The Psycho-Social Experiences of Unwed Teenage Mothers in Faith Communities: A Qualitative Study

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DECLARATION

Unless specifically indicated to the contrary, this dissertation is the result of my own work.

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Bongiwe F. Ngcobo

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I would like to express my sincere appreciation to the young women who took part as participants in this study. Without them giving freely of their time and sharing their experiences with me, this study would not have been possible. Ngiyabonga mantombazane!

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Finally, I dedicate this study to members of my family, who had to endure my absence while I was busy writing this dissertation. Most importantly, I dedicate the dissertation to my father, Mr B.E.P. Ngcobo as well as my mother, Mrs A. Ngcobo (uMaNxumalo) and my younger brother Mdumiseni (Bee), both of whom passed away while I was busy with my studies. I hope they will celebrate with me now that this research project has been completed.

ABSTRACT

The current study investigated the experiences of unwed adolescent mothers in faith communities, the Roman Catholic Church in particular. The study was motivated by the fact that, despite the Christian sexual ethic, which prohibits sex outside wedlock, many young unmarried women in faith communities do become pregnant. The study thus sought to investigate the lived experiences of these young women, their psychological and social experiences of unwed motherhood in the church community. Factors contributing to teenage pregnancy, sources of social support and possible intervention mechanisms were also explored. A semi-structured interview schedule was developed, and thirteen (13) participants ranging in age from 18-22 years were interviewed individually and in focus groups. The results indicate that unwed teenage mothers in faith communities experience a range of psychological and social experiences, including frustration, feelings of depression, social exclusion and discrimination by fellow church congregants. Stigma theory and stigma consciousness were used to account for these experiences. Peer pressure and gendered power relations were cited among the causes of unwed teenage pregnancy, while payment of damages and re-admission to the community of believers following a confession were cited among the sources of social support. The study concludes that sex education and communication between parents and their teenage girls are essential in dealing with the problem of unwed teenage pregnancy. The study concludes with recommendations for practice and further research.

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CHAPTER ONE

INTRODUCTION

This study explores the psychological, social and emotional experiences of unmarried teenage mothers within the church community, in view of the general Christian ethic, which prohibits sex outside wedlock (Gardner, 2002). The study seeks to contextualize the problem of teenage pregnancy by exploring and identifying factors contributing to teenage pregnancy, consequences of teenage pregnancy and sources of social support available to unmarried teenage mothers. Cultivating church members' and leaders' awareness of the possible psycho-emotional experiences of young women who become pregnant within church communities, is one of the aims of the study. The study also explores the changes that take place in the lives of young women as a result of unplanned pregnancy. Of particular interest here are the changes in the relationship between adolescent mothers and their parents, friends and members of the faith community.

Adolescence is a critical stage: it is accompanied by many psycho-social and developmental challenges, the search for meaning or identity being one of the most important, from an Eriksonian perspective (Buvinic, 1998; Kaplan, 1996). It is highly likely that the church is one of the sources of identity or meaning making for young adolescents and for this reason it is important to investigate the psycho-emotional experiences of teenage mothers in church communities. Further, teenage mothers are often unemployed and have to rely on their parents for financial and other forms of support (Dallas, 2004; Thompson, 1986). It is plausible that teenage pregnancy changes the dynamics within the family; one of the purposes of this study is to explore relationship dynamics between teenage mothers and their parents, albeit from the point of view of teenage mothers.

The researcher was motivated to pursue this study in view of some faith communities' attitudes toward premarital sex. Generally, faith communities advocate total abstinence prior to marriage: premarital sex is considered a sin (USA Catholic Conference, 1977).

In view of faith communities' attitude toward premarital sex, the study seeks to explore the psycho-social and emotional experiences of young girls who do become pregnant outside wedlock. This situation motivated the researcher to explore the dynamics and the experiences of the teenage mothers who are members of the faith congregation. While most teenagers can easily access contraceptives, termination of pregnancy and related information, these services are not easily accessible to teenagers who are Christians; teenagers who are members of the Roman Catholic Church and the fundamentalist Protestant congregations, for example (Gardner, 2002; Greeley, McCready & McCourt, 1976; Hargrove, 1983). These congregations advocate abstinence as the only acceptable method to prevent premarital pregnancy. Thus, it is foreseeable that teenagers who fail to abstain are denied the option to use contraception or to resort to abortion, also prohibited by the church. Under these circumstances, teenagers who are Christians are obliged to continue with an unwanted pregnancy. It was the purpose of this study to investigate the social and psycho-emotional experiences of teenage mothers in faith communities who find themselves in this predicament.

Members of the church congregation are expected to receive emotional, social and instrumental support from other church members (Ellison & George, 1994). However, teenagers who fall pregnant are unlikely to receive such support. Cases of discrimination against them, and even exclusion from church activities, have been reported in the literature. For example, Carolissen (1993) and Rosenau (2002) note that some church communities prohibit teenage mothers from participating as full members of the church; such exclusion may entail being prohibited from joining youth groups within the church community. It could be argued that these exclusionary practices not only reduce opportunities for social support available to teenage mothers, as suggested by Levin and Vanderpool (1987) and Dwyer, Clarke and Miller (1990), they could also impact negatively on the teenage mother's view of herself. If one considers that religion is an important meaning-making system and source of identity for many church-going people (Wandersman, Wandersman & Kahn, 1980; Thompson, 1986), as well as a source of a subjective sense of well-being (Clarke, Beeghley & Chochran, 1990; Ellison & George, 1994; Krause, Ellison & Wulff, 1998; Pollner, 1989; Krause & Van Tran, 1989), an

investigation into how teenage mothers in church communities experience their situation, from a social and psychological perspective, is important.

1.1 Aims and objectives of the study

The study addressed the following aims and objectives:

1.1.1 The study aims

1) The first aim of the study was to identify and describe the psycho-social and emotional experiences of unmarried teenage mothers in faith communities;
2) Secondly, the study sought to identify social and other factors contributing to teenage pregnancy in church communities, from the teenage mothers' perspectives;
3) Thirdly, the study sought to explore the sources of social support for unmarried teenage mothers in faith communities;
4) Finally, the study intended to identify intervention strategies that could promote the psycho-social and emotional well-being of unmarried teenage mothers in church communities, from the perspective of teenage mothers.

1.1.2 The study objectives

The main objectives of the study were as follows:

1) To highlight the plight of unmarried teenage mothers in church communities by bringing it to the attention of the church leadership and social scientists, with a view to encouraging further research in this field;
2) To enhance the understanding of the psycho-social and emotional experiences of unmarried teenage mothers in church communities in order to determine how best to inform intervention strategies and support mechanisms availed to them;
3) To make recommendations for dealing with unmarried teenage mothers in church communities.

1.2 Research questions

The following research questions were investigated:

1) What are the psycho-social and emotional experiences of unmarried teenage mothers in faith communities?
2) What are the social and other factors contributing to unwed teenage motherhood in faith communities, from the perspective of unwed teenage mothers themselves?
3) What are the sources of social support for unwed teenage mothers in faith communities?
4) What are the intervention strategies that could be used to promote the psycho-social and emotional well-being on unwed teenage mothers in faith communities, from the teenage mothers' perspectives?

1.3 Methodological approach

As the researcher was interested in participants' subjective accounts of their lived experiences, the study adopted a qualitative, interpretive approach (Strydom, 2002). As a result, the study produced descriptive data in the form of the participants' own words. The study design was informed by Maxwell's (1992: 1996) model, which articulates the relationship between various study components, incorporating the relationship between the researcher and the participants. Participants were sampled purposefully from faith communities, while data were collected by means of an interview schedule designed for this purpose. Thematic analysis was used to analyze the data. The full account of the methodology is provided in Chapter 3.

1.4 Definition of terms

Focus Group: A focus group is a group discussion that explores a specific set of issues. The group is 'focused' in that it involves some kind of collective activity. Focus groups are distinguished from the broader category of group interviews by the explicit use of

group interaction to generate data (Kruger, 1998). Instead of asking questions of each person in turn, focus group researchers encourage participants to talk to one another by asking questions, commenting on each other's experiences and points of view (Greenbaum, 2000).

Adolescence: The term refers to the stage from puberty to adulthood; it can be a period between 18 years to 25 years depending on the culture (Meyer, Moore & Viljoen, 1997). This stage incorporates the developmental crisis of learning to cope with demands of rapid physical growth, experimenting with the developmental changes in a number of different areas, forming a meaningful and stable personal identity, and taking mature decisions with regards to one's future. As a transitional period from childhood to adulthood, it includes a number of tasks or challenges to be completed for successful adult living. These major tasks include dealing with the awakening of sexuality and the powerful drives which accompany it, achieving a satisfactory sexual identity, learning to relate to peers and to society in a mature way, and attaining emotional independence from parents, family and other adults (Gillis, 1990). Unemployment/economic dependency, inability to take responsibility for one's own life, and delay in taking full responsibility for the expected (age-appropriate) social role, may extend the adolescent stage (Lackovic-Grgin, Dekovic, Milosavljevic, Cvek-Soric & Opacic, 1996). In the current study, 'adolescence' refers to girls aged between 15 to 22 years.

Pregnancy: A biological process which includes the period from the time the woman conceives a baby till delivery (de la Rey, Shefer & van Niekerk, 1997). This period takes approximately 266 days or 40 weeks, counting from the first day of the last menstruation period. During pregnancy, a woman experiences various physiological changes such as the absence of menstruation, enlargement of breast and morning sickness. These changes are the results of hormonal production (Martin, 2002).

Teenage pregnancy: The term refers to young females who conceive during their teenage or adolescent years. More often than not, these individuals are not yet emotionally ready to deal with the challenges and responsibilities associated with pregnancy, and the

accompanying confusion may lead to premature or unwise action (Gillis, 1990).

*Obstetric problems***:** These are medical problems which are incurred by women during pregnancy, childbirth (delivery) and immediately after giving birth (post partum), as well as during the six weeks post delivery while the reproductive organs are in the process of recovering (Martin, 2002). Premature delivery, hysterectomy (removal of the uterus) and vesico-vaginal fistulae (an abnormal opening which develops from the urinary bladder to the vagina, associated with gynecological operations), are examples of such problems.

Trimester: A period of terms of three months during pregnancy. These periods are used to distinguish and to describe changes that occur in the life of pregnant women. They are called the first, second and third trimester.

*Church community***:** The term refers to a group of Christians or baptized believers; people striving to live the Christian ideal according to precepts of love, forgiveness, peace, and sharing as spelt out by or evidenced in the life of Christ.

*Religiosity***:** Religiosity refers to the importance of religion in one's life; religious affiliation and church attendance are some of the indicators of religiosity (Rostosky, Regnerus & Wright, 2003). Religiosity also suggests a state of being very deeply religious (Webster, 1954).

*Vatican II***:** The term refers to the Second Ecumenical Council called by Pope John Paul II in Rome. It took place in Vatican City (Morrow, 1961) where the Catholic Pope lives. The meeting, which took place at Saint Peter's Basilica in the Vatican City (Rome) in 1965, was tasked with the responsibility to review doctrines of the Roman Catholic Church to align them with the modern world (Morrow, 1961).

Confession: Within the Christian community, the term refers to acknowledgement of sin by church community members (Deist, 1984). In the Catholic Church, members confess sins privately to the priest in order to obtain absolution from him, while in the Protestant

churches the process of confession is done in the private prayer or during a religious ceremony (Stark & Bainbridge, 1987). In the Catholic Church, the priest acts as a mediator between the church community members and God; the church community believes that absolution from the priest suggests that they are forgiven by God, which in turn means that the member is free to receive the Holy Communion (see below).

Holy Communion: This is a Eucharist sacrament during which bread and wine are shared among the church members as a sacrament of the Lord's Supper. During this process, Christians commemorate the suffering and the death of Jesus Christ (Deist, 1984). In the Catholic Church, it is believed that bread and wine are transformed into the body and blood of Jesus Christ; in other churches, receiving bread and wine is believed to be a symbol of unity among the church community members (Deist, 1984)

Spiritual support: This refers to the quality of support perceived by an individual who is faced with a stressful life event. It also refers to the extent to which one perceives one's relationship with God to be supportive (Spilka & Schmidt, 1983).

1.5 Outline of the study

Chapter One has introduced the background to and motivation for the study, the problem to be investigated, as well as the study aims and objectives. The key terms employed in the study were defined. Chapter Two covers the empirical literature and theoretical frameworks relevant to the current study. Chapter Three addresses methodological issues such as sampling, research design, procedures and analysis. The study findings are presented and discussed in Chapter Four. Finally, Chapter Five summarizes the study findings. The chapter also highlights the implications for theory, practice and further research as well as the study limitations.

CHAPTER TWO

LITERATURE REVIEW

Adolescent exposure to the risk of pregnancy has attracted considerable research attention in different societies, in an effort to both understand its extent and to address it as a problem (de la Rey *et al.*, 1997; Macleod, 1999a; Macleod, 1999b; Parekh, de la Rey, Naidu & Shembe, 1995). For example, Richter (1996), writing with reference to the South African black youth in particular, reveals a number of factors associated with teenage pregnancy, such as disruption of schooling, socioeconomic disadvantage, negative obstetric outcomes, and inadequate mothering. There is, however, a tendency to conceptualize pregnancy within a biological framework and as a process that includes conception, pregnancy and giving birth (Carolissen, 1993). However, teenage pregnancy is also a social problem as it is socially constructed and has social effects. According to Macleod (1999a, 1999b), teenage pregnancy emerged as a social issue in the United States in the 1970s, and somewhat later in South Africa.

Furthermore, many teenage pregnancies are due to the fact that there are an increasing number of teenagers having sex before getting married. However, sex before marriage is not a particularly new social trend. Studies of church records from two 18th century New England towns reveal close to 40% of first births occurring within 8 months of marriage, suggesting these babies were conceived prior to the wedding (Garcia & Wengarten, 1998). It is child birth outside of marriage that is a more recent trend. In addition, the 'problem' is not only having a child at an early age or getting pregnant before marriage, but getting pregnant and raising a child out of wedlock.

Given the social and cultural ramifications of teenage pregnancy, it is important to understand the experiences of teenage mothers in different contexts such as church, school and family. The many facets that contribute towards teenage pregnancy being perceived as a social problem also need to be understood.

This study focuses on unwed teenage mothers' experiences within the church community. It also highlights the church's attitude towards premarital pregnancy as well as the possible impact of church doctrines on teenage mothers' well-being. The chapter covers topics such as the misconceptions about and possible causes of teenage pregnancy, the consequences of teenage pregnancy, the psychosocial and other developmental challenges of adolescence including factors impinging on adolescent decision-making, as well as the Christian sexual ethic and the role and meaning of religious participation in the life cycle.

2.1 Misconceptions about and possible causes of teenage pregnancy

Historically, a number of misconceptions have emerged concerning the causes of teenage pregnancy. Misconceptions about the 'problem' of teenage mothers are evident in the manner in which the phenomenon of teenage pregnancy has been explained in the public discourse in South Africa (Macleod, 1999a). Despite there being many possible causes of early childbearing, there remains a tendency to over-simplify the issue. One of these over-simplifications is the tendency to view the events solely in terms of personal choice and irresponsibility. Teenage mothers are seen as having chosen the wrong road out of many options and resources available to them.

Another source of misrepresentation of these young women's motivations is expressed along racial lines. For example, during the 1950s and 1960s, a myth emerged in America that white unmarried girls got pregnant because of deep psychological dysfunction. Black girls, on the other hand, supposedly got pregnant because of a biologically inherent, insatiable sex drive (Garcia & Wengarten, 1998). There was a notion it was somehow more 'natural' for young black girls to have babies early, while white girls who did so must be mentally disturbed. Such racial stereotyping serves as one more way in which the dominant culture isolates teen mothers. Teen mothers of either race are seen as either out of control and immoral, or flawed in some basic way.

Painting teenage mothers always as villains or as victims negates their individual realities and marginalises their subjective experiences. Some mothers certainly are victims of older males, easy prey to experienced predators, or victims of early sexual abuse who now want to gain attention and/or affection through sex. Many are victims of poverty and of paucity of life options. Each teenage mother has her own set of life circumstances, as well as conscious and/or subconscious motivations for early parenthood. Some are responsible young women striving to create a life and a family. Others might have the wish and not the means to accomplish such goals. Perhaps more importantly, unwed teenage mothers need to be helped to find ways to build on their individual strengths to optimize their own developmental outcomes and the outcomes of their own children (Garcia & Wengarten, 1998).

Misconceptions aside, there are various causes associated with the increasing number of teenage pregnancies. Among these are social incentives for teenage motherhood, barriers to effective contraceptives use, and the manner in which teenagers make decisions about sexual behaviour.

2.1.1 Social incentives for teen motherhood

There is a complex interplay between the motivations for or against pregnancy and for or against child bearing. This interplay is linked to the position of child bearing in the life course. A few young women do become pregnant because of ignorance. A few do so because of a developmental inability to relate cause and effect (Bruce & Cockreham, 2004). While some adolescents get pregnant because birth control or contraception is not available, some do not have access to adequate information (Gage, 1998). Alternatively, using birth control methods would expose their sexual activity to the public (Boult & Cunningham, 1991; Kau, 1988).

It is also possible that many girls get pregnant because there are positive incentives for it and very little motivation against it. The status of motherhood itself is an important motivation in favour of pregnancy. A mother is someone with a job, a role, and a clear

sense of identity. A mother has great responsibility and authority. Mothering gives a clear purpose to life. Childbearing also raises a girl's status quickly from child to adult. This route to adulthood is attainable and available and is likely to change the role of being treated as a child by parents (Shornarck & Shornarck, 1982). Bearing children is also a way of showing one's partner that one is committed to him: it is something to give to the boyfriend. It is believed that dating provides the couple the first opportunity to find out if they are sexually compatible. Most people believe sexual experience prior to marriage is necessary for one's own psychological, emotional and relational development (Rosenau, 2002). Finally, in a fatalistic community, which is a feature of poor communities, childbearing assures continuity; that is, it is considered as progress in life. Thus, teenage childbearing can be a rational choice within the context of poverty and limited (real or perceived) opportunities.

2.1.2 Barriers to effective contraceptive use

Barriers to effective contraceptive use may be one of the significant factors to the increasing numbers of teenage pregnancy. This may be associated with the fear of social retribution, abuse from health care workers and insufficient information which is likely to be exacerbated by pressure from young women's male partners. Some teenage girls are experiencing shame and fear from social retribution and abuse for seeking contraceptives but also for becoming pregnant at an early age (Boult & Cunningham, 1991; Kau, 1988; Walker, 1995). This may suggest that some of the teenagers are at risk of falling pregnant due to circumstances which are beyond their control.

In addition, most teenagers do not have enough information or understanding about the methods and pharmacological action of contraceptives (Gage, 1998). Inability to utilize contraceptives effectively may be worsened by their male partners, who may be critical of birth control, and teenage girls' desire to secure their relationships for material gains, which may be related to poverty. As a result, teenage girls may prefer to use contraceptives secretively (Richter, 1996). Further, some teenagers are financially and emotionally dependent on their partners and some fear that their partners will abandon

them if they find out that they are using contraceptives. Consequently, many girls are non-compliant with prescribed contraception. For example, some of them do not use contraceptives when they are with their partners, while others forget to take them as prescribed by health workers.

The above may suggest that failure to use contraceptives effectively is associated with power differentials within the relationship (Gage, 1998; Wood, Maforah & Jewkes, 1998). Further, some males do have misconceptions about contraceptives. Some believe that birth control leads to infertility and inhibition of male sexual pleasure. As a result, some females choose not to utilize contraceptives in order to please their partners (Fort, 1989). Gendered power relationships therefore seem to play an important role in the cause of unplanned pregnancy. This may also suggest that women, including adolescent girls, do not have power to protect themselves against pregnancy and sexually transmitted diseases such as HIV/AIDS (Holland, Ramazanoglu, Scott, Sharpe & Thomson, 1990).

Most teenage women use oral contraceptives, which are not highly recommended by health care workers. Pills are easily forgettable compared to injectable contraceptives. Injectable contraceptive methods do not need much of the teenager's participation because the injection is taken once in two or three months. Thus, the method can be used secretively without the teenage girls being noticed by their partners and it does not interfere with daily activities. Nevertheless, injectable contraceptives may not be desirable as they may lead to amenorrhea. This might be a problem in cultures where menstruation is important as body purification. As a result, some teenagers may decide to stop using contraceptives in order to experience menstruation. However, because they remain sexually active they are likely to fall pregnant during their contraceptive break (Wood Maforah & Jewkes., 1998).

Trad (1999) reported that the US had the highest teenage pregnancy rates among Western nations, with an estimated 96 per 1000 adolescents between the ages of 15 and 19 years becoming pregnant each year. This may suggest that teenage pregnancy is common in many communities and has become a norm rather than an exception. Writing with

reference to the United States, Davis (1989) noted that in the 1980s, teenagers between 15 and 19 years were sexually active before marriage and it is estimated that 36% became pregnant within two years of their first sexual intercourse. In the United States, it has been argued that poverty and insufficient information about contraceptives are some of the common risk factors for pregnancy among black communities (Zelnick & Kantner, 1978). The desire to access the child support grant from the state has also been cited as another factor contributing to adolescent pregnancy especially in poor communities (Fielding & Williams, 1991). While it could be argued that US black adolescents share many similarities with their black counterparts in South Africa in terms of socio-economic status, Biyase (2005) questions the causal relationship between access to the child support grant and adolescent pregnancy, noting that, since the introduction of the child support grant in South Africa in 1998, fertility rates have in fact decreased.

It should be noted, however, that fertility rates are subject to fluctuation across periods and it is important to take this into account in studying the prevalence of teenage pregnancy. For example, recent studies (Klein, 2005) report that adolescent pregnancy and birth rates are decreasing in the United States, although the country continues to boast the highest rate of adolescent pregnancy and birth rates in comparison to other developed countries. This relative decline in teenage pregnancy is attributed to increased awareness among teenagers as well as the more effective pregnancy prevention technologies. Singh and Darroch (2000) also report an overall decrease in teenage pregnancy and birth rates in developed countries over the past 25 years. Variations between states were large, however, with the Netherlands evidencing the lowest pregnancy rate (12 pregnancies per 1000 adolescents) while teenage pregnancy rates in the Russian Federation were the highest (more than 100 per 1000 adolescents). In a study comparing developing countries, Singh (1998) noted that while adolescent fertility had declined substantially in North Africa and Asia and this trend was also beginning to emerge in sub-Saharan Africa, levels of teenage fertility are generally high in the Sub-Saharan region and in some countries the proportion of children born to teenage girls has increased. These regional and country-level variations call for a consideration of region and country specific factors in the study of teenage pregnancy, and this includes a

consideration of religious and cultural factors, amongst others.

2.2 Possible consequences and problems of teenage pregnancy

The majority of teenage pregnancies are unplanned and unwanted (Henshaw, 1998; Center for Disease Control and Prevention, 1999). Thus, it is no surprise that such pregnancies frequently create considerable psychological anguish, serious economic consequences, and even health risks that are too often ignored or misunderstood. In addition, some of the common outcomes of teenage pregnancy include: child neglect and child abandonment, school-dropout and vulnerability to, or participation in, criminal activity.

2.2.1 Economic factors

Social science research suggests that raising a child without the financial advantage of a two-parent arrangement puts single mothers at risk for living in poverty. That risk is heightened if the single mother has not finished school or acquired the vocational skills necessary to support a family (Dallas, 2004; Grogger & Bronars, 1993). In addition, the probability of getting a matric certificate is far lower if the teenage mother has a child before she finishes high school. It is even more of a problem for very young teen mothers who are perhaps in the seventh or eighth grade when they deliver their first child (Garcia & Wengarten, 1998). Furthermore, teenage pregnancy brings economic strain to the family; hence the teenage mother's parents have to play a parenting role and provide financial support to the grandchild (Dallas, 2004). Therefore, one important aspect of the 'problem' of teenage pregnancy derives from the socio-economic circumstances of the teenage mothers.

2.2.2 Psycho-social factors

Unmarried teenage girls who find themselves pregnant are confronted by a series of psychologically complicated choices as well. They often get little or no support, either

emotionally or financially, from the child's father (Buvinic, 1998). They must decide whether to have an abortion, which sometimes produces intense feelings of guilt and anguish, or to have the baby. If they opt for having the baby, they must decide whether to keep it or to give it up for adoption. In other cases, their partners may pressure them to do something they do not want to, thus creating additional pressures and uncertainties. In some church communities, pregnant teenagers find themselves rushed into unanticipated marriage for fear of stigmatization, while other teenage mothers are likely to be single parents (Buvinic, 1998). Also, suicide risk among unmarried teenage mothers is considerably higher than in the general population (Masters, Johnson & Kolodny, 1988).

Psychological and physical immaturity on the part of the teenage mother may disturb her psychosocial well-being. Adolescence is a stage of psychological and physical development; an unplanned gestation process disrupts the process of physical development, especially reproductive development (McAnarney & Hendee, 1989). This disruption may result in weight gain which may consequently affect the teenage mother's identity, as she is likely to be (perceived to be) unattractive. This may consequently impact negatively on her social life (McAnarney & Hendee, 1989).

The rapid transformation to parenthood with its challenges might bring identity confusion, which is likely to interfere with the teenage mother's ability to establish a relationship with the infant during and after delivery (McAnarney & Hendee, 1989). The teenage mother is likely to see the child as an obstacle to her desire to be independent and consequently she is also likely to be restrictive in her engagement with her child. She may perhaps unconsciously deprive her child of independence, feeling that the child infringed upon her own independence (Trad, 1999).

Although most teenagers are physically and psychologically immature to be mothers, to some teenagers pregnancy is a means of achieving autonomy and independence from restrictive parents. However, this experience of independence from her parents may be short-lived, as she is more likely to be obliged to return to her parents for support during and after pregnancy. As a result, both the teenager and her child are forced to be in a

dependent relationship (Trad, 1999). Having a baby may add another constraint to the teenager's life. For example, time to socialize with friends becomes limited as most of her time is consumed by the baby.

Some teenagers choose to be sexually active and to have a baby as a means of fulfilling an 'emotional gap' (McAnarney & Hendee, 1989) or as a possible means of indicating that their childhood needs have not been met. Thus, for them having a sexual partner or a baby might be a way of replacing the absence of a nurturing parent or unmet emotional needs. As a result, the teenage mother might have to deal with the opposite and unexpected frustration of being obliged to shift the focus from herself to the responsibility of nurturing and caring for her baby. Consequently, the child might be seen as a rival or a source of need frustration, which might lead to child neglect (Raphael-Left, 1980).

Although unplanned pregnancy has the largest impact on teenage mothers, in some cases the teenage father's life is often affected as well. Some boys feel emotionally committed to the girls they have impregnated. Some boys may look forward to taking important decisions such as marrying their partners and/or supporting them and the baby. These possible responsibilities may affect the would-be-father's career plans and psychological well-being. Thus, young fathers may also need someone to talk to, to help them deal with their own feelings. They also need help to make decisions for themselves and their child (Papalia & Olds, 1988). This may in turn have a positive impact on the teenage mother's psychological well-being.

2.2.3. Psycho-social consequences for the child

The lack of psychological preparedness on the part of teenage mothers may also result in child neglect and child abandonment. Some teenagers leave their babies in the care of aging family members, who do not have the physical strength and financial means to raise children. In some families, children are exposed to family violence. Because there is no responsible parent to protect them against family violence, young children are

socialised to the idea of solving problems by means of violence. Some decide to leave home and become vagabonds or street children (Cunningham & Boult, 1996). This may lead to emotional stress, which may be increased by the unavailability of social and emotional support. This may result in behavioural problems, school maladjustment and lowered IQ levels (Cunningham & Boult, 1996).

Falling pregnant as a result of incest may be an additional trauma to the teenage girl and to the child, especially because a teenage mother and her family members may fail to inform the child about his or her background. Other family members may lie to the child; this may result in feelings of betrayal on the part of the child, should she or he discover it (McWhinnie & Batty, 1993). This situation is likely to be worsened by the community members who may inform the child about his or her background.

Teenage mothers are also vulnerable to frustration and anger, which may be related to their inability to tolerate their situation. As a result, they are likely to displace their anger and frustration onto their children. This may take the form of scolding or corporal punishment over minor mistakes, for example. Their children are also likely to be socialized to scolding, corporal punishment and the like as appropriate methods to resolve conflict. This pattern of behaviour is usually identified during the schooling age, during which period children are likely to displace anger directed at their parents onto their peers. This may take the form of aggression towards peers and sometimes even authority figures such as teachers. Some of these children run away from school and home to become street children and risk becoming young offenders. The children are also likely to be victims of family violence, incest and rape (Cunningham & Boult, 1996). Thus, consequences of teenage pregnancy are not limited to the young mother; they extend to children born under such circumstances and to a certain extent, society at large.

2.2.4 School dropouts

Teenage pregnancy often interrupts the teenage mother's education; as a result most do not complete their secondary education (Buvinic, 1998; Grogger & Bronars, 1993).

Cunningham and Boult (1996), citing research done on 145 pregnant black teenagers in South Africa under the age of 18, suggest that 50% of those teenagers were unlikely to return to school. Likewise, Repke (1990) stated that more than half of teenagers who gave birth between the ages of 15 and 17 in the United States did not complete their high school education.

Some teenage girls are obliged to get married after falling pregnant, irrespective of their physical, emotional and psychological readiness for marriage. This is likely to be associated with some cultural and community beliefs and practices, for example, the shame brought to the family and community by a teenage girl who becomes pregnant out of wedlock (Bunting, 2005). Some teenage girls are encouraged to get married to prevent premarital pregnancy, especially those who appear to be sexually active or those who grow fast and look like mature girls (Bunting, 1999). This may expose teenage girls to non-consensual sex in marriage, especially those who are married to partners who are older than themselves (Dagne, 1994).

Teenage mothers who happen to get a chance to resume their education may not be motivated enough because of motherhood responsibilities (Grogger & Bronars, 1993). For example, some teenage mothers are likely to experience problems coping with their school work, as they may be expected to care for their babies after school hours and at night. Sometimes, they get multiple interrupted nights which might have a negative impact on their concentration in the classroom. Nevertheless, there are teenage mothers who are lucky to have enough support and motivation to resume their education. However, this may impact negatively on the child as they (teenage mothers) will have to leave the baby at home and terminate breastfeeding, thus disrupting mother-to-child bonding (Cunningham & Boult, 1996).

Dropping out of school might also narrow the teenage mother's chances of bringing up her children in a financially and socially advantaged environment. This may be associated with limited chances of employment and the teenage mother's dependency on state support (NHS CRD, 1997) which is not enough to meet her needs and the needs of

her children. In South Africa, the state only supports the child till the age of 14 years. Further, teenage mothers' children are likely to be teenage mothers themselves (NHS CRD, 1997), as they are socialised in an environment where premarital pregnancy has somehow become normalized, thus leading to a vicious cycle of poverty. Due to inadequate role models, it is conceivable that teenage mothers' children are also likely to neglect school. If the teenage father does take responsibility, this may increase the number of uneducated youth within the community, which in turn leads to a need for further state intervention.

2.2.5 Vulnerability to or participation in criminal activity

Teenage mothers' lack of parenting skills as well as of financial, social and psychological preparedness (Cunningham & Boult, 1996) may have a negative impact on both the teenage mother and her child. If teenage mothers happen to get jobs, they are likely to earn much less than their age group who are not teenage mothers. Consequently, children born to teenage mothers are likely to live below poverty indicators (Repke, 1990). This situation is worsened if there is limited support from the teenage mother's family and her father's baby. These factors may tempt teenage mothers to partake in criminal activities such as sex work, drug trafficking, and illegal sale of alcohol. As a result, they may end up in prison, leaving the child with family members or in state care (Cunningham & Boult, 1996).

2.2.6 Health risk for mother and child

Girls who are not ready for motherhood face a number of health risks, reflecting the problematic nature of teenage pregnancy. This is not only limited to psychological and emotional problems; but also incorporates medical problems. Some health risks, such as the vesico-vaginal fistulae, affect the mother (Bunting, 2005; Harrison, Heiberg & Ovensen, 1985), while others, such as low birth weight, prematurity, neurological and other developmental problems, affect the child (Boult & Cunningham, 1993; WHO, 1998). Other health problems affect both the mother and the child, examples being

HIV/AIDS and other sexually transmitted diseases, miscarriage, toxemia, inadequate pre- and post natal care, cephalo-pelvic disproportion, and haemorrhage. Some of these problems are associated with poverty: lack of rest as a result of manual labour and lack of access to assistance with the delivery are examples of such problems (Bunting, 2005; Masters *et al*., 1988; WHO, 1998).

Teenage mothers commonly do not attend an antenatal clinic, especially during their first trimester, which might have a negative impact on both the pregnant teenager and the unborn child. This situation may delay the verification of pregnancy (Bunting, 2005), thus compounding the risk of undiagnosed obstetric problems such as sexually transmitted diseases, high risk in the mode of delivery and the delivery of underweight infants (Boult & Cunningham, 1993; Bunting, 2005). These circumstances may impact negatively on the development of the unborn baby (Van Winter & Simmons, 1990). Infants of teenage mothers may be vulnerable to serious physical and neurological developmental problems. These problems may affect foetal growth and lead to low birth weight, which is significantly linked to infant mortality (Boult & Cunningham, 1993; Bunting, 2005). In addition, teenagers tend to have more medically complicated pregnancies, including miscarriages, toxemia, and haemorrhage as well as higher risk of maternal death than women in their twenties (Masters *et al.*, 1988).

Bunting (2005) argues that there is an extremely high mortality rate among teenagers who give birth between the ages of 15 and 19 years. According to the International Centre for Research on Pregnant Women, there is evidence of a high death rate among girls who give birth in their teenage years compared to older women (Bunting, 2005). This includes the developed countries like the United States, where there is a very low maternal death rate (Mathur, Green & Malhotra, 2003). These physiological problems are likely to be associated with teenage mothers' underdeveloped reproductive organs, which are not yet ready to give birth. This may result in the condition called vesico-vaginal fistulae (Bunting, 2005; Harrison *et al.*, 1985), a condition that involves a connection forming between the bladder and the vagina. The condition may lead to inability to control urine. These women are more likely to suffer from psychological problems such

as low self-esteem. This condition may also lead to infertility if not surgically treated (Bunting, 2005; Mathur *et al.*, 2003).

There are other factors associated with peri-natal mortality, such as longer than expected duration of labour, resulting from the inability of the pelvic bones to allow for the baby's passage via the birth canal (Waaldjik, 1989). Other reasons may be related to failure to access medical treatment (antenatal clinic), unavailability of emergency intervention during delivery, and poverty. The latter may lead to small physical stature which exacerbates disproportion between the mother's pelvic bones and the baby's head, thus making it difficult for the baby's head to pass through the birth canal (Harrison *et al*., 1985).

2.2.7 Limited education and financial insecurity

Teenage pregnancy may be associated with limited education and financial insecurity. Some teenage mothers do not have support from their family and from the boyfriend. Nor do they have enough information about how to protect themselves and their unborn or new-born babies from health problems, including sexually transmitted diseases. This may exacerbate their financial insecurity; some may consequently fail to seek medical help early and some may be trapped into sex work as a means of living (Cunningham & Boult, 1996). This is likely to result in repeated pregnancies (Clarke, 1986) and may expose the teenage mother further to the risk of sexually transmitted diseases (Cunningham & Boult, 1996). Some teenagers may resort to alcohol and smoking as means of dealing with stress and may consequently give birth to underweight babies or babies with foetal alcohol syndrome.

Most teenagers become pregnant while at school. Some of them do not get a chance to resume their studies, while others are forced to get jobs to support themselves and their expected babies. Due to their limited skills, they are often exposed to strenuous jobs which do not give them the required amount of time to rest. Further, they are often unaware of the need to rest and as a result some may work until the end of their third

trimester. Consequently, they are likely to deliver their babies in inappropriate environments where they are unlikely to get prompt medical help. This is particularly so because, owing to their inexperience, they are unfamiliar with the symptoms of labour. This may result in medical complications to both the teenage mother and her baby, including the possibility of stillbirths.

Some teenage mothers return to work early after delivery. This may mean that their babies are not taken for all the necessary immunisation or to primary health care services. In turn, this deprives the teenage mothers of health education about how to care for their newborn babies, including important information about baby feeding, symptoms of medical problems, as well as how to take care of themselves as newly delivered mothers. This may suggest that prenatal and postnatal care is significant for the well-being of both the teenage mother and her newborn baby and that inadequate health care service is highly associated with infant mortality rate, for example, deaths from measles and other undiagnosed health problems.

2.3 Understanding adolescent developmental challenges

During emerging adulthood, at approximately 18-25 years, young people are continuing to actively explore their identity. This exploratory behaviour may be more influenced by the experience of being away from home, such as being at university or college on one's own. Exposure to new and different influential social environments, the political and social included, has a large bearing on the adolescent's behaviour. Some teenagers enter tertiary institutions with religious beliefs prescribed by their parents or religious communities. Once out of their home environment, they get an opportunity to explore different religious, social and cultural options. They consequently become vulnerable to environmental influences. Religiosity and previously held ideas about sexuality are also challenged (Lefkowitz, Gillen & Shearer & Boone, 2004).

Teenagers are in a struggle to make meaning in life. During this stage teenagers are faced with competitive pressure to be seen as beautiful and decent (Pipher, 2003). At this stage,

adolescents are preoccupied with the question of identity and what they want out of life. These questions, arising from social pressure, leave adolescents vulnerable and seeking the comfort of the group for social support. Adolescent girls, like adolescent boys, are still on a path to find their 'true' self. It is also at this stage that rapid cognitive maturation takes place, leading to the ability for abstract thought (see discussion below). During adolescence, individuals' spiritual issues become a matter of concern due to developing their ability to think abstractly (Bruce & Cockreham, 2004).

2.3.1 Cognitive development

As adolescents' thought processes become more developed, they become more able to philosophize about moral, social and political issues (Santrock, 2001). As a result of their ability to think in abstract terms, adolescents are likely to actively work towards discovering new information but this information sometimes does not fit in with their existing knowledge (Bruce & Cockreham, 2004; Piaget, 1967). This then may lead to inner conflict and an attempt to restore balance either by changing their way of thinking or adjusting to new ideas or beliefs with a hope of gaining social approval (Brown & Gilligan, 1992; Pipher, 1994). Social pressure could bring conflict to the minds of adolescent girls, putting them under pressure to find equilibrium either by changing their thinking patterns or their behaviour; especially because of their possible need to be approved in relationships (Bruce & Cockreham, 2004). Their beliefs resulting from their Christian backgrounds sometimes collide with peer pressure. As a result they may be trapped between opposing forces, and this may lead to inability to live a life that is authentic and meaningful to them.

2.3.2 Psycho-social development

Psychosocial development adds another area of challenge to the adolescent's development. According to Erikson's (1963) framework, during this stage the adolescent's basic need is to find the meaning of his or her own existence (Bruce & Cockreham, 2004; Miller, 2002), which will lead to the development of identity and a

unique life style. According to Gage (1998, p. 155), "the period of adolescence is unique in the sense that it is a developmental period, a period of physical transition, identity formation, and development of autonomy." It is during this period that adolescents attempt to construe for themselves what it means to be a woman or man in society.

The later part of adolescence is associated with an attempt to live autonomously from parents. It is during this period, as adolescents seek independence from their parents in order to forge their own identity, that they become vulnerable to peer pressure (Gage, 1998; Gordon, 1996). Thus, peers' views about sexuality, what the peers are doing and what is accepted by the group, are more persuasive than the views of the parents and other family members (Gage, 1998). The strong desire to maintain intimacy may lead to the adolescent girl risking pregnancy even though it is not the desired outcome. Further, while Erikson (1963) contends that identity formation precedes intimacy, others have argued that intimacy develops during adolescence and simultaneously with identity formation, especially for girls (Gilligan, 1982; Rogel, Zuehlke, Petersen, Tobin-Richards & Shelton, 1980). It has been argued that young girls overcome the identity crisis, that is, they learn to know about themselves through their relationship with others such as being in an intimate relationship and developing a sense of belonging (Bruce & Cockreham, 2004). It is thus possible to hypothesize that adolescent pregnancy is partially accounted for by the desire for intimacy that occurs during adolescence as part of identity formation (Gordon, 1996).

2.3.3 Moral development

Gilligan (1982) and Gilligan, Lyons and Hanmer (1990) have argued that there are different, albeit interdependent, pathways as far as the moral development of teenage boys and girls is concerned. Gilligan and her colleagues have identified two moral orientations, a caring orientation that prizes relationships with others, and a hierarchical, justice orientation prioritizing rules, principles and independence. While the two orientations occur across both males and females, a caring orientation was found to be more frequent among females. This may be related to the manner in which boys and girls

think about standards of right and wrong (Bruce & Cockreham, 2004). It has been argued that due to gendered socialization practices, girls usually present with a flexible and tolerant attitude towards rules and can accommodate exceptions (Bruce & Cockreham, 2004). While boys tend to focus on justice and on the rights of the individual, girls on the other hand are likely to focus more on interpersonal communication and relationships with and concern for others**.** As a result, they are likely to become vulnerable to exploitation by their partners, as they may want to preserve interpersonal relationships and not to hurt other people's feelings.

It is, however, not the case that the justice orientation is absent among women. Gilligan *et al*. (1990) have argued that the two moral orientations, justice and care, co-exist. The view posited by Gilligan and her colleagues finds support in Mellen (1989), who found that, while the caring and justice orientations were found in men and women, caring or concern with preservation of relationships was relatively stronger in women. On the other hand, the justice orientation, concerned with principles, rights and rules, was relatively stronger in men. Given the importance attached to relationships, it is plausible that, when faced with a situation in which they have to make a decision, teenage girls may opt to not use the justice orientation, fearing that this may alienate their partners or confirm their deviation from what is regarded as the female norm. Such factors could have a bearing on the unwed teenager's decision to engage or not to engage in sexual intercourse.

2.3.4 Spiritual and faith development (transitional faith)

In addition to the cognitive, psychosocial and moral developmental challenges, adolescents also have to deal with what is known as transitional faith (Bruce & Cockreham, 2004). During adolescence, individuals develop the ability for mutual interpersonal perspective, which allows them to understand the perspective of others (Bruce & Cockreham, 2004). Adolescents' cognitive development allows them to continuously analyse and translate the meaning of their faith through conceptual formulation. This development may bring understanding and clarity about faith and is likely to enable them to make choices and to be responsible to the spiritual communities

to which they belong (Bruce & Cockreham, 2004). However, challenges and confrontations of life events are likely to bring about confusion and shifts in their spiritual well-being (Chandler, Holden & Kolander, 1992).

Intellectual, emotional, physical, social, occupational and spiritual dimensions are important in the faith and spiritual development of teens (Chandler *et al*., 1992). Furthermore, teenage spirituality or faith needs to be supported, nourished and enabled. Teenage girls do not need punishment. Rather, what is needed is spiritual guidance which is likely to equip them with the sense of meaning and continuity in a larger whole in order to help them to develop and to face life challenges. Thus, teenagers need to be supported in securing a meaningful identity, taking into account the exposure to various meaning systems, including the problematic contradictions between the doctrines of the church and secular life (Harris, 1989).

2.4 Adolescent decision-making

In order to understand teenagers and how they make decisions, it is important to understand their stage of development. The information they have at their disposal, which might be influencing their sexual behaviour, also needs to be understood.

There is a general belief that most teenage pregnancies are unplanned and that sex education and availability of contraceptives may influence teenagers' decisions whether or not to have sex before marriage. However, there is a poor relationship between knowledge about, and use of, modern contraceptives (Gage, 1998). Different factors may influence adolescents' sexual behaviour. These are factors such as low socio-economic status, prohibitions against abortion, academic problems, physical pleasure as well as gendered power relations and socialisation. Thus, having information or not having information about sex or contraceptives is only one of many factors that might determine the teenager's sexual behaviour (Gordon, 1996). It is therefore important to consider adolescent decision-making processes in order to understand adolescent pregnancy.

Adolescent decision-making in general and decision-making with respect to sexual behaviour in particular, have been accounted for in terms of cognitive factors, social and psychological development, and social and cultural influences (Gage, 1998; Gordon, 1996). Cognitive factors refer to the actual mental processes associated with knowing, perception and reasoning (Gordon, 1996). From a Piagetian perspective (Inhelder & Piaget, 1958), a distinction is made between concrete operational thought, characterized by a tendency to focus on the immediate world of concrete objects, and formal operational thinking, characterized by abstract, hypothetical thinking and the ability to take a future perspective. Research indicates that, while it is acknowledged that not all adults attain the formal operational stage, older as opposed to younger adolescents are more likely to think abstractly, taking a future perspective in their orientation. Thus, while a younger adolescent may refrain from having sex for fear that the parents may catch him/her in the act, older adolescents are more likely to refrain from having sex because of their understanding of the (future) disadvantages associated with having a baby before completing schooling and finding employment (Gordon, 1996).

Further, the development of abstract thinking marks the end of the egocentric view of the world, characterized by feelings of self-importance and personal invulnerability (e.g. pregnancy won't happen to me!). Formal operational thinking incorporates the ability to see issues from others' vantage positions. It has been hypothesized that egocentrism, the feeling of personal invulnerability in particular, is implicated in adolescent pregnancy (Gordon, 1996).

A cost-benefit approach may sometimes be used to understand adolescent decision-making. This approach suggests that teenagers may make decisions in order to maximize their gains and to minimize losses (Gage, 1998; Gordon, 1996). Rogel *et al*. (1980) have used cost-benefit analysis to study why adolescents who know about contraceptives proceed to have unprotected sex. They found that teenagers may decide to be involved in unprotected sex having had sex education, including HIV/ AIDS education as well as information about contraceptives, rather than compromise the immediate and high benefit of physical pleasure and intimacy. They also found that these adolescents would rather

risk unprotected sex than suffer the side effects (high cost) of using contraceptives.

Further, some teenagers are likely to be influenced by their peers who are sexually active, as this may create a sense of belonging to their age group as a high price (benefit) compared to pleasing their parents or their religious communities. However, it has also been pointed out that adolescents' perceptions of risk may be distorted, leading to faulty decision-making. For example, some adolescents may believe that they are too young to be pregnant or underestimate the extent of pregnancy in the adolescent population (Gage, 1998). On the other hand, some may base their decision-making on insufficient knowledge about sex and conception, such as the belief that pregnancy could be averted by having sex while standing (Gage, 1998). Beliefs such as these distort adolescents' perceptions of their probability of falling pregnant.

The social and psychological factors involved in adolescent decision-making have to some extent been discussed in section 2.5 above. Social factors also include socio-economic status. Having a baby might be an intentional outcome and not a mistake as it is generally believed. For example, unemployment and low socio-economic status may lead to a conscious decision to have a baby in order to access welfare support. Some teenagers believe that the child support grant will enable them to cover their personal needs and support their families (Social Exclusion Unit, 1999). For those teenagers experiencing academic problems, failure could result in the desire to leave school. Thus, falling pregnant may be an easy way out of school and of giving meaning to life (Gordon, 1996). This might be associated with a desire to experience success as a nurturing parent, as well as hope of marrying the baby's father as an index of social progress. Having a child also confers parental status, which in some societies is a precondition for adulthood and the freedom from parental control that adulthood entails. Further to the above, some of the young people who live in townships or in rural areas are unlikely to have adequate recreation facilities as well as opportunities to advance their education. This leaves them with limited employment opportunities. This, in turn, may expose them to financial strain, adding to their inability to cater for their personal entertainments. They are therefore likely to engage in sex for entertainment or alternatively they get sexually

involved with older men for financial gain (Wood *et al*., 1998).

Larger cultural factors, such as the dominant conceptions of femininity and masculinity, could also be involved in decision-making. Gage (1998) notes that sexual decision-making takes place within the context of a dyad: thus, because it may be culturally inappropriate for girls to show that they are sexually knowledgeable, decision-making could be left in the hands of the male partner. Socialisation practices shift the scale in favour of males and participating actively in sexual decision-making could be considered incompatible with the feminine identity. Religious norms, which view girls' sexual naivety positively, reinforce these cultural patterns (Gage, 1998). Over and above this, the sexual violence directed at women (Gage, 1998; Jewkes, Vundule, Maforah & Jordan, 2001; Wood *et al*., 1998) compels us to contextualize the problem of teenage pregnancy. Thus, the discourse on teenage pregnancy, including the situation of unwed teen mothers in church communities, should be seen with reference to all these factors that impinge on adolescent decision-making.

2.5 Religious participation: Its meaning and social supportive function

Having reviewed teenage pregnancy in general, as well as the factors involved in adolescent decision-making, it is now pertinent to briefly address the role of religious involvement in the life cycle. Numerous studies have investigated the relationship between religion/spirituality and subjective well-being (Koenig, 2000; 2002; Krause, Ellison & Wulff, 1998; Maton, 1989; Pargament *et al.*, 1998). Further to this, Wandersman *et al.* (1980) and Thompson (1986) have argued that religion is one of the most important sources of identity or meaning making for many church-going people. It is therefore important to review the literature on the beneficial effects of religious participation, with a view to relating it to the lived experiences of unwed teenage mothers in church communities.

While the findings are not unequivocal, a number of studies report on the relationship between emotional health or subjective sense of well-being and religion/spirituality

(Ellison & George, 1994; Koenig *et al*., 2004; Maton, 1989). For example, Koenig *et al.* (2004) reported on studies indicating that religious beliefs and practice have been found to be associated with significantly lower levels of depression. It has been argued that religious participation not only provides a sense of coherence and meaning, it is said to engender positive self-esteem (Koenig *et al.*, 2004). This occurs by means of the socially supportive networks available to one by virtue of being a member of a particular religious community. These supportive networks, often comprising people who share similar social values and lifestyles, in turn act as a buffer against stress (Ellison & George, 1994; Maton, 1989).

A further discussion of the relationship between religion/spirituality and well-being requires that a distinction is made between the terms social support and social network. 'Social support' refers to the processes by means of which people provide assistance to each other, while 'social network' refers to a structure of interpersonal relations, generally comprising family members, friends, colleagues, neighbours, etc., that bind people together (Proctor, Groza & Rosenthal, 2002). A social support network, therefore, refers to enduring and interconnected relationships and interpersonal relations that provide nurturance, thus enabling one to cope with life stressors (Proctor *et al.*, 2002). The components of social support include: *material aid*, such as the provision of money and other tangible materials; *behavioural assistance*, such looking after a young woman's baby while she attends school; *interactive interaction*, involving listening and expressing understanding; *guidance*, such as giving advice and information; *feedback*, such as giving people information on how their actions impact on others; and *positive social interaction*, the opportunity to engage in social interaction for fun (Proctor *et al*., 2002).

From a religious perspective, family members, members of the church community, the clergy and colleagues are the most common sources of social support (Ellison & George, 1994; Proctor *et al*., 2002). Maguire (1991) argues that social support systems provide a sense of self and identity; that is, the institutions in which we belong, such as the church and the family, contribute to the development of the sense of self, our understanding of who we are. Further, not only do they provide us with positive feedback, they also act as

a buffer against stressful life events and also offer opportunities for socialization (Maguire, 1991).

As far as the supportive role of the church membership is concerned, Ellison and George (1994) hypothesize that religious participation increases the frequency and number of non-kin ties, thus expanding the potential sources of social support. They also hypothesize that religious participation is positively associated with the perceived quality of social relationships. They indeed found that those who attended church regularly had a larger non-kin network compared to those who did not attend regularly, which finding supports the view that church membership promotes friendships by bringing together people who share common values. Further, those who went to church regularly reported more telephonic and other contact with others and were more likely to report feeling cared for and valued (Ellison & George, 1994). With this background of the importance of church membership to one's sense of self as well as the social benefits associated with church membership in mind, it is now appropriate to revisit the church's position on sex and pregnancy outside wedlock.

2.6 Attitudes towards teenage/premarital pregnancy in church communities

In this section, the Christian sexual ethic and the general attitude of faith communities towards unmarried young women who fall pregnant within church communities are reviewed. It is contended that the attitude of faith communities toward childbearing outside wedlock may result in felt or perceived stigma (Green, Hayes, Dickinson, Gilheany & Whittaker, 2003), discrimination and social ostracism. It is further contended that the fact that Christian values rule out abortion compounds the predicament of unmarried young women who do become pregnant, a situation that could possibly exacerbate their emotional turmoil.

2.6.1 Premarital sex and the Christian sexual ethic

The Christian sexual ethic in general is based to a large extent on biblical texts. These texts seek to identify circumstances of sexual activity permissible to God. The Christian sexual ethic further specifies that a young woman who marries must do so as a virgin (e.g. Deuteronomy, 22: 13-21). From a Christian perspective, the sexual act was ordained by God with the aim of procreating children. Marriage is seen as the proper context for the expression of sexuality because it is considered to be an appropriate, safe and loving environment for bringing up children, in accordance with God's will. From this it appears that marriage is the only context in which sexual activity is permitted, with a view to begetting children.

While the Christian sexual ethic might have been adequate in the past, it appears that it is no longer convincing to young people nowadays, judging by the prevalence of premarital sexual activity among Christians. Even high ranking church officials such as priests and bishops, who have supposedly chosen a life of celibacy, have been involved in sexual scandals. Increasingly, some men and women of the Church are defending their right to be in stable relationships and have children outside marriage. These incidents cast doubt on the feasibility of the Christian sexual ethic in the 21st century, suggesting that the church needs to find alternative ways to deal with young women who fall pregnant outside marriage.

Most church organizations have a negative attitude towards premarital sex and pregnancy. Although there is a concern for teenagers and their sexuality, very little is being offered by way of a theology of sexuality for single persons. For example, when sexuality is addressed in Evangelical churches, it is often with reference to simplistic advice, such as the reiteration of the orthodox view prohibiting sex before marriage. This emphasis on the prohibition of premarital sex is tantamount to defining the Christianity or faith of individuals with reference to their sexual behaviour, as some have argued (Rosenau, 2002), suggesting that if an individual is failing to abstain before marriage, her Christianity or faith is shaky compared to those who seem to be abstaining.

2.6.2 The Church's attitude towards abortion

Discrimination in some religious communities highlights the problem of the violation of women's rights to access to basic services, such as easily accessible contraceptives and abortion. For example, the Catholic Church is internationally renowned for, and very effective in working towards, subverting the equality of women, thus opposing the idea of women's rights as human rights (Yishai, 1993).

In some societies, the position of women is judged by their level of religious belief. For example, Catholics tend to be restrictive in their abortion policies (Yishai, 1993). Since, according to the Catholic religion, life begins from the time of conception, an embryo is considered to be a human being (Schenker, 2000). This may suggest that females who belong to the Catholic religion are obliged to keep unwanted babies in order to maintain their good position in the church community. However, some teenagers may view abortion as the best option instead of facing their Church community. For example, research done by Turner (2004) among Redpath teenage students suggests that some teenagers view abortion as a means of preserving their moral and social reputations. Some teenagers are likely to find themselves trapped in the situation of having to choose between the church doctrine and abortion, especially where there is a demand to consider abortion in circumstances such as rape and incest. This may encourage illegal abortion which may result in medical complications such as pelvic infection, bleeding and infertility (Cunningham & Boult, 1996). Nevertheless, the Roman Catholic Church continues to advocate abstinence as a primary intervention to prevent teenage pregnancies. This intervention strategy has clearly had limited success: many teenage girls within the church get pregnant.

2.6.3 Discrimination and exclusionary practices within the church community

Not all Christians succeed in adhering to the Christian sexual ethic as prescribed by the Church. These Christians, who are considered to have 'fallen', face substantial discrimination within the church community (Rosenau, 2002). Discrimination is effected

through systems of exclusionary practices, including disciplinary action for transgression. For example, unmarried pregnant girls/ women are temporarily excluded from participating in church activities as ordinary members of the congregation. They are only allowed 'partial membership', which may take the form of exclusion from partaking in some church activities (e.g. receiving Holy Communion) (Carrolissen, 1993).

However, disciplinary actions in the church may depend on the church leaders and the church community as well as the geographical area. In the Morovian church, for example, young pregnant women have to sit separately from other members of the congregation (de la Rey *et al*., 1997). Unmarried mothers have to occupy a prominent place in the church known as "die skandebank" (pew of shame). These women are forbidden to wear white on their wedding day, and are further deprived of the honour of walking on a red carpet. They can only get married in the conservatory and not in front of the altar. Further, the church bell, which in the Morovian community heralds important events such as deaths and marriages, is not rung.

These practices of exclusion are seen as a secondary intervention strategy to the problem of teenage pregnancy, where the only clear primary intervention practice is emphasizing that premarital sexual practice is a sin. The motive behind these exclusionary practices is to 'assist' the transgressors and the congregation to reflect on the sin committed. However, these practices are discriminatory, as they are directed exclusively at women. This may suggest that the church is a patriarchal community as there are no clear disciplinary actions directed at unmarried teenage fathers. Further, these practices not only fail to take into account the developmental challenges of adolescence, they also fall short of providing appropriate sex education to help young people to deal with the dominant messages concerning sexuality, arising from the media and other sources.

The Church's exclusionary practices may result in unwed teenage mothers having intense negative feelings about themselves as well as their newborn babies. This condition can be exacerbated by rejection by family and peers. The child may also suffer the psychological consequences which may be related to the lack of a father figure as a role model, this

being particularly the case for boys. They may develop a negative image against their mothers and females in general. In turn this may result in violence against women and lack of respect for as well as insensitivity to females (Cunningham & Boult, 1996). This is likely to be associated with anger against their mothers who may be seen as a cause for not having a father.

While most teenage mothers cooperate with the Church's exclusionary practices, they remain emotionally unhealed. They might still be haunted by the experiences that led to the pregnancy, especially if this was due to no fault of their own. For example, in the case of pregnancy resulting from incest or rape, a teenage girl goes through the trauma on her own as it might not be easy to disclose that it is her father or relative who is responsible for the pregnancy. This leaves the offending party (i.e. rapist) untouched, while the woman, whose pregnancy is external evidence of her 'sinful' transgression, bears the brunt of the Christian sexual ethic.

It is the researcher's view that the exclusionary practices referred to above lead to loneliness and isolation on the part of the affected adolescent or young woman. Loneliness and isolation could result from the fact that some young people in the church community do not want to associate with young pregnant girls, due to the stigma associated with pregnancy in this age group. It is conceivable that some young pregnant girls could end up leaving the Church as a result. This could possibly lead to stress and despair, especially to those who do not have moral support from their families, and who had relied on the Church for moral support. It is in view of the possible negative psychological consequences such as those hypothesized above that the current study sought to investigate the lived experiences of unwed teenage mothers in church communities.

2.6.4 Faith communities' approach: Adolescence and unwed teenage pregnancy

Faith communities' approaches to the problem of unwed teenage mothers is not likely to succeed because teenage Christians, like all teenagers, are not free from hormonal drives

and sexual urges (Rosenau, 2002). They are not immune from engaging in sexual behaviors and attitudes that are contrary to general Christian teachings on sexuality. Nor are they immune from social and cultural influences, including the media. Teenagers, like members of society in general, are exposed to environmental factors that strongly promote casual premarital intercourse. Pressure on young people comes from different sources; this includes sexual pressures on immature youth from peers and from forced sexual initiation as well as from unequal power relations within the relationship, which may include violence. Easy access to drugs and alcohol leads to unwise sexual conduct, resulting in teenage pregnancy and sexually transmitted infections. In dealing with teenage pregnancy, the church needs to consider different factors contributing to premarital pregnancy. As argued above, some of these factors are related to developmental changes on the part of the adolescent, while others are due to environmental influences.

The church's restrictive sexual policies compromise joyful intimacy. Although the Christian sexual ethic affirms that sexual intimacy should take place within the context of marriage (Gardner, 2002), there is not enough positive education about the beauty of sexual intimacy to prepare teenagers for marriage. As a result, there have been reports of negative attitudes toward sexual expression even among married persons (Gardner, 2002). This negative expression about sexual behaviour within the church may lead to extramarital affairs or even divorce.

In addition, the church as a social institution does not seem to be playing a significant role in sexual health matters. Although sex education has been introduced in the school curriculum, its progression is very slow. Some families are not open to discussing sexual matters with their teenagers (Richter, 1996). In the meanwhile, friends and boyfriends may consequently become the sources of information (Richter, 1996). Male partners in particular may take advantage of their superior knowledge about sexual issues to mislead their sexual partners. Given that sexual matters are not openly discussed in some families, the Church could be a significant source of information for young teenage women.

2.6.5 Exclusion and stigmatization

This study attempts to use the processes involved in stigmatization to understand the psychological and emotional consequences of the exclusion of young teenage mothers from participation in church activities. According to Goffman (1963), the term 'stigma' refers to "an attribute that is deeply discrediting" (p. 3); stigmatization reduces the person "from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3). Following Goffman (1963), Jones *et al.* (1984) use the word 'mark' to highlight a condition used by society to set the person apart from others as flawed or spoiled. Susman (1994) also defines stigma as "any persistent trait of an individual or group which evokes a negative or punitive response" (p. 16). The stigmatized individual is considered to be spoiled, deviant, flawed or less of a person compared to other people (Fife & Wright, 2000; Goffman, 1963; Susman, 1994; Yang *et al*. , 2007).

It should, however, be noted that Goffman (1963) also conceptualized stigma in terms of a relationship. It involves a discrepancy in the way society characterizes the person, his/her "virtual social identity" (Goffman, 1963, p. 2), and the person's actual attributes, his/her "actual social identity" (Goffman, 1963, p. 2). Applied to teenage pregnancy, stigma could be considered a two-way process resulting from the interaction between the 'normal' (in this case, the non-pregnant young women and the rest of the church membership) and the 'abnormal' (in this case, unmarried pregnant teenagers) (Goffman, 1963). Stigma is also a social product generated by social interactions in which potentially stigmatizing attributes are relevant to either party's expectations. Through stigmatization, a distinction is made between the Self (not pregnant) and the Other (pregnant teenager). The stigmatized person may in turn incorporate and internalize the negative evaluation by others about him or herself, resulting in self-hatred and shame (Green *et al*., 2003). This may further serve to contribute negatively to the person's self-concept in a self-fulfilling manner. It could thus be envisaged that, having been rejected by institutions that form important meaning systems in their lives (church institutions) (Kushner, 1981; McIntosh, Silver & Wortman, 1993; Pargament & Park, 1997), teenage mothers are likely to develop a negative view of themselves and of life in general.

Stigma theory further distinguishes between enacted (or overt) and felt (or perceived) stigma. Felt or perceived stigma refers to feelings of shame as well as the real or imagined fear of being ostracized by society for having a particular, undesirable condition (e.g. epilepsy), while enacted stigma results from the actual process of being discriminated against (Green *et al*., 2003; Jacoby, 1994). Fife and Wright (2000) note that stigmatized people's opportunities are limited not only by others' negative reactions; internalized negative self-appraisals are also at play, leading to social isolation and rejection. Overt stigma may lead to the stigmatized person being disadvantaged or excluded from the group's mainstream activities, while perceived stigma leads to self-exclusion and withdrawal. Through internalization, the stigmatized person feels spoiled and less worthy. According to Scrambler and Hopkins (1986) and Jacoby (1994), felt stigma often results in the person concealing his or her condition to protect himself or herself from experiencing discrimination. People with a high degree of perceived (felt) stigma may tend to blame negative occurrences or reactions on their condition *per se*, rather than seeing others as being intolerant. Negative feedback from others, which is *attributed* to the stigma rather than others' prejudice, means that it is internalized and associated with the stigmatized self, a process which perpetuates social distancing and low self-worth (Green *et al*., 2003).

Yang *et al*. (2007) note that the social and psychological literature concurs that stigma is mainly (a) an attribute that sets people apart from others, leading to the devaluation process, and that (b) stigma is socially-constructed; it occurs within the context of relationships. They are, however, critical of the tendency in the literature to focus on processes happening within the individual and not on the complex social forces and structural issues that contribute to stigma. Thus, "[t]he stigma or mark is seen as something *in the person* rather than a designation or tag that others affix to the person" (Link & Phelan, 2001, p. 366, emphasis original). As a result, our attention is directed at the recipients of the stigma, and not those who are perpetuating stigmatization. Also, it has been argued that the perspective of the stigmatized has been ignored: the literature tends to emanate from the non-stigmatized groups and hence it is not informed by the lived reality of the stigmatized (Link & Phelan, 2001).

In a partial response to the critiques above, Link and Phelan (2001) have proposed a sociological definition of stigma that expands on Goffman's (1963) original conception that stigma involves a relationship between "an attribute and a stereotype" (p. 4). According to Link and Phelan (2001), stigma occurs when the following components converge: (a) certain human abilities are identified and labeled, (b) the labeled people are linked by means of dominant cultural beliefs to undesirable characteristics or stereotypes, (c) the labeled people are set apart in a distinct category of their own ('us' vs 'them'), (d) those so labeled experience discrimination and loss of status and this leads to unequal outcomes, and (e) "stigmatization is entirely contingent on access to social, economic and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion and discrimination" (Link & Phelan, 2001, p. 367). The term stigma, from Link and Phelan's (2001) perspective, applies when "elements of labeling, stereotyping, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold" (p. 367).

As far as the first component is concerned, Link and Phelan (2001) note that while a vast majority of human differences are ignored, in stigmatization, people tend to identify and label certain differences as setting people apart from others (the rest of the group). The differences identified for labeling tend to differ across history, place and time. The second component, linking the differences with some undesirable stereotypes, is the one that has been most commonly cited in the social and psychological literature; it dates back to Goffman's (1963) conceptualization which defined stigma as a relationship between an attribute and a stereotype. It is this linkage between the label (attribute) and a stereotype that justifies the third component, the tendency to draw a distinction between 'us' and 'them'. Once labeled as different, a rationale is created to treat those so labeled differently. The fourth component brings to our attention that stigmatization leads to status loss and discrimination. As Link and Phelan (2001, p. 371) argue, "[a]n almost immediate consequence of successful negative labeling and stereotyping in general is a general downward placement of a person in a status hierarchy." .

Stigmatization is also associated with disadvantages such as loss of income, education and other opportunities. In the current study, status loss associated with becoming an unwed mother in a church community was explored. Finally, stigmatization depends on power, be it social, cultural, economic or political (Link & Phelan, 2001). The people who stigmatize must have the power to set those labeled differently ('them') apart from the rest of the group ('us'). Also, they tend to be in control of resources, be they educational, economic, social, spiritual, etc. This study noted how power wielded by church leaders operates against the interests of unwed teenage girls who fall pregnant in church communities.

Link and Phelan (2001) provide a useful sociological dimension to the concept of stigma, in particular in terms of their expansion on the relationship between stigma and power. To this conceptualization, Yang *et al*. (2007) add the moral dimension. Stigma is a multi-dimensional construct that is embedded in people's interpretive frameworks and cultural meanings. As such, stigma encompasses a moral dimension in that it involves a threat to that which matters the most to the stigmatizer and the stigmatized (Yang *et al*., 2007). Yang *et al*. (2007) note that stigmatizing others could be seen as a pragmatic or tactical response to some perceived danger or threat to a certain existential or moral order. As far as unwed pregnancy in church communities is concerned, it could be argued, that it is the very core of the Christian sexual ethic, its meanings to various stakeholders, which is at stake. Likewise, the unwed teenage mother is presented with an existential or moral dilemma insofar as her condition is evidence enough that she has violated the Christian sexual ethic. This moral conceptualization of stigma, together with the sociological and the social psychological conceptualization, enriches our understanding of the stigmatization process.

Having reviewed various conceptualizations of the stigma concept, it is now pertinent to provide a brief account of the impact of stigmatization on the stigmatized. The literature has explored the impact of stigma on disabled individuals (Susman, 1994), the mentally ill (Link, Cullen, Struening, Shrout & Dohrenwend, 1989) and people affected by HIV/AIDS and cancer (Fife & Wright, 2000), among others. Fife and Wright (2000)

found that stigma had a negative impact on the self, independently of type of illness. Stigma impacted negatively on the self by means of four mechanisms: social rejection, internalized shame, isolation/anomie and financial insecurity. For example, isolation and social rejection impacted negatively on how people with HIV/AIDS perceived themselves, while financial insecurity and isolation (anomie) accounted for a diminished sense of personal control. The results highlight not only the negative impact of stigma on the self; they also draw to our attention the multidimensional nature of the construct of stigma. The current study uses the stigma construct to understand the experiences of unwed teenage mothers in church communities.

In conclusion, this chapter presented misconceptions about the causes of teenage pregnancy as well as the most likely causes of this phenomenon. The consequences of teenage pregnancy in general were presented. In some church communities, unwed mothers get excluded from participation in some religious practices, owing to the Christian sexual ethic, which prohibits sex outside wedlock. It is contended that such practices could have a negative impact on the psychosocial well-being of unwed mothers, who are likely to have relied on the church not only as a means of social support but also as an important source of identity. It is in view of this that the researcher sought to investigate the psychosocial experiences of unwed teenage mothers in faith communities. The following chapter presents the methodology adopted in the study.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the methodology utilized in this study. It discusses the processes by which data were collected, organized and transformed into findings. It comprises the following main components: aims of the study, the description of the research questions, the study design and the pilot study. The research instrument, data collection procedures as well as the methods used to analyze data are then presented. Finally, the ethical issues bearing on the study are presented.

3.1 Aims of the study

The aim of the study was firstly to identify and describe the psychosocial experiences on unwed teenage mothers in faith communities. Secondly, the study sought to examine social and other factors that contribute towards teenage pregnancy as well as the consequences of teenage pregnancy, from the perspective of teenage mothers themselves. Thirdly, the study aimed at elucidating the consequences of unwed motherhood in faith communities. Finally, the study sought to identify intervention strategies that could promote the well-being of teenage mothers within church communities.

3.2 Research questions

The study attempted to describe the experiences of teenage mothers within church communities as well as the impact of teenage pregnancy in their lives in general. Specifically, the following research questions were addressed:

- What are the psychological, social and emotional experiences of unmarried teenage mothers in faith communities?
- What are the factors contributing to teenage pregnancy, from the teenage mothers' perspective?

- What forms of social support are available to unmarried teenage mothers within faith communities?
- What intervention mechanisms should be put in place to promote the well-being of unmarried teenage mothers in faith communities?

3.3 Research design

The current study is qualitative in nature. Qualitative research is concerned with the meaning and personal experience of individuals, groups and cultures (Strydom, 2002). It is an interpretive approach that relies on participants' subjective accounts to understand social life as well as meanings that people attach to their everyday lives. Qualitative research therefore produces descriptive data, usually in the form of participants' own words. It takes cognizance of the values and beliefs of the participants in the study in question (Maxwell, 1992).

Unlike quantitative research which is concerned with statistical methods, qualitative research considers natural observation as well as understanding people's lives (Strydom, 2002). While both qualitative and quantitative research involve asking questions and collection of data, the two approaches differ in that quantitative research has standardized, empirical procedures for ascertaining the reliability and validity of the research findings. On the other hand, the relationship between the researcher and the participants plays a critical role in establishing what is often referred to as the trustworthiness of the findings in qualitative research (Miles & Huberman, 1994; Wolcott, 1990). It is for this reason that the researcher reflects throughout this study on the nature of her relationship with the study participants.

In this particular study, the steps used did not follow the linear model of design. Instead, the researcher established deep trust and prolonged contact with the field or situation. The aim of utilizing this design was to gain a holistic understanding of the systemic context of the study. The researcher attempted to capture data from the perspective of the local actors through the process of deep attentiveness and empathetic understanding. This

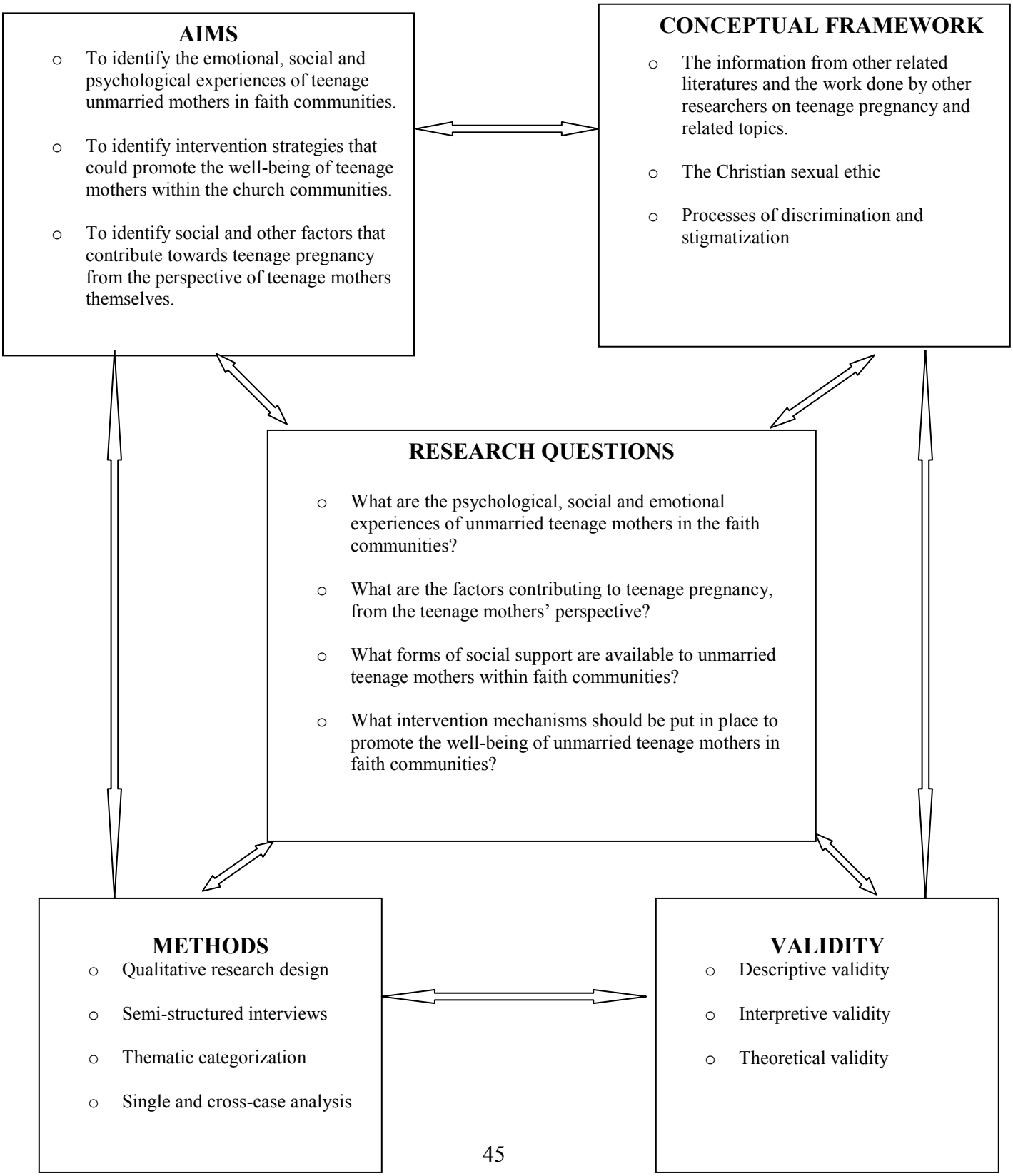
approach aimed at explicating ways by which the participants or teenagers in their settings understand and account for their lives. Few instruments were used (e.g. the interview guide), the researcher being the main instrumental device. The researcher was not divorced from the research process, as she was constantly required to restructure some of the components of her study as the interviews proceeded. For example, the researcher's familiarity with some of the participants, and the fact that some participants were familiar with each other, necessitated a careful consideration of matters of confidentiality not only between the researcher and the participants but also among the participants themselves.

In a qualitative research study, design can be conceptualized as a chain of interrelated stages which are carried out by a researcher, with an objective of highlighting the aim, direction as well as his or her strategy for performing the research. The approach to research design described above is informed by Maxwell's (1992; 1996) model. Maxwell argues that in qualitative research, research design should be conceptualized as the degree to which the various components of the study hang together, and this includes the context of the study or the relationship between the researcher and the research participants. Maxwell (1996) identified five main components of a research design: (1) the study aims/goals, (2) the conceptual framework, (3) the research questions, (4) methods and (5) validity. The aims of the study refer to the researcher's motivation for conducting the study; the issues he or she wants to clarify as well as practices he or she wants to influence. The conceptual framework refers to the theoretical framework(s) informing the researcher, as well as his or her understanding of the challenges and other issues faced by his or her target group. This includes information from the related literature, theories and previous research findings that will guide his or her research study. Research questions are the issues that the study seeks to investigate. The research questions also address issues that the researcher intends to learn from the study. Finally, validity is concerned with the methods used to establish the trustworthiness of the findings.

With Maxwell's (1992) model of research design in mind, the above-mentioned components were utilized interactively and were manipulated backwards and forwards as

illustrated in Figure 1.

Figure 1: The Design of the Study (Maxwell, 1992)



3.4 Pilot study

To test the practical aspects of the study, a pilot study was conducted before the main study on a limited number of participants from the same population as that intended for the eventual project (Brink & Wood, 1994). Five teenage mothers who shared similar experiences were approached individually by the researcher and interviewed for the pilot study. These participants were unmarried teenage mothers who had kept their babies; their ages ranged between 18 and 22 years. They were participating members of the Roman Catholic Church. The aim of the researcher was to study whether the questions were appropriate for the chosen sample and to develop other possible research questions where indicated. The pilot study enabled the researcher to develop the interview questionnaire. Probing questions were added to encourage the participants to expand on their stories. As a result of the pilot study, the researcher gained insight into possible helpful follow-up questions to be asked.

3.5 Methodology of the main study

3.5.1 Participants/sampling

The sample consisted of thirteen (two groups, one of six and one of seven) Zulu-speaking single teenage mothers, who were practicing members of the Roman Catholic Church. Participants were drawn from two parishes in different geographical areas. However, some of them had been under different priests when they had their babies. The participants were between the ages of 18 and 22 years. The mothers were in their teens at the time of the birth of their babies. Further, they were attending school when they fell pregnant. The above-mentioned selection criteria were chosen to ensure that the group composition was relatively homogenous in order to maximize the flow of expression within the group. Non-random, purposive sampling was employed (Miles & Huberman, 1984; 1994).

This means that participants were selected because they met the requirements identified for the purpose of this study, namely, they were adolescent mothers and belonged in a faith community. The selection of a small number of participants facilitated the management of the group. It also allowed the participants to express themselves as they wished.

3.5.2 Procedure

Two parish priests from the diocese of Durban were approached. The nature of the study and its aims were explained to them. Having consulted with the two parish priests, a meeting was arranged between their respective parish councils and the researcher. The church communities were informed by their parish priests. Two Zulu-speaking coordinators from the two parishes were identified with the help of parish councils and youth leaders, with whom the investigator was in touch. These coordinators and the youth leaders were asked to assist in identifying and recruiting potential participants. Teenage mothers who fulfilled the criteria outlined above were requested to volunteer; some were approached individually by the researcher. The idea and the aims of the study were explained to the participants, as were issues and concerns which motivated the researcher to conduct the study. Possible benefits of the study were explained to the participants, such as the possibility of informing psychological interventions, including the counseling of young teenage mothers as well as pregnant teenagers.

The participants were informed of the methods, risks and benefit of the study, thus ensuring that their participation was voluntary (Emmanuel, Wendler & Grady, 2000). They were told of their right to withdraw at any stage during the course of the study, without incurring any negative repercussions. The process of obtaining informed consent culminated with participants signing the consent form (Appendix A).

3.5.3 Instruments and method of data collection

Focus group discussions and individual interviews were the primary means of data collection. Semi-structured life world interviews are defined by Kvale (1996) as interviews whose purpose is to obtain descriptions of the life world of the interviewee. Through the use of this technique, problems experienced by teenage mothers in the church community were identified. Interviews, which were conducted after the focus groups, took 80 minutes per participant on average.

A focus group is defined as a group that consists of 5-15 carefully selected participants with whom a researcher conducts a guided conversation (Brink, 1996; Brink & Wood, 1994). Opinions and experiences are requested simultaneously. The researcher runs this conversation from a discussion guide, consisting of questions. In this study, the focus issues for the group centered on participants' experiences of unwed motherhood within their church community. The discussion guide had been carefully worked out beforehand, based on the literature and the study pilot (Brink & Wood 1994). Focus groups served to validate some of the common experiences obtained during individual interviews. They were also useful for gathering experiential information, emotions and feelings.

Apart from the obvious advantages of interviewing several people at the same time, the focus group is often useful to allow participants to share their thoughts with each other, and for them to gather experiential information. It was therefore very important for the interviewer to establish rapport with the participants; this includes both the focus group and individual participants. Establishing rapport is important as it is under conditions of trust that participants are likely to feel free to express their opinions, without having a feeling of being judged (Brink & Wood, 1994). This was particularly important, given the nature of this study, which deals with teenage pregnancy within faith communities.

A semi-structured interview schedule was designed to help start the discussion in the individual interviews (Appendix B). Among the issues raised in the interviews were (a) sexual behaviour before pregnancy (e.g. use of contraceptives), (b) others' reaction to the

pregnancy, and (c) experiences in the church, school and community. The same schedule was used in the focus group interview. The participants were free to raise their concerns, some of which had not been included in the interview schedule. While responding to their concerns, the researcher was careful to keep the session focused on the research questions. A tape recorder was used for both individual and for the focus group interview sessions, with prior consent of each individual participant. They were informed of their right to request that the tape-recorder be stopped at any time. The rationale for using the tape recorder was to facilitate data capturing and to be able to have reliable information for data analysis. As Kvale (1996) argues, tape recording interviews frees the interviewer up to concentrate on the topic and dynamics of the interview**.**

Different factors seemed to have affected the participants' engagement with the research process. The researcher is herself a member of the church community and some of the participants were known to her. Some of the research participants were also familiar with each other, being members of the same faith community. While it is plausible that these factors might have facilitated communication between the researcher and the participants as well as between participants, it is also possible that this degree of familiarity might have hindered participation as well. It is likely that some participants might have felt discouraged from expressing their views, fearing that their families and/or church leaders might come to know of their opinions. To minimize the effects of these and similar fears, group norms were established and discussed. These included confidentiality, respect and freedom of expression. One of the ground rules that was established was that participants were not allowed to talk about the research process at all, outside the context of the group.

Despite these reassurances, however, the researcher noted that participants' level of expression and self-disclosure were maximized during individual interviews. For example, during these individual interviews participants were more specific when they explained their unpleasant experiences from the church leaders and from their parents. It could thus be inferred that participants' familiarity with each other limited the depth of discussion in focus groups, but it could also be inferred that the triangulation process,

namely the use of individual interviews as an additional method of collecting data, to some extent rectified the methodological limitation arising from the use of focus groups.

3.6 Data analysis

During the focus group and individual interviews all the participants' responses were tape recorded. It should be borne in mind that, while this section describes the main procedures used to analyze data, data analysis is an ongoing process in qualitative research (Silverman, 2001); it involves a process by which the researcher immerses herself into the data as early as possible in order to familiarize herself with emerging trends and, where necessary, make adjustments to subsequent interviews. In line with this understanding, the process of analyzing data began during interviews, as the researcher listened attentively to identify related responses, relating these responses to hypothesized themes. For example, the use of the tape recorder left the researcher free to concentrate on the words, tone and pauses during the interview. Although tape recording provides a "de-contextualized version of the interview" (Kvale, 1996, p.160), in that it does not include the visual aspects of the situation, including the setting and non-verbal expressions of the participants such as body language and facial expressions, these aspects were closely monitored by the researcher who also took notes where it was necessary.

After transcribing and translating data from the audio tape recorder, the constant comparison method (Dyer, Schatz, Rosenberg & Coleman, 2000) was utilized to analyze data. This method shares many similarities with other approaches to thematic coding as described by Boyatzis (1998), Braun and Clarke (2006) and Graneheim and Lundman (2004), to mention only a few. Generally, in thematic analysis, the researcher moves back and forth between the data and the emerging categories in order to identify the meaningful patterns (Braun & Clarke, 2006; Dyer *et al*., 2000). The constant comparison method employed in this study included the process of breaking the interviews down into data bits which were then compared, refinement of the data bits and categorization. The following paragraphs briefly explain these processes.

3.6.1 Comparing data bits

The researcher read each interview transcript repeatedly, using a colour coding scheme to identity similar events. Using scissors, similarly coloured data bits were cut and put into piles for comparative purposes (cf. Dyer *et al.,* 2000). Each bit was again compared within each pile. Sub-piles were considered where there was a need for further differentiation. Similarities and differences were considered by comparing piles and sub-piles.

3.6.2 Categorization

Categorizing is the process by which different things, objects, events and people are organized into classes. It also involves responding to events, objects, etc., in terms of their class membership rather than their unique elements (Bruner, Goodnow & Austin, 1972). Consequently, this process enables the researcher to simplify the collected information.

During this process, the researcher developed a tentative list of categories or themes using inductive coding (Boyatzis, 1998). This means that, although the researcher does not claim to have approached the data analysis independently of her own theoretical frameworks, the themes were derived primarily from the data and hence the data coding process did not follow a predetermined coding scheme (Boyatzis, 1998; Braun & Clarke, 2006; Patton, 1990). The purpose of inductive thematic coding is to provide a 'thick description' of the participants' lived experiences and it is for this reason that in the Results section of this dissertation the themes are supported with rich extracts from the interviews.

3.6.3 Refining categories

Data bits were refined further; some of the important bits of information were assigned to categories according to the prevailing themes. Different colors were used to highlight

matching data bits. Categories were continuously refined and data bits were continuously compared and assigned to categories through the process of inclusion and exclusion (cf. Dyer *et al*., 2000; Janesick, 1994). The remaining data bits were placed on the side and labeled 'miscellaneous'. New categories and sub-categories emerged as categories were refined. The process came to an end when no further categories or sub-categories could be developed.

3.7 Validity

In general, the term 'validity' refers to the degree to which an instrument succeeds in measuring what it set out to measure. As Van Rensburg, Landman and Bodenstein (1994) opine, it is the degree to which a measuring instrument satisfies the reason for which it was developed. In most quantitative studies, validity is often expressed empirically, in terms of a validity coefficient (e.g. a correlation between a new instrument and another instrument whose validity is already established in the literature) or by means of factor analytic studies. The purpose is to arrive at findings that are generalizable, in a statistical sense, to the population of interest.

Validity is conceptualized differently in qualitative research. The primary objective is not to arrive at statistical generalizations but to determine the accuracy or trustworthiness of the findings; the degree to which empirical observations, the constructs devised by the researcher, and conclusions relate to the categories of human experience that occurred (Lecompte & Goetz, 1982).

Researcher reflexivity, which is the degree to which the researcher reflects on how his or her own biases, experiences and theoretical orientations might possibly influence the findings, is very important in establishing validity in qualitative research. The validity of the study was strengthened by the researcher's nonjudgmental attitude; her willingness to understand participants' views from their own perspective (Wolcott, 1990). For example, by actively listening to the participants as they narrated their experiences, the researcher was able to elicit cooperation from the participants. Further, the researcher revisited her

comments after each interview, reflecting constantly on how the interview process might have been influenced by her own experiences and beliefs.

Over and above researcher reflexivity, the following validation procedures were undertaken: descriptive validation, interpretive validation, and theoretical validation (Maxwell, 1992).

3.7.1 Descriptive validity

Descriptive validity takes place during the gathering of information. It relates primarily to the accurate description of the process by which data were gathered and turned into findings. The language used by the researcher is considered, as well as the extent to which it accurately describes the phenomena observed (Maxwell, 1992). In the case of this study, data were collected in *isiZulu*, as the researcher and the participants are mother tongue speakers of *isiZulu*. This facilitated the communication between the researcher and the participants, as the latter easily understood the interview questions. Informing participants about the study purpose, methods, possible risks or disadvantages and the benefits of the study was also facilitated. The researcher was also able to understand participants' experiences in context, especially the vocabulary used to describe emotions, as these were relayed in the participants' mother tongue.

It is possible, however, that the accounts described might have been altered or rendered differently as interviews were translated by the researcher from *isiZulu* to English. Translation from one language to another is likely to retain linguistic equivalence, but conceptual and experiential equivalence are not always guaranteed, and this is particularly so with psychological concepts. This study did not use the standard back-to-back translation method, as the focus was not on linguistic equivalence. Instead, the researcher utilized the services of another *isiZulu*-speaking intern psychologist to listen to a sample of the original tapes, giving her own translations. This produced two independent translations, which were then compared by both the researcher and the assisting intern psychologist, resorting to listening to the original tapes where necessary.

This way, the researcher was able to identify the typical biases in the way she was approaching the translation process. It should be noted, however, that the two translations were not entirely equivalent, given that the researcher brought additional knowledge by virtue of being the one who collected the data. Where differences were thought to emanate from the researcher's observations and notes compiled during the interview process, this was brought to the assisting intern psychologist's attention. Thus, the researcher sought to enhance descriptive validity by means of this process of double-checking and establishing typical errors in the way she represented the data.

3.7.2 Interpretive validity

Interpretive validity attempts to elucidate what the events mean to the participants in question (Maxwell, 1992). Johnson (1997) defines interpretive validity as "the degree to which the participants' viewpoints, thoughts, intentions, and experiences are accurately understood and reported by the qualitative researcher" (p. 1)**.** It is important for the researcher to resist the temptation to frame participants' experiences using categories informed by his or her own theorizing but to interpret the data using terms that are as close as possible to the experiences of the local actors; such terms have been referred to as experience-near concepts (Shweder, 1990). It should be noted, however, that it is difficult for a researcher to distance herself or himself completely from her own theoretical frameworks. While the researcher was cognizant of the importance of developing conceptual categories from the data itself, as she interpreted the data, it was inevitable that her own reading in this field would influence this process. However, through a process of constant reflection and empathy, the researcher ensured that the terms and categories of experience emanating from participants' own accounts were incorporated into the process of generating themes.

3.7. 3 Theoretical validity

Theoretical validity goes beyond the collection of facts and the description of how facts were turned into findings; it involves the theories and philosophies by means of which the researcher makes sense of the findings (Maxwell, 1992; Miles & Huberman, 1994). This

includes an exploration of alternative hypotheses or rival paradigms to account for the researcher's observations. To enhance the theoretical validity of the study, the researcher returned to the literature review to determine if the observations made were consistent with those observed in other settings. In particular, the researcher critically reviewed studies on the role of religion as a buffer to psychological distress. The researcher also sought to account for the observations by looking at the relationship between religion, psychological distress, gender and culture.

3.8 Ethical considerations

As mentioned earlier, participants were informed about their right to withdraw at any point during the course of the study, without incurring negative repercussions. For those who needed further counseling because of issues emanating from group discussions, the researcher referred them to counseling agencies which she was familiar with in the greater Durban area. Arrangements with these agencies were made before the study commenced. The researcher also tried to minimize the possibility of harmful effects by building trust and rapport with participants. In addition, all participants were informed about the confidential nature of the information discussed in the focus groups and the individual interviews. Group norms were established and participants informed about the importance of respecting these norms.

3.9 Conclusion

This chapter described the methodology employed in this study. Piloting, sampling, and data collection methods and procedures were described, as were the processes by which the data were analyzed. Ethical issues and validity considerations were discussed. Findings are presented in the next chapter.

CHAPTER FOUR

RESULTS AND DISCUSSION

The results of the study are presented and discussed in this chapter. The social and emotional experiences of the unmarried teenage mothers in faith communities are discussed first, followed by factors contributing to teenage pregnancy, from the teenage mothers' perspective. Forms of social support available to the teenage mothers within church communities are then presented, as are possible intervention mechanisms to address the plight of unwed teenage mothers in faith communities.

4.1 The social and emotional experiences of unmarried teenage mothers in faith communities

Participants reported a number of unpleasant social and emotional experiences. Psychological distress, including symptoms of depression, was common among the participants. Frustration, loss of self-esteem, disappointment, guilt, loss of control and a sense of betrayal by boyfriends, were also noted. Further, unwed pregnancy not only destabilized normal relationships between the participants and their parents, it also led to stigmatization, culminating in various forms of social exclusion by family and church members alike. In the section that follows, each of these main themes is presented and discussed.

4.1.1 Psycho-emotional distress

As mentioned above, participants reported a range of psychological distress, depression, frustration, guilt and a sense of betrayal being among the most prominent. These are highlighted in the following extracts from a conversation with focus group discussants:

Miss C: [Taking a deep breath] **I think my life changed after [the] pregnancy. . . . For example, I lost my friends; I did not have interest in interacting with people. I stayed in the house most of the time[1].**

[1] Bold entries indicate the author's emphasis.

Miss B: **I lost appetite and weight. I was no longer going out with my friends. I lost interest in people; . . . I did not want to be seen by anyone.** My mother thought I was sick. She forced me to go with her to the hospital; that was the day she got information about my condition [the pregnancy].

Miss B**:** I can remember a day when I was alone in my room. It was at midnight. **My pillow was already wet [from weeping] when I started to talk to myself**. I was thinking deeply about my parents, the church community and my boyfriend, who was not optimistic. I said to myself: who will face my parents? I had to face the prospect of telling my parents, my priest, my friends and my colleagues. I felt as though I was a big fool and a failure among other girls. I felt very angry with myself; I did not know what to do with my life.

Miss G: **I really hated myself, I was sure I did not want the baby, I thought of terminating the pregnancy but I felt guilty, as I knew abortion is a sin. I was so confused. I often stayed alone in my bedroom and cried. I thought I would get an answer to my problems and be able to make [an] appropriate decision.**

Extracts such as the following indicate the degree of frustration and embarrassment experienced by some of the participants, most notably in the face of disappointment following their boyfriends' failure to take responsibility for the pregnancy:

Miss N**: I felt as though I was about to explode! I could not believe that my first boyfriend could desert me, after [I had been] so loyal and honest to him. I always thought I was going to be his future wife.**

Miss R**: I felt betrayed because I thought my boyfriend and I were staying in the same township; he disappeared after I had told him that I was pregnant. Later, I learned that he was only a tenant in one of the houses in the township: his family lived elsewhere**.

Miss H: **My main frustration was that my boyfriend denied [he was responsible for] the pregnancy. That was the end of our relationship. It was so disappointing because most of my friends thought I was in a smooth [stable] relationship and I was shy to face them.** [After his denial] **I did not know what to do. I needed a hole to hide myself.**

Miss D. **I felt embarrassed when I had to stand in front of the church community and confess** [that I had sinned]. **It was worse when I was told to bring the father of my baby, who was nowhere to be found and who denied** [that he was responsible for] **the pregnancy.**

As the extracts above indicate, the participants experienced a range of symptoms indicative of psychological distress. The situation was often exacerbated by the failure of the boyfriends to acknowledge responsibility for the pregnancy. The extracts also indicate that some participants felt spoiled and less worthy as a result of the pregnancy. There were also feelings of guilt, associated with the fear of having to face their parents and the church community, which should be seen in the context of the Church's restrictive sexual policy.

Psychological distress, notably depression, has been reported consistently in the literature on post-partum women (Adewuya, 2006; Brockington, Macdonald & Wainscott, 2006; Moehler, Brunner, Wiebel, Beck & Resch, 2006; Gosdin, 2005; Szigethy & Ruiz, 2001). Adewuya (2006) notes that postnatal depression is one of the most common psychiatric conditions associated with the postnatal experience, affecting as many as 10%-15% of postpartum women in the Western world. Moehler *et al.* (2006) observed that depression and a range of anxiety-related symptoms were associated with the postnatal experience. As far as teenage mothers are concerned, Gosdin (2005) cites literature indicating that adolescent mothers are likely to present with depressive symptomatology following the birth of their first child, compared to women aged between 25-34 years. Depression among teenage mothers is generally attributed to poor social support, feelings of isolation, and poor relationships with the mother and the boyfriend (Gosdin, ibid), which factors are discussed below.

Of particular concern in the current study, however, is whether religious involvement acts as a buffer against emotional distress for unmarried teenage mothers, as would be hypothesized following the preponderance of literature on religion and social support in general (Ellison & George, 1994; Maton, 1989; Taylor & Chatters, 1988), as well as the literature pointing at a positive relationship between religion/spirituality and mental health. For example, Williams, Larson, Buchler, Heckman and Pyle (1991) observed in a longitudinal study that "religion may be a potent coping strategy that facilitates adjustment to the stress of life." (p. 1261) Ellison (1991) reported that religious involvement is associated with positive well-being, while Idler (1987) reported lower

levels of depressive symptomatology among the religious elderly. Writing in connection with poor African-American teenage mothers, whose economic and social characteristics could be presumed to be similar to the current study participants, Kane (2007, p. 14) says:

> For years, the church has been the savior of poor African American communities. Because most teenage parents rely on their family of origin as their primary and/or sole financial and emotional support system, it behooves clinicians to utilize the church and other survival strongholds that the African American community trust.

In view of the widely reported beneficial association between religion and health and the generally supportive role of the church in black communities, everything equal, it would be expected that religion would act as a barrier against emotional distress for young women who have experienced pregnancy outside wedlock.

Sorenson, Grindstaff and Turner (1995) investigated the relationship between religious involvement, adolescent pregnancy and depression in a sample of married and unmarried participants categorized according to four religious denominational groups: Catholic, Protestant, 'other faith' and 'no particular faith'. Overall, lowest levels of depression were experienced by young mothers of no particular faith, while church attendance during pregnancy was associated with more distress. Further, lower levels of depression were observed among married teenage mothers, while unmarried Catholics experienced the highest levels of depression compared to the other groups. These results indicate that religious involvement is not necessarily beneficial, especially for unmarried teenage mothers of the Catholic faith. The positive relationship between religion and health seems to depend on the meaning of the experience in question. As Sorenson *et al.* (1995) argue, "religious values may exacerbate rather than moderate the stress associated with pregnancy for many adolescents, resulting in a negative influence on the emotional well-being of very young mothers" (p. 72). This would appear to be particularly so for young women of the Catholic faith which, historically, has been more conservative and authoritarian than Protestant faiths (Thornton, Axinn & Hill, 1992).

The results of the current study also point at the need to approach social support from a meaning-centred perspective, as Jacobsen (1987) argues. According to Jacobsen (ibid), researchers, in viewing "social support as an entity rather than an interpretation of behavior . . . have overlooked the cultural 'rules' or standards in terms of which such assessments are made . . . [while network analysts] have paid little attention to the fact that a network consists of social relationships that are based on cultural assumptions and expectations" (p. 46). This also finds support in the work of Gergen and Gergen (1983), who lament the way supportive relationships have been considered in the literature. They argue as follows:

> That which has been treated as an unproblematic cornerstone of traditional inquiry proves, on closer inspection, to be an insubstantial pretender. What has been accepted as an event in nature is shown to have no existence independent of a meaning system. Helping is thus not an objective occurrence; but an integer in an interpretive system. (Gergen & Gergen, 1983, p. 144)

Gergen and Gergen (1983) continue as follows:

> *It is the meaning of actions, and not actions themselves, that furnish the individual with a sense of "what is happening*." What has traditionally been viewed as an act of helping is thus an objectification of a meaning system – the treatment of the meaning system as if its constituents were palpable. (Gergen & Gergen, 1983, 146-147, emphasis added)

A meaning-based approach to social support, therefore, would take into account that contextual factors influence perceptions of what "constitutes social support, who should provide it, *to whom and under what circumstances*" (Jacobsen, 1987, p. 49, emphasis added). It could be argued that the psychological distress reported by participants in this sample is partly explained by the fact that unwed pregnancy falls outside the values espoused by their faith and they are therefore undeserving of support. This would appear to be supported by the forms of exclusions exercised by the church following the pregnancy, as reported below.

The feelings of guilt and frustration highlighted by the participants in this study were reportedly exacerbated by the failure of the boyfriend to accept responsibility for the pregnancy by supporting the teenage mother. The boyfriend's failure to take responsibility for the child by paying the necessary *inhlawulo* (damages) to her family has several implications for the girl's and her family's social standing, and these are discussed below.

4.1.2 Social exclusion from family and church activities

The pregnancy not only destabilized the relationship between the pregnant teens and their families, in most instances it inevitably led to expulsion from home, albeit temporarily, as well as social exclusion from full participation in the activities of the church. It should be noted, however, that some participants, fearing the effects of the disclosure of the pregnancy to their parents, left their homes on their own accord to take temporary shelter with relatives.

4.1.2.1 Expulsion from home

As mentioned above, some participants were expelled from home following the discovery or disclosure of the pregnancy. Expelled teenagers found temporary shelter with relatives. The following extracts capture this experience:

Miss C: **My father told me that he did not want to see me in his house. I thought he would forgive me but he did not want to talk to me; that was frustrating. As a result I went to stay with my aunt.** [After a while] **I decided to apologize to my mother who then talked to my father and I was called back home.**

Miss DU: **I was expelled from home and my aunt accommodated me.**

Miss RE: **I was in Grade 10 when I got pregnant. I was condomising but on that day I did not get a chance to use a condom. That was the day I got pregnant. I kept it to myself for a long time; I was afraid to tell my grandmother that I was pregnant. Later, I decided to disclose to her. She became very upset and dismissed me from home. I went to stay with my aunt until I**

delivered. My grandmother demanded to go with me to my boyfriend's home. My boyfriend did not give me any problem; he accepted the pregnancy. The problem was that he also impregnated another girl in the same community. That infuriated my grandmother and she demanded that his family take the child so that they can support the child. I had bad experiences from the family, the church, and the community. Most people confronted me telling me that I had disappointed my grandmother. I also recognized that I had disappointed her.

Another participant, Miss H, reported that her grandmother came to her rescue when her father was on the verge of expelling her from home:

Miss H**: It was not a problem to tell my mother because she knew my boyfriend but it was not easy to tell my father** [about the pregnancy]**. As a result when he heard about it he told me that I did not deserve to be in his house. After that he never said a word; he was not talking to me for two weeks. My pregnancy destroyed my parents' relationship. My mother decided to talk to my grandmother who then approached my father. But still the situation did not return to normal. It became better after the baby was born.**

In practice, not all participants were expelled by their parents. Some decided to move away from their families on their own because they did not know how to disclose the pregnancy to their parents or because they were constantly blamed by their parents. The following extracts illustrate this:

Miss RC: **It was very hard in the beginning and I was afraid to tell my father; in fact I did not know where and how to start. At first I decided to leave home to stay with my aunt. My younger sister told my father that I was pregnant. My father called me back home. He was angry but he accepted [it] and forgave me.**

Miss RB: The most painful part is that I never had a nice life in my family and the situation became worse when I got the baby; my mother kept on cursing me [*engishwabulela*]. **I decided to leave home to stay with my boyfriend and later I felt guilty and decided to go back home.** My mother was still angry; she continued cursing me. However, I did not hate her for that since I knew I was wrong. I understand she was expecting me to complete my matric and be useful [assist financially] at home; she did not expect me to be pregnant before marriage.

Although most participants were allowed to return home after a brief period of expulsion, some reported that the family situation never returned to the state prior to the pregnancy. For some participants, the pregnancy led to a soured relationship between their parents (cf. extracts from Miss H above). In at least one instance, it was reported that the grandchild was treated badly on occasion because the parents had not completely forgiven the participant for falling pregnant outside wedlock. These complicated family dynamics are captured in the following extracts from the focus group interviews:

Miss RB: **Even if I make minor mistakes my mother scolds and reminds me about my pregnancy. She usually tells me that I do not listen [and] that is why I became pregnant [cries].**

Miss RE: It was very painful because I hoped that things will change but . . . things just did not work out. **I had hoped that my boyfriend would . . . pay damages to my mother and I would be like all other girls who had babies before marriage. As a result my relationship with my mother never returned to normal. She is still demanding a large portion of my earnings and I am not earning a lot; I also have my own needs. My mother does a lot of wrong things as a way of revenging against [me]. For example, if she punishes my child she includes me in that punishment, she shouts at me for my child's mistakes. Sometimes she displaces her anger onto my child and beats the child anyhow, we always quarrel about that.**

Traditional Nguni perceptions of pregnancy out of wedlock partly explain the parents' anger following the discovery of their daughter's pregnancy. According to the Nguni and other African groups in Southern Africa, pregnancy outside wedlock brings dishonour not only to the girl in question, but also to her peer group and most importantly, her entire family, including the ancestors (Vilakazi, 1965). It is therefore important for the man's family to initiate negotiations with the affected girl's family in order to cleanse (*-geza*) the girl's peers (*ukugeza izintombi*), her mother (through the *umqhoyiso* beast) and her family (*ukugeza umuzi*, through the *ingezamuzi* beast). This usually takes the form of paying the *inhlawulo* (damages) cattle, as designated by the *isiZulu* names above. Hence, we hear from Ms RE that she "*had hoped that my boyfriend would . . . pay damages to my mother and I would be like all other girls who had babies before marriage*" (emphasis added). The fact that this had not happened appears to have been a source of great distress for this participant.

In traditional Nguni thought, a woman who gets pregnant outside wedlock has no social status, and while the social exclusions imposed against those who fall in this category have lessened as the population has become more urbanized and unwed pregnancy common (Harrison, 2007), it is evident that the stigma associated with out-of-wedlock pregnancy for which *inhlawulo* is not paid, remains.

If the payment of *inhlawulo* is so important for the social standing of the unwed mother and her family, then why do the males involved not pay it? Harrison (2007) notes that, for economic reasons, a number of men are unable to pay the usual *inhlawulo* and or *ilobolo*; this has led to an increase in non-marital unions in the transition to adulthood in South Africa. Likewise, Hunter (2005) writes on the increasing phenomenon of fathers without *amandla*, that is, fathers without the economic and other resources to take responsibility for their children. This, argues Hunter (ibid), is one of the reasons behind denial of paternity by males. The boyfriends of unwed teenage mothers are even more likely to be without *amandla* to pay *inhlawulo*, as they are likely to be scholars themselves (Trad, 1999).

Tensions between adolescent mothers and their parents, their mothers in particular, are well documented in the literature (Buvinic, 1998; Dallas, 2004; Kaplan, 1996; Spear, 2004; Thompson, 1986), and this partly explains the tendency for unmarried pregnant teens to move out of their parents' homes, in anticipation of or in response to their parents' disapproval (Cunningham & Boult, 1996). In a study investigating how adolescent parents and their mothers experience the responsibilities of parenting, Dallas (2004) reported that "almost all of the parents described how the responsibilities of parenting had caused distance in their relationships with their adolescents and some grandmothers felt responsible for causing those changes" (p. 351). These tensions come from a number of sources. In poor families, especially those headed by single parents or grandparents, the parents/grandparents of the pregnant teenager not only have to take responsibility for raising the child, but the pregnant teenager, who is unlikely to complete her own schooling and hence attain some degree of economic independence, also becomes their responsibility (Buvinic, 1998; Dallas, 2004; Furstenberg 1980). This

dynamic also finds support from Kaplan (1996), who wrote that "adult mothers, overwhelmed by their new situations, negatively evaluate their daughters' actions, fearing they would be held responsible for their grandchildren's welfare" (p. 432). This situation is often exacerbated by the paternal family's failure to make adequate or any financial contributions towards the well-being of the child (Dallas, 2004).

The fact that teenage mothers are generally emotionally unprepared to be mothers is likely to compound the tensions between teenage mothers and their parents. As Dallas (2004) notes, the grandmothers may have adjusted themselves to catering for the needs of older children and as a result feel inadequate and unprepared to simultaneously co-parent their grandchildren and children of their own. On the other hand, the adolescent mothers are likely to be expecting their mothers to play the idealized mother role by offering unconditional support and love (Kaplan, 1996). The transition from mother to grandmother could thus be a challenging one for parents, especially if they blame themselves for failing to exert control over their daughters' sexual behaviour (Kaplan, 1996). The tensions between adolescent mothers and their parents, their mothers in particular, should be seen in this context: intervention efforts should be addressed at mending these broken relationships.

4.1.2.2 Social exclusion from the Church's activities

Exclusion from partaking as a full member in the church's activities is associated with the practices of the fundamentalist Protestant congregation and the Roman Catholic Church, which prohibit premarital sex (cf. Gardner, 2002; Greeley *et al.*, 1976; Hargrove, 1983; U.S.A. Catholic Conference, 1977). Church doctrine as well as the Christian sexual ethic uphold that marriage is the only proper context for the expression of sexuality, the primary aim being procreation (USA Catholic Conference, 1977). Those who fail to adhere to these moral standards are discriminated against, and in some instances the discrimination is extended to children born as a result of such liaisons through practices such as the withholding of the Holy Sacrament of Baptism. The following focus group extracts speak to these forms of exclusion.

Miss RB: **I asked for permission to baptize my baby from one of the female church leaders but she refused. She told me that my child couldn't be baptized because I 'rushed adulthood' [i.e. had a baby] when I was still young.** It was fortunate that my boyfriend was also a Catholic; he invited me to his mission to baptize my baby. **That was so painful because I did not understand why she excluded my baby, especially because her teenage girls were also having babies and were not married**. . .. **I decided to stop going to church**. Later, I had a discussion with my boyfriend who advised me to approach my priest, who then accepted me.

Researcher: In other words, you are saying you are still restricted from doing what you want to do as a church member.

Miss RB: **I can say so, because I remember that one day I requested to join a young women's organization but I was told that I need to "think well" before joining and that she [female church leader] did not think I am ready to join a women's organization.**

Researcher: What do you want to see happening in your life?

Miss RB: There is nothing much except that I have a desire to return to the women's organization and to be in a uniform again. I tried to ask about the possibility of returning to the organization but I was not accepted. I spoke to one of the female leaders in the Church. She told me that I had broken the rule of the organization, and I cannot be accepted back to the organization.

Researcher: It seems like you had a hard time. Anyone else with a similar experience?

Miss H: I had to drop out of one of the youth organizations **[cries]. . . . One of the leaders in the women's youth organization reminded me about the organization's rules and told me not to wear the organization's uniform anymore**. She explained to me that I had 'no category'; that I belonged nowhere. I was neither a youth member nor a recognized mother, not even a grandmother.

Conscious of the stigma associated with pregnancy out of wedlock, it was not unusual for some participants to report self-exclusion (cf. Miss RB above). They did not know how to face the Church community, given its attitude towards premarital pregnancy. This finds support in the following focus group extracts:

Miss RAA: **I had a painful experience in the church because I had to stop attending as a youth and as a choir member. It was as if I was no longer young yet I was still young. I was no longer receiving [the holy] sacrament because I was feeling guilty and dirty, I had to sit at the back. I could no longer go for holy pilgrimages particularly because I had to stay with my baby.**

Researcher: How do you feel now? Was it easy for you to adjust to the Church community?

Miss RAA: I feel adjusted now, but **when I first came back** [to the Church] **I was afraid; I often sat on the last row at the church.** As time went on, I gradually became free. Now I am OK.

Researcher: [to another participant] I understand that you said you decided to stay indoors most of the time. Did you go to church [while you were pregnant]?

Miss RC: **No I stopped going to church. I only went to church a month after giving birth.**

Miss H.: For me having sex was not a problem. **I am the only one who goes to church at home but I stopped going to church when I was pregnant because I did not want to be seen by the church community, especially by the women's organization**.

Miss RAA: **I stopped taking sacraments** [Holy Communion]. . . . I went to another church leader who was responsible for girls who got babies out of wedlock. I decided to go for confession before my baby was baptized.

Miss RE: **I stopped receiving the Holy Communion until I went for confession.** My priest gave me punishment; he instructed me to recite prayers. I served that punishment; after that I went for confession every week for the whole month.

As the extracts cited above indicate, the results suggest that the church community members, particularly female leaders, were the main sources of discrimination against pregnant teenagers. As a result, the teenage mothers felt uncomfortable to be among the church community, thus excluding themselves from the Church and its activities. Furthermore, the extracts suggest that perceived stigma and feelings of guilt were expressed by means of self exclusion from receiving the holy sacrament and by the act of confession.

To make sense of these results, it is important first to consider if teenage motherhood in general is a stigmatized condition. The literature on teenage motherhood and stigmatization is somewhat contradictory. Writing with reference to Canada and the United States, Kelly (1997, pp.165-166) notes that:

> [T]he teen mother . . . is hardly without stigma. Indeed, the stereotypes surrounding teenage motherhood are difficult to challenge and dispel because they simultaneously connote so many already-stigmatized, and at times, contradictory, meanings: victimized by abuse or poverty, promiscuous, ignorant, welfare-dependent, childish, neglectful, love-starved, emotionally unbalanced, and so on.

Whitley and Kirmayer (2008), however, reported that in Canada, where the average age of the women at first birth was 28 years in 2003, younger Anglophone Euro-Canadian women who gave birth in their early twenties felt strongly stigmatized, while this did not apply to older Anglophone women nor to Canadian Afro-Carribean women of any age

group. Whitley and Kirmayer (ibid) attribute these findings to the fact that early childbearing tends to be more common in the Carribean subculture. Efforts to understand the stigma and discrimination of teenage motherhood, therefore, should take into consideration the participants' subcultures; their values and norms by means of which they make sense of themselves (their identity) and the world.

In the current study, there is evidence that stigmatization and discrimination, as indicated in the literature (Feldman & Crandall, 2007; Fife & Wright, 2000; Halter, 2003; Susman, 1994), such as being perceived as being deviant, spoiled, undesirable, and being socially isolated from the company of those considered unspoiled and whole, all applied. The participants are considered so spoiled in the eyes of some of their fellow church congregants that they are considered category-less, as aptly illustrated in one of the extracts from an interview with Miss H: "*She* [woman church leader] *explained to me that I had 'no category', that I belonged nowhere. I was neither a youth member nor a recognized mother, not even a grandmother*."

The dimensions of stigma and discrimination discussed by Link and Phelan (2001), such as distinguishing and labeling, associating the distinguishing differences with negative attributes, separating 'us' from 'them', and status loss and discrimination, were all evident in the current study. Clearly, the pregnancy, which cannot be hidden, sets the pregnant teenager apart from other girls who (presumably) adhere to the Christian sexual ethic. The literature on the unacceptability (i.e. the negative aspect) of sex outside wedlock has already been considered. The pregnant teenagers and teenage mothers have to sit on the last row in the church, apart from those who are not pregnant ('us' vs 'them'). They also lose status (they are neither young women nor recognized mothers, not even grandmothers), and have to suffer various forms of exclusion and discrimination (e.g. cannot be part of the youth group and wear the uniform, and are also excluded from taking Holy sacraments). These forms of exclusionary and discriminatory practices are made possible by the power wielded by the church leaders. Link and Phelan (2001) state: "Stigma is entirely dependent on social, economic and political power--it takes power to stigmatize" (p. 375). Stigmatization would not have its intended effect without the power

to apply sanctions as described above (e.g. exclusions from groups and activities which are important to unwed adolescent mothers' sense of self).

It should be noted that not all participants were excluded from participation in the Church's activities: some chose to exclude themselves. For example, Miss H states: *"I stopped going to church when I was pregnant because I did not want to be seen by the church community, especially by the women's organization*." Miss RE also states: "*I stopped receiving the Holy Communion until I went for confession*." These forms of self-exclusionary practices could be accounted for by stigma consciousness, which is the extent to which individuals are conscious of the stigma (Schmalz & Kerstetter, 2006). According to Mosley and Rosenberg (2007), "[t]he term stigma consciousness reflects individual differences – either dispositionally or situationally induced – in the extent to which targets of widespread stereotypes focus on their stereotyped status and believe it pervades their life experience" (p. 86). The term stigma consciousness has been used to explain minority/stereotyped groups' academic underperformance (Mosley & Rosenberg, ibid), children's awareness of gender stereotyping in sports and how this affects their sports choices, among others. For Pinel (2004, cited in Mosley & Rosenberg, 2007), it is the person's *focus* on their stereotyped status, and not awareness of the stereotype per se, that is critical in stigma consciousness. As far as the current study is concerned, it is plausible that the pregnant adolescent mothers were aware of and focused on the possibility that their status would be the focus of the discussion/interaction within the church group, and hence the self-exclusion.

The rejection often experienced by the teenage mothers from their families and from the church institution could most probably lead to these young mothers developing a negative view of themselves and of their life in general (Kushner, 1981; McIntosh *et al.*, 1993; Pargament & Park, 1997). Significant others, such as church members, are best poised to provide support to these young mothers, in order to enable them to cope with and adapt to the stress of mothering (Thompson, 1986; Wandersman *et al.*, 1980). The rejection by members of one's social group, such as church members, may not only lead to the adolescent mothers developing a negative view of themselves; it could also contribute

negatively to the self concept in a self-fulfilling manner, as others have noted (Green *et al.*, 2003; Thompson, 1986).

The church's exclusionary practices directly and indirectly deprive teenage mothers of the potential support mechanisms, which are likely to alleviate their psychological distress. Participating in and attending the church services have a great potential of promoting friendship as well as interaction among the individuals with common values and worldviews. According to Ellison and George (1994) and Krause, Ellison and Wulff (1998), attending church services is also likely to instill feelings of worth, continuity of life and hope which is associated with the promotion of psychological well-being. What is evident from this study, however, is that the church is not always a source of social support, especially for unwed teenage mothers. As indicated previously, one needs to adopt a meaning-centred approach to support that takes cognizance of the values and beliefs of the group concerned (Jacobsen (1987).

4.2 Factors contributing to teenage pregnancy: The perspective of teenage mothers

The results indicate that failure to use contraceptives, fear of violating church rules, peer pressure and gendered power relations are significant factors contributing to teenage pregnancy. The following extracts, depicting the views of various participants in a focus group discussion, point to this.

4.2.1 Failure to use, or inappropriate use of, contraception

Most participants fell pregnant because they did not use contraceptives when engaging in sexual intercourse, fearing that they would be seen by relatives or members of their church communities if they attended family planning. On the other hand, others failed to use contraceptives effectively or had the misconception that pregnancy would not happen to them. This suggests that teenage Christian women are no different from teenagers in general.

Researcher: Were you on contraceptives?

Miss RC: **No I never thought of contraceptives because my aim was to get a baby after marriage and I knew contraceptives were not allowed in the church.**

Miss RE**: We did not have a condom that day. I just thought I won't fall pregnant and I do not know why because I knew that I did not want to have a baby but I did not think about it that day.**

Researcher [To another participant]: Did you think of falling pregnant?

Miss B: **I thought of it but I just continued** [to have sex]. **Now I can see that I was negligent because he left me with the baby**.

Some participants did not have enough information about contraceptives:

Miss RB: **I was a virgin and I often went for a virginity test. I did not have other information about contraceptives except keeping my virginity.**

On the other hand, other teenagers were well-informed about contraceptives but did not want their parents to know that they were using them. This finds evidence in the following extracts:

Miss A: **I knew about contraceptives. I also knew that premarital sex is a sin and the Church prohibits contraceptives. Nevertheless, I secretively used them although I often felt guilty. I heard that if you use contraceptives you gain weight. Also, I did not want my mother to know I was sexually active. As a result I decided to stop [using] contraceptives.**

Miss C: Our relationship was secretive; no one knew about it at home. It was not easy to discuss it with my sister and my mother because they were too strict. **However**, **some of my friends knew that I had a boyfriend but they did not know that I was sexually active because most of them were church members. I did not want them to look at me as an immoral person. I therefore decided not to use contraceptives**.

Miss CO: **No one knew that I had a boyfriend, even my only sister. It was not easy to use birth control as I did not want to be seen by the church community members going to the family planning clinic. In addition my family members are dedicated Christians and my parents are very strict about maintaining the rules of the Church; especially my mother.**

The study results also indicate that, while some participants were aware of alternatives such as abortion, their religious beliefs precluded such options:

Miss RC: **I felt obliged to keep my baby, especially because I am a Christian. I did not think of doing something else such as terminating the pregnancy, for I knew it is murder and is against Christianity. I then told myself that I would deliver my baby.**

Miss RD: **My friends were encouraging me to terminate the pregnancy but I was afraid to terminate because I felt that was more embarrassing than to have the baby;** I did not trust my friends. I also thought they will later disclose that I had an abortion**. . . .** my conscience was against the idea, especially because I was already feeling guilty about premarital pregnancy and it was my first pregnancy. **I thought of my dignity especially in the church community.**

The results of this study are generally consistent with what has been observed in the literature on teenage pregnancy. It has been shown that teenage mothers generally lack information concerning sexuality (Jewkes *et al*., 2001; Shornack & Shornack, 1982; Wood *et al.*, 1998; Zelnick & Kantner, 1978). Even in instances where contraceptives are being used, this group often fails to use them as prescribed (Richter, 1996). Likewise, Wood *et al*. (1998) note that teenagers are prone to default while others discontinue contraceptives altogether, but continue to be sexually active, thus increasing the chances of falling pregnant. Other teenagers believe that contraceptives lead to infertility and obesity (Fort, 1989). Also, there are those who believe that falling pregnant will encourage their boyfriends to marry them (Shornack & Shornack, 1982). As result, they refrain from using contraceptives, hoping that this will 'enrich' their relationships (Fort, 1998). Further, it has been noted in the literature (Boult & Cunningham, 1991; Kau, 1988; Walker, 1995), most teenage mothers do not want their parents and the church community members to know that they are using contraceptives, fearing that this would betray their sexual activities.

In the current study, these factors, generally associated with teenage women, would have been compounded by the participants' awareness of the general Christian ethic that not only advocates abstinence but also upholds the sanctity of human life from the period of

conception: the embryo is thus valued as a human being (Abdel-Aziz, Arch & Al-Taher, 2004). While other Christian religions may take a slightly more liberal view toward sex and marriage, highlighting the maturity of the parties concerned before a sexual relationship could take place, for the Roman Catholic Church, in particular, a sexual relationship should take place only within the context of marriage (Thornton & Camburn, 1989). It is in this context that the Second Vatican Council (Vatican II) prohibits Catholic women from accessing contraception and abortion services. These religious prescriptions, it is shown, weighed heavily on the minds of the study participants, the majority of whom were Roman Catholics.

4.2.2 Peer pressure

Conformity to peers is one of the most often cited factors in adolescent pregnancy and the young Christian women in this sample were no different. The following extracts illustrate this phenomenon.

Miss G. **I was feeling isolated from my friends who were already sexually experienced; some of them already had babies and I often felt excluded during conversations. . . . My friends often discussed their sexual experiences and how enjoyable it is. I was feeling embarrassed because I did not know what to contribute to the topic**.

Miss QU**: Some of my friends were already having babies and were always talking about how nice it is to be loved by their babies. They also said that your boyfriend's family members respect you as a mother of their baby.**

Miss RX: **Some of them were saying a baby can easily secure a relationship and can facilitate the process of marriage.**

Miss F: **I also thought of falling pregnant because I did not want to lose my boyfriend as well since he promised to marry me if I had a baby with him.**

As the extracts cited above indicate, the Christian teenage mothers who participated in the study are not immune from the developmental challenges of adolescence. They too expressed a desire to preserve their social relationships with peers: those who were not

sexually active, felt excluded from social conversations with their peers who were already having babies. This suggests that the desire to be part of a social group is one of the factors contributing to teenage pregnancy. Teenagers who are not sexually active feel isolated when their friends are discussing their sexual and motherhood experiences. As Gordon (1996) has observed, teenagers feel pressurized to have sex or have a baby in order to remain part of the social group. Wood *et al.* (1998) have made a similar observation in relation to teenage pregnancy in South Africa. They write thus:

> The peer context in which the adolescents were situated appeared to reinforce the pressure to engage sexually. Many informants explicitly indicated that sex was a strategy to avoid peer ostracism; as one woman explained, "if you want to belong to that group you ended up doing it, otherwise you become isolated and nobody wants that". . . Strategies of exclusion were said to be practised whereby sexually inexperienced teenagers were sent away during conversations of sexual matters; "when they talk about boyfriends they send you off because you can't make any contribution to the discussion and they fear you will talk about their secrets, they tell you that they won't discuss it in your presence until you experience it yourself. (Wood *et al.*, 1998, p. 236)

The desire to be part of a social group, therefore, should be taken into consideration in pregnancy prevention interventions among adolescent women, even if they are Christians, given that their faith does not necessarily render them immune to the developmental challenges of adolescence. Rosenau (2002) argues that adolescence is an exploratory stage during which teenagers are on their path to find their 'true' self. One of the hallmarks of adolescence is preservation of social relationships with peers, with a hope that this will create a sense of belonging (Shornack & Shornack, 1982). According to Shornack and Shornack (ibid), a "sexually active girl engages in intercourse as signifying a kind of rite of passage in conformity with the expectations of [her] peer group." (p. 537). As Gordon (1996) intimated, belonging to a social group that confers meaning and identity is a perceived benefit for adolescents, compared to pleasing their parents or their religious communities.

The desire to maximize gains and to minimize losses as a factor contributing to teenage pregnancy also finds support in the observation that some teenagers become pregnant because they fear losing their boyfriends. Wood *et al.* (1998) and Jewkes *et al.* (2001) have reported similar findings in their work with black teenage women in South Africa. Some teenagers believe that their boyfriends would marry them should they get pregnant. This finds support in the works of Gordon (1996), Shornack and Shornack (1982) and Olausson, Haglund, Weitoft and Cnattingius (2001), who note that desire to keep boyfriends and to increase financial support (for teenagers from poor socio-economic backgrounds) are all implicated in teenage pregnancy. As mentioned above, teenagers from religious backgrounds are not immune from these dynamics, which necessitates that the church adopts a different strategy to contraception, other than the tried and trusted, but often fallible, abstinence method.

4.2.3 Gendered power relations

Power dynamics play an important role in teenage pregnancy, and this is not surprising, given the endemic gender violence in South Africa (Vogelman & Eagle, 1991). The following extracts support the relationship between gender violence, power and teenage pregnancy:

Miss N: **I was not prepared for sexual intercourse; my boyfriend forced me. I tried to resist but he forced his way.** Although he was not my first boyfriend, I thought he was better than my previous boyfriend who was rough. As a result our relationship did not last. I did not want to keep on changing boyfriends especially because my first and second boyfriends were known by some of my family members. I thought of falling pregnant but I thought for that day it won't happen. I don't know why.

Miss A: **It was not easy to abstain because I was no longer a virgin and I did not want to lose my boyfriend**. Even if I wanted to stop it was not easy because it did not take a long time for me to fall pregnant after stopping contraceptives.

The extracts cited above lend credence to the observation that power dynamics play an important role in teenage pregnancy. In the first extract (Miss N), the participant was

forced by her boyfriend to have sex, while in the second (Miss A), the participant could not refuse her boyfriend sex because "*I was no longer a virgin*." It could be inferred from this extract that since the participant had had sex with others, her power to abstain and yet keep her relationship was significantly compromised. It could be further extrapolated that the boyfriend could reason thus: "*You have had sex with others. Then why not me*?"

The extracts above thus point to a number of dynamics that reduce girls' ability to abstain or negotiate safe sex. Similar power dynamics in teenage pregnancy have been noted by Holland *et al.* (1990). In the South African context, Wood *et al.* (1998) and Jewkes *et al.* (2001) report on the very high prevalence of violence in sexual relationships. They note that violence and force (including assault) were one of the most often cited reasons for initiating sexual activity in a sample of teenage women they interviewed. These are not isolated instances: gender violence in general and the co-occurrence of sex and violence in South Africa have been noted in a number of studies (Vogelman & Eagle, 1991). Unwed teenage pregnancy in church communities should therefore be seen in the context of endemic violence against women in the country.

Summarizing this section, factors contributing to teenage pregnancy have been presented and discussed. These include lack of information and/or misconceptions about fertility, failure to access and/or use contraceptives, fear of violating the rules of one's church group, peer pressure, and gendered power relations. The developmental challenges of adolescence that are faced by all teenagers are not different for Christian teenage women; this necessitates a review of the abstinence-based prevention methods advocated by church groups.

4.3 Sources of social support available to unmarried teenage mothers

The study suggests that teenage pregnancy out of wedlock is often accompanied by painful experiences. However, most teenage mothers who participated in the study acknowledged support from their parents and relatives, who provided financial support and accommodation in particular. The results of the study also highlight that support from

the parish priests was made available through the generally prescribed process of confession and forgiveness. These kinds of support are presented and discussed below.

4.3.1 Financial support from family

Parents and relatives often supported the teenage mothers by offering financial support, the following extracts being among the examples to emerge:

Researcher: Mmm did your boyfriend pay for damages?

Miss RD: He did not do anything for a year. I remember that I went with my mother and other women to my boyfriend's place because my mother wanted to see him. This time, he accepted us. However, he could not pay anything at that time because he was not working and did not have a family; he was staying with relatives**. So my mother who was financially struggling was obliged to buy clothes for the baby. She had to borrow money from our relatives.**

Miss H: It was not a problem with my mother but my main frustration was that my boyfriend did not accept responsibility for the pregnancy. . . . **My mother had to support my baby. I continued with school because we were already writing exams for Grade 11 and the following year I changed schools to continue with Grade 12** [elsewhere]**.**

Miss Nqo: [On hearing that I was pregnant] my mother became dizzy and suddenly fell down [losing consciousness]. I think her blood pressure was elevated. I did not know what to do. I cried but my mother's friend was strong; she was so helpful! . . . After a while she [mother] regained consciousness. I think she was shocked. We continued to talk; she shouted at me and told me that I disappointed her in the community and in the church. I thought my mother would dismiss me out of her house but as time went on her anger subsided. **She** [my mother] **is the one who took care of me**. **She is the one who gave me money to attend the antenatal clinic especially because I started very late to attend the antenatal clinic, on the 6th month and I was very weak. I was told at the clinic that my blood was very weak; so my mother was providing me with the prescribed diet.** My boyfriend was not supportive at that time since we quarreled after telling him that I was pregnant. **My mother had to take over; she was financially supportive**.

As the extracts above indicate, although the parents were disappointed with their children becoming pregnant, often the parents were the ones to come to the rescue of teenage girls by providing financial and material support. The general trend was that, even if expelled from home, the pregnant teens would eventually return to their parents for financial and other forms of support during and after pregnancy. This was also necessitated by the fact that teenage mothers often do not get the financial and emotional support from their

boyfriends. Usually, the boyfriends of teenage mothers are themselves scholars and/or are unemployed and as a result are unable to support their partners (Trad, 1999).

4.3.2 Accommodation

Most of the participants who were interviewed reported that their parents expelled them from home, albeit temporarily in most instances, following the discovery of their pregnancy. In such cases, relatives came to the rescue of these young women by offering them accommodation. The following extracts illustrate this:

Miss RE: **I went to stay with one of my aunts until I delivered**. My boyfriend's family came home to pay damages to my grandmother, after that I was accepted back home.

Miss ZL: I did not know how to tell my mother especially because my stepfather was paying for my studies. . . . **I went to stay with my grandmother because I did not know what to say to my mother**. I thought she would easily notice that I was pregnant. In addition I did not want to be seen by my neighbors and the church community. My grandmother told me that I disappointed her and scolded me. I thought of abortion but I was afraid and I knew it was a sin. I was called back home. I was so embarrassed! My mother told me that I had disappointed her and that I knew she got me before she was married and she was supposed to leave me with my grandmother [when the mother got married], but my stepfather is supporting me. After a year I went back to school. My boyfriend supported my baby and me for a year but he disappeared thereafter [cries].

Miss D: **My eldest sister accommodated me in her house. . . .** I had to do part-time jobs while studying because my parents had deserted me. This was the worst experience I ever had because I had a desire to continue with my matric.

Miss C. **I went to stay with my aunt**. My father did not want to talk to me. I decided to apologize to my mother who then talked to my father [and] I was called back home.

As the extracts above indicate, extended family members were one of the most important sources of social support for teenage mothers. Members of the extended family often provided shelter for pregnant teenagers at a critical time when their parents were angry with them. This provided space for parents to process what had happened and in most cases, they allowed the pregnant teenagers back home after a cooling down period.

4.3.3 Confession and forgiveness by the parish priest

The process of confession as one of the church's intervention methods was reported to have played a significant role in dealing with guilt feelings, as presented in the following extracts from the focus group discussion:

Miss BD: I felt I was a disgrace to the church community and to my family because I had a leadership position in the church as a youth leader and a firstborn in the family. I was therefore considered a role model by the family and by the church. **I decided to go for confession. The priest accepted me and gave me the normal punishment and I felt forgiven by God.**

Researcher: [To another participant] What did the priest say?

Miss RAA: **He told me that if I pray and ask God to forgive me my sins will be forgiven. He permitted me to resume receiving Holy Communion.**

Miss RB: **I never had a bad experience with the priest, he accepted me. I went for confession and he gave me the usual punishment, which made a difference to my guilt feelings.** But my mother did not change her attitude; our relationship is still bitter.

Miss RC: **I went to confess that I got a baby before marriage. The priest gave me the appropriate punishment**. **I felt relieved and accepted by God. I was also able to receive sacrament after confession.**

These extracts suggest that confession played a significant role in restoring the teenage mothers' relationship with God, thus alleviating their feelings of guilt. In the Catholic worldview, through the process of confession and forgiveness, the priest acts as a mediator between the 'fallen' teenager and God (Stark & Bainbridge, 1987), thus helping to restore a sense of meaning and belonging for the teenage mother. Restoration of a sense of meaning may be important for religious people, who, as Propst (1988, cited in Harris, Thoresen, McCullough & Larson, 1999) note, tend to "look at the world through a religious or spiritual schema or use language or metaphor as a cognitive construction of the world" (p. 415). It is this spiritual or religious schema that contributes to feelings of guilt and desire for absolution among participants in the current study.

Very few psychological studies have looked at the therapeutic value of religious confession; research tends to focus on forgiveness interventions in general. For example,

Harris *et al*. (1999) note that helping people forgive those who have wronged them has been the major focus of therapeutic work, with some evidence indicating that forgiveness potentially reduces client anger and hurt. In the current study, however, it is the participants who are seeking forgiveness from God (through the medium of the priest). In the Catholic Church, absolution is dependent on doing penance, such as reciting certain prayers (often referred to as the 'usual punishment' by participants in this study).

Jung (1933), who drew parallels between unconditional acceptance by the priest during confession and the psychologically-trained counsellor's unconditional positive regard, thought the power of religious confession lies in its ability to enable us to rejoin the human community, thus freeing us from social and moral isolation. Similarly, Hymer (1995) argues that "religious confession helps us to overcome estrangement" (p. 42); confession "joins us to the larger community and strengthens us in what we are as individuals (Hymer, ibid, p. 44). The psychological functions identified by Murray-Swank, McConnell and Pargament (2007) are similar to those identified by Jung and Hymer, as indicated above. According to Murray-Swank *et al*. (2007), religious confession reduces guilt and shame, bringing about social connection, meaning and coherence to the person's life. All these psychological dimensions are evident in the current study. For example, Miss BD, who "*felt I was a disgrace to the church and to my family*", felt "*forgiven by God*" after confession and penance. Many participants refer to reduced feelings of guilt (e.g. Miss RB) and feeling free to receive the Holy Communion (re-connection with the religious community) after confession.

4.3.4 Support from the boyfriend and his family

Instrumental and emotional support from the boyfriend and his family alleviated some of the stress experienced by the teenage mothers, leading to positive feelings. The following extracts illustrate this.

Miss A**:** My boyfriend accepted the pregnancy. His parents negotiated with my parents before the pregnancy was noticed, although [my parents] were not happy about it because I was still at school and I had to leave school. However, it [the fact that he accepted responsibility for the pregnancy]

decreased stress.

Despite the parents being disappointed with the pregnancy, the fact that the boy's family undertook the traditional payment of damages alleviated the stress on the adolescent mothers-to-be. Payment of damages also played an important role in restoring the relationship between teenage mothers and their parents, as indicated by the following extracts:

Miss RE**:** I went to stay with one of my aunts until I delivered. **My boyfriend's family came home to pay damages to my grandmother, after that I was accepted back home**.

Researcher: In other words payment of damages brought you back home.

Miss RE: **Yes because my grandmother would not have accepted me, although the situation between us was still tense when I came back. As time went on our relationship improved.** But my relationship with my boyfriend did not last; we separated.

The results indicate that payment of damages is likely to play an important role in restoring the relationship between teenage mothers and their parents or family. Payment of damages indicates that the boyfriend and his family accept the responsibility for the pregnancy. Culturally, it also serves as a process by means of which the girl and her family are ritually cleansed, as premarital pregnancy dishonors not only the girl but also her entire family. The girls for whom damages were paid reported that their dignity and sense of worth were restored. Girls for whom damages were not paid tended to have a difficult relationship with their parents, which situation compounded the girls' stress. This situation indicates that payment of damages to the pregnant girl's family is one of the significant support mechanisms.

This finds resonance with the general literature on teenage pregnancy and support from boyfriend. Thompson (1986) argues that "support from an intimate other … fulfills the need for connectedness which affirms one's identity, provides a sense of security, and communicates attachment. Moreover, support from a male has a cultural meaning in connection with the child." (p. 1018) In the context of the current study participants, all of whom were *isiZulu*-speakers, it could be argued that father support through payment of damages not only restores the dignity of the family that has been wronged; it also

establishes a social identity for the child by connecting him/her with his or her father's people. This connection is not possible without *inhlawulo*.

4.4 Suggested interventions

Most teenage mothers who participated in this study suggested a need for possible intervention mechanisms that could promote their well-being. Most of them raised concerns about the fact that the church focuses on church doctrine and advocates abstinence. They highlighted a need for implementing programs that will promote the psychological well-being of young people. This included providing young people with information, including sex education, and promoting communication with their parents.

4.4.1 Sex education programs and information

Miss A: To me it seems as though the church is more concerned about its rules, such as abstinence [from sex]**. I think there is a need for church programs to be useful to young people before and after pregnancy as this might promote our well-being as young people**. . . . **The church only tells us that premarital sex and premarital pregnancy is a sin but it does not give us tips to avoid it** [apart from abstinence].

Miss Q. **If the church community - parents in particular - can be able to understand young people's problems and be able to discuss facts about fertility, conception and contraception, things could improve.**

The results of the study suggest that the church could have a positive impact on the teenage mothers' lives through equipping them with life skills, such as problem solving skills (Pargament *et al.*, 1988). This would assist them to deal effectively with possible life problems that are likely to affect their well-being, such as unplanned pregnancy. The results also suggest a need to provide teenage mothers with the opportunity to develop a support network among their peers. In addition, teenage mothers highlighted the importance of sex education programs and life skills training.

The participants acknowledged that the church doctrine and its emphasis on abstinence are inadequate for the challenges of the modern youth. However, it was clear from the participants that there is a significant need for implementing prevention programmes that will promote adolescents' well-being. The study therefore highlighted the importance of encouraging a holistic approach in the church when dealing with teenage pregnancy, as faith-based abstinence-only programmes have been shown to be inadequate in preventing unwanted teenage pregnancy (Marx & Hopper, 2005; Roosa & Christopher, 1990). Marx and Hopper (ibid) are highly critical of abstinence-only programmes, contending that the "emphasis on abstinence-only-until-marriage education exists without reliable scientific evidence to support it" (p. 281). The authors argue that studies purporting to show evidence in favour of abstinence-only methods are generally methodologically unsound, often relying on non-experimental data (i.e. without a control group) and using attitudes towards sex, rather than actual sexual behaviour, as the outcome variable.

Roosa and Christopher (1990) also criticize the abstinence-only approach for failing to provide alternative pregnancy prevention methods even to adolescents who are sexually active, a situation that seems to have prevailed with participants in the current study. Abstinence-based approaches, contend Roosa and Christopher (1990), err in putting abstinence above the ultimate goal of preventing unwanted teenage pregnancy. Using a quasi-experimental, pre-test post-test control group design, in which participants were assigned to an intervention (abstinence education) and a control group, Roosa and Christopher (1990) found no evidence that abstinence education was effective in reducing teenage pregnancy after a two year period. The authors conclude that "there is no scientifically credible information to suggest that any of the abstinence-only programmes have successfully reduced teenage pregnancy rates" (p. 366).

Consistent with the current study findings, Roosa and Christopher (1990) conclude that "future prevention programs should be based on what is known about factors that influence adolescent sexual decision-making" (p. 367) such as peer pressure. Christian religions need to help teenage girls by supporting and equipping them with techniques to deal with the developmental challenges of growing up, unwed teenage pregnancy being

one of them. To avoid pregnancy, it is important for the church to establish programmes that will mobilise parents to talk with their children openly about sex. This theme is taken up below.

4.4.2 Restoring and improving relationships with parents

The current study indicates that teenage pregnancy is a complex and disturbing situation to the teenage mother and her family. It is clear that unwed teenage pregnancy often jeopardises the relationship between parents and the pregnant teens (Dallas, 2004). As a result, some of the participants were concerned about restoring their relationship with their parents. They suggested projects to facilitate communication with parents. These projects should also enable parents to be open about sexual issues when talking to their adolescents and to talk about real life challenges with their adolescents.

> Miss RD: I am not sure but I think my main problem at present is to improve my relationship with my mother. **If the church can do something about improving communication with our parents, I would be happy because I have a friend who is also having a problem with her mother**. . . It was so overwhelming because I became pregnant with my first sexual intercourse. My mother never understood me. **I do not know who can help me. I wish something could be done for my mother to forgive me.**

This extract confirms that premarital pregnancy often leads to a relationship breakdown between the parents and the pregnant teens. Thus, participants felt that something needs to be done to open channels of communication between them and their parents.

4.4.3 Understanding adolescence

The study participants were of the view that the church community needs to understand that teenage Christians are not spared the challenges associated with growing up - challenges such as peer pressure and influences from the media. This observation is also noted by Bruce and Cockreham (2004) and Rosenau (2002). As the current study has shown, unwed teenage pregnancy in church communities could be accounted for by

factors such as conflict and confusion between the teachings of the Church and adolescents' sexual maturation processes. This is aptly captured in the following extract:

> Miss N: We as young people, we are experiencing conflict between the teachings of the Church, the rules or doctrines of the Church and real life experience. I mean there are lots of challenges which we are faced with. **I think the Church does not understand our challenges as young people. We are told about abstinence yet it is not always easy to do so if you are in a relationship and having friends who are sexually active.**

From the participants' view, it appeared that the problem of teenage pregnancy is not contextualized. This suggests that there is a compelling need for the Church to develop ways of understanding that young people are confronted with challenges from different angles. This includes pressure from peers and the media. The problem of teenage pregnancy should be examined in relation to its context: Teenage mothers feel that emphasising the church doctrines without understanding teenagers' experiential circumstances does not help them to deal with their multiple problems, especially those that resulted from pregnancy. This suggests that church community members need to be aware of and sensitive to the myriad of factors contributing to teenage pregnancy.

4.5 Results: Concluding remarks

As discussed above, unwed Christian teenagers who become pregnant before marriage experience a range of psychosocial consequences such as depression, loss of self-esteem, social exclusion and guilt. A number of factors contributing to teenage pregnancy, such as lack of information and power dynamics between the sexes, were discussed. It was argued that, in the absence of empirical evidence in support of the abstinence-only method, church communities should consider the social and cultural context of teenage pregnancy and incorporate other methods into their prevention plans. This would be in line with the respect for human dignity espoused in the scriptures. The results were discussed in relation to literature, the primary theoretical conceptualization being stigmatization and stigma consciousness. Conclusions and recommendations are presented in the next chapter.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

The purpose of the study was to explore the psychological, social and emotional experiences of unmarried teenage mothers in the faith community, particularly within the Roman Catholic Church. Further, the study sought to understand social and other factors contributing to teenage pregnancy in church communities, as seen from the perspective of adolescent mothers. The sources of social support for unwed teenage mothers in church communities were explored, as were the intervention strategies that could potentially promote the wellbeing of unwed mothers in such communities.

Given that the study was interested in the lived experiences of unwed teenage mothers in church communities, a qualitative research design was employed. The study design was informed by Maxwell's (1992, 1996) model. A semi-structured interview schedule was developed, and data were collected by means of interviews and focus group discussions. The participants were members of the Roman Catholic Church; they were drawn from two parishes in different geographical areas. Data were analysed thematically using the constant comparison method (Dyer *et al*., 2000).

In particular, the study addressed the following research questions:

1) What are the psycho-social and emotional experiences of unmarried teenage mothers in faith communities?
2) What are the social and other factors contributing to unwed teenage motherhood in faith communities, from the perspective of unwed teenage mothers themselves?
3) What are the sources of social support for unwed teenage mothers in faith communities?
4) What are the intervention strategies that could be used to promote the psycho-social and emotional well-being on unwed teenage mothers in faith communities, from the teenage mothers' perspective?

5.1 Summary of results

The study found that the participants experienced a range of psycho-emotional problems, such as depressive symptomatology, social withdrawal, frustration, guilt and betrayal by their former boyfriends. Exclusion from full participation in church activities, as well as expulsion from home, was common. Contrary to the church community being a source of social support to these adolescent mothers, as would be hypothesized from the literature (Ellison & George, 1994; Williams *et al*., 1991), the participants felt stigmatized by the Church's exclusionary practices instead. It was argued that a meaning-based approach to social support (Gergen & Gergen, 1983; Jacobsen, 1987) explains the position adopted by fellow members of the Church community towards unwed teenage mothers. Having violated the Christian sexual ethic, the unwed mothers do not qualify for the support usually made available to fellow church congregants. It was argued that the stigmatization of unwed teenage mothers could contribute negatively to their self-worth, given that church membership is likely to be an important part of their identity (Pargament & Park, 1997).

The social factors contributing to teenage pregnancy were no different for this sample of adolescent mothers. Among these were peer pressure, failure to use contraceptives, and gendered power relations. The results confirm that adolescence presents with a unique set of challenges and these are not different for teenage mothers in faith communities. If anything, the expectation that teenage women in faith communities should be sexually naïve is likely to put them at risk, given the sexual violence against women that is endemic in South Africa (Vogelman & Eagle, 1999).

As far as the sources of social support to teenage mothers are concerned, despite the oft-cited tensions between parents and their daughters, parents and relatives remained the most common source of support. Parents and extended family members provided instrumental (financial and material) support, as most participants were unable to support their babies, their boyfriends having deserted them. Also, those participants who had culturally-appropriate damages (*inhlawulo*) paid felt supported by their boyfriends and

their families; their dignity and sense of worth was restored. Further, re-acceptance into the Church after confession was felt to be personally supportive by some participants: it was argued that confession allows the "fallen" believer to re-join the community of other believers. A better understanding of the challenges of adolescence, sex education and enhancing communication with parents were cited as the necessary interventions.

5.2 Recommendations for practice and further research

As far as practice is concerned, it is evident that the abstinence-based methods are not adequate to prevent unwed teenage pregnancy in faith communities. In this the post-modern era, adolescents are exposed to a number of messages from the media: many of these messages promote casual sexual engagement. It is therefore important for church communities to adopt constructive sex education strategies in their attempt to deal with the problem of unwed teenage pregnancy. Adolescents need to be educated about their bodies, and channels of communication between teenagers and their parents also need to be opened. In the absence of such communication, friends remain the only source of information (Jewkes *et al*., 2001). Simply advising young women to keep their chastity till marriage is not enough, given the sexual violence endemic in South African society. Rather, adolescents need to be equipped with problem solving skills to deal with peer pressure and other factors that contribute to teenage pregnancy.

The results of the current study indicate that counsellors and other professional helpers would benefit from the inclusion of religion as one of the cultural dimensions in their professional training. Despite the fact that religion remains one of the most important sources of identity and meaning making for most people and the literature on the relationship between religion and coping notwithstanding (Pargament, 1990; 1997; Pargament & Park, 1997; Pargament *et al*., 1998), counsellors are often not adequately trained to deal with religious dynamics in the counseling process.

A number of issues need further investigation. One of these has to do with the relationship between church doctrines and tradition (African tradition). For example,

while some church groups distance themselves from cultural practices (e.g. *inhlawulo*), it was evident in the current study that the social exclusion of unwed teenage mothers was justified in terms of the policies of the Church (the Christian sexual ethic) as well as traditional African (Zulu) practices, which consider out-of-wedlock pregnancy as dishonour to the pregnant girl and her family alike. A further investigation into the dynamics between unwed teenage pregnancy, cultural beliefs and religious participation could shed more insight into this issue. Theoretical models to account for the dynamics linking religious participation, unwed pregnancy and cultural practices in different religious communities could emerge as a result. A comparative study looking at how out-of-wedlock teenage pregnancy is considered in various religious denominations could also be useful, as are longitudinal investigations into the long-term impact of stigmatization on unwed teenage mothers and possibly their children.

5.3 Limitations of the study

The current study has a number of limitations. Like most qualitative studies, its generalizability is limited by the fact that a few participants were sampled in only two congregations. Further, participants were members of the Roman Catholic Church and they were all Black Africans. Thus, the study did not cover a wide range of unwed teenage mothers in different denominations, nor did it consider teenage mothers of different races. The results indicate that cultural dynamics, such as the payment of *inhlawulo* (damages), mitigate the experience of unwed teenage pregnancy, even in church communities. It would thus be informative to investigate the experiences of unwed teenage mothers of various cultural groups and in different congregations. As far as sampling is concerned, maximum variation (Miles & Huberman, 1994) to include the perspectives of the elders and church leaders would have been useful; the leaders are the ones who have the power to implement recommendations that are outlined above.

Another limitation has to do with the fact that the current study did not attempt to assess the nature and degree of stigmatization experienced by the participants. It has, however, been shown that stigma is a multi-dimensional construct involving a sense of isolation,

internalized shame, social rejection and financial insecurity (Fife & Wright, 2000). While all these dimensions were evident in the current study, the mechanisms by which they operated on the self-esteem of the unwed teenage mothers were not evident. The study could thus have benefited from an assessment of the dimensions of stigma at play, with a view to understanding how these dimensions operated on participants' self-esteem. This would require empirical assessment of the dimensions of stigma and a measure of self-esteem. This was however beyond the scope of this study, which was meant to assess the experiential reality of the participants.

Given its qualitative nature, the current study did not take into account the ages of the children of the participants at the time of the interview. In other words, the time that had elapsed since the birth of the child was not taken into consideration. It is thus possible that the issues discussed by the participants would be nuanced differently, depending on the amount of time they have had to process them. Further, socio-economic status was not assessed. While it could be assumed that participants did not differ much on this variable as they came from the same locale, it is possible that the range of supportive resources available to the participants is different. This would require a quantitative investigation in which socio-economic status is assessed.

5.4 Concluding comments

The current study investigated the experiences of unwed teenage mothers in faith communities, the Roman Catholic Church in particular. It was found that unwed teenage pregnancy is a stigmatized condition; stigmatization is made worse by cultural practices which denounce out-of-wedlock pregnancy, especially if the *inhlawulo* is not paid. It is however evident that the Christian sexual ethic is inadequate in the post-modern era: many young girls in faith communities do get pregnant out of wedlock. The study concludes with recommendations for further research and practice: these include sex education and open communication about sexuality between parents and their children.

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APPENDIX A: INFORMED CONSENT FORM

I am currently completing my Masters degree at the University of KwaZulu-Natal. My studies require me to study one topic in detail by asking for the views of the people who are directly affected by that particular topic. That is called research, which is an attempt to find answers to a research problem.

In this study, I will be exploring the experiences of unwed teenage mothers in church communities. I will do this by asking you to tell me your own story of being an unwed teenage mother within the church community. This will be followed by some questions to clarify what you have said. This will be done within the context of the group of about 8-10 people who have similar experiences to yours. Confidentiality will be established as a norm at the beginning of these group discussions. However, you will also be interviewed individually to clarify some of the issues raised within the context of the group, or to follow up on those issues that are best discussed individually. The interviews will be audio-recorded, and the tapes will be accessed only by me and the supervisor.

You are free to choose to participate or not to participate in this study. That is, participation is voluntary. Once you have agreed, if you do so, I will take your phone details and I will then make arrangements for you to attend a group interview. However, should you choose not to participate, that is also OK. There are no penalties for not taking part in this study. Even if you do participate, you remain free to withdraw at any stage, even before the study is finished. Your decision to do so will be respected and there will be no negative consequences to you.

During the course of the study, it is possible that others' discussions could evoke painful memories of your own experiences. The researcher will be alert to this; however, please alert the researcher should you feel uncomfortable about what is being discussed. Arrangements have been made for you to see a professional counsellor, should this be necessary. The study could be beneficial in that it could inform program intervention as well as structures to assist unwed young mothers in church communities.

The outcome of this study will be published in a form of a mini-booklet that will be submitted for examination at the University. It is also possible that the findings will be published in a conference or a journal. However, you will always remain anonymous: only the summary of the findings will be given. All identifying data will be removed from the results.

Should you have questions about this study now or at any stage during the conduct of the study, please feel free to contact me at: 072 2159377. . Alternatively, you can contact the School of Psychology at the University of KwaZulu-Natal at this number, 033-2605853, and ask for my supervisor, Ms Vivien O'Neill.

If you would like to participate in the study as explained, please sign the form below:

Yours sincerely

Bongi Ngcobo

I ..... (Name and surname) voluntarily agree to participate in the study that explores unwed teenage mothers' experiences within the Church. I have been told about my rights to terminate participation at any point, should I wish to do so. The possible negative outcomes that may result from the study have been fully explained. The researcher has undertaken to assist by referring me to appropriate counselling agencies, in the event of counselling being necessary.

_____ _____

SIGNATURE Date

_____

I also agree to the recording of the sessions:

_____ _____

SIGNATURE Date

_____

Ikhasi eliqinisekisa ukuvuma ukubamba iqhaza ngokukhululekile: IsiZulu

Njengamanje ngenza izifundo ze Masters enyuvesi yakwaZulu-Natali. Njengengxenye yalezi zifundo, kudingeka ngenze ucwaningo oluncane mayelana nodaba oluthile, lokhu kusho ukuthi kumele ngithole imibono yalabo abathintekayo kulolodaba. Lokhu kubizwa ngokuthi ucwaningo: kuyindlela yokuthola izimpendulo mayelana nesihloko esithile.

Kulolucwaningo, ngizobe ngibhekisisa isimo sabesifazane abasebancane abazithola sebengomama abangashadile ebandleni. Lokhu ngizokwenza ngokuthi ngicele ukuba bangitshele udatshana ngokuba umama omncane futhi ongashadile ebandleni, bese ngilandelisa ngemibuzo yokubonisana. Lokhu sizokwenza eqenjini elinabantu abangu 8-10 abasesimweni esifanayo nesakho. Kuzoqinisekiwa ukuthi bonke bayayilandela imigomo yokugcina esikuxoxayo kuyimfihlo. Sizobe sesilandelisa ngemibuzo kumuntu ngayedwana, ukuze sibonisane ngalezo zinto okungelula ukuxoxa ngazo phakathi kwabantu. Izingxoxo zizoqoshwa, kodwa umphathi wezifundo zami kanye nami kuphela esizobheka lokhu okuqoshiwe.

Ukhululekile ukuthi ubambe iqhaza kulolucwaningo, noma ungalibambi: konke kukuwe. Ukubamba iqhaza kukhululekile; akunampoqo. Uma uvuma ukubamba iqhaza, ngizothatha imininingwane yakho yocingo ukuze ngikufonele ngikwazise ukuthi iqembu lizohlangana nini. Ngokunjalo, uma ungalibambi iqhaza kulolucwaningo, nalokho kusalungile. Ngeke kube khona sijeziso uma ukhetha ukungalibambi iqhaza. Noma ungakhetha ukubamba iqhaza, usavumelekile ukuhoxa noma nini, ngisho noma ucwaningo seluqalile futhi lungakapheli. Isinqumo sakho sokuhoxa siyohlonishwa, futhi ngeke lokhu kube nomthelela omubi kuwe.

Kunokwenzeka ukuthi ngesikhathi abanye bexoxa ngesimo sabo, kuvuseleleke nezilonda ezindala emphefumulweni wakho. Uncwaningi uzohlale ekubhekile lokhu: uyacelwa ukuthi uma ungasazizwa kahle ngenxa yezinto ezixoxwayo, ubikele umcwaningi. Yena-ke usehlelile ukuthi uxoxisane nabaluleki abaqeqeshiwe ngalokhu, uma kunesidingo. Ucwaningo lungaba usizo ukuthi kwakheke izinhlelo nezinhlaka zokusiza abesifazane abasebancane abazithola bengomama bengashadile emabandleni.

Umphumela wocwaningo uzokhiqiza ibhukwana elizokwethulwa kwi Nyuvesi ukuze kubonakale ukuthi mina njengomfundi kumele ngiphumelele yini ezifundweni zami. Kunokwenzeka futhi ukuthi umphumela wethulwe engqungqutheleni yokubonisana ngolwazi, noma ukhishwe kumabhukwana asabalalisa ulwazi. Uma lokhu kwenzeka, igama lakho nesiqu sakho kohlale kuyimfihlo: konke okukubalulayo siqu sakho kuzokhishwa, kusale kuphela imibono edidiyelwe neyabanye, engabaluli umuntu ngamunye.

Uma ngabe unemibuzo ngalolucwaningo, manje noma nini ngesikhathi lwenziwa, khululeka ukuthi ungithinte kulenombolo: 072 215 9377. Noma uthintane nesiKole se Sayikholoji, kulenombolo, 033 260 5853, bese ucela umphathi wami kulolucwaningo, u

Nkosikazi Viv O'Neill.

Uma ngabe uthanda ukuzibandakanya nalolucwaningo, njengoba sengichazile, ngiyacela usayinde lelikhasi elilandelayo.

Ngiyabonga

Bongi Ngcobo.

Mina ..... (igama nesibongo) ngibamba iqhaza kulolucwaningo olumayelana nesimo sabesifazane abasebancane abakhulelwa bengashadile esontweni, ngokukhululekile. Ngitsheliwe ngamalungelo ami, futhi ngiyazi ukuthi ngingahoxa noma nini uma ngithanda ukwenze njalo. Ngazisiwe ngokugcwele ngobungozi obungase buhambisane nalolucwaningo. Umcwaningi ungazisile ukuthi uzongisiza ngixhumane nabaluleki abaqeqeshiwe uma kunesidingo.

_____ _____

Sayinda Usuku

_____

Indawo

Ngiyavuma futhi ukuthi inkulumo yami iqoshwe:

_____ _____

Sayinda Usuku

_____

Indawo

APPENDIX B: INTERVIEW SCHEDULE

Introduction

Thank you for agreeing to take part in this interview. As I mentioned previously, we are going to talk about how young unmarried women experience pregnancy in church communities. Officially, premarital sex and becoming a mother outside wedlock are not allowed in the church. However, it sometimes happens that one becomes pregnant, even though this is prohibited. I want us to talk about your experience of being pregnant and becoming an unmarried teenage mother within the church. Could you please begin by telling me your story, how you experienced pregnancy and unwed motherhood within your church community:

Guiding Questions

Let us discuss and share the following experiences:

1. Sexual behavior before pregnancy (e.g. contraception and sexuality: How did you become sexually active? When you were sexually active were you using contraceptives? Why/why not?)
2. Discovery of pregnancy: Tell me how you discovered that you were pregnant? What were you fears and anxieties when you discovered you were pregnant?
3. What did the pregnancy mean to you, as a member of the church community?
4. What options did you consider when you discovered that you were pregnant?
5. In what ways did your membership in the church community influence your decisions?
6. Others' reaction to the pregnancy: Explore the reactions of family; members of the church community, and important others.
7. Experience of giving birth and first three months thereafter: what was the situation like before and after giving birth to your child? What were your thoughts and feelings about the situation in which you found yourself?
8. Explore experiences in the church, school and community: who came to your support (e.g. friends, family members, boyfriend, etc). Who was there for you?
9. Are there particular challenges you experienced along the way, be it with your boyfriend, your family or the church community? Could you tell me more about these challenges?
10. What are the support mechanisms available to unwed teenage mothers in church communities? Say, from the family, your community and the church itself? What made the situation better for you?
11. In your view, what contributes to unwed teenage pregnancy? What factors contribute to young unmarried girls in church communities getting pregnant?
12. What, in your view, should be done to prevent unwed teenage pregnancy in the church community but also to help those girls who do get pregnant?
13. Is there anything else you would like to say?

Imibuzo ngolimi lwesiZulu

Ngiyabonga ukuthi uvume ukuba yingxenye yalolucwaningo. Njengoba bese ngishilo, sizoxoxa ngokuthi abesifazane abasebancane abakholwayo babhekana kanjani nesimo sokukhulelwa bengashadile ebandleni. Ngokomthetho webandla, ukuya ocansini nokuthola umntwana ungashadile akuvunyelwe. Noma kunjalo, kuyenzeka abanye bakhulelwe. Ngicela sixoxe ngesimo owazithola usukuso, sokukhulelwa ungowesifazane osemncane ungashadile ebandleni. Ngicela ungixoxele nje udaba lwakho, ukuthi ukukhulelwa ngaphansi kwalesisimo kwakuphatha kanjani nokuthi wabhekana kanjani nakho.

Imibuzo engalandeliswa:

Ngicela sishiyelane imibono ngalokhu okulandelayo:

1. Isimo sokuziphatha ngokocansi ngaphambi kokukhulelwa (e.g. ukugwema ukukhulelwa, uku-priventa; waqala kanjani ukuzibandakanya kwezocansi? Ngesikhathi uqala ukuzibandakanya kwezocansi, ngabe wawusebenzisa yini izindlela zokugwema ukukhulelwa? Kungani?/Yini wawungazisebenzisi?
2. Ukuthola ukuthi usukhulelwe: Ngicela ungixoxele ukuthi wathola kanjani ukuthi sewukhulelwe? Ngabe kukhona yini owawunovalo ngako noma ukwesaba ngesikhathi ufumana ukuthi sewukhulelwe?
3. Ukukhulelwa lokhu ngabe kwabe kuchazani kuwe njengomuntu okholwayo?
4. Ngesikathi uthola ukuthi sewukhulelwe, yiziphi izindlela noma izinqumo ezazivulelekile kuwe ukuthi ungazithatha mayelana nesimo sakho?
5. Ngabe ukuba yilungu lomphakathi okholiwe kwaba namthelela muni kulezizinqumo zakho?
6. Abanye bakubona kanjani ukukhulelwa kwakho: Bheka imibono nendlela yokwenza yomndeni, amalungu ebandla, nabanye ababalulekile.
7. Ukubeletha: isimo ngesikhathi ubeletha kuze kube izinyanga ezintathu emva kokubeletha: Isimo sabe sinjani ngaphambi kokubeletha nasemva ubelethile? Ngabe imiphi imizwa nemicabango owabe unayo ngesimo owazifumana ukuso?
8. Buzisisa ngesimo esontweni, esikoleni, nasemphakathini: ubani owakulekelela (support) (e.g. abangani, umndeni, isoka/boyfriend)
9. Ngabe zikhona izingqinamba owahlangabezana nazo, hleze nesoka lakho, emndenini kanye nasesontweni? Ngicela ungitshele kabanzi ngalezizingqinamba.
10. Ngabe iziphi izinhlaka zosizo ezikhona ezivuleleke kubantu besifazane abasebancane abakhulelwayo bengashadile ebandleni? Ake sibheke emndenini, esontweni kanye nasemphakathini? Yini eyenza isimo saba ngcono kuwe?
11. Ngokubona kwakho, yini noma iziphi izimo eziba negalelo ukuthi abesifazane abasebancane abangashadile bakhulelwe? Ngabe iziphi izimo ezinomthelela ukuthi abesifazane abasebancane ebandleni bakhulelwe bengashadile?
12. Ngokubona kwakho, yini okumele yenziwe ukugwema ukuthi abesifazane abangashadile abancane bakhulelwe ebandleni? Yini engenziwa ukusiza labo asebevele bekhulelwe?

13. Ngabe kukhona okunye ongathanda ukukusho?

Ngiyabonga