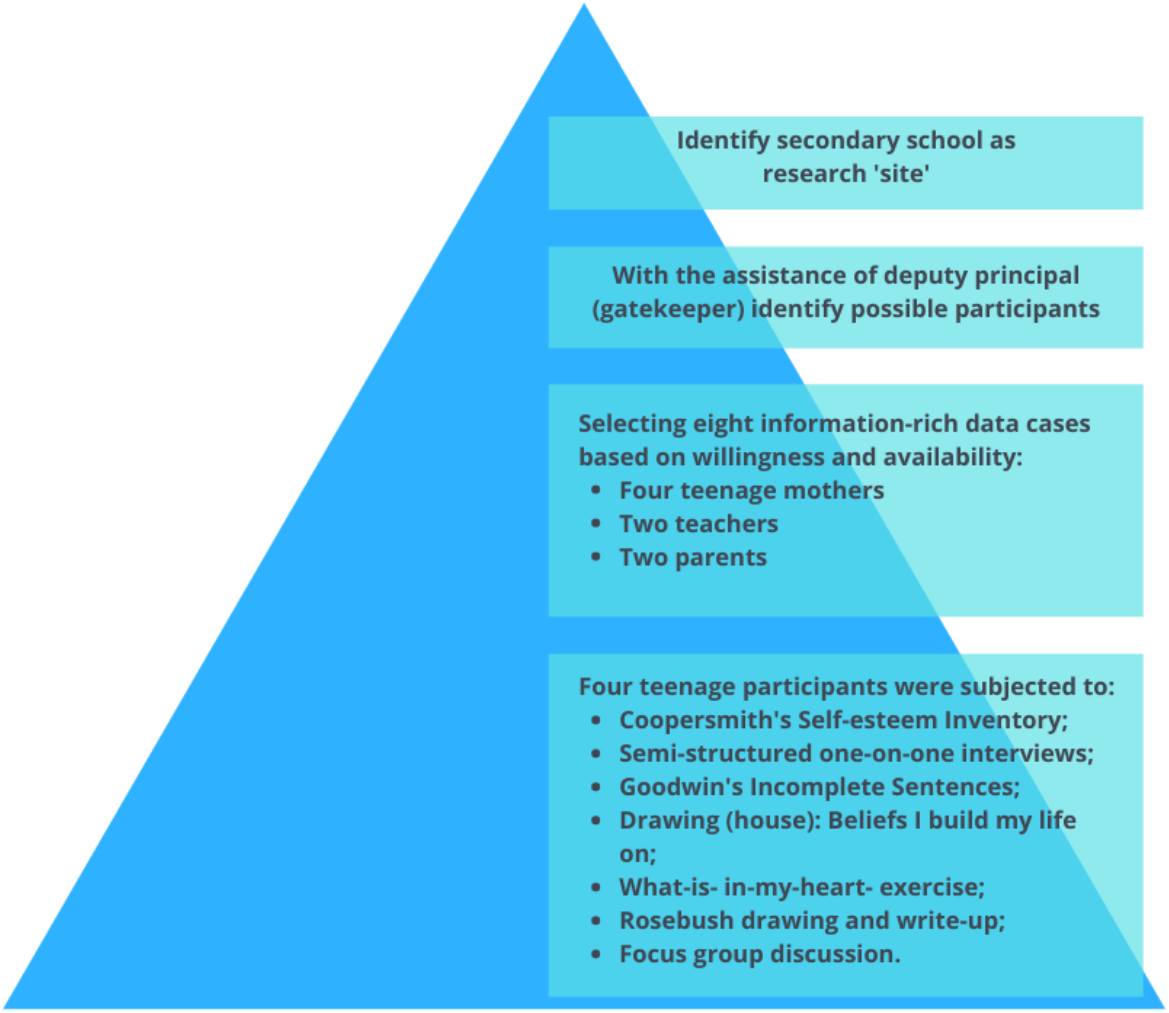

Figure 4 2: Process of participant selection

After my proposal was approved by the research ethics committee of the Central University of Technology, I sought permission from the Free State Department of Basic Education (FS PED) to conduct research at the target school. The school, suggested by my supervisor, was situated in an impoverished area plagued with social ills such as lack of services and resources, poverty, abuse, and crime. The deputy principal was a former student of hers and was responsible for the School-based Support Team (SBST) who dealt with learners with special needs, including teenage mothers. She was the ideal gatekeeper due to her proximity to the hierarchical structure of the school. I made an appointment with the principal to explain my role as a researcher and asked permission to collect data from the participants.

4.5.2 Data collection instruments and procedure

As per the requirement for obtaining rich data from multiple sources for case study research as well as enhancing the trustworthiness of the study, I made use of the following instruments to gather information:

Table 4. 5: Data collection instruments

Instrument	Code
Coopersmith Self-esteem Inventory	CSEI
Personal interview	PI
What's in my heart	WIMH
Drawing (house): Beliefs I build my life on	BBL
Goodwin's Completion Sentences	GCST
Rosebush drawing	RD
Rosebush write-up	RW
Focus group discussion	FGD

The parents and teachers were also interviewed individually (Annexures D3 and E3). Each interview lasted approximately 45 minutes depending on the information the participants had to share.

The instruments employed to generate data from teenage mothers are subsequently discussed in more detail.

4.5.2.1 Coopersmith's Self-esteem Inventory (CSEI)-LONG FORM

The first data collection instrument, the Coopersmith Self-Esteem Inventory (CSEI Coopersmith, 2002), was an activity meant to assess the self-esteem levels of the four participating teenage mothers. The (CSEI) is a self-report instrument used in a variety of settings, such as at home with families, peers, the school, and for general social activities. Studies show that self-esteem can be either a risk or a protective factor depending on the self and contextual factors of the participant (Potard, 2017), and for this reason, I deemed it necessary to include it as part of the data gathering process.

The question schedule that was used to determine the level of self-esteem of the participating teenage mothers, (cf. Annexure F- CSEI), consisted of 58 items. The inventory was merely intended to help teenage mothers identify their positive traits and characteristics and recognise their accomplishments. *The aim was not to collect data for statistical purposes* – only to discover trends in the data (i.e. the self-esteem levels of the participant mothers in terms of high, medium, or low.) The CSEI is a simple test with some sentence prompts which allowed space for the teenage mother to fill in the blanks- "like me/ unlike me". For example:

1. I get upset easily at home
2. I always do the right thing
3. I am proud of my schoolwork
4. Someone always has to tell me what to do
5. It takes me a long time to get used to anything new
6. I am often sorry for the things I do

There are five subscales that cycle in sequence the length of the SEI:

Table 4. 6: Sub-scales of the Coopersmith CSEI

Sub-scale	Items
General self	1, 2, 3, 8, 9, 10, 15, 16, 17, 22, 23, 24, 29,30,31,36, 37, 38, 43, 44, 49, 50, 51, 56, 57,58
Social self (peers)	4, 11, 18, 25, 32, 39, 45, 52
Home/Parents	5, 12, 19, 26, 33, 40, 46, 53
School academic	7, 14, 21, 28, 35, 42, 48, 55
Lie scale	6, 13, 20, 27, 34, 41, 47, 54

Except for the lie scale, the scores are reported as:

- Total number correct of all scales excluding Lie (a maximum of 50).
- A **separate** score total number of responses indicative of a defensive, lie reaction (a maximum of 8).

If separate sub-scales for a given purpose are desired (as was the case in my study) the responses are scored and noted separately in the same manner as the Lie sub-scale and can be plotted separately. If the Lie Scale is high (5-8) the participant may be presenting a rosier picture than the reality being experienced. For convenience's sake, the total CSEI score is multiplied by two so that the maximum score is 100. Thus, a CSEI score of 50 x 2 = 100.

Table 4. 7 Profile: raw scores of self-esteem

Participant	General (G)	Social (S)	Home/ Parents (P)	School/ Academic (A)	Lies (L)	Level of self-esteem
Thati	7	4	0	4	4	15 x 2 = 30: Low self-esteem
Tuki	13	6	3	2	2	24 x 2= 48: Slightly moderate self-esteem
Mpati	19	5	5	7	4	36 x 2 = 72: High self-esteem
Mampi	20	8	8	3	2	39 x 2 = 78: High self-esteem

The results in Table 4.6 were based on the scores from all 58 items in the CSEI. The lie scores for the four participants' replies were all below 5, implying that the responses were genuine (Coopersmith, 2002). The results from the test enabled me to gain a general indication of the emotional state of the participants. The scores varied, with one participant scoring low, one scoring slightly moderate, while the other two scored high in self-esteem levels. The information added to the richness of data that focused on addressing the research question.

4.5.2.2 Semi-structured interviews

I aimed to undertake sustained in-depth, in-context research which would allow me to uncover subtle, less overt personal insights of teenage mothers (cf. Cohen et al., 2013). To this end, I chose to utilise, amongst others, the most employed and appropriate tool – an interview schedule (one-on-one semi-structured interviews) as the second data collection instrument – to allow the participants to provide data in the form of narratives and stories (Creswell, 1018).

Interviews are defined as conversations between two or more people, guided by research questions that are aimed at eliciting feelings, behaviours, experiences, and attitudes as influenced by contextual factors and asking questions and recording responses (Creswell, 2018). An in-depth discussion on the skill of interviewing and its many uses is beyond the scope of this study, but it is noteworthy that researchers (cf. Alshengeeti, 2014; Bryman, 2012; Creswell, 2018; and others) identify the main types of interviews as structured interviews, unstructured interviews, and semi-structured interviews.

This merits a brief discussion:

Structured interviews are recognised by predetermined questions where the interviewee is expected to reply with yes/no responses. They are not flexible enough to allow respondents to ask questions or the researcher to ask probing questions for clarity. **Unstructured interviews** also referred to as open-ended interviews, do not have the restrictions observed in structured interviews. Unlike structured interviews, unstructured interviews are flexible enough to permit clarity-seeking questions. **Semi-structured interviews** fall in the middle of the continuum. They are directed by an interview guide that focuses on the research questions. However, they offer flexibility and allow freedom to venture slightly beyond the guide if needed (Creswell, 2018).

The *one-on-one interview,* which was utilised in this study*,* can be either unstructured or semi-structured and is a commonly used data collection method in social research. Also referred to as the individual interview, Ryan et al. (2009) maintain that this is a valuable method of gaining insight into people's understandings and experiences of a given phenomenon – an ideal form of collecting in-depth data. It is more than a conversational interaction between two people and as such, it requires considerable knowledge and skill on behalf of the interviewer. In this research, the one-on-one interviews focused on the participants' unique and subjective experiences concerning teenage motherhood. Several important aspects need to be considered when conducting an interview, as Ryan et al. (2009) correctly point out. The nature of the questions, questioning techniques, and interviewer-interviewee interactions are crucial to obtaining a successful

outcome. I developed an interview guide where the questions were formulated to acquire answers to the research questions of the study (Annexure C3).

As indicated, one of the advantages of the interview is that the researcher can probe deeper into sensitive aspects of the study. Probing was used to obtain depth in the answers given. To this end, questions such as the following were used:

- Can you give me examples?
- Would you like to expand?
- Do I understand you correctly?
- How did you feel when that incident happened?
- How did you handle the incident you spoke about?

The interviews were conducted in English with occasional Sesotho for clarifications. Sesotho is a predominant indigenous language in the area. Care was taken not to harm the interviewees in any manner (emotionally or psychologically) (cf. 4.6), because the topic was sensitive and required empathy and care (cf. Roberts et al., 2006). The interviews took place in the privacy of a designated office that was arranged by the Deputy Principal of the school. The physical condition of the office was conducive, quiet, and private. Data collection took place over four consecutive Saturdays. The duration of the interviews varied between 30-45 minutes for each participant.

Over and above the one-on-one interviews, a *focus group discussion* was conducted with the four participating teenage mothers as the last data collection activity in phase one. Focus group discussions involve gathering people from similar backgrounds or experiences to discuss a specific topic of interest. It is described as a form of qualitative data generation where questions are asked about participants' perceptions, attitudes, beliefs, opinions, or ideas (Higher Education Research and Education Drive[HERD], 2016). In this study, all four participants were teenage mothers who had given birth and who returned to school to complete their schooling. To this end, emphasis was placed on their lived experiences, perceptions, and beliefs as teenage mothers and the challenges they faced – specifically

when returning to school. The nature of the interaction was more inclined towards discussion amongst the participants, with me as the facilitator, rather than an interview. Nyumba, Wilson, Derrick, and Mukherjee (2018) note that focus group discussions are sometimes regarded as synonymous with interviews due to the tendency to uncover people's perceptions and values. However*, interviews* involve a qualitative and in-depth discussion where the researcher adopts the role of an 'investigator' (Alshengeeti, 2014; Nyumba et al., 2018). This implies that the researcher asks questions and controls the dynamics of the discussion. Conversely, researchers adopt the role of a 'facilitator' or a 'moderator' in a focus group *discussion*. Unlike interviews, the researcher thereby takes a peripheral, rather than a centre-stage role in a focus group discussion (HERD, 2016). In this study, I opted for a focus group discussion to allow free-flowing conversation and sharing of ideas, while asking certain questions as pointers to direct the conversation.

Participants signed and submitted the consent forms before the commencement of the interview process. As Talmy (2010) advises, the interviewees were allowed to ask questions or even comment after the interview process. I further expressed gratitude to the interviewees for their time and willingness to take part in the study. The participants' permission granted to me to audio-record the proceedings was requested before the start of the interviewing process. Mc Millan and Schumacher (2014) posit that recording the interviews is helpful in that the contents are transcribed verbatim; in this way, an accurate report of descriptions was not lost or forgotten.

4.5.2.3 Goodwin's Sentence Completion Test

The four participants were further requested to complete Goodwin's Sentence Completion Test (cf. Annexure J) to expand further on the information already shared. This projective method is based on the idea that certain types of questioning reveal more of the participant's thoughts and emotional conflicts (Weiner & Greene, 2008). Both children and adults can engage in this activity, although this worksheet is specifically geared towards children. The sentences are constructed with clear and uncomplicated language that most teenagers and young adults would understand. The teenage mothers were encouraged to take their time and think about completing each sentence. Completing this activity was

intended to help them build the foundations for an authentic and healthy self-esteem that they could carry with them for the rest of their life.

4.5.2.4 Drawings

Collecting information using different methods was deemed important because it was presumably less frightening, given the nature of the topic. My goal was not to embarrass the participants or to be critical of their experiences and the meanings attached to them, but to encourage them to be co-constructors of knowledge (cf. 4.2.2.1). Drawing is a form of art therapy that can be a valuable non-verbal way for participants of expressing their perceptions and experiences (Kearney & Hyle, 2004). It was utilised in this study to provide a vehicle for individual teenage mothers to explore their external world and to discover their coping skills and abilities as mothers. They were able to communicate complex ideas and messages that would otherwise be difficult due to a lack of courage to share hurtful experiences (cf. Mayaba & Wood, 2015). In Theron's words (2011, p. 19), "What is drawn, how it is drawn… are all affected by the drawer's past and current context". Drawings provided access to information that might have been suppressed or repressed within the teenage mothers' conscious minds (cf. Horne, Masley & Allison-Love, 2017). What seemed to help the most was that participants' drawings served as a stimulus for their thinking and explanation.

The participants were requested to engage in responses based on the drawings such as "W*hat is in my heart"* and "*Beliefs I build my life on".* The two activities are some of the art therapy tools that I use in my therapeutic sessions as conversation starters that are meant to enhance free communications during sessions. The activities are in no way meant to be regarded as therapy or diagnosis of any kind. They are merely used to ease the non-verbal expression of emotions, desires, and values of the participants. I usually first explain to the participants that everyone has unique emotions or feelings, illustrating that responses might not be the same or similar. Thus, they should be aware that there is no correct or wrong answer when they respond to the exercises (Albers, Vasquez, Harste & Janks, 2018). The two drawings enabled the participants to respond freely to sensitive aspects that were kept secret from family and peers in a non-verbal manner.

4.5.2.5 The Rosebush/Focus Group Discussion

Participants were later requested to participate in the so-called *Rosebush activity* (cf. Annexure I) as a way of facilitating the focus group discussion based on their rosebush write-ups (Mair & Kierans, 2007). The reason for including this activity was that I observed that the information collected earlier did not fully render the desired results in the form of rich information that was needed. I was aware that I needed to be sensitive to the feelings of each young mother. The rosebush was a metaphor for the current condition of teenage mothers, in which an unwanted pregnancy and subsequent parenthood were compared to storms that can be so powerful that they generate tornadoes (Obando, 2016), to the extent that they have destabilising effects on their young lives. Consistent with the Rosebush, I proposed a guided imaginary activity where participants were asked to picture a rosebush in their mind, with soft music playing in the background. During this activity, I engaged them in deep breathing exercises to enhance muscle relaxation and reduce potential anxiety. Once participants indicated that they had a clear picture of the rosebush in their mind, they were requested to draw the rosebush in their mind's eye as best they could (cf. The Alabama Counselling Association, 2009).

This approach seemed to work as they, initially hesitant to share information frankly, felt at ease when everybody started opening up about their experiences. While studying the drawings, I focused on the tone of their voices when explaining their drawing to the rest of the group. The aim was to sense emotions such as feelings of worry, despair, hopelessness, hope, or joy they were experiencing and sharing. I prompted by asking the following guiding questions:

- Why does the Rosebush need to be protected from the tornado?
- Who can take care of the Rosebush and be sure that it survives the storm?
- What will it take for the Rosebush to bloom in the spring?
- How do you think it will look next year or even five years from now?
- Where would you like to live?
- What will your ideal day at work look like?
- How did you feel as you were drawing the rosebush?

- Creating your drawing, what did it remind you of?

4.5.3 Collecting data

This section describes the methods and techniques that were employed to collect/generate the data for the study. The data collection phase commenced after obtaining ethical clearance from the CUT (cf. Annexure A) and the Free State Provincial Education Department (cf. Annexure B), as well as issuing consent forms to participants (cf. Annexures C2; D1; D2). Daniels (2013) advises that the data collection process should be focused on answering the research questions. In line with the interpretive/constructivist paradigm, I ensured that my conversations with the participants were honest, sensitive, and respectful; this helped me to establish rapport and enhanced the natural flow of data collection. The data sources that were employed, as discussed in the previous section, were used to capture rich information from the participants. The interviews were audio-recorded and the recordings were transcribed verbatim before data analysis commenced. Data were collected in three phases over four consecutive Saturdays with phase 1 focusing on the teenage mothers, while phases two and three involved the parent and teacher stakeholders, respectively.

4.5.3.1 Phase 1: Teenage mothers

Step 1: As explained, the teenage mothers completed a self-esteem inventory (CSEI) (cf. Annexure F). This acted as an ice breaker and assisted me in gaining a preliminary glimpse into their sense of self. It also assisted in 'launching' the one-on-one interview immediately thereafter, allowing plenty of opportunities for me to probe (cf. Annexure C3). Each interview lasted approximately 45 minutes. After a short comfort break, **step 2** involved three activities, namely *What is in my heart (WIMH); Beliefs I build my life on (BBL); and the Goodwin Sentence Completion Test (GSCT).* **Step 3** was conducted on the last day and comprised a focus group discussion (FGD) involving all four participants. They were asked to engage in another drawing, the *rosebush metaphor* (RBD and RBW). The aim was to probe deeper and capture their feelings, emotions, fears, and aspirations for their future as teenage mothers.

4 5.3.2 Phase 2: Parents/ Guardians (cf. 5.3.1)

As mentioned in earlier discussions (cf. 4.4.1.1) and a later discussion (5.3.1) this phase was motivated by the realization that the vital information from significant others in the teenage mothers' lives needed to be captured. I requested the parents/guardians of the four teenage mothers to participate in the study. Except for one of the parents, the others either had excuses or declined. I had to reconsider my method, and with the support of the SBST coordinator, I was able to locate the legal guardian of another learner – also a teenage mother – who did not participate in the study but who attended the same school as the participants. As a result, I had to settle for two participants – one parent (Godfrey), who was Mpati's father, and another parent (guardian) (Julia) of a teenage mother who regrettably did not participate in the activities.

The semi-structured interview guide (cf. Annexure D3) was drafted to obtain the parents' lived experiences of their daughters' situation, how it influenced them, and the support they provided before and after childbirth.

4.5.3.3 Phase 3: Teachers (cf. 5.3.1)

This phase was necessary to gain information from the teachers as representatives of the school. Their experiences in supporting teenage mothers, as well as their implementation of policies that guide such support (cf. 3.8), were an important part of the research. Both teachers were members of the SGB and the SBST and as such, they were ideally placed to provide accurate and rich information on the phenomenon. A specific semi-structured individual interview schedule guided the conversation (cf. Annexure E3).

4.5.3.4 Data analysis procedures

Data analysis and interpretation is an important stage of the research process because it allows the researcher to make meaning from the rich descriptions of the collected data (Yin, 2014). Babbie (2020) adds that data analysis helps to draw conclusions based on empirical conclusions.

I used thematic analysis as explained by Braun and Clarke (2013), relying on identifying and analysing emerging themes from reading all forms of data (interview transcripts and other non-textual materials) collected, to enhance my understanding of the phenomenon (Braun & Clarke, 2013). Thematic analysis provides data which is primarily an inductive, systematic process of coding or categorising and interpreting data to provide explanations of a single phenomenon, which in this case was teenage pregnancy (Bell, 2010, p. 164; Creswell, 2014, p. 185; McMillan & Schumacher, 2014). Unlike the process of content analysis, which is more focused and is based on predetermined categories of interest, thematic analysis is flexible and open, thus allowing the researcher to verify the subject matter and develop themes and codes from there. I was also able to reflect on reality (Forrester, 2010, p. 146; Savasci & Berlin, 2012, p. 6586).

The most important part of data analysis is to be true to the participants' views. For me, being true meant trying to hear the participants' voices, and project it in a way that would make for authentic reading by others. The process involved reading and re-reading the collected data to identify similarities or differences, and subsequently finding themes and developing categories (sub-themes). Reviewing written texts (such as write-ups based on drawings) forms an important part of the analysis and interpretation of data and is constructively used in conjunction with other qualitative methods such as interviewing.

Working through the transcripts (Annexure K) and write-ups, I used a process of data-driven coding, also known as open coding (cf. Gay et al., 2011) which forms an integral part of thematic analysis (Yin, 2014), to reduce data from the large quantities of descriptive information gleaned from interviews (Wiersna & Jurs 2009, p. 238). To make sense of the large volume of information gathered, I organised the collected data into categories and

sub-categories and identified patterns among the categories. According to McMillan and Schumacher, (2014) most categories and patterns should emerge from the data, rather than be imposed on the data before data collection. The data were searched systematically for re-occurring words, which later became code words; these code words were then grouped to form themes. I ensured that the technique of comparing and contrasting was used in practically all intellectual tasks during analysis (McMillan & Schumacher, 2014). My analysis addressed questions on what influenced them to engage in sexual activities, their experiences during pregnancy, and as teenage mothers who are still attending school. The reliability of the interpretation is often a concern; however, Lincoln and Guba (2016) allay the fears by suggesting that ensuring trustworthiness can enhance confidence in the authenticity of the findings (cf. 4.6).

4.6 ETHICAL CONSIDERATIONS

Ethical guidelines were followed to ensure that participants are treated with respect and dignity (Babbie, 2020, p. 64-70; Bell, 2010, p. 49-61; Cohen et al., 2013, p. 363; Braun & Clarke, 2013, p. 62-63; Forrester, 2010, p 129). Ethical clearance to conduct the study was acquired from the Ethics Committee of the Faculty of Education at the Central University of Technology. Clearance to conduct the study in one of the local secondary schools was granted by the Free State Education Department. The school principal also granted permission to conduct the research in the school.

4.6.1 Voluntary participation and informed consent

The participants were told from the outset that their participation was voluntary and that they could withdraw from the study at any time if they felt uncomfortable or were no longer interested in participating (Babbie, 2020). I made certain that a feeling of care and fairness, as well as personal sensitivity, always won out. I ensured that I did and said everything respectfully to the participants (McMillan & Schumacher 2014). The participants were requested to sign the consent form only after they fully understood the purpose and conditions of the research.

4.6.2 Anonymity and confidentiality

I enhanced anonymity and privacy by ensuring that the research settings and participants were not identifiable in print and all the names were coded (McMillan & Schumacher, 2014). For instance, the participants were assigned a code of "P" for participant, and each code was given a number, P1, P2, P3, and P4 – this in addition to using pseudonyms. Confidentiality of the data was ensured by using pseudonyms and not the actual names of participants. Furthermore, participants were informed that the collected information would solely be used for research purposes and given the reassurance that only the researcher and the supervisor could access the information (Babbie, 2020). Confidentiality was strengthened by not mentioning the name of the school in the research.

4.6.3 Beneficence and Non-maleficence

As this research focused primarily on teenage girls, I was ethically responsible for protecting them from mental discomfort, harm, and danger (Dempster, 2010; McMillan & Schumacher, 2014). To this end, I concur with Pillay (2014) that children's rights and welfare are of importance. I ensured that no known form of deception occurred (HPCSA, 2011) and that all activities and intentions of the research process respected the best interests of the teenage mothers (EWP6, 2001). I strove for respect (cf., 4.5.2) toward participants because they shared their lived experiences that were deep in their hearts, thus uncovering issues with me and showing trust in me (Denzin, 2014). Participants were observed closely for any signs of discomfort and anxiety and were requested to do relaxation exercises to calm them down or referred if the situation so required. The SBST member who acted as gatekeeper was also a counsellor, and she was asked to remain on standby in case the situation became tense or if a further intervention was required.

4.7 TRUSTWORTHINESS OF THE STUDY

The validity of this study depended solely on the research methods to generate data and analyses thereof and is reflected in the degree of accuracy shown in the final analysis (cf. Braun & Clarke, 2013, p. 62-63).

Leung (2015) considers validity in qualitative research as the *appropriateness* of tools, processes, and data. Thus, the following questions are important:

- Is the methodology appropriate to answer the research question/s?
- Is the research design relevant to the methodology?
- Are the sampling and data analysis appropriate?
- Are the findings and conclusions valid for the sample and context?

Since qualitative researchers work from the premise that the researcher cannot verify the truth in the statements, it was imperative to ensure the validity of the findings by keeping the above questions in mind. Lincoln and Guba (1985) were the first researchers to compare *reliability* and *validity* as utilised in quantitative research to measure the quality of a study, and to use *trustworthiness* to measure the validity of a qualitative study. According to these authors, trustworthiness in qualitative research refers to the quality, authenticity, and truthfulness of findings. Similarly, Leedy and Ormrod (2015) highlight that trustworthiness relates to the degree of trust or confidence readers have in the results of a study. Trustworthiness is, moreover, a goal of the study and, at the same time, something to be judged *during* the study and also *after* the research is conducted (Braun & Clarke, 2013). The four major traditional criteria in measuring trustworthiness are summarised into four questions about *truth value*, *applicability, consistency*, and *neutrality* (Cypress, 2017). From these Lincoln and Guba (1985) proposed four analogous terms within the interpretivist paradigm to describe the trustworthiness of research, namely *credibility, transferability, dependability*, and *confirmability.* In line with these precepts, I observed the above criteria as follows:

4.7.1 Credibility

A qualitative study is credible when its results, presented with adequate descriptions of context, are recognizable to people who share the experience and to those who care for or treat them (Seaman, 2013). Credibility was ensured through having several contacts with the participants until a saturation point was reached. These engagements were

intensive, thus establishing rapport. The fact that I also utilised multiple data sources (as discussed) enabled me to obtain corroborating evidence (cf. Cypress, 2017).

4.7.2 Transferability

A study is considered to meet the criterion of applicability when its findings can fit into contexts outside the study situation (transferability) and when clinicians and researchers view the findings as meaningful and applicable in their own experiences (Nieuwenhuys, 2016). Despite a small sample, the present study was based on comprehensive and extensive descriptions of a specific phenomenon that provided a proper indication of the significance of the research focus (cf. Daniels, 2013). Admittedly, the information was subjective and did not necessarily represent the experience of all teenage mothers. However, this was a case study, and as such, important and very insightful information was collected that might emerge in other, similar contexts, should the research be replicated. Transferability was further ensured through the establishment of a proper, thick description of the research design and methods and accompanying literature control to maintain clarity. Purposive sampling was used by gathering specific and detailed information on the phenomenon from teenage mothers, parents, and teachers.

4.7.3 Dependability

Dependability means that if given the same data, other researchers would find similar patterns, not necessarily the same results (Ismael, 2013). I utilised thematic analysis by creating specific codes to describe the data. The recorded statements were transcribed line-by-line to form numbered interview scripts that were checked by my supervisor to ensure the accuracy of captured data (Creswell, 2012; 2014). I also provided a detailed description of the purpose and context of the study, as a way of increasing dependability. The small sample size enabled me to establish rapport and increase trust – an aspect that is crucial when dealing with a sensitive topic. I was able to ensure that the environment was conducive and that the atmosphere was caring and empathetic (cf. McMillan & Schumacher, 2014).

4.7.4 Confirmability

To increase confirmability, I observed a variety of measures. The first was intensive engagement with the data and the use of verbatim examples to make solid links between the data and the interpretations thereof. Furthermore, through the safekeeping of field notes, documents (drawings and activities), and interview transcriptions, participants' responses were confirmed. Finally, triangulation of data sources was employed to reduce the effect of researcher bias (Creswell, 2014, p. 87-91; Iphofen, 2011, p. 443-446). In triangulation, two or more data sources, methods, and theoretical viewpoints are held to validate the data. This ensured a more accurate and valid description of the findings (Cypress, 2017) and a validating technique where the researcher examines the merging of multiple and different sources of information to form common themes or categories (Leung, 2015; Leedy & Ormrod, 2015). In this study, the data were obtained using different methods (in-depth interviews, drawings, writing activities) complimented by my field notes. The main *advantage* of triangulation is the assurance of validated research (Ismail 2013). The main *goal* of triangulation is to prevent or minimise the influence of personal biases of the researchers (Daniels, 2013).

4.8 CONCLUSION

Chapter 4 discussed the pragmatic perspectives as well as the paradigmatic assumptions that guided this study. Furthermore, the research design, data collection methods followed as well as the data analysis method that was used, were discussed. Lastly, the ethical considerations and measures to ensure a rigorous and ethical study were described.

Chapter 5 follows with the description of the data analysis and data interpretation process.

CHAPTER 5

ANALYSIS AND INTERPRETATION OF DATA

5.1 INTRODUCTION

The previous chapter outlined and justified the research design and methodology employed in this empirical study. A phenomenological multiple case study design was used to explore the challenges experienced by teenage mothers who return to school to finish their studies. The methodological approach permitted me to triangulate the data, merging interview data, artefact data (drawings), and data from fill-in questions from the teenage mothers. I also described the process followed to conduct individual interview sessions with parents and teachers.

This chapter is presented in two sections: Section 1 provides an analysis and interpretation of the data collected from the teenage participants during the first phase of the research. Section 2 comprises the analysis and interpretation of the interview data gathered from the parents and teachers during phase two. In both sections, patterns of themes pertinent to the research question were extracted from the empirical data and these are presented and discussed to address the research question and sub-questions. Pseudonyms were used for all eight participants, accompanied by codes as explained in Tables 5.1 and 5.2.

Bronfenbrenner's Bioecological Systems theory and Asset-based theory, which were discussed in Chapter Two, served as a lens to analyse the data. References to the existing literature on the research topic are shown throughout this chapter.

The main question that directed the study was:

How can schools support teenage mothers from high-risk, disadvantaged communities to successfully reintegrate into school and society after having given birth?

The specific objectives to be realised were:

- to identify the risks (liabilities) and protective factors (assets) affecting teenage mothers' ability to complete their schooling and set future goals
- to explore how these factors restrict them or provide the means to successfully complete their schooling and set future goals
- to propose a support framework to successfully reintegrate teenage mothers into school and society to enable them to re-establish and follow up on their future goals.

Tables 5.1 and 5.2 provide the codes of participants and the data collection instruments respectively:

Table 5 1: Participant codes and context

Pseudonym	Code	Age	Level of self-esteem	Family structure	Family Context
Thati	P1	19 years	low	Paternal aunt	Aunt on a disability pension, former teacher, uncle employed
Tuki	P2	18 years	medium	Maternal grandmother	Employed, lower than matric
Mpati	P3	16 years	high	Single mother	Unemployed, lower than matric
Mampi	P4	20 years	high	Both parents	Parents self-employed, mother lower than matric, father-post matric

Table 5 2: Data collection instrument codes

Instrument	Code
Self-esteem Inventory	SEI
What's in my heart	WIMH
Drawing (house): Beliefs that built my life	BBL
Rosebush drawing	RD
Rosebush write-up	RW
Goodwin sentence completion	GSC
Personal interview	PI
Focus group discussion	FGD

5.2 DISCUSSION OF FINDINGS PHASE ONE: TEENAGE PARTICIPANTS

In this section, an overview of each participant's context is provided, followed by the risk and protective factors in each of their micro- and meso-systems.

5.2.1 [1]Thati's profile

igure 5.1 offers a graphical representation of how Thati's story unfolds:

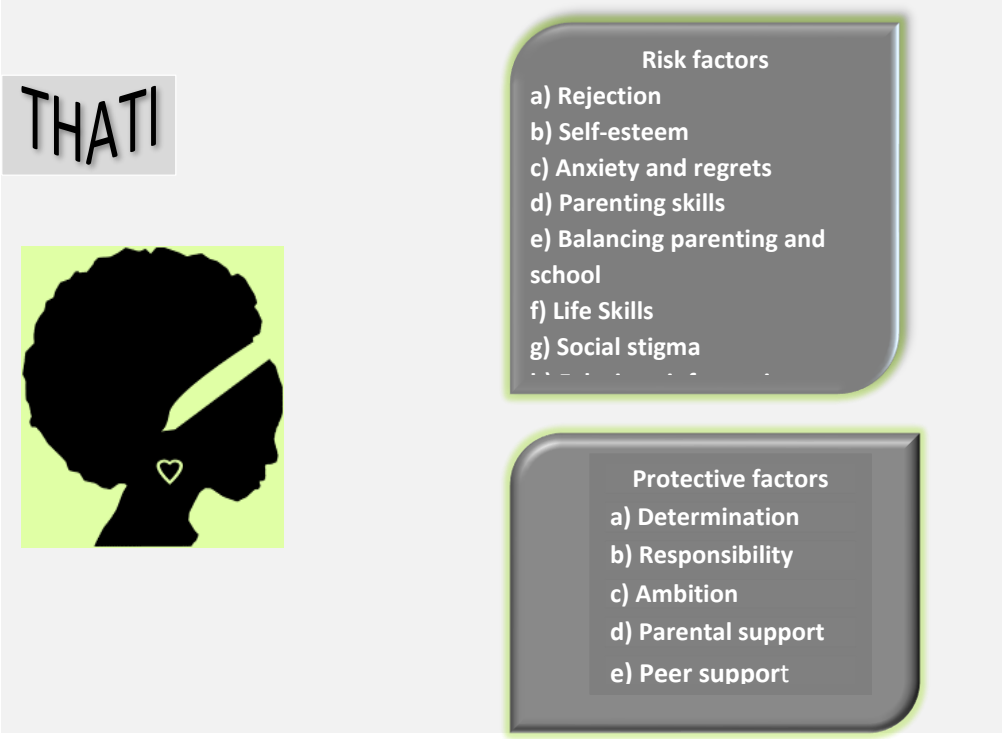

Figure 5 1: An overview of Thati's mesosystemic framework

5.2.1.1 Background and Family/relation dynamics

Thati was born on the 18th of August 1999 at a place unknown to her. At the time of data collection, she was 19 years old and the mother of an 8-month-old boy, Mpho. The name means "Gift". She stayed with her foster parents and cousins in Meloding Township, near Virginia in the Free State Province. According to Thati, the family comprised her foster

[1] Where reference is made to Thati's mother, father or parents, it refers to her foster parents. References to her biological parents are stated as such.

parents, her son, two cousins, [2]Teboho (Grade 10) and Tshidiso (Grade 7). Thati mentioned that she had a good relationship with her cousins; they enjoyed playing with Mpho when they returned from school in the afternoon. Both her biological parents were not a part of her life and she was informed by her foster mother, who is her paternal aunt, that her mother abandoned her as a baby.

> *"I am told my mother left me when I was few months old…my father passed on and I don't know from what…ka dula ha rakgadi (and I was finally at my paternal aunt's home) (I1)."*

Thati's birth was not registered at the Social Services Department and as a result, one of her struggles was to acquire an identity document. She was told that she had to be accompanied by her biological parent(s) or a legal guardian.[3] The situation seemed to have a negative impact on Thati's sense of self-identity which seemed fragile at that time.

5.2.1.2 A personal profile of Thati

For the sake of context and to get to know her better, a personal profile of Thati is presented based on her drawings and descriptions during the first phase of data collection (cf, 4.4.2.1). Figure 5.1 captures Thati's beliefs on which she built her life. Figure 5.2 provides a glimpse of Thati's emotional life world, portrayed in her "What is in my heart" drawing. Figure 5.3 offers valuable information – insight into Thati's thoughts, views, and opinions on a variety of aspects which add valuable information. While some of these depictions may appear superficial at first glance, it enriches the data gleaned from the interviews and helps the reader in gaining a holistic understanding of who Thati was.

[2] Pseudonyms

[3] At the time of data collection, she was still waiting for the response from the Social Services Department. I also contacted my former colleague who works closely with the Social Services Department to assist. Unfortunately, she reported that she could not assist further due to work commitments because she was promoted to the provincial department in Bloemfontein.

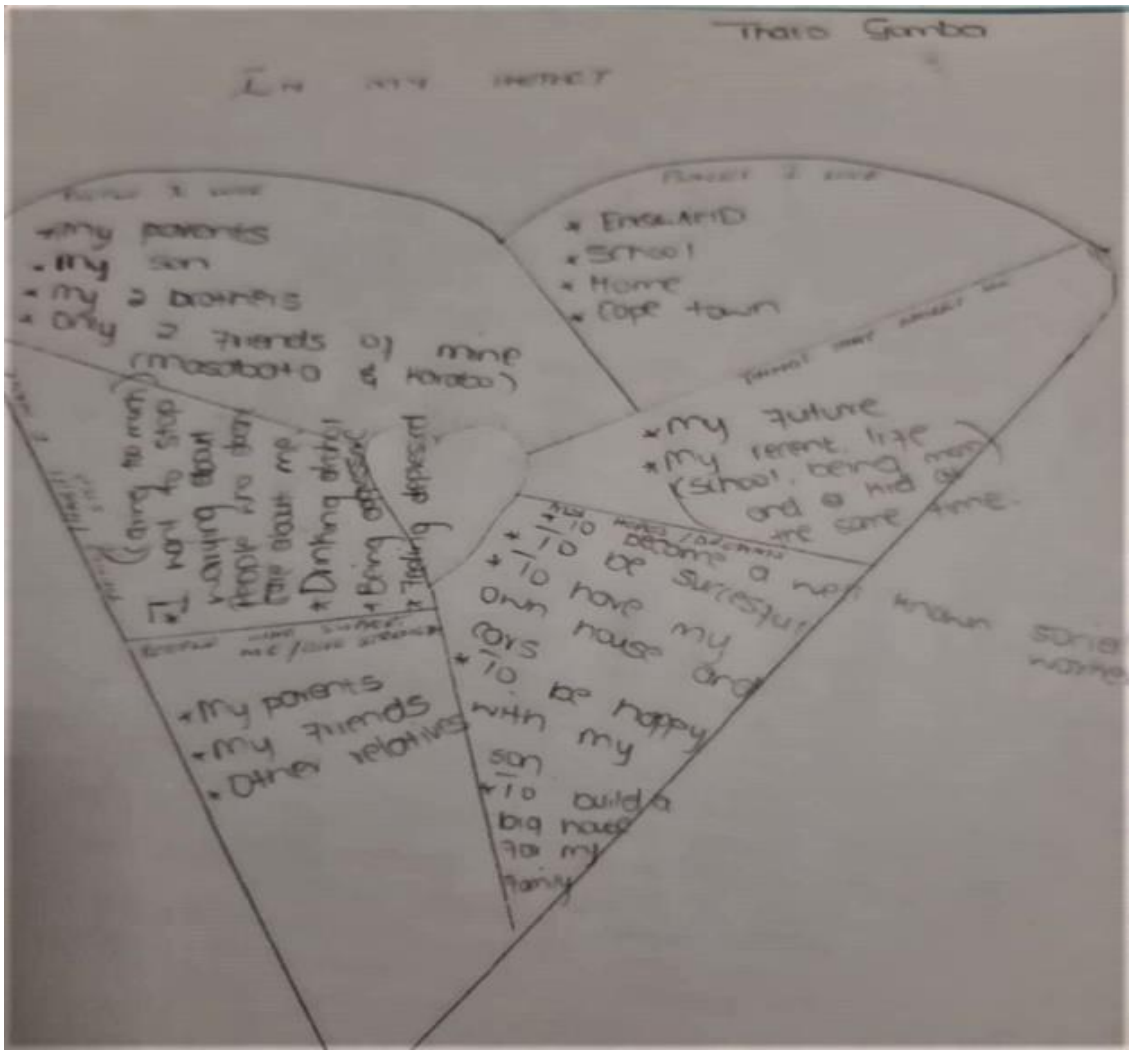

Figure 5 2: Thati: What's in my heart (WIMH1)

Figure 5.2 reveals that Thati aspired to own a 'big house' where she and her son could live contently with the rest of her family. Her dream was to become a social worker. The support she received from social workers at the time of the interview most likely contributed to her choice of a career. In the rose-bush write-up (Figure 5.5) she further mentioned the elements that made her happy and the people that she regarded as important in her life such as her son, parents, two brothers (cousins), and two friends. More specifically, her parents and her two best friends were singled out as being the most supportive in her life. I could sense that, despite many adversities, Thati's support network had the potential to enhance her resilience and changed the trajectory her life has taken.

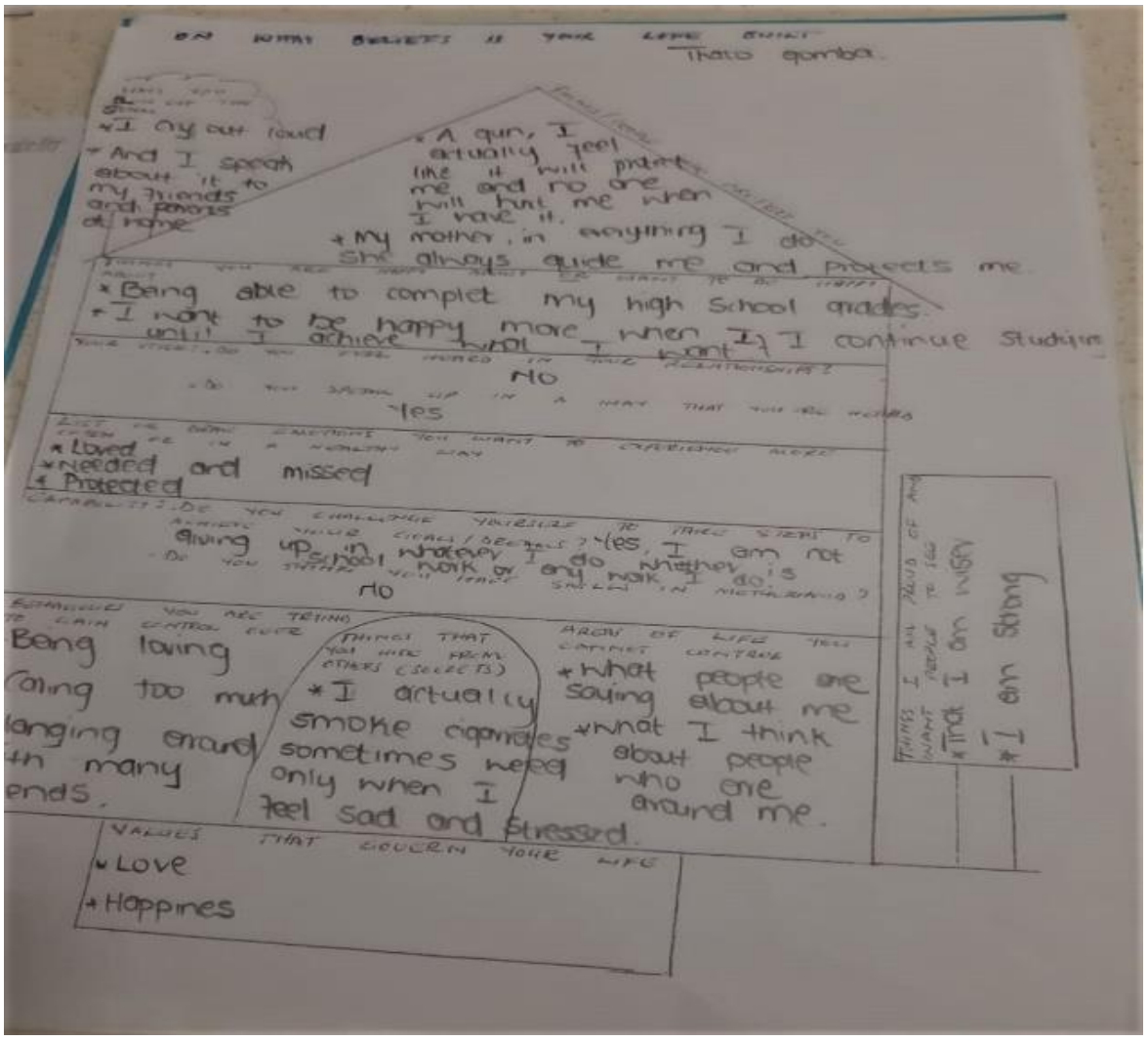

Figure 5 3: Thati: Beliefs that built my life (BBL1)

Figure 5.3 reveals that Thati experienced conflicting emotions, hinging between optimism and defeatism. She identified certain behaviour patterns that needed to be addressed. These included giving up alcohol and smoking cannabis 'weed' whenever she felt depressed. She chose to ignore negative comments made by the people around her, and more aggressively, she expressed the wish to own a gun to 'protect herself from the hurt'. Crying was a coping mechanism that brought relief when she felt sad.

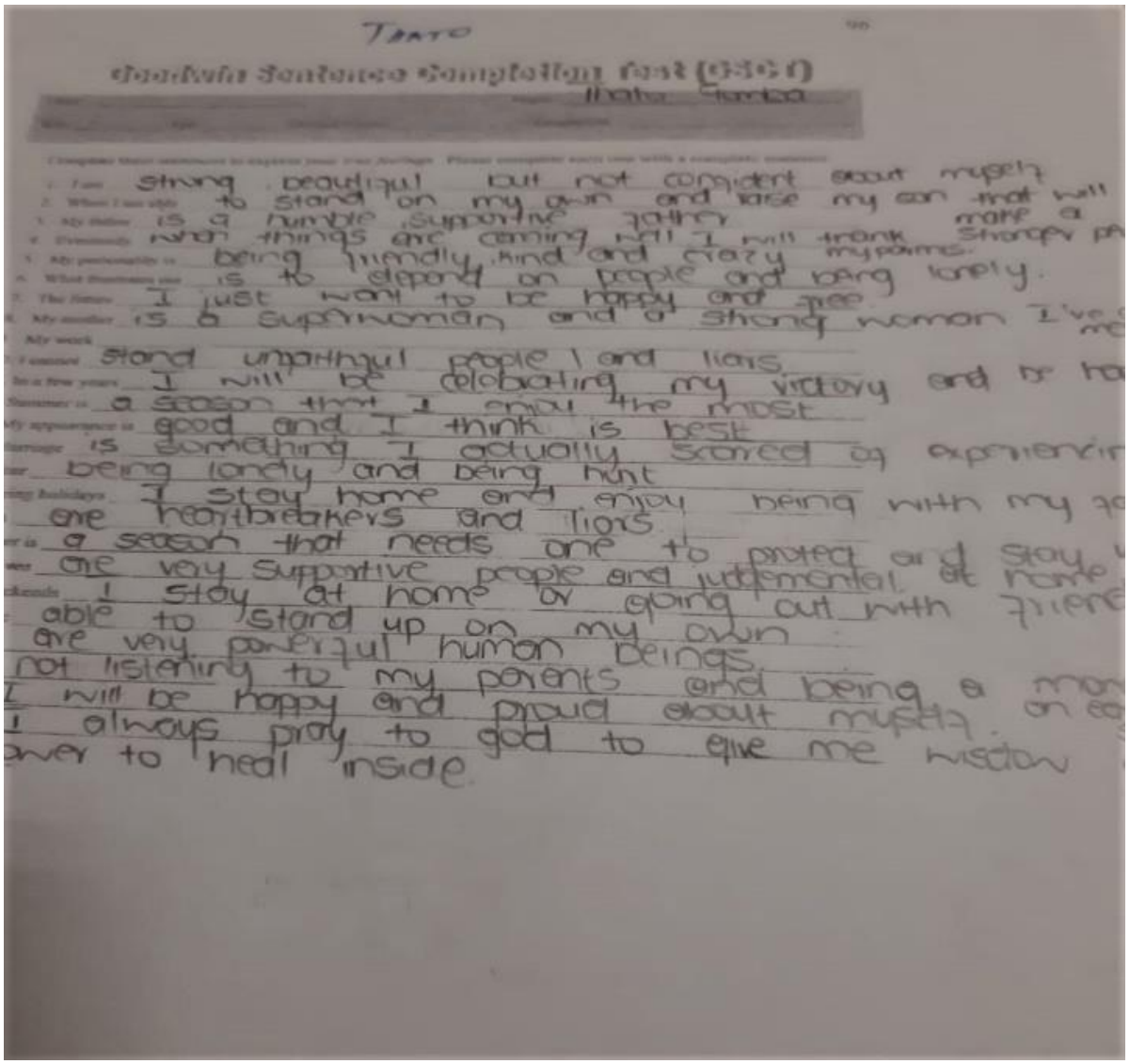

Figure 5 4 Thati's Goodwin Sentence Completion Test (GSCT1)

Figure 5.4 discloses that, amongst others, Thati identified her beauty and steadfastness as strengths, and the fact that she characterised her father as humble and protective suggests a sense of emotional security. However, she mentioned that she felt lonely, which I believe was exacerbated by the refusal of her boyfriend to take responsibility for fathering the child. The breakup with her boyfriend convinced her that 'men were liars and heartbreakers', a negative perception which she extended to all men.

In the ensuing discussion and interpretation of the findings, frequent references to the data captured in the visuals (Figures 5.2; 5.4) are made where relevant. The narrative focuses on Thati's circumstances that led to her pregnancy and the reaction of her significant others. This is followed by a closer look at Thati's life-world which is enriched by

one-on-one interviews and FGD. It sheds light on how her pregnancy impacted different areas of her life, from the most intimate eco-systemic layers with its internal struggles, strengths, and prospects, to factors in the outer layers that significantly influenced her functioning as a mother, a learner, a daughter, a friend, and a member of the community.

On becoming pregnant

Serpell and Nsamenang (2019) assert that sex, sexuality, pregnancy, and related factors are often taboo topics in many black families, leaving it to the teenager to find information from other distrusted sources such as friends and the media. Mkhwanazi (2010) claimed that the avoidance of such discussions may be attributed to cultural beliefs and values (ibid., 2010). Adults seem to reason that this may precipitate sexual experimentation and irresponsible behaviour. Unfortunately, important information regarding opposite-sex relationships and unwanted pregnancy are not shared. While Thati had a very strong and loving bond with her foster mother, there were aspects in her life which she did not share with her. The findings suggest that three main factors contributed to Thati's pregnancy, namely naivety, negligence, and vulnerability. Her first sexual encounter was not planned.

> *"I have no idea…(long silence). He introduced me ha bona (to his family). Later we had sex, I started preventing, then I stopped, then I catched up (fell pregnant)".*

Evidently, Thati and her boyfriend were two irresponsible teenagers who did not consider the consequences of their actions. Mchunu et al. (2014) confirm that negligence is one of the primary causes of teenage pregnancy and Papalia et al., (2020) report that teenagers tend to believe that they are immune to such risks (3.3.2). Thati became sexually active at a very young age and she acknowledged that she was negligent; she got comfortable in the company of her partner and trusted him to the point that she stopped taking any precautions.

> "*I think I was negligent the other times and I got pregnant. I did not think it would happen because it did not happen as we started when I was 16 years.....…even though my boyfriend did not want to use the condom…"* (PI1).

The irregular and incorrect use of contraceptives were indicative of immature thinking and a lack of decision-making abilities. It was also a serious risk factor that predisposed Thati to sexually transmitted infections (STIs) and the resultant unplanned pregnancy.

Reactions of significant others

The shock of the unexpected pregnancy brought about different reactions – disappointment from her foster parents and rejection from the baby's father. Thati realised that her disregard for the values she grew up with resulted in engaging in a sexual relationship at such a young age; her foster parents were deeply hurt by her pregnancy. At first, her father did not respond when it was confirmed that she was pregnant, however, she could see the disappointment in his eyes. This saddened her.

> *"It was not easy, actually my [foster] mother suspected; when she asked me.....but I said I am OK. She gave me money to go visit the doctor. When the doctor told me that I was pregnant, I was shocked and ashamed, I could not believe, shuu! I was angry with myself. She (my mother) was angry that I said I am not pregnant when she asked me. I thought this is too much for me. I was worried as to what my parents, friends will say…People who trust me, people who believe in me. So, I felt like committing suicide. My dad was angry, I could see, but he did not talk, I feel I disappointed them, my mother, yena o itse o swabile (she said she is disappointed and shocked)."* (PI 1)

Her parents' reaction was wounding, triggering painful memories of her childhood. She was continuously reminded that her biological parents deserted her and abused substances.

> *"When she [foster mother] is angry with me she utters hurting words. I wish she shows more patience with me … my mother depresses me when she tells me about my (biological) mother's blunders, haholo ha ke fositse (especially when I made a mistake) that I have irresponsible parents…"* (PI1)

Aggravating the situation was the fact that her boyfriend became aloof, making it clear that he was not ready to be a father. This rejection was traumatic for Thati:

> *"He said he is not ready to be a father, and we never had a good relationship with his parents. I ended the relationship with him because he is useless, he cannot feed the child."* (PI1)

Cultural values

On responding to cultural values of the teenage mother's family, regarding teenage pregnancy, Thati stated that she was not subjected to any rituals or cultural ceremonies:

> *"Not any I know of. I am not directly related because even the surname I have is neither my mother's or father's surname. Ke nahana ha ba tlameha (I think they are not obliged to subject me to such if there is any). The only thing my mother said was that I have to stay at home for ten days, but they did not give reasons."* (PI1)

5.2.1.3 Risk factors that inhibited Thati's resilience

Without positive reinforcement and support for Thati, the following risk factors could jeopardise her dreams and future goals:

a) Rejection

Feelings of rejection and her strong desire to belong were definitive risk factors that played a role in Thati falling pregnant. The fact that she was never legally adopted by her parents set her on her course to find her biological mother, and at the age of 14 years, she met her for the first time. Her mother assured her that she would stay in contact and visit her again – a promise she never kept. From our discussions, Thati's pain at this rejection was clearly visible. While narrating her story, she became emotional, at times sobbing uncontrollably.

> *"…I feel empty, unloved and unprotected. My mother (biological) came this year in May after she saw me on Facebook"* (PI).

The meeting was very brief, and no mother-daughter bond was evidently established, still leaving Thati in the dark about who she was. This heightened her sense of poor self-identity. The emotional withdrawal of the baby's father intensified her feelings of

abandonment, as was his family's rejection of both her and the baby – even withholding financial support. This aggrieved her.

> *"My boyfriend, he never had time to take me to the clinic, or doctor or a walk, or to show me love…no support from the father of the baby, I hate when I see him drunk without thinking about his child…even his family is not supporting me, not money, even just caring, nothing, it makes me angry"* (PI1).

She emphasised this in her rosebush write-up:

> *"My boyfriend did not take my views seriously, always drunk, never cared about the cravings I had for nice things…he was employed, but presently he does not have a job, he is unemployed, I am not sure why he is not employed...I ended the relationship"* (RW 1).

She further elaborated on her frustrations during the focus group discussion:

> *"I think he is irresponsible and does not care. He is unemployed but what amazes me is that when he has money, he does not think of buying necessities for the baby, rather spend it on alcohol"* (FGD1).

In her sentence completion test she stated:

> *"…men are heartbreakers… as a result, for me, marriage is something I am scared of experiencing"* (GSC1).

b) Self-esteem and self-confidence

The results from Thati's self-esteem inventory (Annexure F) revealed a sense of hopelessness compounded by being pregnant while at school. Her concerns about her new role as a mother suggested a lack of self-confidence:

> *"My future seems difficult that now I have to look not only at myself but also my son, it is challenging" (*PI1).

The feelings were also captured in her drawing (Figure 5.1) where she stated her uncertain future as a mother:

> *"My future… my recent life as a mom and a kid at the same time"* (RD1).

I observed signs of a negative concept:

> *"I feel hopeless…but I feel less confident, I miss love, attention and protection"* (PI1).

Her rosebush metaphor write-up (Figure 5.5) confirmed a poor self-image. During the focus group discussion, she explained:

> *"Tornado is a strong wind, that can destroy lives…ke tshwana le rose e senang di roots, (I am just like a rosebush without roots) that the tornado can easily destroy"* (FGD1).

Thati's feelings of hopelessness featured consistently. At a stage where teenagers seek to know their identity, it threatened her potential to become more resilient.

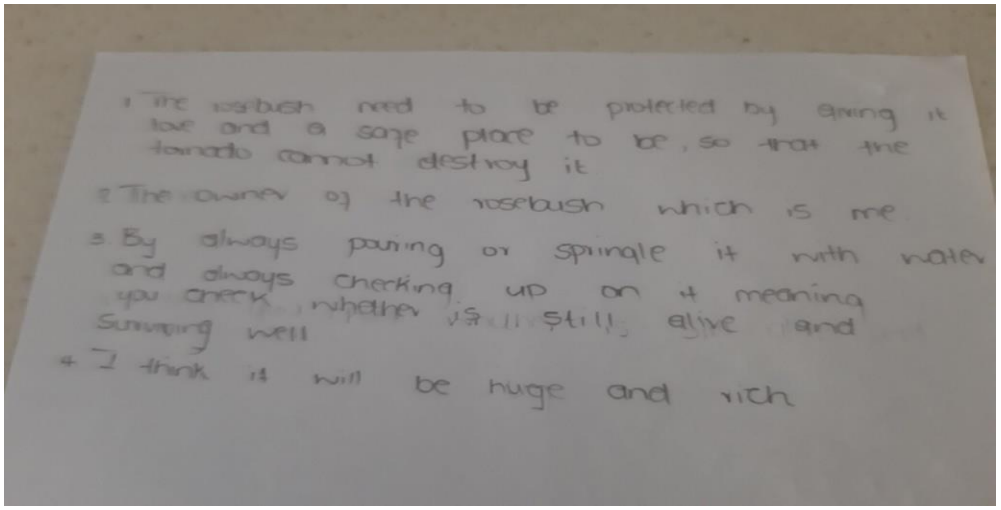

Figure 5 5 Thati: The rosebush write-up (RW1)

During the interview it transpired that she had little self-confidence, another risk factor impacting negatively on her psychological wellbeing:

> *"…I feel like nothing right I do… I feel lonely, I feel I have depression…I do not have self-confidence, I miss love, attention, and protection, I wish I could have these to make me feel good"* (PI1).

Thati's depression brought on suicidal thoughts. This emerged during the focus group discussion:

> *"I even tried to commit suicide…I took some tablets and medicines"* (FGD1).

Her mother sometimes attributed to her melancholy by bringing up her past and the negligence of her parents, especially when she (her mother) was in a foul mood:

> *"My mother...I wish she shows more patience with me…I often feel depressed especially when she tells me about the failures of my biological parents…(sob) that they were irresponsible because they abandoned me when I was still a baby"* (PI1).

c) Anxiety and regrets

Thati was acutely aware of the fact that she had disappointed her parents because she was unable to achieve the dream they had for her to finish matric and pursue further studies:

> *"I was worried as to what will my parents, friends, say… people who trust me, people who believe in me"(I1). "I regret that I did not listen to my parents, I realised… I feel irresponsible despite having had an advice to use prevention, contraceptives"* (FGD1).

This feeling was reiterated in the drawings:

> *"My regret is ignoring my parent's advice"* (RD1).

She further revealed a fear of loneliness and being hurt again:

> *"I fear being lonely and hurt" (GSC1).*

When she experienced these emotions, she isolated herself. Her boyfriend's rejection of her and the baby frequently evoked anger which she sometimes projected onto her parents.

> *"At times I take out my anger on my parents, I isolate myself, I just get angry"* (PI1).

d) Parenting skills

Due to Thati's young age when falling pregnant, she was acutely aware of her lack of proper parenting skills – a feeling that was exacerbated by feeling side-lined when important decisions related to her son were taken:

> *"No, I do not have such skills, because most of the time I am at school and my mother takes care of the baby. When I come home I have to do house chores, then homework" (PI1).*

Her feelings of insufficiency resurfaced in her rose-bush write-up; she confirmed that she was discouraged from suggesting anything related to her child's upbringing. She lamented:

> *"I also do not have a say in how my child is raised, even though my mother tries to be open with me, o nfa mabaka hore hobaneng a sa nke se se se batlang (she gives me reasons why she doesn't agree with what I suggest). So I can say I have no say in parenting"* (RD1).

e) Balancing parenting and schoolwork

Thati found it difficult to balance her role as a mother and a learner simultaneously. This was a challenge experienced by all four participants. At times, her role as a mother was

more taxing than her school responsibilities, and at other times her motherly duties infringed upon her schoolwork. Thati moreover had several responsibilities at home which pried into her studies. These challenges first emerged during the interview and were revisited later in the rose-bush write-up activity (cf. Figure 5.5)**:**

> ***"****I feel pressure…*[long pause, she sobbed; we had to pause for a while. She wiped the tears and regained her composure]. *We can go on, its ok.....my school work suffers, I don't have time of my own… I cannot get what I used to get before I got pregnant" (I1).*

She further added:

> *"I wake up at 4 am to go to school, I am always tired, everything is too much. Bad experience, a lot of huge responsibilities"* (PI1).

f) Life skills

Life skills essentially refer to a set of basic *skills* acquired through learning and/or direct *life* experience that enable individuals to effectively handle issues and problems commonly encountered in daily life. Various researchers (Prajapati, Sharma& Sharma, 2017) define life skills as an attempt to enhance mental abilities (Ramesht & Farshad, 2004), as well as improving the individual's psychosocial competencies (Vranda & Rao, 2011). Puspakumarag (2013) posits that life skills help to reduce social challenges, such as prevention of substance abuse and teenage pregnancies, provision of interventions to improve self-esteem and self-confidence. This study entailed the teenage mother's ability to deal effectively with the challenges she faced in her new role as a learner and a teenage mother simultaneously. The findings suggest that Thati realised that she lacked these skills. She wanted to become more assertive, for example:

> *"I would like guidance for the future from the school and more information on sexuality and skills to have courage to say no"* (PI1).

As will become clear later, this need for knowledge and empowerment loomed in the stories shared by all the participants and signal the need for open communication and information sharing between teenagers and the authority figures in their lives.

Regarding the role of the school in providing programmes on teenage pregnancy and teenage motherhood, Thati had the following to say:

> *"Programmes of intervention and awareness are not only minimal but exclude boys when there are presentations- for these teenage girls to be pregnant. It takes two to tango!"* (FGD1).

According to Thati, some teachers may be so ignorant that they did not even notice any changes in the children that can make one suspect pregnancy. A teacher who is not aware that the learner is pregnant or has just given birth can be perceived as insensitive or unempathetic. This is evident in Thati's encounter:

> *"The LO teacher got angry with me because I could not jump and that… she was not aware that I was pregnant…"(*I2; FGD 2).

g) Social stigma and community attitude

Thati felt stigmatised by the community's attitude towards her, and their remarks made her angry:

> *"Even before it was clear that I am pregnant, just because they always saw me with my boyfriend…I heard them, they thought I am weak and I won't make it, even my mother ignored me, it was painful…"* (FGD1).

Thati chose to ignore the people who hurled abusive and hurting comments at her during her pregnancy. She remained unperturbed, though:

> *"To me, I did not care what they said, I ignored them. I did not want to hear what they said"* (FGD1).

h) Fallacious and insufficient information

In response to a question on the accessibility of information on reproductive health, abstinence from sexual intercourse, and the use of contraceptives, Thati felt that these were insufficient:

> *"It is difficult to ask adults about these because they look at us funny. With me, I was also scared to ask at the clinic because the nurse knows my mother, that is the reason why I depend on google for answers. At the clinic, nurses must not discourage us when visiting the clinic, they must teach us on protection and different types of prevention"* (PI1).

To a question on the quality of medical services she received, Thati recounted a health scare which ultimately proved to be unfounded:

> *"When I was six months, I was very sick, two weeks later in hospital....after a long wait, one of the nurses said I have to choose, either my life or the baby's. I did not have a choice – I was still alone at the hospital. The baby was later delivered successfully, but they took the baby from me because they said I was very weak"* (FGD1).

Similarly, the school did not expose Thati to the necessary information on issues of sexuality education. On the role of Life Orientation at school, she thought it to be inadequate to assist teenage girls in making informed decisions. Her answer was insightful:

> *"Although) we are taught about reproductive health at school and a little on pregnancy prevention and contraceptives…I would like guidance for the future from the school and more information on sexuality and skills to have the courage to say no"* (PI1).

This response confirmed research done by Thobejane et al. (2017) and O'Rourke (2020) on a lack of knowledge among teenage girls as one of the most pressing determinants of teenage pregnancy.

5.2.1.4 Discussion on Thati's risk factors

This section addresses observed issues and findings such as rejection, self-belief issues, regrets and anxiety, lack of parenting skills, difficulty in balancing parenting and schoolwork.

From my interaction with Thati, I sensed pain, disappointment, and reduced trust -not only in her significant others but people in general. The situation posed a risk because she seemed to find difficulty in developing secure relationships (cf. 3.3.4.2). As Si-ngiamrack (2016) noted, failing to secure meaningful and trusting relationships with significant others, typically results in feelings of detachment and emptiness.

According to the narrative (RW1), Thati was abandoned by her biological parents at birth and put in a foster home (cf, Figure 5.5). Failure to spend quality time with her biological mother from birth denied her the experience of a secure mother-child bond needed for meaningful attachment. Her boyfriend's cold shoulder perpetuated her feelings of continual rejection. Thati's decision to leave her boyfriend confirms Collins' (2010) finding that young teenage mothers are less likely to stay in a relationship with the father of the baby. Although men are traditionally expected to provide for their children, especially in the African culture, Thati described her boyfriend as 'useless' and unable to meet his responsibilities, leaving her disillusioned. Research (Mollborn & Lovegrove, 2011) suggests that the teenage father often abandons the relationship with the mother of his child and she is left to struggle alone. Thati's dynamics were a case in point. Research suggests (ibid.) that, at the time of their child's birth, just one out of every four teenage fathers is still in a relationship with their child's mother. More than half of them are no longer in the relationship within a year after the birth of the baby, and, alarmingly, only 8% of teenage fathers eventually marry the mother of their child (ibid). My personal view is that most teenage fathers are oblivious to the crucial role and impact of their absence or presence in their children's lives. Early infancy, youth, and adulthood are hampered by the absence of a father. Involved fathers' children are less likely to act out in school or engage in risky behaviours during adolescence. Mollborn and Lovegrove (2011), maintain that children's

social and emotional wellbeing, as well as academic achievement and behavioural issues (Carlson, 2006), may all benefit from a resident as well as non-resident fathers.

The beliefs of the teenage mother about herself have implications for crafting strategies to overcome adversity and enhance resilience, thereby affecting her chances of reaching her goals. Berry (2017, p. 261) summarises the link between self-concept, self-esteem, and self-efficacy by pointing out that "self-concept is derived from one's self-esteem and self-efficacy (cf 3.5.1.7) which is one's belief that one can accomplish one's goals". Hargie (2011) differentiates between these concepts by explaining that, like self-concept, a person's self-esteem varies across a person's life span and contexts, while s*elf-efficacy* refers to the judgments the person makes about her ability to perform a task successfully and reach her goals.

Thati had a low self-esteem rating score in the SEI (cf. Annexure F). As far as motherhood was concerned, she also lacked self-efficacy. Thati's experiences of childhood rejection and the unplanned pregnancy left her worried about her "uncertain future" (Figure 5.1) as well as that of her son. Her low self-esteem and insecurities were a breeding ground for her depression and suicidal thoughts. Without psychosocial support to deal with her emotions effectively, these risk factors might prevent her from pursuing her goals.

The harsh words that her foster mother uttered when she was angry- that Thati was a loser just like her biological parents – seemed to contribute to Thato's brittle self-image. Such statements are likely to stick with a person and become a 'self-fulfilling prophesy'. Thati seemed to be filled with self-doubt based on what others (e.g. Thati's mother) said to her. Her struggle with self-identity could possibly be linked to the fact that the surname she used was neither that of her biological parents nor her (foster) parents, but the name was given to her by the foster home. According to what Thati was told, her biological mother left her in the foster home immediately after birth. She was removed by her paternal aunt when she was a toddler – Thati could not specify the exact age this happened. Considering Erikson's (1994) theory (cf. 3.3.5.1), Thati's failure to resolve the identity/confusion crisis caused a ripple effect and further hampered her ability to form adequate and meaningful

relationships with others, especially intimate relationships with potential future partners (cf. Erikson, 1994, p.73).

Notably, Thati's wish for self-protection by owning a gun to guard her against 'hurt' (Figure 5.2) accentuates her emotional vulnerability, although expressed aggressively. To me Thati's anger was symptomatic of her inability to deal with her emotions constructively; the thought of taking her life affirmed her frequent feelings of worthlessness. Her suicidal feelings are in line with Lee and Choi's (2015) observation (cf. 3.6.1) that suicidal feelings could be a result of detachment from her biological mother (she is expected to do something she never experienced). Moreover, the reality of taking care of her child without the necessary parental skills might be another contributory factor to a lack of confidence in mothering her son.

Parents have different expectations of their children, and in disadvantaged communities, it is considered important that children complete grade 12 (Nsamenang, 2009). Thati's feelings of regret at falling pregnant at such an early age and disappointing her parents, as well as fretting about her uncertain future, all contributed to Thati's feelings of hopelessness and anxiety. With the necessary support and a conducive environment, these obstacles, frequently experienced by the teenage mother (Dunifon & Gill, 2013), can be overcome. Fortunately, in Thati's case, she experienced far more support and care than rejection from her parents – which tended to act as a buffer against her risk factors.

Closely related to Thati's negative self-beliefs discussed above, was her perceived lack of parenting skills. Thati observed that her mother prevented her from spending sufficient time with her son, possibly because it would allow her more time with her studies. However, despite her mother's good intentions, this lack of exposure to her role as a mother denied Thati the opportunity to bond with her son and to acquire the much-needed mothering and caring skills that were needed to sustain that bond. As Puspasari et al. (2018) emphasised, parental ability is enhanced through positive integration and transmission of parenting styles to the young mother. If the bond is absent, it perpetuates a situation that van Zyl et al. (2016) referred to as the tendency to deny or disrespect the

teenage mother's parental rights. To this end, Thati lacked self-efficacy as far as motherhood was concerned. Such dynamics in households – where teenage mothers are dependent on the care of others – may prevent her from boldly sharing her frustration with her caregivers since she does not want to be perceived as ungrateful.

5.2.1.5 Thati's protective factors and strengths

As discussed in Chapters 2 and 3 (cf. 2.4.2 and 3.7) certain positive aspects and factors – assets and resources – may enhance the teenage mother's ability to 'bounce back' and facilitate a sense of wellbeing. These protective or strength factors buffer the possible negative impact that could result from risk factors (Karakatas & Cakar, 2011). Examples of protective factors that enhance resilience are financial security and supportive parents and siblings. Personal attributes, also regarded as skills and resources, are innate factors that can enhance the attempts to overcome adversity and achieve resilience, such as self-esteem and self-efficacy (Heyne & Anderson, 2012; Fuinaono, 2012).

In Thati's case, the strength factors, or the protective pathways to resilience in her life, clearly outweighed the risk factors. Considering the myriad of findings on how resilience could be strengthened and bolstered with the necessary support, Thati's prospects as discussed in this section looked promising.

a) Determination, responsibility, and ambition

Achieving one's set goals is dependent on what a person believes about herself (Theron, 2016). In the WIMH exercise, (cf. Figure 5.2), Thati shared her dreams and aspirations. Despite her low self-esteem, three promising factors that might be indicative of resilience and resilient behaviour were her propensities towards determination, ambition, and her willingness to take responsibility for the future of her and her baby, despite having the choice to discontinue the pregnancy. Despite the unwanted pregnancy and the resultant rejection from her boyfriend and disappointment of her parents, Thati loved her baby boy:

> *"Then I decided to keep the baby…OK, why not me? And I decided that I will also not give up on my dreams (P1).*

In the focus group discussion, she confirmed her determination to keep her baby:

> *"My mother was encouraging that I abort, but I told my mother that I am not killing my baby, maybe it is a lesson…I feel I have to accept the situation" (FGD1).*

Thati resolved to take responsibility for caring for the baby herself. This was evident from the personal interview:

> *"I share my foster grant with my child, he is my responsibility even though my parents do provide. ...I feel determined to succeed ....to care for my child, feel ambitious....(PI1).*

However, she was honest in relating her conflicting emotions:

> *".... but at times I feel like killing the baby and kill myself. But mostly, since talking to my mother I am pushing to see my baby's smile more. He makes me want to finish school quickly" (PI1).*

The fact that Thati immediately returned to school to prepare for her matric examinations after her baby's birth bears testimony to her determination to succeed and reach her educational goals. She made contradictory statements (she contended in the focus group discussion that she was strong, while in the narratives she claimed to have low self-confidence levels), but overall, Thati displayed a fighting spirit, despite facing adversity. Her desire to prove naysayers wrong was the impetus for setting goals – which she was determined to achieve. From the FGD it was evident that the strength she referred to, was her ambition – her drive to succeed.

> *"ke (I am) strong because I am alone, from start to the end, strong because people were talking bad things and thought that I am viby and they thought I will drop out*

> *of school, yet here we are back to school doing our matric. So ke tlameha hobala ka thata, ke sebedisetse nako ena dibuka (I therefore need to study hard and use this time for books"* (FGD1).

Another protective factor was Thati's trust in God:

> *"I always pray to God to give me power and wisdom to heal within"* (PI 1*).*

This is an indication that she had some level of self-insight and acknowledged that she was hurting and needed emotional support. She also showed her pain during interviews when she could not hold back. However, she seemed to be prepared to do whatever it took to improve her entire well-being and to succeed in achieving her goals.

However, Thati recognised she had to address her weaknesses if she were to realise her goals. She expressed thoughts in her rosebush drawing which were not revealed during the interviews. These were typically aspects that were difficult to share verbally – face-to-face – because she felt ashamed:

> *"I struggle to stop smoking secretly, when sometimes I feel sad or stressed"* (RD1).

During the focus group discussion, she admitted the negative effect alcohol had on her:

> *"I want to stop drinking alcohol and being aggressive. I also need to stop worrying about what people say" (FGD1).*

b) Parental support

Parental support acts as a protective factor in the teenage mother's life. Even though Thati's mother said hurtful things at times, she valued the relationship she had with her parents, admitting that she sometimes forgot that they were not her 'real parents' (cf. 5.2.1.4). The fact that she could boldly share her suicidal thoughts with her mother signifies

a relationship of trust. Thati further emphasised the value of parental support when she mentioned that her moods tended to be lifted when she experienced positive interaction with her mother:

> *My mother when in good moods, she is open with me… I often forget they are my foster parents…….she does at times say awful and hurting things but most of the time she was ok… I talked to my mother…since talking to my mother, I am pushing to see my baby's smile"* (PI1).

c) Peer support

Thati felt lonely due to the new reality and responsibility which brought her social life to a standstill. This resulted in some of her friends becoming somewhat aloof. Fortunately, her closest friends accepted her current situation and between them, mutual empathetic support was evident:

> *"My friends support me and we are able to share worries, we also talk about the future."* (FGD1).

Despite feeling overwhelmed by her situation at times, Thati was mature enough to understand the implications of being a mother:

> *"From my friends, to spend some time with me or bring me schoolwork when I was no longer attending classes. For them to respect my view-point."* (PI1).

However, she acknowledged that she missed a social life.

> *"Yes, the responsibility is too much* (motherhood)*. I am not able to relax. I miss my friends and going out with them."* (PI1).

5.2.1.6 Discussion of Thati's protective factors

As discussed in the previous section (5.2.1.3), prominent *internal* risk factors that emerged in Thati's lifeworld were her overwhelming sense of rejection, a low self-concept, regrets,

and constant feelings of anxiety. Predominantly amongst her *external* risk factors, which undoubtedly influenced her risk factors, were her perceived lack of parenting skills, a lack of life skills, fallacious and insufficient information (which was closely related to her lacking life skills), and balancing her role as mother and school learner. Yet, despite her brittle self-esteem, she displayed a strong proclivity towards determination and having ambitions. Family and peer support emerged as the most striking external protective factors in Thati's life.

Despite the cited difficulties and mixed feelings about being a mother, Thati was resolute to succeed in life. She was given a second chance to return to school so that she could complete her studies and she seized the opportunity and immediately returned to school to prepare for her matric examinations, albeit amidst significant challenges. She was prepared to persevere to finish school and provide for her and the child's needs despite negative perceptions about early pregnancy and resultant motherhood. Furthermore, despite the unplanned pregnancy and the resultant rejection by her boyfriend, she had decided to keep her child, accept the responsibility, and face the consequences of her actions.

There are cases where teenage mothers' realisation that they have someone who depends on them increases their resilience to face adversity head-on (Clarke, 2015). Clarke (2015) further asserts that the teenage mothers' determination to give their children a better life than they ever had and to be role models to them is a driving force.

Despite exposing herself and risking feeling more vulnerable, Thati did not hesitate to admit that her alcohol use and smoking got out of hand. Her longing to be true to herself is an encouraging sign – Thati was able to confront her mistakes and take decisions to address these with a clear mind. From this, it is evident that she displayed much-needed decision-making abilities as a young adult and a mother (Madlala, Sibiya & Ngxongo, 2018).

Dlamini (2016) believes that thoughtful and empathetic grandparents or caregivers would take care of the teenage mother's baby and allow her to attend school to finish her

education. This was the case with Thati. She seemed deeply convicted that her parents were protective, loving, and guiding her. Despite the occasional derogatory comments about her biological parents, Thati's mother was approachable and offered support, especially when she was in a 'good mood' (cf. PI 1). The openness in their relationship facilitated a strong mother-daughter bond which, in turn, was likely to influence Thati's psychological wellbeing positively (3.6.1.2). This partially buffered her against many of the challenges she faced.

While the breakdown in her relationship with her baby's father was more of a risk factor than a protective one, it did seem to prompt her towards reconsidering her lifestyle and taking responsibility for the baby's well-being and future.

Despite various challenges and negative comments, which impacted negatively on pregnancy and motherhood, Thati's experiences helped her to see the positive side of being a mother, despite her age. She believed that her resilience and confidence were enhanced by the support from her significant others. In turn, she hoped that her aspirations would be realised.

5.2.2 Tuki's lifeworld

The findings of this research revealed the themes that were unique to Tuki, covering both predisposing factors as well as protective factors. The risks that could compromise Tuki's ability to 'bounce back' included lack of maternal skills, balancing parenting and school, life skills, anxiety, and attitude of health workers. On the other hand, the protective factors identified were self-esteem, self-efficacy, and support structures.

Figure 5.6 offers a graphical representation of how Tuki's story will unfold:

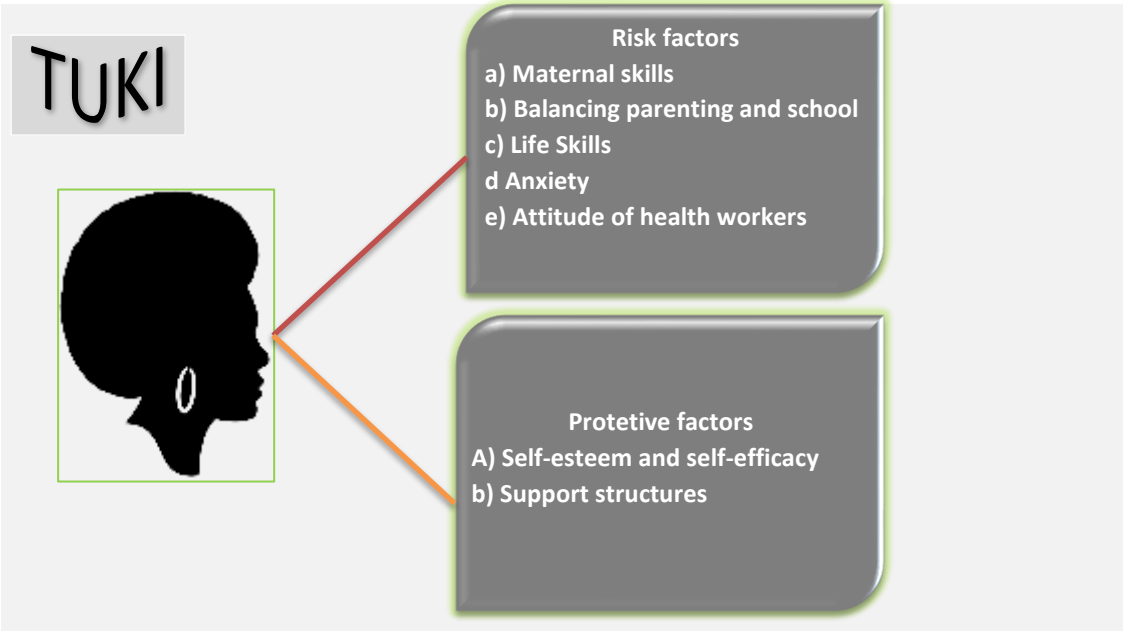

Figure 5 6 An overview of Tuki's eco-systemic framework

5.2.2.1 Background and family relations/dynamics

Tuki was the firstborn to a single mother who worked in the Gauteng Province. She had two siblings, Keke and Kea, and stayed with her maternal grandmother, a pensioner. She was born on the 20th February 2001 and was 18 years old at the time of data collection. She fell pregnant at age 17 and wrote her final Grade 11 exams while she was still pregnant.

Her maternal aunt looked after her baby girl, Diteboho, during the week. Tuki remained with her grandmother from Mondays to Fridays, presumably to attend school and to focus on academic responsibilities. Tuki fetched the child on a Friday afternoon, then took her back to the aunt every Sunday afternoon. Despite providing the much-needed help, the aunt was seemingly not accommodating when it came to caring for the baby over weekends when Tuki attended extra classes. Tuki revealed that she was secretly concerned about her aunt taking care of her daughter but seemed not to have the courage to voice it.

Tuki emphatically mentioned her mother as her friend, guide, and protector. I observed how her face lit up whenever she mentioned her mother, often saying: *Ijoo mme waka*! (Ijoo my mother!). She also stated that her grandmother (nkgono), had raised her and her

two siblings, [4]Keke and Kea (cf. 5.2.2.1) since they were toddlers because her mother left for Gauteng to find employment. She made recurring statements about how she adored her mother. She expressed her fear about the possibility that she might ever lose her mother. Evidently, she could not fathom life without her. It further emerged from her rosebush write-up (Figure 5.10) that she did not have a close relationship with most of her extended family. As a result, her free weekends were spent at home with her daughter, two siblings, and her grandmother. Tuki shared a close bond with her grandmother, who appeared to be very fond of the baby. Tuki mentioned that she even had to 'compete' with her grandmother to spend time with her child since granny 'monopolised' the baby girl. It is further evident that Tuki valued family and marriage and she also dreamed of getting married to her daughter's father in the near future (Figure 5.7- WIMH).

5.2.2.2 A personal profile of Tuki

Tuki's story is depicted in her interviews and written activities (Figures 5.8 – 5.13). She was vibrant and responsive during the individual interview, a talkative young lady with a positive outlook on life. Because of this, I found it easy to establish rapport with her – which was not always the case with the other three participants. She yearned to be acknowledged as the mother of her baby who was mature enough to take care of her baby.

Tuki's positive nature is evident from Figure 5.8 which portrays her feelings. From this picture, we learn that Tuki enjoyed staying in Virginia, but she would love to visit holiday destinations such as Cape Town if she ever had the opportunity. The list of the people she loved and who also offered her unconditional support included her daughter, her mother, grandmother, and her daughter's father. However, she tended to worry about the family's financial situation and was adamant to find a job to support her "hardworking mother." From her narrative, as a family, they depended financially primarily on her grandmother's social grant and her mother's meager salary, as well as limited financial support from her boyfriend. Also, her daughter had health problems which were a real concern to her:

> *"I worry about my sickly child."* (WIMH2*)*

[4] Pseudonyms

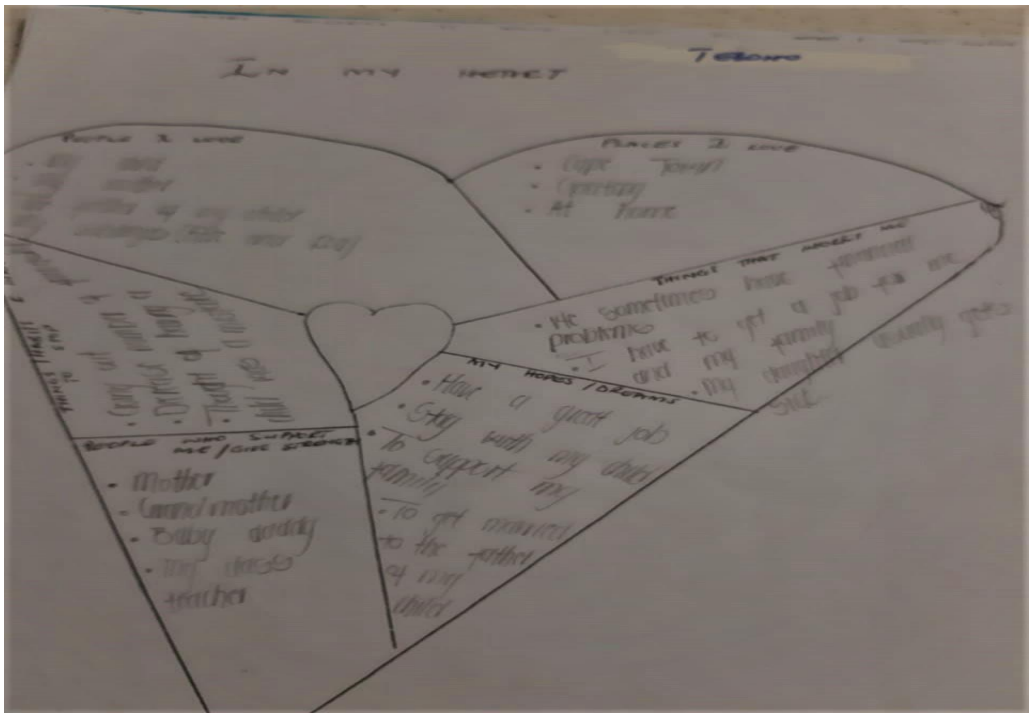

Figure 5 7: Tuki's 'What's in my heart' drawing (WIMH2)

From the Goodwin sentence completion test (Figure 5.10; Annexure J), interesting information emerged. The test (Figure 5.10) revealed that Tuki regretted having a child at such an early age and she tended to worry about her future at night. However, I got the impression that she was also contemplating, visualising about, and planning for the future she anticipated for herself. Her hope included, inter alia, to hold a 'great' job, and even though she was still undecided about her future career path, she vowed to be independent. She seemed a driven young girl, determined to succeed.

> *"I wish to be successful and independent and take care of my child and family"* (FGD2).

As was the case with the other participants, Tuki had certain core beliefs on which she built her life. Figure 5.9 reveals that Tuki's coping mechanism when she felt overwhelmed and depressed was to isolate herself and cry – "letting the steam out" or 'shout' (cf. BBL2) at whoever had hurt her. However, Tuki generally seemed to be emotionally quite mature. For example, she realised that there were certain things in life that she could not control – such as people's opinions of her. She also did not take it to heart if people did not like her. To this end, she displayed a sense of self-worth which was further evident from the fact

that she believed her views were respected and that she generally felt validated ('heard') by her elders (however, not as far as her baby was concerned).

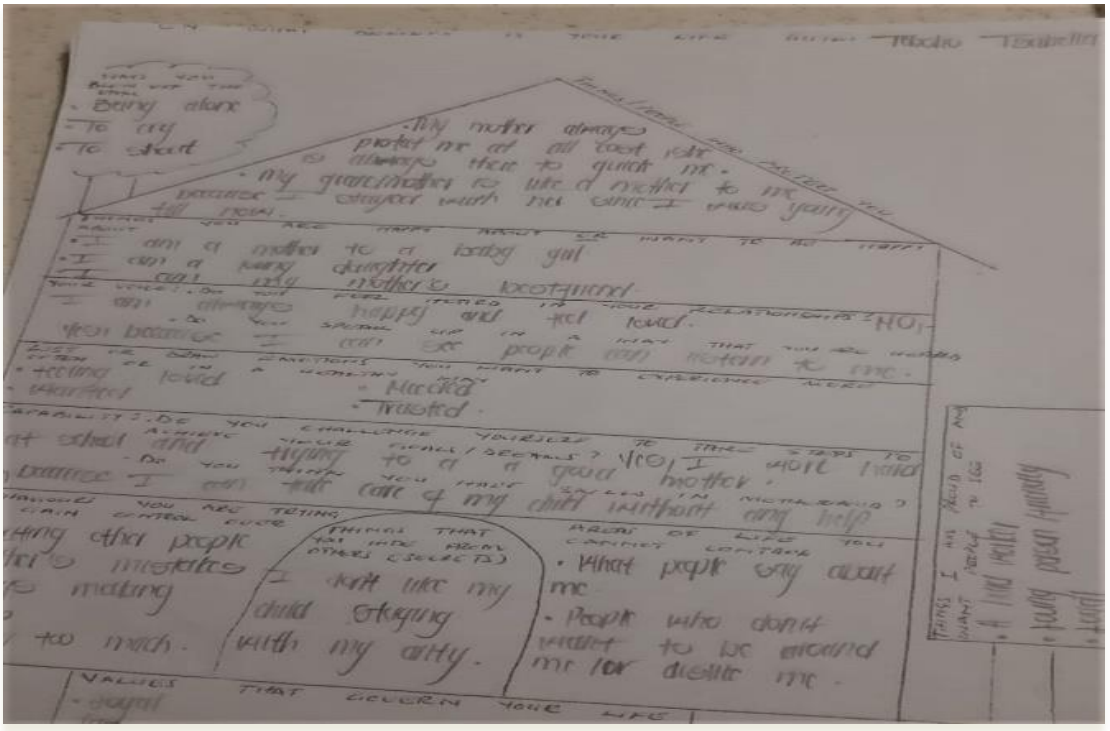

Figure 5 8: The beliefs on which Tuki built her life (BBL2)

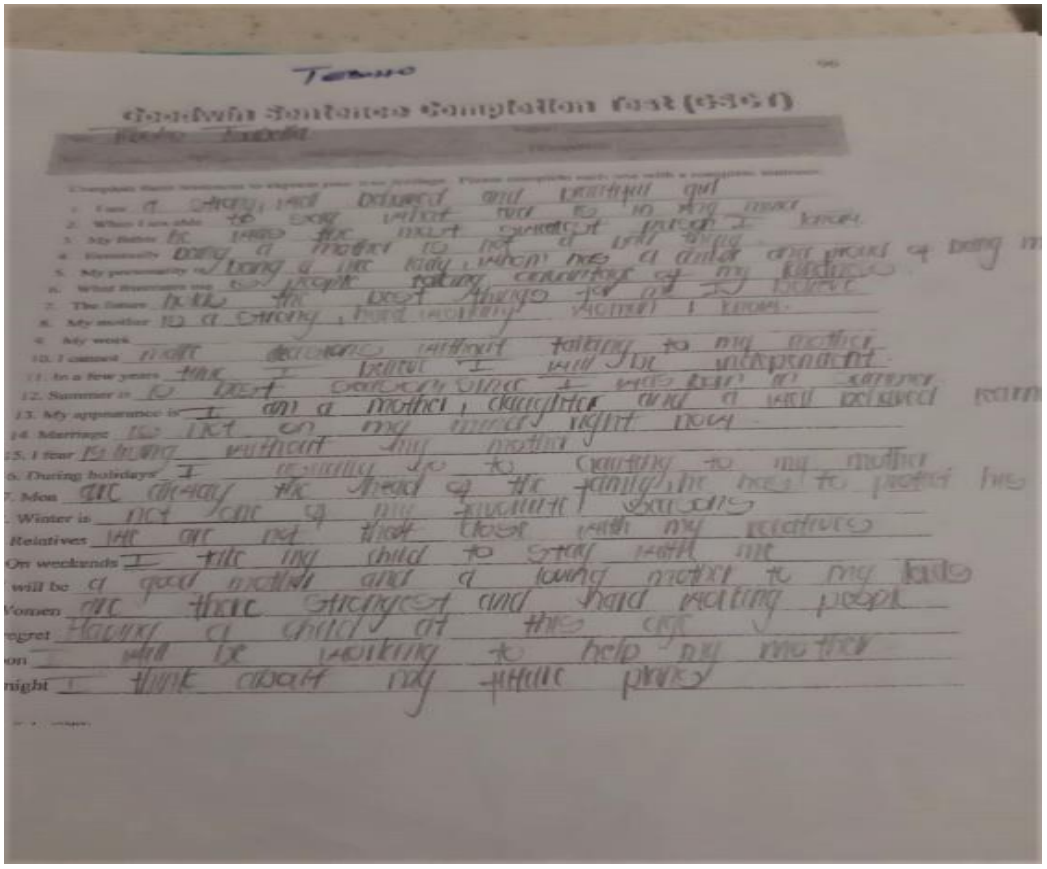

Figure 5 9: Tuki's Goodwin Sentence Completion Test (GSCT2)

The metaphor of a rosebush (Figure 5.11; Annexure I) enabled Tuki to express her feelings and opinions regarding a variety of aspects. She likened the pregnancy to a tornado and I requested her to respond to a few questions. The discussion was facilitated in the FGD, based on her rosebush drawing (Figure 5.10). The data presented in Figure 5.11 confirms that Tuki was a happy young girl with sound self-esteem and a positive self-image. First, she did not understand the exercises – her life as analogous with the mental image of a tornado, the rosebush, and her pregnancy, but it soon became clear. She compared the rosebush with herself – despite the force of the tornado, she was strongly rooted in the love and care of her family. Tuki considered her pregnancy to have 'shaken' her and her loved ones. She used the image of the rosebush as a metaphor to explain that, just as a rosebush depends on the watering and care provided by the owner to bloom in spring, she needed the love and support of her family. She specifically emphasised that she relied on her mother's care to enable her to deal with the consequences of her pregnancy. She once again affirmed that, with support, she intended to be successful and independent in five years. Her future ambitions featured strongly in all her drawings – 'What's in my heart' (Figure 5.7; Annexure G), what she valued most, and her spontaneous responses in the Goodwin Sentence Completion Test.

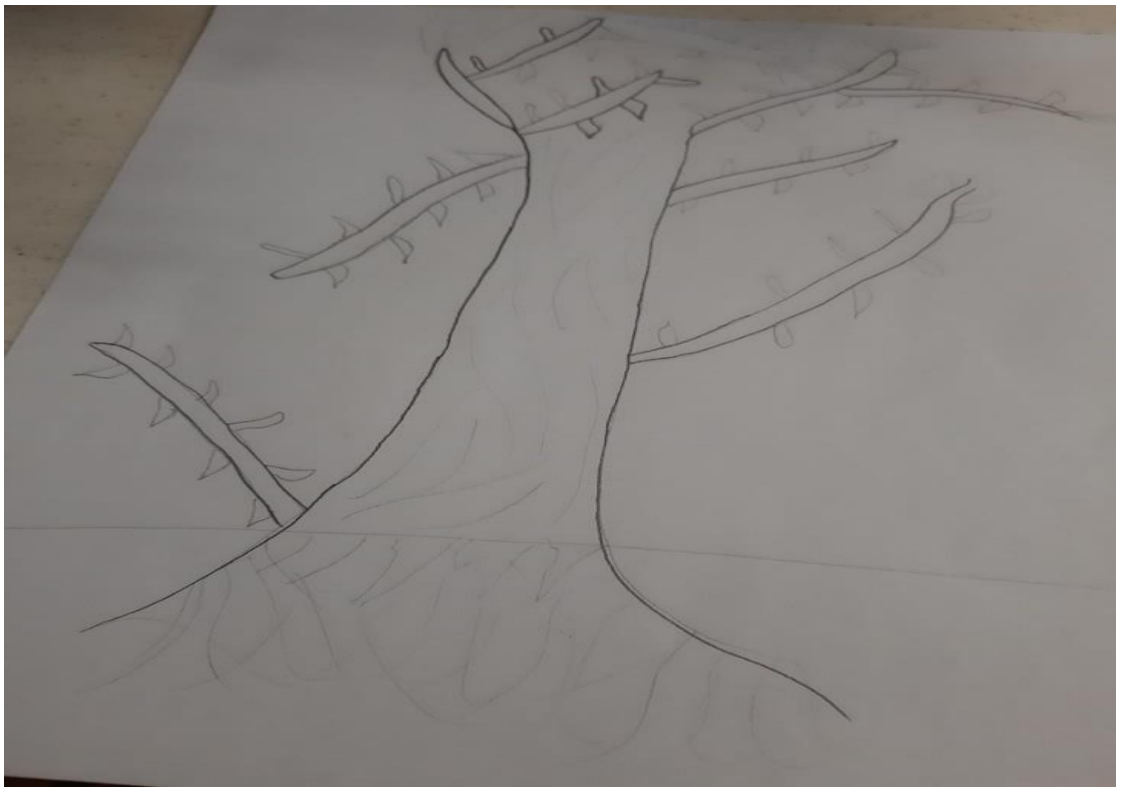

Figure 5 10: Tuki's rosebush drawing (RD2)

On becoming pregnant

Tuki seemingly was aware of the implications of her being sexually active, but, similar to Thati, she was reluctant to tell her boyfriend that she feared falling pregnant and that they should use protection. Their first sexual encounter was not planned, and they engaged in unprotected sex.

> *"ijo e ne ese ntho e ke neng ke e planne, e iketsahaletse fela (it is something I did not plan, it just happened)."* (PI2)

From her admission, she was negligent, which suggests little regard for the possible outcome of either pregnancy or sexually transmitted infections (STIs). What became clear during our discussions was that Tuki tended to leave important decisions in the relationship to her partner:

> *"I could have used protection from the word go, even though my boyfriend did not want to use the condom. I did not know how to tell him I am scared…oops! There I was pregnant"* (FGD2).

Since Tuki stayed with her grandmother, she was able to carefully arrange her social programme. Her grandmother was quite lenient as far as time rules were concerned. Tuki admitted to arriving home after a date to an unsuspecting grandmother who seemed to trust her. With her mother working far away, she did not have to account for her movements.

> *"I am staying with my grandmother. Nkgono (Grandmother) was not aware. My mother works in Gauteng in the mines."* (I2).

Reactions of significant others

Tuki's mother, grandmother, and Tuki's partner had varying reactions upon learning about the pregnancy. Emotions ranged from anger to shock. At first, Tuki considered aborting the baby, seemingly influenced by the partner's initial reaction of shock.

> *"Uhm, I wanted to. But it was difficult to talk about it with my parents…I guess it was shame and guilt."* (PI2)

Seemingly, after the shock subsided, her boyfriend joined Tuki's mother in encouraging her not to terminate the pregnancy:

> *"My boyfriend and my mother encouraged me to keep the baby, because by that time he knew I was five months pregnan.t"* (PI2)

Disregarding what she knew to be the possible consequences of her actions, Tuki, like the other participants, realised that she had hurt her mother. The quotes from Tuki's narrative expressed the disappointment felt by her mother and grandmother. Tuki spoke about how difficult she found it to make known her pregnancy and to witness their disappointment in her:

> *"I did not tell them; my grandmother was told by the deputy principal…she (grandmother) was not aware… I would say she was disappointed 'cos no one said harsh words to me. Even my mother was disappointed because she did not expect such things… as her first born."* (*P*I2).

Tuki 's boyfriend was 20 years old at the time she fell pregnant and a student at the local Technical and Vocational Education and Training College (TVET). Since he was shocked by the news of Tuki's pregnancy he initially suggested abortion because he was afraid of telling his parents. However, after the news had sunk in, he accepted the situation and was willing to take up his parental responsibilities.

Having provided an overview of Tuki's life-world, Tuki's experiences, circumstances, and views were contextualised in terms of her risk factors and strengths.

5.2.2.3 Risk factors that might inhibit Tuki's ability to cope successfully and achieve her education goals

The following risk factors emerged in the interaction with Tuki, namely, lack of maternal skills, balancing parenting and schoolwork, lack of life skills, misgivings, anxieties, the baby's health, and health-workers' attitudes.

a) Lack of maternal skills

As was alluded to earlier (cf. 5.2.2.1), one of the reasons for the teenage mother's lack of parental skills is the fact that she was not able to spend sufficient time with her child – thus gaining much-needed maternal experience. Both Tuki's aunt and her grandmother did not involve her in caring for the baby or allow her to have a say in her upbringing:

> "*I do not like my child staying with my aunt,… but I am scared to say."* (D2)

Although in Tuki's case this might not have been intentional, she felt side-lined, even to the point of relinquishing her responsibility as the primary caretaker of her child. For example, she was dependent on her aunt who had the opportunity to spend more time with Diteboho than Tuki during the week, while the grandmother was heavily involved in caring for her over the weekends. This clearly frustrated Tuki.

> *"…she does not care when its Friday, she brings the baby to me even when I have to attend Saturday classes."* (D2)

b) Balancing parenting and schoolwork

Similar to the other participants in this study, Tuki found her dual role being a learner and parent challenging:

> *"Iji, ijo schoolwork, the child, she stays with my mother's sister during the week. In the weekend I have to fetch her. My aunt does not care whether I have projects or extra classes to attend, I just have to fetch the child. My challenges increase. I have to do house chores and look after the baby. I was telling my teacher that I doubt if I did well with my project."* (PI2).

She sometimes felt discouraged:

> *"It is difficult, at times..... I feel like adoption. Especially because she is sickly, wa sokodisa (it is a challenge). I can't balance things… during pregnancy, it was like balancing morning sickness with maths literacy. Now it feels like balancing parenting with matric exam preparations."* (PI2).

Tuki strongly felt that she did not get the support she wished from relatives. She seemed resentful towards her aunt for not being prepared to look after the baby over weekends when Tuki had to tend to her studies, and she could not afford a babysitter:

> *"They want to get paid…my aunt does not consider that some weekends I have to do assignments and just study…(pause), it is difficult because the boyfriend does not have [5]parents, so asking his sister to take care of Diteboho, I feel we are unfair on her."* (PI2).

c) Life skills as a risk factor

Tuki's narrative suggested that, in some instances, she lacked the necessary life skills to make responsible decisions and stand firm. This was especially evident when referring to the time she fell pregnant:

> *"Yes at the clinic and at school, but not much. We talked amongst ourselves as friends. I believe If I had more information, I could have used protection from the word go, even though my boyfriend did not want to use the condom. I did not know how to tell him I am scared…boobs! There now I was pregnant."* (PI2).

There were signs of self-reproach:

> *"Ne ke kwatetse nna, (I was angry with myself), I knew that when you have sex you might be pregnant, that I am a school-girl, a child having a child."* (FGD2).

---

[5] (The "parents" here refers to the boyfriend's elder sisters and extended family members. Fear to tell "parents" refers to elders/guardians, in this case, his sisters).

In response to the question on whether Life Orientation at school provided sufficient information and/or any programmes on prevention of teenage pregnancy and addressing issues of teenage motherhood, Tuki felt the information they were provided during Life Orientation (LO) periods at school was superficial and insufficient:

> *"Not really, during LO period, the topic on teenage pregnancy and motherhood is avoided. But a programme, no there is no.t"* (PI2).

d) *Misgivings and anxieties as risk factors*

Tuki's self-esteem inventory results revealed a moderately sound self-esteem (cf. Table 5.2). However, it was also noted that she had concerns about her future as expressed in her drawing (cf. RD2):

> *"I often ask myself – will I be able to pass my matric and go to tertiary? We sometimes have financial problems…"* (RD2).

Their financial constraints were troubling, according to Tuki, her mother tried to hide her financial challenges. This factor is captured in Tuki's statement:

> *"We sometimes have financial problems"* (RD2), (cf. 2.2.2*), my mother struggles a lot, she (o leka ho pata, ho thata)-tries to hide, it is tough!"* (FGD2).

e) The baby's health as risk factor

Research (cf. Kingston et al., 2012; Neal et al., 2015; 3.6.1), confirms that the younger the age at giving birth, the higher the risk of challenges at birth. The risk tends to be higher in disadvantaged communities – as was the case with Tuki. She encountered challenges during the delivery of her baby, who inherited the Rhesus factor (Rh factor) from her parents' blood groups (Figure 5.13). If an Rh-D **negative** woman falls pregnant to an Rh-D **positive** male there is a one in four chance that the baby will be Rh-D **positive**, thus causing Rhesus disease. This is a very serious medical condition since there is a real risk that some of the baby's blood cells will get into the mother's bloodstream and she

might form antibodies. If the mother is given an injection of Anti-D within 72 hours of delivery, the baby's cells that have entered the bloodstream may be neutralised and thus harmful antibodies will not be produced. During delivery, the nurses seemingly failed to give Tuki full information about the procedures that were in place to try to save the baby's life. Their insensitive remarks and audible speculation that the baby might not survive (FGD2), was a very traumatic experience for the young mother. The health of the baby posed a serious risk to Tuki's emotional wellbeing because she was constantly concerned about the possibility of not taking proper care of her or that she baby wouldn't survive (cf. WIMFH2).

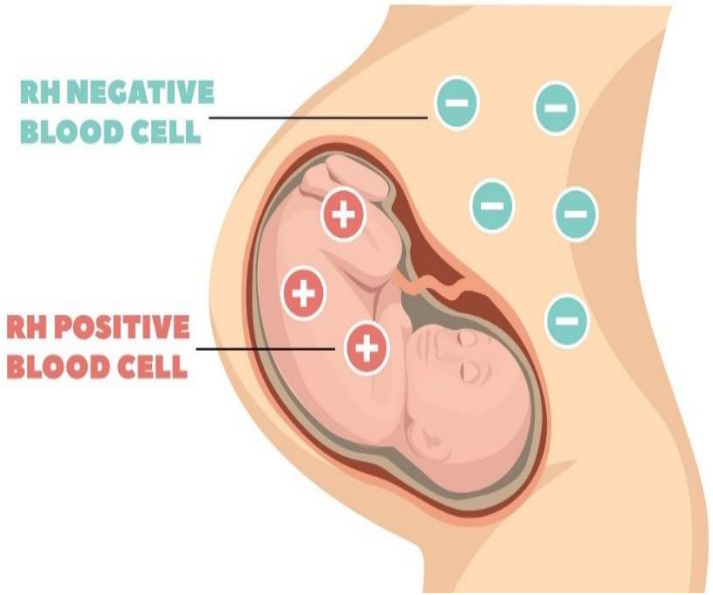

Figure 5 11: Rh-negative mother and Rh-D positive fetus

Source: pregnancy.uk/pregnancy/a/anti-d-injection (n.d.)

f) Attitude of health workers as a risk factor

Tuki's negative experiences at childbirth were linked to the nurses' attitudes. When recalling her stay at the hospital (cf. FGD2) she mentioned the nurses' general lack of empathy:

> *"... nurses can be nasty and just out of bad heart, I believe tell you things that scare you and not even the truth.* …(tears rolled uncontrollably) long pause, *" while expecting one nurse said the baby won't survive, but I was so overwhelmed that the baby was breathing and alive. The nurse gave me wrong information."* (FGD2).

5.2.2.4 Discussion of Tuki's risk factors

From the focus group discussion, it appeared as if Tuki was not able to be assertive and tell her boyfriend her concerns about not using contraceptives. This finding is consistent with what Lesmes and Villalobos (2010) report – that teenage girls tend to leave the decision to take preventative measures to the boyfriend who, in most cases, would not entertain that as an option. Similar tendencies are consistently reported in research, for example, Kanku & Mash (2011) suggested that adolescent mothers cannot compromise and be assertive. Likewise, Karakatas' & Cakar (2011) observed that teenage girls who fall pregnant typically lack decision-making skills, especially regarding their bodies (cf. 3.3.2; Kar et al., 2015).

With Tuki's mother working in Gauteng, her grandmother, as primary caregiver, seemed to be quite yielding as far as Tuki's social activities were concerned; Tuki admitted that it was not difficult to mislead her. Tuki, lacking the ability to make responsible decisions and with an obliging grandmother, clearly lacked the firm hand of her mother. Employment factors, especially in Black communities, are the main cause for children to be left in the care of relatives (Pillay & Nesengani, 2006) and Tuki's case was not unique. Nsamenang (2006) agrees that it is not uncommon for grandparents in black communities to take care of their children's children. Parents often tend to flock to urban and metropolitan areas to seek employment, and this trend seems to be common in all provinces, including the Free State. Pillay and Nesengani, (2006) found that where parents worked out of town, children's vulnerability and exposure to temptation increased, often leading them to engage in risky behaviours because there was no one to hold them accountable. This certainly had a bearing on Tuki, who was a typical case in confirming Nesengani's (2005) research.

Even though the aunt was a childminder during the week, she did not – at least from Tuki's perspective – act as a protective factor because she was not available during times when Tuki needed more support.

While there is much to say in favour of grandparents who are willing and able to take care of their grandchildren, it is to be expected that such situations have certain dynamics which

can complicate matters. Tuki believed that her grandmother failed to pass on her maternal caring skills to her because she still regarded her as a child. That Tuki was denied the privilege to fulfil her rightful role as mother and primary carer saddened her. She needed to be validated as a parent despite her age and status as a learner – something which was crucial in building her self-confidence and self-efficacy – not only in terms of motherhood but in her ability to build a successful future.

Tuki's struggle to fulfil dual roles and responsibilities as a mother and a learner was to be expected. Jamal (2014) reports that factors such as negative attitudes, depression, low self-efficacy, and low or no parenting efficacy exacerbate the teenage mother's difficulties in fulfilling her roles. The health of the baby intensified Tuki's challenges to balance schoolwork and her parental responsibilities. Concerns about the health of their babies who require extra medical care have a negative impact on the teenage mother's education and often tend to compromise her educational attainment (Skobi, 2016). In Tuki's case, this was partially counteracted by the support of her family and partner (cf. 3.5.1.7; Papalia et al., 2020).

Tuki was faced with the unexpected news that due to a rare blood transfusion state, she needed an injection that would save her and the baby after delivery (cf. 5.2.2.3). As mentioned above, the healthcare workers needed to provide information and care in an empathetic manner. In Tuki's case, it was also a "matter of life or death" (cf. Stepp, 2009). The behaviour of the nurses confirmed research findings by Gunawardena et al. (2019) that health workers' attitude is a major cause of teenage mothers' reluctance to trust them with their fears and concerns.

5.2.2.5 Tuki's protective factors

Despite the above risk factors, Tuki's protective factors – self-efficacy and family support – were promising. These are discussed in the next section.

a) Level of self-efficacy as a protective factor

Despite Tuki's lapses in judgment and lack of assertiveness as far as her relationship with her boyfriend was concerned, she showed signs of moderate self-esteem (cf. Table 5.2; Annexure F), determination to make a success of her life, taking responsibility for her actions and confidently finding solutions for the adversities she faced.

Tuki was, for example, prepared to persevere to complete school and provide for her child's needs. She initially considered terminating the pregnancy, but her mother convinced her to change her mind, and her boyfriend was equally supportive of the idea, albeit after the initial suggestion that she terminates the pregnancy:

> *"Umhh, I wanted to terminate, but… my mother encouraged me to keep the baby. My boyfriend, like my mother, encouraged me to keep the baby."* (PI2).

Tuki's determination was also evident during the focus group discussion:

> *"Well, we are too young first of all, batho ba age ya rona, most of them ba entse abortion, but rona re itse. 'I did this and ke tlo mo keepa ngwana o, ke tlo morata, ke emo hlokomele, I can handle.'"* (FGD2).

Translation:

> *People of our age, most of them terminated their pregnancies, but we said to ourselves: 'I did this and I am going to keep this child, I am going to love her, and take care of her'.*

She was equally determined to take care of her family in future:

> *"I need to get a job for me and my family."* (PI2).

This decisiveness is also featured in her drawing, as revealed in the write-up in Figure 5.7 (WIMH2). For Tuki, her ultimate responsibility was to take care of her child, and not to rely entirely on her relatives. As was captured in her drawing (cf. RD2) she resolved to change some of her habits to achieve this:

> *"Some of the habits I need to stop are going out a lot, decrease number of friends so that I have enough time for my baby and my studies… I also need to stop the thought that having a child is a mistake."* (RD2).

Her self-confidence was evident from the following statements:

> *"I am beautiful, I am strong and I believe I can do anything, I am a goal achiever (*FGD2).

This was confirmed in the DSC2):

> *"I am a true lady, a mother a daughter and a well-behaved learner."* (GSC2).

b) Support structures

Tuki was in a fortunate position to enjoy the unwavering support from her significant others. She seemed to be particularly fond of her mother:

> *"My mother, she called now and again to check me, ijo my mother. She usually comes home once a month, she always checked if I am OK. But when I was pregnant she came home after two weeks, ijo my mother, she was supportive."* (PI2).

As opposed to the previous participant, Thati, Tuki enjoyed the love and support of her partner as well. This was evident from her drawing, reiterated in her rosebush write-up:

> *"[He is} baby daddy-he supports me and my baby financially."* (RD2).

> *"I do not have challenges, my mom, my boyfriend, and Nkgono (granny) do provide for my needs."* (PI2).

The care and support of her grandmother were also evident, as was mentioned during the interview session (PI2) where she recounted her grandmother's fondness of the baby. From the data, it was evident that Tuki's support structure at home was a considerable source of strength that predisposed her to stay resilient and focused despite her adversities.

Tuki's class teacher also seemed to be a compassionate person, showing interest in her baby, and acknowledging her challenges. A caring teacher's attitude can be a protective factor that eases the challenges that might face a teenage mother as she tries to readjust to the school schedule and demands (cf, Fergus & Zimmerman, 2005; Table 2.2). The quote illustrates the teacher's care.

In her own words:

> *"My class teacher, she always asks about the baby and the challenges with my schoolwork."* (FGD2).

Masten (2007, cf. 2.4.3.1, p. 18) in her research, asserted that interaction on the meso-level has the potential to act as a protective factor. The support from a caring adult can have a profound influence on the teenage mother's self-esteem and in feeling confident that "someone cares about me". Masten (2007, 18) further elaborated that the interaction and intervention are likely to enhance moderating protective factors such as self-efficacy and problem-solving skills (cf. p. 18; 2.4.3.1)

5.2.2.6 Discussion of Tuki's protective factors

Tuki's support system was no doubt the most significant protective factor in her life. As Ungar (2013) stresses, the individual qualities of a teenage mother can either be triggered or suppressed by the environment and resources available in her inner circle. In Tuki's case, her supportive environment triggered positive individual qualities, which were crucial for fostering resilience. For me, it would bolster Tuki's intention to change her behaviour (cf.

RD2) and prioritise her responsibilities. Clarke (2015) added that the realisation that they have someone who depends on them serves as motivation to face adversity head-on. In Tuki's case, it was her wish to create an environment where her child would be financially secure and have access to opportunities as she grows up -something Tuki did not have. To be a role model to her daughter was a driving force to reach her goals.

Despite limited resources, Tuki's immediate family formed a close-knit unit. This tallies with Sa-ngiamsak's (2016) observation that *collectivism*, which is so characteristic of black communities, can be a strong driving force to pursue opportunities. The support from her family, grandmother, mother, and partner provided a form of protection that acted as a buffer against Tuki's risk factors. Even though her mother was absent during most of her day-to-day life they shared a close bond. Her equally loving relationship with her grandmother seemed to compensate for her mother's absence (cf. 2.2.4.5).

After the initial shock, Tuki's boyfriend accepted his responsibility as a parent – which was a significant protective factor in her future. She did not have to face the future as a single mother, at least, according to the present status of their relationship. As Kiselica and Kiselica (2017) observed, many teenage mothers are deserted by the father of their child due to various reasons, such as shock, immaturity, and lack of commitment to be responsible, which can be a huge stumbling block for a teenage mother's stability and prospects. However, Kiselica and Kiselica (2017), believe that teenage fathers need to be assisted with the transition to fatherhood and can be supportive partners and responsible parents, particularly if male-friendly educational, social, and mental-health resources are available.

Tuki's supportive social relationships enhanced her self-esteem, which was found to be stable. The ripple effect of a well-established self-concept is, amongst others, the ability to cope well with the stresses of teenage motherhood (Kalil, Ziol-Guest & Levine-Coley, 2005).

Considering the preceding discussion, I am positive that within a sustainable and secure environment Tuki could make a success in her life.

In the next section Mpati, the third participant is introduced.

5.2.3 MPATI'S PROFILE

Mpati seemed not to be as honest and open as Tuki, and it was at times quite challenging to establish rapport and 'draw' her into the discussions. Information was often scant, despite me probing for more detail. Unfortunately, this influenced the richness of the data.

Figure 5.12 offers a graphical representation of how Mpati's story will unfold:

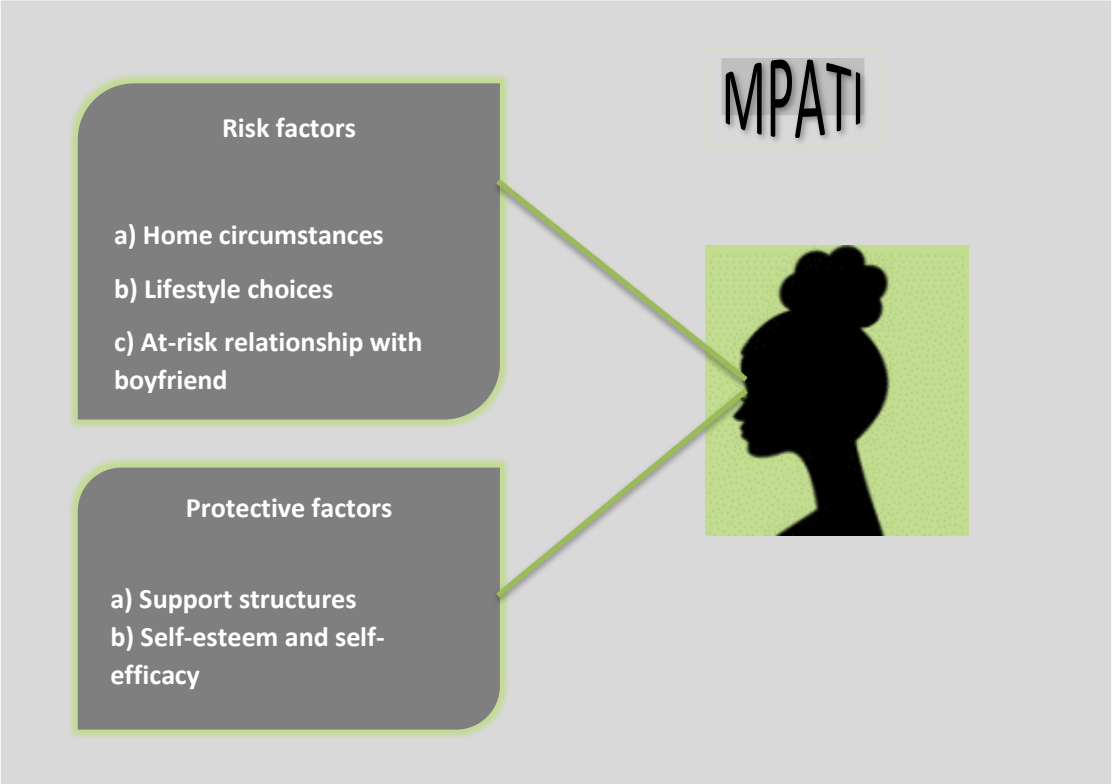

Figure 5 12: An overview of Mpati's s eco-systemic framework

5.2.3.1 Background information

Mpati was a vivacious young girl with a busy social life. She was born on the 14th of December 2000 in Meloding, near Virginia, the eldest of two children. At the time of data collection, Mpati was 17 years old and in Grade 12. She fell pregnant at age 16 while she was still in Grade 11. She stayed with her unemployed, single mother, her younger brother,

and her 20-months old daughter. The family is mainly dependent on the mother's social grant; they struggled to make ends meet. Mpati's father deserted her mother when Mpati and her brother were still young. This appeared to serve as the impetus for her future dream to become a teacher – an aspiration that featured strongly in my interactions with her. Mpati was still in a relationship with her baby's father and from all accounts, he seemed to be a loving and caring partner and father.

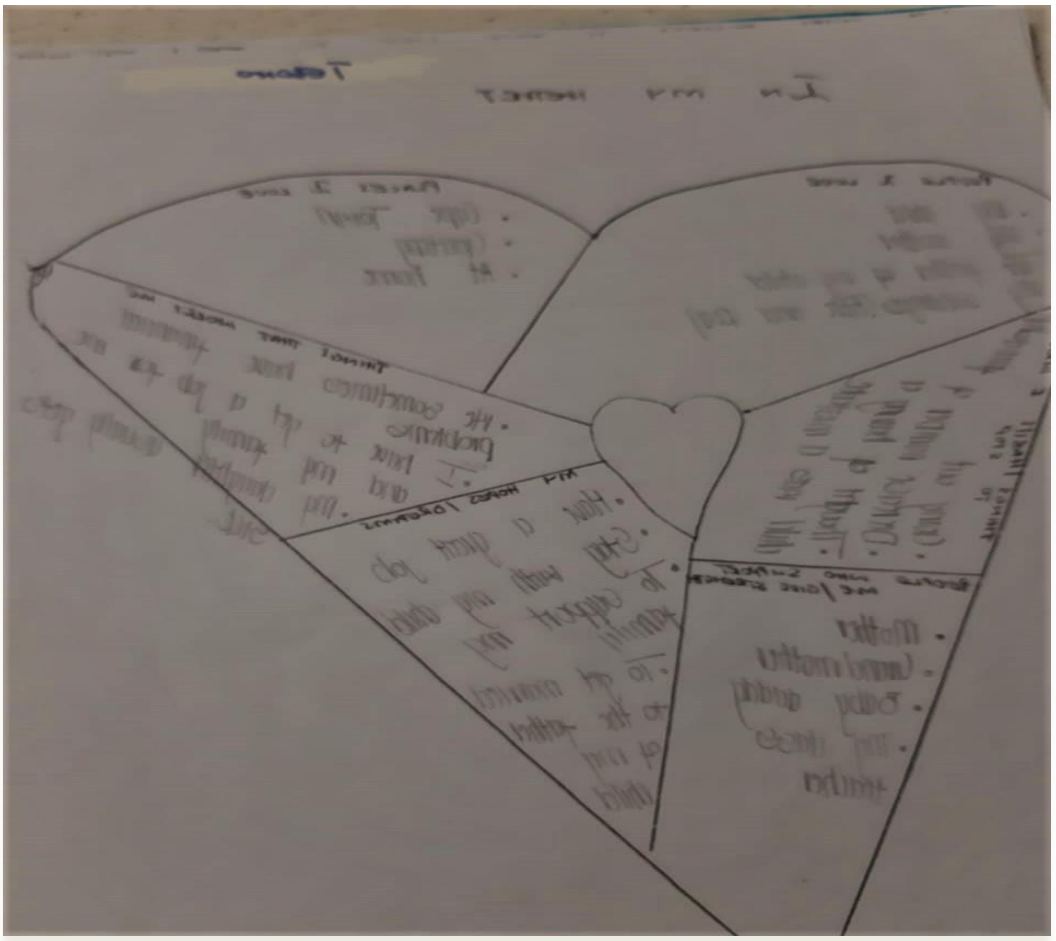

Figure 5 13: Mpati: What is in my heart (WIMH3)

On becoming pregnant

From the data, a picture emerged of an immature, negligent teenager who, at the time of conception, frequently socialised, going out ('clubbing') with an extensive circle of friends. It is not clear why Mpati's mother presumably failed to keep the reigns tight on Mpati. However, it did seem as if she was concerned about Mpati's behaviour since she advised her to use contraceptives – advice which Mpati chose to ignore. Her first sexual encounter

was with her boyfriend after which they started to become sexually active. This was certainly a case of two irresponsible teenagers who engaged in risky sexual behaviour without considering the far-reaching consequences of their actions.

Reactions of significant others

Upon learning about Mpati's pregnancy, her mother was angry and disappointed and resorted to silence for almost a month. At first, her boyfriend was shocked, proposing abortion. He was afraid of his parents' reaction and admitted that he was not ready to be a father. However, Mpati dismissed the idea:

> *"...My boyfriend advised me to terminate the pregnancy, but I refused. …he said he is afraid of his parents and also he is not ready to be a father..... I refused"* (PI3).

Mpati's mother was also not in favour of ending the pregnancy, and eventually, the boyfriend resolved that abortion was not the right course of action. Mpati was already six months into her pregnancy when she discovered that she was pregnant.

Based on the data that emerged from Mpati's interview (PI3), her rosebush write-up (RW3), her rosebush drawing (RD3), and "What's in my heart" (WIMH) exercise, the risk and protective factors which might either inhibit or strengthen Mpati's ability to be resilient are discussed in the next sections.

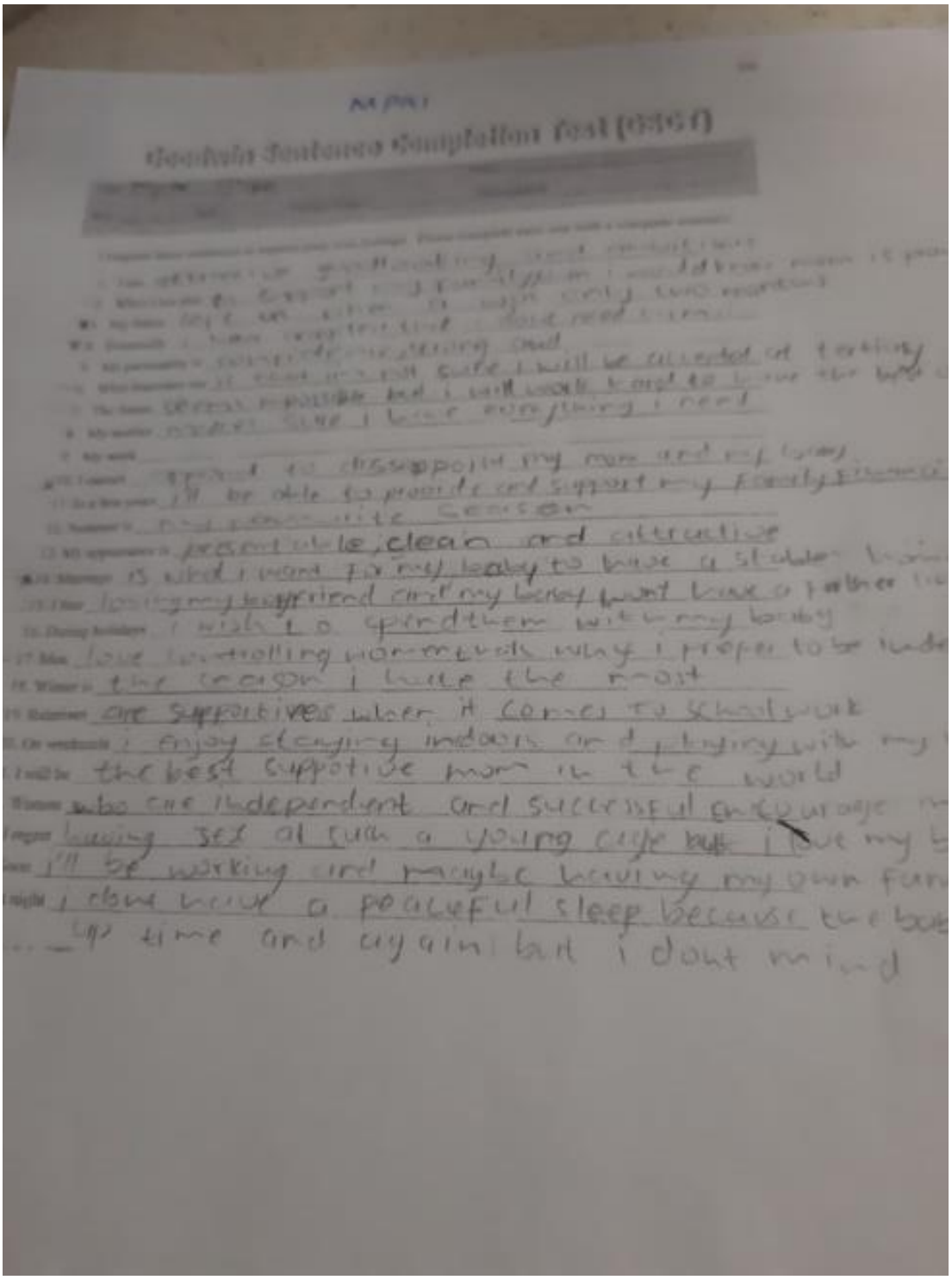

Figure 5 14 Goodwin Sentence Completion Test (GSCT3).

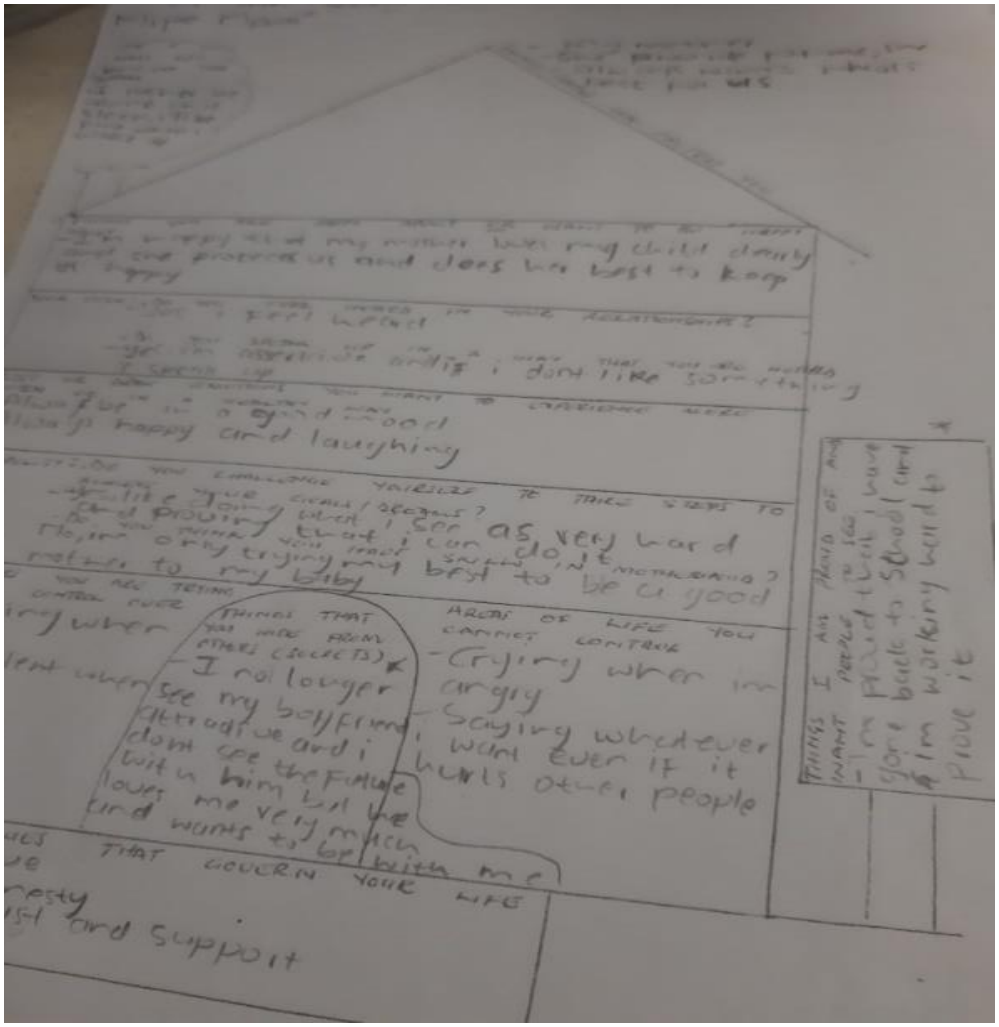

Figure 5 15. Beliefs on which Mpati built my life (BBL3)

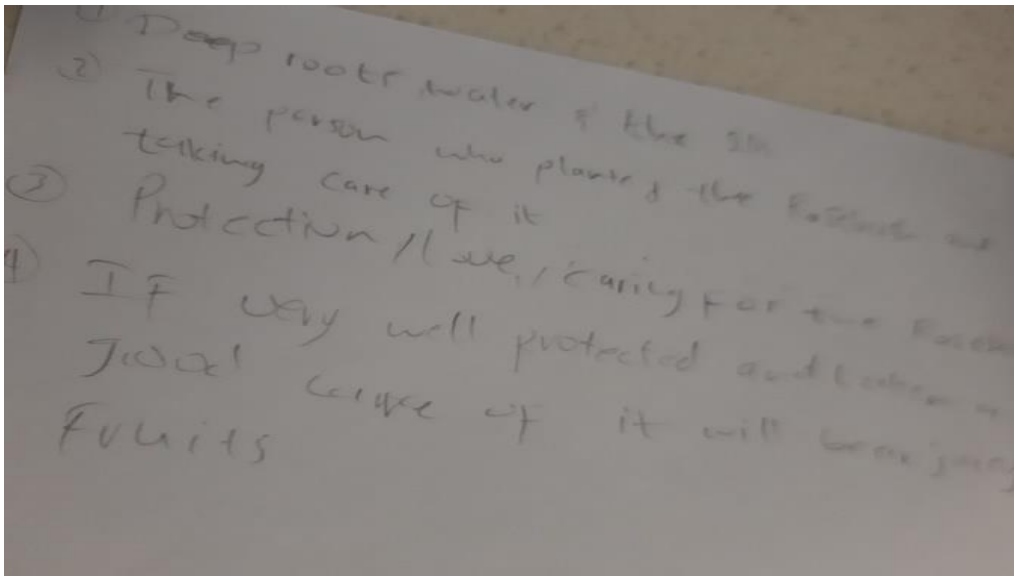

Figure 5 16 Write-up of rosebush (RW3)

5.2.3.2 Mpati's risk factors that inhibited her resilience

The main risk factors confronting Mpati were her home circumstances, her lifestyle choices, and the nature of her commitment to the father of her baby.

a) Home circumstances

Mpati's home circumstances were one of the major risk factors that might keep her from realising her goals. It was only when she fell pregnant that Mpati realised how strenuous the financial burden to feed an extra mouth would become for her mother. Her boyfriend's contribution was not sufficient to cover the baby's expenses:

> *"...he is not yet working, however, we are still together and he provides for the child"* (PI3).

Realising that the same fate might befall her and her child in the future, Mpati wanted to prevent history repeating itself at all cost: her child growing up in a single-mother household, struggling financially, and being denied the opportunity to thrive in an enabling environment. She wondered:

> *"Will I be able to give my child the best I never had?"* (D3).

She showed remorse over disappointing her mother, whom she was afraid to tell at first. The mother however suspected it and confronted Mpati. The fact that her mother was angry to the point that she did not speak to Mpati for almost a month, visibly upset her.

> *"I did not tell her (my mother) …she suspected and discovered on her own…she was very angry and did not speak to me for almost one month*…(she laughed shyly) (I3).

In her drawing (Figure 5.15) she again lamented the fact that she had disappointed her mother because she wrote that she had disappointed her mother *'and increased the responsibilities for my mother"* (D3).

In the face group discussion, she repeated this regret:

> *"ke ne ke le (I was) disappointed because my mother encouraged me to use contraceptives and I ignored her, I got angry when my mother said – I told you. But it has happened, and I had to accept it"* (FGD3).

b) Lifestyle choices

The fact that Mpati engaged in unprotected sex suggests risky sexual behaviour. At her admission, despite multiple sexual encounters, she never considered the possibility of falling pregnant. In her interview, Mpati spoke about her indifference:

> *"I had no reason to worry because he is a person I am in love with him and I did not mind.* She later added*. I know my cycle, but it is confusing. In 2016, I did not see my menses for 6 months. I decided to go for contraceptives… I was pregnant already, didn't know. I was late. This year January I went to the clinic for prevention, I was late"* (PI3).

In response to the question on whether Life Orientation at school provided information and knowledge on reproductive health, she noted:

> *"Yes, LO taught me a bit. I know my cycle, but it is confusing. The programmes are not enough, it was only in Grade 11, when some people came to talk to us"* (PI3).

Mpati admitted that she liked going out with her friends, 'clubbing'. Although she expressed the intention to tone down her lifestyle, I believed this to remain a serious risk factor because Mpati was clearly a fun-loving person. She seemed to experience conflicting emotions: on the one hand, she missed her friends and wanted to spend more time with them; on the other hand, she knew she had to scale down on her social life to spend more

time studying. I suspect that her gnawing fear that she might not qualify for entrance to the university was possibly justified – likely, she knew very well that she needed to change her ways.

Mpati's lifestyle choices might be one of the reasons why her mother presumably regarded her as too young and immature to care for her child.

> *"…my mother says I am too young to care for the child, as a result, I do not learn any skills from her, she does not listen, even when I try to speak up"* (RD3).

She attributed her lack of parental skills to the fact that she did not spend enough time with the baby – she appeared to suggest that she was prevented from doing so, and, like the other young mothers in the study, she felt 'not heard' by her mother.

c) At-risk relationship with her boyfriend

In her rosebush write-up (Figure 5.16), Mpati shared confidential information – secrets, regrets, and the status of her romantic relationship. In her WIMH drawing (cf. Figure 5.13) she revealed that her boyfriend was supportive and '*brings (out) the best'* in her. However, she harboured a secret – she did not find her boyfriend attractive any longer, nor did she think it likely to have a future with him – a fact directly in contrast to what she revealed during the two interviews.

> *"I also need to be honest with myself, I no longer see my boyfriend as attractive and I do not see future with him"* (RD3).

She thus appeared in conflict with her waning feelings for her boyfriend, as opposed to her fear that her child might grow up without a father – she also indicated that she wanted to get married for her daughter's sake:

> *"I fear losing my boyfriend and my baby won't have a father… like me"* (WIMH3)

Mpati's dilemma was clear – she seemed trapped. On the one hand, she was still a teenager, not mature enough to make 'adult' decisions such as choosing a life partner. However, being a mother at such a young age thrust her into the adult world. This duality was certainly a risk factor that would have to be navigated with caution.

d) Balancing parenting and schoolwork as a risk factor

On balancing schoolwork and parenting, Mpati concurred with the other participants that she experienced several challenges. Increased responsibilities, that is, studies, child-care, and the challenging developmental stage of adolescence, are likely to contribute to stress due to possible difficulties in coping (cf. Corcoran, 2016, 3.3.2.1). Just like Tuki (cf. 5.2.2.4), whose educational attainment was compromised because of a sick baby and poor school attendance, Mpati faced her own challenges, although different, as captured in the following quotation:

> *"Last year I missed the last term, I had to wake up at 3 am to study in term 4. The baby is disturbing because he does not sleep for long"* (PI3).

It becomes evident, then, that in one way or another, the teenage mother would be faced with challenges of competing priorities. Mpati had a supportive mother, the baby was not sickly as in Tuki's case, however, the fact that her baby was demanding might wear her down to the point that she might risk not completing her studies.

5.2.3.3 Discussion of Mpati's risk factors

The young mother's unemployment and single status alluded to earlier is a serious risk factor that predisposes the family to poverty. In Mpati's case, the main source of income was the child support grant, supplemented (insufficiently) by the baby's father, who was still a student. This might have ramifications for their child's care and development in the long run, as the provision of basic needs might be costly. Low income is cited as one of the risk factors in teenagers who live in disadvantaged communities. Lack of educational and developmental activities that can be both constructive and entertaining are usually scarce

or non-existent, predisposing teenagers like Mpati to find alternative sources of entertainment such as clubbing with friends, which in itself leads to other detrimental behaviours such as substance abuse and alcohol (cf. Sue et al., 2010, 3.3.1.1). I tend to agree with Lethale (2008, cf. 3.3.1.1) that peer pressure is a major impacting factor – as they try to please friends and appear "cool", such as in Mpati's case. Also, one of Mpati's hankerings was her "desire to belong" (cf. 3.3.4), and in her quest to seek approval she made irreversible mistakes. The cognitive functioning of the teenager at this stage generally reveals a lack of maturity and an inability to make wise decisions (cf. 3.3.1, Haydon et al., 2012). Mpati was driven by her emotions more than reason. Substance abuse might also be used as a coping mechanism for challenges teenagers might face (Sue et al., 2010).

Mpati's immediate circumstances were more favourable. However, her conflicting feelings for her boyfriend and her preference for a lifestyle of clubbing with friends spelt danger at the relationship front (cf. BBL3). The future of the pair seemed uncertain due to Mpati's conflicted attitude towards their future together and, in light of research findings that men who were young fathers are twice as likely to be unemployed at age 30 (Child Poverty Strategy: 2014-17, 2014), this was a real concern. The ripple effect of not being able to provide for the basic needs of their child was reportedly evident in the child's later life. Morinis, Carson and Quigley (2013), for example, found that at age five, children of teenage mothers were behind in spatial, verbal, and non-verbal abilities. It is evident that the children of teenage mothers, such as Mpati, are likely to face multiple challenges.

Kiselica and Kiselica (2017) argued that the future might not be all gloom for a teenage mother if the father could be guided into fatherhood and be empowered to efficiently meet his responsibilities.

5.2.3.4 Mpati's protective factors (assets and strengths)

The most important strength factor in Mpati's life was the love, care, and support of her family. This acted as an emotional safety net that could assist her in taking the necessary

steps or measures to work towards her goals. This could be further enhanced by the provision of psychosocial support by the school.

a) *Support structure*

Mpati was accepting of the fact that her father abandoned them (family), and she claimed she did not need him in her life – a fact that I believe was said out of anger for his desertion of them. She appreciated her mother and the fact that she single-handedly raised her and her brother. Her loved ones included her baby, mother, sibling, and the father of her child, who was supportive. She affectionately remarked:

> *"My boyfriend supports, loves, and always encourages me to do what's best for me and our child, he brings the best in me"* (RW3; Figure 5.16).

Irrespective of her conflicting feelings for him, she regarded him as 'her biggest support'. In her own words:

> *"My biggest support. We spend time together, talking, talking."* (PI3).

Later she added:

> "*As for provision of needs, my boyfriend do provide for needs."* (PI3).

The rosebush exercise allowed Mpati to verbalise her feelings and views on paper without reserve. Metaphorically, the pregnancy left her "dry and wilted"; but having the opportunity to return to school (made possible by her support system) was like the rosebush returning to life (school). Just as the rose needed care and nourishment to bloom, she needed the love and care (of her family) in her own life to reach her potential.

Prompting her to explain who the 'owner' of the rosebush was, she answered:

> "*Pele ke mme waka honna, then ke nna ho ngwanaka"* (First is my mother to me, then me to my daughter).

This convinced me that, despite her mother's struggles as single and unemployed, she was a true model for Mpati – someone to emulate, hence, the Self-esteem inventory indicated that her self-esteem was high.

b) Level of Self-efficacy as a protective factor

According to Bandura (1982), self-efficacy has three pillars namely, determination, responsibility, and confidence. These are discussed concerning Mpati's scenario.

c) Determination

Amid negative perceptions about early pregnancy and resultant motherhood, Mpati, just like the other participants in this study, developed a loving bond with her baby boy, even though he was unplanned.

> ***"****I love my child. It pushes me to finish school quickly and spoil him"* (PI3).

She seemed determined to 'man up' and change her careless lifestyle – this was beyond doubt a positive sign which, if followed through, could work to her advantage. She indicated:

> *"I need to stop going out late, going out with friends who always turn to negative things like substance abuse, especially alcohol"* (PI3).

Mpati intended to turn a new leaf and spend more time on her studies. This suggests determination. Her concern about her matric results and the fear of not being able to

follow her dream to become a teacher could act as a protective factor, propelling her towards rearranging her priorities. She needed to be resilient to reach her long-term goal – to give her child a better life – the life she never had (Figure 5.13; WIMH3). With the necessary guidance from authority figures, I believe this was within her reach.

d) Responsibility

Mpati seemed determined to reach her goals, which was an encouraging sign. Clarke (2015) suggests that the determination of teenage mothers to give their children a better life than what they had and to be their role models, is a guiding force to behave responsibly. In her rosebush write-up, Mpati indicated her determination to help provide for the family and wrote:

> "*… I have to get a job for me and my family"* (RW3).

She realised that she had to alter her behaviour if she wanted her life to take a positive trajectory. She acknowledged her mistakes and identified the core of the problem:

> *"I have too many friends…(short pause) because we engage in activities like going clubbing. Now I have a child, a responsibility"* (FGD3).

Flowing directly from the determination to keep her baby, Mpati further revealed her decision to be truthful to herself in the rosebush write-up (Figure 5.16). The drawings enabled Mpati to express her feelings and emotions without reserve, in a 'safe space'. She needed to deal with her weaknesses and remove the proverbial skeletons in her closet.

e) Perceived confidence

Mpati explained what constituted her strengths/confidence:

> *"ke motho ya strong (I am a strong person), things that hurt me, I do not take things personally, I am able to handle challenges easily, I always have solutions for my challenges and seldom regrets (it)"* (FGD3).

Her deep conviction that she could do it, that she had what it took to be a successful mother, was indicative of her self-sufficiency and conviction that, with the necessary guidance, she could improve her parenting skills. It was not surprising that Mpati's self-esteem test rendered a high score (cf. Table 5.2).

5.2.3.5 Discussion of protective factors

Mpati's support from her mother was a protective factor that enhanced her already high self-esteem (cf. Papalia et al., 2020) because it afforded her more time to concentrate on her studies without being continuously concerned about her child. Her mother's attitude of forgiveness and acceptance was evident in the mother/daughter relationship, and, I believe, a positive influence that strengthened Mpati's self-confidence. Even though her boyfriend was not employed and thus incapable of providing financial security (PI3), his continuous encouragement and support seemed to be a neutralising factor in the stress and pressure that Mpati faced ("bringing the best out of Mpati" – (cf. 5.2.3.1, BBL3).

Regarding her self-efficacy, Mpati seemed set on achieving her goals. She had decided to take active steps to manage her life and take up her responsibilities as a mother and a learner. Importantly, however, if someone resolves to change their ways it will not necessarily come to fruition. Mpati lived in a high-risk community with its unique influences which might prevent her from changing her lifestyle and fulfilling her aspirations. Her parents' encouragement and support, amongst others, would be crucial in ensuring that her intentions became reality (cf. 3.3.6; Berg et al., 2017). In addition, Mpati's strong personality might, in accordance with the Protective factor model (cf. 2.2.4.1.2, Zimmerman et al., 2013), neutralise the negative impact of living in such a community and enable her to venture into the unknown. Another factor that would strengthen Mpati's resolve, in particular, was support from the school to monitor Mpati's behaviour and to hold her accountable for her actions and decisions. The Life Orientation subject would be the ideal vehicle for this. Effective content aims to empower the learner to be focused, develop decision-making skills, enhance self-esteem, and become more assertive. If all these protective factors could be harnessed effectively, the result would be enhanced self-esteem and self-confidence (cf. Table 2.2; Borucka & Ostaszewski, 2008).

The story of the final participant in Phase 1, Mampi, is presented in the following section.

5.2.4 MAMPI'S PROFILE

Figure 5.17 offers a graphical representation of how Mampi's story will unfold. As indicated, Mampi's risk factors included absence from school; balancing parenting and school responsibilities; and parenting skills. The protective factors observed were a stable and supportive family environment; supportive relationships as well as high levels of self-esteem and self-efficacy.

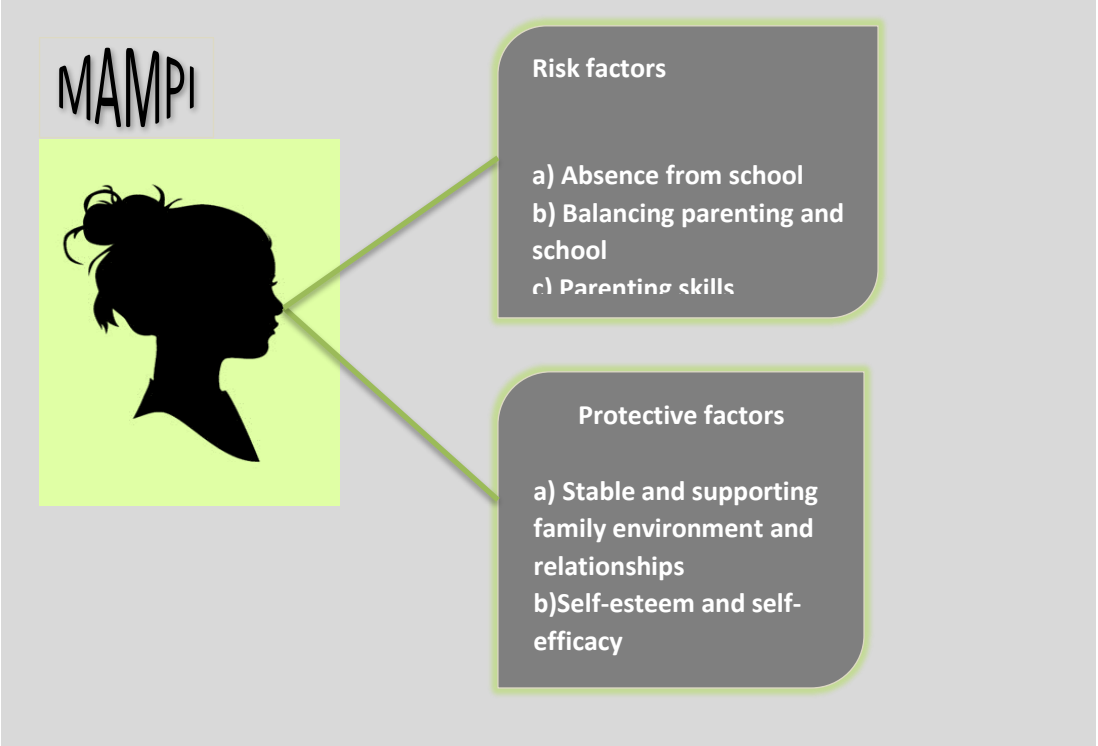

Figure 5 17: An overview of Mampi's eco-systemic framework

5.2.4.1 Background information

Mampi was the oldest of the four participants, born on the 11th of July 1997 in Meloding, near Virginia. She was 20 years at the time of data collection, fresh from giving birth, with a one-month-old baby. Mampi was the youngest of three children and she stayed with her father and mother, her two siblings, and her baby. The parents were self-employed with a small business in Meloding. In comparison to the other three participants, who came from poor households, Mampi came from a lower to middle-class family – not typically disadvantaged, neither affluent. The father of Mampi's child was a student at the TVET

College in Welkom and he contributed financially to care for the baby. It emerged that Mampi's family was not on good terms with the family of the baby's father – something that saddened her.

On becoming pregnant

Similar to the other participant teenage mothers, Mampi's pregnancy was not planned, once more indicating reckless behaviour, as well as the belief that she was immune to diseases that are potentially brought about by unprotected sex. When asked about the circumstances that led to her pregnancy, Mampi laughed shyly:

> *"We were at his parent's home, alone, it just happened"* (PI4).

She gave birth through a C-Section because the baby was big and weighed 3.7 kg. According to Mampi, she lost a lot of blood during childbirth, leaving her very weak and in need of a blood transfusion. The delivery was full of challenges because she was also informed that the baby had defecated in the womb, which required urgent attention. Fortunately, after successful treatment, the baby was declared healthy.

> *"There were complications, the child defecated in the womb and the baby was big. I had to be rushed to hospital for a caesarean section delivery. I lost a lot of blood and had to get blood transfusion, but nurses were kind to me"* (FGD4).

Reaction of significant others

During the one-on-one interviews Mampi revealed that they found the boyfriend's home all to themselves and without premeditating, they had sexual intercourse. Significantly, as opposed to the other three participants, Mampi's background circumstances were a-typical: she came from a stable family with both parents, enjoying a relatively better life compared to the other three participants. Foremost in her mind was the overwhelming realisation that she had disappointed the people who were most dear to her – her parents:

"I regret having a baby before finishing school" (BBL4).

Her mother was devastated by the news of the pregnancy, while her father was furious:

"My mother suspected and went to clinic with me, that is where my mother was told that seriously I am pregnant, I was already 5 months pregnant…. Papa was very angry. My mother was shocked and she kept crying" (PI4).

On the other hand, her boyfriend handled the news of the pregnancy maturely. According to Mampi, he accepted the news and they both agreed to take responsibility, unlike many who out of shock (Tuki's boyfriend) or lack of commitment (Thati's boyfriend) would advise that they terminate the pregnancy.

"...we never thought of abortion, we both decided to keep the baby" (PI4).

In Mampi's WIMH (Figure 5.18) she singled out her son, family, her best friend, [6]Refilwe, and her father's child as the people closest to her heart. She was worried about the hostility between the two families (her boyfriend's family) and she expressed the wish that relations could turn cordial. Her studies were another area of concern – she had lost four months' schooling at the time of data gathering and was lagging with her academic work.

[6] Pseudonym

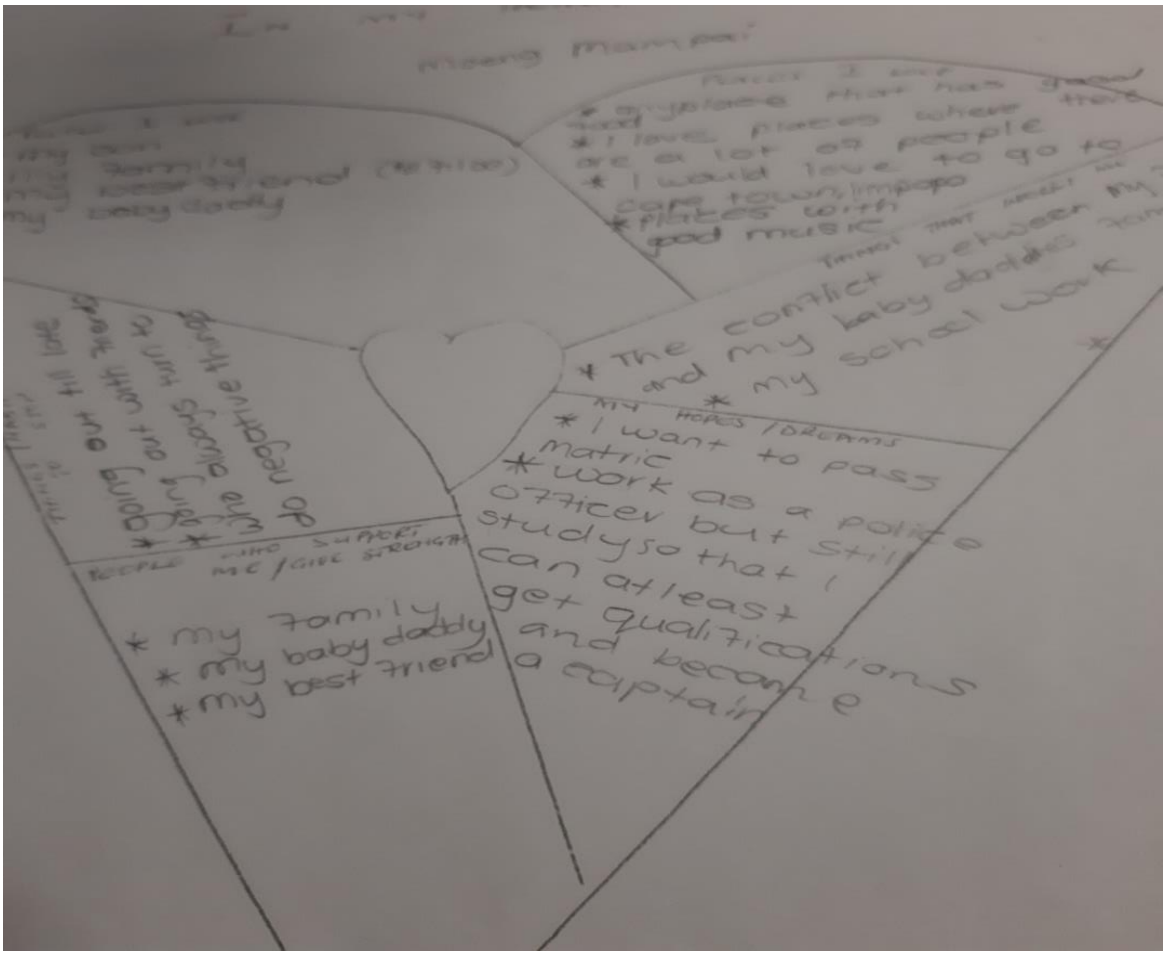

Figure 5 18 Mampi's "What is in my heart" (WIMH4)

Figure 5.18 provides information on the beliefs on which Mampi built her life, which included her regret for having a baby before she completed school. Unlike the other participants, Mampi did not harbour any significant secrets that might shed more light on her inner life world. Just like the other girls, Mampi also revealed that she lacked the required skills to be a self-confident mother. Her child still being an infant, she would appreciate 'training' in the basic aspects of caring such as bathing and feeding the baby. Mampi was fortunate to be fully acknowledged by her parents as the primary caregiver of her child and contrary to the other participants, the involvement of her mother was more in terms of a supportive role rather than prescriptive. Her boyfriend was also actively involved in caring for the baby.

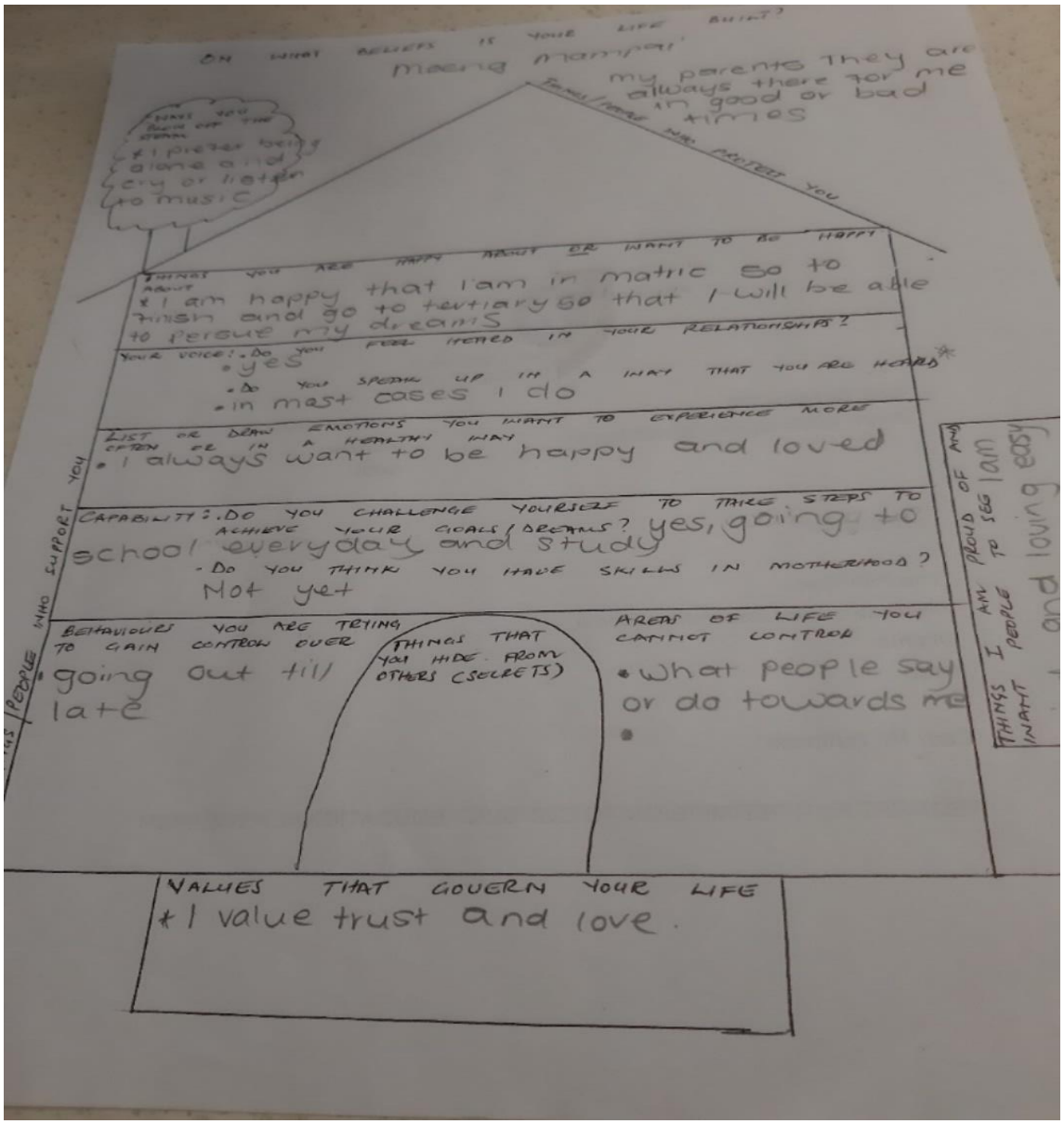

Figure 5 19: Beliefs on which Mampi built her life (BBL4)

Based on the information provided in the Goodwin Sentence Completion Test (GSCT) Mampi was the only participant who stayed with both her parents and siblings. Notably, Mampi had respect and reverence for her father, whom she referred to as “my strength” (GSCT4; Figure 5.20). She was cautiously positive about eventually passing matric and anticipated a bright future. Her wish was to get married to her boyfriend, and she was secure in their relationship. Her only fears were that she might not achieve her career goals (she wanted to become a police officer) or be able to take care of her baby. However, with such a strong support system in place, the latter fear seemed unfounded.

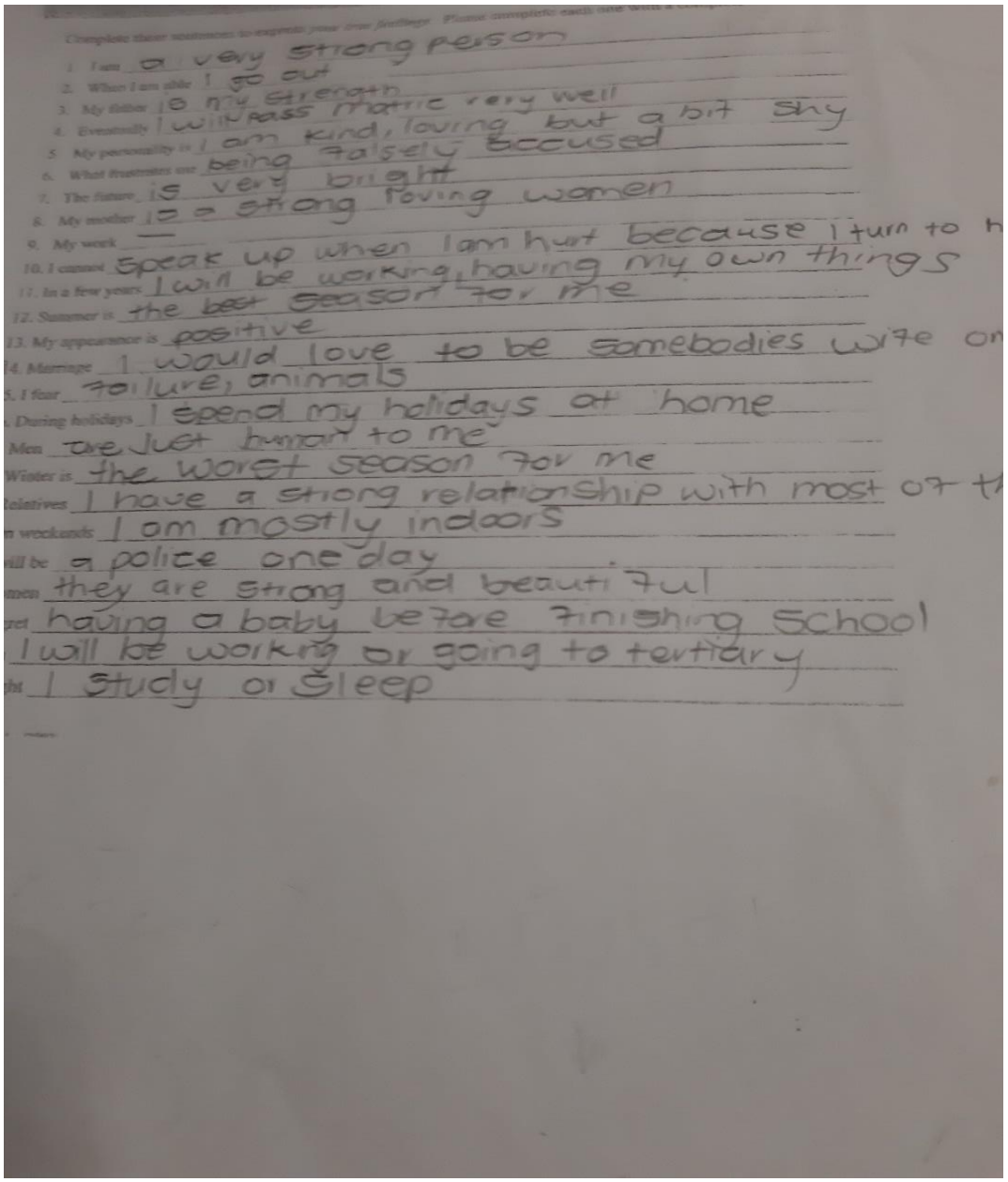

Figure 5 20: Goodwin Sentence Completion Test (GSCT4)

The rosebush-drawing aimed to be a collective meaning-making exercise. The relaxation exercise that preceded Mampi's rosebush exercise (Figure 5.21) enabled her to share her thoughts boldly. To this end, she responded well to my questions (cf. Duncan, 2013), explaining that the deep roots of the rosebush signified the healthy and solid relations within their family, and the sun in the corner of the drawing represented the promising future she envisaged for herself. She loved summer, but winter was not her favourite season because (metaphorically):

> *"...that is when a lot of tornados hit, in the weather and in our lives (pregnancy)"* (GSCT4).

The seeds beneath the ground surface might be likened to seeds that are yet to grow and flourish when watered and cared for. The strong and deep roots might indicate the stable and firm family that helped Mampi to be anchored.

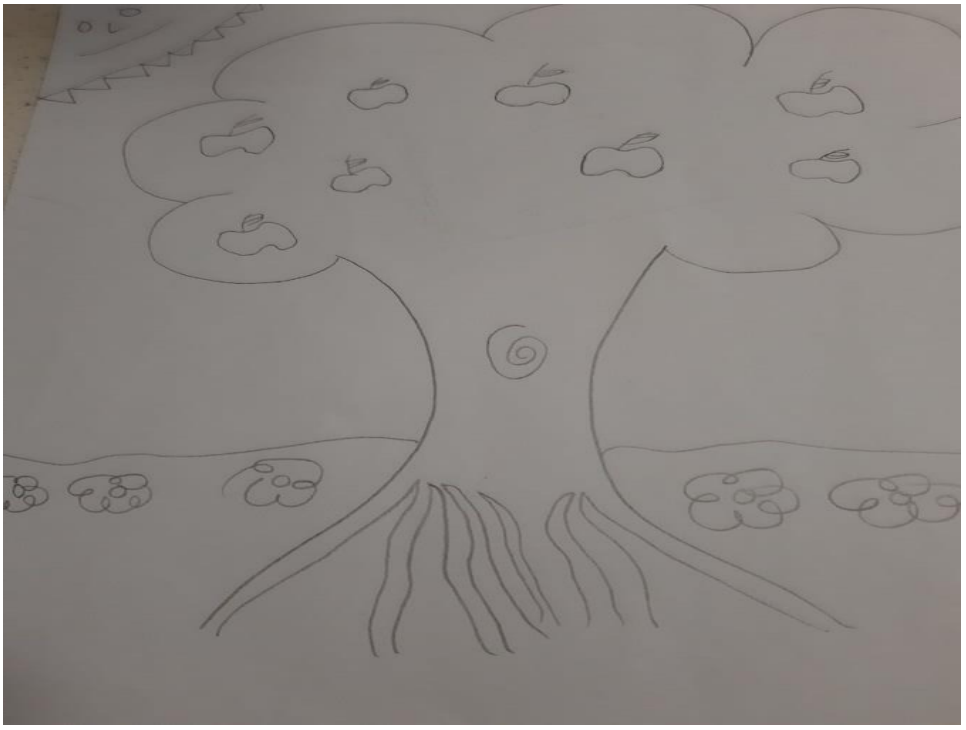

Figure 5 21: Mampi's rosebush (R4)

Mampi also shared her views on the cultural beliefs of the society. She was not exposed to any rituals, as are customary in the traditional African culture. She elaborated:

> ***"****Nothing. But I had to stay home when I was 6 months because it was difficult for me to walk long distances. I went back to school after two days because it was exams starting, I breastfeed when I come back to school. My mother instructed me to stay for a while when coming from school, I do not touch the baby immediately. They say I have to "cool my feet", otherwise the baby will get sick (she shrugged her shoulders and said) maybe it is culture!"* (PI4).

5.2.4.2 Possible risk factors preventing Mampi from reaching her goals

Of all the teenage mothers who participated in this research, Mampi was in the most favourable 'space' to reposition herself, finish her Grade 12 and pursue her future goals.

Her risk factors were minimal. Some aspects discussed under this heading may not be regarded as risk factors in the sense of preventing her from reaching her goals, but nevertheless provide insight into certain issues she wrestled with.

a) Absence from school

Mampi's most important risk factor was the four-month-long interruption of her schooling and the danger that it might prevent her from completing her school career:

> *"My marks at school are bad because I missed school for four months. So I do not have time for other things but to cover school work*…"(PI4).

She lamented the lack of support from her friends at the time when she needed their support most, but they (friends) did not assist the way she expected them to:

> *"My friends were not as supportive as I wished, they did not visit me nor bring me schoolwork when I could not go to school"* (PI4).

b) Balancing parenting and schoolwork as a risk factor

Mampi was quite vocal about her challenges as both mother and learner, a challenge that has been noted in the other three participants. For instance, Mpati complained about not having enough sleep due to the need to study and that the baby was a light sleeper (cf. PI3). Mampi added her frustration about fatigue that she experienced, she said:

> ***"****Shuu, tiredness, tiredness, there is no time for me or visiting friends"* (RD4).

c) Parenting skills

Similar to the other participants, Mampi's lack of maternal skills was a concern and a risk factor. She seemed to appreciate that her parents were so involved in caring for the baby, however, she yearned to be more actively involved with the baby's basic care, like bathing and feeding – thus maternal efficacy. Her wish is captured in the quotation:

> *"I wish I could be trained to take care of my baby, from bathing and feeding, but I am scared to ask because my parents do all for me and my baby"* (D4).

d) *Negative comments by teachers and peers and social stigma*

Her feelings of disappointment and shame for falling pregnant were aggravated by insensitive remarks from both learners and teachers. She admitted:

> *"Some teachers and peers can support by stopping their funny remarks. But I know I cannot control what they say, so I ignore much"* (PI4).

5.2.4.3 Discussion of risk factors

Mampi's extended absence from school posed a serious risk for re-integrating successfully in the school and community, however, as will be explained further on (cf. 5.2.4), her family dynamics might counteract the challenges she faced.

The strained relations between Mampi's and her boyfriend's parents troubled her. This situation posed a risk in terms of not only her relationship with her boyfriend but also the welfare of the baby. Positive relationships between both families are crucial for the development of solid and secure relationships between the child and both the paternal and maternal grandparents. Dunifon (2013), for example, found that having a high degree of grandparent participation increased children's well-being by reducing emotional and behavioural problems. Likewise, Buchanan's research (2014) revealed that grandmothers are more caring, while grandfathers tend to be more mentoring – two indispensable attributes to be infused in a child's life. Dunifon (2013) further believes that such a supportive partnership acts as a buffer against parent-child conflict, while also improving the child's competence and self-efficacy. Lee, Ryan, Ofstedal, and Smith (2020) further postulate that children living within multigenerational families tend to show higher levels of cognitive functioning.

That being said, one of the major challenges Mampi faced was to make a conscious decision to discard some of her old habits – a commitment she made for herself (cf. WNMH4). The

resolve to change one's habits requires the ability to take mature decisions. Although Mampi had the necessary self-insight to realise that she could not make wise decisions, she would still need emotional support in standing firm against temptations. This would include keeping company with wise and trusted friends who would assist her with, for example, schoolwork. Another challenge was facing the stigma and gossiping at school by some teachers and peers – a hurdle she might overcome by focussing on her ambitions and working hard (cf. PI).

5.2.4.4 Protective factors (assets and strengths)

The three major protective factors in Mampi's life were a strong support system, a stable family environment, especially her mother, and her high levels of self-esteem/efficacy.

a) Stable and supporting family environment and relationships

Mampi was part of a stable family who, after the initial disappointment of her pregnancy, fully embraced her and her baby. I realised first-hand how strong her family support system was when I collected her from her home to go to the interview venue at school. I immediately sensed that Mampi would not run out of options when needing someone to babysit her daughter. The baby was barely one month old, and with her parents at work, Mampi's sister was very keen and happy to fulfil this task – cuddling the baby while Mampi was getting ready to go. No doubt this would counterweigh most of the challenges she was facing at school.

> *"I have all the support I need, my family and my boyfriend's family provide for the child* (I4).

> *"Even though my family was angry before.... my family and boyfriend's family provide for the child ..... my mother takes care of my baby"* (FGD4).

b) Self-esteem and self-efficacy

The self-esteem inventory (cf. Annexure F) revealed that Mampi was strong in matters relating to the self and her self-identity. Significantly, many risk factors in a person's life can be neutralised by a healthy sense of self.

c) Determination

Despite the cited difficulties and mixed feelings about being a mother, Mampi was, just like the other three participants, resolute and determined to succeed as a mother. Her goal was to join the police force and she revealed her ambition to be promoted to the rank of captain in the police force (cf. WINH4). This seemed like a strong impetus to finish school well and provide for a secure future for both herself and her child. The following quotes bear evidence of her self-worth:

> *"I will be able to stand on my own in future…"* (SC4).
>
> *"I am patient and can handle (...) well, and also easy to talk to" (FGD4).*

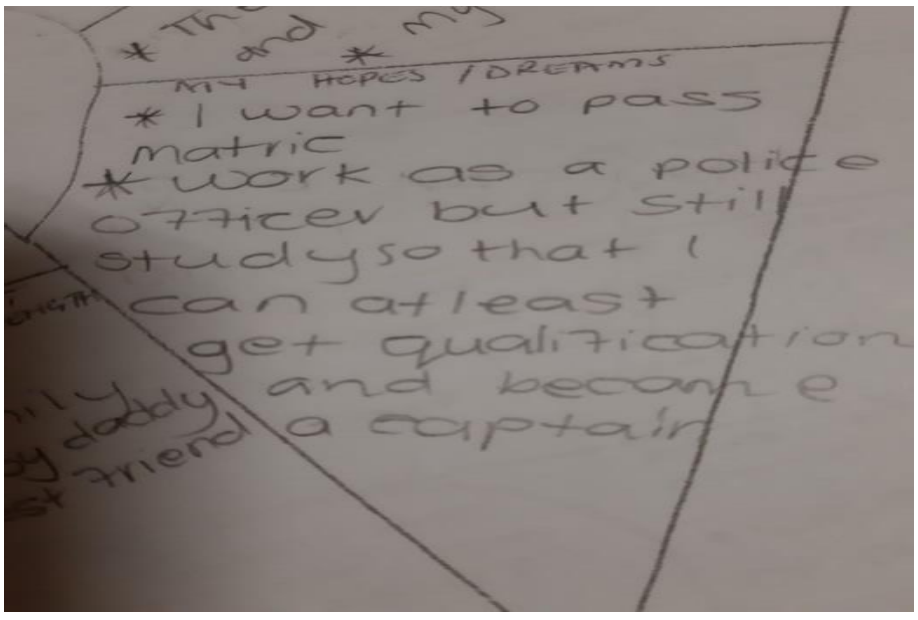

Figure 5 22: What is in my heart (WIMH4)

Discussion of Mampi's protective factors

a) Family support

Positive parental attitude and support from a stable family are also characterized by a child's (in this case, the teenage mother's), desire to excel at learning and to achieve set goals. Sarker (2007) maintains that a warm and welcoming home atmosphere is a good predictor of academic success. Mampi's family was a tight-knit unit. My observations of Mampi's case seem to suggest that the physical presence of both parents in the home was a stabilizing factor which certainly counted in Mampi's favour to 'bounce back' and show resilience. Also, her comparatively higher socio-economic standard was advantageous – she was not prone to the continuous fearfulness of poverty and having to struggle to make ends meet like the other three girls. While some might argue that this may have the opposite effect – that she could easily slip back into her comfort zone of "Daddy will provide", I sensed that this was not likely to happen. Finally, Mampi's boyfriend was impassionate about her and their child. His commitment was a significant protective factor in her life.

b) Self-esteem and self-efficacy

Mampi presented as an outgoing, confident, and grounded young lady, the ample support she received enhanced her self-esteem. She had chosen a noble career (to be a police officer) which is a profession that calls for a person with her character – strong, confident in her abilities to 'make it' in life (cf. WINMH4) and eager to grow and develop into a mature citizen. I observed that even her physical stature projected a palpable presence.

The fact that Mampi stated that she did not have any secrets to share, even after being prompted, was, for me, a sign of her emotional security. This may arguably be ascribed to her solid upbringing and stable family life. She seemingly never had to face serious adversity like the other participants – she did not, for example, have to deal with the trauma of rejection or being abandoned as a baby/toddler. She neither suffered the humiliation of a boyfriend who refused to take up his responsibility as a father.

In closing, the life stories of all the young mothers who participated in this study illustrated the importance of psychosocial support, especially in counteracting any challenges that they faced. Shean (2015) reiterates that psychosocial support could act as a resource that promotes teenage mothers' resilience.

5.2.4 General discussion on findings of teenage mothers

The results of the study are further addressed in the context of existing literature. The risk and protective factors are explored in such a way as to enable reflection of the research questions as described in Chapters 1 and 4 – based on the perceptions and perspectives of teenage mothers on factors that led to pregnancy, their challenges as well as the protective factors that tend to mitigate the impact of teenage motherhood.

"*Family is everything"*

The bio-ecological system that teenage mothers seemed to be most dependent on and influenced by was the microsystem (cf. Bronfenbrenner, 1994) which, in this research, included primarily their families and other intimate relationships. Dallas (2004, cf. 3.2.1) suggests that the world in which a teenage mother lives can be either supportive or unsupportive, which eventually influences her pregnancy and ultimately her motherhood experiences. The findings as reported in the previous section confirm that positive experiences and responses from significant others in the teenage mother's life are likely to contribute to a more positive self-esteem and emotional well-being. The support they received, in varying degrees, enhanced their resilience, while lack thereof decreased self-esteem and emotional security and impacted negatively on the development of resilience. Apart from external support (family, friends, etc.) inherent personality traits also played a crucial role (cf. 2.2.4.3, Rutter, 1999). Their own experience of pregnancy as well as the *type* of support also influenced their resilience and self-efficacy positively. For instance, Thati's – seemingly the most troubled young mother of all – determination to prove her prophets of doom wrong was an impetus to succeed – with parental support as an anchor. Tuki and Mpati's inspiration also came from within, despite the noted financial challenges in their families. Mampi appeared to be the least challenged in the group with a well-

established sense of self, grounded in a healthy and thriving family environment and a devoting boyfriend.

As mentioned earlier, it is quite customary in Black communities to leave the newborn baby in the care of grandparents or the extended family to enable the mother to return to work, in the case of this research, return to school. Leaving their (teenage mothers) young to be cared for in a loving and trusting environment, made re-integration into the school and community more attainable. This is consistent with research conducted by Cherry (2015) who found that young mothers were more likely to excel academically and in life, if their parents/guardians provided much-needed encouragement and support (cf. 5.2.4.5, Shean, 2015).

To this end, the *reactions of significant others* to the news of participants' pregnancies, expressed as disappointment, anger, shock, anxiety, regret, and depression – made a lasting impression on the young mothers. All shared how their families were at first overwhelmingly saddened when they learned about the pregnancy, but their support and love after the initial shock was a relief. All have expressed regret due to their "irresponsible" behaviour. The teenage mothers all reported that they were shocked when they received confirmation of their pregnancy. The news was reported to be upsetting even to their boyfriends. While Mampi's boyfriend was accepting almost immediately, Tuki's and Mpati's boyfriends gradually accepted the situation once the news had sunk in. Sadly, Thati decided to part ways with the boyfriend, but given the circumstances, his irresponsible behaviour, and lacking the courage to 'man up', she did not have much of a choice.

The Challenge of Caring

The dual challenge of mother/learner can be very stressful and overwhelming (Cherry, 2015; Esaih-Donkoh, 2014; Erk, 2013). All participants expressed difficulty in attempting to study while having a child to look after. For instance, Tuki revealed that she even considered putting up her baby for adoption at one stage but abandoned the idea as a result of her mother's encouragement. That ignited her resilience to press forward and pursue her education.

Thati lamented that she no longer had time for socialising with her friends. This is, as Erk (2013) correctly points out, a considerable sacrifice that the teenage mother must make– doing house chores, limited or no time with friends, parenting, and performing well at school. This inability to balance parenting roles with schoolwork and social interaction was a challenge mentioned by all the teenage participants in the study. Esiah-Donkoh (2014) believes that this balancing act can be stressful and that the lack of focus and attention to schoolwork is likely to lead to dropping out of school or failing grades. Struggling to make the dual roles more compatible is further aggravated by the sudden changes in the teenager's body and her psychological state (Malahlela & Chirosh, 2013, cited in Skobi, 2016). The support from parents, extended family members, partners, or friends can be a great source of strength and hope that she can manage. Importantly, it is also here where the supportive role of the school is crucial in ensuring a smooth transition from home back to school.

All participants shared their reliance on their peers and friendships, not only in terms of their social lives but in terms of times of isolation when overcome by feelings of loneliness. It is well known that peer relations are central to adolescents' healthy social and emotional development (Brady et al., 2009). I am inclined to believe that hope in recovery, self-esteem, self-efficacy, socialisation, and self-management improve after peer support intervention. Research results further show that peer relationships and support are positively linked to the individual's sense of relatedness and acceptance and are also associated with improved academic achievement (Chui, Ziemer, Palma & Hill, 2014).

It was Thati and Mpati, in particular, who, at times, experienced a perpetual sense of loss and the feeling that no one understood their circumstances. Thati, for example, reported that she did not have many close friends to talk to and tried to suppress her feelings of loneliness, 'pressing forward' (cf. FGD1). Some relationships seemed to fade out over time, such as Mampi's friendships (cf. PI4), especially after the arrival of the baby. Their circumstances required a different focus which was far apart from that of their friends. As could be expected, reconciling a lifestyle of socialising and partying – so characteristic of the teenage years – with the responsibility of motherhood, and trying to complete school, was no easy feat. They craved 'someone to talk to' (cf. 5.2.4.2) and, sadly, there were

counselling services available. Wentzel, Van der Vaart, Bohlmeijier and Vav Gemert-Pijen (2016) Wentzel et al. (2016) reported a positive correlation between the extent of close relationships with parents, teachers, and peers; caring; learners' motivation; academic performance; success, well-being, and behaviour at school. Although these researchers found the perceived academic expectations and emotional support of teachers and parents to have a stronger impact than those of peers on the teenage mother's academic outcomes, the overwhelmingly positive outcomes of peer support have been confirmed by many researchers' projects (cf. 3.7.1, Lethale, 2008; Papalia et al., 2020).

Looking in all the wrong places

Apart from peer pressure as a cause of reckless behaviour, the role of *the media* – social, printed, films on television – should not be underestimated. Depending on the media for answers predisposes the teenager to explicit sex, often incorrect information, and increases the desire to experiment with sex (Jewkes, 2015). However, the media can also assist with much-needed information on issues such as self-care, prevention of STI's and early pregnancy. The benefits of the media can be enhanced by parental guidance and support in the correct use of the media (Dave & Dave, 2014).

Sexual risk habits

Risk habits (such as ignoring to take precautionary measures and taking mature decisions) are the main risk factors identified in this study (Mmari & Blum, 2009). In addition to the risk factors, the absence of parents due to work commitments (Tuki and Mampi) and the absence of biological parents (Thati) might have led to less interaction with parents and a low level of parental education (Mpati) contributed to teenagers' vulnerability to pregnancy.

For example, when we analyse the relationship between low economic status and teenage pregnancy, a variety of factors are at play (cf. 3.2, UNICEF, 2013; Ungar, 2007, p. 55). A teenager suffering from a painful family background may have low self-esteem (Thati) due to her negative self-concept and self-worth (cf. 5.2.2.4, Karakas, 2011) making the teenager more vulnerable to risky behaviours and more susceptible to peer pressure. It is therefore

important to investigate the dynamic interaction of a variety of factors influencing teenage pregnancy.

Financial Challenges

Most participants reported struggling with increasing costs after the baby was born and relied on family income, mainly provided by their parents or caregivers. The main family income was generally from government grants or a parent working in the city and sending money home. Having a baby not only increased the cost of living but also reduced the labour force within the family. The observation concurs with Moss-Knight (2010) that the teenage mother tends to feel like a burden on the parents because they feel obliged to provide for her and the baby's needs. This situation increases their economic vulnerability (Jeon, Kalb & Vu (2011).

Relationship with School and Teachers: Diminishing Opportunities for Education

It became apparent that the school failed to teach aspects such as self-love and care, prevention of diseases by avoiding reckless behaviour, prevention of pregnancy, and the use of contraceptives for those who were already sexually active (cf. Willan, 2013). The teenage mothers in the current study expressed disappointment in how the Life Orientation curriculum was taught at school. They were all in agreement that the topics were mostly irrelevant, and even when the curriculum provided for such, it was inadequately dealt with, even uncomfortable at times. The lack of supportive interventions was a matter of grave concern. A more intense engagement with life skills, decision-making skills, and being assertive was necessary.

Similarly, more open communication lines between the teenage girls, parents, and teachers were necessary, not only as a preventative measure but after giving birth and returning to school. This open communication can prevent or minimise incorrect information sharing as friends because this is like the blind leading the blind. While a teenage mother is at school, she engages in multiple everyday encounters with other people (peers and adults – teachers) and the physical environment needs to be conducive for learning and development.

The participants in this study were in matric at the time of data generation, and clearly in need of intensive and intentional support from the school. In general, according to their narratives, the teenage mothers seemed not to have received sufficient support while pregnant and after returning to school. Only Tuki shared how she felt the love of teachers at school while others avoided responding to the question (cf. FGD2). Tuki's sentiments correlated with Clay, Paluzzi, and Max (2011) that there is a shortage of programmes to assist teenage mothers with transitioning back to school after pregnancy.

Without full support from the school during the pregnancy and after giving birth, the chance of these teenagers continuing their education is limited. Bronfenbrenner's (1979) conceptualisation of school as a microsystem suggests that there is an interrelationship between all facets of a school. Activities, social experiences, and physical space are all part of the school as a microsystem. It becomes easy for the teenage mother to readjust at school when there is empathetic support from teachers and peers, whereby resilience is enhanced (cf. 3.6.2).

Lack of parent involvement might be a risk factor that works against the policy on prevention and management of learner pregnancy (DoE, 2007) that requires that teachers should support the learners, in an endeavour to succeed during pregnancy and when they return to school after giving birth to their babies (see 5.4.1.2). Chigona and Chetty (2008, p. 22) maintain that with empathetic support from the school and teachers, the teenage mother has the potential to thrive in school and achieve her dreams successfully. Berg and Mamhute (2013) elaborate further that support by peers can also facilitate the achievement of improved self-esteem and enhance resilience in the teenage mother. In this way, the school and peers act as buffers for challenges that the teenage mother might be facing.

Community factors – no social exclusion

Being a single mother at a young age is not unusual, although it is not yet considered appropriate behaviour for most teenagers. Negative comments by neighbours and peers can be particularly hurtful for a young girl. In this regard, all participants in the study shared how they were affected by noxious remarks from people in their close community. They seemed set on developing a 'thick skin' – a promising sign of resilient behaviour – like Tuki who, for example, chose to ignore the people who hurled abusive comments or type-casted her. Caldwell et al. (2004) has shown that stronger relations with family and significant others contribute to greater feelings of self-esteem and psychological well-being among teenage mothers, despite labelling and stigma from the community.

Although being an unmarried teenage mother might bring a bad reputation to the girl's family, social exclusion or stigma from their close-knit communities was not reported in this research.

5.2.5.1 The exosystem

The exosystem in this study focused on the external environmental settings and other social systems that had an indirect effect on the lives of teenage mothers such as accessibility to health and welfare services. The attitude of health workers can encourage teenagers to rather depend on their friends for answers and information (O'Rourke, 2020; cf. 3.5.1.4), which is often completely false and misleading.

An insufficient and Inaccessible Social Welfare System

Teenage pregnancy necessitates interaction of teenage mothers with the clinic or health care workers, as they seek the support and services related to pregnancy and care. The most common services used by the participants were the basic health care services provided by local clinics and government hospitals, but there seemed to be a lack in the synchronisation of the services with other welfare systems. The services they received were general, focussing exclusively on the physical health of the young mothers. No participant received a follow-up home visit from health care providers or any other welfare services. That said, the main factor preventing these teenage mothers from accessing

welfare services was admittedly not only a lack of information, but also a reluctance to seek assistance.

Unintended pregnancy among adolescents, according to Reliefweb (2021), necessitates holistic approaches that increase girls' empowerment, assist them in making life decisions, including those related to sexual and reproductive health, enlist the support of men and boys in their lives, and provide real opportunities so that motherhood is not seen as their only option. Lack of access to Comprehensive Sexuality Education (CSE) as well as inexpensive and adequate health treatments is a crucial factor contributing to the sexual and reproductive health hazards that adolescents confront in South Africa, as they correctly point out (ibid.).

The data in this study show that some family and friends of the participants provided good emotional support while psychological support was non-existent and emotional support was often minimal. These findings revealed an urgent and intensive need for psychological support for teenage mothers, for instance, Thati reported being lonely, isolated, and depressed at times, to an extent that she once contemplated committing suicide (cf. FGD1). Mampi mentioned that she wanted the school to set up a specific program for teenage mothers to help them cope and to prepare them for the future (cf. Prajapati et al., 2017). Services to support teenage mothers either financially or psychologically were very limited or non-existent. It was further noted that all participants felt shame about such an early pregnancy, this feeling could prevent them from accessing any services and help in the future. None received counselling or emotional support. These instances raise a concern about the psychological well-being of teenage mothers which is something that might also affect their children's quality of life.

The *attitude of health workers* in providing support is important to teenage mothers. Two out of the four participants in this study (Thati and Mampi), expressed that they felt too shameful and shy to visit the clinic. Thati said she was reluctant because the nurses knew their parents, she felt that she would be judged by the nurses. On the other hand, Tuki and Thati were provided with incorrect information that increased fear and anxiety in the teenage mothers. However, the other 50% of participants reported that they received

good treatment, which suggests that there is hope for a friendly and better attitude and service in the clinics for teenage mothers (cf. 3.5.1.3; Sychareun et al., 2018). The provision of the correct information from knowledgeable officials is likely to improve as a result.

5.2.5 Concluding remarks

An understanding of the role played by social and cultural factors in the lives of teenage mothers is fundamental to considering which appropriate policy and practice responses are required. From their perspective, psychological support is having someone they can talk to and ask advice from; and who will listen to them and understand their circumstances without judgment. No participant reported receiving this through government or other agencies, but some reported receiving such support from family and friends.

For these teenage mothers, the welfare system is not well-established, the degree of hardship they face was likely to be more extensive than those in developed countries. The most challenging aspect of being a single teenage mother was the financial struggle. Their family, peer, and community networks were central to providing practical and emotional support.

5.3 PHASE 2: PARENTS AND TEACHERS

The following sections focus on the interviews with the parents and the teachers. As alluded to earlier, it was imperative to conduct interviews with both parents and teachers to understand their views, experiences, challenges, and the psychosocial support (or lack of it) (cf.1.6, Mills & Gabrielle, 2010) provided to teenage mothers in this study. Being part of the microsystem, parents and teachers influence the teenager's development in various ways (2.4.3.2, Krishnan, 2010), this is one of the main reasons why the views of parents and teachers are regarded as important (cf. 2.4.3.1; Donald et al., 2012).

As indicated in Chapter 4, a primary aim of qualitative data collection is to ensure that researchers and, by implication, those who read their research reports, would "hear the voices of participants loudly and clearly". To this purpose, research participants' direct

words constitute the study's authentic empirical data. The coding of the data, as indicated in Chapter 4, was influenced by my intention to "reduce data from the large quantity of descriptive information" (cf. 4.4.2; 3.3.2). To this purpose, data were coded to identify themes that would 'speak' to the secondary research questions postulated in Chapter 1 (cf. 1.3).

5.3.1 Parental views and experiences

The process of securing parents to be interviewed was tedious and challenging. From the onset, three parents/caregivers were not willing to participate. Thati's mother believed that taking part in the interview process would be like opening old wounds to Thati who, at that time, was still vulnerable with low self-esteem. Mpati's mother explained that she was not proficient in English. Despite explaining that she would be allowed to use her mother tongue, she still declined. Tuki's mother could not be reached because she was in Gauteng, where she was employed. Her grandmother, whom she stayed with, was also not prepared to be interviewed, because:

> *" ngwanaka ntho tse tje di boima ho rona, mathata a malapa ka Sesotho ha a buwe feela"* (English translation: "*My child, things like these are difficult for us as a family. In Sesotho tradition, we do not share such with outsiders").*

This caused quite a predicament for me because it was important to explore the experiences, feelings, and circumstances of the primary caregivers first-hand.

I ultimately, on the advice of the deputy principal, opted for a parent ([7]Julia) who was a member of the School Governing Body and guardian to her sister's daughter at the same school where the daughter, also a teenage mother, attended. Unfortunately, the daughter ([8]Karabo) refused to take part in the study, but I nevertheless realised that, although not ideal, Julia's contribution would still be very valuable for my study. Her availability and

[7] Pseudonym

[8] Pseudonym

willingness to participate were additional reasons for her selection. As a single parent, she raised her late sister's two children as her own – the teenage mother in Grade 12 and a boy who was in Grade 10 at the time of the data collection. She was a former teacher and on pension. What compounded the problem was that this was Karabo's second pregnancy, from a different father. Unfortunately, I could not obtain more details on this point because Julia was reluctant to elaborate further.

The other participant (Godfrey) was Mampi's father – a former teacher who owned a grocery store which he ran with his wife. Initially, Mampi's mother (who, it emerged, was her stepmother) agreed to take part, however, she opted out at the last minute. I was relieved that Mampi's father was willing to take her place. Noteworthy, during the interview I discovered that his wife was Mampi's stepmother with whom she had a solid, caring, and supportive relationship. (During the personal interviews Mampi never referred to her as "stepmother" – an indication of a close bond).

Two main themes emerged from the one-on-one interviews with the parents, namely parent challenges and provision of support (cf. Table 5.3).

Table 5 3: Main themes and categories emerging from parent interviews.

THEME	SUB-THEME
Theme 1: Parents' challenges	1.1 Parents' emotions and experiences 1.2 Financial challenges 1.3 Family tensions
Theme 2: Provision of support	

5.3.1.1 Theme 1: Parents' challenges

Parent interaction with the teenage mother represents the mesosystemic framework in this study. The interview data revealed parents' emotions, such as guilt, anger, disappointment, worry, financial challenges, and family tensions as significant sub-themes under Theme 1.

Parents' feelings/emotions

When the parent/guardian is informed or realizes that the child is pregnant, he/she seemed to be flooded with different and overwhelming emotions, as evident in Julia's statement:

> *"Tired, confused I don't know how to explain it but very hurtful...what frustrated me was she didn't learn a lesson from the previous pregnancy – that is why I was so furious with her! "*(Julia*).*

From Julia's statement, one can sense negative emotions from a frustrated guardian. The hurt and worry were caused by the realization that Karabo did not learn from her first pregnancy. It was evident that Karabo might have challenges with career and relationship success, a concern that is believed to cause negative emotions in mothers (Nelson, Kushlev, English, Dunn, & Lyubomirsky (2013).

Godfrey felt the same:

> *"I was angry and disappointed."*

Cichy, Lefkowitz, Davis & Fingerman (2013) concur with what Godfrey felt – anger and disappointment. Cichy et al. (2013) further posit that the father's concern often focuses on career success, the signs that the child might not achieve according to the parent's expectations, thus stirring negative emotions. The contextual factors that affect the family at the time of learning about the teenager's unplanned and untimely pregnancy tend to contribute to the intensity of the parent's emotional pain (Nelson et al., 2013).

However, after the sad news had sunk in, anger and disappointment seemed to turn into empathy, and regret too – regret that he failed to be open enough and consistently talk about sexuality issues.

> "*I think we don't give ourselves time of talking to our daughters. We thought that we are helping our students at school and as parents we rely mostly on teachers.... which is wrong for the welfare of our children. That is where I have discovered that I have mistaken"* (Godfrey).

Godfrey realised he could have done more in terms of monitoring Mampi or giving her advice, and as a result, he felt guilty. Cichy et al., (2013) suggested that parents tend to view their children's failure or mistakes as an indication that they have failed as parents. At times their introspection may result in feelings of guilt for not engaging more with their children amid society's (loose) values and morals, and possibly the fact that they hoped their upbringing (indirectly) would prevent something like this to happen. This is in line with what Nelson (2013, p. 28) observed – parents' tendency to perceive their children to be exactly that – "children". As a result, they shy away from talking about sex, abstinence, contraceptives, and related aspects. In this way, the teenager is deprived of essential information that would otherwise assist her in acting responsibly and taking informed decisions when needed. Oyedele, Wright, and Maja (2013) confirmed this, contending that many teenagers become sexually active before they received any form of sexuality education. This was certainly the case with Thati, who became sexually active at the tender age of 16 years.

There was also regret and remorse about the initial reaction of anger and disappointment without showing compassion. As Godfrey indicated:

> "*So I couldn't plan where... because I was angry... I thought of maybe actually chasing her out of the house, deserting her, and not even supporting her! So I couldn't have maybe allowed my emotions to control me – there I could have maybe given a better support. I think I should have accepted the situation as it is and maybe plan around that and not allow... you know... my emotions... you know... to control the way I think about the whole situation"*.

According to Nelson (2013, p. 33), the teenager, when scolded, may become depressed due to feelings of rejection. She cautions that the adult's (parents and teachers) emotional support is particularly crucial to prevent further damage to an already fragile state of mind. Lack of support may have negative repercussions for the teenage mother's academic

success. However, with empathetic support, teenage mothers are likely to feel free to share their concerns and worries with their parents and be guided by appropriate adults.

Financial challenges

The extra financial burden that comes with a pregnant teenager is another major challenge that faces the parents of teenage mothers because now they must provide for the teenage mother and her toddler's needs. Teenage mothers and fathers are often incapable of managing a household (Hugh et al., 2007), fathers might struggle to provide financially, either because they are also learners or because they are simply not ready to take on their responsibilities as a father.

During the interviews Godfrey had the following to say:

> *"I was bearing all the costs…she couldn't attend to school regularly, she had complications and that was costly on my side even though I have a medical aid. And then it was also time-consuming for us to make sure that she actually attends to the medical practitioners for those complications…terms of the milk for the child all those things that the child needs…ja*" (Godfrey).

The financial burden seemingly increased due to additional expenses that resulted from the extra physical needs of the teenage mother and her child.

> *"…take care of my own needs but at this time I had to take care of her needs and the child's needs and that was a challenge to me. Because at times I had to use cash to buy some of the things which cannot be covered by the medical aid. So that was a challenge to me, and you know, with all the…(short pause) all the things that the stepmother would see it was a challenge yes"* (Godfrey).

It emerged from the collected data that Julia was receiving a pension (retired) and she was devastated and frustrated due to increased financial responsibilities. She had this to say:

> *"The challenges are I'm not working… I'm a pensioner so sometimes I don't have enough to help her…Financially I had to suffer because she's not working (still at school) and we don't have parents (anymore). I had to look for my family and [inaudible 00:01:23] and her two children" (*Julia).

My personal experience is that in most Black African families, no child is left to feel like an orphan, so when the parent (s) die, the extended family takes over the parental responsibility. The children's grandparents are the most preferred first option to mitigate the teenage mother's plight (Hugh et al., 2007), however, in Karabo and her brother's case, the grandparents had also passed on. It is in this context that Julia stated that "we do not have parents", meaning Karabo's grandparents.

Family tensions

It is evident from the collected data that often not only financial but also psychological implications of teenage pregnancy may have a damaging effect on the family dynamics. In their findings, Wamoyi, Fenwick, Zaba, and Stones (2011) stated that children from single-parent families, when compared to children from two-parent families, reported less parental involvement. The limited influence and lack of monitoring are likely to increase the risk of behavioural and academic challenges for the teenager (cf. 3.3.1.1; Akella & Jordaan, 2015). This, in turn, exposes the young girl to risky behaviour and pregnancy (Kempner, 2013). Parents who, for example, work far away from home (Tuki's mother, a sole breadwinner) or who work long hours are seldom in a position to attend to their children's movements (Mampi's parents spent most of their time at their business, away from home).

Nelson (2013) explained that a teenage pregnancy tends to disrupt the family structure in several ways. For example, in Julia's case, the tension was heightened because the rest of the family perceived Karabo as ungrateful and unappreciative of the support she received.

> *"We were divided in this issue because somewhere... with her...some did not agree with what she did so it brought a lot of confusion within the family."*

In Mampi's case, it was evident that the familial determinants were more complicated because of Mampi not staying with her biological mother.

> *"…and the relationship in the family – it was not good, because.... you know..... as she was not staying with her biological mother…. then there was no good relationship between the two of them during that time…all the things that the stepmother would see..... it was a challenge yes"* (Godfrey).

The potential for family tensions in Godfrey's household was thus likely because he had the difficult task to ensure peace and stability between the two most important women in his life. He was in the fortunate position, though, that the relationship between his wife and daughter was close, and his (legitimate) fear that Mampi's pregnancy would have a negative impact on their relationship proved to be unfounded.

5.3.1.2 Theme 2: Support

In this theme, the focus is on support provided to teenage mothers by parents/ family and the school (teachers).

Teenage mothers usually have little or no experience with childcare and they often feel insecure and inept. As Puspasari, Rachmawati, and Budiati (2017) maintain, they need adequate support and guidance from those relatives who are more knowledgeable. Similar to support in the financial, emotional, and moral spheres, family support is essential to develop and increase maternal self-efficacy (MSE). MSE is described as the mother's ability, or her perceived trust in her competence regarding infant care and her motherhood function (cf. 3.3.1.1, Prince-Embury, 2013). A high MSE would undoubtedly boost the adolescent mother's ability to care for the baby (Puspasari et al., 2017).

The data gathered indicated that parental love and care influenced parental compassion and the teenager was supported in various domains by the parent. Despite the hurt and negative emotions, parents in this study still forgave their teenage daughters and gave

them love and support on their journey into motherhood. The quotations from the four participants are proof of parental love (cf. I1; I2; I3; FGD4).

When Godfrey and Julia were probed about ways in which they offered support to their daughters – now teenage mothers – it became evident that the teenage mothers were supported in various ways. For instance, Godfrey involved church elders to give moral lessons to Mampi, and teachers were requested to provide extra lessons to improve her academic attitude and performance. As a parent, Godfrey provided emotional and financial support. The support provided was evident from the following statement:

> *"Ja, I took her to other people who know better… older people and also church members were also helping me you know with advice. And then we had to look for a nursery for the child where the child can be placed while she's attending school because she was doing matric at that time she was in Grade 12. And even though I was angry but I try at all times to be at ease with her, you know..... try to.... you know, motivate her with..... you know, something that could motivate her. And then maybe try to help her with some schoolwork at times and those subjects that I know"* (Godfrey).

In Julia's case, emotional and financial support was evident from this comment:

> *"…I've talked to her, telling her that I've forgiven her and everything should go on as usual and then I started supporting her even financially."*

According to Julia, Karabo was also taught life skills that focus on her responsibility as a parent for her babies while continuing with her schoolwork. Julia's statement indicates the impact of the life lessons imparted in Karabo:

> *"I think taking care of her children... I can see that she has copied that skill very well. She is not yet competent but there is hope for improvement"* (Julia).

The development of self-efficacy through parent support could improve the teenage mother's self-esteem and self-confidence, with a potential ripple effect on academic success. However, the teenage mother's adolescent adjustment phase to becoming a mother is difficult because she must assume the task of motherhood even though she is not yet completely grown and mature. Julia's statement above indicates that teenage mothers' confidence in infant care is closely tied to the support of parents and families, especially the mother.

School support and unclear policies

I tend to believe that the school is the home away from home and the school should play a critical role in terms of guidance and support – especially in cases where parents themselves require support. The Department of Basic Education put several policies in place (cf. 3.4) that are aimed at guiding adults (parents and teachers) on how to provide support to pregnant girls to remain in school during pregnancy and to teenage mothers when they return to school after giving birth. However, the participants were not positive about the practicalities surrounding these policies.

Godfrey, for example, was unimpressed with the implementation of the policy on supporting their daughters after childbirth, when they had to return to school:

> *"Policies are not clear on that. Because you know you will first start at the school to look at the pregnancy policy… their policies are not clear and then… even the school they don't know clear guidelines as to how they are going to support such a child and that child is still at school. You know the child will spend some hours at school and the other hours is at home. Now at the… from the part of the school… we were not sure as to what support is given to such learners…schools need to have maybe some sort of control or policies on how we are going to support these teenage mothers."*

Godfrey's responses were most probably informed by his experiences as a former teacher. His sentiments concur with what Seshoka (2013) postulated in that the school should be familiar with policies on pregnancy and teenage motherhood so that the parents can be guided accordingly. However, this was not the case at the participant school (cf. 3.2.3.1, Sekhoetsane, 2012). Donald et al. (2012; 3.2.3.1) stated that provinces, including the Free

State, still struggle to understand and implement the policies that focus on support to pregnant teenagers and teenage mothers.

Julia's response was hesitant – perhaps because she might prefer to keep her negative comments to herself especially because she is an SGB member and should defend the policy.

> *"I don't have any answer"* (Julia).

However, she appreciated the fact that the policy provided for enforcing schools to allow teenage mothers to finish school.

> *"I think that is right because if they are not kept at school they are going to be drop-outs who cannot even support their own children".*

Participants were probed on the possibility of supporting teenage mothers through erecting crèches or pre-schools nearby or even on the school premises, a fact that, in my view has the potential to reduce absenteeism of teenage mothers. The facility could be a one-stop solution that ensures safe childminding, and, at stipulated times, the facility could provide skills on aspects such as parenting, time management, and decision making to teenage mothers. The interventions would equip teenage mothers with tools to develop and improve maturity and self-efficacy, which would enhance their chances of academic success.

Godfrey mentioned the potential financial benefits of such a facility since he experienced increased financial responsibilities due to additional costs of providing for the needs of Mampi and her infant. He said:

> *"If the mother is breastfeeding, yes, that will actually relieve the expenses on buying this milk for the child…Ja the formula for the child, the mother from time to time be able to breastfeed the child".* (Godfrey).

However, Julia seemed a bit sceptical:

> "*Hey that one I think it's going to be difficult… considering lack of responsibility of some of our daughters…I don't know whether that things going to be possible and…" (Julia).*

On second thought she said:

> *"Yes, maybe it's a good idea, but is our government going to have resources and facilities for that project?"* (Julia).

She also raised a concern about the level of responsibility in teenage mothers:

> *"And…* (long pause) *our children... some of them they lack discipline – they will go to the crèche even at the time of studying. Some are responsible- they will know the time of going to the child at the crèche but some of them... we know them at school, that some of them are not responsible. They'll just go to the crèche even its not yet time of visiting the child in that crèche… so somehow they'll be disrupting the school" (*Julia).

Teenage mothers tend to face several and varied challenges that include the inability to balance competing responsibilities, psychological, emotional, and physical distress (Yates, 2013), insufficient support from significant others, and role conflict (Vincent & Thomas, 2010). Teenage mothers need appropriate and timely support. Parental support will strengthen the teenage mother's mental wellbeing and emotional/ psychological stability and increase self-esteem, self-confidence, and self-efficacy. All these, in turn, would likely help teenage mothers to cope better with motherhood challenges, as well as to enhance academic success.

5.3.2 Teacher interviews

Two teachers were also interviewed in an attempt to gain an overall perspective on dealing with teenage mothers when they return to school. As deputy principal of the school, Teacher 1 was a member of the school management team (SMT) and the coordinator of the SBST. She held a master's degree in education and had 24 years of experience. She came across as a dedicated teacher who was eager to support teenage mothers despite time constraints and competing responsibilities. Her preparedness to learn and share her experiences when dealing with teenage mothers prompted me to select her as a participant.

The second teacher participant, the Life Orientation teacher, was also a member of the SMT with 20 years of teaching experience. She held a B.Ed Honours degree, majoring in Inclusive Education and special needs. She reported that she was assigned the responsibility of monitoring pregnant learners and their return to school to ensure a smooth integration. However, she lamented that she operated on a trial-and-error basis and as a result, she was not as effective and systematic as expected.

To ensure anonymity and confidentiality, pseudonyms were used for the participating teachers, Teacher 1- Ntombi, and Teacher 2- Makgala. Four main themes emerged, namely, challenges working with teenage mothers; lack of parental involvement; collaboration with other role players; and unclear policies.

Table 5 4: Main themes and categories emerging from teacher interviews

THEMES	
Theme 1	Challenges working with teenage mothers
Theme 2	Lack of parental involvement
Theme 3	Collaboration with other role players
Theme 4	Unclear policies

5.3.2.1 Theme 1: Challenges working with teenage mothers

It was clear from the interview data that the school faced considerable challenges when dealing with teenage mothers. In this study, it emerged that the two teachers were concerned about, amongst others, the teenage mother's health and the impact on her self-esteem and self-confidence when she returned to school. Makgala cited them as follows:

> "*And the physical appearance has changed. Ha a kgutla ha a sale mo seeming sa pele* (Sotho language) *when she returns, she is not in the same shape as before, the physical appearance. The worst part if a kgutla a kula* [Sotho language] *she comes back in a poor health situation, the way a fetohile* [Sotho language] *she has changed because of the child but they also changed because of health problems as well."* (T2).

Makgala's concern about the teenage mother's health concurs with Prinzon & Jones (2016, cf. 3.6.1) which emanates from the girl's body and development stage that is often not ready and mature enough for pregnancy and childbearing.

Ntombi commented further and said:

> *"…she has compromised her childhood, now she's having a negative self-esteem because others they are laughing at her"*.

Ntombi was referring to the teenage mother's psychological health, as she alluded to negative self-esteem and low self-confidence levels (such as in Thati's case – cf. 5.2.1.3), which she attributed to the unsympathetic attitude of peers. While interviewing Ntombi, I

sensed a lack of empathy and an undercurrent of negativity towards the returning teenage mothers, a fact referred to by Nelson (2013) as labelling and stigmatising the learner as "she has compromised her childhood". I believe such attitudes are implying "you made your bed, now lie in it". Teachers need to refrain from showing their disdain, since, as Hodgekinson et al. (2010 – cf. 3.6.4) and Ramulumo and Pitsoe (2013, cf. 3.6.6. 5) argued, this may inhibit these girls, preventing them from bouncing back and overcoming stigmatisation.

Makgala touched on a behavioural aspect that she found disturbing about returning teenage mothers:

> *"When you correct them you have to call her alone and sometimes you don't have that time to, to be, to single her out… you just wanted to, to correct her in the, to correct her in the class at that time. But you know you find we…re a qabana* [Sotho language] (we *disagree) honestly* [Sotho language] *(re qabana ka ntho tsa hore) we disagree because she's….. she's lazy at times".*

Makgala's comments seem indicative of some teachers' intolerance towards a pregnant learner. She mentioned that teachers sometimes labelled these learners as disrespectful, refusing to be corrected or reprimanded, lazy, or even expecting special treatment. This form of stigmatisation by teachers may result in teenage mothers experiencing even more feelings of alienation and rejection by teachers (Van Vuuren, 2014). Chigona and Chetty (2008) believe that the negative attitudes of teachers and their reluctance to support these learners contribute to behavioural challenges which could be counteracted by genuine support to reintegrate back into school life. This is confirmed by Sekgoetsane (2012).

Ntombi also mentioned the teenage mothers' negative attitude and lack of appreciation and acknowledgement of the teachers' interventions as their 'school parents' (in loco parentis). This is evident from the following statement:

> *"But you find that most of them it's difficult they don't like to do their work…you find that a few of them that are positive, a few of them that realise- "oh this was a mistake but at least I have a mother here" … they'll still accept that but most of them they don't accept it ka nnete (honestly)" (Ntombi).*

Concerning the guidance and support to balance schoolwork and parenting, the participants admitted that it was difficult to assist these young mothers with balancing their new dual role of learner and mother simultaneously. This is evident from what Ntombi shared:

> *"Not really, we don't because …we sometimes like if learner is in Grade 10…. sometimes we'll see that child maybe once or three times per week. So honestly to be able to help them to balance this we are not even sure hore re ba thuse jwang, ho bane le tsona dikeletso ha re na bonnete bah ore ba di nka* [Sotho language] *how to support them and where we do, we are not sure they take our advices seriously, or are they putting them into action. So we are not even sure because most of them..... or ninety-nine per cent..... they don't come back and say "Ma'am your advice is you have helped me I managed to take care of my baby and to do the house chores as expected."*

Ntombi further suggested that teenage mothers are often tired because of their dual role as mothers and learners. This poses a significant challenge as far as performing their academic activities is concerned. She said:

> *"I would say some few, a few challenges. Because they are always…. they are exhausted, so it's another, another challenge…they cannot cope for a period – they sleep a lot [in class]"*.

During the interviews, learner participants all emphasised this aspect as a major challenge – the higher work pressure and multiple roles. The teenage mother's fatigue and perceived laziness could in part be attributed to what Moghadan (2013) and Khodami (2015) label as their health ignorance after childbearing. Some learners return to school almost immediately, before they have fully recuperated, partly because they fear lagging with their schoolwork. Emphatic teachers can go a long way in supporting these girls by lending a sympathetic ear, giving advice, and motivational talks (Lotse, 2014; Ramulumo & Pitsoe,

2013). Makgala mentioned that, despite challenges and time constraints, teachers at the school do encourage one another to be caring and empathetic:

> *"We try our best, we try our best indeed- hore re seke ra bua le bona, hore a ikutlwe a fapane le bana ba bang, o se ke wa mo kgesa [Sotho language] that as a teacher you must avoid making the teenage mother to feel inferior, discriminated against, labelled and judged…* "(Makgala).

The belief that teenage mothers are likely to struggle academically was mentioned by Ntombi as she commented:

> *"You remember, it will depend on her absence so when she comes…….she comes back – there is a content gap- she can't cope. And then another challenge they are unable to finish their tasks because now there are other tasks of parenthood of which is not experienced at home"*. (Ntombi).

Makgala concurred with Ntombi's sentiments about lost time and missing out on content:

> *"ba ntse ba salla morao, ebile ha ba kgutla after birth o fumana e kare o qala qalong[Sotho language. They lag behind, when they return from giving birth, we have to start from the beginning….they are totally disoriented."*

Ntombi mentioned an intervention strategy they developed at school in trying to improve the relationship between teenage mothers and their mothers. They held mother-daughter evenings which seemed to have a ripple effect on strengthening the bond between mother and daughter:

> *The activity we organised that we thought would assist in the balancing was that we organised a mother-daughter kind of a day whereby we tried that…… we (wanted to) familiarise parents and daughters with some programmes that can lead them to bond"* (Ntombi).

Mothers are regarded as the most important pillar for the teenage mother (Nelson 2013), which suggests that their relationship and healthy bond are crucial for the psychological wellbeing of both. I believe interventions such as these are likely to enhance the chance to improve open communication between mother and daughter, share expectations and concerns, improve the transmission of skills (parenting, life skills, moral expectations, and values) from mother to daughter. A positive mother-daughter relationship tends to enhance self-confidence and resilience in the teenage mother (cf. Table 2.2; Rutter, 1987). More time spent together as mother and daughter, in my view, would indeed strengthen the bond, and likely improve the endeavours to assist the teenage mothers to manage the competing responsibilities that she is faced with (Chauke, 2013). A solid relationship with the mother (or mother-figure) will likely cultivate a positive attitude in the teenage mother towards school, directing her towards future success, despite challenging circumstances (cf. 2.3.2; Swart & Pettipher, 2011).

5.3.2.2 Theme 2: Lack of parental involvement

What seems to aggravate the challenges for the school is the lack of cooperation from the teenage mothers' parents/guardians. The captured data in the teachers' comments succinctly expressed the inability of parents to willingly take part in supporting the teenage mother with their academic challenges. This was evident from Ntombi's comment:

> "*After birth then it is the responsibility of the mother to inform the school and then let's say the child will be admitted for a particular period of time then we'll also be guided by the medical certificate from the doctor to say the learner is ready to come back to school. But now, in terms of absence…..in terms of absence…… it's a valid reason because her absence will be accompanied by the medical certificate to say the learner is fit to resume her responsibilities or…But I'm saying, I guess I'm saying – it's almost three to four weeks ……they haven't reported back to school, we haven't heard anything from the parents despite having our contacts and everything. So that is another challenge"* (Ntombi).

Parents should be familiar with the code of conduct and related school policies that explain how long the teenager may take a leave of absence, as well as the conditions that are valid once she returns. These stipulations should reflect in the school's policies, in line with the

constitution and the South African Schools Act 84 of 1996 (Segalo, 2020). For instance, submitting medical certificates and reporting by the parent from time to time on the developments and health conditions of the teenage mother, should be clearly stated in the policy. I believe this exercise would not be cumbersome because the parent may, where possible and when circumstances allow her, update the school on her daughter's progress and be informed about schoolwork that should be prioritised while recuperating at home.

Ntombi elaborated:

> *"…advising the parents to say – let the child stay home until the doctor feels she's fit to come back. And then I think it's almost three to four weeks now we haven't heard anything from the parents after [you know we discussed] the whole processes. So, in itself, it's an abscondment because the learner was absent for more than ten days without any, any information from the parent*".

Makgala stated that they encouraged the parents/guardians and the teenage mothers to be actively involved in trying to get in touch with the school while they observe the recovery period stated by the doctor after childbirth:

> *"We advise them and the mother so that when* [Sotho language] *the mother and the child are still responsible to come or to send anyone …to ask for schoolwork and tasks so that she is not lagging behind with schoolwork"* (Makgala).

She further explained that parents usually do not voluntarily come to school to check any requirements or concerns from the school's side. Even when they are invited to school they do not respond positively:

> *"Because they don't come individually unless the child has challenges at school… or when the learner does not come to school and we need explanation as the school"* (Makgala).

The teenage mother tends to be deprived of the opportunity to develop self-confidence and improved self-esteem due to a lack of parental involvement in her education as she

reintegrates back into school (cf. 2.2.4.1, Fergus & Zimmerman, 2005). Matlala, Nolte & Temane (2014) concur with the experiences of participants in the present study, in that parents do not cooperate when being invited to school. The teenage mother's mesosystem becomes weakened as a result, because the relationship and interaction between the parent and the school are crucial as it tends to smooth the bridge from childhood to teenage motherhood, and specifically in her role as a learner. (Shumba, Rembe & Goje, 2014).

5.3.2.3 Theme 3: Collaboration with other role players

Collaboration in education occurs when members of an inclusive learning community engage as equals to support learners to thrive in school. In this study, this could take place as collaborated efforts to support the teenage mother – as a learner with special needs – to stay resolute despite her circumstances. The findings in the current study reveal that the school, to a certain extent, has a working relationship with other role players in the teenage mother's life. Ntombi relayed how the school interacted with local nurses:

> *"Ja, fortunately, and like I indicated, our change agent having [inaudible.....] who's working hand in glove with the SBST- because they're assigned to schools by the inclusive sections because there is [a] stipend given to them every month. We managed to get a school nurse on the permanent basis for our school. They are going to start their programmes on Thursday – it's going to start as an advocacy, it is going to be an advocacy on teenage pregnancy and then the challenges that comes with pregnancy….. STI's, HIV and Aids. And then they also have the programmes of virginity testing but of which we still have to make it a school policy. Whereby maybe before we start with whatever programme we need to have a consent form that goes to the parents" (T2).*

From what Nthombi, the teacher, shared, it is evident that the policies referred to here are not fully understood. The SBST should be guided by the constitution of the country, specifically acts such as the SASA (Act 84 of 1996) and the Childrens' Act (2005), as well as policies such as Education White Paper 6 (2001) and the SIAS Policy (2014). All the mentioned Acts and Policies have a common thread – to treat children with respect and dignity; and to observe their right to privacy (cf. 3.4; 5.4.2.4). Initiatives such as virginity

testing, however noble the intentions, violate learners' rights to human dignity, anonymity, and physical and mental health (RSA, 1996) (Segalo, 2020). One cannot help but consider whether getting parents' consent for such actions may be a form of violating parents' right to be fully informed about any course of action, including the implications of these actions by requesting them to give consent on something the teachers themselves do not understand.

She elaborated further on envisaged programmes at the school, such as teaming up with…… (QLTC), House of Hope:

> *"So we are in the pipeline…. like now, we don't have the mechanism, but in future, starting from the first day, we shall be having something, somebody will be assisting us with those challenges in terms of conducting the…the sessions, information sessions, counselling and referrals…fortunately enough like, like the QLTC on…; an NGO by the name of House of Hope who gives programmes of teenage pregnancy in a form of advocacy. So we are using such NGO's like the House of Hope… Because they have got people who are trained in terms of counselling in terms of giving the support. The parents will be party because we want [them] as a support structure so the parents at home know exactly what to do in terms of handling their daughter who is either pregnant or a teenage mother. So we rely on the NGO's most in terms of giving the support to both learners and the parent…some sort of education of what is the…the situation like after..., after having a baby" (Nthombi).*

My observation was that at least they know and respect the fact that the parents of teenage mothers need to be part of any intervention that affects their daughters. Parent involvement and consent are important requirements of the SIAS Policy (2014).

Findings by Moghadad et al. (2017) suggest that teenage mothers were often in need of reliable childminders to take care of their infants while attending school. It was found that a reliable childminder tends to decrease the teenage mother's absenteeism rate and increased her academic responsibilities. When probed about a possible collaboration with the Departments of Health and Social Development Services on interventions like establishing a childcare facility attached to, or near schools to support teenage mothers, the participants had conflicting opinions.

Makgala expressed her disapproval:

> *"Honestly as an African child I won't, I will not say I support this because as much as we struggle with them when they are not yet mothers and they are not even honest to themselves and to us and others. To avoid this, I don't support this because she will disappear to breastfeed, mosebetsi wa rona o tla ba extended ho re re bone ka nnete bay a ba kgutla*[Sotho language]……*our work will be extended that now we have to monitor them to and from the facility… I don't think it could be a good idea"*.

On the other hand, Ntombi had a more accommodating view but strongly felt that such a facility should not be on the school premises. She was also concerned about the policy guidelines.

> *"Ja but if that particular facility can be in the proximity, not inside. Remember, like I indicated, our background in terms of our training.... you know.... we haven't experienced that before, it can be a new phenomenon. But as a pilot project – if it is in the proximity somewhere, let's say the mothers are trained as to how to handle and how the facility is going to be conducted…But If we have, that particular clear policies or clear guidelines [will be needed]"* (Ntombi).

However, Ntombi seemed to doubt if the teenage mothers themselves would be eager to use such a facility:

> *"They don't want to, to show themselves, they don't want to come to the party because they have got that particular negative self-esteem*…"

She further elaborated:

> *"They (teenage mothers) avoid to be labelled. The same applies with the facility..... is for a good purpose. But with the kind of learners we have, these others [teenage mothers] will be tending to [be] a laughing stock. At the end of the day it will diminish..... or it will compromise its intentions."*

Ntombi's reservations might be valid when considering Adofo's (2013) study that found that teenage mothers often hide their children due to negative perceptions of peers and teachers. Some teachers, upon learning that their learners are parents, automatically perceive the teenage mothers as not interested in education and assume that parenting would hinder good academic performance. Based on these considerations, teenage mothers may probably avoid bringing their toddlers to such a facility, thereby forfeiting the possible advantages of such a move.

Makgala had reservations about the potentially negative perceptions about such a school in the community:

> *"Our attitudes as people!! Some of the things we don't take it… I don't want to say…. Serious, but we take them differently like…..one will support, one will be against it, the learner will be ridiculed and labelled, because she did not do her homework. As a teacher..... but as teachers, we need to be empathetic…. The boys will discriminate [against] her, in some instances, they might tease her, especially when the breastmilk accidentally spilled and they.....will say they have porridge and need someone to supply them with milk…ho bohlokwas a etse tsohle tsa ngwana hae* [Sotho language]. *It is wise that she does any baby matters at home to avoid being hurt."*

This is consistent with Clarke's (2015) belief that teenage mothers are likely to face stigma, be labelled, and are avoided by society. However, Adofo (2013) shared that in Ghana, for instance, these facilities expose teenage mothers to training in management strategies, motherhood/parenting, and planning and organizational skills, to name a few. This is believed to improve family life and enhance study experiences. The findings also revealed that these children do not suffer abandonment and are in safe hands and secure space while the mother is at school (Adofo, 2013).

5.3.2.4 Theme 4: Unclear policies

As alluded to in Chapter 3, the South African Department of Education formulated various policies to ensure that no learner is left behind or 'falls through the cracks on his/her academic journey. However, the successful implementation of the specific policies depends on several factors, such as the willingness and attitudes of the teachers and all

other stakeholders who play a role in the teenager's academic life. These policies include the South African Constitution (Act 108 of 1996); the Children's Act (2005); the South African Schools Act 84 of 1996; The Choice of Termination Act (1996); and the Policy on Measures for the Prevention and Management of Learner Pregnancy of 2007 (cf. 3.8).

However, the participant teachers claimed not to be familiar with most of the policies and as such, it became difficult to intervene and support the teenage mothers as they should.

> *"From where I'm sitting we don't have specifically a policy dealing with….with the teenage pregnancy and the teenage mothers. We were given some sort of induction on how to handle the situation"* (Makgala).

Ntombi was also clearly ignorant about these policies:

> *"I think the inclusion of teenage pregnancy or the teenage mothers at school as part of the policy. If we have that particular clear policies or clear guidelines"* (T2).

Research findings reveal that it is not only the teachers who lack understanding of the policies on teenage pregnancy and teenage motherhood (Mwoma & Pillay, 2016); this seemed to apply to the principals and the SMTs as well (Bhana, Morrel, Shefer & Ngabaza (2008:88).

When asked about the support provided from the school's side to teenage mothers, it became apparent that the support was rather scant, not structured, and informal, to say the least. Ntombi's response was:

> *"Unfortunately we don't but the only tool that assists us..... either the child is pregnant or after pregnancy..... it's the Life Orientation curriculum…Ja, I think it's an informal way because remember, after the pregnancy the child must report back to school – so it's like 'business as usual' – the learner will go straight to the class (T1).*

Ramulumo and Pitsoe (2017) found that School management teams have challenges that are always on the increase because the Department of Education expects the school to act accordingly in times of need of the teenage mothers, which I believe is the reason behind the school encouraging learners to return to school after giving birth to their toddlers. I tend to see this situation as a double-edged sword, whether you act or not as a school, the school still stands a chance of being blamed for negligence.

Ungar (2017) maintains that assistance by the school and teachers is crucial during this difficult time of transition from childhood to adulthood and teenage motherhood. He emphasises that psychosocial support tends to enhance resilience and could lead to academic success (cf. 2.2.4.5; 3.8, Choice of termination of pregnancy Act of 1996). However, the teachers in this school did not seem ready for the provision of psychosocial support as mandated by the SIAS Policy (2014), mainly due to a lack of clear guidelines of the policies. Makgala commented and said:

> *"When they come to school as teenage mothers honestly we haven't as SBST….. we haven't come together and decide what are we supposed to do, we just accept them and then we treat them the way we treat others* (Makgala).

She acknowledged that individual attention that might be needed to identify and address specific challenges faced by the teenage mother was very casual, almost intuitive*:*

> *Yes..... but individually.... so maybe if it's my class, it's a learner in my class individually – I will call the learner, maybe and find out if the child is healthy…just an advice and then maybe to help them where we can"* (Makgala).

Based on the above findings, it is evident that the School-Based Support Team (SBST) was not fully functional at this school. A dysfunctional or ineffective SBST is a serious risk factor that may prevent teenage mothers from successfully reintegrating into the school community, thereby eroding the much-needed tenacity to endure. Conversely, a fully functional SBST acts as a protective factor and enhances the likelihood of successful

reintegration and academic resilience (cf. 2.4.1, Fergus & Zimmerman, 2005). Failure to set an Individual Support Plan (ISP) for the young mother jeopardises her chances of success.

According to the South African Schools' Act 84 of 1996 and the National Policy on teenage pregnancy 2015 (cf. 3.4.5), the Department of Education stipulates that pregnant learners and teenage mothers, like all learners, should be treated with dignity, no discrimination, and be provided with the support they might need. The guidelines, on how the learners with special needs, like teenage mothers, are contained in the SIAS policy that is informed by Education White Policy (EWP 6, 2014). The implementation of the SIAS Policy is done through an SBST at the school level. In addition, the Policy on Measures for the Prevention and Management of Learner Pregnancy (2007) in the school, through the SMT and SBST, should be equipped to adequately guide and equip parents with skills to support teenage mothers when the need arises (Ramulumo & Pitsoe, 2013, p. 755).

The SBST has specific roles, which include:

(i) to respond to teachers' requests for assistance with support plans for learners experiencing barriers to learning.
(ii) to review teacher-developed support plans, gather any additional information required, and provide direction and support in respect of additional strategies, programmes, services, and resources to strengthen the Individual Support Plan (ISP).
(iii) where necessary, to request assistance from the DBST to enhance ISPs or support their recommendation for the placement of a learner in a specialised setting (SIAS, 2014, p. 21).

The SBST is not fully functional in this school; the findings reveal that both the SMT and the SBST would not be able to guide parents on support since they were equally ignorant on these matters. The participants, however, were familiar with the basic referral protocols as far as learners with barriers were concerned. Ntombi mentioned referring extreme cases such as HIV-positive learners to local clinics, but, once again, the negative attitudes of health care workers at clinics – especially with matters related to pregnancy and post-natal

care – resurfaced. This corroborated the sentiments shared by the teenage mothers presented earlier and research conducted by Jewkes et al. (2009). The local state health care system is evidently not a trusted partner in this endeavour.

The SIAS policy (2014) mandates, that in cases where support from the school level does not seem to render the desired results, the learner must be referred to the District Based Support Team (DBST). In such cases, the referral must be preceded by engaging the parent or guardian of the teenage mother on the support steps to be taken. This exercise is to get the parent/guardian on board and to get permission for the teenage mother to be referred to other therapists. However, a teenage mother over the age of 18 years – as was the case in this research – does not need parental consent to be referred for therapy interventions.

Both participants, Ntombi and Makgala, believed there was a need for the training of teachers on how to implement the SIAS policy regarding support provided to teenage mothers when they return to school after childbirth.

> *"There must be that particular information session to say yes, we understand that you have been absent for these particular days a couple of weeks. Where is that programme that you used? Then the teacher… it will depend on individual teachers… maybe after school because we do have a course, more especially FET [Further Education and Training academic interventions] …. we do have morning classes and afternoon classes and Saturday classes so for those who are lagging behind..... so we'll use that particular program to make the learner catch up…"* (Ntombi)

While an academic intervention programme for all FET learners is commendable, it would be advisable to involve all learners in such an endeavour. A Grade 8 learner might, for example, become pregnant or experience barriers as it often happens, so any programme aimed at academic reinforcement has to be inclusive. This study revealed that there is no specific intervention by the SBST that focuses on specific psychosocial support for teenage mothers in the school, which is a concern that needs to be addressed.

Both Ntombi and Makgala agreed:

> *"Ja I think one other aspect is for the department to organise some training where we are capacitated as educators because really, we lack that particular aspect in terms of getting enough training so that we can handle, we can advise both the parents and the learners. There must be more training, there must be more training!"* (Ntombi)

> "*To the department, the department used to… send a counsellor or therapists to talk to learners on aspects of sexuality, prevention measures, life skills, and so forth. However, bat la romela motho wa ntate feela, hob a boima ho bua le banana* [Sotho language] *what I observed is that the department will send a male person to address the pregnancy and related challenges to learners, however, a challenge is that these people find it difficult to address girls……but that is what I've seen."* (Makgala)

Makgala strongly felt that the services of experts would be invaluable, preferably observing gender sensitivity when dealing with gender-sensitive content. Peer involvement was also mentioned as an intervention strategy, where peers in similar circumstances who managed to reclaim their career dreams could share their journeys. At this age, teenagers tend to listen more to their peers than parents in their quest to belong to the group (cf. 3.5.1.7; Wang et al., 2020). This is her comment:

Ntombi added that the Department of Education should also avail funds to facilitate such interventions:

> *"The Department of Education can sponsor programmes as part of the curriculum or they can invite the NGO's who deal specifically with the problem in terms of giving the support, giving the advice to the parents…….. it will help with mothers when they visit the clinics"* (Ntombi).

Makgala agreed:

> *"The department needs to introduce or even ensure it is a policy that experts come to address girls only and that they hire psychologists to be part of staff establishment*

that programme maybe once or in a year or once in a term. Yes, I do, strongly believe, I do because ha re na tsebo le thupello (we do not have the skill or knowledge, it will help a lot)".

From the findings, it becomes imperative that the training, support, and guidance provided by the Department of Education should focus on how to empower SMTs and SBSTs to provide effective and timely support to teenage mothers. I believe the strategies should be geared at amending or modifying the traditional perspectives regarding educational responsibilities and parenting. With appropriate psychosocial support, teenage mothers can successfully reintegrate back into school and achieve their set goals (Moghadad et al., 2017).

5.3.3 Discussion of findings from the teachers

Without question, psychosocial support by teachers to teenage mothers is a daunting, multifaceted task that poses multi-layered challenges across the micro-, meso-, exo-, and macro-systems. This is evident from the responses of the two teacher-participants. The challenges varied between backlog in learning content, fatigue, inability to finish tasks, and difficulty in handling the dual roles of learner and mother efficiently. Psychological problems such as stress, low self-esteem, and low self-confidence aggravated these challenges and seemed to negatively affect scholastic performance.

Nthombi reiterated the teenage participants' concern about a lack of, or ineffective sex education, which might explain why these and related topics in the subject Life Orientation are rushed over. Participants believed that teachers would feel more comfortable if sex education programmes were conducted in smaller group settings with boys separated from girls to allow for free discussion and questions. Schools, assisted by the Department of Basic Education, might need to revisit the FET Life Orientation curricula and evaluate the effectiveness of these programmes. Fergus and Zimmerman (2005) maintained that sex education can reduce the chances of repeat pregnancy when the teenage mother returns to school (cf. Table 2.2). The SBST must be efficient and function effectively with a clear mandate to facilitate psychosocial support activities as, and when, needed. However, it is

important to note that the reintegration of teenage mothers is a challenge for all teachers and management. The findings showed that teacher responses ranged from negative to compassionate and encouraging, demonstrating that teachers can show concern and support, which can make a positive impact on the teenage mother and her ability to stay resolute, despite her setbacks (Bhana et al., 2010).

Lack of parental involvement was found to weaken the teenage mother's mesosystem. The interaction between the school and the teenage mothers' families was not satisfactory. According to the teachers who participated in the study, poor communication between the school and some of the teenage mothers resulted in them missing out on coursework and ultimately failing due to this. Teachers complained that parents do not cooperate, despite being invited to the school, in seeking solutions for the problems that faced their children. In an attempt to empower teachers and to clarify the role of the school in supporting teenage mothers, the DBE introduced the policy on the *Measures for the Prevention and Management of Learner Pregnancy* (2007) as an extension to White Paper 6 on Inclusive Education (2001). However, the confusion and lack of knowledge on these measures make them meaningless. Parents and guardians of teenage mothers, teenagers themselves, and teachers in this study were unaware of the rights of teenage mothers when they return to school. Hence the recommendation by Sekgotsane (2012) is that teachers need training that prepares them to give parents the necessary guidance and support in handling their teenage daughters, as well as to provide appropriate support whenever needed by teenage mothers in the absence of parents.

Collaboration with other stakeholders was mentioned by the participant teachers and the findings revealed that the school collaborates with only a few NGOs that focus on advocacy programmes aimed at improving learner values, morals, and behaviour in the school. With clear policy guidelines, the benefits of identified NGO's, such as *House of Hope,* would be enhanced without violating the learners' human rights. The proposed childcare facility near the school, which might strengthen interventions from all fronts, was met with mixed reactions and as such, no conclusive outcome was evident.

Participant teachers, teenage mothers, and parent participants perceived policies related to teenage motherhood as unclear. This lack of clarity seemed to hinder the effective provision of support to teenage mothers by teachers through the SBST. The school in this study seemingly did not effectively adopt Inclusive Education policies. The policy on the Prevention and Management of Learner Pregnancy (2007) requires schools to teach learners decision-making skills, to promote abstinence programmes, and to educate teachers and parents on how to support adolescent mothers (DBE, 2007). Just one of the four teenage mother participants had a vague idea of the policies that concern them. This lack of knowledge is a cause for concern. Knowledge of these policies could enhance the provision of psychosocial support, in this way influencing the success and realisation of the Millenium Development Goals (MDG) of gender equality and empowerment (UN Women, 2013; Ramulumo & Pitsoe, 2013).

The findings of this research study indicated minimal cultural values held by these teenage mothers. One participant ascribed this to the fact that there were no cultural ceremonies for her, and that she was a foster child, therefore nothing binds the family to enforce their cultural beliefs on her. Another participant said they do not follow strict cultural beliefs because they are Christians. One of the participating parents alluded to the fact that after they learned that their daughter was pregnant, they sought support from the church (with its own cultural values and beliefs) elders (Donald et al., 2012). In most churches, for example, in the Methodist Church, young teenage mothers with children born out of wedlock, are subjected to suspension for a short while, but no harsh punitive measures are put in place. Hence, the customs and beliefs of the church are relied on, since there were no obvious implications or criticism expressed by the church.

5.4 CONCLUSION

This chapter aimed to present the research findings according to themes and sub-themes that emerged from thematic analysis. The themes were informed by the verbatim transcriptions from the interviews, drawing write-ups, sentence completion, and focus group discussion. The four participants started by discussing the reasons that led to the pregnancies thereafter, they shared their experiences as teenage mothers, whilst still

attending school. Teenage mothers described factors that influence them to face adversity and recover after giving birth. The experience of teenage mothers evoked a sense of compassion, but also the recognition that teenage mothers face more extreme struggles than we can possibly imagine. For me, the desire to succeed amid the obstacles they face is amazing. What was most disturbing was the lack of knowledge. Most participants in this study- teenage mothers, parents, and teachers had minimal knowledge of how teenage mothers could benefit from the national policies regarding teenage mothers and schooling. The experiences of parents and teachers on the support they gave to teenage mothers were also examined. Finally, the topics were tabulated to provide a concise summary of findings from all participants in this study.

Chapter 6 provides a review of the study and response to the research questions. The chapter concludes with recommendations for providing support to the teenage mother, her family, teachers, peers, and health workers. Lastly, the implications of the study for policymakers are discussed.

CHAPTER 6

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter discussed the research results and findings which were informed by the thematic analysis of various data sources, namely one-on-one interviews, the Goodwin Self-esteem Inventory, rosebush drawings, and write-ups, the BBL-drawing, and the Focus group discussion. The discussions were embedded in the theoretical framework as proposed in Chapter 2, as well as literature on teenagers, their development, the prevalence of teenage pregnancy, and predisposing factors as discussed in Chapter 3.

The problem investigated in this case study was framed mainly within the Ecological Systems Theory focusing on psychosocial support provided by the school to teenage mothers, which led to the following main research question:

How can schools support teenage mothers from high-risk, disadvantaged communities to successfully reintegrate into school and society after having given birth?

The focus was on a particular school in Meloding township in the Lejweleputswa district of the Free State province. This phenomenological case study sought to achieve the following specific aims as stated in Chapter 1, namely:

- identify the risk (liabilities) and protective factors (assets) affecting teenage mothers' ability to complete their schooling and set future goals
- explore how these factors restrict them or provide the means to successfully complete their schooling and set future goals
- determine the effectiveness of measures taken by the school in supporting teenage mothers to successfully integrate back into the school system

- propose a support framework to successfully reintegrate teenage mothers into school and society to capacitate them to follow up on their future goals

In Chapter 1, the background and orientation to the study were outlined and a brief preliminary review of the relevant literature was provided. Important concepts referred to throughout the study were clarified, and the methodological issues were briefly outlined. Finally, ethical considerations and related quality criteria were summarised. Chapter 2 focused on the theoretical framework which guided the analysis of the findings as reported in Chapter 5. The study was framed mainly within the Bio-ecological systems theory of Bronfenbrenner and core aspects of Resilience theory were incorporated as well. More specifically, Bronfenbrenner's model was used to explore and analyse the plight of young teenage mothers from high-risk communities by focusing on how different societal systems affected them in unique ways. Particular emphasis was placed on aspects within the microsystem and its interconnectedness in the mesosystem, which had a major influence on the well-being of these young girls. An in-depth literature study, the results of which were presented in Chapter 3, placed teenage motherhood in both the regional and global context. The literature focused on human development theory, with special reference to the teenage years. Apart from discussing the prevalence and challenges that teenage mothers often face, relevant school policies related to teenage pregnancy were presented. I also sought to explore the effectiveness of these policies in terms of the prevention of teenage pregnancy and enhancing the likelihood of teenage mothers staying in school and avoiding early school dropouts. The destructive social effects of the Covid-19 pandemic in terms of teenage pregnancy in South Africa were also briefly explored, with statistics revealing how the number of teenage pregnancies has skyrocketed to between 60% and 80% higher within a period of 12 to 15 months. The implications on micro- and macrolevel are significant, perpetuating the cycle of poverty and stigmatisation for these young girls, and burdening the state coffers with the increased demand for child social grants. The already stretched health care service as a result of the pandemic is further weighed down, denying the young mothers and their infants the care they so desperately need.

The research design and methodology were discussed in Chapter 4. A qualitative line of inquiry was followed in the study, located within the interpretivist paradigm. I justified my

choice of a phenomenological case study research design based on its potential for the collection of data that would facilitate the exploration of teenage pregnancy from high-risk communities. Purposefully selected teenage mother participants were asked to participate in a series of activities, all aimed at providing a deeper understanding of their circumstances, their feelings, and their dreams. Some of the data depicted their lived experiences poignantly, allowing an inside perspective of what these girls were grappling with. The interviews represented the views from both a parental and school perspective, with the parents sharing their difficulties and feelings of even self-blame and guilt. Teachers focused on their views and specific concerns regarding the school's inability to support such learners and their lack of knowledge on policies informing supportive measures. These were presented verbatim in the context of the themes to which they were related. I outlined the ethical considerations that were observed – an important aspect because of the high ethical risk potential and sensitivity of the topic. Lastly, I explained the quality criteria that ensured that the rigour of the study was adhered to.

In Chapter 5, I discussed the research findings of the empirical inquiry with reference to the themes and categories that emerged from the analysis of data generated during the two phases of data collection. The selected teenage mothers were asked to participate in a series of data-generating activities which included personal interviews, reflective exercises, and a focus group discussion. The documents and discussions depicted their life stories, inner emotions, concerns, and dreams for their future as well as those of their children. Some heart-rendering information was shared, allowing an inside perspective of what these youngsters were grappling with. The interviews with the parents and teachers focused on their views and specific concerns which were presented verbatim in the context of the themes to which they were related.

In this chapter, I highlight and summarise the major findings of the research, indicating meaningful issues to which I was sensitised in the course of my literature review and empirical investigation. Recommendations related to these are put forward for the DBE and schools to implement an intervention programme to prepare and assist teenage mothers in transitioning back into school life after the life-altering event of giving birth. I reflect on potential contributions as well as the limitations of the study.

6.2 SUMMARY OF THE FINDINGS AND CONCLUSIONS OF THE RESEARCH

The final summary and conclusions of the study are presented following the research questions which guided the study (cf. 1.4).

Research sub-question 1

Which risk (liabilities) and protective factors (assets) affect teenage mothers' ability to successfully complete their schooling and set future goals for themselves?

Resilience theory lies at the heart of this question. Adults (parents and, in particular, teachers) working with teenage mothers from disadvantaged environments can facilitate personal well-being and resilience by tapping into existing knowledge (theory) and tried and tested strategies that focus these learners' attention on their inner strengths and potential – the power to steer and manage their circumstances in ways that would enable them to stand strong and be tenacious.

Findings revealed some circumstantial and psychological risk factors that predispose teenage mothers to a defeatist mindset. These included feelings of rejection, low self-esteem, low self-confidence, feelings of regret and anger, adverse home circumstances, and poverty. Other risk factors that transpired were social stigma and lack of skills – both parental and life skills. Findings indicate that balancing parenthood and schoolwork was one of the major challenges faced by the teenage mother. A teenage mother with high levels of stress due to competing responsibilities can cope better if she has at least one loving and compassionate adult such as a parent, guardian, or teacher at school to support her. Home circumstances were also found to be a formidable risk factor. A teenager growing up in a dysfunctional family is likely to display troublesome behaviour and the likelihood of teenage pregnancy in girls from environments where such conditions prevail is heightened. The ineffectiveness and impotency of the school to fulfil its role in the prevention of teenage pregnancy and providing support for successful re-integration of victims was one of the most significant risk factors that emerged. This was very discouraging – in light of several findings as reported in the literature that teenagers and

teenage mothers who are subjected to comprehensive sex education, tend to face a lower risk of repeat pregnancy or engaging in reckless behaviour. This, together with an underperforming community health care system and incompetent, judgemental health care workers creates the proverbial 'perfect storm'.

The challenge of adversity calls for a deeper understanding of the protective factors that may navigate pregnant young girls and teenage mothers towards success. Consequently, counteracting the risk factors that emerged were aspects like a positive outlook and determination which compensated for, or neutralised, the effects of stress and anxiety, thus enabling the teenage mothers to cope with the adversities they faced. Motivation, ambition, and assertiveness also proved to foster resilience, thereby minimising the constricting effects of teenage parenthood. It was revealed that the teenage mother with a solid temperament and resolve is not easily side-tracked by what is traditionally pronounced as the norm. One of the most significant compensatory factors for the peril that emerged was a nurturing, compassionate, and emotionally supportive family environment, especially the role of the mother and/or the key maternal influence in the lives of the participant girls. This may potentially counterpoise many of the risk factors that endangered the participants' ability to rebound.

Conclusion: Research sub-question 1

The most substantial risk factors – both from the literature and the empirical findings – that could potentially jeopardise future success of teenage mothers were feelings of rejection, regret, stress, anxiety, and helplessness. Adverse economic conditions and a resource-poor environment intensified these feelings. Potential protective factors were an anchored home environment that paved the way for a stable temperament, acceptance, assertiveness and ambition, all essential components for goal setting.

Research sub-question 2

In what ways did risk factors restrict, or protective factors provide the means to successfully complete their schooling and set future goals for themselves?

The feeling of rejection, low self-esteem, low self-confidence, and feelings of anger and regret all seemed to have a detrimental effect on the psychological well-being of the

teenage mothers, albeit at different intensities. The reaction of significant others can act as either a risk or protective factor. The strong supportive elements of loving parents and family members had a notably positive impact on the psychological functioning of all these girls. As far as the fathers of their babies were concerned, three of the young men showed support and a willingness to stay in a relationship with their girlfriends and remain active in the upbringing of their children. They also provided financial assistance (with the help of their families), although not sufficient to fully provide for the needs of their children. However, Thati's case was particularly moving – the rejection she experienced from her boyfriend undoubtedly ignited the sense of insignificance and unworthiness of love that she experienced since childhood due to her parents' abandonment. This perpetuated low self-esteem and suicidal tendencies.

All participants expressed difficulty in attempting to study while having a child to care for. The inability to balance schoolwork and parenting emerged as the single most important factor that had a direct negative impact on their academic performance. For Tuki, this burden became so overwhelming at times that she even considered putting her child up for adoption. The encouragement she received at home and from friends, however, inspired her to press on and pursue her goals. Through the interviews, the drawings, and the sentence completion activity, the strongest protective factor towards crafting a better future for themselves and their infants that emerged, *was these young mothers' uncompromising and profound love and adoration for their babies.*

Another factor that seemed to aggravate the teenage mothers' feelings of shame and regret was parents' initial reactions to the news that their daughters were pregnant. The reaction varied from anger, disappointment, hurt, frustration – and some resorted to 'the violence of silence'. Although these feelings waned over time, they still surfaced at times of tension – with the underlying tones of blame sensed by the teenage mothers. All four teenage mothers reported having sufficient support from their immediate family and, to a lesser extent, from their friends. Yet, despite the mostly unselfish care and support from parents and close family, aspects thereof heightened the teenage mothers' feelings of inadequacy – in particular as far as their abilities as mothers and their authority as parents

were concerned. Although well-meaning, it created in them a sense of their babies being 'highjacked', emphasising their deficiencies as mothers.

Notwithstanding, all the participant mothers seemed to put their mothers in a central role within their support circle, while their families, as well as extended family members, also played a significant supporting role by taking care of their infants. The knowledge that their babies were in capable hands while attending school certainly enhanced the psychological well-being of these mothers and influenced the reintegration process favourably. Three of the teenage mothers received financial support from the fathers of their children, and they received a social support grant and financial assistance from their families. In the current study, teenage fathers were not instructed to pay what is culturally known as " damages" to the girls' families – for impregnating the girls without marrying them.

The findings were also conflicting at times. While all the young mothers lamented the challenges posed by the dual roles of parent and learner, they also believed that they were "smart" and "strong" enough to achieve their respective goals. A common sentiment was the intention to turn a new leaf and refrain from irresponsible behaviour. All seemed determined to earn the necessary qualifications for landing well-paying jobs that would enable them to give their children a better life than theirs.

It transpired from the interviews that, out of four participants, only one reported a sense of acceptance and care from a teacher at school. Data from the interviews with teachers revealed that they were not sure how to assist these young girls to adapt – neither socially nor academically. This may in part explain some teachers' avoidance of the subject of pregnancy with the young mothers altogether. This appeared to convey a message of indifference and apathy, adding to the feelings of alienation and uneasiness of the girls. The participant teachers were also quite vocal about their frustrations with teenage mothers in school. They experienced negative attitudes from some teenage mothers such as laziness and unwillingness to submit to authority. This perception, if held generally, evidently may discourage teachers from providing much-needed support to teenage mothers. I am convinced that a negative attitude from teachers contributed to the

challenges that these girls faced during the reintegration process. Since all participants were in Grade 12 at the time of data collection and generation, they needed dedicated support from the school.

As far as their surrounding communities were concerned, all the participants shared experiences of stigmatisation such as hurtful remarks from neighbours, community members, and health workers. While they chose to ignore such remarks and seemed not to be affected (presumedly a sign of social resilience), the common thread of a judgemental and moralistic attitude of nurses at the local clinic had a damaging effect on the girls' (potential) social trust in the system. This attitude of health care personnel was confirmed by parents and the teacher participants alike. This discouraged the teenagers from visiting the clinic to access the necessary services – not only in terms of pre- and post-natal care but also as a preventative measure for future unwanted pregnancies.

The teenage mothers seemed to have very little knowledge – or, at most, a vague idea – about the departmental policies that affected them. They all reported disappointment with the lack of sex education they received at school. This reflects negatively on the government's policy on inclusive education and sex education services offered in schools. Failure of teachers or reluctance to enforce or implement these policies was a major risk factor that emerged from the findings. A lack of this essential support aggravated the overwhelming sense of not being able to cope with their dual roles as mothers and learners.

Fallacious and insufficient information had a negative impact on two fronts: teenage mothers' inability to make responsible, moral choices, and the likelihood of not being able to make informed decisions about their career paths. The teenage mothers in the current study expressed disappointment in how Life Orientation as a subject was taught. They all agreed that they did not find these programmes useful because they were either rushed through by the teachers, or those periods were used for other subjects. The little information they did receive at school in terms of sex was reportedly inadequate and uncomfortable. One participant teacher reasoned that this might explain why the topics in

LO are rushed over. Schools might need to revisit the kind of sex education they give their students and evaluate their perceptions of these programmes.

Conclusion: Research sub-question 2

Based on the interactions with the teenage mothers, the most notable protective factor that emerged from the study was found in the microsystem. First, their unconditional love for their infants was a powerful and dynamic force that steered their aspirations towards building a secure and stable future for themselves and their children. This is followed by a supportive and loving family environment – a strong foundation and springboard for nurturing self-efficacy and taking corrective measures to change their life trajectory.

The most prominent risk factors that emerged across the systems were poverty and failing social systems – in particular the school, which, as representative of the broader education system, neglected their responsibility to implement relevant policy; and failing to act as 'in loco parentis'

Research sub-question 3

How effective were measures taken by the school in supporting teenage mothers to successfully integrate back into the school system?

As discussed in Chapter 3 (cf. 3.3.2) the teenager is still developing cognitively and emotionally, which suggests that she is not mature enough to face the challenges posed by motherhood. The school becomes an important institution to empower the teenage mother with the necessary skills and values to become a full-fledged and independent citizen. The characteristics of a supportive school environment include sufficient resources (human and physical), a culture of academic excellence, and particularly important, it should prioritise effective life skills teaching. Life Orientation as a school subject includes skills such as decision making and time management which is important for promoting resilience in teenage mothers. Successful support is further dependent on the intervention of non-judgemental, caring, and empathetic teachers who offer a safe space where confidentiality is guaranteed. There is overwhelming evidence in the literature that suggests that teachers with a positive attitude contribute to the teenage mother's success (3.5.3.1).

The District-Based support Team (DBST) and the School-Based Support Team (SBST) informed by the South African School's Act (RSA, 1996), the Education White Paper 6 of 2001 (DBE, 2001), and the p*olicy* on Screening, Identification, Assessment and Support (*SIAS*) (DBE, 2014) are tasked to guide and support teenage mothers when they return to school after giving birth. All teachers in school are expected to be familiar with these policies and implement them at the lowest and most crucial level to provide the support that the teenage mother needs.

Lack of support from significant others, including teachers who symbolise the means to school success, seemed to decrease the chances of success in the reintegration process. To this end, I believe a formal plan that stipulates guidelines to support teenage mothers when they return to school, is crucial. Only one participant experienced positive interactions with one of her teachers, which in turn made her feel welcome and secure enough to remain in school. This shows that teachers have a significant role to play in teenage mothers' successful reintegration into school and in encouraging them to pursue their future goals.

However, it was evident in this study that teachers felt incompetent and did not have a clear mandate to support the teenage mothers and help them with the reintegration process. This could mainly be attributed to teachers' lack of knowledge on the contents of the mentioned policies, and as a result, an inability to implement these policies. While there is no excuse for teachers failing to show compassion and engaging actively with young mothers returning to school in their classes, the Department of Basic Education, and the local DBST as its executive authority in the district, is to blame for not equipping the school (the SBST in particular) with the necessary training, knowledge, and skills to carry out their mandate in this regard.

Conclusion: Research sub-question 3

No formal measures were taken by the school in supporting teenage mothers to successfully integrate back into the school system. Any effort to provide support was, at most, a haphazard endeavour based on teachers' individual characteristics such as empathy and an accepting, non-judgemental attitude.

Research sub-question 4

How can a strength-based approach assist schools and education authorities to support teenage mothers in terms of their integration back into school life specifically, and society in general?

The answer to research question 4 constitutes the original contribution of this study, and addresses the main research question that guided the research, which reads:

Any intervention programme aimed at supporting teenage mothers needs to be completely informed by the challenges that these learners face. The type of support and the physical and emotional atmosphere prevalent can either trigger or suppress the teenage mother's human attributes or qualities and have major implications for how she will cope with adversity. The proposition of a strength-based approach to assist schools and education authorities to support teenage mothers in terms of their integration back into school life specifically, and society in general, has important implications for SBSTs. However, all teachers are professionally, ethically, and morally obliged to provide support in accordance with the precepts of the relevant policies and the constitution of the country.

From the discussion in this study, I am convinced that the school, through the SBST, can oversee effective support initiatives by involving all teachers – focusing on their attitudes, priorities, and active engagement in line with the SIAS policy (DBE, 2014).

6.3 A SCHOOL SUPPORT FRAMEWORK TO SUCCESSFULLY REINTEGRATE TEENAGE MOTHERS INTO SCHOOL AND SOCIETY TO CAPACITATE THEM TO FOLLOW UP ON THEIR FUTURE GOALS.

This study recommends a four-phase intervention programme congruent with the SIAS policy (cf. 4.2) for teenage mothers returning to school. It consists of both individual and group interventions. The proposed programme consists of a debriefing phase, a goal-setting phase, a support and monitoring phase, and an evaluation phase. Individual interventions will typically take place at the school level and will be followed by group sessions, where the teenage mother meets with other young mothers from surrounding

schools in the area who are faced with similar issues and challenges. Importantly, although these are subsequently presented as distinct phases, it is a dynamic, ongoing process where goals and support interventions may be revisited and adapted according to changing needs and circumstances.

The different phases merit a brief discussion.

PHASE 1: DEBRIEFING

The findings of this research confirmed that new mothers, including teenage mothers, frequently suffer from anxiety, stress, and depression after childbirth. Despite this relatively common phenomenon, many women – teenage mothers in particular – are not routinely provided with follow-up care for emotional and psychological distress through debriefing. In the framework proposed in this study, debriefing for teenage mothers has a twofold aim: first, to fully restore these young girls to their condition before falling pregnant and giving birth, and second, to empower them, through resilience building, to take ownership of their future. It is important to note that debriefing differs from counselling in that debriefing is intended to offer the teenage mother a safe forum to discuss and share what she experienced, and to facilitate a process of recovery and wellbeing.

The debriefing phase of the proposed framework is based on the so-called *Memory Work Project* as advocated by the *Regional Psychosocial Support Initiatives* (REPSSI, 2014), a pan Africanist organisation that has been providing holistic psychosocial care and support to girls, boys, and the youth in East and Southern Africa since 2002. Memory work is a process that allows individuals to remain connected to the people and things they value (REPSSI, 2014, p. 3). More specifically, the HERO book as a memory work approach has been adapted by me for teenage mothers to assist them as they attempt to reintegrate into school and society. The teenage mother becomes the author, the main character, and the editor of the book that she designs. The book – consistent with the activities in which the participant mothers participated during the empirical phase of the research – is intended to give her power over specific challenges she might face. The aim is to facilitate issues that

might be difficult for the girl to verbalise in discussions, but which will allow her to put thoughts in writing. As such, the book is her creation and it reinforces her HERO-SURVIVING, resilient qualities.

The prompts to the memory book will typically involve the following aspects:

1. **My name and its meaning**
2. **How I perceive myself, also as a teenage mother**
3. **My family background**
4. **My beliefs, values and dreams**
5. **My challenges/ Roadblocks in my life journey**
6. **How I cope during hard times**
7. **Important people who have had an influence in my life**
8. **Beliefs and values in the family that hinder my success to return to school**
9. **Beliefs and values in the family that promote my success to return to school**
10. **How psychosocial support enhance me to successfully reintegrate back to school life**
11. **My life experiences and advice I may offer to other teenage girls based on what I have learnt.**

Memory work as proposed here allows the teenage mother to remain connected to her family, the school, and the community to which she belongs. It should encourage her to reflect on her experiences and the coping mechanisms she employs to cope with adversity.

This phase should be handled with care and empathy because any interaction might trigger painful reactions (Allen, 2007). Initially, it comprises a one-on-one, fact-finding discussion between the learner and a designated SBST member who is tasked with the responsibility to oversee and facilitate assistance to teenage mothers returning to school (cf. Figure 6.1). During this meeting, the young mother will be welcomed back to school and assured of the school's ongoing support in making the transition as smoothly as possible. During this meeting, the memory workbook will be introduced, thus acting as a starting point/ icebreaker for subsequent sessions. Depending on the specific dynamics of a case, more than one debriefing session may be needed, and if necessary, the services of a social worker or the school psychologist can be enlisted. This session(s) can be regarded as the

first level in the SIAS process – early identification of barriers to learning that the teenage mother might be facing (DBE, 2014, p.27).

PHASE 2: GOAL SETTING

This phase involves the core stakeholders forming part of the teenage mother's support programme. The team ideally consists of:

- the delegated SBST member who initiated the debriefing phase.
- a trusted peer (friend) of the teenage mother
- the class teacher
- the Life Orientation teacher (provided they are not already serving on the SBST).

As alluded to in section 4.2, the class teacher is expected to intervene by drawing up an Individual Support Plan (IPS) that would be guided by the teenage mother's strengths and needs (SIAS, 2014). A trusted peer would be beneficial in the sense that it might create a safe 'go to' space in-between sessions.

While not always deliberate, every person devotes countless hours to thinking about their future and their present situation in life. Whether it relates to personal fulfilment or future planning – it provides an opportunity for reflection and change. This applies to teenage mothers as well. This inherent human inclination should be steered and directed during the goal-setting phase to assist the teenage mother in setting her career goals. I believe by setting goals, teenage mothers can achieve, amongst others, improved academic success in the short term and life in general in the medium to long term. Goal-setting increases motivation and self-confidence and, most importantly, eliminates attitudes that hold them back and stymie their progress.

Table 6.1 presents a framework for the goal-setting phase, which should take shape in the memory book:

Table 6 1 Framework for the goal-setting phase

WHO?	WHAT?	WHERE?	WHEN?	HOW?
Who will I ask for help?	What do I want the outcome to be?	Where should I start?	When should I begin?	How should I begin – my 'to do' list?
Who will benefit from my career goals?	What will I do to get started?	Where will my career goal put me in 5 years?	When do I want these goals to be reached?	How will these goals affect my future?

Objectives in the form of small activities that are action-oriented have to be achieved in the short term. The success in achieving objectives in incremental steps is a prerequisite for the achievement of goals, as discussed above. The goals are a broader expression of the results hoped for and are achieved over a longer period.

PHASE 3: SUPPORT (from theory to practice)

During the support phase, the introduction of group interventions could be of value. The benefit of group support is well-documented (Ezhumalai, Muralidhar, Dhanasekarapandian & Nikketha, 2018; Fox-Cardamone & Rue, 2002; Mashinter, 2020; Vygosky, 1962; Yusop, Zainudin, Jafaar & Marzuki, 2020). As mentioned, it is during this phase where support can extend to neighbouring schools, because it might not be possible to assemble a sufficiently large group of teenage mothers in one particular school to benefit from group interventions at any given stage. By combining resources, networking between stakeholder groupings is encouraged – not only amongst the teenage mothers from the different schools but also between the parents and caregivers of these girls. In a group setting, the young mothers can share their fears, challenges, and joys; they can support each other in various ways, from sharing advice in taking care of their infants, to dealing with the challenges of their dual roles as mothers and learners. As a result, the teenage mothers become informants to each other about their experiences and as such, a solid support framework is conceptualised. This process is preferably steered by a teacher facilitator, or, better still, a designated member of the DBST.

Hanna and Romana (2007, p.38) outline the typical steps to be followed during group sessions (adapted):

1. Introduction – the facilitator establishes the group goals and rules and reinforces the need for confidentiality about all that transpires within the group.
2. Fact gathering – each member describes what happened and facts are gathered about their unique circumstances.
3. Reaction phase – the facilitator leads the process to examine the feelings, thoughts, and responses of group members.
4. Symptom phase – the facilitator helps to examine how typical reactions have affected personal and academic lives.
5. Stress response – the group is taught about their stress response and how to manage it.
6. Suggestions – the facilitator offers guidance on how to cope with stress-related incidents.
7. Referral phase – the facilitator concludes with this phase, during which specific teenage mothers who require additional support are referred for individual sessions, either with the local clinic, social worker, or educational psychologist assigned to the school. Teenage mothers, I believe, fall under the category of learners with special needs (SIAS, 204) due to the tremendous stress that they are faced with. If the stress is not managed, it can have a harmful influence on their physical health, and as such, they need counselling and psychological support.

According to the EWP6 (2001) and SIAS policy (2014), the school, through the SBST, would initiate the support process for the identified teenage mother. In this report, the teenage mother's strengths and weaknesses would be observed as well as the initial appropriate support that would be documented in the ISP (cf. phases 1 and 2). The support should be approached as a collaborative process that involves the teenage mother, her family, teachers/school, therapists, and the community. Teenage mothers should be active participants in sex education and take ownership of the process. Family support, particularly the support of mothers and guardians to assist with childcare, is the most crucial determining factor that acts as a support for a teenage mother to continue her

education successfully. As mentioned, teachers are expected to provide support to teenage mothers, both academically and emotionally.

One can safely assume that teenage mothers, parents, as well as society, can benefit from an integrated multi-disciplinary support programme that is proactive and includes intensifying strategies to prevent repeat pregnancies.

PHASE 4: MONITORING AND EVALUATION

Monitoring forms part of ongoing support and involves a process of continuous collection of data and measurement of progress toward meeting the programme objectives. In this study, the main objectives included peer counselling training; enhanced self-efficacy and self-esteem; reduction of repeat teenage pregnancy; improved academic performance, and enhanced future employability and economic independence. In this case, in accordance with the SIAS process, the intervention programme was reviewed by the class teacher. If the process thus far proved to be inadequate, the teenage mother would be referred to the SBST for further intervention. Failure to achieve desired outcomes or where the teenage mother needed support that the school could not provide, the referral process as discussed above would take effect. The SBST, with the approval of the parent/guardian, recommended referral to the DBST to provide more intense and specialised support from relevant therapists as per the Support Needs Assessment (SNA 1 & 2) prescripts. The social workers typically focused on the teenage mother's psychosocial needs, while the psychologists focused on enhancing academic functioning (HPCSA, 2011).

Monitoring and evaluation are believed to help the teenage mother to measure the extent to which she achieves the goals and objectives of the intervention. Closely related to monitoring is *evaluation.* Evaluation is the use of social research methods to systematically investigate the programme's effectiveness. Good monitoring is expected to lead to a good evaluation of the impact of the programme on the teenage mother's situation. Table 6.1 gives a brief overview of how the programme will be monitored and reviewed.

Table 6 2 Monitoring and evaluation

(Adapted from Mtshali, 2015)

MONITORING	EVALUATION
The appointed SBST member or class teacher outlines the programme goals: • Enhancing academic performance • Translate objectives into performance indicators, such as increased self-esteem and improved academic performance • Collect data on indicators monthly (through questionnaires) and compare actual results to targets • Inform the SBST coordinator or the teacher in charge of the intervention programme: *To what extent are planned activities being realised?* • Inform SBST and SMT of the progress/no progress *How good are the services (output) in terms of quality?*	*Which outcomes/performance goals are/have been observed?* • If needed, examine why the planned goals were not met. • Assess specific reasons for failure, through completion of questionnaires, and make adjustments. • Examine the implementation process through FGDs between teenage mothers, their parents, and their teachers. • Investigate unforeseen consequences. • Share lessons learned, highlight notable efforts and successes, and make suggestions for future improvement. *Does/did the programme make a difference? If so, to what extent? Is/was it positive or negative?* • If negative, the DBST should be involved (intervention by therapists, social workers, psychologists, and Special Schools Unit (ISS Unit) • Praise for success; corrective feedback in identified challenges

Figure 6.4 provides a diagrammatic overview of the different elements of the envisaged support framework as proposed:

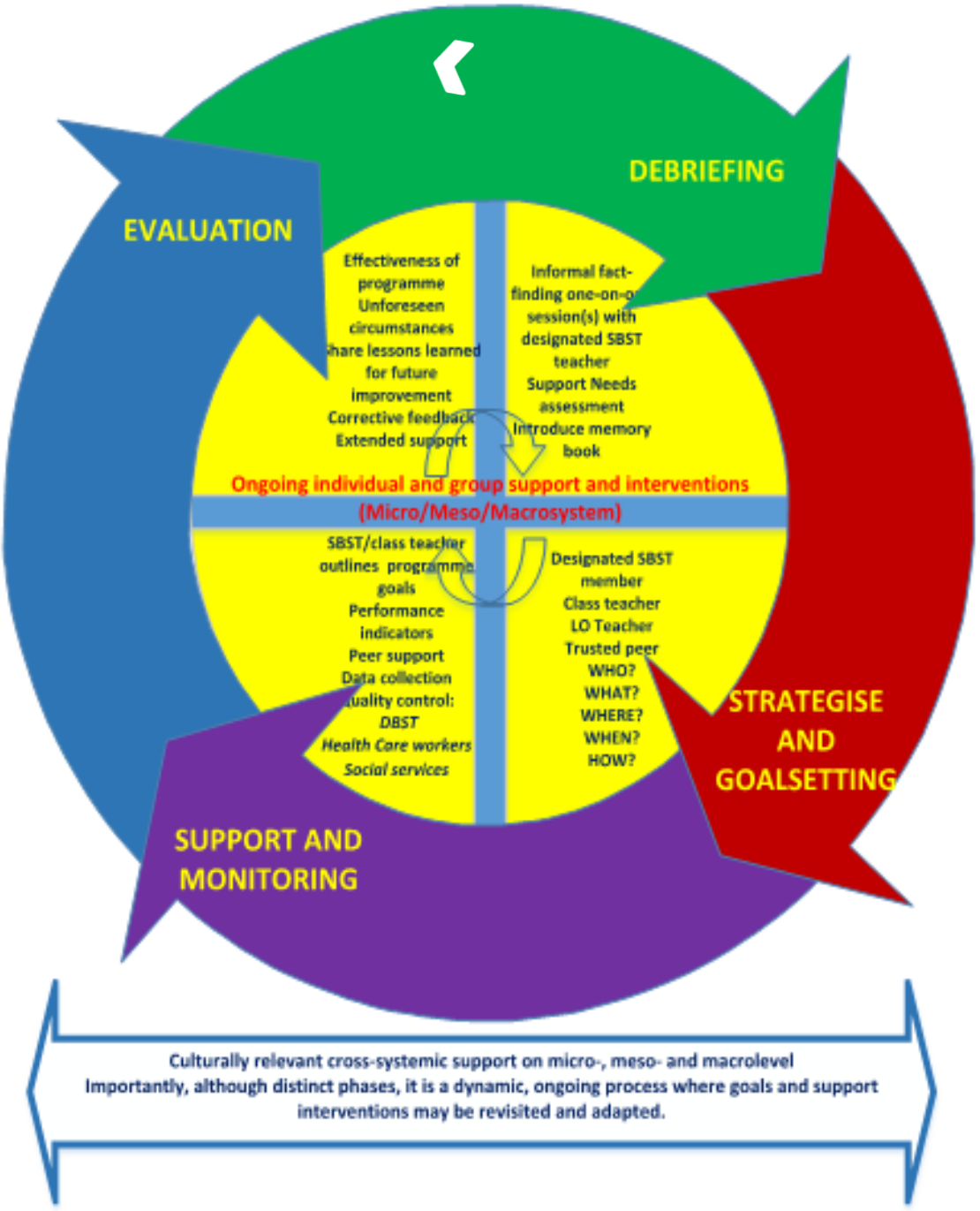

Figure 6 1: Envisaged support framework for teenage mothers

6.4 LIMITATIONS OF THE STUDY

One of the limitations of this study that needs to be taken into consideration relates to the sampling strategy that was employed. I chose four teenage mothers, two parents, and two

teachers for my study using a purposeful sampling method. To address concerns that were important to the goal of the inquiry, the chosen adolescent mothers had to have experienced the phenomenon under investigation. The benefit of adopting purposeful sampling is that it allowed for a more in-depth study of the phenomenon. However, in doing so, I could not collect additional data or probe deeper into the topic under study, due to the small size of the sample. Although I endeavoured to gain as much insight into the phenomenon as possible, I believe that with a larger sample the information might have been even more rich and meaningful.

As a researcher, conducting a qualitative study, the risk of me being biased was a challenge because this study relied primarily on my personal interpretation of data from teenage mothers. I had to bracket my views and personal feelings by being as objective and non-judgemental as I could. I also discussed my thoughts, feelings, and interpretations with my supervisor continuously, to mitigate possible misinterpretations.

6.5 RECOMMENDATIONS

In the following section, I present recommendations for consideration by schools, DBSTs, and the DBE in general. Areas for future research in the field of teenage motherhood are also proposed.

6.5.1 Recommendation 1: Improved practice implementing a school support programme for teenage mothers

The conclusions as presented in section 6.2 pointed to the need for schools to implement a psychosocial support framework (section 6.3) for teenage mothers to assist them in the process of reintegration back into the school system. The proposed support framework needs to be developed using the four phases as explained, namely debriefing, goalsetting, monitoring, and evaluation. The programme should align with departmental policies (The Constitution of the Republic of South Africa (Act 108 of 1996); EWP6, 2001; SIAS, 2014; National Policy on Teenage Pregnancy (2015); The Choice of Termination of Pregnancy Act 92 of 1996 South African School Act No 84 of 1996; National Policy on the Prevention and

Management of Learner Pregnancy in Schools of 2008) extensively, including a dedicated timeframe detailing a goal-specific academic support plan of action. Psycho-social activities should be developed and/or identified to run concurrently with academic support.

First, the academic support for teenage mothers should include a smooth return to school by providing extra classes to compensate for missed time. Second, academic support would by preference include one-on-one support, guided by an individual support plan (ISP) compiled specifically for the teenage mother. Academic support represents the microsystem because the school and the teachers, apart from the home, form the inner core of the teenage mother's educational life. Psychosocial support involves socio-emotional support that focuses on the teenage mother's emotional wellbeing and inter- and intra-social relationships. The services of therapists and professionals could be enlisted where deemed necessary. Such support would include teaching these learners coping mechanisms during difficult times and training in life skills such as time management, conflict resolution, responsible decision making, and more. The ultimate goal is the effective and meaningful implementation of policies – theory to practice – that guide all stakeholders involved in the teenage mother's reintegration process.

6.5.2 Recommendation 2: In-service training for teachers

All teachers should, under their calling which is grounded in the principle of *in loco parentis*, offer support congruent with departmental policies as specified. Therefore, *in-service training* on these policies is recommended, with an added psycho-social support component. The DBST should oversee the development and implementation of such a training programme.

- The *aim* of the in-service training is fulfilling the demand for learner support in general, with a specific focus on the prevention of irresponsible sexual behaviour and pregnancy (persuasive and articulate sex education) and observing learners' psychosocial needs within a safe and protective school environment.

- The *purpose* of the in-service training is the effective implementation of policies. The in-service training is mainly meant to inform and enable teachers to provide pastoral care and support to at-risk learners (DBE, 2017a).

To be available to all, the training needs to be presented at the school, for example in the staffroom since this venue is accessible to all. The training could be implemented in sessions as decided by the staff members themselves and the SBST. There are different possibilities, for example, three sessions, once a week for two hours; two sessions once every fortnight for three hours; or one full-day session. However, the SBST will facilitate the training and follow up with support and regular brainstorming meetings.

6.5.3 Recommendation 3: Pre-service teacher training

Departmental policies should form an integral part of *pre-service teacher training curricula at all HEIs*. Training should also provide for inputs by health care workers and should concentrate on the fundamentals, such as knowledge on pre- and post-natal care, how to identify needs and recognise signs of distress.

6.5.4 Recommendations for further research

- In addition to the above, it could also be useful to investigate the phenomenon in other contexts, for example, schools in urban and more affluent areas, to gain an understanding of how those teenage mothers experienced the issues raised in this study. Much may be learned from schools that are successful in their attempts to address the psychosocial problems of not only teenage mothers but learners in general.

- The fully developed proposed psycho-social programme can be piloted in the form of an action research project for a doctoral or post-doctoral student. The aim would be to undertake a reflective process of progressive problem solving that integrates research, action, and analysis. In so doing, the research would include

building a knowledge base to understand the effectiveness of the programme. A similar approach could be followed when piloting the proposed in-service teacher training programme.

- In-depth studies of the various methodologies employed by researchers in collaboration with teachers on how schools can use Life Orientation to effectively address sex education -prevention, abstinence, and available services – will be a useful contribution to the field.
- A mixed-method study involving teenage mothers, parents, and teachers can be undertaken to identify and implement suggested psychosocial support interventions. The use of both quantitative and qualitative methods might enable researchers to generalise the findings to a population.
- More rigorous research is needed that follows the children of adolescent parents through time, both in the short and long term, to evaluate the advantages of interventions on parenting and ways to enhance the resilience of both teenage fathers and teenage mothers.
- An action research study could be considered to determine the viability of erecting a care facility for teenage mothers and their children on school premises or in proximity to the school. In this way, the potential benefits and limitations of providing psychosocial assistance to teenage mothers can be established.

6.6 CONCLUSION

The overall aim of my research was to investigate *how* schools might support teenage mothers from high-risk, disadvantaged communities to successfully reintegrate back into school and society after giving birth. This was done by focusing on the challenges (risks) that faced the participant teenage mothers as well as protective factors available to them to be resilient. Combining a literature study with an empirical investigation allowed me to reach the set objectives of the study. My study found that the identified school lacked the necessary resources to effectively support teenage mothers returning to school following the birth of their children. Teenage mothers also indicated that they lacked necessary life and motherhood skills, which hampered their academic achievement and influenced their psychological health. On the other hand, teachers claimed that they felt incompetent and unconfident n their ability to provide academic as well as psychosocial support to teenage

mothers. While they cited unclear policies as the primary cause for their indolence, I believe that negative perceptions and attitudes also influenced their reluctance to provide the necessary support.

Ultimately, in the context of this particular study, I conclude that a strong family support network, a longing for a 'better life,' and future ambitions to counteract the risk of insufficient reintegration into school life and academic success may in many cases not convincingly compensate for the many challenges faced by teenage mothers from these communities.

REFERENCES

Abutabenjeh, S., & Jaradat, R. (2018). Clarification of research design, research methods, and research methodology: A guide for public administration researchers and practitioners. *Teaching public administration*. Retrieved from https://doi.org/10.1177/0144739418775787.

Adofo, S. (2013). *Challenges and coping strategies of student nursing mothers in tertiary institutions in the greater Accra Region of Ghana*. Thesis: University of Ghana.

Adu-Yeboah, C. (2015). Mature Women Students' Experiences of Social and Academic Support in Higher Education: A Systematic Review. *Journal of Education and Training, 2*(2),145. DOI:10.5296/jet.v2i2.7511.

Ajayi, A. T., & Buhari, L.O. (2014). Methods of Conflict Resolution in African Traditional Society. *African Research Review, 8*(2) (2014). DOI:10.4314/afrrev.v8i2.9.

Akella, D., & Jordan, M. (2015). Impact of Social and Cultural Factors on Teen Pregnancy *Journal of Health Disparities Research and Practice,8*(1), 41 – 62.

Albers, P., Vasquez, V. M., Harste, J. C., & Janks, H. (2019). Art as a critical response to social issues. *Journal of Literacy and Technology*, *20*(1), 46-80.

Alshengeeti, H. (2014). Interviewing as a data collection method: Acritical review. *English Linguistic Research,* 3(1)39. Reyreived from http://dx.doi.org/10.5430/elr.v3nlp39.

Ardalan, R. K. (2016). Improving Earnings and Dividends Forecasts Using Cointegration Analysis. *International Journal of Business, Accounting, and Finance, 10* (1), pp. 43-53.

Assefa, B., Abiyou, M., Yeneneh, G., Hiruye, A., Mariam, D.H., Derbew, M. (2015). Assessment of the magnitude of teenage pregnancy and its associated factors among teenage females visiting Assosa General Hospital. *PMID July Supplement*, *2*, 25-37.

Babbie, E., & Mouton, J. (2005). *The Practice of Social Research.* Oxford: Oxford University Press.

Babbie, E. R. (2020). *The practice of social research*. Cengage learning.

Babedi, M. R. (2013). *Psychosocial support provided by teachers to learners with behavioural and emotional challenges.* (Unpublished Master's Thesis). University of South Africa, South Africa.

Babedi, M. R. (2018). *Psycho-educational and social factors that contribute to orphaned adolescent learners' anxiety*. (Unpublished Master' Thesis). University of Johannesburg, South Africa.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122–147.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman & Co.

Baron, R.A., Branscombe, N.R., & Byrne, D. (2009). *Social Psychology*. (12th ed.). Boston: Pearson.

Bearman, P., Peter, S., & Brückner, H. (2009). Peer Effects on Adolescent Sexual Debut and Pregnancy: An Analysis of a National Survey of Adolescent Girls. The National Campaign for the Prevention of Teen Pregnancy, April 2009.

Bell, J. (2010). *Doing your research project: A guide for first-time researchers in education, health and social sciences.* (5th ed.). England: McGraw-Hill.

Berg, G., & Mamhute, R. (2013). Socio-educational Challenges of Pregnant Students and Student Mothers. *Anthropologist*, 15(3), 305-311. DOI:10.1080/09720073.2013.11891321.

Berry, J. W. (2017). "Theories and models of acculturation," *Oxford Handbook of Acculturation and Health*, eds S. J. Schwartz and J. B. Unger (New York: Oxford University Press), 15–28.

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

Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? (2004). *Department of Counselling and Clinical Psychology, American Psychologist*, *59*(1), 20-28.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: SAGE. Retrieved from https://au.sagepub.com/en-gb/oce/successful-qualitative-research/book233059

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge, M.A: Harvard University Press.

Bronfenbrenner, U. (1994). Ecological models of human development. In Husen, T.N (Eds.). *International Encyclopedia of education* (2nd ed.), *3*, 1643-1647. Oxford, UK: Pergamon Press.

Bronfenbrenner, U. (1995*).* Developmental ecology through space and time: A future perspective*.* In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.). *Examining lives in context: Perspectives on the ecology of human development* (pp. 619–647). American Psychological Association. Retrieved from https://doi.org/10.1037/10176-018.

Bronfenbrenner, U. (2005). On the nature of bioecological theory research. In U Bronfenbrenner (Ed.), *Making human beings human*. Thousand Oaks, CA: Sage.

Bronfenbrenner, U., & Morris, P. A. (2006). The Bioecological Model of Human Development. In R. M. Lerner & W. Damon (Eds.). *Handbook of child psychology: Theoretical models of human development* (pp. 793–828). John Wiley & Sons Inc.

Brooks, R.M. (2013). Negotiating time and space for study: student -parents and family relationships. *Sociology,* 4(3), 443-459.DOI: 10.1177/003803851 2448565.

Browning, M. H. E. M., Larson, L. R., Sharaievska, I., Rigolon, A., McAnirlin, O., Mullenbach, L., Cloutier, S., Vu, T.M., Thomsen, J., Reigner, N., Covelli Metcalf, E., D'Antonio, A., Helbich, M., Bratman, G.N., & Alvarez, H.O. (2021). Psychological impacts from COVID-19 among university students: Risk factors across seven states in the United States. *PloS one*. (16).1. 10.1371/journal.pone.0245327.

Brubaker, S. J. & Wright, C. (2006). Identity transformation and family caregiving: Narratives of African American teen mothers. *Journal of marriage and family, 68*(5), 1214-28.

Bryman, A. (2012). *Social Research Methods*. (4th ed.). Oxford University Press.

Budgetary Supplementary Review, (2020). National treasury. Republic of South Africa. 24 June 2020. Retrieved from www.treasury.gov.za.

Caldwell, C., Kohn-Wood, L., Schmeelk-Cone, K., Chavous, T., & Zimmerman, M. (2004). Racial discrimination and racial identity as risk or protective factors for violent behaviours in African American young adults. *American Journal of Community Psychology*, *33*(1/2), 91– 105.

Carlson, M. J. (2006). Family structure, father involvement, and adolescent behavioural outcomes. *Journal of Marriage and Family, 68*, 137–154.

Chatterji, M., Murray, N., & London, D. (2005). The Factors Influencing Transactional sex Among Young men and Women in 12 Sub-Saharan African Countries. March 2005. *Social Biology, 52*(1-2), 56-72. DOI:10.1080/19485565.2002.9989099.

Chauke. H. (2013) *The challenges experienced by teenage mothers in secondary schools: the case of Hlanganani South Circuit*. (Master's Thesis: Curriculum Studies), University of Limpopo. Retrieved from URI:http://hdl.handle.net/10386/962.

Cherry, C.O. (2015). Building a 'better Life": The transformative effects of adolescent pregnancy and parenting, p. 1-9. DOI:10.1177/2158244015571638sgo.sagepub.com.

Chick, C. F., & Reyna, V. F. (2012). A fuzzy trace theory of adolescent risk taking: Beyond self-control and sensation seeking. In V. F. Reyna, S. B. Chapman, M. R. Dougherty, & J. Confrey (Eds.), *The adolescent brain: Learning, reasoning, and decision making*

(p. 379–428). American Psychological Association. Retrieved from https://doi.org/10.1037/13493-013.

Chigona, A., & Chetty, R. (2008). Teen mothers and schooling: lacunae and challenges. *South African Journal of Education, 28*(2), 261-281.

Chui, H., Ziemer, K.S., Palma, B., & Hill, C. (2014). Peer relationships in counselling psychology training.December 2014. *Counselling Psychology Quarterly, 27*(2). DOI:10.1080/09515070.2013.873858.

Cichy, K. E., Lefkowitz, E.S., Davis, E.M., & Fingerman, K.L. (2013). "You are such a disappointment!": negative emotions and parents' perceptions of adult children's lack of success. *The Journals of gerontology. Series B, Psychological Sciences and Social Sciences*, 68(6), 893-901. DOI: 10.1093/geronb/gbt053. PMID: 23733857 PMCID: PMC3805291.

Clarke, J. (2015). It's not all doom and gloom for teenage mothers- exploring the factors that contribute to positive outcomes. *International journal of adolescent and youth*, *20*(4). DOI.org/10.1080/02673843.2013.804424.

Clay, P., Paluzzi, P., & Max, J. (2011). *Mapping Programs that Serve Pregnant and Parenting Teens in the US: Results and Hurdles.* Baltimore, MD: Healthy Teen Network.

Cluver, L., & Gardner, F. (2007). Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS care*, *19*(3), 318-325.

Coetta, K. L. (2014). *A conceptual and theoretical analysis of resilience in the context of ageing with multiple morbidities*. (Master's dissertation). University of Toronto, USA.

Cohen, L., Manion., L. & Morrison, K. (2013). *Research methods in education*. (6th ed.) New York: Routledge Falmer.

Collins, B. (2010). *Resilience in teen-mothers: A follow-up study*. Retrieved from https//: msd.govt.nz.

Coppens, E. (2014). Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behaviour: Results of the OSPI-Europe intervention in four European countries. *Journal of Affective Disorders.* DOI:10.1016/j.jad.2014.04.052.

Coopersmith, S. (2002). *Coopersmith SEI self-esteem inventories manual*. Menlo Park, CA: Mind Garden, Inc.

Corbetta, P. (2003). *Social Research Theory Methods and Techniques.* SAGE Publications Ltd., London.

Corcoran, J. (2016). Teenage Pregnancy and Mental Health. *Societies, 6*, 21. DOI:10.3390/soc6030021.

Creswell, J. W. (2012) *Educational research. Planning, conducting, and evaluating qualitative research,* (4th ed.). Boston, MA: Pearson.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2015). *30 Essential Skills for the Qualitative Researcher*. (1st ed.). Thousand Oaks CA: Sage.

Creswell, J. W., & Creswell, J.D. (2018). *Research Design Qualitative, Quantitative, and Mixed Methods Approaches*. Los Angeles: Sage.

Crowley, K. (2017). *Child development: A practical introduction*. (2nd ed.). London: Sage Publications Inc.

Cypress, B. S. (2017). Rigor or Reliability and Validity in Qualitative Research: Perspectives, Strategies, Reconceptualization, and Recommendations. *Dimensions of Critical Care Nursing: 36* (4), 253-263. DOI: 10.1097/DCC.0000000000000253.

Dagar, V., & Yadav, O. (2016). Constructivism: A Paradigm for Teaching and Learning. *Arts and Social Sciences Journal, 7* (4), 7, 4 DOI: 10.4172/2151-6200.1000200.

Dallas, C. (2004). Family matters: How mothers of adolescent parents experience adolescent pregnancy and parenting. *Public Health Nursing*, *21*(4), 347-353.

Daniels, E. (2013). The Usefulness of Qualitative and Quantitative Approaches and Methods in Researching Problem-Solving Ability in Science Education Curriculum. *Journal of Education and Practice* www.iiste.org ISSN 2222-1735 (Paper) ISSN 2222-288X (Online), *7*(15), 2016 91.

Darroch, J. E.,Woog., V. Bankole, A., & Ashford, L.S. (2016) Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents. https://www.guttmacher.org/adding-it-up.

Dave, S., & Dave A. (2014). Psychosexual development and human sexuality. In: Kar N, Kar GC, editors. *Comprehensive Textbook of Sexual Medicine.* (2nd ed.). Jaypee Publishers: New Delhi; 2014. pp. 42–53.

- Dempster, G.C. (2010). *A case study of teachers' implementation of Asset-Based Psychosocial support.* (Masters Dissertation). University of Pretoria, South Africa.

De Vos, A. S., Strydom, H., Fouché, C. B., & Delport, C. S. L. (2011). *Research at Grassroots for Social sciences and Human Services Professions.* Pretoria: Van Schaik Publishers.

Denzin, N. K. (2014). *Interpretive autoethnography* (2nd ed.). Los Angeles, CA: Sage.

Denzin, N. K., & Lincoln, Y. S. (2017). *The SAGE Book of Qualitative Research*. (5th ed.). Thousand Oaks, CA: SAGE Publications.

Denzin, N. K., & Lincoln, Y. S. (2017). *The SAGE Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.

Department for Children, Schools and Families & Department of Health. (2007). *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts.* Retrieved from https://www.gov.uk/government/organisations/.

Department of Basic Education [DBE]. 2014. Policy on screening, identification,assessment and support. Pretoria: Department of Basic Education.

Devi, O. S., Reddy, K., Samyukta, B., Sadvika, P., & Bertha, K. (2019). Prevalence of teenage pregnancy and pregnancy outcome at a rural teaching hospital in India. DOI: 10.18203/2320-1770.ijrcog20190293.

Dilshad, R.M., & Latif, M.I. (2013). 'Focus group interview as a tool for qualitative research: an analysis. *Pakistan Journal of Social Sciences* (PJSS)*, 33* (1), 191–198.

Dlamini, N. (2016). Teenage mother's experiences of motherhood-schooling, stigma and learning responsibility: a case study of teenage mothers of school going age in a peri-urban area in Kwa-Zulu Natal. (Master's dissertation). University of Stellenbosch, South Africa.

Dlamini, J. D. (2011). *Discipline in Education: Assessing the Positive Discipline Approach in Selected schools in Mpumalanga Province*. (Unpublished D. Ed Thesis). Tshwane University of Technology, South Africa.

Donald, D., Lazarus, S., & Lolwana, P. (2012). *Educational psychology in social context: Ecosystemic applications in Southern Africa.* Cape Town, SA: Oxford University Press South Africa.

Dowling, M. (2014). *Young children's personal, social and emotional development*. (4th ed.). London: Sage Publications.

Duncan, A. (2013). *Teenage parents and their Educational Attainment*. Texas Comprehensive Centre.

Dunifon, R. (2013). The influence of grandparents on the lives of children and adolescents. *Child development perspectives, 7*(1). DOI:10.111/cdep.12016.

Durrheim, K. (2010). Research design. In Terre Blanche, M., Durrheim, K., & Painter, D. (Eds.). *Research in practice: Applied methods for the social sciences*. South Africa: University of Cape Town Press.

Earthbrooks, M. A., Chaudhuri, J. H., Barlett, J. D., & Copeman, A. (2011). Resilience in parenting among young mothers: Family and ecological risks and opportunities, *Children and Youth Services Review*, *33*(2011), 42-50.

Elkined, D. (1988). Mental Acceleration. *Journal of education of the gifted.* Retrieved from https://doi.org/10.1177/016235328801100403.

Elkington, K. S., Bauermeister, J. A., & Zimmerman, M. A. (2011). Do parents and peers matter? A prospective socioecological examination of substance use and sexual risk among African American youth. *Journal of Adolescence, 34*(5), 1035–1047.

Erikson, E. H. (1968). *Identity, youth, and crisis*. New York: Norton.

Erikson, E. H. (1994): *Youth and Crisis*. New York: Norton.

Erk, T. (2013). *The college student as a mother: A phenomenological examination of community college student experiences* (Unpublished PhD thesis). Ball State University, Indiana.

Erol, R. Y., & Orth, U. (2011). Self-esteem development from age 14 to 30 years: A longitudinal study. *Journal of personality and social psychology*, *101*(3), 607-619. Retrieved from https://doi.org/10.1037/a0024299.

Esiah-Donkoh. (2014). Child-rearing practices among student-mothers at University of Cape Coast, Ghana.Society, *Biology and Human Affairs, 78*(1 & 2).

Every Woman Every Child, (2015). *The Global Strategy for Women`s, Children`s and Adolescents` Health (2016-2030*). Geneva: Every Woman Every Child.

Fergus, S., & Zimmerman, M.A. (2005). Adolescent's resilience: a framework for understanding healthy development in the face of risk, *Annual review in public health*, *26*, 399-419.

Figg, B. (2018). Risk and protective factors. *Substance Abuse and Mental Health Services Administration* [SAMHSA]. 2018. Retroeved from https://DOI:10.1080/153982585.2018.1513760.

Fleming, J., & Ledogar, R. J. (2008). Resilience, an evolving concept: A review of literature relevant to Aboriginal research. *Pimatisiwin: A journal of Aboriginal and indigenous community health*, 6(2), 7-23.

Forrester, (2010). *Doing qualitative research: a practice guide*. USA: Sage.

Fox-Cardamone, L., & Rue, S. (2002). Students' responses to active learning strategies: An examination of small-group and whole-group discussion. *Research for Educational Reform, 8*(3), 3-15.

Fraser-Thrill, R. (2020*). Myelination and tween impulses*. VeryWellFamily. Retrieved from https://www.verywellfamily.com/myelination-process-3288324.

Freud, S (1850-1939), (n.d.). *Psychosexual development.* Retrieved from http://en.wikipedia.org/wiki/sigmund_freud.

Fuimaono, R. S. (2012). *The Asset Based Community Development (ABCD) approach in action: An analysis of the work of two NGOs in Samoa* (M.Phil. Thesis). Retrieved from

http://mro.massey.ac.nz/xmlui/bitstream/handle/10179/3427/02_whole.pdf?seq uence=1&isAllow ed=y

Gaffney, A. W., Himmelstein, D., & Woolhandler, S. (2020). Risk for Severe COVID-19 Illness Among Teachers and Adults Living With School-Aged Children. *Annals of internal medicine.* https://jmanetwork.com/on 08/31/2021.

Ganchimeg, E., Ota, N., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., Yamdamsuren, B., Temmerman, M., Say, L., Tuncalp, O., JP Vogel, JP Souza, J.P., & Mori, R. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *International Journal of Obstetrics and Gynaecology*, *121*, 40–48.

Garg, A. (2012). *The Bangladeshi Practice of Child Marriage Continues to Disregard Domestic Law and UN Conventions Human Rights Brief*: The Centre for Human Rights & Humanitarian Law.

Garmezy, N. (1989). The role of competence in the study of children and adolescents under stress. In: B.H. Schneider, G. Attili, J. Nabel, & R.P. Weissberg (Eds.). *Social competence in development perspective* (pp. 25-39). Boston: Kluwer.

Garmerzy, N. (1991). Resilience in children's adaptation to negative life events and stressed environments. *Pediatric annals*, *20*(9), 459-466.

Garmezy, N., Masten, A. S., & Tellegen, A. (1984). The study of stress and competence in children: a building block for developmental psychopathology. *Child Development, 55*(10), 1984.97-111. https://doi.org/10.2307/1129837.

Gay, L. R., Mills, G. E., & Airasian, P. W. (2011). *Educational research: Competencies for analysis and applications***.** (10th ed.). New Jersey: Prentice Hall.

Gilbert, W., Jandial, J., Field, N., Bigelow, P., & Danielsen, B. (2004). Comparative study: Birth outcomes in teenage mothers. *Journal of Maternal Fetal Neonatal Medicine, 16*(5), 265-DOI: 10.1080/14767050400018064.

Gill, B., Hayes, S., & Senior, C. (2015). The effects of family support and gender on mature student engagement in higher education. *Frontiers of Psychology, 6,* https://doi.org/10.3389/fpsyg.2015.00156.

Goldstein, S., & Brooks, R. B. (Eds.). (2005). *Handbook of resilience in children.* Kluwer Academic/Plenum Publishers. Retrieved from https://doi.org/10.1007/b107978.

Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Developing a 'blueprint' for your "house". Administrative *Issues Journal Education Practice and Research*, *4*(2). DOI: 10.5929/2014.4.2.9.

Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related School Dropout and Prior School performance in KwaZulu-Natal, South Africa. *Studies in Family Planning, 39*(4), 369-382. .

Gunawardena, N., Fantaye, A. W., & Yaya, S. (2019). Predictors of pregnancy among young people in sub-Saharan Africa: a systematic review and narrative synthesis. *BMJ Global Health, 4,* doi:10.1136/ bmjgh-2019-001499.

Gyesaw, N. Y., & Ankomah, A. (2013). Experience of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: a qualitative study. *International journal women's health*, *12*, 773-80. Doi: 10.2147/IJWH.S51528.

Habitu, Y. A., Yalew, A., & Bisetegan, T.A. (2017). Prevalence and Factors Associated with Teenage Pregnancy, Northeast Ethiopia, 2017: A Cross-Sectional Study. Journal of pregnancy. 2018, Article ID 1714527. Retrieved from https://doi.org/10.1155/2018/1714527.

Hamadani, J. D., Hasan, M. I., & Baldi, A.J. (2020). Immediate impact of stay-at-home orders to control COVID-19 transmission on socioeconomic conditions, food insecurity, mental health, and intimate partner violence in Bangladeshi women and their families: An interrupted time series. *Lancet Global Health.* DO:I S2214–109X(20), 30366–30371.

Hanna, D. R., & Romana, M. (2007). Debriefing after a crisis. Nurses Management, *38*(8), 38-42, 44-45, 47. Doi: 10.1097/01.numa.0000286190.06433.0b.

Harden, A., Brunton, G., Fletcher, A., & Oakley, A. (2009). Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies. https://doi.org/10.1136/bmj.b4254.

Hargie, O. (2011). Skilled Interpersonal Interaction: Research, Theory, and Practice (London: Routledge, 2011).

Harris, A. L. (2011). Media and technology in adolescent sexual education and safety. *J Obstet Gynecol Neonatal Nurs, 40*, 235–42.

Harrison, M. A. (2011). College students' prevalence and perceptions of text messaging while driving. *Accident Analysis and Prevention, 43,* 1516-1520. 43(4), 1516. DOI:10.1016/j.aap.2011.03.003.

Harvey, J., & Delfabbro, P. (2004). Psychological resilience in disadvantaged youth: A Critical overview. *Australian Psychologist*, *39*(1), 3–13. DOI: 10.1080/00050060410001660281.

Hasking, P., Lewis, S. P., & Bloom, E. (2020). Impact of the COVID-19 pandemic on students at elevated risk of self-injury: The importance of virtual and online resources. *School psychology international.* Retrieved from https://doi.org/10.1177/0143034320974414.

Haydon, A. A., Herring, A. H., & Halpern, C. T. (2012). Associations between patterns of emerging sexual behaviour and young adult reproductive health. *Perspectives and Sex Reproductive Health, 44*, 218–27.

Higher Education Research and Development Survey, Fiscal Year (2016). *Research and Development Statistics Program,* 703, 292-776.

Heyne, L. A., & Anderson, L. S. (2012). Theories that support strengths-based practice in therapeutic recreation. *Therapeutic Recreation Journal*, *46*(2), 106.

Hodgekinson, S. C.; Colantuoni, E.; Roberts, D.; Berg-Cross, L., & Belcher, H. M.E. (2010). Depressive symptoms and birth outcomes among pregnant teenagers. *Journal of Pediatry, Adolessence and* Gynecology, 23, 16–22.

Hofstee, E. (2006). *Constructing a good dissertation: A practical guide to finishing a Masters, MBA or PhD on Schedule*. Sandton: EPE.

Holloway, I. (2005). *Qualitative Research n Health Care.* McGraw-Hill Education (UK).

Holnes, N. (2018). High-Risk Pregnancy. *National library of medicine, 53*(2), 241-251. DOI: 10.1016/j.cnur.2018.01.010. Epub 2018 Apr 7. DOI: 10.1016/j.cnur.2018.01.010.

Horne, M., Masley, S. & Allison-Love, J. (2017). Drawing as a research tool: what does it add? Retrieved from https://www.rcn.org.uk/professional-development/research-and-innovation/research-events /rcn-2017-research-conference. RCN International Research Conference, 05-07 Apr 2017, University of Oxford Examination School, Oxford, UK. Royal College of Nursing.

Health Profession Council of South Africa (2011). Health Professionals Act No 56 of 1974. Form r.704: Regulations defining the scope of the programme of psychology. South Africa: Department of Health.

Huang, C. Y., Costeines, J., Carmen, A., & Kaufman, J.S. (2014). Parenting Stress, Social Support, and Depression for Ethnic Minority Adolescent Mothers: Impact on Child Development. *Journal of Children and Family Studies,* 23(2), 255-262. DOI: 10.1007/s10826-013-9807-1.

Hugh, M. E., Waite, L. J., LaPierre, T.A., & Ye Luo,' Y. (2007). All in the Family: The Impact of Caring for Grandchildren on Grandparents' *Health. J Gerontol B Psychol Sci Soc Sci, 62(2), S108–S119.* DOI: 10.1093/geronb/62.2.s108.

Hurd, N. M., Sanchez, B., Zimmerman, M. A., & Caldwell C. H. (2012). Natural mentors, racial identity, and education attainment among African American adolescents: exploring pathways to success. *Child Development*. 83, 1196–1212.

Hurd, N. M., & Zimmerman, M. A. (2011). Natural mentoring relationships among adolescent mothers: A study of resilience. *Journal of resilient adolescents, 20*(3), 789-809.

International Monetary Fund, (2020). *World Economic Outlook: A Long and Difficult Ascent* Retrieved from www.imf.org/en/Publications/WEO.

Inhelder, B., & Piaget, J. (1958). The Early Growth of Logic in the Child. New York: Norton.

Inter-Agency Network for Education in Emergencies. (2016). *Background paper on psychosocial support and social and emotional learning for children and youthin emergency settings.* Retrieved from: http://toolkit.ineesite.org/resources/ineecms/uploads/1126/20161219_PSSSEL_Background_Note_Digital_Final.pdf.

Ioana, C. A. (2021). *An overview of the challenges faced by vulnerable children and their families during COVID-19.* (Master's dissertation: Jonkoping University.

Iphofen, R. (2011). Ethical decision-making in qualitative research- *a practical guide*. *Qualitative Research, 11*(4), 443-446. https://doi.org/10.1177/1468794111404330

Ismail, S. A. M. M. (2013). Triangulation. Retrieved from https://www.slideshare.net>sheilasham>triangulation-28081746.

Jain, K., Mshweshwe-Pakela, N. T., Charalambous, S., Mabuto, T., & Hoffmann. C.J. (2019). Enhancing value and lowering costs of care: a qualitative exploration of a randomized linkage to care intervention in South Africa, *AIDS Care, 31*(4), 481-488, DOI: 10.1080/09540121.2018.1503636.

Jeon, S. H., Kalb, G., & Vu, H. A. (2011). The Dynamics of Welfare Participation among Women Who Experienced Teenage Motherhood in Australia. *Economic Record, 87*(277), 235-251. DOI: 10.1111/j.1475-4932.2010.00685.x.

Jewkes, Y. (2015). *Media and Crime*. London: Sage.

Jewkes, R., Morrell, R., & Christopher, N. (2009). Empowering Teenagers to Prevent pregnancy: Lessons from South Africa. *Culture, Health and Sexuality, 11*(7), 675-688.

Jinot, B. L. (2016). *The role of principals in maintaining effective discipline among learners in selected Mauritian state secondary schools: an education management model.* University of South Africa, Pretoria. Retrieved from http://hdl.handle.net/10500/21900.

Kail, R. V., & Cavanaugh, J. C. (2010). *Human development – A life-span view*. Belmont, Canada: Wadsworth.

Kalil, A., Ziol-Guest., K. & Coley, R. (2005). Perceptions of Father Involvement Patterns in Teenage-Mother Families: Predictors and Links to Mothers' Psychological Adjustment. *Family Relations, 54*(2), 197-211.

Kanku, T., & Mash, R. (2010). Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. S*outh African family practice, 52*(6), 563-572. Retrieved from https://doi.org/10.1080/20786204.2010.10874048.

Kar, S. J., Choudhury, A., & Singh, A. P. (2015). Understanding normal development of adolescent sexuality: A bumpy ride. *Journal of Human Reproductive Sciences, 8*(2), 70–74. DOI:10.4103/0974-1208.158594.

Karatas, Z., & Cakar, F. S. (2011). Self-esteem and hopelessness and resiliency: An exploratory study of adolescents in Turkey. *International Education Studies. 4*(4), 84. *DOI: 10.5539/ies,* ISSN: 1913-9039.

Kawulich, B. (2021). *Selecting a research approach Paradigm methodology and methods.* University of West Georgia. Carrollton, United States. Retrieved from https://www.researchgate.net/publication/257944787.

Kearney, M. S., & Levine, P. B. (2015). *Media influences on social outcomes: The impact of MTV's 16 and pregnant on teen childbearing.* Working Paper 19795 Retrieved from http://www.nber.org/papers/w19795.

Kemoli, A. M., & Mavindu, M. (2014). Child abuse: A classic rape case with literature review. *Contemporary Clinical Ddentistry, 5*(2), 256-259. DOI: 10.4103/0976-237X.132380.

Khan, M. (2013). Academic Self-Efficacy, Coping, and Academic Performance in College. *International Journal of Undergraduate Research and Creative Activities.* DOI – 10.7710/2168-0620.1006.

Khondani, N. (2015). Motherhood rights and responsibilities. Tehran, Iran: Women and family Research Centre; Retrieved from http://wrc.ir?Lang=En.

Khuzwayo, N., & Taylor, M. (2018). Exploring the socio-ecological levels for prevention of sexual risk behaviours of the youth in uMgungundlovu District Municipality, KwaZulu-Natal. *African Journal of Primary Health Care & Family Medicine. 10*(1), Doi:.org/10.4102/phcfm.v10i1.1590.

Kimemia, K. K., & Mugambi, M. M. (2016). Social Media and Teenage Pregnancy among Students In Secondary Schools In Imenti North Sub-County, Meru County, *International Journal of Scientific Research and Management (IJSRM), 4* (9), 4586-4606.

Kingston, D., Hearman, M., Fell, D., & Chalmers, B. (2012). Maternity Experiences Study Group of the Canadian Perinatal Surveillance System, Public Health Agency of Canada :Comparison of adolescent, young adult, and adult women's maternity experiences and practices. *National Library of Medicine*. *129*(5): e1228-37. DOI: 10.1542/peds.2011-1447.

Kiselica, A. M., Kiselica, M. S. (2017). Teenage fathers. *Childhood Studies*. DOI: 10.1093/OBO/ 9780199791231-0122. Retrieved from https://www.oxfordbibliographies.com/view/document/obo-9780199791231/obo-9780199791231-0122.xml (dostęp: 15.05.2020).

Kivunga, C., & Kuyini, A. B. (2017). Understanding and Applying Research Paradigms in Educational Contexts.http://ijhe.sciedupress.com. *International Journal of Higher Education*, 6, (5). Retrieved from https://doi.org/10.5430/ijhe.v6n5p26.

Kohlberg, L., & Hersh, R. H. (1977). Moral Development: A Review of the Theory of Lawrence Kohlberg. *Theory into Practice, 16*, (2), 53-59.

Kohlberg, L. (1958). *The Development of Modes of Thinking and Choices in Years 10 to 16. (*Ph. D. Dissertation: University of Chicago.

Kohlberg, L. (1973). The Claim to Moral Adequacy of a Highest Stage of Moral Judgement. *Journal of Philosophy, 70*, 630-646.

Krishnan, S., Dunbar, M. S., Minnis, A. M., Med-lin, C. A., Gerdts, C. E., & Padian, N. S. (2007) Poverty, gender inequities and women's risk of HIV/AIDS. Scientific approaches to understanding and reducing poverty. *Annals of the New York Academy of Sciences,* 1-18.

Krishnan, V. (2010). *Early child development: a conceptual model for* the Early child development mapping project. (EC Map), Community-University Partnership (CUP). University of Alberta. Canada.

Kumar, S., Kumar, N., & Vivekadhish, S. (2016). Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Addressing Unfinished Agenda and Strengthening Sustainable Development and Partnership. *Indian Journal of Community Medicine, 41*(1), 1–4. DOI: 10.4103/0970-0218.170955.

Landsberg, E., Krüger, D., & Swart, E. (Eds). (2016). *Addressing barriers to learning – A South African Perspective*. (3rd ed.). Pretoria: Van Schaik Publishers.

Lederman, N. G., & Abell, S. K. (Eds.). (2014). *Handbook of research on science education* (Vol. II). New York, NY: Routledge.

Ledesma, J. (2014). Conceptual frameworks and research models on resilience in leadership. *Sage Open Journals,* 1-8. DOI: 10.1177/211582440145454.

Lee, T. Y., Cheung, C. K., & Kwong, W. M. (2012). Resilience as a positive youth development construct: A conceptual review. *The Scientific world Journal*. Doi:10.1100/2012/390450.

Lee, G., & Choi, Y. (2015). Association of School, Family and Mental Health characteristics with suicidal ideation among Korean Adolescents. *Research in Nursing AND Health.* DOI: 10.1002/nur.2166.

Lee, H., Ryan, L. H., Oefsedal, M. B., & Smith, J. (2020). Multi-general households, childhood and trajectories of cognitive functioning among U.S older adolescents. *Journal of Gerontology: Social Sciences,* Xx(xx). 1-12. Doi: 1093/geronb/gbaa165.

Leedy, P. D., & Ormord, J. E. (2015). *Practical research: planning and design*. (11th Ed.). Boston, M.A: Pearson.

Leigh, B., & Milgrom J. (2008). Risk factors for antenatal depression, postnatal depression and parenting stress. *BMC Psychiatry, 75*, 23-29.

Lesmes, V. I. S., & de Villalobos, M. M. D. (2010). Teenagers want to be mothers…but not so soon. *Advances en Enfermeria*, *28* (1), 33-42,

Lethale, P. S. (2008). *The resilience of adolescents from adolescent-headed families within the school context.* Unpublished Master's Dissertation. University of Johannesburg. South Africa.

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, *4*(3), 324-327. DOI: 10.4103/2249-4863.161306.

Lewis, J. (2009). Redefining qualitative methods: Believability in the fifth moment. *International Journal of Qualitative Methods, 8*(2), 1-14. Retrieved from http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4408.

Lincoln, Y. S., & Guba, E. G. (Eds. 1985). *Naturalistic Inquiry.* Thousand Oaks: Sage.

Lincoln, Y. S., & Guba, E. G. (2016). *The constructivist credo*. London University of Carlifonia Press Ltd.

Lotse, C. W. (2016). Exploring experiences of pregnant adolescents and their utilization of reproductive health services in Ho West District, Ghana: A Salutogenic Approach. Doctoral Dissertation: The University of Bergen.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Journal of Child Development*, *71*(3), 543-562.DOI.org/10.1111/467-8624.00164.

Macleod, C., & Durrheim, K. (2002). Racializing teenage pregnancy: "Culture" and "tradition" in the South African scientific literature. *Ethnic and Racial Studies, 25*, 778-801.

Maldonado-Morales, M. (2019). Culture, Pregnancy, and its Challenges. *International journal Res Public Health, 16*(19), 3608. DOI: 10.3390/ijerph16193608.

Maddux, J. E., & Gosselin, J. T. (*2012*). Self-efficacy. In M. R. Leary & J. P. Tangney (Eds.). *Handbook of self and identity* (p. 198–224). The Guilford Press.

Madlala, S. T., Sibiya, M. N., & Ngxongo. S. P. (2018). Perceptions of young men at the Free State School of Nursing with regards to teenage pregnancy. *African Journal of Primary Health Care and Family Medicine*, *10*(1). DOI:10.4102/phcfm.v10i1.1358.

Mair, M., & Kierans, C. (2007). Descriptions as data: Developing techniques to elicit descriptive materials in social research. *Visual studies, 22*(2), 120-136. 10.1080/14725860701507057.

Makiwane, M., & Udjo, O. E. (2012). *Is the child support grant associated with increase in teenage fertility in South Africa? Evidence from national surveys and administrative data*. Pretoria: Human Sciences Research Council.

Mackenzie, N., & Knipe, S. (2006). Research dilemmas: Paradigms, methods and methodology *Issues in Educational Research, 16*(2), 193-20. [IIER Home] Retrieved from http://iier.org.aul6/mackenzie.html.

Malahlela, M., & Chirosh, R. (2013). Educators' perceptions of the effects of teenage pregnancy on the behaviour of the learners in South African secondary schools: implications for teacher training. *Journal of Social Sciences*, 37, 137-148. DOI://10.1080/09718923.2013.11893212.

Mamgeli, M., Rayyami, M., Cheraghi, M. I., & Tirgari, B. (2017). Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: A qualitative study. *Journal of Family and Reproductive Health, 11*(3), 165-173.

Map of Virginia (2008) Retrieved from https://en.wikipedia.org.wiki/Virginia_Free State.

Masten, A. S. (1999). Resilience comes of age: Reflections on the past and outlook for the next generation of research. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 281–296). Kluwer Academic Publishers.

Masten, A. S. (2001). Defining resilience. *American Psychologist, 56*, 227-238.

Masten, A. S. (2007). Resilience in developing systems: progress and promise as the fourth wave rises. *Development and Psychopathology*, 19(3), 921-930.

Masten, A. S., & Cicchetti, D. (2010). Developmental cascades. *Development and Psychopathology, 22,* 491– 495.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology,* 23, 493–506.

Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child development, 85*, 6-20. DOI:10.1111/cdev.12205.

Matlala, S. F., Nolte, A. G. W., & Temane, M. S. (2014**).** Secondary school teachers' experiences of teaching pregnant learners in Limpopo province, South Africa**.** *SA Journal of Education, 34,* (4). DOI: 10.15700/201412052112.

Matshalaga, N. (2004). Grandmothers and orphan care in Zimbabwe. Harare, Zimbabwe: HIV/AIDS Information Dissemination Services. Retrieved from https://www.safaids.org.za.

Mashinter, P. (2020). Is Group Therapy Effective**?** *Journal of Graduate Studies in Education*, *12*(2), 33-36.

Maxwell, J. A. (2014). A realist approach to qualitative research. DOI: org/10.1177/1473325014536818a.

Mayaba, N. N., & Wood, L. (2015). Using Drawings and Collages as Data Generation Methods with Children: Definitely Not Child's Play. *International Journal of Qualitative Methods,* 1–10. DOI: 10.1177/1609406915621407.

McAslan, A. (2010). *Community resilience: Understanding the Concept and its Application*. Adelaide: Torrens Resilience Institute.

McCleary-Sills, J., Douglas, Z., Rwehumbiza, A., Hamisi, A., & Mabala, R. (2013). Gendered norms, sexual exploitation and adolescent pregnancy in rural Tanzania, *Reproductive Health Matters,* 21(41), 97-105, DOI: 10.1016/S0968-8080(13)41682-8.

Mchunu, G., Peltzer, K., Tutshana, B., & Seutlwadi, L. (2012). Adolescent pregnancy and associated factors in South Africa. *African Health Science*, *12*, (4), 426–434.

Mchunu, G., Peltzer, K., Tutshana, B., & Seutlwadi, L. (2014). Factors associated with teenage pregnancy in South Africa: a national perspective. *African Health Sciences,* 12(4), 435–444.

McLeish, J. M., & Redshaw. M. (2017). Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study. BMC *Pregnancy and Childbirth*, *17*, 28 DOI 10.1186/s12884-017-1220-0.

McLeod, J. (2011). Qualitative Research in Counselling and Psychotherapy. *Journal of Psychology.* DOI:10.4135/9781849209663.

McLeod, J. (1999). Low self-esteem. Simply psychology. Retrieved from www.simplypsychology.org/self-esteem.html.

McMillan, J. H., & Schumacher, S. (2014). *Research in Education: Evidence-Based Inquiry*, (8th ed.). Commonwealth University: Pearson.

Meese, J. L. & Daniels, D. H. (2011). *Child and adolescent development for educators*. (3rded.). Retrieved from http://highered.mcgraw-hill.com/sites/0073525766/student_view/.wordpress.com.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. New York, NY: John Wiley and Sons.

Mertens, D. M. (2005). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*. (2nd ed.). Thousand Oaks: Sage.

Mertens, D. M. (2009). *Transformative Research and Evaluation*. New York: Guilford Press.

Merrick, J. S., Labella, M. H., Narayan, A. J., Desjardins, C. D., Barnes, A. J., & Masten, A. S. (2020). The Child Life Challenges Scale (CLCS): Associations of a Single-Item Rating of Global Child Adversity with Children's Total Life Stressors and Parent's Childhood Adversity. *Children 2020*, *7,* 33; doi:10.3390/children7040033 (Basel, Switzerland). 7. PMID 32290263 DOI: 10.3390/children7040033.

Mills, A. J., Gabrielle, D., & Wiebe, E. (2010). *Encyclopedia of case study research, case study and narrative analysis.* Sage Publications Inc. DOI: http://10.4135/9781412957397.

Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township. *Cultural Health and Sex, 12*, 347-58.

Mmari, K., & Blum R. W. (2009). Risk and protective factors that affect adolescent reproductive health in developing countries: a structured literature review. *Global Public Health, 4*, 350–66.

Mmotla, T. (2020). Counting Covid-19's cost on other health issues. *New Frame*. DOI:10.5590/JSWGC.2019.04.1.02. Corpus ID: 209492769.

Moghadam, V. M. (2018). Modernizing Women. *Gender and Social Change in the Middle East, 61*(4), 393-408.

Moghadam, Z.B., Ordibeheshti, M., & Esmaeili, M. (2017). Motherhood challenges and well-being along with the studentship role among Iranian women: A qualitative study. *International Journal of Qualitative Studies on Health and Well-Being.* DOI:10.1080/17482631.2017.1335168.

Mohr, R., Carbajal, J., & Sharma, B. (2019). The Influence of Educational Attainment on Teenage Pregnancy in Low-Income Countries: A Systematic Literature Review. *Psychology*. DOI:10.5590/JSWGC.2019.04.1.02. Corpus ID: 209492769.

Mollborn, S. & Lovegrove, P. J. (2015). How Teenage Fathers Matter for Children: Evidence. *Journal of Marriage and Family,* 77(2), 373–387. DOI: 10.1111/jomf.12175.

Moon, S. S., Patton, J., & Rao, U. (2010). An ecological approach to understanding youth violence: The mediating role of substance use. *Journal of Human Behavior in the Social Environment, 20*(7), 839–856. https://doi.org/10.1080/10911351003751918.

Morgan, J. (2009). REPSSI mainstreaming psychosocial care and support within the education sector. *Psychosocial Wellbeing Series*. Johannesburg: REPSSI.

Morinis, J., Carson, C., & Quigley, M. A. (2013). Effect of teenage motherhood on cognitive outcomes in children: a population-based cohort study. *Archives of disease in childhood*, *98*(12), 959-964.

Moss-Knight, T. C. (2010). *Experiences of Pregnancy among Adolescents in The Bahamas: A Qualitative Approach. Doctoral thesis.* District of Columbia. Retrieved from http://search.proquest.com/docview/862714182?accountid=14723.

Mouton, J. (2008). *How to succeed in your master's and doctoral studies. A South African guide and research book.* Pretoria: Van Schaik.

Mwoma, T., & Pillay, J. (2015). Psychosocial support for orphans and vulnerablechildren in public primary schools: Challenges and interventions strategies. *South African Journal of Education, 35*(3), 1-9. http://dx.doi.org/10.15700/saje.v35n3a1092.

Nadat, Y., & Jacobs, S. (2021). Elements that contribute to resilience in young women from a high-risk community. *Social work* 57(1). Retrieved from http://dx.doi.org/10.15270/52-2-908.

Neal, S., Matthews, Z., Frost, M., Fogstad, H., Camacho, A.V., & Laski, L. (2012). Childbearing in adolescents aged 12–15 in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. *Acta Obstetrician Gynecology Scandinavia,* 13, 1114–1118.

Nelson, L. A. (2013). Support provided to teenage mothers who return to school. Unpublished Master's Dissertation. University of Johannesburg, South Africa.

.

Nelson, S. K., Kushlev, K., English, T., Dunn, E. W., & Lyubomirsky, S. (2013). In Defense of Parenthood: Children are associated with more joy than misery. *Psychological Science.* Retrieved from https://doi.org/10.1177/0956797612447798.

Nesengani, R. I. (2005). The needs of rural parent-absent early adolescents. Unpublished Doctoral Thesis. University of Johannesburg, South Africa.

Ngoma-Diseko, O. (2020) Post COVIT-19 *South Africa needs a strategy to address the expected implosion of learner pregnancies.* SABC News, September 7.

Ngubane, N., & Maharaj, P. (2018). Childbearing in the context of the child support grant in a rural area in South Africa. Retrieved from https://doi.org/10.1177/2158244018817596

Nieuwenhuis, J. (2016). Analysing qualitative data. (In: K. Maree, (Ed.). *First steps in research*. (103-131). Pretoria: Van Schaiks Publishers.

Nortje, A. L. (2017). *Vulnerable young adults' experiences of post-school psycho-social preparation.* Masters Dissertation: University of Johannesburg, South Africa.

Nsamenang, A. B. (2006). Human ontogenesis: An indigenous African view on development and intelligence. *International Journal of Psychology*, *41,* 293–297. DOI:10.1080/00207590544000077.

Nsamenang, A. B. (2009). Cultures of early childhood care and education. In M. Fleer, M. Hedegaard, & J. Tudge (Eds.), *World Yearbook of Education 2009: Childhood studies and the impact of globalization: Policies and practices at global and local levels*, 23-45). New York: Routledge. Retrieved from www.routledge.com/education.

Nyumba, T. O., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: *Insights from two decades of application in conservation, 9* (1), 20-32.

Obando, K. S. (2016). The most perfect metaphor for new motherhood. Huffpost , July 17.

O'Connor, W. B., O'Connor, W. A., & Lubin, B. (Eds.). (1984). *Ecological approaches to clinical and community psychology* (No. 1). Wiley-Interscience.

O'Donnell, L., O'Donnell C. R., & Stueve, A. (2001). Early sexual initiation and subsequent sex-related risk among urban minority youth: The Reach for Health Study. *Family Planning Perspectives*, 33, 268-275.

O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* The National Academies Press.

Odhiambo, E. (2020). 2020. September 25. The Standard. Act fast to end deaths from unsafe abortions.

Onwuegbuzie, A. J., & Leech, N. L. (2007). Sampling Designs in Qualitative Research: Making the Sampling Process More Public. *The Qualitative Report*, *12*(2), 238-254. https://doi.org/10.46743/2160-3715/2007.1636

Ott, M. A. (2010). Examining the development and sexual behaviour of adolescent males. *Journal of Adolescent Health.* 46(4), 3–11. DOI: 10.1016/j.jadohealth.2010.01.017.

Oyedele, O. A., & Wright, S. C. D., & Maja, T. M. M. (2013). Prevention of teenage pregnancies in Soshanguve, South Africa: Using the Johnson Behavioural System Model African, *Journal of nursing and midwifery*, *15*(1), 95-108. Retrieved from https://hdl.handle.net/10520/EJC136700.

Pajares, F., & Valiante, G. (2006). Self-Efficacy Beliefs and Motivation in Writing Development. In C. A. MacArthur, S. Graham, & J. Fitzgerald (Eds.), *Handbook of writing research*, 158–170. The Guilford Press.

Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage pregnancy in South Africa with a specific focus on school going learners. *Child, Youth, Family and social development*. Human Science Research Council. Pretoria: Department of Basic Education.

Paniagua**,** M. N., & Walker, I**.** (2012). The Impact of Teenage Motherhood on the Education and Fertility of their Children: Evidence for Europe.ideas.repec.org. Discussion Paper No. 6995, November 2012.

Papalia, D., Gabriela, C. & Martorell, G. (2020). *Experience Human Development* Paperback. McGraw-Hill.

Pardun, C, J., L'Engle, K. L., & Brown, J. D. (2005). Linking Exposure to Outcomes: Early Adolescents' Consumption of Sexual Content in Six Media**.** May 2005**.** *Mass Communication & Society, 8*(2), 75-91. DOI:10.1207/s15327825mcs0802_1.

Park, Y. S., Konje, L., & Artino, A.R. (2020). The Positivism Paradigm of Research. *Academic Medicine.* DOI: 10.1097/ACM.0000000000003093.

Patel, L. (2015). *Social welfare and social development*. (2nd ed.). South Africa: Oxford University Press.

Piaget, J. (1932). *The moral judgement of the child*. London: Routledge & Kegan Paul.

Piaget, J. (1957). *Construction of reality in the child.* London: Routledge & Kegan Paul.

Piaget, J. (1975). Comments on mathematical education. *Contemporary education*, *47*(1), 5.

Pietrowski, J. L. (2006). *Understanding the experience of teenage parents: An empirical examination of attitudes and expectations among education professionals*. (Doctoral Thesis). Eastern Michigan University.

Pillay, J., & Nesengani, R. I. (2006). The educational challenges facing early adolescents who head families in rural Limpopo Province. *Education as Change, 10*(2), 131-147. DOI:10.1080/16823200609487144.

Pillay, J. (2014). Ethical considerations in educational research involving children: Implication for education researchers in South Africa. *Journal of Childhood Education,* 4(2), 194-212.

Potard, C. (2017). Self-Esteem Inventory (Coopersmith). In: Zeigler-Hill V., Shackelford T. (eds) *Encyclopedia of Personality and Individual Differences*. Springer, Cham. Retrieved from https://doi.org/10.1007/978-3-319-28099-8_81-1.

Prajapati, R., Sharma, B., & Sherman, D. (2017). Significance of Life Skills Education. *Contemporary Issues in Education Research*. DOI:10.19030/CIER.V10I1.9875. Corpus ID: 152015207.

Pregnancy UK (n.d.) *Rh-negative mother and Rh-D positive fetus*. Retrieved from pregnancy.uk/pregnancy/a/anti-d-injection.

Prince-Emburry, S. (2013). Translating resilience theory for assessment and application with children, adolescents and adults: *Conceptual Issues.* DOI; 10. 1007/978-1-4614-4939-3-2.

Prinzon, J. L., & Jones, V. F. (2012). Care of adolescent parents and their children. *Pediatrics, 130*(6), 1743-1756. DOI: 10.1542/peds.2012-2879.

Psychologynotes, (n.d.) Bronfenbrenner's ecological theory. Retrieved from *https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/.*

Puspakumara, J. (2011). *Effectiveness of life-skills training program in preventing common issues among adolescents: a community based quasi experimental study* (ALST). Department of Psychiatry Faculty of Medicine & Allied Sciences Rajarata, University of Sri Lanka.

Puspasari. J., Rachmawati, I.N., & Budiati, T. (2018). Family support and maternal self-efficacy. *Enfermería Clínica*, 27(I), 227-231. DOI:10.1016/S1130-8621(18)30073-1.

Raj, A., & Boehmer, U. (2013). Girl Child Marriage and Its Association with National Rates of HIV, Maternal Health, and Infant Mortality Across 97 Countries. *Violence against women.* Retrieved from https://doi.org/10.1177/1077801213487747.

Rajaskar, S., Philominaathan, P., & Chinnathambi, V. (2013). *Research Methodology.* Retrieved from http://arxiv.org/pdf/physics/0601009.pdf.

Reliefweb. (2021). *Teen pregnancies in South Africa jump 60% during COVID-19 pandemic*. Retrieved from https://reliefweb.int/report/south-africa/teen-pregnancies-south-africa-jump-60-during-covid-19-pandemic.

Ramesht, M., & Farshad, C. (2006). Study of life skills training in prevention of drug abuse in students. Lecture: *The 3rd Seminar of Students Mental Health.* Iran University of Science and Technology: Persian.

Ramulumo, M. R., & Pitsoe, V. J. (2013). Teenage Pregnancy in South African Schools: Challenges, Trends and Policy Issues. *Mediterranean Journal of Social Sciences, 4*(3), 755. DOI: 10.5901/mjss.2013.

REPSSI. (2010). Mainstreaming Psychosocial Care and support with paediatric HIV and AIDs Treatment. Johannesburg: REPPSI.

Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health. *Journal of Mental Health, 20(*4), 392-411. Doi: 10.3109/09638237.2011.583947.

Republic of South Africa (1996b). *South African Schools Act, Act 84 of 1996.* Pretoria: Government Printers.

Republic of South Africa (1996c). Choice on Termination of pregnancy Act No. 92 of 1996. Government Gazzette , 377 (17602) (22 November). Pretoria: Government Printers.

Republic of South Africa (1998). South African Schools Act 84 of 1996, Number 17597. Pretoria: Government Printers.

Republic of South Africa (2004). Social Assistance Act, 2004 (Act 13 of 2004). Pretoria: Government Printers.

Republic of South Africa (2007). Children's Amendment Act No. 41 of 2007. Government Gazette, 513 (30884). Pretoria: Government Printers.

Republic of South Africa (2007). Criminal Law (Sexual Offences and Related matters) Amendment Act No. 32 of 2007. Government Gazette, 510(30599). Pretoria: Government Printer.

Republic of South Africa [RSA] (1996a). Constitution of the Republic of South Africa. Pretoria: Government Printers.

Roberts, P., Priest, H., & Traynor, M. (2006). Reliability and validity in research. *Nursing Standard*, 20, 41-45. DOI:10.7748/ns.20.44.41.s56.

Romero L., Pazol K., Warner L., Gavin, L., & Moskosky, S., et al. (2016). Reduced Disparities in Birth Rates Among Teens Aged 15–19 Years – United States, 2006–2007 and 2013–2014. R *Morbidity Mortal Weekly Report*, *65,* 409–414. DOI:nhttp://dx.doi.org/10.15585/mmwr.mm6516a1external icon.

Rutter M. (1987). Psychosocial resilience and protective mechanisms. *American. Journal of Orthopsychiatry ,57*(3), 316–31.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. E. Rolf, A. S. Masten, D. Cicchetti, K. H. Nuechterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology.* London: Cambridge University Press. Retrieved from https://doi.org/10.1017/CBO9780511752872.013.

Rutter, M. (1999). Resilience concepts and findings: implications for family therapy. *Journal of Family Therapy*, 21, 119–144.

Rutter, M. (2005). Multiple meanings of a developmental perspective on psychopathology. *European Journal of Developmental Psychology, 2(3),* 221-152.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Science, 1094*(1), 1-15.

Rutter, M. (2013). Annual research review: resilience- clinical implications. *Journal of Child Psychology and Psychiatry*, *54*, 474-487. DOI:10.1111/j.1469-7610.2012.02615.x.

Ryan, F., Coughlan. M., & Cronin, P. (2009). Interviewing in qualitative research. *International Journal of Therapy and Rehabilitation*, 16(6), 309-314.

Ryan-Krauss, P., Meadows-Olivier, M., Saddler, L., & Swartz, M.K. (2009). Developmental status of children of teen mothers: contrasting objective assessments with internal reports*. Journal of Paediatric healthcare, 23*(5), 303-310.

SABC News, (2020). COVID-19 South Africa needs a strategy to address the expected implosion of learner pregnancies. 7 September 2020, 5:22 PM |SABC|@SABCNews. Retrieved from www.sabcnews.com/sabcnews/post-covid-19-south-africa-needs-a-strategy-to-address-the-expected-implosion-of-learner-pregnancies/

Sabri, B., Hong, J. S., Campbell, J. C., & Cho, H. (2017). Understanding children and adolescents' victimizations at multiple levels: An ecological review of the literature. *Journal of Social Service Research, 39*, 322–334.

Sales, J. M., Smearman, E. L., Brody, G. H., Milhausen, R., Philibert, R. A., & Diclemente, R. J. (2013). Factors associated with sexual arousal, sexual sensation seeking and sexual satisfaction among female African American adolescents*. Sex Health,* 10, 512–21.

Sandberg, D. E., Gardner, M., & Cohen-Kettenis, P. T. (2012). Psychological aspects of the treatment of patients with disorders of sex development. *Seminal Reproductive Medicine, 30,* 443–52.

Sa-ngiamsak, P. (2016). *The life experiences of unmarried teenage mothers in Thailand*. Doctoral Thesis. University of Queensland. Australia.

Santelli, J. S., Song, X., Garbers, S., Sharma, V., & Viner, R. M. (2016). Global trends in adolescent fertility, 1990-2012, in relation to National Wealth, Income inequalities, and Educational Expenditures. *Journal of Adolescent Health, 60*(2)16, 161-168. DOI: 10.1016/j.jadohealth.2016.08.026.

Sarker, O. (2007). How to be happy in marriage. *Journal of Applied Psychology, 1*(1), 32-48.

Savisci, F., & Berlin, D. F. (2012). Science teacher beliefs and classroom practice related to construction in different school setting. *Journal for Science Teachers' Education*, *23*(1), 65-86.

Schoon, I., & Bynner, J. (2003). Risk and resilience in the life course: Implications for interventions and social policies. *Journal of Youth Studies, 6*(1), 21–31.

Seaman, C. (2013). Using qualitative methods in empirical studies of software engineering. Sao Paulo: Brazil. Retrieved from https://pdfs.semanticscholar.org/ca41/e734d5bc7016944cf0c8793f323632ff5a13.pdf.

Segalo, L. J. (2020). The learner pregnancy in secondary schools in South Africa: Have attitudes and perceptions of teachers changed? *KOERS-Bulletin for Christian scholarship, 85*(1) Retrieved from https://10.191 08/KOERS 85.1.2461.

Sekhoetsane, K. R. (2012). *The stress of teenage motherhood: The need for multifold intervention programmes.* Masters Dissertation, North West University.

Serpell, R., & Nsamenang, A. B. (2014). Locally relevant and quality ECCE programmes: Implications of research on indigenous African child development and socialization. *Early Childhood Care and Education Working Papers Series*, *3*. Paris: UNESCO. Retrieved from http://unesdoc.unesco.org/images/0022/002265/226564e.pdf .

Seshoka, L. (2013, 24 May 2013). NUM not threatened by-AMCU, says Seshoka. *Mail and Guardian online.* Retrieved from /https://mg.co.za/article/2013-05-24-00-num-not-threatened-by-amcu-says-seshoka/.

Shaffer, D. R., & Kipp, K. (2014). *Developmental Psychology: Childhood and Adolescence*. (9th ed.). New York: Cengage.

Shange, N. (2021, 19 August). Some of the tragic stories behind the 23,000 teenage pregnancies recorded in the past year. *Times Live.* Retrieved from https://www.timeslive.co.za/news/south-africa/2021-08-19-some-of-the-tragic-stories-behind-the-23000-teenage-pregnancies-recorded-in-the-past-year/.

Shank, G. (2002). *Qualitative Research: A Personal Skills Approach*. Upper Saddle River: Merril Prentice Hall.

Shean, M. (2015). Current theories relating to resilience and young people. *Victorian Health Promotion Foundation: Melbourne, Australia*.

Shumba, J., Rembe, S., & Goje, P. (2014). Parental perceptions on ECD provisioning in Mdantsane District, Eastern Cape. *Mediterranean Journal of Social Sciences*, 5(9), 457-463. DOI:10.5901/mjss.2014.v5n9p457.

Shuttleworth, M. (2008). *Case Study Research Design*. Retrieved from https://explorable.com/case-study-research-design.

Siegler, R. S. (2012). Cognitive variability. *Developmental Science*. Retrieved from https://doi.org/10.1111/j.1467-7687.2007.00571.x.

Simons-Morton, B., Crump, A., Haynie, D., & Saylor, K. (1999). Student-school bonding and adolescent problem behaviours. *Health Education Research*, 14(1), 99-107. https://doi.org/10.1093/her/14.1.99 .

Skobi, F. (2016). *Social work services for pregnant teenagers in the Capricorn district, Limpopo Province.* Master's dissertation. University of South Africa, South Africa.

Southwick, S. M., Bonanno, G. A., Masten, A. S., & Ce Panter-Brick, C. Y. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, *5*(10). DOI: 10.3402/ejpt.v5.25338.

Statistics South Africa. (2017). *South African Demographic and Health Survey 2016*: *Key Indicator Report*. Retrieved from https://www.statssa.gov.za/publications/Report%2003-00-09/Report%2003-00-092016.pdf.

Statistics South Africa. (2017). *Quarterly labour force survey, quarter 1,* 2017. Retrieved from http://www.statssa.gov.za/publications/P0211/.

Statistics South Africa, (2019). *General Household Survey 2018*. http://www.statssa.gov.za/publications/P012180/.

Stake, R. E. (2005). Qualitative case studies. In Denzin and Y.S. Lincoln (Eds.), The Sage Handbook of Qualitative Research (3rd ed.). ISBN 9780761927570.

Stepp, G. (2009) Teen Pregnancy: vision.org. Retrieved from: https://www.vision.org/family-relationships-teen-pregnancy-causes-effects-challenges-907.

Sue, D., Sue, D. W., & Sue, S. (2010). *Understanding abnormal behaviour.* (9th ed). Australia: Wadsworth.

Sue, D. W. (2015). Therapeutic harm and cultural oppression. *Counselling Psychologist, 43*, 359-369. DOI: 10.1177/0011000014565713.

Swart, E., & Pettipher. R. (2011). A Framework for Understanding Inclusion. In: *Addressing Barriers to Learning.* E. Landsberg, D. Kruger, and E. Swart (Eds.). Pretoria: Van Schaik.

Sychareun, V., Vongxay, V., Houaboun, S., Thammavongsa, V., Phummavongsa, P., Chaleunvong, K., & Durham, J. (2018). Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study. *Pregnancy and Childbirth*, *18* (219), 22-45.

Talmy, S. (2010). Qualitative Interviews in Applied Linguistics: From Research Instrument to Social Practice. *Annual Review of Applied Linguistics, 30*, 128-148. DOI: https://doi.org/10.1017/S0267190510000085.

Terre Blanche, M., Durrheim, K., & Painter, D. (Eds.). (2006). Research in process: In M. Terre Blanche', K, Durrheim, & D, Painter (Eds.). *Research in practice: applied methods for the social sciences* (2nd ed.). 1-17). Cape Town: University of Cape Town Press.

Theron, L. C. (2016). Toward a culturally and contextually sensitive understanding of resilience: Privileging the voices of Black, South African young people. Retrieved from https://doi.org/10.1177/0743558415600072.

Thobejane, T. D., Mulaudzi, T. P., & Zitha, R. (2017). Gender and Behaviour – Factors leading to "blesser-blessee" relationships amongst female students: the case of a rural university in Thulamela municipality, Limpopo province, South Africa. *Gender and Behaviour*, *15* (2), 8716 – 8731.

Truzoli, R., Pirola, V. & Conte, S. (2021). The impact of risk and protective factors on online teaching experience in high school Italian teachers during the COVID-19 pandemic. *Journal of Computer Assisted Learning.* Retrieved from https://doi.org/10.1111/jcal.12533.

Trzesnicwski, K. H., Donnellan, M. B., & Moffitt, T. E. (2006). Low self-esteem during adolescence predicts poor health, criminal behaviour and limited economic prospects during adulthood. *Development Psychology*, *44*(1), 69-97.

Udjo, E. (2014). The relationship between the Child Support Grant and Teenage Fertility in Post Apartheid South Africa. *Social Policy and Society, 13*(4), 5005-519. DOI: https://doi.org/10.1017/S1474746413000390.

Ultanir, E. (2012). An Epistemological Glance at the Constructivist Approach: Constructivist Learning in Dewey, Piaget, and Montessori. *International Journal of Instruction, 5*(2), 195-212

Umara-Taylor, A. J., Guinord, A. B., Updegraff, K. A., & Jahromi, L. B. (2013). A longitudinal examination of support, self-esteem and Mexican-origin adolescent mothers' parenting efficiency. *Journal of Marriage and Family, (75),* 746-759.

UNESCO (1994). The Salamanca Statement and Framework for action on special needs education world conference on special needs education: access and quality Salamanca, Spain, 7-10 June 1994.

UNESCO. (2009). Policy Guidelines on Inclusion in Education. Paris. Retrieved from http:// Policy+Guidelines+on+Inclusion+in+Education. %26scirp%3D0%26hl%3Den.

United Nations Population Fund (UNFPA) (2014). UNFPA. (2013). *Motherhood in Childhood Facing the challenge of adolescent pregnancy.*

UNDESA Population Division (2015). *World Population Prospects: The 2017 Revision, DVD Edition.* New York: UNDESA

UNICEF (2013). *Ending child marriage: Progress and prospects*. New York: UNICEF.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, *38(2)*, 218-235.

Ungar, M., Brown, M., Liebenberg, L., Cheung, M., & Levine, K. (2008). Distinguishing differences in pathways to resilience among Canadian youth. *Canadian Journal of Community Mental Health, 27(1),* 1-13. DOI:10.7870/cjcmh-2008-0001.

Ungar, M. (2010). What Is Resilience Across Cultures and Contexts? Advances to the Theory of Positive Development Among Individuals and Families Under Stress. *Journal of Family Psychotherapy, 21(1),*1-16.

Ungar, M. (2011). The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81, 1-17.

Ungar, M. (2012). Researching and theorizing resilience across cultures and contexts. *Preventive Medicine, 55*(5), 387-389. DOI:10.1016/j.ypmed.2012.07.021.

Ungar, M. (2013). The impact of youth –adult relationships on resilience. *International Journal of child, Youth and family Studies*, *3*, 328-336.

Ungar, U. (2013). Resilience, trauma, context and culture. *Trauma, violence and abuse*, 14(3), 253-264.

Ungar, M. (2014). *Resilience. Report of the 2014 Thinker in Residence Western Australia.* WACOSS: Subiaco.

Ungar, M. (2017). Which counts more? The differential impact of the environment or the differential susceptibility of the individual? *British Journal of Social Work*, *47*(5), 1279–1289.

Ungar, M. (2018). Systemic resilience: Principles and processes for a science of change in contexts of adversity. *Ecology and Society*, *23*(4). Doi: 10.5751/ES-10385-230434.

Ungar, M. (2019). Designing resilience research: Using multiple methods to investigate risk exposure, promotive and protective processes, and contextually relevant outcomes for children and youth. *Child Abuse and Neglect***,** 96, 104 – 198.

UN-Habitat. (2015). Habitat III Issue Papers 22—*Informal Settlements*. New York, UN-Habitat.

UNICEF (2013). *Ending child marriage: Progress and prospects*. New York: UNICEF.

United Nations Population Fund (2013). UNFPA. *Adolescent pregnancy: A review of the evidence*. New York: UNFPA, 2013.

Van Breda, A. D. (2001). *Resilience theory: A literature review*. Pretoria, South Africa: South African Military Health Service.

Van Vuuren, N. (2014). *Promoting student success by tapping into the resilience of the at-risk student: a South African higher education perspective*. Master's Dissertation. Available from http://hdl.handle.net/10500/18756.

Van Zyl, L., Van der Merwe, M., & Chigeza, S. (2015). Adolescents' lived experiences of their pregnancy and parenting in a semi-rural community in the Western Cape. *Social Work*, 51 (2), 151-173. DOI:10.15270/51-2-439.

Vincent, K**.,** & Thomas, P. (2010). "Slappers like you don't belong in this school". The educational inclusion/exclusion of pregnant schoolgirls. *International Journal of Inclusive Education*,14(1), 371-385. https://doi.org/10.1080/13603110802504580.

Vranda, M., & Rao, M. (2011). Life Skills Education for Young Adolescents and Indian Experience. *Journal of The Indian Academy of Applied Psychology,* 37, 9-15.

Vygotsky, L.S. (1962). *Thought and Language*. Cambridge. M.A: MIT Press.

Wako, A. (2020, June). Alarm raised as teenage pregnancies spike in Machakos. *Nairobi News.*

Retrieved from https://nairobinews.nation.co.ke/alarm-raised-as-teenage-pregnancies-spike-in-machakos/.

Walsh, F. (2015). *Strengthening Family Resilience* (3rd ed.). New York: The Guilford Press.

Wamoyi, J., Fenwick, A., Zaba, B. & Stones, W. (2011). Parental control and monitoring of young people's sexual behaviour in rural North-Western Tanzania: implications for sexual and reproductive health interventions. *BMC Public Health*, 11, 106. DOI: 10.1186/1471-2458-11-106.

Wang, F. F. & Veugelers, P. J. (2008). Self-esteem and cognitive development in the era of the childhood obesity epidemic. *Obesity Reviews*, 9(6), 615-23. DOI: 10.1111/j.1467-789X.2008.00507.x.

Wang, P., Liu, D. Z., & Zhao, X. (2011). The social ecology of resilience: a comparison of Chinese and Western researchers. *Social and Behavioural sciences*, 116(2014), 3259-3265.

Wang, Y., Liu H., & Wang, P. (2020). Selfie posting and self-esteem among young adult women: A mediation model of positive feedback and body satisfaction. *Journal of Health Psychology*, 25(2), 161-172. DOI:10.1177/1359105318787624.

Weimann, A., & Oni. T. (2019). A Systematised Review of the Health Impact of Urban Informal Settlements and Implications for Upgrading Interventions in South Africa, a Rapidly Urbanising Middle-Income Country. *International Journal of Environmental and Public health*. 16(19), 3608. doi: 10.3390/ijerph16193608.

Weiner, I., & Greene, R. (2008). *Handbook of personality assessment*. Hoboken: John Wiley and Son.

Wentzel, J., Van der Vaart, R., Bohlmeijier, E.T., & Van Gemert-Pijnen, J.E. (2016). Mixing Online and Face-to-Face Therapy: How to Benefit from Blended Care in Mental Health Care. *JMIR Mental Health*, 3(1).

Werner, E. E., & Smith, R. S. (1982)**.** Vulnerable but invincible*: A longitudinal study of resilient children and youth.* New York, NY: McGraw-Hill.

WHO (2008). Mortality database: tables [online database]. Geneva, World Health Organization, 2008 Retrieved from http://www.who.int/ healthinfo/morttables.

WHO Regional Office for Europe (2011). European Health for All database [offline database]. Copenhagen, WHO Regional Office for Europe (January 2011 update). Retrieved from http://www.euro. who.int/hfadb.

WHO (2015). Global health estimates: Deaths by cause, age, sex, by country and by region, 2000-2015. Retrieved from https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death/.

WHO (2016). WHO Regional Office for Africa, (2016). Mapping risks and the distribution of epidemics in the WHO African region, a technical report for the Regional Office for Africa. WHO: Brazzaville. Retrieved from https://apps.who.int/iris/handle/10665/206560.

WHO **(**2018). Adolescent pregnancy". World Health Organization. 23 February 2018. International technical guidance on sexuality education: An evidence-informed approach (PDF). Paris: UNESCO. 2018. p. 18. ISBN 978-92-3-100259-5.

Wiersna, E. W., & Jurs, S.G. (2009). *Research methods in education: an introduction*. Boston: Pearson.

Willan, S. (2013). A review of teenage pregnancy in South Africa–experiences of schooling, and knowledge and access to sexual & reproductive health services. *Partners in Sexual Health*, 1-63.

Wodon, Q., C. Male, A. Nayihouba, A. Onagoruwa, A. Savadogo, A. Yedan, J. Edmeades, A. Kes, N. John, L. Murithi, M. Steinhaus and S. Petroni (2017). *Economic Impacts of Child Marriage: Global Synthesis Report.* Washington, DC: The World Bank and International Centre for Research on Women.

Wright, M. O. D., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four ways of research on positive adaptation in the context of adversity. In: S. Goldstein & R.B. Brooks (eds.). *Handbook of resilience in children* (pp. 15-37). New York: Springer Sciences and Business Media.

Yates, T. M., Tyrell, F.A., & Masten, A.S. (2015). Resilience theory and the practice of positive psychology at multiple levels. In: S. Joseph (Ed.). *Positive psychology in practice; promoting human flourishing in work, health, education, and everyday life* (2nd ed.), 773-788. Hoboken. NJ: Wiley & Sons.

Yazan, B. (2015). The three approaches to case study methods in Education: YIn, Merriam & Stake. *Qualitative Report, 20*(2), 134-152. https://doi.org/10 467 43/2160-3715/2015.2102.

Yin, R. K. (2014). *Case Study Research Design and Methods* (5th ed.). Thousand Oaks, CA: Sage. 282 pages.

Yurgelou-Todd, D. (2000). Inside the brain-interview with D Yuygelou-Tedd. *Frontline*. Retrieved from https://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/interviews/todd.html.

Yusop, Y. M., Zainudin, Z. N., Marzuki, W., & Wan, J. (2020). The effects of group counselling. *Journal of Critical Reviews,* 7(13), 623-628DOI:10.31838/jcr.07.13.109.

Zeeck, K. A. (2012). A phenomenological study of the lived experiences of elementary principles involved in dual career relationship with children. (Doctoral Thesis). University of St Thomas: Minnesota.

Zimmerman, M. A., Steinman, K.J., & Rowe, K.J. (1998). Violence among urban African American adolescents: the protective effects of parental support. In: Arriaga, XB. Oskamp, S., (Eds.) *Addressing community problems: Psychological research interventions*. Thousand Oaks. CA.: Sage: 1998.78-103.

Zimmerman, M. A., Bingenheimer, J. B., & Notaro, P. C. (2002). Natural mentors and adolescent resiliency: a study with urban youth. *Journal of community Psychology*, 30, 221-243.

Zimmerman, M. A., & Brenner, A. B. (2010). Resilience in adolescence: Overcoming neighbourhood disadvantage. In: J. Reich, A. J. Zautra & J. S. Hall (Eds.). *Handbook of Adult Resilience*, 283-308. New York, NY: Guilford Press.

Zimmerman, M. A. (2013). Resilliency Theory: A strength-based approach to research and practice for adolescent health. *Health Education and Behaviour, 40* (40), 381-383.

Zimmerman, M. A., Stoddard, S.A., Eisman, A.B., Caldwell, C.H., Aiyer, S.M., & Miller, A. (2013). Adolescent resilience: promotive factors that inform prevention. *Child Development Perspectives, 7*(4), 10.1111/cdep.12042.

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review, 34*(12), 2295-2303.

ANNEXURE A

ETHICAL CLEARANCE FROM CENTRAL UNIVERSITY OF TECHNOLOGY

Central University of Technology, Free State

Date: 20 February 2020

This is to confirm that ethical clearance has been provided by the Faculty Research and Innovation Committee **[01/06/16]** in view of the CUT Research Ethics and Integrity Framework, 2016 with reference number [**D.FRIC.08/19//07**] to:

Applicant's Name and student number	MR Babedi 206069200
Supervisor's Name for Student Project	Prof JW Badenhorst
Level of Qualification for Student's Project	D.Ed
Tittle of research project	**A PSYCHO-SOCIAL SUPPORT FRAMEWORK FOR TEENAGE MOTHERS FROM HIGH-RISK COMMUNITIES TOWARDS COMPLETION OF THEIR EDUCATION**

All conditions as set out below have to be met as set out in your LS 262 a form.

As this research focuses primarily on human beings you will be ethically responsible for:

- protecting the rights and welfare of the participants;

- gaining the trust and co-operation of all the participants with the assurance that the information collected will be kept confidential;
- informing the participants from the outset that their participation will be voluntary, and that the data collected will be conducted with the consent of the Free State Department of Education, the principal(s) of the sample school(s), the teachers, and the learners;
- adhere to the principles of rigorous data collection, analysis and interpretation consistent with the design of the study;
- keeping a data trail for possible auditing purposes and safe-keeping of raw data for a period of three years after publication of the results/findings;
- respecting the confidentiality of the data.

We wish you success with your research project.

Regards

Prof A.H. Makura

(Ethics committee representative: Research with humans)

ANNEXURE B

ETHICAL CLEARANCE FROM F.S EDUCATION DEPARTMENT

Enquiries: MZ Thango
Ref: Notification of research: M.R. Babedi
Tel: 082 537 2654
Email: MZ.Thango@fseducation.gov.za

education
Department of Education
FREE STATE PROVINCE

District Director
Lejweleputswa District

Dear Ms. Zonke

NOTIFICATION TO CONDUCT RESEARCH PROJECT IN YOUR DISTRICT BY M.R. BABEDI

The above mentioned candidate was granted permission to conduct research in your district as follows:

Topic: A psycho-social support framework for teenage mothers from high-risk communities towards completion of their education.

1. **List of schools involved:** [redacted] Secondary School.
2. **Target Population:** Four grade 12 learners (teenage mothers) and two teachers teaching at the selected school.
3. **Period of research:** From the date of signature of this letter until 30 September 2021. Please note the department does not allow any research to be conducted during the fourth term (quarter) of the academic year nor during normal school hours. The researcher is expected to request permission from the school principals to conduct research at schools.
4. **Research benefits:** Teenage mothers will benefit from the findings by providing their resilience and self-efficacy levels and consequently enabling them to cope with the challenges they face as a result of an unplanned pregnancy. The high rate of school dropouts can be decreased by involving schools in the development of a support programme. The findings of the study can contribute towards effective policy-making on psycho-social support services to teenage mothers.
5. Strategic Planning, Policy and Research Directorate will make the necessary arrangements for the researchers to present the findings and recommendations to the relevant officials in the district.

Yours sincerely

Mr. J.S. Tladi
Acting DDG: Corporate Services

10/05/2020
DATE:

ANNEXURE C1

INFORMATION SHEET

Central University of Technology, Free State

Dear _____

My name is Mmamore Babedi. I am a PhD student in the Department of Educational Psychology at the Central University of Technology in Welkom, Free State Province. I am conducting research on teenage mothers, with the topic:

A PSYCHOSOCIAL SUPPORT FRAMEWORK FOR REINTEGRATING TEENAGE MOTHERS BACK INTO THE SCHOOL SYSTEM.

I humbly request you to participate in this study. You will be asked to do the following:

- Participate in an individual, face-to-face interview;
- Engage in a number of activities, including drawings and fill-in answers;
- A focus group interview with other teenage mothers.

The interviews will take approximately 45 minutes, focusing on your perceptions and experiences of motherhood, and the challenges you face while trying to balance your parental duties with your school work. The activities will take approximately two to three hours to complete. Confidentiality and anonymity of the interview records and other data are guaranteed. My supervisor and external examiners are the only people who will have access to these records.

I further request your permission to audio tape the interviews and to sign a consent form to this effect. Your participation is voluntary and you may withdraw your participation from the study at any time if you feel so. However, your participation will be highly appreciated.

Please do not hesitate to contact me should you require further information. Thank you for your time.

Babedi M.R (Mrs)

0824604378.

ANNEXURE C2

PARTICIPANT CONSENT FORM: TEENAGE MOTHER

Central University of Technology, Free State

PARTICIPANT LEARNER CONSENT form for participating in an interview

Researcher's Name: Babedi Mmamore Rebecca

PURPOSE OF STUDY: The purpose of this study is to answer the research question:

How can schools support teenage mothers from high-risk, disadvantaged communities to successfully reintegrate into school and society after having given birth?

Why have I been asked to take part?

- You are a teenage mother
- You are enrolled in a secondary school in the current academic year-2019

We will talk about reasons for teenage pregnancy and the possible interventions on how to deal with the challenges of teenage motherhood.

Voluntary Participation

- This discussion is *voluntary*—you do not have to take part if you do not want to.
- If you do not take part, it will have no effect on you or the school.
- If any questions make you feel uncomfortable, you do not have to answer them.
- You may leave the group at any time without providing any reason.

Risks

We do not think any risks are involved in taking part in this study. This study may include risks that are unknown at this time.

Benefits

There is no guarantee that you will benefit from the study. However, I believe that the results of the study will assist the Department of Basic Education in designing programmes of inclusion for learners with special needs, such as teenage mothers. More specifically, educational policy makers may use the results of the study to design tailor-made psycho-educational intervention programmes that will support the teenage mother to complete her schooling.

Privacy

- Every attempt will be made by me, the investigator, to keep all information collected in this study strictly confidential, except as may be required by court order or by law.
- Your name will not be used in any report that is published.
- The discussion will be kept *strictly confidential*. The other learners in the group will be asked to keep what we talk about confidential, however this cannot be guaranteed.
- If I (the researcher) discover during the interview process that child abuse or neglect may be relevant, I am is required by law to report any suspected abuse or neglect to state officials as required by law (DoE 1998 par 14; Children's Act 38 of 2005).

- Regulators, sponsors, supervisors, examiners and the Quality Assurance Board of the University that oversee research conducted at the university may have access to research records to ensure compliance with regulatory requirements
- A tape recorder will be used to verify information. All research data will be stored in a locked file cabinet and the tapes will be destroyed once the talk has been studied. The transcribed versions of the interviews will, however, be kept in a code-locked computer file on the university's data base.

Statement of consent:

Audiotape Permission

I have been informed that the discussion will be tape-recorded only if all participants agree.

I have been informed that may request that the tape recorder be switched off when sensitive information is shared.

I agree to be audio taped ___Yes ___No

Payment

There will be no payment for taking part in the research project.

Questions

- I have been given the opportunity to ask any questions regarding this evaluation. If I have any additional questions about the evaluation, I may call 0824604378.

- If I have any questions about my rights as a research participant, I may contact the chairperson of the Faculty of Humanities Research Ethics and Innovation Committee (HREIC) at 082 202 4626.

- I have received (or will receive) a copy of this form.

Conclusion

By signing below, I am indicating that I have read and understood the consent form and that I agree to participate in this research study.

(Please write your name below and check yes or no. If you want to take part, attach your signature at the bottom of the document.

NAME OF PARTICIPANT SIGNATURE DATE

_____ Yes, I would also like to take part in the Rosebush activity.

_____ No, I would not like to participate in the Rosebush activity

ANNEXURE C3

INTERVIEW SCHEDULE FOR TEENAGE MOTHERS

Central University of Technology, Free State

BIOGRAPHICAL INFORMATION

Name of participant :

Date of birth :

Age of participant :

Age of participant during first pregnancy :

Number of children currently :

Academic level :

INTERVIEW QUESTIONS:

1. What reasons led to the first encounter with sex?
2. How old is the child's father?
3. Was it a planned or unplanned pregnancy?
4. Was it easy to tell your parents that you are pregnant?
5. What was the parent's reaction-angry, disappointed, shocked or what?
6. Do you have knowledge on your reproductive health, please tell more, whether if YES or NO.
7. How accessible is information, if any, on prevention of pregnancy?
8. Did you ever consider termination of pregnancy? What was your partner's reaction?

9. Do you know the constitutional rights you have as a teenage mother?
10. What are the cultural values of your family, regarding teenage pregnancy?
11. Did your pregnancy change your lifestyle? Please elaborate on your answer.
12. Who was your biggest support during pregnancy?
13. Who was not as supportive as you expected?
14. Is the school providing programmes on teenage pregnancy and teenage motherhood: if it is provided, is it successful?
15. What support would you appreciate from your significant others (parents, partner, peers), school, society?
16. What are your experiences as a mother and a learner, simultaneously?
17. Please tell me about things you like about being a mother.
18. Do you have things that you hate about being a mother?
19. Do you have challenges in terms of providing of your child? If yes, please share with me

THANK YOU FOR YOUR TIME!

ANNEXURE D1/E1

PARTICIPANT CONSENT FORM: PARENT/TEACHER

PARTICIPANT CONSENT FORM: parent/guardian

I, the undersigned voluntarily consent to participate in the research study:

A PSYCHOSOCIAL SUPPORT FRAMEWORK FOR REINTEGRATING TEENAGE MOTHERS BACK INTO THE SCHOOL SYSTEM

conducted by Babedi M.R. I fully understand the procedures of the study as explained to me.

I am aware that I am under no obligation to participate in this study and may withdraw at any time without any negative consequence.

Name of participant :……

Signature :…….

Date :…….

ANNEXURE D2/E2

CONSENT TO AUDIO TAPE INTERVIEW

Central University of Technology, Free State

I, the undersigned voluntarily consent to participate in the research study:

A PSYCHOSOCIAL SUPPORT FRAMEWORK FOR REINTEGRATING TEENAGE MOTHERS BACK INTO THE SCHOOL SYSTEM

conducted by Babedi M.R. I fully understand the procedures of the study as explained to me. I thus consent to have the interview audio recorded.

Participant's name:……..

Participant's signature:……

Date:……

ANNEXURE D3

INTERVIEW SCHEDULE: PARENTS

Central University of Technology, Free State

PROFILE OF PARENT PARTICIPANT

Name of participant:…….

Age:

25-35	**35-45**	**46 and above**

Highest Qualification:

Degree	**Hons**	**Masters**	**Phd**

Your employment status……

INTERVIEW SCHEDULE

Interview Parents/Guardians

1. What was your reaction when you learnt that (……..) was pregnant (how did you feel?)

2. Which challenges did (……) experience while she was pregnant? (*e.g/ How has her pregnancy affected her studies/her family relations/her social life/finances?)*
3. After childbirth, how did/do support (or have others supported) (…….) so that she can go back to school to complete her Grade 12? (physically, emotionally, socially, spiritually, morally and academically). *(Which skills you impart as a parent to your daughter as a young mother?)*
4. What are the challenges you face in supporting (……)?
4 If you look back now, what do you think you could have done differently as a parent/guardian, to support your daughter or prevent her from falling pregnant?
5. What is your opinion on the government policies with regard to teenage pregnancy, teenage motherhood?
6. What is your opinion on the possibility of childcare facilities attached to schools or being in close proximity to schools?
7. In your opinion, are health care services accessible to teenagers, especially, teenage mothers?
8. If you could give advice to other parents or guardians in similar circumstances regarding support for teenage mothers, or if you had the opportunity to discuss the issue with stakeholders such as teachers/schools; community members or the DBE, what would you tell them?

THANK YOU FOR YOUR TIME I WISH YOU THE BEST IN YOUR PARENTING!!

ANNEXURE E3

INTERVIEW SCHEDULE: TEACHERS

Central University of Technology, Free State

PROFILE OF TEACHER PARTICIPANT

Name of participant:…….

Age:

25-35	**35-45**	**46 and above**

Highest Qualification:

Degree	**Hons**	**Masters**	**Phd**

Your years' experience as a teacher?……

Are you a member of SBST/SMT? Please tick both if applicable to you.

INTERVIEW SCHEDULE

1. What is your perception/ opinion about policies related to teenage pregnancy and inclusion (Constitution, Inclusive Education, South African School's Act of 1996)?
2. How do you implement these policies as a school/SBST?

3. Does the school have programmes to provide support for teenage mothers? (Life skills, improved self-esteem, time management etc.)
4. What challenges do you experience when working with teenage mothers?
5. How do you resolve these challenges?
6. How does the school support a teenage mother in balancing the dual role of being a learner and a mother?
7. Can you support the idea of childcare facilities attached to schools or being in close proximity to schools? Please motivate your answer.
8. How do you address barriers such as stigma/negative perceptions from peers, teachers and the community towards teenage mothers in the school?
9. How does the SBST collaborate with parents in supporting teenage mothers?
10. Suppose you are requested to advise significant others on support for teenage mothers, what would you say (parents/guardians; teachers/school; community, DBE)?

THANK YOU FOR YOUR TIME I WISH YOU THE BEST IN YOUR TEACHING

ANNEXURE F

SELF-ESTEEM INVENTORY

Central University of Technology, Free State

SELF-ESTEEM INVENTORY

This inventory can be used by SEN Co-ordinators and teachers responsible for pastoral support to look at the child's perspective on themselves. It should be used with sensivity, and teachers need to be cautious about following it up with questions which might upset the child. If you have any concerns about the implications of the child's responses, discuss them with your educational psychologist

- Please mark each statement in the following way:
- If the statement describes how you usually feel, put a tick (✓) in the column "Like Me".
- If the statement does not describe how you usually feel, put a tick (✓) in the column "Unlike Me".

There are no right or wrong answers.

Scoring: There are five subscales which cycle in sequence the length of the SEI. These subscales are:

- **General self:** Items 1, 2, 3, 8, 9, 10, 15, 16, 17, 22, 23, 24, 29, 30, 31, 36, 37, 38, 43, 44, 49, 50, 51, 56, 57
- **Social self/ peers:** Items 4, 11, 18, 25, 32, 39, 45, 52
- **Home/Parents:** Items 5, 12, 19, 26, 33, 40, 46, 53

- **Lie Scale Items:** 6, 13, 20, 27, 34, 41, 47, 54
- **School/ Academic:** Items 7, 14, 21, 28, 35, 42, 48, 55

As noted above the subscales do not have to be scored separately with the exception of the Lie Scale. The scores are reported as:

Self-esteem (Cont.)

- Total number correct of all scales excluding Lie (a maximum of 50).
- A separate score total number of responses indicative of defensive, Lie reaction (a maximum of 8).
- In the event that separate subscales for a given purpose are desired the responses are scored and noted separately in the same manner as the Lie Scale, and can be plotted on the attached profile. Note that if the Lie Scale is high (5-8) the child may be presenting a rosier picture than the reality being experienced. For the sake of convenience, the total SEI score is multiplied by two so that maximum score is 100.

Self-esteem (Cont.)

SELF ESTEEM INVENTORY – LONG FORM

	Like Me	Unlike Me
1. I spend a lot of time daydreaming		G
2. I am pretty sure of myself	G	
3. I often wish I were someone else		G
4. I am easy to like	S	
5. My parents and I have a lot of fun together	P	
6. I never worry about anything	L	
7. I find it very hard to talk in front of the class		A
8. I wish I were younger		G
9. There are a lot of things about myself I would change if I could		G
10. I can make up my mind without too much trouble	G	
11. I am a lot of fun to be with	S	
12. I get upset easily at home		P
13. I always do the right thing	L	
14. I am proud of my schoolwork	A	
15. Someone always has to tell me what to do		G
16. It takes me a long time to get used to anything new		G
17. I am often sorry for the things I do		G
18. I am popular with children my own age	S	
19. My parents usually consider my feelings	P	
20. I am never unhappy	L	
21. I am doing the best work that I can		
22. I give in very easily		

23. I can usually take care of myself
24. I am pretty happy
25. I would rather play with children younger than me

Self-esteem (Cont.)

	Like Me	Unlike Me
26. My parents expect too much of me		P
27. I like everyone I know	L	
28. I like to be called on in class	A	
29. I understand myself	G	
30. It is pretty tough to be me		G
31. Things are all mixed up in my life		G
32. Children usually follow my ideas	S	
33. No one pays much attention to me at home		P
34. I never get scolded	L	
35. I am not doing as well in school as I would like to		A
36. I can make up my mind and stick to it	G	
37. I really do not like being a boy (girl)		G
38. I have a low opinion of myself		G
39. I do not like to be with other people		P
40. There are many times when I would like to leave home	L	
41. I am never shy		A
42. I often feel upset in school		G
43. I am not as nice looking as most people	G	
44. If I have something to say, I usually say it		S
45. Children pick on me very often	P	
46. My parents understand me	L	
47. I always tell the truth		A
		G
		G

48. My teacher makes me feel I am not good enough
49. I do not care what happens to me
50. I am a failure
51. I get upset easily when I am scolded
52. Most people are better liked that I am
53. I usually feel as if my parents are pushing me
54. I always know what to say to people
55. I often get discouraged in school
56. Things usually do not bother me
57. I cannot be depended on
58. I like most things about myself

Self-esteem (Cont.)

Important:

1. The total of scores below exclude "Lie".
2. A score of 5-8 in lie scale is likely presenting a rosier picture that reality being experienced. It is a defensive response, in the four responses from participants, the scores are below 5, which suggests that the responses are authentic.

PROFILE: RAW SCORES OF SELF-ESTEEM

Participant	General (G)	Social (S)	Home/ Parents (P)	School/ Academic (A)	Lies (L)	Level of self-esteem
Thati	7	4	0	4	4	15 X 2=30: Low self-esteem
Tuki	13	6	3	2	2	24 x 2=48: slightly moderate
Mpati	19	5	5	7	4	36 x 2=72: high self-esteem
Mampi	20	8	8	3	2	39 x 2=78: high self-esteem

ANNEXURE G

SUMMARY: WHAT IS IN MY HEART (WIMH)

Participant	People I love	Things that worry me	My hopes/dreams	Habits I want to stop	People who support me
P1 Thati	My parents (paternal aunt and her husband, my son, my two brothers, my friends (Masabata and Karabo)	My future- difficult that now I have to look not only at myself but also my son School- being a mom and a kid at the same time	To become a well-known social worker To be successful To be happy with my son To build a house for my family	Caring too much worrying about what people say about me Drinking alcohol Being aggressive Often feeling depressed- especially when my mother tells me about the failures of my biological parents, that they were irresponsible because they abandoned me when I was still a baby	My parents, I often forget that they are foster parents My friends because I am able to share my worries with them, we also talk about our future plans

Participant	People I love	Things that worry me	My hopes/dreams	Habits I want to stop	People who support me
P2 Tuki	My child, my mother, the father of my child, my siblings (Keke and Kea)	We sometimes have financial problems I have to get a job for me and my family	To have a great job, I am not yet certain I will get it To stay with my child To support my family To get married to the father of my child	Going out a lot Decrease number of friends Thought of having a child is a mistake	My mother, she takes care of us and my baby Baby daddy –he supports me and my baby financially My class teacher- she always asks about my baby and challenges with my schoolwork
P3 Mpati	My baby, my mother, the father of my child, my family	Will I be able to pass my matric and go to tertiary? Will I be able to make it and make my mother proud? Will I be able to give my child the best life I never had?	I want to be a teacher and be independent I want my child to have a happy life I want to make Mom proud I want to give my child the best life I never had	Having too many friends, we engage in too many activities, like going clubbing until late Always being in the street Stop playing and work hard at school	My boyfriend supports me and the baby financially and always encourages me to be my best My child is my strength, every time I look at her, I feel happy and want to succeed so that she has more in life

Participant	People I love	Things that worry me	My hopes/dreams	Habits I want to stop	People who support me
P4 Mampi	My son, my family, my best friend- Refilwe, my baby's daddy	Conflict between my family and my baby daddy's family My schoolwork: I lost a lot of time, I stayed four months at home after giving birth	To pass my matric Work as a police officer but still study to improve qualifications and become captain in the SAPS	Going out till late Going out with friends who always turn to do negative things, such as substance abuse, especially alcohol	My family, always supportive; even though they were angry before, my mother takes care of my baby. My baby's daddy provides for the child's needs

ANNEXURE H

SUMMARY: BELIEFS ON WHICH I BUILT MY LIFE (BBL)

Participant	My secrets-things I don't want people to know	Regrets	Do you have motherhood skills?	Do you think your voice is heard in your relationships?
P1	Smoking cigarettes, when sometimes I feel sad or stressed	Ignoring my parent's advice	No, because most of the tie I am at school and my mother is responsible for my child	No, but my mother tries to be open with me. My boyfriend did not take my views seriously, always drunk, I ended the relationship.
P2	I don't like my child staying with my aunt, she does not care, when its Friday, she brings the baby to me even when I have to attend Saturday classes	Having a baby too soon Disappointing my mother	No, because during the week she stays with my aunt, during weekends I cannot spend the whole weekend with the child, my grandmother spends more time	Yes and no. My mother and boyfriend understand my aspirations. My grandmother is strict and says I am a child and cannot say a thing
P3	I no longer see my boyfriend as attractive and I don't see future with him, but he loves me and wants to be with me	Disappointing my mother and increasing the responsibility for my mother	No, my mother says I am too young	No, they regard me as a child, even when I try to speak up. He is controlling
P4	-	Having a baby before I finish school	No, I wish I could be trained in how to take care of the baby, from bathing and feeding	Yes, my mother listens, my boyfriend understands and gives me chance to say my views

ANNEXURE I

DRAWING: ROSEBUSH

The Rosebush Drawing

Thato drew a bare rosebush devoid of greenery or blossoms. A huge tornado was drawn in the background approaching the much smaller rosebush. The rosebush had no protection of any kind from the coming storm. When asked about the rosebush, Thato replied. "The tornado will blow it away. It doesn't have any roots to hold it. It is too young. It was just planted last year." Thato had moved to a new school after the birth of her baby. She and her mother had to live with the grandparents. The grandparents had very different ideas about parenting from Thato's parents. Both the mother and Thato discussed how the family had been thrown into chaos by the unexpected pregnancy and the many changes that were taking place in their family. Thato had been referred to the counsellor because of what the mother considered to be unresolved anger, shame and depression. As the rosebush is a metaphor for the teenage mother's current situation, the researcher talks to the participant through this metaphor by asking these guiding questions:

What does the Rosebush need to be protected from the tornado?

Who can take care of the Rosebush and be sure that it survives the storm?

What will it take for the Rosebush to bloom in the Spring?

How do you think it will look next year or even five years from now?

ANNEXURE J

GOODWIN'S SENTENCE COMPLETION TEST

Complete these sentences to express your feelings. Please complete each one with a complete sentence.

1. I am .....
2. When I am able.....
3. My father.....
4. Eventually.....
5. My personality is.....
6. What frustrates me.....
7. The future.....
8. My mother.....
9. My work.....
10. I cannot.....
11. In a few years.....
12. Summer is.....
13. My appearance.....
14. Marriage.....
15. I fear.....
16. During holidays.....
17. Men.....
18. Winter is.....
19. Relatives.....
20. On weekends.....
21. I will .....
22. Women.....
23. I regret.....
24. Soon.....
25. At night.....

ANNEXURE K

INTERVIEW TRANSCRIPT: TEACHER NTOMBI

CERTIFICATE OF VERACITY

We, hereby certify that in as far as it is audible the aforegoing is a true and correct transcript of the recording provided by you in the matter:

(NAME OF AUDIO: Voice 071)

DATE COMPLETED: 1/7/2020

INTERVIEWER: [inaudible 00:00:00] Good morning and thank you for giving me an opportunity to interview you and get your perceptions and opinion on the topic that I have. Now the first question is [inaudible 00:00:15], what is your perception or opinion about teenage pregnancy and teenage mother inclusion policy and related policies like the constitution, the Inclusive Education South African's Schools Act and any other that you can refer to?

INTERVIEWEE: I think the inclusion of teenage pregnancy or the teenage mothers at school as part of the policy. Either in the con…, in the constitution of South Africa or the South African's School's Act it can assist a greater deal because of now we're experiencing a higher rate of learner pregnancy and as a school we do

not have a yardstick or a tool a specific tool that will guide us in terms of dealing with teenage pregnancy. I think the inclusion of, of the tool or the policy in the South African School's Act or whatever framework from the constitution can in a way eliminate, it can equip us with the manner in which we have to handle them. I think we'll appreciate that particular tool it can be part of the Constitution of the South African School Act.

INTERVIEWER: If I get to it are you saying you do not have skills to deal with teenage pregnancy as well as teenage motherhood?

INTERVIEWEE: Yes for now I don't think [or ? 00:01:43] we are capacitated enough in dealing with such problems and remember we are coming from a very very conservative background we were given education to stand in front of learners in terms of teaching and learning. Now one would use his or her own discretion as a social worker by then as he faces the situation but we do not have that particular tool or a framework to deal with the problem right now.

INTERVIEWER: Okay thank you [inaudible 00:02:18]. Now basically what it means I cannot even ask this because now I just wonder whether it's going to be relevant. How do you implement these policies if you do have the nurse in school, do you have such policies?

INTERVIEWEE: Right now we rely on the nearby clinics. Normally what we do as the coordinators we have what we call the change agent or the agent of change. Those are the postgraduates from the [CUT ? 00:02:54] who have trained as [nurse educators 00:02:56] that they do not have space they cannot be absorbed by the department. Then they were taken to a trainer, remember my change agent [inaudible 00:03:09] he attended a workshop sometime last year in Bloemfontein for three… I mean for three days. So they were trained… they were given special training on dealing with other stakeholders like the school nurse the CPF and other stakeholders. Meaning if there is any problem inside the schoolyard that necessitates a health centre [inaudible 00:03:39] will now… as the champion of this particular aspect he's able to coordinate. Because as I'm speaking we are on the process as the, as part of the QLTC to rope in the school nurse. But they do so, for now they do so in a voluntary basis. So if we realise there is a… we suspect or the learner is pregnant normally we refer the learner to the nearby clinic we just write a letter the learner doesn't have to be on the queue, by producing that particular letter he or... I mean she's going to be assisted she's going to

be given a necessary service. But now as a school, a school nurse which is attached to the school for now that particular process is still on the pipeline but we do not have it for now.

INTERVIEWER: Okay you said something, Q something, what's that?

INTERVIEWEE: I was saying my…

INTERVIEWER: Q, the acronym Q what?

INTERVIEWEE: Oh the learner mustn't, must not stand on the queue.

INTERVIEWER: No you said the school nurse and something?

INTERVIEWEE: CPF.

INTERVIEWER: CPF and what else?

INTERVIEWEE: I said the school nurse, I said the CPF, oh the QLTC.

INTERVIEWER: Yes QLTC.

INTERVIEWEE: The QLTC.

INTERVIEWER: Ja what does it mean?

INTERVIEWEE: The QLTC is a structure that is there to, to support all the stakeholders with within the school premises and outside the school. So the acronym itself is Quality Learning and Teaching Campaign.

INTERVIEWER: Okay.

INTERVIEWEE: In other words by involving the business people the district, by involving other academic experts by involving the school nurse the CPF I think together as a collective.

INTERVIEWER: Okay.

INTERVIEWEE: We can make the school to realise its goals.

INTERVIEWER: Okay.

INTERVIEWEE: So that is a, the project that came up by the Department of Education the school the QLTC.

INTERVIEWER: Oh alright and now…

INTERVIEWEE: Yes it goes hand in glove with the SBST.

INTERVIEWER: Okay now mostly you've referred to the teenage pregnancy. Do you have any policy on those who are now teenage mothers who have just given birth and come back?

INTERVIEWEE: From where I'm sitting we don't have specifically a policy dealing with, with the teenage pregnancy [inaudible 00:06:19], the teenage mothers.

INTERVIEWER: Teenage motherhood.

INTERVIEWEE: We were given some sort of induction on how to handle the situation. If it has been brought to our attention by the parents to say the learner is pregnant and then she is at a particular stage, normally we invited the parents to a meeting to a formal meeting. And then, then we advise the parents [inaudible 00:06:56] because we don't have the skills to deal with such a situation. But now we advise the parents to be, to assist us to be next to the class, in other words in our school the learners are rotating so the mother will have to be there at all times. But there's a special place where the mother will be designated for in case there is an emergency then the mother must be…

INTERVIEWER: Nearby okay.

INTERVIEWEE: Nearby so that we avoid some legal aspects whereby I'm not a nurse, I'm not a doctor I will try to attend and then I will commit some nurse. So if the parents is there is monitoring the learner by moving from one class to another.

INTERVIEWER: To the other…

INTERVIEWEE: But like I said the mother don't have to move physically with the learner, he is or she is designated somewhere.

INTERVIEWER: She's all ja and okay.

INTERVIEWEE: For in case there is an emergency the mother is around. There are special needs that needs to be given to the learner in terms of medication or whatever so we commit the parents to access at that particular needs.

INTERVIEWER: Okay.

INTERVIEWEE: Ja.

INTERVIEWER: Now in the case where… now the child has given birth now the teenager has to come back to school do you have any policies to say now that you are a teenage mother this is how we treat you or something?

INTERVIEWEE: Ja let's say maybe after birth then it is the responsibility of the mother to inform the school and then let's say the child will be admitted for a particular period of time then we'll also be guided by the medical certificate from the doctor to say the learner is ready to come back to school. But now in terms of absence, in terms of absence it's a valid reason because her absence will be accompanied by the medical certificate to say the learner is fit to resume her responsibilities or…

INTERVIEWER: So you don't have a specific time to say after ten days when you've given birth you come back?

INTERVIEWEE: No it is…

INTERVIEWER: Its is being guided by the medical certificate?

INTERVIEWEE: By the medical certificate ja.

INTERVIEWER: Okay thank you [inaudible 00:09:10]. Now does the school have programs to provide support to teenage mothers like the life skills of now, now the teenage mother now she's not pregnant, she is now a teenage mother she has given birth.

INTERVIEWEE: Okay.

INTERVIEWER: Do you have programs that help her with the life skills improving self-esteem, decision-making, time management you know to be more resilient or something like that?

INTERVIEWEE: Okay unfortunately we don't but the only tool that assists us either the child is pregnant or after pregnancy it's a life orientation curriculum. Because I went through the curriculum there are aspects that are subtopics that deals with the question of before pregnancy and what causes pregnancy and the whole situation during the pregnancy and after the [birth 00:10:03]…

INTERVIEWER: And after.

INTERVIEWEE: There is a curriculum. But it will be unfortunate because the child might have passed that particular curriculum and then physically is involved in the situation but to say the school is having we don't, we don't.

INTERVIEWER: You don't okay thank you. What challenges do you experience when working with teenage mothers if you have any?

INTERVIEWEE: During or after pregnancy?

INTERVIEWER: After…

INTERVIEWEE: Oh after [pregnancy 00:10:29].

INTERVIEWER: Now that… now we're talking teenage mothers.

INTERVIEWEE: Okay.

INTERVIEWER: Now it's after pregnancy?

INTERVIEWEE: I would said some few, a few challenges. Number 1, you remember it will depend on the absence on her absence so when he comes, she comes back there is a content gap she can't cope. And then Number 2, she has compromised her childhood, now she's now have a negative self-esteem because others they are laughing at her because always they are exhausted they cannot cope for a period they sleep a lot so its another, another challenge. And then another challenge they are unable to finish their tasks because now there are other tasks of parenthood of which is not experienced at home. So ultimately [on the 00:11:27] nutshell we experience problems of high failure rate because some they don't even finish the schooling they drop out because they cannot cope with that kind of work or the load of work given to them.

INTERVIEWER: Do you perhaps have a number as to how many teenage mothers do you have in school?

INTERVIEWEE: In terms of records now that were brought to my attention is two girls and then what happened after…

INTERVIEWER: In which grade?

INTERVIEWEE: One is in Grade 11 and then the other one is in Grade 10 ja. And then what happened after, after having gone through the process of advising the parents to say let the child stay up until the doctor feels she's fit to come back. And then I think it's almost three to four weeks now we haven't heard anything from the parents after [you know we discussed 00:12:35] the whole processes. So in itself its an abscondment because the learner was absent for more than ten days without any, any information from the parent. But after having conducted some, some information sessions with the parents to say yes there's nothing that we can do but we still do need this child to be taught but the processes is, the formal process is that [you can follow? 00:13:05] you wait up until the doctor says she's fit to come back to school. But I'm saying, I guess I'm saying its almost three to four weeks for both learners they haven't reported back to school we haven't heard anything from the parents despite having our contacts and everything so that is another challenge.

INTERVIEWER: Okay now how do you resolve these challenges, how do you think these challenges can be resolved of mothers who… these teenagers who are now teenage mothers who are absenting themselves who are lagging behind, have lagged behind in schoolwork, how do you think the best way of addressing these challenges?

INTERVIEWEE: Ja fortunately and like I indicated our change agent having [inaudible 00:13:57] who's working hand in glove with the SBST because they're assigned to schools by the inclusive sections because [there are stipend14:06] given to them every month he managed to get a school nurse on the permanent basis for our school.

INTERVIEWER: Okay.

INTERVIEWEE: They are going to start their programs on Thursday its going to start as a advocacy, its going to be an advocacy on teenage pregnancy and then the challenges that comes with pregnancy STI's, HIV and Aids. And then they also have the programs of virginity testing but of which we still have to make it a school policy. Whereby maybe before we start with whatever program we need to have a consent form that goes to the parents. So we are on the pipeline like now we don't have the mechanism but in future starting from

the first day we shall be having something, somebody will be assisting us with those challenges in terms of conducting the, the session, information sessions, counselling and referrals.

INTERVIEWER: Okay.

INTERVIEWEE: Ja because they have given us a program to say after the advocacy please we will assist where counselling needs to be done, we will assist with the referrals because there are extreme cases of HIV and Aids, teenage pregnancy cannot handle them, then those refer as the SBST [inaudible 00:15:31] is normal [inaudible 00:15:31] referrals, we'll be filling in some SNA 1 forms, SNA 2 forms, you follow the processes but you submit the inclusive. We also get something from you then we will communicate with the inclusive as to the program [inaudible 00:15:48]…

INTERVIEWER: Okay.

INTERVIEWEE: Of that day maybe in terms of terms maybe Term 1 or Term 2/Term 3 so they are not going to do it with the school they need to have whatever permission from the Department of Education.

INTERVIEWER: Okay.

INTERVIEWEE: Normally the program is going to work hand in glove with the inclusive section.

INTERVIEWER: Okay.

INTERVIEWEE: Ja.

INTERVIEWER: Okay now how does the school support a teenage mother in balancing the dual role of being a learner and a mother at the same time. Do you have any policy on that or any informal way of helping?

INTERVIEWEE: Ja I think its an informal way because remember after the pregnancy the child must report back to school so its not like business as usual the learner will straight to the class. There must be that particular information session to say yes we understand that you have been absent for these particular days a couple of weeks where is that program that you used. Then the teacher it will depend on individual teachers maybe after school because we do have a course more especially FET we do have morning classes and afternoon classes and Saturday classes so for those who are lagging behind so we'll use that particular program to make the learner catch up…

INTERVIEWER: Okay.

INTERVIEWEE: With whatever that he misses or she misses.

INTERVIEWER: Okay.

INTERVIEWEE: Ja or she missed.

INTERVIEWER: But on motherhood you don't say anything that will depend on the…

INTERVIEWEE: On motherhood…

INTERVIEWER: The nurse that is coming now?

INTERVIEWEE: With or yes on the nurse that is coming.

INTERVIEWER: Okay can you support the idea of childcare facilities attached to schools or being in close proximity to schools?

INTERVIEWEE: That is number?

INTERVIEWER: Number 7, can you support the idea of childcare facilities attached to schools or being in close proximity to schools [ethnic language 00:17:40]?

INTERVIEWEE: Ja but if that particular facility can be in the proximity not inside. Remember like I indicated our background in terms of our training you know we haven't experienced that before, it can be a new phenomenon. But as a pilot project if it is in the proximity somewhere, let's say the mothers are trained as to how to handle and how the facility is going to be conducted. If we have that particular clear policies or clear guidelines I think it will assist a great deal.

INTERVIEWER: Maybe to bring you nearer, one of them would be that the teenage mother is given time to go out to either to the facility whether it be it inside or outside but to…

INTERVIEWEE: Okay.

INTERVIEWER: To breastfeed or to express the milk for the child and come back to class?

INTERVIEWEE: Can I deviate a bit from but I'm coming to that. We have identified [an office 00:19:03] in that school and then we are working with the, the other committee who's because there are, there is a committee that deals with the, the mill, day to day mill of this type of thing. And then there are [inaudible 00:19:18] maybe once in a quarter we organise some food packages for them. They don't want to, to show themselves, they don't want to come to the party because they have got that particular negative self-esteem…

INTERVIEWER: Ja.

INTERVIEWEE: They I mean and others they are laughing at them they are ashamed about their status quo.

INTERVIEWER: They avoid to be labelled [and as offense 00:19:46].

INTERVIEWEE: They avoid to be labelled. The same applies with the facility is for a good purpose. But with the kind of learners we have these others will be tending to a laughing stock at the end of the day it will diminish or it will compromise its intentions. It's a good facility but because of the labelling its going to discourage them to do what is expected for them to do for their, for their offspring.

INTERVIEWER: Would I be right to say what you are thinking is that this will be a discrimination of some sort?

INTERVIEWEE: It will be a discrimination of some sort yes.

INTERVIEWER: Okay thank you for that. How do you address various such a stigma, negative perceptions from peers, teachers and community with regard to the teenage mothers, those who are having kids who are coming to school?

INTERVIEWEE: Fortunately enough like, like the QLTC we need to team ourselves with other stakeholders. Fortunately enough we have an NGO by the name of House of Hope who gives programs… these programs of teenage pregnancy in a form of advocacy and then there is a support structure they give. They also give some sort of education of what is the, the situation like after, after having a baby. So we are using such NGO's like the House of Hope…

INTERVIEWER: House of Hope.

INTERVIEWEE: Because they have got people who are trained in terms of counselling in terms of giving the support. So those are the Salvation Army of the school we use them as part of the program, and trained to assist us in terms of dealing with the, with the problem or whatever barrier attached to that.

INTERVIEWER: Okay how does the school support the teenage… no, no this one I'm not I'm just going to keep it we decided not to use it yesterday. How does the SBST collaborate with parents in supporting the teenage mothers?

INTERVIEWEE: The House of Hope where they will come and meet with the entire team of the SBST and then they will outline their program. Now where before we start with the program there are consent forms that must go to the parents. And then at some point before the program can kickstart we invite the parents and then they are also part of the training. And during the consultation with learners during the advocacy and the support that is given, whatever support that will be given by the NGO the parents will be party because we want as a support structure so the parents at home know exactly what to do when they [have 00:23:02]… I mean we shall be trained by the NGO in terms of handling the learner. And then the parents on the other side will also be given some sort of training as to, as part of their support program ja. So we rely on the NGO's most in terms of giving the support to both learners and the parents.

INTERVIEWER: To the [learners and the parents 00:23:22] okay thank you. This is the last [inaudible 00:23:26], suppose as a teacher not a parent, as a teacher you are requested to advise other significant others on support for teenage mothers, what would you say, what would you give an advice to parents as to how they're supposed to support their teenage daughters who are now mothers not pregnant they are now mothers.

INTERVIEWEE: Okay.

INTERVIEWER: Now you give advice to the parents and the teachers, to the community and lastly to the Department of Education?

INTERVIEWEE: I think in that particular process I would convene [an ED 00:24:08], normally we have programs on the quarterly basis of parents evening. So I think I will be, I would be part of the parents evening having that particular item whereby I'm going to given an advice or a support to the guardians or to other

stakeholders involved with this particular challenge. Because we have some documentations that we get from, from the workshops conducted by different stakeholders. Let me set an example, one of the advice is to have a bond we have to bond or mothers have to bond with their kids, their girls and then we also have some programs. Last year in October as the SBST and the QLTC we invited some students from different universities, we had a student from UJ who's dealing with, in terms of her studies is dealing with the question of teenage pregnancy. We organised a mother/daughter kind of a day whereby we tried to familiarise parents and daughters with some programs that can lead to them to bond. So in that, in that particular bonding that's where the parents will realise or there is a change in terms of movement or there is a change in terms of the lifestyle of her child. So I think the advice is to attend the programs such as mother/daughter/father, the son kind of programs. And I think such programs they can minimise they can make us parents to be, to bond and then know exactly what is happening in terms of the lifestyle of my kids.

INTERVIEWER: And then what would you say to them, to the department as an educator faced with a challenge of a teenage mother what would you say?

INTERVIEWEE: I think they also need to come more especially the inclusive section when it comes to, to the education department we are talking the inclusive section. Ja I think they have to rope, they have to rope in as many NGO's as possible. The motivational speakers to say this is not the end of the world they must motivate or… because there will be those [inaudible 00:27:06] in the motivational speakers who went through the same processes. So I think if the Department of Education can sponsor programs as part of the curriculum or they can invite the NGO's who deal specifically with the problem in terms of giving the support, giving the advice to the parents it will help with [inaudible 00:27:30].

INTERVIEWER: What about the training and skill, are you skilled enough to deal with the teenage mothers?

INTERVIEWEE: Ja I think one other aspect is for the department to organise some training where we are capacitated as educators because really we lack that particular aspect in terms of getting enough training so that we can handle, we can advise both the parents and the learners.

INTERVIEWER: Okay because with… there is… there are policies and programs, the unfortunate part maybe is because we are not trained to do that.

INTERVIEWEE: Yes.

INTERVIEWER: But there is specifically a policy on teenage mothers.

INTERVIEWEE: Okay.

INTERVIEWER: [If ? or 00:28:12] in the constitution there is that paradigm.

INTERVIEWEE: Okay.

INTERVIEWER: Rights for all, for education and in the inclusive one this child is now sort of vulnerable so she's treated as a special, a child with special needs.

INTERVIEWEE: Okay.

INTERVIEWER: So that is catered for too.

INTERVIEWEE: Okay.

INTERVIEWER: But I do understand that it means according to your opinion there must be more training if I'm right.

INTERVIEWEE: There must be more training, there must be more training.

INTERVIEWER: Okay I'm quoting you correctly.

INTERVIEWEE: Okay.

INTERVIEWER: [inaudible 00:28:45] thank you so much for your time I'm quite happy that we've done this.

INTERVIEWEE: Okay.

INTERVIEWER: I hope when I'm done if there is a possibility I'll come and share the results…

INTERVIEWEE: Okay you are welcome.

INTERVIEWER: With all the participants, thank you so much.

INTERVIEWEE: You are welcome [inaudible 00:29:00] and thanks for your time [inaudible 00:29:03].

INTERVIEWER: Thank you [ethnic language 00:29:06].