

**Effects of teenage motherhood while at secondary school in rural communities
of the Capricorn District, Limpopo Province**

by

Maphothi Nandi Nobukhosi

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Supervisor: Professor F. M. Tladi

Co-supervisor: Dr J. C. Kgole

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DECLARATION

I, Nandi Nobukhosi Maphothi, declare that this mini-dissertation “**Effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province**” hereby submitted for the degree Master of Curationis (MCur) to the University of Limpopo has not previously been submitted by me for a degree at this or other university; that it is my work in design and execution, and that all material contained herein has been duly acknowledged.

N. N. Maphothi: _____ Date: _____

DEDICATION

I wish to dedicate this work to my late best friend, Kavani Justice Majoko, who passed away on the 7th July 2007; my late uncle, Ronnie Mashiga, who passed away on the 12 April 2009; my beloved aunt, Elizabeth Lillian Hlatshwayo, who passed away on the 14th February 2010; and my late grandmother, Mirriam Bikwaphi Nhlanhla, who passed away on the 15 March 2010. May their souls rest in peace. I will always love them.

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ABSTRACT

The purpose of this study was to explore effects of teenage motherhood on the secondary education of the female learner. A qualitative research method and a descriptive, exploratory research design were adopted to undertake the study. Five one-on-one interviews were conducted and the data was analysed by using Tesch's method of analysis. Three themes and nine sub-themes were generated from the analysed data.

The research findings indicate that teenage motherhood does not have a negative effect on the ability of the learner to continue attending school, but also suggest that the various challenges experienced by the learner do have adverse effects on her school performance and ultimate decision to suspend school. There were other factors that influenced her academic performance and decision to continue or suspend school attendance; namely family support, experiences at school, as well as the cultural beliefs, traditions, and perceptions of the society she was living in.

Key concepts: Teenage motherhood, effects, secondary education.

ABBREVIATION OF TERMS

ANC	:	Antenatal care
CAT	:	Community Action Teams Model
DoBE	:	Department of Basic Education
DoE	:	Department of Education
DoH	:	Department of Health
HIV	:	Human Immunodeficiency Virus
NAFCI	:	National Adolescent-Friendly Clinic Initiative
NGO	:	Non-government Organisation
PHC	:	Primary health care
SADHS	:	South Africa Demographic and Health Survey
STI	:	Sexually transmitted infections
TM	:	Teenage mother
WHO	:	World Health Organisation

DEFINITIONS OF CONCEPTS

- Communities:** A community is a group of people who are living in the same place (The Concise Oxford English Dictionary, 2004) In this study, the term communities refers to the people of the different compound villages of Ga-Molepo in the Capricorn District.
- Completion:** The action or process of completing or finishing something (The Concise Oxford English Dictionary, 2004). In this study, the term completion refers to the act of successfully reaching grade 12 of secondary school irrespective of outcomes.
- Continuation:** The Concise Oxford English Dictionary (2004) defines continuation as the action of carrying on doing something over time. In this study, the term continuation refers to an act of enrolling at school and resuming with school attendance.
- Effects:** A change that is a result or consequence of an action or other cause (The Concise Oxford English Dictionary, 2004). In this study, the term effects refer to a result or consequence that is caused by motherhood.
- Mother:** According to the Concise Oxford English Dictionary (2004), the term mother refers to a woman in relation to a child or children to whom she has given birth. In this study, the term mother includes motherhood and refers to a teenager between 16 and 19 years old who has given birth to a living baby who is less than five years old.
- Rural:** Refers or relates to the characteristics of the countryside, rather refer to as the rural compounds of the Ga-Molepo village in the Capricorn District.

Secondary school: Secondary refers to the education of pupils between the ages of 11 and 18 years at schools for grade eight to grade 12 learners (Concise Oxford English Dictionary, 2004). In this study, secondary school refers to learners in grade eight to grade 12.

Teenager: A teenager is defined as an individual in the transitional stage of development between childhood and adulthood, representing the period of time during which a person is biologically adult but emotionally not fully matured (South African Oxford School Dictionary, 2005). In this study, the term teenager refers to a person who is between 16 and 19 years old.

CHAPTER 1

BACKGROUND AND INTRODUCTION

1.1 INTRODUCTION

Teenage motherhood has always been a major problem in the history of many South African communities (James, Van Rooyen & Strümpher, 2012). Research reports by scholars in different fields of academia; such as Ritcher and Mlambo (2005), Mwaba (2000), and Were (2007); indicate a number of different socio-economic and socio-cultural factors that influence the incidence of teenage motherhood. The rate of teenage motherhood continues to be higher amongst rural youth than amongst their urban counterparts (Ritcher & Mlambo, 2005; Mwaba, 2000). Social science research studies by Bloom and Hall (1997), Were (2007) and Mwaba (2000) show that an increased incidence of teenage motherhood, childbirth, abortions, and the school dropout rate are significantly higher in the rural settlement than in urban settlements. The increased incident of teenage motherhood denies girls the opportunity to complete their education and acquire human capital skills that are critical in the attainment of gainful employment in the labour market and in decision making about key issues of development (Were, 2007; Mwaba, 2000). Teenage motherhood extends the duration of completing primary or secondary school depending, on the age of the girl at conception. It results from the fact that pregnancy needs and the care of the new born baby are demanding and time consuming (Ritcher & Mlambo, 2005). The result of inadequate education affects girls more than boys, since they become dependent on their parents and partners for a source of income. This practice is likely to perpetuate poverty and lower the standard of living for women from rural settlements (Were, 2007; James *et al.*, 2012).

Studies conducted in the Limpopo Province by the former Department of Health and Social Development raised concerns about the increasing number of teenage childbirths; this was after the youngest girl recorded to give birth in 2007 was a 13 year old learner from Tzaneen (Monyela, 2007). Malema (2000) has explored the risk factors associated with teenage motherhood at the Ga-Dikgale villages in the Limpopo Province of South Africa. A research report conducted by the former Limpopo Department of Health and Social Development presented a quantitative profile of the ages and childbearing rates of young women in the Limpopo Province

and reported that the age for child birth was getting younger amongst teenagers (Monyela, 2007). Morake (2011) has explored factors that are associated with teenage pregnancy in the Limpopo Province and finds that factors; such as socio-economic background, family structure, access to health care, and level of education are associated with the incidence of conception amongst teenagers.

In the South African context, researchers such as James *et al.* (2012) have explored effects of teenage motherhood amongst Xhosa families and find that teenage motherhood is experienced differently by different generations within the same family. However, all the experiences culminate in anger that hampers the necessary parental support for the teenage mother. Lack of support during pregnancy can easily affect the well-being of the unborn child, since teenagers are not supervised and experience acute emotional stress (James *et al.*, 2012). In a global context, a research report by Spear (2001) explores the perspectives of motherhood from the point of view of the female teenagers and finds that teenagers express a sense of optimism and confidence in their abilities to manage single parenthood, achieve educational goals, and maintain supportive relationships with the babies' fathers. Studies by Musick (1993) and Were (2007) investigate the determinants of teenage motherhood. Empirical results indicate that girls' educational level has significant influence on the probability of teenage birth, with non-schooling adolescents and those with primary school level education being more vulnerable. Zabin and Hayward (1993) focus on the outcomes of teenage motherhood; such as incomplete education, poverty, excessive fertility, and delayed goal attainment. A qualitative study on the determinates of teenage motherhood in rural communities of the Abia State in the south east of Nigeria has found that teenage motherhood is greatly associated with factors like age, occupation, lack of education, and religion (Uwaezuoke, Uzochukwu, Nwagbo & Onwujekwe, 2004). A study investigating the likelihood of a young woman having her first baby before the age of 18 years conducted in eight Sub-Saharan countries concludes that the girls' education does not encourage them to delay child bearing until adulthood (Gupta & Mahy, 2003). These studies are limited in the sense that they explore risk factors associated with teenage motherhood and provide the incidence and prevalence rates of teenage motherhood and of factors that increase the risk of falling pregnant.

Despite the large body of knowledge that exists on effects of teenage motherhood and on the secondary education of females in a rural South African context (Ritcher & Mlambo, 2005; Bloom & Hall, 1997, Monyela, 2007, Were, 2007), there is still some lack of knowledge about effects of teenage motherhood on secondary education in the rural communities of Ga-Molepo in Capricorn District of the Limpopo Province. Thus, the purpose of this study was to explore and describe effects of teenage motherhood on the secondary education of the female learner in the rural communities of the Ga-Molepo village in the Capricorn District of the Limpopo Province as the point of departure for developing strategies that could assist the Limpopo Department of Health (DoH) and Department of Education (DoE) with improving the prevention and management of teenage motherhood.

1.2 BACKGROUND

Teenage motherhood has grown to become a global problem; both developed and developing countries are faced with the challenge of reducing its occurrence (James *et al.*, 2012; Were, 2007; Mwaba, 2000; Ritcher & Mlambo, 2005). Studies conducted in the Limpopo Province by the former Department of Health and Social Development raise concerns about the increasing number of teenage childbirths in the province (Monyela, 2007). On the 1st of January 2007, the Limpopo Province recorded the birth of 53 babies of whom six were born to mothers younger than 18 years. On the 25th of December 2007, 253 babies were born and 24 of the mothers were between the ages of 13 and 17 years; the youngest being a 13 year old girl from Tzaneen (Monyela, 2007).

The provincial DoE in KwaZulu-Natal released figures on teenage motherhood in 2006. These figures indicated a double increase in teenage motherhood over the previous year (Panday, Makiwane, Ranchod & Letsoalo, 2009). Great concern was raised by the former National Minister of Education in South Africa, Naledi Pandor, who proposed in conjunction with her council that teenage mothers should be offered exceptional treatment and that special programmes needed to be in place in order to assist teenage mothers with continuing their education (Pandor, 2007), considering that South Africa had the means to provide exceptional support to teenage mothers.

The type of support offered by a country for the teenage mother is very important and greatly influenced by the economic status of that country. A study at the Morgan University in Baltimore reports that advanced methods of managing the problem of teenage motherhood and the support offered to the teenage mother extend to levels of providing a school-based comprehensive programme. The aim is to support teenage mothers during their pregnancy while ensuring that they remain at school and continue with their education (Amin & Soto, 2004). This type of support is different to methods used in the African context in relation to the management teenage motherhood. According to a study based in Nairobi, Kenya, management programmes aim at addressing the challenge of teenage motherhood in a developing country by providing sex education and information about sexual relations (Were, 2007). The study further reports that only a few fortunate countries offer social grants to support teenage mothers.

1.2.1 Maternal health problems caused by teenage motherhood

There is evidence that teenagers who carry their pregnancy to term are more likely to develop complications of pregnancy and delivery; such as eclampsia, anaemia, obstructed labour, postpartum haemorrhage, and vesicovaginal fistula (Malema, 2000). Teenagers are three times more likely to die from complications of child birth than older women because they have not yet reached full physical and psychological maturity (Malema, 2000). The consequences of teenage motherhood are even more dramatic when the female teenager is younger than 15 years old. The teenage mother is likely to suffer from complications of gestational hypertension, preterm delivery, and anaemia (Jean-Jacques & Loeber, 2007).

1.2.2 Child health problems caused by teenage motherhood

Teenage motherhood does not only pose a danger to the teenager but also to the infant. The infant mortality and morbidity rate of children born to women younger than 20 years of age is higher than the children of older women. Teenage births have a greater risk of producing distressed infants, infants with low Apgar score, prematurity, and low intelligence quotients (Malema, 2000).

1.2.3 Psychological and socio-economic problems caused by teenage motherhood

According to Malema (2000), the younger a woman is when she has a child, the shorter her scholastic career, leading to socio-economic deprivation. The teenager suffers enforced dependence on other people because she cannot support herself and her child. In addition, she has to decide whether or not to continue with the pregnancy while either option may result in psychological problems (Malema, 2000). Motherhood during the teenage years frequently leads to failure at school, dependence on the social security system, and educational problems affecting the child due to intellectual and emotional immaturity of the young mother (Jean-Jacques & Loeber, 2007).

1.2.4 Knowledge, attitudes and practices (KAP) in relation to sexuality

Knowledge about sexual and reproductive issues amongst teenagers in the Sekhukhune and Waterberg Districts of the Limpopo Province is limited (Morake, 2011). Morake (2011) reports that teenagers appear to lack an in-depth understanding of issues such as puberty, pregnancy, and contraception. Some teenagers do not believe that the initial sexual encounter can result in pregnancy while some also think that they are somehow not vulnerable to falling pregnant, despite the fact that they are sexually active (Malema, 2000). Teenagers usually receive sexual knowledge from their peers; receiving sexual information from peers increases the teenagers' involvement in premarital sexual intercourse when compared with teenagers who receive it from parents, older relatives, spiritual leaders, teachers, doctors, and the media. The problem is that the accuracy of the information from peers is doubtful (Malema, 2000). There is also a lot of misinformation about sexual and reproductive issues that affect teenagers (Morake, 2011). Cultural taboos of discussing sex with one's parents, combined with real or perceived peer group pressure to engage in sexual activities, cause unnecessary pressure for many young women (Morake, 2011).

1.2.5 Intervention strategies in teenage motherhood

According to Malema (2000), sexual education may promote teenage motherhood instead of reducing it. Studies that have analysed the content of sex information and

students' views thereof have found that the biological aspects of sexuality are emphasised without discussing contraceptives, and that information often is provided to teenagers who have already had sexual intercourse (Malema, 2000). This was further supported by Bankole, Ahmed, Ouedroago, Neema, and Konyao (2007) who report that often teenagers have inaccurate knowledge about the use of contraceptives. By contrast, school based sex-education has been credited with improving students health, lowering mortality rates, increasing the level of contraceptive use, and improving school attendance (Malema, 2000).

1.3 PROBLEM STATEMENT

There are a high number of teenage mothers who are attended to for antenatal care (ANC) at child health services. Between the years March 2006 to June 2007 Tshebela primary health care facility recorded a total of 80 deliveries (irrespective of outcomes), 8 of the deliveries were from teenagers aged between 16 to 18 years old (Molepo Clinic Tick Register, 2006). These observations were done by the researcher while performing her duties as a primary health care (PHC) practitioner at the Tshebela primary health care facility. The observations led the researcher to question how the education of these teenagers is affected, since the time they spend at the primary health care facility is the time they should be at school learning and attending to their school work.

1.4 THE PURPOSE OF THE STUDY

According to Brink (2006), a research purpose is generated from the problem and identifies the specific aim or goal of the study. The purpose furnishes the reason why the study is being conducted. This study was conducted to explore effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province and to develop recommendations that could support the DoE and DoH in the improved prevention and management of teenage motherhood.

1.5 RESEARCH QUESTIONS

Research questions are a direct wording of a statement of purpose. Phrased interrogatively rather than declaratively (Polit & Hungler, 2004), the research questions of this study were:

- What are effects of teenage motherhood on a female secondary school learner?
- What are effects of teenage motherhood on a female learners' ability to attend school and on her school performance?
- What recommendations can be developed for the Limpopo Department of Health and Department of Education to improve the prevention and management of teenage motherhood amongst secondary school learners?

1.6 OBJECTIVES OF THE STUDY

The study objectives include obtaining answers to research questions (Polit & Hungler, 2004). The objectives for conducting the study were to:

- Explore effects of teenage motherhood while attending a secondary school in rural communities of the Capricorn District, Limpopo Province.
- Describe effects of teenage motherhood on the female learners' ability to attend school and on her school performance.
- Develop recommendations that may aid the Limpopo Department of Education and Department of Health with improving prevention and managing teenage motherhood.

1.7 RESEARCH METHODOLOGY

A qualitative research method and descriptive, exploratory research design were adopted to conduct the study (Brink, 2006). Purposive and snowball sampling was used to identify learners who could answer the research questions by asking people who knew about such cases were were information rich (Creswell, 2007). Ethical considerations of informed consent, confidentiality, and anonymity were observed (Democratic Nurses Organization of South Africa, 1998). Data collection was undertaken by the researcher at two secondary schools of Ga-Molepo by conducting one-on-one interviews with participants. Tesch's method of analysis was used to analyse data. The measures of credibility, transferability, confirmability, and dependability were adopted to ensure the trustworthiness of the study (Krefting, 1991). Details of the research methodology are discussed in Chapter 3.

1.8 SIGNIFICANCE OF THE STUDY

The study aimed at providing a comprehensible description of effects of teenage motherhood while at secondary school in rural communities of the Capricorn District. The findings of the study could be beneficial to other female learners of rural secondary schools by encouraging the delay of teenage motherhood and the prioritisation of timely secondary school completion with commendable school results.

1.9 OUTLINE OF THE STUDY

- Chapter 1: Provides a brief background about the research problem, purpose of the study, background, applied research methodology, ethical considerations, measures to ensure trustworthiness, and the significance of the study.
- Chapter 2: Furnishes reviewed literature that assisted the researcher with gaining a better understanding of teenage motherhood, effects of motherhood on the learners' school attendance, and their educational performance. The chapter further discusses the legal and statutory laws that are meant to govern the treatment and management of teenage mothers at public schools in South Africa.
- Chapter 3: Provides a description of the research methodology applied to conduct the study.
- Chapter 4: Presents the analysis of the research findings and discusses emerging themes.
- Chapter 5: Confers the summary, conclusions, recommendations and limitations of the study.

1.10 CONCLUSION

This chapter presents an overview of the study. The purpose of the study was to explore effects of teenage motherhood while attending secondary schools. The chapter further addresses the background of the study, problem statement, research

questions, research objectives, research methodology, and the significance of the study. The next chapter, Chapter 2, deals with the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The literature review was conducted to aid the researcher in collecting information about what is already known about the phenomenon under study from previous research studies. Existing information guided the researcher to establish what had already been researched, research methods used, and findings obtained. Two research approaches, the mainstream approach and the revisionist approach, were adopted and further explored in the discussion of teenage motherhood.

2.2 TEENAGE MOTHERHOOD IN THE LIMPOPO PROVINCE

The Republic of South Africa comprises nine provinces; namely Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North West, Northern Cape, , and the Western Cape Province. The Limpopo Province is located at the extreme north of South Africa and comprises five districts; namely Capricorn, Mopani, Sekhukhune, Vhembe, and the Waterberg District (Appendix A). The Capricorn District is centrally located (Appendix B) with Polokwane as the capital city of the province and the second most populated district in the province (The Local Government Year Handbook – South Africa, 2012 / 13). Ga-Molepo is one of the villages of the Kganya Local Area, a sub-district of the Capricorn District Municipality (The Local Government Year Handbook – South Africa, 2012 / 13).

Morake (2011) released distressing figures for the Provincial Education Department that indicated doubled pregnancy rates in 2010. According to the report, the three provinces with the highest teenage pregnancies and childbirth are Limpopo, Northern Cape, and Free State, while KwaZulu-Natal, Gauteng, and Mpumalanga recorded the lowest rates. The Mopani District had the highest pregnancies (29.0%), followed by the Vhembe District (26.7%), Capricorn District (20.6%), Sekhukhune District (16%), and Waterberg (7.6%). The report further indicated that sexual activity started for 76% of that population in the age group of 16 years and older while 24% were in the age group of 16 years and younger. The mean age for starting sexual activity was reported as 16.3 years while the first pregnancy occurred at 17.2 years. The

prevalence of the first pregnancy for the age group 16 years and older was 90.8% and 9.2% for the age group of 16 years and younger. A mere 29% of the pregnancies were wanted while 71% of the pregnancies were unwanted (Morake, 2011). Reasons for engaging in sexual activity were reported as to prove love (48%), to keep a boyfriend (26.4%), to experience pleasure (25.6%), to prove fertility (16.3%), everyone else was having it (14.7%), to prove one's womanhood (11.6%), and sex was important (5.4%).

2.3 THE LIMPOPO PROVINCE FACILITY DELIVERIES

The Limpopo Province has over the past eight years reported a fluctuating rate of teenage deliveries from the districts in the province. According to the Communications Unit of the Limpopo DoH, the years 2000 – 2008 recorded a total number of 940 686 deliveries from all five (districts of the province with the Vhembe District Municipality recording the highest number of deliveries (Provincial Office Information System Unit, 2009). In the same period, a total number of 353372 deliveries were recorded for teenagers younger than 18 years with the Vhembe, Mopani, and Capricorn District Municipalities recording the highest numbers in the province (Provincial Office Information System Unit, 2009). Over the years, the delivery rates of these three districts in the Limpopo Province have been gradually decreasing. The rates of the Capricorn District Municipality have declined from 11.4% in 2000 to 10.8% in 2002, 8.6% in 2005 and 7.9% in 2008 (Provincial Office Information System Unit, 2009). The Vhembe District Municipality has also recorded a decline from 10.0% in 2000 to 7.6% in 2002, and 8.5% in 2005 (Provincial Office Information System Unit, 2009). Factors for this decline over the years are not clear but PHC nurses believe that improved health promotion methods and fast tracked access to contraceptives at public health facilities might be amongst the contributory factors for these good results (Selepe, 2008. Personal interview, 15 March, Ga-Molepo).

2.4 TEENAGE MOTHERHOOD IN THE GLOBAL AND SOUTH AFRICAN CONTEXT

According to the WHO (2014), 16 million female teenagers between 15 and 19 years of age annually give birth globally. A total of 95% of these births occur in low and

middle income countries with 2% in China, 18% in Latin America and the Caribbean, and 50% in Sub-Saharan Africa (WHO, 2014). Teenage pregnancy rates remain high in Southern Africa, the United States of America, and some European countries where one in every three women conceive her first child before the age of 20 years (Panday *et al.*, 2009). Moultrie and McGrath (2007) reports that the mean age at first birth has not increased while two-thirds of the pregnancies that are occurring amongst teenagers are unplanned and unwanted. The South African national data shows that by the age of 18 years, one in five women has given birth and more than 40% have become mothers by the age of 21 years. There has been an escalation in pregnancy rates amongst school girls in South Africa. In 1998, the South Africa Demographic and Health Survey (SADHS) revealed that approximately 2.4% of the adolescent girls surveyed had fallen pregnant by the age of 15 years while 35% of the sample was reporting pregnancy by the age of 19 years (Ritcher, Norris & Ginsburg, 2006).

Research conducted in South Africa on behalf of the Department of Basic Education (DoBE) by Panday *et al.* (2009) showed that between 2004 and 2008 Limpopo, Mpumalanga, and KwaZulu-Natal were the provinces with the highest teenage pregnancy rates in South Africa. Amongst all nine of the South African provinces, the Northern Cape was the only province with a steady decline while the remaining eight provinces indicated an increase over the same period (Venter, 2008). The report further indicates that teenage pregnancies are higher at schools that are poorly resourced, located in poor neighbourhoods, no fee schools, schools located on land independently owned, as well as at schools that involve considerable age mixing (Panday *et al.*, 2009). A report by Venter (2008) for the Limpopo Provincial DoH on PHC facility delivery rates from 2005 to 2007 indicate a steady and gradual increase in the delivery rate of mothers younger than 18 years of age.

2.5 FACTORS CONTRIBUTING TO TEENAGE MOTHERHOOD

A discussion about effects of teenage motherhood is incomplete when the causes are not considered, thus a brief overview about some of the contributory factors is essential in order to obtain insight into the possible causes of teenage motherhood amongst secondary school learners.

According to a research report by Macleod and Durheim (2003), some of the contributory factors of teenage motherhood are, amongst others, reproductive ignorance, risk-taking behaviour, single parenthood, successful female headed households, family dysfunction, poor self-esteem, poor health services, peer influence, coercive sexual relations, the breakdown of tradition, and conversely, the cultural value placed on fertility (Macleod & Durheim, 2003). Poverty and family dysfunction are seen as the major contributory factors.

Teenage motherhood is not always viewed as having a negative effect on the girls' educational progress and general wellbeing. An Australian study by Zeck, Bjelic-Radisic, Haas and Greimel (2007) investigated the impact of adolescent pregnancy on the future life of the young mother in terms of social, familial, and educational changes. The study found that teenage mothers continue with their educational training and achieve a higher level of education after two to five years after delivery. It also found that the number of employed teenage mothers almost doubled within the same time frame.

These findings indicate that a considerable number of teenage mothers find means and ways to train and improve their educational level, as well as secure jobs despite their status of being young mothers. The study shows that there is improvement in the social, familial, and educational aspects of the teenage mothers. However, some researchers further argue that the teenagers would have advanced better if they had delayed childbearing until adulthood while taking advantage of work opportunities first (Zeck *et al.*, 2007; Spear, 2001).

According to Macleod and Durheim (2003), there are two types of research approaches in the American literature about teenage motherhood. The two approaches are known as the mainstream approach and the revisionist approach (Macleod & Durheim, 2003). The mainstream approach engages teenage motherhood by exploring the negative effects of teenage motherhood; namely disruption of schooling, poor obstetric outcomes, inadequate mothering, poor child outcomes, relationship difficulties with family, partner, peers, and demographic concerns in relation to an increasing population (Macleod & Durheim, 2003). Contradictory to the mainstream approach, the revisionist approach argues that early parenthood is a rational reaction based on observation of successful female

parenthood in the African community and an avenue to achieving adulthood status and proving one's ability to bear children as women (Macleod & Durheim, 2003).

2.6 THE SOUTH AFRICAN GOVERNMENT LEGISLATIVE MEASURES IN RELATION TO TEENAGE MOTHERHOOD

The South African Government has made provision for the prevention and management of learner pregnancy at public schools. The Government Gazette 17 579 of 1996 enacted the South African Schools Act, Act 84 of 1996. The act was adopted to provide a uniform system for the organisation, governance, and funding of schools. It also forms the foundation of all other rules and regulations of learner pregnancy management at public schools. The South African School Act and the promotion of Equality and Prevention of Unfair Discrimination ACT, Act 4 of 2000 states that: "School children who are pregnant shall not be unfairly discriminated against". In July 2000, the Council of Education Ministers issued a statement indicating that pregnant learners might not be expelled from schools (South African Department of Education, 2007).

Act No 84 of 1996 states that public schools need to admit learners and serve their educational requirements without unfairly discriminating against them in any way. The DoBE further developed Measures for the Prevention and Management of Learner Pregnancy (2007) in public schools. This policy clarifies the position of the department on learner pregnancy and also the management of such learners. According to the policy, the following steps are to be adhered to in the management of a pregnant learner.

2.6.1 The learner

- A learner who is pregnant, or has any reason to believe that she might be pregnant, should immediately inform someone at school, preferably a senior educator designated by the principal. The designated educator or educators should take responsibility for the implementation and management of these measures, on behalf of the school (South African Department of Education, 2007).

- A learner who is aware that another learner is pregnant must also immediately inform the school, with or without the pregnant learner's knowledge (South African Department of Education, 2007).
- Wherever possible, and as soon as possible, the learner should be referred by the school to a health clinic or centre; the centre needs to provide the school with a record of attendance on a regular basis. Health professionals should provide advice to the learner about termination of pregnancy and other necessary information (South African Department of Education, 2007).
- The learner must be sensitised to the fact that there are no medical staff to handle the delivery of babies at school; the potential health risks and trauma to the mother, new-born child, and the rest of the school community arising from hidden pregnancy; or when the child is delivered at school. The learner (and the father if he is also a learner) may therefore request, or be required to take, a leave of absence from school, including sufficient time to address both pre- and postnatal health concerns, as well as the initial caring of the child. No predetermined period is specified for this purpose, since it entirely depends on the circumstances of each case. However, it is the view of the DoE that learners as parents should exercise full responsibility for parenting, and that a period of absence of up to two years may be necessary for this purpose. No learner should be readmitted in the same year that they have left school due to pregnancy (South African Department of Education, 2007).
- Before returning to school, the learner must produce a medical report declaring that she is fit to resume classes. The learner must also be made aware that, after childbirth, the rights of the newly born baby must be protected, and she should be able to demonstrate to the school that proper arrangements have been made for the care and safety of the child (South African Department of Education, 2007).
- A school should avoid any action that may constitute unfair discrimination against a pregnant learner. However, the pregnant learner should also understand that some members of the school community might not readily accept them and be supportive of their situation, because of the value system to which they subscribe (South African Department of Education, 2007).

2.6.2 Parents and guardians of teenage mothers

Parents and guardians m

ay not be absolved from their responsibilities towards their pregnant child, and have to take the lead in working with the school to support and monitor their child's health and progress. Parents and guardians should, therefore, ensure that the school is timeously informed about the condition of their child, ensure that she attends a health clinic, and that reports are communicated to the school. Parents and guardians should take steps to ensure that, as far as possible, their child receives her class tasks and assignments during any period of absence from school, and that all completed tasks and assignments are returned to the school for assessment.

2.6.3 The schools

- Schools should strongly encourage learners to continue with their education prior to and after the delivery of the baby. Educators should, therefore, continue offering educational support to the learner, within reasonable limits, and in whatever ways possible while taking the particular context into account (South African Department of Education, 2007).
- In addition, schools should strive to ensure the existence of a climate of understanding and respect in regard to unplanned pregnancies, and should put in place appropriate mechanisms to deal with complaints of unfair discrimination, hate speech, or harassment that may arise. This may include name calling of a sexual nature, jokes that are demeaning the dignity and self-image of the person, written or graphic discrimination in the form of notes or suggestive material relating to the pregnant learner, and breaking confidentiality in a condemning or judgmental manner (South African Department of Education, 2007).
- Where possible, learners after giving birth should be afforded advice and counselling about motherhood and child rearing. The life orientation educator, counsellor, psychological services staff member (when available), or any other suitable person should offer the mother and the father, if he is also a learner, counselling on their roles and responsibilities as parents. Schools should inform the Department of Social Development about pregnant learners and, where

applicable, assist in registering these learners for child support grants. They may also refer the learners to relevant support services, such as social workers or Non-Government Organizations (NGOs) that are active in the community (South African Department of Education, 2007).

- Schools should ensure that a record of learner pregnancies is maintained and that reports are submitted to the relevant authorities at the provincial DoE. Schools should also ensure that when they are informed about alleged cases of rape (including statutory rape), as defined in the Republic of South Africa Sexual Offences and Related Matters Act, Act 23 of 2007, they report the case to the police.

2.7 CONCLUSION

This chapter discusses the literature review of the study. It would appear to the researcher that satisfactory coverage of reproductive health education at secondary schools is done and relevant legislation and guidelines are in place to support teenage mothers. However, despite the provision of life orientation programmes by NGOs, like Love Life Group and readily accessible contraceptives at public health care facilities, learner pregnancy continues to be a major concern to the Limpopo DoH and DoE. The following concepts mentioned in this chapter assisted the researcher to have a better understanding of teenage motherhood, the legal and legislative implications, and its effects on the learners' school progression. The following knowledge is contained in this chapter:

- Individualised assessment and a better understanding of the area under study.
- The range of contributory factors to teenage motherhood.
- The contrasting approaches used in the discussion of teenage motherhood.
- The role of the teenage mothers' family, the partner, school and peers during the different stages of her experience as prescribed by the legal and statutory laws of South Africa.
- The various legal and statutory guidelines of the South African Government departments for the management of learner pregnancy and teenage motherhood.

The next chapter, chapter 3 discusses the research methodology of the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the research methodology of the study, including the research site, research method, research design, study population, pre-testing study, and data collection. The purpose of the study was to explore effects of teenage motherhood while at secondary educational facilities and to develop recommendations that may aid the Limpopo Department of Education and Department of Health to improve the prevention and management of teenage motherhood. The study was conducted according to a qualitative research method and a descriptive, exploratory research design. The research method and research design are discussed in detail below.

3.2 RESEARCH METHOD

According to Parahoo (1997), a research method is a plan that describes how, when, and where data are to be collected.

3.2.1 Qualitative research method

Brink (2006) defines a qualitative research method as a research method that has few preconceived ideas and emphasises the importance of peoples' interpretation of the events and circumstances rather than the researcher's interpretation. In this study, the method aided the participants to provide views of their own experiences through narrated lived experiences with regard to effects of teenage motherhood while at secondary school in rural communities of the Capricorn District in the Limpopo Province.

3.3 RESEARCH DESIGN

Welman, Mitchel and Kruger (2006) describe a study design as a plan according to which participants are obtained and information is collected from them. It also describes what is going to be done with the participants, with a view to reach conclusions about the problem.

3.3.1 Descriptive research design

A descriptive research design aims at obtaining complete and accurate information about a phenomenon through observation, description, and classification, as well as providing new information about the phenomenon under study (Brink, 2006). De Vos, Strydom, Fouché and Delport (2006) further define a descriptive research design as a more intensive examination of phenomena and their deeper meaning, thus leading to a thicker description. In this study, descriptive research was applied to aid the researcher with gaining complete and accurate information from research participants who had encountered effects of teenage motherhood while at secondary school.

3.3.2 Exploratory research design

Exploratory research design refers to investigation into a problem or situation that provides insight to the researcher and explores factors related to the topic (Brink & Wood, 1998). It may use a variety of methods; such as trials, interviews, and discussions for the purpose of gaining information (Brink, 2006). In this study, exploratory research was used to help the researcher explore effects of teenage motherhood while at secondary school as described by the participants.

3.4 THE STUDY SITE

The Ga-Molepo village is a vast rural settlement that comprises of 21 smaller village compounds that are divided into 2 municipal wards, Ward 03 and Ward 04 (South Africa Yearbook, 2012/13). The village is located approximately 52 kilometres to the eastern outskirts of Polokwane, in the Capricorn District of the Limpopo Province (Appendix B). The Ga - Molepo village has 7 secondary public schools and 4 primary health care public facilities, public health and school services are available to the public at no fee. The Ga-Molepo is home to approximately 6 449 people; 955 members of the total population are teenagers between the ages of 14 and 15 years (Statistics South Africa, 2005).

The socio-economic status of the village is characterised by unstable family structures in which it is either the elderly who look after their grandchildren while the parents are working in the Gauteng Province and who are only visiting during the

holiday season, or single-parent headed families (Motheiwane, 2007, Personal interview, 14 April, Ga-Molepo).

3.5 POPULATION

The target population for inclusion in this study included teenage mothers between the ages of sixteen and nineteen years, who had at least one child who was not older than five years, who were full time residents of the Ga-Molepo village, and who were enrolled at one of the secondary schools in Ga-Molepo at the time of this study. According to Brink (2006), a population refers to the entire group or objects that are of interest to the researcher and meets the phenomena the researcher is interested in studying. Polit and Hungler (1998) further define population as the aggregate or totality of all the objects or members who conform to a set of specifications.

Sampling refers to the process of selecting a sub-section of a population that represents the entire population in order to obtain information about the phenomenon of interest Polit and Hungler (1998). Random sampling was used to select the two secondary schools; Tshebela Secondary School and Mamokgari Secondary School where data collection was conducted. Polit and Hungler (1998) define random sampling as a technique wherein every subject is chosen randomly and entirely by chance, such that each subject has the same probability of being chosen at any stage. Purposive and snowball sampling had been used to select the group of teenage mothers who were interviewed in this study. Purposive sampling is defined by Denzin and Lincoln (2000) as one of the most common sampling strategies that groups participants according to preselected criteria that are relevant to a particular research question. In total five participants were included in the study. The preselected criteria of this study were:

- teenage mothers who were between sixteen and nineteen years old;
- who had at least one child who was not older than five years;
- were full-time residents of the Ga-Molepo village; and
- were enrolled at one of the secondary schools of Ga-Molepo at the time of this study.

In addition, snowball sampling was used to identify participants of interest from people who knew potential participants who had met the inclusion criteria of this

study (Creswell, 2007). Life orientation educators were requested to assist with identifying only the first potential participant and referring these participants to the researcher who was already seated in a secluded room on the school premises. Subsequent participants were referred to the researcher by the first participants who had completed their interviews. The sample size was determined by reaching data saturation that is, the point in the data collection process when new data no longer brings additional insights to the research questions (Denzin and Lincoln, 2000).

3.6 DATA COLLECTION

3.6.1 Pre-testing study

According to Polit and Hungler (1998), a pre-testing study is recommended as a prerequisite of assessing the feasibility of the main study, and it also serves as a means of perfecting or refining either the technique of interviewing or even the accuracy of the questions. The pre-testing study was conducted at the Maisha Secondary School in Ga-Molepo three weeks prior to the data collection of the main study. After pre-testing, an appointment for the main study was confirmed by the researcher with each of the school principals seven days prior to the date of data collection. Copies of all approval letters were presented to the school principals. An interview protocol, a voice recorder, and field notes were used to capture interviews. Available participants who matched the inclusion criteria were invited to take part in the study. Only two potential participants refused inclusion in the study at one of the schools, whilst five participants could not be included, since they were reportedly representing the school in a netball competition. Participants took part in the study on a voluntary basis after ethical considerations had been explained to them and they had given verbal consent for inclusion in the study. That was followed by completing a written consent form (Appendices E & F). The age at signing consent was sixteen years; the interviews took between one hour and one and a half hours. The Sepedi language was used to communicate with most of the participants while other participants communicated sparingly in English. Several challenges and limitations emerged upon completion of the pre-testing study:

- Some learners who were not part of the study were noisy outside the windows of the class room where data was collected while other ones were inquisitive to know what was discussed with participants.
- The noise from the fan interfered with the audibility and quality of the recorded interviews.

Those experienced challenges compelled the researcher to make changes for data collection of the main study after consultation with the supervisor:

- The fan was switched off during the data collection process of the main study.
- Refreshments (soft drinks and biscuits) were offered to participants for the duration of each interview.
- A more private room with minimal access to learners was requested and used for subsequent interviews.

3.6.2 Main study

Data collection was conducted at two secondary schools in Ga-Molepo, namely Tshebela Secondary School and Mamokgari Secondary School. All interviews were conducted in person by the researcher. Copies of all approval letters of the Limpopo DoE and the University of Limpopo Ethics Committee were presented to the school principals (Appendices H and I). Five participants were interviewed during one-on-one interviews on two separate days. Three of the participants were from Mamokgari Secondary School while two were from Tshebela Secondary School.

An interview protocol was used to guide the focus of the researcher's questions during data collection (Appendix C). Four questions focused on obtaining textual and structural descriptions from the participant's experience in relation to the study phenomenon and in line with the objectives of the study as stated by Creswell (2007). The four questions that guided the interview process with participants were:

- Please share with me your journey of motherhood as a teenage mother who is also a secondary school learner.
- How is teenage motherhood affecting your school attendance and school performance?
- Describe your school performance at the different stages of your motherhood.

- How have effects of teenage motherhood contributed on your decision to either continue or suspend school attendance?

The research supervisor was consulted to verify the content, consistency, and relevance of the interview protocol and the approach to be adopted by the researcher. Field notes were also taken by the researcher during data collection.

3.7 INTERVIEW TECHNIQUE

The data collection was guided by interview techniques as stated by De Vos *et al.* (2006):

- Teenage mothers dominated the interview sessions because they were telling a story and the researcher listened attentively.
- Questions were kept brief, simple, and clear.
- Only one question at a time was asked.
- Follow-up questions were asked to clarify responses that were not clear.
- Questions related to their experiences were asked first, followed by opinion or sentiment questions.
- Teenage mothers were given time to think what they wanted to add and share before the next question was asked.
- Teenage mothers were not interrupted while they were sharing their experiences with the researcher.
- Follow-up questions were asked by the researcher for confirmation.
- The researcher monitored effects of the interview on the teenage mothers in order to know when to focus and defocus.
- The audio recorder was kept on at all times during the interviews and only turned off once each interview was concluded.
- Interviews were concluded with the general question, “Is there anything further that you feel is important and that you would like to share?”

3.8 COMMUNICATION TECHNIQUES

Certain interview techniques, according to De Vos *et al.* (2006), were utilised during the one-on-one interviews:

3.8.1 Verbal responses

Minimal verbal responses included occasional expressions of "Mm-mm" or "Yes, I see," coupled with nodding of the head to demonstrate that the researcher was

listening to the participants' narratives. This type of approach encouraged teenage mothers to share more about their experiences and the researcher could follow what they were talking about.

3.8.2 Clarification

This is a technique to get more clarity about unclear statements. The researcher asked follow-up questions, like: "I heard you say...", "Could you tell me more about..." to get more clarity about and a better understanding of the responses given.

3.8.3 Challenging

The researcher solicited more information from the teenage mothers as a means to ensure validity and to satisfy the curious interest of the researcher.

3.8.4 Acknowledgment

The researcher confirmed listening attentively to the teenage mothers by intermittently repeating what they had said.

3.8.5 Direct questioning

The researcher obtained more information from the participants by asking questions that were directly related to the issues under discussion.

3.9 DATA ANALYSIS

Data analysis was done according to Tesch's method of analysis cited in Creswell (2007):

- The researcher read through the transcripts and jotted down ideas of the whole interview as they came to mind.
- The researcher picked transcripts that were interesting and shorter out of the pile and went through them, while writing down thoughts in the margin.
- A list of topics was made and information was clustered accordingly. These topics were arranged into columns as major topics, unique topics, and exceptions.
- The most descriptive wording for the topics was suggested and turned into themes and sub-themes, aiming to group those topics that related to one another.

3.10 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness was ensured by using Guba's model as illustrated by Krefting (1991); that is credibility, transferability, confirmability, and dependability.

3.10.1 Credibility

According to Krefting (1991), truth value asks whether a researcher has established confidence in the truth of the findings for the subjects and the context in which the study was undertaken. In this study, credibility was ensured by having prolonged engagement with the teenage mothers. Interview techniques as defined in De Vos *et al.* (2006) were used to enhance prolonged engagement with participants. Follow-up interviews were conducted with participants after seven days of completing the initial interviews. The prolonged engagement confirmed responses that had been provided by the teenage mothers before, allowing the researcher an opportunity to dwell on the phenomenon over time until data saturation was reached. The narrated effects were recognised and confirmed by participants as their own responses when paraphrased by the researcher (Krefting, 1991).

3.10.2 Transferability

Transferability refers to when the findings fit into contexts outside the study situations that are determined by the degree of similarity between the two contexts (Krefting (1991). In this study, transferability was ensured by providing a dense comprehensive description of the research methodology, research design, and research method that

may be replicated in other situations with a similar problem. The sampling methods of purposive and snowballing were adopted to ensure inclusion of only those participants with cases of interest from people who knew potential participants who had met the inclusion criteria of the study as cited in Creswell (2007). A literature review was conducted prior to undertaking the study, followed by a literature control on completion of data collection and analysis (De Vos *et al.*, 2006).

3.10.3 Confirmability

Confirmability refers to the objectivity or freedom of the data from bias in research procedures and results (Krefting, 1991). The confirmability of the study was ensured by providing a detailed description of the research methods used to collect data, triangulation, and code-recode procedures. Code-recode procedures were achieved by maintaining raw material, thematic categories, interpretations, and process notes were used to facilitate an independent audit after data collection. The researcher submitted the field notes and voice recordings to the co-coder to perform independent coding of the data and an assessment of the documentation for dependability of the report. Data triangulation was achieved by having independent follow-up sessions with the teenage mothers to confirm their responses and triangulation of field notes and voice recordings from the initial data collection undertaking (Krefting, 1991).

3.10.4 Dependability

Dependability refers to traceable variability that can be ascribed to identify field sources (Krefting, 1999). Measures to ensure dependability of the study were achieved by keeping a record of the research process safe and away from unauthorised access. Dependability of the study was ensured by conducting a confirmability audit that involved intensive careful examination of the data by the researcher and an independent co-coder to ensure credibility and a quality check of the coding process. In addition, methodological triangulation was done wherein similar questions were asked by the researcher to the teenage mother on follow up sessions to check whether teenage mothers would provide the same responses as those provided during the first data collection sessions. The latter responses were also checked against the field notes and voice recordings from the initial data

collection undertakings this was used to ensure the validity of the study results (Krefting, 1991).

3.11 ETHICAL CONSIDERATIONS

The following ethical considerations were adhered to throughout the study as cited in DENOSA (1998).

3.11.1 Permission to undertake the study

Permission to undertake the study was obtained from the the Limpopo DoE Strategic Planning and Research Unit (Appendix I) and the Ethics Committee of the University of Limpopo Mankweng / Polokwane Complex (Appendix H).

3.11.2 Informed consent

Participants were aged between sixteen and nineteen years old (Table 4.1 Participant age and educational profile). All participants were firstly informed about the broader aims of the study. Verbal consent was obtained and the participants were requested to complete and sign an informed consent form (Appendices E & F). Participants were informed of their right to withdraw from the study at any point without any penalties being imposed on them (DENOSA, 1998). Participants were also informed about the duration of the interview, the type of participation expected from them, and the general goal of the study (Tladi, 2004).

3.11.3 Confidentiality

Confidentiality of the participants was ensured by protecting all gathered data and not making it available to anyone who was not involved with the study (DENOSA, 1998). Records of the interview were safely kept and will be destroyed three years after successful completion of the study.

3.11.4 Anonymity

Anonymity of the participants was ensured by not attaching personal information of the participants anywhere on the field notes. Code numbers were used to identify participants. Audio recordings of the interview will be safely kept and be destroyed three years after successful completion of the study.

3.12 CONCLUSION

This chapter discusses the research methodology of the study and provides the background of the research method, research design, the study site, sampling, data collection, interview and communication techniques, measures to ensure trustworthiness, and ethical considerations adopted in conducting the study. The chapter also discusses the challenges that were encountered during data collection and modifications that were undertaken. The following chapter discusses the results of the study.

CHAPTER 4

DISCUSSION OF RESULTS

4.1 INTRODUCTION

This chapter discusses the results of the data collected during face-to-face interviews held with teenage mothers from the secondary schools in Ga-Molepo. The researcher is a professional nurse who is working as a community health nurse at a primary health care facility based in Ga-Molepo. That is where she attended to teenage mothers who came to the primary health care facility for ANC and child health services. During the rendering of health services, the researcher made observations that teenage mothers spent a considerable time at the primary health care facility instead of at school or attending to their school work. Interest for acquiring more insight on effects of teenage motherhood while at secondary school developed and informed the undertaking of this study. A total of five teenage mothers, who were secondary school learners at the time of the study, were interviewed. The consenting age for inclusion in the study was sixteen years.

4.2 DEMOGRAPHIC DATA

Below is a tabled summary of the participants' age, the school they were attending and grade they were doing at the time of the study:

Table 4.1: Participants' age and educational profile

Name of school	Participants identification number	Age of participants	Grade
Tshebela Secondary School	Teenage mother 1	16	8
Tshebela Secondary School	Teenage mother 2	19	9
Mamokgari Secondary School	Teenage mother 3	19	11 (repeat)
Mamokgari Secondary School	Teenage mother 4	19	10 (repeat)
Mamokgari Secondary School	Teenage mother 5	19	10 (repeat)

Table 4.2: Participants' demographic profile

* TM: Teenage mother

The table below is a summary of the participants' village of residence, age at conception, duration of school suspension, and the age of the participants' child.

Participants identification number	Participants' village of residence	Participants age at conception	Duration of school suspension due to pregnancy	Age of the participants' child
TM* 1	Tshebela	15 years	Never stopped	12 months
TM* 2	Bethel	18 years	Never stopped	12 months
TM* 3	Ga-Mogano	17 years	June 2007 – July 2009	20 months
TM* 4	Ga-Mogano	16 years	September 2006 – January 2008	18 months
TM* 5	Bethel	16 years	October 2005 – January 2007	15 months

4.3 RESULTS AND DISCUSSION

Tesch's method of analysis (Tesch, 1990) was used during data analysis. Two themes and 10 sub-themes emerged from the analysis (Table 4.3.).

Table 4.3: Findings related to effects of teenage motherhood

Themes	Sub-themes
Theme 1: Effects of teenage motherhood	Sub-themes: <ul style="list-style-type: none">• Effects of teenage motherhood on the health of the teenager• Effects of teenage motherhood on the lifestyle of the teenager• The psychological and emotional effects of teenage motherhood on the teenager• Effects of teenage motherhood at school and on school performance• Effects of teenage motherhood on relationships with the family and the partner• Teenage motherhood as a positive motivation• The lack of parental support to the teenage mother• Teenage motherhood and family acceptance

Themes	Sub-themes
Theme 2: Factors contributing to continuation with school attendance	Sub-themes: <ul style="list-style-type: none"> • The visibility of the pregnancy and gestational age into the school year • The influence of the cultural beliefs in society and traditions on the decisions of the teenage mother

4.3.1 Theme 1: Effects of teenage motherhood

Teenage mothers experience additional challenges because they not only need to adapt to the role of being a new mother but also continue to develop through the transitional stages of adolescence (DeVito, 2010; James *et al.*, 2012). They experience emotional turmoil while they are striving to cope with their pregnancy and emotional change in their relationships with other people due to unmet expectations and role confusion (James *et al.*, 2012). Being in distress was expressed by Teenage mother one who was 16 years old in grade eight who stated that:

“I was stressed when I realised that I am pregnant”.

DeVito (2010) reports that the teenage mother is often susceptible to developing stress. Since she is battling to adapt to the new state of unplanned motherhood, she experiences changes that she has no control over. According to DeVito (2010), the major effect of teenage motherhood on the teenager is the stress she goes through that is mainly attributed to the transition phase into her new maternal role. For the young mother, time and energy that would normally be spent socialising with friends, as well as defining and strengthening her identity are consumed by fulfilling her responsibilities of parenting (Clemmens, 2003; Spear, 2001). There is conflict of interest between what should be and what results in the teenage mother experiencing stress (Clemmens, 2003; Spear, 2001).

Sub-theme 1.1: Effects of teenage motherhood on the health of the teenager

Clemmens (2003) states that the reported health changes of the teenager suggest an intensive transitional phase of an individual who rapidly assumes a new role of being a responsible adult.

Adapting to new physical discomforts and illnesses were expressed by Teenage mother one who was 16 years old and in grade eight who stated that:

"I started feeling dizzy most of the times".

Teenage mother two, 19 years old and in grade nine said:

"I started being selective on the types of food I ate".

For the teenage mother, adhering to the unplanned maternal responsibilities, adapting to the new physical discomforts and illness, and dealing with the overwhelming array of emotions she undergoes can easily cause her to reach conclusions with direct consequences on her school continuation and her future (DeVito, 2010).

Sub-theme 1.2: Effects of teenage motherhood on the lifestyle of the teenager

Teenage mothers are in a crucial phase of their lives, they are encountering the integration of "earlier identifications, abilities and opportunities offered by society" (Gouws & Kruger, 1994). Being able to cope with transcending from a life of a care free teenager who focuses on herself and her studies to a phase of being a responsible adult woman who is mindful of her actions and considerate of the outcomes of her decisions is amongst some of the tasks she accomplishes (Gouws & Kruger, 1994). This principle was supported by Teenage mother two), aged 18 years and in grade nine, who stated that:

"I stopped walking around at night, drinking alcohol, and smoking cigarettes and I started taking the treatment the health professionals gave me".

This response was constant with findings from a study by Spear (2001) in which study participants reported that some of the lifestyle choices they made then were different as a result of being teenage mothers when compared to choices they had made before they became pregnant:

"I make better choices now; I've got someone else to worry about".

In a study by Clemmens (2003), participants described the experience of teenage motherhood as an everyday responsibility from which they could not get away and, a change in the focus of their activities with increased time taken by childcare responsibilities they had to learn (Clemmens, 2003).

There is common belief that teenage mothers do not attend to their health and that of their babies, and that women who bear children during their teens typically seek prenatal care late as reported by Spear (2001). However, evidence from this study shows an increased willingness and commitment from teenagers to attend to their health and that of their children. During the interviews, Teenage mother four, aged 19 years and in grade ten, pertinently stated that:

"I started going to the clinic for pregnant women for check-ups".

Assuming parental responsibilities appears to be a major life changing experience for teenage mothers (Spear, 2001). A sense of being a good and competent mother emerged as participants narrated their stories, Teenage mother two, aged 18 years and in grade nine narrated her experience:

"I started using my money wisely as compared to the way I would use it before I fell pregnant".

Her statement was supported by another participant, namely Teenage mother three, aged nineteen (19) years and in grade 11 who said that:

"I started to be a responsible parent".

According to DeVito (2010), the transition from the teenage phase to motherhood is very challenging. The experience of being a teenage mother was interpreted differently by the participants. To some it was a journey of personal maturity, assuming parental responsibilities, and being responsible with their sexual behaviour as narrated by Teenage mother one, 16 years old and in grade eight:

"I had to go to the clinic to get the family planning injection to protect myself".

Sub-theme 1.3: The psychological and emotional effects of teenage motherhood on the teenager

James *et al.* (2012) describe the emotional turmoil experienced by pregnant teenagers as being caused by the overwhelming emotions they experience in relation to their pregnancies. According to Agundiade, Titilayo and Opatolo (2009), teenage pregnancy implies disgrace, stigma, and immoral behaviour. It is further used as a vehicle for measuring non-conformity to social standards (Agundiade *et al.*, 2009). The stigma attached to being a teenage mother evokes feelings of hurt, despair, and feeling stupid. Three of the participants in this study reported that they experienced regret towards their unplanned pregnancy. Teenage Mother two, aged 18 years and in grade nine, narrated:

"I was disappointed and began to have regrets".

Teenage mother three, 19 years old and in grade 11 added that:

"I began to act shy as soon as I realised that I'm pregnant".

DeVito (2010) states that during motherhood the teenage mother experiences an array of emotions; including anxiety, stress, and confusion.

To some participants, the emotions expressed in the presence of the researcher during the interview were overwhelmingly intense. During the interview, Teenage mother five, aged 19 years and in grade 10, paused and sobbed as she recalled how the realisation of her new motherhood status left her feeling stressed:

"I had stress and regret, I eventually decided to go stay with the father of my child for three weeks".

Teenage mother one, 16 years old and in grade eight further demonstrated:

"I had stress because my parents were insulting me saying I have spoiled my future".

Teenage mother four, aged 19 years and in grade 10, narrated her experience by reporting that:

"After conception, my school performance dropped as I was always thinking about what I was going to tell my parents".

James *et al.* (2012) report that Black and African cultures are inclined to accept illegitimacy with difficulty, and are inclined to be angry while stigmatising and criticising the family of the teenage mother concerned. The extent of embarrassment to the family may be so intense that the family may in turn resent their daughter or distance them from her, resulting in the loss of much needed parental support. Thus, the presence of such mental and psychological stress factors often results in negative emotions, stress, and anxiety being experienced by the teenage mother.

The presence of stress often manifests itself through poor school performance that seems to be the main determining factor for the decision to suspend school attendance. In relation to this issue, Teenage mother four, 19 years and in grade 10, reported:

"I saw myself failing a lot in my studies until I eventually thought of stopping going to school as the best option".

The effect of being a teenage mother appears to be difficult and that often results in a decline of school performance and suspension from school attendance. To some of them, it is a fairly normal experience with no major effects on their school performance and ability to attend school. Teenage mother four, aged 19 years and in grade 10 voice that in her response:

"My school performance was the same as all other days".

The latter response was similar to some of the responses from participants in a study by Spear (2001) who reported that their life situations were more than manageable and their plans for the future were not impeded in a negative way by teenage motherhood or the prospects of single parenthood. Some of the participants' responses regarded motherhood as a benefit and not a liability, problem, or personal crisis (Spear, 2001).

Sub-theme 1.4: Effects of teenage motherhood at school and on school performance

Zachry (2005) documented the poor educational outcomes of those those teenagers who become mothers. Although male learners often drop out of school because of work-related reasons, their female counterparts are most often forced to leave school because of child rearing demands. Sacrificing one's school progress for the best maternal health status was demonstrated by some of the participants, as Teenage mother five, 19 years old and in grade 10 reported:

"I started falling behind on my school work as some days I would miss school to attend antenatal care and spend the whole day at the clinic".

Responses from other participants indicated effects of teenage motherhood on their school attendance and performance. Teenage mother three, aged 19 years and in grade 11, reported that:

"The problem is not being able to attend school".

Teenage mother four, 19 years old and in grade 10, shared her challenge as:

"To drop out of school and your studies put on hold".

Teenage mothers face a number of challenges after motherhood and in returning to school (Chigona & Chetty, 2008). Mokgalabone (1999) maintains that motherhood is among the most serious causes of school disruption, particularly at secondary school level. Delayed school progress is cited as the main challenge for the teenage mother, manifesting either as poor school performance or demotivation towards one's school work and resulting in temporary suspension from school attendance. This view is supported by Hallman and Grant (2003) who states that one-fourth of schooling disruptions are attributed to motherhood.

Table 4.4: Participants' school performance

Key:

Excellent	Good	Satisfactory	Fair	Poor
100 – 85	75 – 60	60 – 55	50 – 45	< 45

Participants identification number	Before motherhood	During motherhood	After motherhood
TM 1	Excellent	Satisfactory	Good
TM 2	Good	Fair	Good
TM 3	Satisfactory	Poor	Fair
TM 4	Fair	Fair	Fair
TM 5	Fair	Poor	Fair

Patterns of school suspension are consistent with the findings by Coley (1995) and Zachry (2005) who found that 30% of teenage mothers do not complete school due to motherhood. However, Marteleto, Lam and Ranchhod, (2008) argue that caution must be applied in assigning a causal impact of poor school performance and school suspension to teenage motherhood, because teenage motherhood is not the main cause of decline in school performance and school suspension. Their report indicates that female learners who become mothers while enrolled at school are inclined to report lower enrolment rates and lower grade attainment several years before motherhood took place, suggesting that even in the absence of motherhood they are unlikely to achieve the same level as the ones who are not teenage mothers (Marteleto *et al.*, 2008).

Chigona and Chetty (2008), in their study, found that teenage mothers did not get enough support from school, since they were not considered as learners with special needs. Teenage mother four, aged 19 years, in grade 10 attested:

“Other learners began calling me names and as a result I started not to enjoy myself at school”.

The above response is consistent with some of the responses from participants in a study by James *et al.* (2012) where one of their participants reported that:

“Due to the stigma associated with being a pregnant learner, I stopped attending school”.

A lack of support from the school could be viewed in terms of the lack of support from teachers, the lack of awareness by learners about teenage motherhood, the stigma attached to being a secondary school learner who is also a teenage mother, as well as other forms of pressure from teachers and fellow learners (Chigona & Chetty, 2008). Despite claims that teenage motherhood is the leading cause of a mother’s decision to suspend schooling, part of a teenager’s decision to suspend school is greatly influenced by her encounters with other female learners in the school environment (Zachry, 2005).

A research report by Hanna (2001) cites that support is often needed whether early childbearing is intentional or unplanned. Manzini (2001) recommends that the public health sector should become more youth friendly considering that most teenagers have experienced negative attitudes from health workers and educators.

Sub-theme 1.5: Effects of teenage motherhood on relationships with the family and partner

Social support is a crucial element and a strong factor in the positive adjustment of teenage mothers and serves a variety of functions; such as guidance, social reinforcement, and tangible assistance (Clemmens, 2003; Spear, 2001). The lack of tangible support from the family often contributes to feelings of despair, anger, and hopelessness of the teenage mother towards herself and her child. Teenage mother five, who was 19 years old and in grade 10, narrated her family’s disapproval of her teenage motherhood as very humiliating and depressing:

“They did not want to talk to me at home, they didn’t even want to have eye contact with me, and my mother was always telling people at home about how much I have disappointed her”.

The experience of anger, disgust, and disappointment from the parents of the participants in this study were similar to some of the participants in the study of

James *et al.* (2012) who reported: "...She (my mother) *hated possible... hated having to look at me. I know that. She was looking at me like she's disgusted... she did not have to tell me but I knew*".

This parental reaction was similar to reactions by other parents in the study conducted by James *et al.* (2012) who reported that: "...So *humiliated as people in the house will just keep quiet and avoided eye contact with me as soon as my mother starts talking to me like that... I hated her for that*". The ability of the teenage mother to successfully cope with her new maternal responsibilities appears to be greatly influenced by the tangible support received from their own mothers and the availability of family support (Clemmens, 2003; Spear, 2001).

On the contrary, the experiences of some of the teenage mothers with their families have a somehow positive enhancing effect on their relationships with significant others. According to Clemmens (2001), many teenage mothers often live with their parents due to financial constraints, thus support for the teenager may be readily available. Effects of teenage motherhood provide an opportunity for re-establishing relationships in a healthier context; both mother and grandmother assume new roles by which to reconnect with each other (Clemmens, 2003; Spear, 2001). The lack of parental preparedness of the teenage mother leads to extended parenting by their parents (Spear, 2001). Teenage mother one, aged 16 years and in grade eight, recalled:

"I was clueless about having a child around me and I had no choice but for my mom to raise the child for me and I had the opportunity of continuing with my education".

Clemmens (2003), DeVito (2010), and James *et al.* (2012) tangibly describe that emotional support offered by parents and grandparents helps teenage mothers attend better to their development, schooling aspirations, and growth as individuals.

According to Corkindale, Condon, Russel, and Quinlivan (2009); many male teenagers have an influence on the decision whether or not to keep the baby and their involvement in these decisions contributes to the subsequent satisfaction and ultimate psychological adjustments of the female partner. However, participants in this study were inarticulate when they were asked to describe their relationship

experiences with the fathers of their babies. They seemed neither eager nor had much to say about their partners' involvement in their pregnancies. Teenage mother two, aged 18 years and in grade nine, reported:

"The father of the baby is there, but I do not want to say anything about him".

When asked about the father of her baby, Teenage mother three, who was 19 years and in grade 11, responded by saying:

"The father of my child is there, but after I told him that I'm going to have a baby, he did not show love towards me like he did before".

These responses were consistent with some of the responses from participants in a study conducted by DeVito (2010) who reported that "...*The father of the new born is there but is not consistently supportive or did not share parenting duties*". Similar responses were also reported by Chigona and Chetty (2008) that the teenage mothers' situation worsened because the fathers of the babies play no role in the upbringing of the baby.

The above responses contradicted the responses of some teenagers in different reports. Participants' in James *et al.* (2012) reported that some of the positive moments were brought about by support given to the teenage mothers by their boyfriends: "...*He is the father of the child and takes interest in everything that is taking place. He will phone, when I'm from the clinic to find out if I'm still doing well and how is the child doing*". Another participant in the same study reported that "...*My boyfriend and I are closer since I got pregnant; he'll be there for me and my baby*" (Spear, 2001).

Thus, the role of the male partner during unplanned motherhood is confirmed as significant.

Sub-theme 1.6: Teenage motherhood as a positive motivation

According to reports by Zachry (2005) and Spear (2001), teenagers point out that their children as a primary motivation for their return to school. Teenage mother four, who was 19 years old and in grade 10, narrated:

“I returned to school to prepare for my future and my child’s future and to pursue my dreams”.

This view is further supported in DeVito (2010) who reports that teenage mother’s value having an education in order to provide a better future for themselves and their children. There is a consistent pattern in the individuals' personal determination to complete secondary education despite being a teenage mother; this high level of self-motivation appears to be well demonstrated after the birth of the baby (Marteletto et al., 2008; Spear, 2001). The mother’s determination to complete her education is more a matter of personal satisfaction than it is of family and other parties against the background of the source of her initial stress and anxiety.

Beyond going back to school and completing her grade 12 education, the teenage mother aims at improving her school performance to the highest level obtainable. Were (2007) and Zeck et al. (2007) also indicate that teenage mothers continue with their educational training and achieve a higher level of education between two and five years following delivery. Manzini (2001) argues that child bearing does not always result in the end of the girl's school going life, since nearly half (48%) of the girls in her study returned to complete their secondary education when the means permitted. While Zeck et al. (2007) found that the number of employed teenage mothers almost doubled within two to five years after delivery, this observation suggest that a considerable number of teenagers find means and ways to train and improve their educational level and secure jobs despite their status of being young mothers. However, both researchers further argue that the teenage mother would have advanced better scholastically than when she delays childbearing until adulthood and takes advantage of work opportunities.

Sub-theme 1.7: The lack of parental support to the teenage mother

According to Chigona and Chetty (2008), some parents of the teenage mothers are reluctant to provide support to their daughters and sometimes the parents distance themselves from their daughters while feeling ashamed that the community would look down on them because of their daughter’s action. That was evidenced by Teenage mother five, aged 19 years and in grade 10:

"I did not receive any support from my parents when I was pregnant; I told myself that I'm going back to school and I'm going to pass".

Teenage motherhood causes parent-teenage conflict because parents feel that the motherhood status signals deviation of the teenager from the values and norms instilled in her during her preparation for adulthood (James et al., 2012). Such conflict may have a negative effect on the nature of support given to the teenager. Findings from this study showed that the lack of parental support did not only result in the overwhelming feelings of despair and hopelessness as reported by participants in the study by James et al. (2012), but also served as a source of motivation for the teenagers to pursue their aspirations and the attainment of their educational goals.

A pattern modelled from this study suggests that teenage motherhood does have a negative effect on the school performance of the teenage mother and does influence the decision to suspend schooling. There is a consistent pattern of a gradual drop in the teenagers' performance from the time before conception, during the term of pregnancy, and after the delivery of the new born. This drop in school performance is attributed to stress and the nature of support made available to the pregnant teenager. Pillow (2004) advocates for support of teenage mothers similar to support needed by any other single female parent with needs due to limited income.

Sub-theme 1.8: Teenage motherhood and family acceptance

Family acceptance also appears to eliminate some of the anxiety and psychological stress the teenage mother were experiencing during the initial stages of her motherhood. Family acceptance of the teenage mother and her new born simplifies maternal transition. As Teenage mother five, 19 years old and in grade 10, narrated:

"I felt better after my child was born and my parents accepted the baby and his presence".

The feelings of being positively transformed by the experience of motherhood also include improved relationships between the teenage mothers and their families (Clemmens, 2003).

Teenage mother one, aged 16) years and in grade eight, shared that:

"They accepted the mistake I had made at home".

Teenage mothers identify their own mothers as a consistent and dependable source of emotional support that positively influences their perceptions of parenting (DeVito, 2010). Even though previous conflicts might have existed between the teenager and her own mother, once the teenager becomes a mother herself the conflicts with her own mother are put aside because they now have something in common (DeVito, 2010; Spear, 2001 and Rico, 2011).

4.3.2 Theme 2: Factors contributing to continuation with school attendance

Participants shared other factors that directly related to their motherhood status and the decision to continue or suspend school attendance. These factors included the visibility of the pregnancy and gestational age into the school year.

Sub-theme 2.1: The visibility of the pregnancy and gestational age into the school year

The visibility of the pregnancy emerged as one of the contributory factors to school continuation or suspension. Advanced gestational age into the school year appeared to promote continuation with school attendance and learning. Two of the five participants continued with their school attendance throughout pregnancy and motherhood. The realisation of their conception occurred after the month of June, and participants had suspended school attendance for a maximum of two weeks post-delivery before resuming learning. The ability of the teenage mother to hide her pregnancy with clothes like a jersey or sweater appeared to determine whether she would continue with her learning or not. Participants whose pregnancies were not easily visible appeared to be less stressed about other people's perceptions of them and, as a result, they were able to continue with their school attendance and improved the focus on their school work.

Teenage mother one, aged 16 years and in grade eight, recalled:

"Since my tummy wasn't showing by then, I normally went to school until I delivered, I never stopped going to school because of being pregnant".

Similar findings were reported by Chigona and Chetty (2008). Participants in their study managed to hide their pregnancy with the result that nobody could notice them and treat them differently.

Sub-theme 2.2: The influence of the cultural beliefs in society and traditions on the decisions of the teenage mother

Literature supports that society plays a significant role in the teenage mother's decisions about what to do and how to behave during the different stages of motherhood (Chigona & Chetty, 2008; Hanna, 2001 and Spear, 2001).

Teenage mother five, who was 19 years old and in grade 10, shared her experience:

"I stayed at home for three months without going anywhere according to my culture, I had to breastfeed my new born, take care of him by observing all cultural beliefs around this time, including abstaining from having sexual intercourse".

Teenage mother four, aged 19 years and in grade 10, added:

"I didn't have many changes besides abstaining from sexual intercourse as it is known in my culture that having sex while breastfeeding will make my child ill".

Responses from this research report support previous research reports by (Chigona & Chetty, 2008; Hanna, 2001; and Spear, 2001) on the imperative role played by the cultural norms and values of the society on the teenage mothers. Responses from participants indicated that societal cultural beliefs, norms, traditions, and perceptions had a great influence on the teenage mother's decision to either continue or suspend secondary education during the different phases of her motherhood. They also played a great role in determining the duration of school suspension after delivery and some of the parental practices to be performed during this period. Teenage mothers from this study observed most of the commonly known cultural and traditional norms and values as held by the community of Ga-Molepo; namely abstaining from sexual intercourse while breast feeding, remaining indoors for three months after giving birth, and attending to the baby's needs.

Cultural influences may also play a role in the teenage mothers' perspectives of the relationship between motherhood and parenting. The relationships with the communities in which the mothers live have a big impact on their lives (Chigona & Chetty, 2008).

Williams (1991) explored pregnancy and child bearing from the perspective of African American mothers who viewed childbearing during adolescence as normal and acceptable and reported that they were confident about their abilities to manage single parenthood. In traditional African cultures where a woman's primary role is that of wife and mother, early child bearing is normal, and social pressures push women to follow such family examples (Hanna, 2001).

4.4 CONCLUSION

This chapter discusses the process of data analysis and results generated from the study. It further explores the journey of motherhood as narrated by participants and effects of teenage motherhood on their school attendance, school performance, relationships with the family, their partners, and classmates in the school environment. In addition, this chapter also discusses the imperative role played by the cultural traditions, norms, beliefs and perceptions of society in relation to motherhood.

The following chapter discusses the summary, limitations and recommendations of the study.

CHAPTER 5

SUMMARY, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter discusses the summary, interpretation of the research findings, and the limitations. Recommendations for the Limpopo DoE and DoH are also provided as informed by participants' responses and inputs.

5.2 CONCLUSIONS

This study explored effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province. Participants were teenage mothers who had experienced effects of teenage motherhood at different times.

Teenage motherhood does not necessarily have a negative effect on the ability of the teenage mother to attend school considering that some of the participants continued with their learning throughout pregnancy and motherhood. However, further evidence suggests that the multitude of physical, psychological, and emotional challenges encountered by the learner as a result of motherhood have a direct effect on her school performance and can easily cause her school performance to decline in comparison with her performance before she has become a teenage mother. Furthermore, other factors that determine these outcomes should be considered, like self-motivation and the type of family support available to her and the cultural believes of the society she lives in.

5.3 LIMITATIONS

This study was conducted in the rural villages (Ga-Molepo) of the Capricorn District, Limpopo Province. The findings of the study do not allow for generalisation to other populations and other provinces in the country. It is suggested that similar studies gets conducted in other villages with the same problem in order to determine effects of teenage motherhood while at secondary education in those areas. Some of the responses were presented in Sepedi; the transcripts were reliably interpreted.

5.4. ACHIEVEMENT OF SET OBJECTIVES

Chapter 1 of the project outlines the objectives of the study. The researcher managed to achieve the set goals. The first objective was to explore effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province. This objective was achieved, since participants had shared their experiences of how teenage motherhood affected them as individuals. Effects of teenage motherhood were reported as stress, anxiety, fear, and confusion by participants. Participants further explained how teenage motherhood caused changes in their relationships with their families and partners.

The second objective was to explore and describe effects of teenage motherhood on the female learners' ability to attend school and their school performance. This objective was achieved, since participants described how some managed to continue with school attendance while others suspended school attendance as a result of being teenage mothers. They also shared with the researcher other factors that influenced their decisions to continue or suspend school attendance at different stages of becoming a mother. The majority of the participants admitted that teenage motherhood caused their school attendance to decline in comparison with before they were pregnant while it improved after delivery (Table 4.1).

The third objective was to develop recommendations that may aid the Limpopo Department of Education and Department of Health with improving prevention, management of teenage motherhood, and support to teenage mothers. These recommendations are outlined in Sections 5.5.1 and 5.5.2.

5.5 RECOMMENDATIONS OF THE STUDY

Objective three of the study was to develop recommendations that may aid the Limpopo Department of Education and Department of Health with improving the prevention and management of teenage motherhood. Recommendations of the study involve a few standards that could be utilised in order to achieve the best practices to support teenage mothers who are also secondary school learners. Recommendations are outlined according to the inputs of participants as informed by their experience of motherhood.

5.5.1 Recommendations for the Limpopo Department of Education

- **Provision of school-based sexual reproductive health education**

During discussions, participants acknowledged four weaknesses of the Limpopo DoE in the management of teenage motherhood. Firstly, it was acknowledged that the DoE was not doing enough in raising awareness about teenage motherhood amongst learners at secondary schools, especially female learners. Teenage mother 1, aged 16 years and in grade eight proposed that:

“Health workers should visit schools and talk to learners about educational matters and sexual relations and the different outcomes of these topics”.

This view is further supported by Ritcher and Mlambo (2005) who explain that teenage motherhood appears to be encouraged due to a lack of access to sex education. In response to this identified weakness, participants proposed the involvement of health promoters in strengthening readily available efforts by the Limpopo DoE in raising awareness about teenage motherhood at schools. Participants further indicated that talking openly about sex and reproductive health issues to strangers will be easier than talking to their own educators who might judge them thereafter.

- **Timely provision of reproductive health**

Secondly, participants raised concerns that reproductive health education was provided to them late when they were already in secondary school, after they had begun being sexually active. Furthermore, the content of the reproductive health education provided lacked in-depth information about contraceptives. The study findings are congruent to findings reported by Marteleto *et al.* (2008) who maintain that the combination of high rates of school enrolment into the late teens and relatively early first sexual encounter means that most young people become sexually active before or while they are enrolled at secondary school. This is also supported by Morake (2011) who reports that 60% of teenagers start engaging in sexual relations between the ages of 13 to 15 years. According to Mkhwanazi (2006), premature sexual intercourse results in high rates of sexually transmitted diseases (STI) including human immune deficiency virus (HIV) transmission, teenage

pregnancy, and abortions. According to Hanna (2001), though some teenagers know about contraceptives, obstacles in using them include fear of families finding out, embarrassment in the presence of peers, and fear of side effects from using them. The fear of families finding out about the use of contraceptives is further supported by Ritcher and Mlambo (2005) who report that some parents are reluctant to make sex education and contraceptives available to their teenagers, since they are afraid that their teenagers might interpret this as permission to engage in sexual activities. Thus, implementers of reproductive health programmes should take some of these factors into consideration in order to promote compliance to contraceptives once initiated.

- **Improved mentoring and coaching of life orientation educators**

Participants further indicated that educators who taught life orientation lacked confidence to openly talk to them about sex and reproductive health issues in the classroom. Chigona and Chetty (2008) argue that teachers may need professionals to come and inform them about handling teenagers and their situations, and they need in-service training to keep track of changes in the social and health challenges that the society is facing. Thus, collaborative meetings between educators of the surrounding secondary schools of Ga-Molepo and the community health practitioners of the primary health care facilities in Ga-Molepo are proposed in order to facilitate improved planning and management of the problem of teenage motherhood.

- **Provision of special support programme for teenage mothers**

Finally, participants indicated that there was no structured support at schools for expectant female learners who had special needs as a result of their motherhood status. Where support was offered, it was often minimal and usually offered to them by individual female teachers in the early months of pregnancy and motherhood post conception. However, this support was abruptly terminated after delivery, while the teenage mothers were still in much need of support. Similarly, Chigona and Chetty (2008) find that teenage mothers return to school without going through any counselling to prepare them how to simultaneously deal with stigma, parenthood, and schooling.

It is recommended, therefore, that the Limpopo DoE should develop a context specific support programme in partnership with the Limpopo DoH for learners who

become teenage mothers while at school. Preferably, this programme should include direct involvement of the social worker and / or psychologist for the provision of relevant emotional and psychological support aimed at helping pregnant learners to deal with the multiple challenges they are experiencing during motherhood and child rearing while at school. The programme can also include periodic visits to the school by the social worker and / or psychologist at arranged times for offering counselling services to family and partners. The programme aims at providing support to teenage mothers throughout motherhood while ensuring that they are coping better with their challenges, remain at school, perform well in their school work, and continue with their education despite being teenage mothers (Amin & Soto, 2004). According to Chigona and Chetty (2003), one other challenge is that professional counselling at public schools is not readily available because of a lack of professional counsellors. Despite these challenges, continuous efforts must be made in line with the stipulations of the South African Department of Education Guidelines (2007) that learners should be afforded advice and counselling.

5.5.2 Recommendations for the Limpopo Department of Health

During discussions, participants acknowledged the imperative role that can be fulfilled by the Limpopo DoH in the provision of education about sexual reproductive health and contraceptives.

- **Recommendations for nursing practice (PHC)**

According to the World Health Organization Health Evidence Network (2005), youth development programmes are amongst the many effective interventions on teenage motherhood. Thus, the community action teams (CATs) approach is recommended. According to the Community Engagement Manual (2008), CATs are an effective way to build momentum for change. The principle of community ownership is rooted in the belief that community members, rather than outside “experts”, are essential for generating solutions to problems within their own communities (Community Engagement Manual, 2008). The team should be composed of five to ten community volunteers; ideally the composition of the team should include all key stakeholders of the community who will form the core of the CAT; for example teenage mothers, family members of teenage mothers, fathers of the babies, educators, community

nurses, and church representatives. The team should meet at arranged and regular intervals to plan and implement programmes, as well as to evaluate the progress of initiatives aimed at addressing the challenge of teenage motherhood in their villages. This model approach is supported by the WHO Health Evidence Network (2007) which recommends that stakeholders are to encourage a culture where discussions on sex, sexuality and contraception are permitted. Thus, outreach is an effective intervention that should collaborate with other services that aim at preventing teenage motherhood. Considering that PHC facilities are the centre of health care provision in the community, PHC practitioners in conjunction with life orientation educators should assume the responsibility to oversee the development and functioning of these groups.

- **Provision of health education on contraception**

During discussions, participants raised concerns about the lack of knowledge about contraceptives. Teenage mother three, aged (19) years and in grade 11 proposed:

“Health workers should teach us about the different methods of preventing conception”.

These concerns are similar to concerns raised by teenagers that informed the establishment of the National Policy Framework for sexual education in 2001 by the WHO, after teenagers had indicated that they wanted more information about contraception. The WHO further argues that the focus on reducing the rate and negative consequences of teenage pregnancy must be directed towards preventing unintended conceptions rather than reducing teenage motherhood rate by means of abortions (WHO Health Evidence Network, 2007). This view is further supported by Rico (2011) and Stobbe (2010) who call for increased efforts for reproductive health education and attempts to increase contraceptive use amongst teenagers. Bankole, Ahmed, Ouedroago, Neema and Konyao (2007) also advise that efforts in the management of teenage motherhood must be directed at providing the most up-to-date health education to youth and their families, encouraging their school attendance so that they can become full participants in the community (Bankole *et al.*, 2007).

Based on these findings, this study recommends that reproductive health awareness and information about contraceptives need to be initiated at late primary school; where possible, during the last stages of grade seven. According to Marteleto *et al.* (2008), important implications for reproductive health programmes targeted at young people can be made more relevant by initiating them at the early grades of secondary education, since they will reach a high proportion of sexually active teenagers. These programmes should be targeting both those who have started being sexually active and those who are not yet. This approach has been quoted as one of the best quick wins in expanding access to sexual and reproductive health services, including family planning and contraceptive information and services (Haslegrave & Bernstein, 2005).

- **Recommendations for nursing administration**

Implementation of youth friendly policies at all PHC facilities needs to be periodically closely monitored and evaluated to ensure that all PHC facilities comply with the National Adolescent-Friendly Clinic Initiative (NAFCI) that aims at enhancing the quality of sexuality and reproductive health service provision to teenagers. PHC practitioners should receive sufficient support and monitoring by their supervisors to ensure effective implementation of the programme.

- **Recommendations for nursing research**

Based on the discussions with participants, the researcher recommends further investigation on the following:

Firstly, the factors need to be investigated that influence teenage mothers at the first data collection site namely, Tshebela Secondary School to continue with school attendance and learning throughout motherhood while their counterparts at the second data collection site namely, Mamokgari Secondary School, are suspending their learning for different periods of time. Secondly, there is a need for further research to explore the perceptions and experiences of the fathers of the babies and the reasons of their lack of involvement in the teenage mothers gravidity and care of the new born after birth.

During this study, the researcher came across a 21 year old female parent learner in grade 10, a 22 year old in grade 11, and a 23 year old in grade 12. These adult

learners were not included in this study because they did not meet the inclusion criteria. The researcher further suggests investigation of adult school going mothers. .

5.6 CONCLUSION

This chapter reports the conclusions of the research study in relation to the research questions and the problem statement, study limitations and recommendations for the Limpopo DoE and DoH. The chapter also offers suggestions for further research opportunities in the field.

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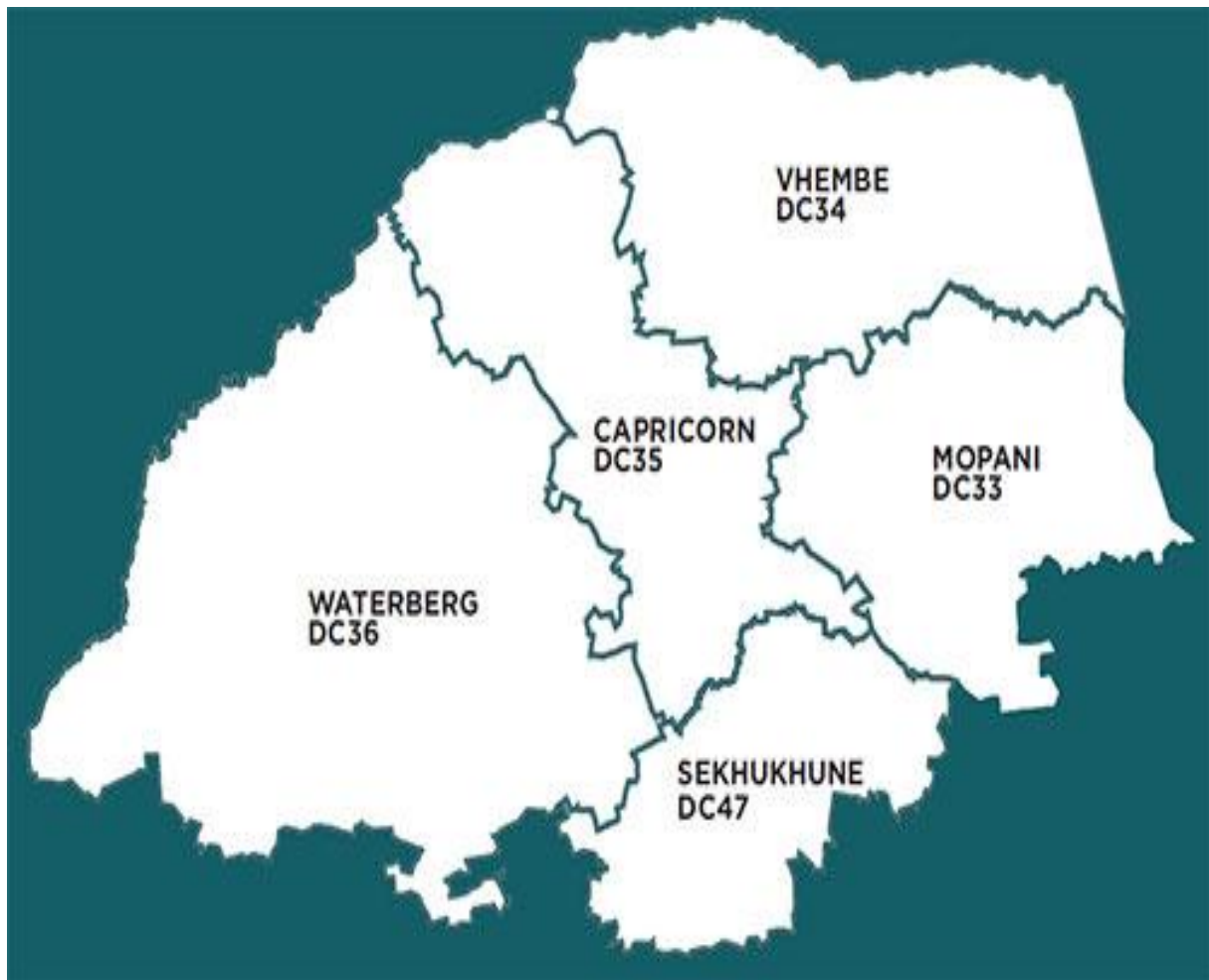
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APPENDICES

APPENDIX A: MAP OF THE FIVE DISTRICTS OF THE LIMPOPO PROVINCE



Source: (South Africa Yearbook 2012/13, published by the Government Communication and Information System)

Figure 1: Map of the five districts of the Limpopo Province

APPENDIX B: MAP OF THE CAPRICORN DISTRICT MUNICIPALITY



(Source: <http://www.localgovernment.co.za/districts/view/26/capricorn-district-municipality>)

Figure 2: Map of the Capricorn District Municipality

APPENDIX C: INTERVIEW PROTOCOL

Title: Effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province.

Central questions:

1. Please share with me your journey of motherhood as a teenage mother who also is a secondary school learner.
2. How did teenage motherhood affect your school attendance and school performance?
3. Probing questions will be asked after responses to the central question and it will be guided and depend on the response from the participants during the data collection process.
4. What recommendations can be developed by the Limpopo Department of Health and the Limpopo Department of Education to address the challenges of teenage pregnancy amongst secondary school learners?

APPENDIX D: EXAMPLE OF AN INTERVIEW

Title: Effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province.

Date of the interview : 21 February 2009

Place of the interview: Tshebela Secondary School

Time of the interview : 12:30

Interviewer : Nandi Maphothi

Participant : Teenage Mother 1

Participant walks into the classroom.

Interviewer: Good Afternoon.

Participant: Good Afternoon to you too.

Interviewer: How are you?

Participant: I'm fine and you, and you?

Interviewer: I'm also fine, thanks. Please take a sit. (Participant takes a seat).

Interviewer: (Introduces herself to the participant and gives background reasons for conducting the interview).

My name is Nandi Maphothi; I am a Master's student at the University of Limpopo (Turfloop Campus). Part of my learning objectives is to conduct a research project on a topic of my choice. I have chosen the area of teenage pregnancy and secondary education. The purpose of the study is to explore and describe effects of teenage motherhood while at secondary education in rural communities of the Capricorn District, Limpopo Province. You have been requested to participate in

this study because: You are a teenage mother who has given birth to at least one child, and you are a fulltime resident of the compound villages of [the] Ga-Molepo village. Thank you again for your willingness to participate in the study. We are going to have a conversation where I ask you questions about your past experience of being a teenage mother who is also a secondary school learner in an interview which is going to take duration of one hour to 13:30 minutes. Please be informed that your participation in the study is voluntary; you have the right to withdraw at any time during the interview without any penalty. All information gained will be treated confidentially and no remuneration will be offered for your involvement in the study. Do you have any question for me so far with regard to what I have explained to you so far?

Participant: No, I don't.

Interviewer: This device is a voice recorder (interviewer pointing at the recorder on the table) which I will be using to record our discussion in order for me to be able to listen to our conversation and transcribe it in writing afterward. In order for me to ensure your safety of your identity, I will refer to you as TM (teenage mother) 1. Will you be comfortable with that?

Participant: Yes, I am fine with that.

Interviewer: Here are some biscuits and *coke*. Please help yourself to some when you desire (interview[er] pointing at the refreshments on the table).

Participant: Thanks.

Interviewer: Okay, shall we begin?

Participant: Yes, we can.

Interviewer: TM 1, please tell me how old are you?

Participant: I am 16 years old.

Interviewer: Where do you stay?

Participant: I stay here in Tshebela, on [sic] the houses allocated down there, next to the main road just behind the clinic fence (pointing outside the window).

Interviewer: How long have you been staying there?

Participant: Since birth, I was born here.

Interviewer: Uh, I see.

Interviewer: Where are you studying?

Participant: Here at Tshebela Secondary School.

Interviewer: In what grade are you in [sic]?

Participant: I am in Grade Nine.

Interviewer: How many children do you have?

Participant: I have one child, a boy.

Interviewer: Mmm, wonderful. How old is your son?

Participant: (Giggles with a smile.) He is just one year old.

Interviewer: Please share with me your experience of falling pregnant while at school.

Participant: (Takes a deep breath and pause.) I fell pregnant last year; I was only 15 years old and in Grade Eight when I fell pregnant in September, from my very first sexual encounter. Can you imagine? Just like that, and I feel fell [sic] pregnant and everything changed for me. I was so stressed. I thought I was going to die from the stress, I tell you. It was just hectic! (Clapping her hands).

Interviewer: I see. Please describe to me what you mean when you say everything changed for you.

Participant: I mean, the first thing that changed for me was that I started feeling dizzy most of time, you know like I will be at school, *né*, and from nowhere I will feel dizzy and weak or like I want to vomit and feel extremely hot. I didn't understand what was going on with me, I tell you. I was just feeling all funny.

Interviewer: Uh, and how did this funny feeling of dizziness affect you when you were school and your school performance?

Participant: It didn't affect me that much, you know, because I felt like that I think around the first two or three months I'm not 100% sure and it only occurred sometimes and lasted for say 10 minutes at most, but it then stopped by itself and I went back to be myself again.

Interviewer: (Nodding her head.) I see. You made mention when we spoke earlier that you were "*so stressed and thought you were going to die from the stress and also shared how hectic*" falling pregnant was for you. May you please take me through the step by step emotional experiences you went through?

Participant: I was just stress, Nandi, I tell you. Stress, stress all the way. I mean, on the one side I'm a teenager still at school, so young together with my boyfriend not working, my mother is the only one taking care of me. On the other side, my mother and sister were insulting me about being so stupid and allowing myself to fall pregnant and I had to think about what the other learners were going to say about me... I mean, I was forever thinking and emotionally tense every time. I didn't have a clue about having a child and taking care of a child, I was just stressed about the pregnancy and how it was going to change my life.

Interviewer: Mm, it sounds like it was a difficult time for you?

Participant: I was really stressful [sic]. You have no idea.

Interviewer: You made mention that you "*had to think about what the other learners were going to say about you...*" May you please share your experience of being a pregnant learner and the school environment?

Participant: To my surprise, it was not bad at school, since my tummy was not showing. I normally went to school until today, the other learners didn't notice. It was only in my last month that I actually started showing but a little bit and that was in June. Then school closed for holidays and I delivered three days after school closed. I recovered during the holidays and went back to school with everyone else in July. It was such perfect timing.

Interviewer: When you were talking earlier you said "*you and your boyfriend were so young and not working...*" May you please tell me more about your experience with your partner?

Participant: Ah, that one! He is just there but I don't want to talk about him. We broke up during my pregnancy. He didn't want to be involved with the baby. My Mom said to me I must forget about him.

Interviewer: Its okay, you don't have to talk about him if you are not comfortable about it. How was your experience with your mom and other family members?

Participant: In the beginning it was difficult. My mom and sister were insulting me every time about how stupid I was to fall pregnant and spoil my future, but after my baby was born things became different.

Interviewer: Uh, I see. What became different after the baby was born?

Participant: They accepted the mistake I made and I was clueless about having a child around me. So, I had no choice but for my Mom to raise the child for me and I had the opportunity of continuing with my education.

Interviewer: Please describe to me how your pregnancy affected your school performance.

Participant: Before I became pregnant, I was performing well; my marks were around [the] 80s. When I fell pregnant, I dropped to [the] 60s and less because of the stress. I just couldn't concentrate on my work.

Interviewer: Mm, I see, and now? How is your performance after the birth of the baby?

Participant: It is slowly improving; I'm getting 70s once again. My aim is to get 80s like before.

Interviewer: I trust you will. Is there anything else you would like to share with me?

Participant: No, I don't have anything.

Interviewer: Okay, thanks [sic] you for your time and participation. Bye.

Participant: Okay, good bye.

APPENDIX E: CONSENT FORM (REQUEST)

Dear participant

I hereby request you to participate in the study titled: **Effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province**. I am a Master's student at the University of Limpopo (Turfloop Campus), student number 200308020. Part of my learning objectives is to conduct a research project on a topic of my choice. I have chosen the area of teenage motherhood and secondary education and would appreciate your assistance in this regard.

The purpose of the study is to explore and describe effects of teenage motherhood while at secondary education in rural communities of the Capricorn District, Limpopo Province. You are requested to participate in this study because:

- You are a teenage mother who has given birth to at least one child.
- You are between 16 years and 19 years old and you are a secondary school learner.
- You are a fulltime resident of the compound villages of the Ga-Molepo village.

Participation in the study is voluntary; you have the right to withdraw at any time during the interview without any penalty. You are requested to participate in the study and share your experience in a face-to-face interview with the researcher that will last between one hour and one hour and 30 minutes. All information gained will be treated confidentially and no remuneration will be offered for your involvement in the study. Please feel free to call or visit the the researcher for any enquiry relating to the study at:

The University of Limpopo (Turfloop Campus)

Nursing Department Tel: (015) 268 2384.

Thank you for your participation in this study.

APPENDIX F: CONSENT FORM (PERMISSION)

I, _____, hereby give written consent to be involved in the research study titled: **Effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province** conducted by Maphothi N. N. (200308021) from the nursing department at the University of Limpopo.

I understand that the purpose of the study is to explore and describe effects of teenage motherhood while at secondary education in rural communities of the Capricorn District, Limpopo Province. I further understand that I have been chosen to participate in the study because:

- I am a teenage mother who has given birth to at least one child.
- I am between 16 years and 19 years old and you are a secondary school learner and a full time resident of the compound villages of Ga-Molepo. I understand that participation in the study is voluntary; I have the right to withdraw at any time during the interview without any penalty being imposed on me. I agree to participate in the study and share my experience in a face-to-face interview with the researcher that will last about an hour. I have been assured that information gained will be treated confidentially and no remuneration will be offered to me for my involvement in the study. I have been fully informed of where and how I can get hold of the researcher should a need arise.

_____	_____	_____
Name of participant	Participant's signature	Date:

_____	_____	_____
Name of interviewer	Signature	Date

APPENDIX G: REQUEST LETTER FOR CONDUCTING RESEARCH

To: The Limpopo Department of Education
Strategic Planning and Research

From: Ms Maphothi Nandi

Date: 15 June 2013

Re: Request to conduct a research study at secondary and high schools in the Ga-Molepo Village

Dear Sir / Madam

I hereby request permission to conduct a research study titled: **Effects of teenage motherhood while at secondary school in rural communities of the Capricorn District, Limpopo Province**. I am a Master's student at the University of Limpopo (Turfloop Campus), and part of my learning objectives is to conduct a research project on a topic of my choice. I have chosen the area of teenage pregnancy and secondary education. The purpose of the study is to explore and describe effects of teenage motherhood while at secondary education. Targeted schools are Maisha Secondary School, Mamokgari Secondary School, and Tshebela Secondary School. The study will be conducted with teen mothers enrolled at the three schools.

Participation in the study is voluntary; learners have the right to withdraw at any time during the interview without any penalty being imposed on them. Care will be taken not to disturb teaching and learning thus the PTA time will be used to conduct the research. All information gained will be treated confidentially. A copy of the research findings will be represented to the Limpopo Department of Education upon completion of the study. For any enquiry relating to this matter, kindly contact my supervisor Professor M. F. Tladi at:

University of Limpopo (Turfloop Campus)

Nursing Department

Tel: (015) 268 2384

Hoping for your positive response in this regard.

Ms Maphothi N. N.

Student No: 200308020

Mobile number: 082 456 5927

APPENDIX H: PERMISSION TO CONDUCT THE STUDY FROM THE ETHICS COMMITTEE



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT

**ETHICS COMMITTEE
CLEARANCE CERTIFICATE
UNIVERSITY OF LIMPOPO
Polokwane/Mankweng Hospital Complex**



PROJECT NUMBER: 038/2008

TITLE: The effects of teenage motherhood while at secondary school in rural communities of the Capricorn District – Limpopo Province

RESEARCHER: Maphothi Nandi Nobukhosi

ALL PARTICIPANTS: N/A

**Department of Nursing
School of Health Care Sciences, University of Limpopo**

**Supervisor: Dr M.F Tladi
Co supervisor: Mrs J.C Kgole**

**Date considered: 25.11.2008
Decision of Committee: Recommended for Approval**

Date: 26.11.2008


Prof: A.J. Mbokazi

**Chairman of Pietersburg Mankweng
Hospital Complex Ethics Committee**

Note: The budget for research has to be considered separately. Ethics Committee is not providing any funds for projects.

APPENDIX I: PERMISSION FROM THE LIMPOPO DEPARTMENT OF EDUCATION



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION

Enquiries: Dr. Makola MC, Tel No: 015 290 9448. E-mail: MakolaMC@edu.limpopo.gov.za.

UNIVERSITY OF SOUTH AFRICA

PRIVATE BAG X1106

SOVENGA

0727

Ms Nandi Maphothi

RE: Request for permission to Conduct Research

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct a research has been approved- **TITLE: TITLE: THE EFFECTS OF TEENAGE MOTHERHOOD WHILE AT SECONDARY SCHOOL IN RURAL COMMUNITIES OF THE CAPRICORN DISTRICT- LIMPOPO PROVINCE.**
3. The following conditions should be considered
 - 3.1 The research should not have any financial implications for Limpopo Department of Education.
 - 3.2 Arrangements should be made with both the Circuit Offices and the schools concerned.
 - 3.3 The conduct of research should not anyhow disrupt the academic programs at the schools.
 - 3.4 The research should not be conducted during the time of Examinations especially the forth term.
 - 3.5 During the study, the research ethics should be practiced, in particular the principle of voluntary participation (the people involved should be respected).
 - 3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

Page 1 of 2

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700
Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

The heartland of southern Africa - development is about people!

4. Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.
5. The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.



Thamaga MJ

Head of Department



Date

APPENDIX J: CONFIRMATION LETTER FROM CO-CODER

Dr M. S. MAPUTLE

UNIVERSITY OF VENDA

DEPARTMENT OF ADVANCED NURSING SCIENCE

PRIVATE BAG X 5050

THOHOYANDOU

0950

TO: Ms NANDI NOBUKHOSI MAPHOTHI

UNIVERSITY OF LIMPOPO

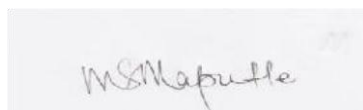
CONFIRMATION OF BEING A CO-CODER FOR THE RAW DATA OF NANDI

NOBUKHOSI MAPHOTHI'S RESEARCH STUDY

This is to certify that I, Dr M. S. Maputle, was a co-coder for the raw data of the research study by NN Maphothi (200308020). As a co-coder, I listened to the voice recorded interviews and read through all the raw data from the transcripts.

I agree that the interpretations of the themes are a true reflection of the collected data.

Yours sincerely,

A rectangular box containing a handwritten signature in cursive script that reads "MS Maputle".

Dr M. S. Maputle

Qualitative Research Expert

APPENDIX K: CONFIRMATION LETTER FROM THE EDITOR



* The stars that tell the spade when to dig and the seeds when to grow *
* Isilimela – iinkwenkwezi ezixelela umhlakulo ukuba mawembe nembewu ukuba mayikhule*

P O Box 65251
Erasmusrand
0165

06 May 2014

Dear Ms Nandi Maphothi

CONFIRMATION OF EDITING THE THE MINI-DISSERTATION WITH THE TITLE THE EFFECTS OF TEENAGE MOTHERHOOD WHILE AT SECONDARY SCHOOL IN RURAL COMMUNITIES OF THE CAPRICORN DISTRICT, LIMPOPO PROVINCE

I hereby confirm that I have edited the abovementioned dissertation as requested.

Please pay particular attention to the editing notes AH01 to AH47 for your revision.

The tracks copy of the document contains all the changes I have effected while the edited copy is a clean copy with the changes removed. Kindly make any further changes to the edited copy since I have effected minor editing changes after removing the changes from the tracks copy. The tracks copy should only be used for reference purposes.

Please note that it remains your responsibility to supply references according to the convention that is used at your institution of learning.

You are more than welcome to send me the document again to perform final editing should it be necessary.

Kind regards


Andre Hills
083 501 4124