



# **Challenges and coping mechanisms of parents of teenage mothers in a Pregnancy Crisis Centre, Mpumalanga province, South Africa: an exploratory-descriptive study**

**by**

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## **Abstract**

Teenage pregnancy is a social problem that has been affecting South Africa and many other countries across the world. Teenage pregnancy has long been viewed as affecting both the teenager and their family. Besides the effects on the teenagers themselves, parents of teenage mothers also face multiple and related challenges that are associated with the pregnancy of their teenage daughters and the child-rearing of their grandchildren. However, there is a research gap on the subject of parents of teenage mothers, their unique challenges and coping strategies are not well documented in social work research. This study aimed to explore and describe the challenges and coping mechanisms of parents of teenage mothers. The study adopted a qualitative approach and an interpretivist paradigm, where the participants were selected using a non-probability purposive sampling technique. Due to data saturation, the study reached ten (10) research participants who had accessed the services of Zoe Pregnancy Crisis Centre. Thematic data analysis was used to analyse the qualitative data collected from semi-structured interviews which were conducted individually and face-to-face. The study results show that the causes of teenage pregnancies are diverse. Participants stated that teenage pregnancy is caused by television and social media influence; lack of parental guidance and involvement; poverty; lack of sex education; peer pressure and sexual exploitation. In relation to challenges faced by parents of teenage mothers, the study revealed that they often-experienced financial challenges; family conflicts; stigma and discrimination; and psychological distress. The parents were coping through the use of social support and problem-solving skills. The findings of the study indicated the need to extend support to parents of teenage mothers to minimise the effects of the challenges they face owing to teenage pregnancies. The study contributed to the existing body of knowledge by exploring and describing the challenges faced by and coping mechanisms utilised by parents of teenage mothers. The study has policy implications. The study showed the causes of teenage pregnancies which policymakers should aim to address in order to reduce the prevalence of teenage pregnancies.

### **Declaration**

I, Vimbai Manyawu, hereby confirm and declare that this dissertation is my original work. All references to the work of others have been appropriately acknowledged. This work has been carried out exclusively by me under the supervision of Mr Bongane Morris Mzinyane.

I also declare that:

(i) This dissertation has not previously been submitted to any other University for any degree or examination purposes.

(ii) This dissertation does not hold another person's data or other information unless precisely acknowledged as being sourced from other research.

Signature: \_\_\_\_\_

DATE: 18 July 2023

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APPROVAL OF SUPERVISOR

\_\_\_\_\_

Mr Bongane Morris Mzinyane

## **Dedication**

This dissertation is dedicated to every individual who has supported me in putting this work together. I thank you all for believing and instilling perseverance in me.

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- My sincere thanks to Zoe Pregnancy Crisis Centre for giving me an opportunity to collect my data and allow them to share their knowledge and experiences of the phenomenon under study.
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## **List of Acronyms**

African Charter on the Rights and Welfare of the Child	ACRWC
Acquired Immunodeficiency Syndrome	AIDS
Chief Albert Luthuli Municipality:	CAL
Human Immunodeficiency Virus	HIV
Sexual and Reproductive Health	SRH
Sexually Transmitted Diseases	STD
South Africa	SA
Television	TV
United Nations	UN
UN Convention on the Rights of the Child	UNCRC
United Nations Children's Fund	UNICEF
United States of America	USA
Zoe Pregnancy Crisis Centre	ZPCC

## **List of Appendices**

Appendix A- Ethical Clearance Letter

Appendix B- Informed Consent Letter

- Informed Consent Letter (Zulu version)

Appendix C- Interview Schedule

- Interview Schedule (Zulu version)

Appendix D- Gatekeeper Letters

Appendix E- Turnitin Plagiarism Report

## **List of tables**

Table 4.1: Socio-demographic characteristics .....	47
Table 4.2 Schematic derivation of themes.....	49



## Table of Contents

Abstract.....	ii
Declaration .....	iii
Dedication.....	iv
Acknowledgements.....	v
List of Acronyms .....	vi
List of Appendices.....	vii
List of tables .....	viii
Chapter One: Introduction.....	1
1.1 Introduction.....	1
1.2 Motivation and Rationale.....	1
1.3 Contextual background of the study.....	3
1.4 Problem Statement .....	4
1.5 Aim, Objectives and Questions of the Study.....	5
1.5.1 Main aim .....	5
1.5.2 Objectives.....	5
1.5.3 Research Questions .....	5
1.5.4 Underlying Assumptions of the Study .....	6
1.6 Summary of the Research Methodology .....	6
1.6.1 Research approach.....	6
1.6.2 Sampling in brief.....	6
1.6.3 Summary of Data Collection and Analysis .....	6
1.7 Theoretical Framework.....	7
1.8 Structure of the Dissertation .....	8
Chapter Two: Literature Review .....	10
2.1 Introduction.....	10
2.2 An overview of debates on teenage pregnancy and support for teenage mothers: Global and South African Contexts .....	10
2.3 Drivers of teenage pregnancy .....	12
2.3.1 The Nexus of Sexual Abuse and Teenage Pregnancy .....	13
2.3.2 Poverty.....	13
2.3.3 Age of first marriage.....	13
2.3.4 Early Sexual Experience .....	14
2.3.5 Education and Employment Opportunities for Women .....	14
2.3.6 Religion and Culture .....	15
2.3.7 COVID-19 Lockdowns and teenage pregnancy .....	16

2.4	Familial and Parental Roles towards the Management of Teenage Pregnancy and Supporting Teenage Mothers.....	17
2.4.1	Resilience as an Important Feature in parental support towards teenage mothers	17
2.4.2	Psycho-social support towards teenage mothers .....	17
2.4.3	Overcoming Stigma and Discrimination.....	17
2.4.4	Services Available to parents of teenage mothers.....	18
2.5	The multifaceted role of parents in teenage pregnancy and teenage motherhood .....	18
2.6	Global versus Locals Services Available to parents of teenage mothers.....	21
2.7	Risky Behaviours and Parenting Styles.....	22
2.8	Policy and Legal Framework to Deal with teenage pregnancy. ....	23
2.8.1	International Instruments on teenage pregnancy.....	23
2.8.1.1.	United Nations Convention on Rights of the Child.....	23
2.8.1.2.	African Charter on the Rights and Welfare of the Child (ACRWC) .....	24
2.8.1.3.	African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol).....	25
2.8.2	South African Legislation and Policy Framework on teenage pregnancy .....	26
2.8.2.1.	White Paper 6: Special Needs Education .....	26
2.8.2.2.	National Education Policy Act (Act No. 27 of 1996).....	26
2.8.2.3.	The Choice on Termination of Pregnancy Act (Act. No. 92 of 1996).....	27
2.8.2.4.	South African Schools Act (Act No. 84 of 1996) .....	28
2.8.2.5.	The Children's Act (Act No. 38 of 2005) .....	28
2.9	Conclusion.....	29
	Chapter Three: Research Methodology.....	30
3.1	introduction .....	30
3.2	Location of The Study.....	30
3.3	Research Paradigm.....	31
3.4.	Research Approach .....	32
3.5.	Research Design.....	32
3.6.	Sampling Details.....	33
3.6.1.	Sampling strategy.....	33
3.6.2.	Study sample and selection criteria.....	34
3.6.3.	Recruitment Process.....	36
3.7.	Data Collection .....	37
3.7.1.	Data collection tools.....	37
3.7.2.	The actual data collection experience.....	37
3.8.	Methods Of Data Analysis .....	39

3.9. Trustworthiness .....	41
3.9.1. Informed consent.....	44
3.9.2. Voluntary participation and the Right to withdraw from the study.....	44
3.9.3. Confidentiality/ anonymity .....	45
3.9.4. Non-maleficence/ Do no harm. ....	46
3.10. Conclusion.....	46
Chapter Four: Data Presentation, Analysis, Findings and Discussion .....	48
4. Introduction .....	48
4.1. Socio-Demographic Characteristics .....	48
4.2. Table 4.1: Socio-demographic characteristics.....	49
4.3. Core Themes Analysed.....	49
Theme 1: Causes Teenage Pregnancies.....	50
4.3.1. Influence of TV and social media.....	50
4.3.2. Lack of parental guidance and involvement.....	54
4.3.3. Poverty .....	56
4.4. Lack of sex education.....	58
4.4.1. Peer pressure .....	61
4.4.2. Sexual Exploitation and Abuse .....	63
4.4.3. Early- Age Alcohol consumption .....	67
Theme 2: Challenges Faced by Parents of Teenage Mothers. ....	68
4.5. Financial challenges .....	68
4.5.1. Family conflicts .....	71
4.5.2. Stigma and Discrimination .....	73
4.5.3. Psychological distress .....	76
<b>Theme 3: Coping Mechanisms Employed By Parents Of Teenage Mothers.....</b>	<b>77</b>
4.6. Social support .....	77
4.7. Problem-solving skills .....	80
<b>Theme 4: Availability Of Support For Parents Of Teenage Mothers .....</b>	<b>82</b>
This theme presents the results on the availability of support mechanisms for teenage mothers as well as the role of stakeholders in supporting teenage mothers. Thus, two sub-themes are presented and these are the availability of support and the role of stakeholders. ....	82
4.8. Inconsistent availability of support to parents of teenage mothers.....	82
4.9. Role of Community-Based Stakeholders.....	85
4.10. Conclusion.....	86
Chapter Five: Recommendations and Conclusion.....	87
5.1. Introduction.....	87

5.2. Research findings and discussion .....	87
5.2.1. Causes of teenage pregnancies according to parents of teenage mothers. ....	87
5.2.2. Challenges faced by parents of teenage mothers. ....	89
5.2.3. Coping mechanisms employed by parents of teenage mothers.....	91
5.2.4. Availability of support for parents of teenage mothers .....	92
5.3. Realisation of objectives .....	92
5.3.1 Objective 1: To understand the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy in Chief Albert Luthuli Municipality ...	92
5.3.2 Objective 2: To explore the challenges faced by parents of teenage mothers in relation to the parenting of teenagers who have fallen pregnant within Chief Albert Luthuli Municipality.....	93
5.3.3 Objective 3: To understand the coping mechanisms employed by parents of teenage mothers in response to teenage pregnancy and post-natal challenges within Chief Albert Luthuli Municipality. ....	93
5.3.4 Objective 4: To explore the availability of support services for parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant during prenatal and post-delivery stages. ....	93
5.4. Recommendations .....	94
5.4.1 Recommendations to social workers .....	94
5.4.2 Recommendations to policy .....	94
5.4.3 Recommendations to Educators .....	95
5.4.4 Recommendation for future research .....	95
5.5. Conclusion.....	96
Reference List.....	97
Appendix A – Ethical Clearance Letter .....	116
APPENDIX B: Informed Consent Form .....	117
Appendix D – Interview Schedule.....	121
Appendix D – Gatekeeper letter.....	129
Appendix E – Turnitin Plagiarism Report.....	<b>Error! Bookmark not defined.</b>

# Chapter One: Introduction

## 1.1 Introduction

Teenage pregnancy is a common challenge in South Africa. Consequently, it leads to a stage where mothers who are yet to reach an age of majority are having children. Motherhood is a challenging phase for new mothers, it is especially worse for teenage mothers. Consequently, these young mothers often require support from their families, especially their parents. Early childbearing not only has negative effects on the education, livelihoods, and health of teenagers but also poses difficulties to their parents and families. Of interest in this research is the reality that parents of teenage mothers often provide their daughters with multifaceted support such as childcare of their grandchildren, financial assistance, amongst other areas of extended and primary support (Silk and Romero, 2014). It is against this context that this study endeavoured to explore and describe the challenges faced by, and coping mechanisms utilised by parents of teenage mothers who were served by a pregnancy crisis centre in Mpumalanga, South Africa. This chapter serves as the first segment and synopsis of the whole study.

## 1.2 Motivation and Rationale

During the planning and execution of this study, the researcher was employed as a Social Worker at a pregnancy crisis centre (Zoe Pregnancy Crisis Centre), which is the research site in the Chief Albert Luthuli municipal area in Mpumalanga province, South Africa. The researcher rendered social work services to teenage mothers and their parents. As a result, her work experience led her to identify numerous research gaps, as highlighted below, which served as the impetus for this study. The selected research site provided the researcher with a readily available database of potential study participants.

As corroborated by the work experience of the researcher, teenage pregnancy is a concern for many parents (Romero and Silk, 2014). The existence of this challenge in most developing countries is a worrisome trend and has brought many challenges to families and particularly the parents of teenagers who fall pregnant (*ibid*). By definition, teenage pregnancy is described by the (UNICEF) United Nations Children's Fund (2012) as a situation where a female person who is aged between the ages of 13 to 19 years becomes pregnant whether by consent or not. Based on this definition this implies that the majority of the teenagers are persons who are still children, and yet to reach the legal age of majority which is 18 years in terms of South African law. Furthermore, this also means teenage pregnancy affects children who by virtue of their age require protection from the state, from parents and the community at large. This is a cause of worry for social workers as they, according to the Children's Act 38

of 2005, are tasked with statutory functions of child safeguarding and protection (Republic of South Africa, 2005).

In recent years, Sub-Saharan Africa had a teenage birth rate of 99 per 1000 teenagers, whereas Western Europe had an adolescent birth rate of 8, and South Africa (SA) was in accordance with the global average of 41 per 1000 (United Nations Children's Fund (UNICEF), 2021). Moreover, Save the Children (2021) also reported that the number of children born to teenage mothers in Gauteng Province in South Africa has increased by 60 per cent since the start of the COVID-19 pandemic. Teenage mothers face multiple and related challenges associated with pregnancy and child-rearing (United Nations Children Fund, 2013). As a result, parents and significant others, within families, play a critical role in helping teenagers adjust their attitudes and reformulate strategies, especially to cope with motherhood adversities.

Parents lay the foundation for the channelling process through their beliefs and values, as well as the educational opportunities they provide for their teenagers. Remarkably, research consistently links family income and parental values to the timing of educational transitions (Cook, and Coley, 2017). Although parents remain highly influential throughout their children's lives, the role of peers and the peer group becomes increasingly significant during early adolescence and remains so throughout the teenage years. Social workers also play a significant role in prevention, early intervention and statutory intervention (*ibid*). Therefore, the results of this study are useful for Social Work as it advocates for the development of quality programmes in line with the value of providing comprehensive service to humanity including families of the survivors of sexual and gender-based violence in the form of teenage pregnancy. The researcher is associating teenage pregnancy with sexual violence, in the latter sentence, because the Sexual Offences and Related Matters Act 32 of 2007 stipulate that any form of sexual activity with a child below the age of 16 is either statutory rape, statutory sexual assault, amongst other sexual offences (Republic of South Africa, 2007). In South Africa sexual activity and subsequent impregnation of teenage girls, below the age of 16 years, is criminalised (*ibid*). Nonetheless, the cases of child sexual abuse and teenage pregnancy still remain high (Sheffer, Bhana and Morrel, 2013). Criminalising sexual activity based on age is counterproductive in a country such as ours because of the structural determinants of poverty, unemployment and inequality which has contributed to this layered problem.

Parents' beliefs regarding traditional sex roles are significantly related to their daughters' educational choices and their career goals (Anders et al., 2019). While these are all significant problems, one of the most challenging in South Africa is unsafe sexual behaviour among teenagers that often leads to unplanned pregnancy particularly in poor communities

(Solomon-Fears, 2013). Research has been done in the area of teenage pregnancy, but the experiences of parents of teenage mothers are not well captured, particularly in locations such as the Chief Albert Luthuli (CAL) Municipality in Mpumalanga, South Africa.

### **1.3 Contextual background of the study**

Teenage is a stage that affects the future life of every individual (Kumar, Singh, Basu, Pandey and Bhargava, 2007). The need to be independent, experimentation and assumption of responsibility characterises this phase. According to Tugli, Klu and Morwe (2014) adolescence is marked by great excitement in that there is optimal growth and development in all the human dimensions. Challenges, such as unplanned pregnancy, at this stage, are likely to have a bearing on the teenager and their family. As discussed above, teenage pregnancy is a social problem that has been affecting South Africa and many other countries. Its immediate aftermath is then likely to be unplanned teenage parenthood. Consequently, teenage motherhood for the teenager destabilizes numerous developmental opportunities for young mothers because of the child care responsibilities.

It has been more than a decade since the South African Schools Act 84 of 1996 forbade discrimination in schools on the basis of pregnancy. However, while the law is clear that such learners cannot be turned away from school, it is less clear how schools should deal with pregnant learners and learner-parents (Bhana, Clowes, Morrell, and Shefer, 2008: 78). In terms of section 9(3) of the Constitution of the Republic of South Africa, 1996, the state may not unfairly discriminate, whether directly or indirectly, against anyone on one or more grounds, including race, gender, sexual inclination, and pregnancy. Every child irrespective of pregnancy, colour and creed has the right to education regardless of stigmatization which they often face especially in schools. Teenage pregnancy; however, disadvantages teenage mothers of their chances of progressing with education and also affects their family members and parents in particular psychologically and otherwise.

Conflicts between parents and teenagers occur most frequently in early adolescence (with arguments generally occurring twice a week) and then very gradually decrease until the child is 18 (Granic and Dishion, 2003). Mothers and daughters appear to experience the highest amount of conflict over a longer period of development, followed by mothers and sons, fathers and sons and fathers and daughters (Paikoff and Brooks-Gunn, 1991). Therefore, this study illuminates the experiences of parents of teenage mothers about the dynamics that are associated with teenage mother motherhood. According to the United Nations Children's Fund (2016), parents play a significant role in ensuring that teenagers are better prepared to cope with adulthood roles. In the same way, the researcher assumed that parents of teenage

mothers have a role to play in supporting them to become socially adjusted and responsible citizens without blaming them for their past challenges. Thus, it was crucial to focus on teenage pregnancy from a holistic perspective as it affects several people, including parents of teenagers and other numerous systems including the family system. As a result, this study, explored and described the challenges and coping strategies of parents of teenage mothers.

#### **1.4 Problem Statement**

Despite the efforts by the government and its partners in addressing challenges related to teenage pregnancy, in South Africa, the cases still remain relatively high. It is estimated that there is approximately a total of 33 000 teenage mothers in South Africa with 660 of them below the age of 10 years (Risenga and Mboweni, 2023). Teenage pregnancy in South African schools poses a serious management and leadership challenge (Ramulumo and Pitsoe, 2013). Hence, the need for school management teams to acquire critical skills to manage teenage pregnancy within the requirements of the Constitution of the Republic of South Africa, 1996 and the South African Schools Act 84 of 1996 (*ibid*). The worst reality is that the services that are available are mainly focused on the survivor alone and adversely leaving other affected persons such as family members without any access to any of the services (Mkhantswa, 2014). Alabi and Oni (2017) argue that peers are increasingly playing an important role in the lives of other teenagers, but parents remain the most important influence in the lives of their children throughout their teenage years. Parents of teenage mothers often experience challenges in helping their daughters to raise the child; these include the cost of living, change in social status and also probably mental health can be affected. Many parents worry about the risks associated with the teenage years, it is important to remember that negative outcomes remain the exception and not the rule (Rutter and Smith, 1995).

As a result, this study explored and described the challenges and coping strategies of parents of teenage mothers during prenatal and post-natal stages. Furthermore, this study explored the available support services that parents receive in relation to parenting teenagers who have fallen pregnant at Zoe Pregnancy Crisis Centre in South Africa in general. Revealing the challenges and coping strategies faced by parents is likely to stimulate interest amongst stakeholders in the social services research, public health and child protection sectors to create comprehensive programmes that provide holistic services to parents of teenage mothers and their families for better adjustment and recovery.



## **1.5 Aim, Objectives and Questions of the Study**

### **1.5.1 Main aim**

The study sought to understand and describe the challenges faced by and coping mechanisms utilised by parents of teenage mothers in a pregnancy crisis centre in Chief Albert Luthuli Municipality, Mpumalanga, South Africa.

### **1.5.2 Objectives**

The above aim was achieved through the following objectives;

1. To explore the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy in Chief Albert Luthuli Municipality.
2. To explore the challenges faced by parents of teenage mothers in relation to the parenting of teenagers who have fallen pregnant within Chief Albert Luthuli Municipality.
3. To understand the coping mechanisms employed by parents of teenage mothers in response to teenage pregnancy and post-natal challenges in Chief Albert Luthuli Municipality.
4. To explore the availability of support services for parents of teenage mothers in relation to parenting teenagers during their prenatal and post-delivery stages.

### **1.5.3 Research Questions**

1. What are the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy in Chief Albert Luthuli Municipality?
2. What are the challenges faced by parents of teenage mothers in relation to the parenting of teenagers who have fallen pregnant within Chief Albert Luthuli Municipality?
3. What are the coping mechanisms employed by parents of teenage mothers in response to teenage pregnancy and post-natal challenges within Chief Albert Luthuli Municipality?
4. What is the availability of support services for parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant during prenatal and post-delivery stages?

#### **1.5.4 Underlying Assumptions of the Study**

- It was assumed that parents of teenage mothers are faced with socio-economic and socio-cultural challenges in dealing with teenage mothers.
- The researcher also assumed that the affected parents of teenagers have developed coping mechanisms against teenage pregnancy.

### **1.6 Summary of the Research Methodology**

This section provides a brief synopsis of the research methodology. Detailed research methodology and approach are discussed in Chapter Three of the study.

#### **1.6.1 Research approach**

The study utilized a qualitative research approach. According to Gupta, Kling, Yilmaz and Martinez (2009), qualitative research entails gathering and analysing non-numerical data in order to comprehend concepts, opinions, or experiences.

#### **1.6.2 Sampling in brief**

The study utilised a non-probability purposive sampling technique. This sampling strategy was well-suited for the qualitative study because it was justifiably applied to a relatively smaller group of individuals without much concern for sample representativeness (Creswell and Creswell, 2018). The use of purposive sampling for research participants allowed for the collection of detailed descriptions from parents, as the key role players who possessed the necessary knowledge for this study. The sampling strategy as well as the selection and exclusion criteria has been detailed in Chapter Three.

#### **1.6.3 Summary of Data Collection and Analysis**

In this study, data was gathered through in-person, individual, semi-structured interviews. The interview questions were open-ended which allowed for probing and collection of in-depth data for the study. The audio data was recorded in order to capture the participants' verbatim responses.

The data for this research were analysed using thematic analysis where manual data analysis was used as opposed to analysis software such as NVIVO. The manual analysis enabled the researcher to read and interpret the data carefully, identify emerging themes, and provide detailed descriptions of the findings. Gong and Dai (2015) defines data analysis as the process of cleansing, transforming, and modelling data to discover relevant information for social research. The detailed steps involved in data analysis are contained in Chapter Three.

## **1.7 Theoretical Framework**

The study utilized two theories, as a theoretical framework, namely: resilience theory and family systems theory. These theories were useful to examine the role of parents in supporting teenage mothers in the municipal area of Chief Albert Luthuli. Herein, the researcher started with the discussion of resilience theory.

### **1.7.1. Resilience Theory**

Developed in the field of psychology, the concept of resilience emphasizes resistance to hazards in the physical and social environment, overcoming stress and adversity to maintain comparatively excellent psychological and physical health (Smith, Battle and Phengnum, 2023). Hence, the American Psychological Association (2015) defined resilience as “the ability to adapt or cope in a positive way to adversity, including trauma, tragedy, threats, and significant stress”. However, Greene (2004) is of the view that the resilience theory is a model of social work that falls under the strengths-based approaches. It is premised on the belief that even if individuals and families encounter challenges, they are able to spring back to their original level of social functioning (Galinsky, Terzian and Fraser, 2007). According to Van Breda (2008), “the Resilience Model is characterised by its two main dimensions of vulnerability and resilience”. It is argued that at any given point an individual or a system might face problems due to vulnerabilities but it should be assisted to realise its strengths to overcome the challenges and that ability to overcome problems is resilience (Walsh, 1996). Also, resilience generally is a multifaceted theory which addresses the strengths that people and systems demonstrate that enable them to rise above their life challenges (Van Breda, 2001). Resilience theory encompasses multiple levels; protective factors that prevent, counter, or buffer the effects of adversity can appear not only as individual-level traits, but on every level of the social ecology paradigm (SmithBattle and Phengnum, 2023), such as supportive family microsystems, peer networks, communities, and institutions (Mbirihi, 2021). Assets are the positive factors that reside within the individual, such as competence, coping skills, and self-efficacy (Ruzibiza, 2021), whereas resources are factors in the individual's social environment. A few studies have looked at the resilience of parents of teenage mothers as the majority of previous studies have revealed resilience among teenage mothers (Singh and Naicker, 2019). In this study, such an understanding of abilities within individuals and families assisted the researcher in exploring the coping strategies implemented by parents when they encounter teenage pregnancy challenges at pre-natal and post-natal stages.

### **1.7.2. Family Systems Theory**

The study was also guided by the Family Systems Theory (Kerr and Bowen, 1988). This is a theory of human behaviour that understands a family as a social system in which members

influence and support each other's behaviour (Sand-Jecklin, Johnson and Tylka, 2016). The family theory emphasises on identifying the interrupting behavioural exchanges of which the problem is part of (Hinch, Jackson, Hudson and Walker, 2005). Thus, this theory also enables the researcher to understand the parenting processes of parents of teenage mothers who utilize the services of teenage mothers (Hinch, 2005). Pratt and Skelton (2018) in The Family Systems Theory (FST) places emphasis on getting a better understanding of the problem through the lenses of the family members, which is the parents in this regard. Haley (1974) who is one of the pioneers of the FST indicates that it is important to listen to what family members say and noting the family relationships and how members interact with each other is important. As a result, this study was designed to explore and describe the challenges faced by and coping mechanisms utilised by parents of teenage mothers.

The premise of the family systems approach is that each family member is a subsystem that develops and matures in part due to biological factors and physiological changes but is also impacted by the family system (Waters, 2020). Teenager mothers and their parents operate in their social environments and respond to the social norms of the society. Like all other family members, the teenager is both moulding and being formed by her surroundings (Merillas, Villafañe & Rodríguez-Pérez, 2022). The interrelationships among the members are such that if one-member changes, all members must also alter and adapt in some way in response to that member since the causality is circular (Erfina et al., 2019). The family systems theory was adopted to show the role of the parents and the environment in teenage pregnancies. Since over 90% of women who have their first pregnancy when in their early to middle teens live with a parent or close relative, and 77% of them do so even one year after giving birth, the parents and relatives of the young mother are undoubtedly impacted (Merillas, Villafañe & Rodríguez-Pérez, 2022). The family of the teenage mother often need to provide the mother with ongoing care as well as the new live-in grandchild. It is remarkable that if the family lacks enough resources to take care of the teenage mother it can later affect the teenager psychologically. Hence, there is need of developing some coping mechanisms to ensure the health of both the mother and the child. Therefore, this theory was useful in viewing the interconnectedness of parents of teenage mothers and the young mothers themselves.

### **1.8 Structure of the Dissertation**

This study is divided into five chapters namely:

#### **Chapter One**

This chapter briefly introduces and gives an overview of the study. It further gives an insight into the background of the study, the rationale of the study, the problem statement, the location of the study, aims and objectives, research questions and the theoretical framework.

## **Chapter Two**

This chapter focuses on the review of the literature related to the research questions and the discussion of policies and legislation relating to this study.

## **Chapter three**

The chapter focuses on the research methods, especially the research approach, research paradigm, research design, sampling strategies, data collection techniques and methods of data analysis and methods of data verification of the study. The chapter also discussed the achievement of ethical considerations that are set as a standard by the University of KwaZulu-Natal and the Social Science Research Ethics Committee. The potential value and potential limitation of the study is also presented in this chapter.

## **Chapter four**

This chapter presents the data collected, discussed and interpreted for this study. The findings of the study were presented and interpreted through thematic analysis.

## **Chapter five**

This chapter summarised and concluded the study with recommendations to study, where research questions were revisited, and a determination of achievement based on the study aims and objectives was made.

### **1.9. Chapter conclusion**

This chapter outlined the background of the study, aims, objectives of the study and research questions. The chapter also looked at the research problem and the theoretical problem. The next chapter focuses on a literature review.

## Chapter Two: Literature Review

### 2.1 Introduction

This chapter provides a review of previous literature that forms a background and impetus for this research study. The literature that is analysed herein relates to the building blocks of this study. During this review of the literature, the researcher was conscious of the research objectives of this study. The theoretical frameworks of this study, namely, the resilience theory and family systems theory, are integral to the discussions herein.

This literature review starts by discussing and highlighting the global and local debates on teenage pregnancy and the parenting of teenage mothers. The review also unpacks the familial and parental roles towards the management of teenage pregnancy and supporting teenage mothers. It also discusses policy and legal frameworks that relates to teenage pregnancy.

The researcher shows the transitional nexus between the pregnancy of a teenager and the motherhood role that is inherent after the birth of a child. The chapter endeavours to discuss the indicators and causes of teenage pregnancy which are also important in the discussion of teenage motherhood and the support that teenage mothers would then receive from their parents.

### **2.2 An overview of debates on teenage pregnancy and support for teenage mothers: Global and South African Contexts**

Before proceeding further in this chapter, it is important to critically discuss the concept of teenage pregnancy, which is the core leading factor in understanding the challenges and coping mechanisms of parents of teenage mothers. In this section, the researcher begins by defining the meaning of teenage pregnancy and thereafter brings to the fore the discussion on teenage motherhood and the phenomenon of parenting a teenage mother.

According to Kassa, Arowojolu, Odukogbe, and Yalew (2018), teenage pregnancy refers to a phenomenon when a female who is in their teenage years (13 to 19 years) gets pregnant. Inevitably, teenage pregnancy leads to teenage motherhood. Teenage motherhood, occurring at a critical developmental stage of teenagers' lives, has been identified as having adverse social consequences (Watts, Liamputtong & Mcmichael 2015). This means that teenage motherhood has an impact on the social circle of the teenager who becomes a mother. As per the intentions of this study, it is important to explore the experiences of parents of teenage mothers as they are part of the social support system of the teenage mother.

Globally, cases of teenage pregnancy are on the rise as an estimated 21 million girls aged 15-19 years in developing regions (Baloyi & Jarvis 2020). This has been partly explained in terms of the COVID-19 pandemic which affected service provision and access to basic needs by teenagers (Apondi, Awor, Nelson, Cheptoris, Ngabarino, Egbulem, Alamo and Mills, 2021). No single factor can be attributed as the major cause of teenage pregnancy as it is a social problem with various factors together giving birth to this problem. In South Africa, the national figures for child sexual abuse cases resulting in teenage pregnancy are staggering (Grant, 2008). This shows that teenage pregnancy is not only found in South Africa but across many countries.

The prevalence of teenage pregnancy is increasing, and it has become a worldwide concern among the developed countries, that include the United States of America (USA), which has about 850 000 teenagers who fall pregnant each year (Monteiro, Varas-Godoy, Monckeberg, Realini, Hernández, Rice and Chaparro, 2019). In the year 2020, the United Kingdom (UK) had the highest level of teenage pregnancy among developed countries with a level of about 38 690 pregnant girls under the age of 18 (Ketevi, Agbeko Ajavon, Douaguibe, Bassowa, Tenete, and Aboubakari, 2020). About 44% of these pregnancies resulted in abortion, 7617 pregnancies were under the age of 16, and 54.5% of these conceptions ended up in termination of pregnancy which is legal in the United Kingdom (Vaswani, Linda and Ramesh, 2003). This in turn endangers the life of a girl which dictates developmental strategies to reduce the high incident rates of this phenomenon (Vaswani et al, 2003).

More than 20% of girls between the ages of 15 and 19 have given birth to a child in many African countries (Nour, Michels and Bryant, 2006). The Ethiopian birth rate is 68 per 1000 females aged 15 to 19, which reveals that most of the highest teenage pregnancy occurs in sub-Saharan Africa (ibid). In most developing countries complications of pregnancy and childbirth are the leading causes of the high rates of mortality among young women between the ages of 15 and 19 years (Mayor, Bautista, Rodriguez and Kéfi, 2019).

In sub-Saharan African countries, females are most likely to have had a child by age 20 (Mayor et al, 2019). According to the early work of Senanayake and Ladjali (1994), they discovered that in some African countries, about 30 to 40% of all females experience motherhood before the age of 20. This means this problem has been prevalent for many years.

Grant and Hallman (2008: 369) note that in South Africa one in five 18-year-old women has given birth, and more than 40% have become mothers by the age of 20. This suggests a high number of females whose lives are disturbed due to being parents hence the need to discuss the indicators of teenage pregnancies. Recently, Kache, Chisti, Gumbo, Mupere, Zhi Nallasamy and Carcillo (2020) also conducted a study on child cohabiters in Zimbabwe (a

phenomenon called *kuchaya mapoto*), where he discovered that the burden of managing parental responsibilities for teenagers who have fallen pregnant was overwhelming because of being young and inexperienced. The highest rate of teenage pregnancy in sub-Saharan Africa is because women in these areas tend to marry young (Treffers, 2003). In support of this, (Ugoji 2011). states that in Niger, of the 87% of women that were surveyed, 53% had given birth to a child before the age of 18 and they were also married, compared to South Africa where most teenage pregnancies occur outside marriages (Mayor et al, 2019). Therefore, it can be argued that there are benefits of being married as a teenager which can include maturity and also fostering focus.

The high levels of teenage fertility in sub-Saharan Africa can be attributed to unique practices and beliefs (Caldwell, Didier, Ryan, Sete, Hudson, Karalekas and Rigett, 2018). In some societies, it can then be pointed out that traditional gender roles and early marriage are important factors that contributed to the high rates of teenage pregnancies. For instance, in sub-Saharan African countries an early pregnancy is proof of women's fertility and it is also viewed as a blessing (Kache et al, 2020). In areas and societies where teenage marriages are uncommon, lack of contraception-use and early sexual encounters are factors that contribute to teenage pregnancy (UNICEF, 2018, however. Teenage pregnancy is a major source of concern amongst communities in South Africa. The challenge has even been made worse by the COVID-19-induced lockdown which led to the closure of schools. COVID-19 increased the numbers of teenage pregnancies as children were staying at home without having any activity to do.

### **2.3 Drivers of teenage pregnancy**

As argued above, there is no single predictor or cause of teenage pregnancy. As a result, it is important to explore what has been researched in relation to the causes of teenage pregnancy, because this current study is also exhibiting data in relation to subjective views and experiences of parents of teenage mothers regarding the causes of teenage pregnancy. Some of the explored topics under this section include sexual abuse, poverty, and age of first marriage, amongst other topics, as the key drivers of teenage pregnancy. Reviewing the literature on the subject of teenage pregnancy is important as the pregnancy of a teenager leads to teenage motherhood and the inherent need of supporting teenage mothers.



### **2.3.1 The Nexus of Sexual Abuse and Teenage Pregnancy**

Sexual violence has devastating effects on the victim (Tavara, 2006). Sexual abuse of young girls can immediately result in pregnancy (Font & Maguire-Jack, 2020). In some instances, a history of sexual violence can also predispose one to risky sexual practices which in turn leads to teenage pregnancies (Johnson et al., 2006; Messman-Moore, Ward, Zerubavel, Chandley and Barton 2003). Childhood sexual violence often leads the victim to unrestricted risky sexual practices and sometimes can result in further sexual assaults in teenagers increasing the odds of teenage pregnancy in the victim (Niehaus et al., 2010). Poverty is one of the primary causes of sexual abuse and is frequently a daily reality for victims, especially teenagers (Font & Maguire-Jack, 2020). The next section details the phenomenon of poverty as a predictor of teenage pregnancies.

### **2.3.2 Poverty**

Poverty in itself is both a direct and indirect predictor of teenage pregnancies (Njoku & Akintayo, 2021). Girls and young women have higher chances of engaging in prostitution as a way of getting an economic reprieve in impoverished communities (Njoku & Akintayo, 2021). This means that children from impoverished communities are often victims of both sexual abuse and sexual exploitation, which leads to unsolicited teenage motherhood. Children are sexually exploited in exchange for economic liberation while others are sexually abused by relatives or neighbours in their overcrowded living spaces (Banwari, 2011). Teenagers in low-income communities often have limited access to basic needs such as food and clothing and as they seek such they may end up being sexually exploited by men in exchange for such necessities. (Banwari, 2011) Studies have also identified that teenage girls who reside in rural areas had an increased likelihood to become pregnant in comparison with their urban counterparts (Ayanaw Habitu et al., 2018; Mezmur et al., 2021). This can be due to poor access to reproductive health services and education and can lead to early marriages (Ayanaw Habitu et al., 2018; Mezmur et al., 2021). The next section discusses the age of the first marriage.

### **2.3.3 Age of first marriage**

Women who marry early on in their life have an increased likelihood of experiencing teenage pregnancy when compared with women who were not married before they turned 18 years (Kache et al, 2020). In his study, Kache et al (2020) discovered that teenagers married at an early age may not have adequate information on the risks associated with teenage pregnancies and may not want to prevent the pregnancy. Married teenagers are more likely to fail to access reproductive health services and may also have limited knowledge on contraceptives (McElroy & Moore, 2018). Despite countries having laws prohibiting marriage

before 18 years most of the time this is not enforced and is practically inapplicable in most communities. Marriages are sometimes seen as a way to improve family living conditions with teenage brides often attracting high bride price and wealthy individuals (Banwari 2011). More often parents may want their daughter married so that they can see their grandchildren before they become old or dead. Additionally, the drive towards marrying a virgin has seen a lowering of the age of marriage to a very early ages (Ayanaw Habitu et al., 2018; McElroy & Moore, 2018). However, this current study does not tackle early marriage, but the researcher was aware of this phenomenon as something likely to emerge during data collection. The following section review literature on early sexual exposure of teenagers.

#### **2.3.4 Early Sexual Experience**

There are studies, as shown herein, that confirm that teenage girls with early sexual debut have an amplified risk of early pregnancy (Manuh & Biney 2021). This then makes the study of parents of teenage mothers more important, as the parents are there to prevent and safeguard their children from early exposure whilst they are also there to deal with the postnatal consequences of early sex exposure. Teenage girls who start sexual intercourse early do have knowledge, access and experience in utilizing contraception but cannot demand the use of contraception with their sexual partners putting themselves at risk of teenage pregnancy (Manuh & Biney, 2021; Musa et al., 2021). This means that there is need of early education procedures or awareness campaigns on the subject so as to reduce or prevent teenage pregnancies. Due to laws and regulations governing sexual education and reproductive health services more often these do not reach at-risk teenagers leaving them without the necessary skills and information to become responsible decision-makers about their sexual behaviour (Manuh & Biney, 2021). However, one can argue that even though teenagers are taught such procedures to reduce teenage pregnancies, teenagers are often found in risky sexual behaviour because of peer pressure. This indicate that the society as well as parents have a lot of work to do so in order to reduce early sexual relationships which later lead to teenage pregnancies. The next section presents a discussion on Education and Employment opportunities for women.

#### **2.3.5 Education and Employment Opportunities for Women**

A study by Masuda & Yamauchi, (2020) has reported that prolonged stay in school can be protective against teenage pregnancy and teenage motherhood. Societies with limited career options for women push them towards marriage as a means of survival (Masuda & Yamauchi, 2020). Women with advanced education are more knowledgeable of their rights and can demand the use of contraception while also being knowledgeable about where they can access the contraception (Masuda & Yamauchi, 2020). However, education and employment

opportunities for women are closely linked to culture and religion (Cooray & Potrafke, 2011). Therefore, one can argue that teenagers who have access to education are at low risk of getting pregnant because they have the knowledge of the use of contraceptives unlike teenagers who do not have access to education. The next section discusses religion and culture about teenage pregnancies and teenage motherhood.

### **2.3.6 Religion and Culture**

There is no consensus among scholars on the impact of religion and culture on teenage pregnancies (Akella & Jordan, 2015). The primary concern is whether a correlation exists between residing in a religious and cultural environment and the incidence of teenage pregnancy (Kaphagawani & Kalipeni, 2017). A religious and cultural environment could reduce teenage pregnancy primarily through abstinence, and a reduction in the frequency of sexual activity among teenagers. This is the mechanism supported by adherents of various religions and cultures, who hypothesize that values and the moral norms associated with it led to a decrease in teenage sexual activity, particularly before marriage, which in turn reduces the number of teenage pregnancies and births (Thobejane, 2015). This view is supported by some empirical evidence by Aparicio et al. (2016) which found that religion and culture reduce teenage pregnancies.

On the other hand, religion and culture may increase teenage pregnancies (Musa et al., 2021). Religion and culture limit the type and quality of information about sexuality that teenagers can have access to (Yulyani & Herlin Fitriani Kurniati, 2019). In most cultures, parents could not discuss sexual matters with their children more often leaving the role to relatives who may not have the children's best interest (Grijns & Horii, 2018). As an experienced social worker within the Baadplas area, this is what the researcher also experienced. More often, meaningful sexual and reproductive services and health education are not available for teenagers until they are faced with the trauma of unwanted pregnancy and other related complications (Musa et al., 2021).

Religion and culture also influence their decision on contraception use. More often due to them being minors reproductive health services cannot be provided without parental consent with emphasis on abstinence education (Grijns & Horii, 2018). Fear of the side effects of contraception use and having limited education might also influence them on postponing their pregnancy time (ibid). These studies imply that moralistic attitudes toward sexuality originating from religion and culture may increase the likelihood of pregnancy by discouraging contraception without effectively discouraging sexual contact as well as limiting sexual education information. Further exploration is needed to establish if these moralistic attitudes can be empirically observed. According to the findings of Zulaika, Bulbarelli, Nyothach, van

Eijk Mason, Fwaya and Phillips-Howard, (2022), some teenagers were coerced into marriages as a result of cultural and religious practices and lacked any form of protection due to the isolation imposed by the COVID-19 pandemic. The next section discusses COVID-19 lockdowns as another predictor of teenage pregnancy.

### **2.3.7 COVID-19 Lockdowns and teenage pregnancy**

The COVID-19 pandemic was predicted by Yukich, Worges, Gage, Hotchkiss, Preaux, Murray and Cappa (2021) to result in 13 million excess child marriages which would otherwise be averted. During the peak COVID-19 pandemic, many countries globally initiated lockdowns. Level 5, hard lockdown meant schools were closed, workplaces were closed with only a limited number of professionals termed essential workforce allowed to function (Mzinyane & Motlounge, 2022; Olivier et al., 2020). Idleness because of the lockdown resulted in increased instances of sexual activities as well as sexual abuse (*ibid*). The COVID-19 lockdown had multiple effects on girls; they would spend longer periods indoors with potential abusers (*ibid*). Leaving school increased teenage females' vulnerability when initiating or increasing sexual activity (Musa et al., 2021). Notably, this increase occurred despite disruptions in access to contraceptives and other sexual reproductive health services (Musa et al., 2021). These are the reasons why this study has a sampling criterion of involving parents who had teenage mothers between the era of 2018 to 2021 to factor in some of these attributes of COVID-19 lockdowns.

A recent evaluation of evidence on teenage pregnancy in sub-Saharan Africa revealed that the pandemic exacerbated pre-existing factors that influence teenage pregnancy (Kons et al., 2022). Evidence from around the globe suggests that school closures (Rahiem, 2021), socio-economic distress (Zulaika et al., 2022), disruptions to sexual and reproductive health (SRH) services (United Nations Children's Fund. 2021) and an increase in sexual violence (Zulaika et al., 2022) may have contributed to teenage pregnancy and child marriages during the COVID-19 era. This implies that disruptions associated with the COVID-19 pandemic exacerbated affected teenage pregnancy and child marriage vulnerabilities. Programmes that aimed at reducing child marriages and teenage pregnancies were suspended, and more often households whose income was negatively impacted by COVID-19 would be willing to let their daughter go to ease tension on resources and possibly get assistance from the new in-laws (Musa et al., 2021). Parents and other family members have a significant role that they play in preventing teenage pregnancies. The next section discusses familial and parental roles in the prevention and management of teenage pregnancy and the inherent support to teenage mothers.

## **2.4 Familial and Parental Roles towards the Management of Teenage Pregnancy and Supporting Teenage Mothers**

Parents have a crucial role in the prevention of teenage pregnancies as well as in helping the teenager during and post-pregnancy Voerman, Ballester, Barros, Jaddoe (2019). While society, peer pressure and several factors as shown above, may predispose a teenager to early pregnancy more often parents play a clear role in protecting their child. Below is the presentation of factors that are associated with the parental and familial role in the prevention of teenage pregnancy and the management of teenage motherhood.

### **2.4.1 Resilience as an Important Feature in parental support towards teenage mothers**

The theoretical frameworks of this study, namely the resilience and family systems theories affirm the resilient and interdependent roles played by members of a family setting in dealing challenges of helping teenage mothers. Apart from helping the teenagers accept that the problem has occurred, parents provide extra care to the child and the unborn baby, especially in instances where abortion is not an option Voerman et al (2019) parents are involved in pre and post-natal periods. The prenatal care period is crucial in lowering the risk of low birth-weight infants and birth-weight-specific deaths and reducing maternal and infant mortality (Panting, Abdullah, Roslan and Ismail, 2019). Parents usually provide unpaid care work which is in turn not officially recognised across the world although the challenge is more pronounced in developing countries such as South Africa (Voerman et al, 2019).

### **2.4.2 Psycho-social support towards teenage mothers**

As previously stated, when a child is sexually assaulted or raped, this may result in teenage pregnancy. Consequently, the parents of teenage girls are therefore faced with multiple challenges of supporting their children emotionally post the sexual trauma, supporting them through the criminal justice process and also through the management of pregnancy, termination of pregnancy and/or teenage motherhood (Kache et al, 2020). Most parents are emotionally traumatized by the experience, and without proper support, this can compromise their ability to support their child and family through the trauma. The parents deal with shock but are simultaneously required to co-operate with and also trust the unknown, professionals (Cahyaningtyas 2020).

### **2.4.3 Overcoming Stigma and Discrimination**

More often families with a pregnant teenager are labelled dysfunctional with mothers of the teenage child constantly ridiculed as having failed to look after their child (Olajubu et al., 2021). Such stigma and victim-blaming tendencies sanitize the perpetrator while punishing the victim and add to the psychological torture parents of pregnant teenagers would be going through.

The problem is even more severe when the parents have been survivors of the same tragedy (SmithBattle, 2020). Despite the stigma and discrimination faced by pregnant teenagers, there are services provided to them and their families (Asare et al., 2019). The next section discusses services available to parents of teenage mothers.

#### **2.4.4 Services Available to parents of teenage mothers**

Numerous cases of teenage pregnancy and teenage motherhood have been dealt with and resolved with limited to no attention being paid to the needs of the affected parents and other significant others in the family (Tambi & Mesue, 2020). While there are multiple facets surrounding teenage pregnancy and its effect, a majority of the limited services for parents only focus on survivors of sexual abuse and sexual exploitation (Ezenwaka, Mbachu and Ezumah, 2020). In the USA services provided to parents of pregnant teenagers are conducted as individual therapy, group therapy, and/or family therapy whereby the therapy sessions acknowledge the impact of trauma on the child and the whole family (Ogbonnaya & Keeney, 2018). The South African Department of Social Development has developed measures to provide care and support services to parents and pregnant teenagers. These include social grants for the teenage mother and counselling services usually funded and conducted by non-governmental organizations (Erlank & Williams, 2019).

#### **2.5 The multifaceted role of parents in teenage pregnancy and teenage motherhood**

Family systems theory also affirms the important role that is played by significant others within a family setting. Besides playing a role in helping teenagers accept that the problem has occurred, parents have a role in providing extra care to the child and the unborn baby, especially in instances where abortion has been ruled out as an option. To illustrate, Anders et al (2019: 1) have pointed out that prenatal care is one of the most common and important forms of preventive health care; it lowers the risk of low-birth-weight infants and birth weight-specific deaths and reduces maternal and infant mortality. Thus, parents usually provide unpaid care work which is in turn not officially recognised across the world although the challenge is more pronounced in developing countries such as South Africa (ibid). It is this lack of recognition that has necessitated the quest for exploring the parents' challenges and coping strategies when faced with teenage pregnancy.

These perspectives failed to understand the dynamics and nature of child sexual assault and the significance of placing responsibility for the assaults with the perpetrator. The problem is even more severe when the parents have been survivors of the same tragedy. For example, for many women who are survivors of childhood sexual abuse, disclosure of sexual abuse involving their child can be especially devastating (Erlank and Williams, 2019). Hence, one of

the assumptions of this study relates to female parents facing more challenges when it comes to teenage pregnancy. Hence, this study, therefore, utilizes family systems and resilience theories to analyse the role of parents in supporting teenage mothers within Chief Albert Luthuli's municipal area.

Parents as primary educators have attitudes and perceptions about teenage pregnancies that have positive or adverse effects on their children (Collier-Harris and Goldman, 2017). The family's attitudes towards sexual behaviour and child-bearing could be expected to be important to teenagers. Parents who communicate effectively with their children about sex seem to be the exception rather than the rule. According to Erfina, Widyawati, McKenna, Reisenhofer, and Ismail (2019), parents have the desire and willingness to communicate and teach their children about sexuality but both the parents and children in rural areas are ignorant about the consequences that comes after teenage pregnancy. Teenagers who have a sense of connection to their family and school are more likely than their peers to delay having sexual intercourse (Kohli & Nyberg, 1995). According to Rutenberg, Kaufman, Clark, Manzini and May, (2004), teenagers whose parents communicated openly with them about sexuality when they were young are more likely to continue discussing sexuality topics with their parents during their teenage years and to make personal decisions reflecting parental values and morals. Parents who do not talk to their teenagers about sex often disapprove of sex education and discourage their children from having sex or using contraceptives (Bay-Cheng, 2003; Kohli & Nyberg, 1995). The authoritarian parenting style also often has a negative impact on the parent-child relationship and often makes it difficult for teenagers to seek information and advice from their parents concerning sexuality issues.

Illiteracy among most rural parents tends to also play a significant role in their ability to provide sex education to their teenagers. Rutenberg et al. (2003) noted that a large majority of teenagers from rural areas report that they cannot talk openly about sex with their parents because most parents handle sex education inadequately. There are various reasons for this inadequacy in handling sex education by parents. This ranges from lack of knowledge, the parents' belief system, and distant relationships with their children to embarrassment in discussing sexuality issues with their children due to moral values, culture and religious beliefs (Goldman & Bradley, 2018). This therefore, results to lack of luxurious time with family since most teenagers are left to parent their own siblings whilst parents live away for work. This differs from parents in urban areas in the sense that most parents in urban areas are educated, they tend to have close relationships with their children and culture does not act as such a strong barrier to communication as it does in rural areas (Klein, Beusen and Janseen, 2010).

In rural areas, the rate of unemployment is very high and as a result many parents often leave their children alone to work in urban areas (Kanku & Mash, 2010). Due to the changing times, even mothers have entered the workforce which gives the children plenty of time on their own without parental supervision and guidance (Panday et al., 2009). Under these circumstances, teenagers have a lot of responsibilities and they may seek comfort and care in places that may be harmful. This is also the case in child-headed households, where there is a lack of parental guidance and supervision (Grant & Hallman, 2006). There are also gender differences in parents' abilities to act as sex educators for their teenagers. Fathers tend to have a more conservative and normative attitude about sexuality (Gursimsek, 2009). Francis (2010) found that teenagers also find it uncomfortable to discuss sexuality issues in the presence of the opposite sex; they prefer to be taught by a same-sex educator or parent and be in a single-gender group rather than in a mixed group. However, teenage boys prefer to talk to their mothers when having sexual problems and find it difficult to approach their fathers (Goldman & Bradley, 2018). This is because mothers tend to be more caring, empathetic and responsive to their children's needs and this makes it easier for teenagers to approach them and discuss sexuality issues than with their fathers who believe in a more moral aspect of parenting (Goldman and Bradley, 2018; Gursimsek, 2009).

Equally, teenage mothers need comprehensive support from their parents and families. Although the primary emphasis is on preventing teenage pregnancies, parental support remains vital when they do occur. Teenage mothers who are not married should not be made to feel isolated or ostracized by society, especially by parents and one's own family. Parental support has often been suggested as a buffer for the stress that teenage parents experience as a result of teenage parenthood. Parenting has been conceptualized by Darling and Steinberg (1993) as the overall emotional climate within which socialization occurs. According to Amoateng, Richter and Makiwane (2019), parents function as a primary source of social support for individuals, in addition to constituting an integral part of collective networks and ecologies. With an increased familial support system, single teenage mothers may be more likely to evaluate the quality of their parenting, as their exposure to what constitutes quality parenting may increase. This is because the extent of a parental support system influences parenting quality (Van Der Berg, 2012).

Furthermore, according to Van Den Berg (2012), teenage mothers who are more satisfied with their support networks may feel more capable as parents. Parental efficacy, according to Coleman and Karraker (2010), alludes to parental expectations of competence in the role of parent. In addition, Boateng, Botchwey and Adatorvor (2023) asserts that social support from family members contributes to the enhancement of a teenage mother's parenting efficacy in all aspects of her parenting role. However, there is a paucity of research on the role of parents



and its effectiveness in supporting teenage mothers, especially in communities with low socioeconomic status (Coert, Adebiyi, Rich, et al., 2021) necessitating further investigation of the role of parents. It should be noted that teenage pregnancy does not only affect the teenager but it has an impact also on parents who also need support services (Osok, Kigamwa and Huang, 2018). The next section discusses the services available to parents of teenage mothers.

## **2.6 Global versus Locals Services Available to parents of teenage mothers**

It is inopportune to note that not much attention has been given to the parents of the survivors of sexual abuse and exploitation (UNICEF, 2016). This then gave impetus for this current study to explore this aspect as well. However, in more developed countries such as the USA and the United Kingdom “specialists can also provide counselling to the child and her parents for creating structured, safe, and nurturing environments” (Child Welfare Information Gateway, 2018). According to the Child Welfare Information Gateway (2018), therapy sessions may cover such areas as trauma-informed therapy which acknowledges the impact of trauma on the child and the whole family, particularly the parents.

Other resources and services can be obtained from the health facilities. For example, in South Africa, a victim and her parents may be provided with assistance through government sites such as hospitals and clinics or private health facilities funded by NGOs such as the Zoe Pregnancy Crisis Centre, where the researcher works. Parents are usually provided with unstructured counselling services when accompanying their children unless they have serious mental health challenges (Child Welfare Information Gateway, 2016). In addition, according to the Department of Social Development (2018), there are measures specifically developed to provide care and support services to the parents and the survivors. It is, therefore, important to note that although services are insufficient, there are services offered for both the survivors and their parents in South Africa. From the presented information above, it can be noted that there are few services provided to the family members of the survivors of sexual and gender-based violence; hence this study has attempted to understand the lived experiences of parents of teenage mothers with a special focus on Chief Albert Luthuli Municipality in South Africa. It has also been noted that there was no available literature regarding the services available to parents who encountered the problem of teenage pregnancy.

## **2.7 Risky Behaviours and Parenting Styles**

Risk-taking behaviours refer to actions that are likely to result in negative outcomes (Lau & Yuen, 2013). In general, it consists of negative risk-taking behaviours, sometimes referred to as problem behaviours. According to social cognitive theory, the development of risk-taking behaviour may be influenced by both external and internal stimuli (e.g., family, school, peers; Reynolds, MacPherson, Schwartz, Fox and Lejuez, 2014). As a typical and unavoidable external stimulus, parental style is closely associated with teenagers and young adults' behavioural development. Parenting style, which refers to the typical ways in which parents think, feel, and act with regard to childrearing (Kim, 2017), has been categorized into three various categories, including warmth, rejection, and overprotection. These parental approaches predict the likelihood that teenagers and young adults will exhibit behavioural problems. For example, parental warmth (defined as physical affection, commendation, and other forms of emotional support) is related to reduced levels of delinquent and aggressive behaviour in teenagers (Greco, 2020). In contrast, parental rejection, which is characterized by hostility, punishment, and derogation, is associated with an increase in externalizing problems, such as smoking, suicide and risky sexual encounters (Faraji, Lacin, ve Tezcan, 2022). Lastly, parental overprotection, which refers to parenting that is exceedingly intrusive and highly restrictive, is associated with an increased lifetime likelihood of smoking (Lau & Yuen, 2013). Based on these studies, this study assumes that parental warmth is negatively associated with risk-taking behaviour in young adults such as unsafe sexual encounters, whereas parental rejection and overprotection are positively associated with such behaviour. This prospect is supported by the transactional model, which holds that development is the result of a sustained and dynamic interaction between individuals and their environment (Burešová et al., 2015)

Previous studies only examined each parenting style individually and did not attempt to integrate the three parenting styles into a single, unified model that could be used to examine the relationships between these styles and coping efficacy and risk-taking behaviour (Burešová et al., 2015). Thus, it is uncertain whether each parenting style influences risk-taking behaviour that is distinct from the effects of the other two parenting styles. Most previous studies (Roman et al., 2016) focused exclusively on maternal parenting, disregarding paternal parenting. However, maternal, and paternal parenting approaches may be associated with differences in teenage adjustment. This necessitates additional research on the effect of parental style on teenagers' hazardous behaviours, including both fathers and mothers as well as all three models.

## **2.8 Policy and Legal Framework to Deal with teenage pregnancy.**

This section starts by discussing international instruments in relation to the niche of this study and thereafter a review of national South African policy and legal framework.

### **2.8.1 International Instruments on teenage pregnancy**

Teenage pregnancy is a global phenomenon with clearly known causes and serious health, social and economic consequences hence international instruments have been put in place to reduce its prevalence.

#### **2.8.1.1. United Nations Convention on Rights of the Child**

The United Nations as a global institution is regarded as the custodian of children's rights. The UN Convention on the Rights of the Child (UNCRC) set out children's rights and how governments should work together to make them available to all children. The right to education extends beyond the provision or availability of education (Goldschmidt-Gjerløw, 2019). The right to education is also a means of ensuring the fulfilment of other rights. In this way, access to information (Article 17) is essential for informing the acquisition of rights-based content as part of an individual's education rights through education (Vandenhoe, De Clerck, Mahieu, Ryngaert, Timmerman and Verhoeven, 2011). In addition, education rights include guarantees of self-determination, participation, and protection. The right to information is crucial for ensuring the realization of rights in education (Van Leent and Spina, 2017). While a human rights framework mandates the indivisibility, interrelatedness, equality, and interconnectedness of all rights (United Nations 1948), the interrelationship between (the right to) education and (the right to) information as a means of realizing rights is therefore intertwined in the context of a discussion about comprehensive sexuality education (Vandenhoe, De Clerck, Mahieu, Ryngaert, Timmerman and Verhoeven, 2011). This implies that sexual education is a right for all children hence it should be provided both at home and at school. Thus, the right to comprehensive sexual education is a component of the human right to education aimed at informing teenagers about sexuality and reducing pregnancy prevalence among this constituent.

The Convention is supported by three general principles that correspond to specific articles: the best interests of the child (Article 3), the right to life, survival, and development (Article 6) and respect for the child's views (Article 12) (United Nations 1989). As stated by the United Nations, although the preservation of religious and cultural values and traditions as part of the child's identity must be considered, practices inconsistent with or incompatible with the rights established in the Convention are not in the best interests of the child (Goldschmidt-Gjerløw, 2019). To support and enable the realization of the child's rights under a best-interest's mandate, specific attention must be paid to ensuring that the care, protection, and safety of

the child do not by default outweigh the child's right to access to adequate information that is essential to their health and development (United Nations 2013), such as that provided by comprehensive sexuality education.

Children have the freedom to partake in matters influencing their lives, such as learning about different sexes, genders, and sexual orientations (Van Leent and Spina 2017). Article 12 of the Convention (United Nations, 1989) stipulates that everyone has the right to express their opinions and have them considered seriously. This is in addition to the fact that participation and, more specifically, respect for the child's views are fundamental principles of the Convention. Thus, parents should respect the rights of their children to participate in sexual activities and use of contraceptives in preventing teenage pregnancies. Article 12 imposes on States parties the obligation to introduce the legal framework and mechanisms necessary to facilitate the active involvement of the child in all actions affecting the child and in decision-making, and to give due weight to the child's views once they have been expressed (United Nations, 1989). This requirement remains in effect when applied to sensitive or controversial topics such as sexuality education, teenage pregnancy and abortion.

In addition to being a general principle of the Convention, Article 6 guarantees a child's right to life, sustenance, and development (United Nations, 1989). The child's right to life, survival, and development includes recognizing and comprehending their experiences with sexual orientation, gender identity, and gender expression-based violence. Article 34 of the Convention on the Rights of the Child states that children and teenagers have the right to be protected from sexual abuse. States parties are also urged to develop effective prevention programmes, including measures aimed at changing cultural views about teenagers' need for sexually transmitted diseases (STD) prevention, teenage pregnancies, and addressing cultural and other taboos surrounding teenage sexuality (Sandberg 2015).

#### **2.8.1.2. African Charter on the Rights and Welfare of the Child (ACRWC)**

The African Charter on the Rights and Welfare of the Child is a regional treaty on human rights that was adopted in 1990 and entered into force in 1999 (Levitt, 2008). It establishes rights and defines status principles for minors. The Charter includes protections for children against the apartheid system and harmful traditional practices, such as child marriage (Kibirango, 2021). The African Charter is a potent instrument for holding governments accountable for eradicating child marriage and child pregnancies. The four pillars of the CRC, namely non-discrimination, the best interest of the child, life survival and development, and participation, are also incorporated in the African Children's Charter with the same status (Levitt, 2003).

The main reason ACRWC was adopted was to safeguard the autonomy of the child. ACRWC recognize that children are entitled to special protection measures and, according to their

evolving capacities, they can progressively exercise their rights to independent decision-making (Assim, 2022). To safeguard a child's autonomy, the concept of maturing capacities is indispensable (Assim, 2022). Thus, ACRWC protects the child's autonomy from being undermined by adult authority and acknowledges the child's ability to make decisions regarding conception prevention or access to abortion care. ACRWC requires that minor females have access to contraception and abortion services (Hlongwa and Tlou, 2021). This is aimed at ensuring that unintended teenage pregnancies are reduced across the continent.

Pregnancy, particularly when unintended, poses a significant threat to the life, survival, and development of African minors, which is exacerbated by the criminalization of abortion in some nations (Shah & Åhman, 2012). To protect life, survival, and development, states must ensure that a child can avoid unwanted pregnancy (Oga, Matsui, Anai, Yoshimatsu, Inoue and Miyakawa, 2022). Therefore, access to contraception is crucial. When a pregnancy poses a risk to the minor's life or health, her life should not be cut short by preventable causes such as the inability to access high-quality abortion care. The ACRWC has made it plain that services, including termination of pregnancy, for pregnancies of children resulting from sexual violence must be regarded as an essential right in ensuring victims' survival and development (Kaswa and Yogeswaran, 2020). Thus, ACRWC also recognizes the need for child- and teenage-friendly health services, including the provision of emergency contraception and secure abortion in cases of pregnancies caused by sexual violence. The African Charter on the Rights and Welfare of the Child also requires signatory states to adopt appropriate measures to ensure that girls who become pregnant and teenage mothers can continue their education.

#### **2.8.1.3. African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)**

The African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol, was adopted by the African Union in 2003 and entered into force in 2005 (Chenwi, 2022). It is a comprehensive document that aims to enhance the status and livelihoods of all African women and girls. Article 14 of the Maputo Protocol recognizes the right to sexual and reproductive health, including the right to contraception and abortion care in cases of assault, rape, incest, and where the continuation of pregnancy endangers the expectant girl's life or mental and physical health (Ahinkorah, Kang, Perry, Brooks and Hayen, 2021).

Article 14 of the Maputo Protocol requires states to develop precise standards and guidelines for health providers, stating that parental consent and authorization are not required for a minor to receive contraceptive or abortion care (Chenwi, 2022). The Maputo Protocol

recognizes the right to sexual and reproductive health, including the right to contraception and abortion care in cases of assault, rape, incest, and where the continuation of pregnancy endangers the expectant girl's life or mental and physical health (Kangaude, Coast and Feters, 2020). It implies that states should apply legal and policy instruments to preventable maternal injuries and fatalities among minors resulting from unwanted pregnancies that are frequently terminated unsafely, particularly in legal environments that restrict access to safe abortion. According to the Maputo Protocol, states should strengthen their health systems to provide quality care that is consistent with the right of children to access contraceptive and abortion care (Bearinger, Sieving, Furguson and Sharma, 2007). Thus, support services should be readily available to pregnant teenagers and teenage mothers.

### **2.8.2 South African Legislation and Policy Framework on teenage pregnancy**

South Africa (SA) recognises the importance of childhood development and the protection of children and hence it has progressive laws regarding teenage pregnancy and teenage motherhood.

#### **2.8.2.1. White Paper 6: Special Needs Education**

This White Paper was promulgated to address the various needs of learners who are experiencing barriers to learning. It is difficult for pregnant teenagers to cope with their schoolwork because they must go to attend their antenatal check-ups during school hours and attend to their babies once they deliver which is a challenge to them. The White Paper aims at promoting inclusivity in schools, ensuring that schools become inclusive centres of learning, including pregnant teenagers. It calls for a paradigm shift based on the premise that everyone has the potential to learn, given the necessary support (RSA, 2018:3). According to this White Paper, pregnant girls should be included in the education system and not be discriminated against but supported. Therefore, pregnant teenagers are protected by the rights they have been given, hence, regardless of their pregnancy they should attend school so that they will acquire knowledge and later look after their own children than to dropout from school.

#### **2.8.2.2. National Education Policy Act (Act No. 27 of 1996)**

In 2021, the National Education Policy Act (Act No. 27 of 1996) regarding the prevention and management of learner pregnancy in schools. Principal to its mission is the protection and promotion of the various rights enjoyed by minors under the Constitution and other enabling laws. Section 6 of the National Education Policy Act (Act No. 27 of 1996) emphasizes that educators and other relevant entities must establish a secure, supportive, and discrimination-free environment for expectant students (Gillespie et al., 2022). This environment must ensure their safety and safeguard them from abuse and discrimination as contained in Section 6.1.6

which highlights that no educator can discriminate and humiliate a learner based on pregnancy (Du Plessis & Mestry, 2019).

Furthermore, Section 6.2.2 highlights that learners shall receive sexual reproductive health information whereas life orientation and other subjects shall effectively deliver relevant information to the learners (Republic of South Africa, 1996). This is in line with the right to information and right to education as envisaged in the Constitution hence is a teenage pregnancy preventative mechanism. Teachers are required by Section 6.3.5 to report to the South African Police Services (SAPS) any teenage pregnancies that occur in schools, particularly among students under the age of 16 (Jochim, Meinck, Toska, Roberts, Wittesaele, Langwenya and Cluver, 2022). The obligation of educators to report school-related pregnancies to law enforcement officials encourages accountability on the part of the perpetrator when it is determined that the minor was under the legal age of consent to any act of sexual behaviour, and was therefore unduly influenced and exploited for her vulnerability.

Therefore, the National Education Policy Act (Act No. 27 of 1996) aims to provide uniform direction and guidance to the basic education sector when dealing with teenage pregnancies and to ensure that minors are always protected during this challenging time. This progressive legislation addresses numerous rights accorded to minors within the context of South Africa, including their right to reproductive health care, dignity, non-discrimination, equal treatment, privacy, access to education, and the overriding best interest of the child principle, which seeks to always put the interests of the child first.

#### **2.8.2.3. The Choice on Termination of Pregnancy Act (Act. No. 92 of 1996)**

The Choice on Termination of Pregnancy Act (No. 92 of 1996) legalizes the termination of pregnancy using a rights-based framework (Harries & Constant, 2020). It permits any expectant woman or girl to request an abortion up to 12 weeks of gestation, provided by a certified midwife or physician (Eniola & Aremo, 2020). After 20 weeks, abortions are only performed to save the life of the mother (Cooper et al., 2019; Jewkes et al., 2005). The Choice on Termination of Pregnancy Act (No. 92 of 1996) defines a woman as any female of any age, and section 5(1) requires the expectant woman's informed assent for the termination of her pregnancy (Ho, Blumenthal, Gemzell-Danielsson, Gómez Ponce de León, Mittal and Tang, 2007). In accordance with sections 5(2) and (3), no other consent is required for the termination of a woman's pregnancy (Ho et al, 2007). In the case of a minor, the physician or midwife must advise the patient to consult with her parents, guardian, or other family members.

Therefore, the Choice on Termination of Pregnancy Act (Act. No. 92 of 1996) depicts women of any age as equal, autonomous, and free agents. Importantly, it can be argued that the Constitution and the Choice on Termination of Pregnancy Act (Act. No. 92 of 1996) emphasize

that the presence of early pregnancy is not an invitation to introduce and impose restrictions on women, but rather a justification for increased protection. Without this protection, women and girls may be subjected to substandard members of society whose sole function is reproduction.

#### **2.8.2.4. South African Schools Act (Act No. 84 of 1996)**

The South African Schools Act (Act No. 84 of 1996) forbade discrimination in schools based on pregnancy (Du Preez et al., 2019). The South African Schools Act (Act 84 of 1996) permits expectant teenagers and juvenile mothers to remain in school and return to school after giving birth (Govender, Naidoo, and Taylor, 2020). Section 5(1) of the Schools Act (Act No. 84 of 1996) states that a public school must admit students and meet their educational needs without any form of unfair discrimination (Hunter & Morrell, 2021). This means that prospective students, particularly those of compulsory school attendance age, must be enrolled and permitted to attend school. Contrary to sections 3 and 5 of the Schools Act (Act No. 84 of 1996), a school cannot deny admission to a student based on her pregnancy (Ngabaza & Shefer, 2019). It would also contravene the rights of learners to equality, dignity, and a fundamental education (Ngabaza & Shefer, 2019). Complementarily, the Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2020) stipulates that school learners who become pregnant should not be subjected to unjust discrimination (Choma & Kgarabjang, 2019). While the policy's primary focus is on preventing pregnancies, it does establish conditions for females to continue their education. Also, a school cannot prevent a student from attending because she is expectant, as this would contravene the student's right to fundamental education. Importantly, the school cannot penalize or impose difficult requirements on a student because of her pregnancy, as this would constitute both gender and pregnancy-based discrimination.

#### **2.8.2.5. The Children's Act (Act No. 38 of 2005)**

Section 9 of the Children's Act (Act No. 38 of 2005) states that in all matters concerning the care, protection, and well-being of a child, the paramount consideration must be the child's best interests (Singh & Naicker, 2019). Chapter 2 the Children's Act (Act No. 38 of 2005) prioritises access to health care services free of charge for pregnant teenagers. According to the Children's Act (Act No.38 of 2005), children may consent independently to HIV testing, male circumcision, contraceptives (including contraceptive advice), and virginity testing at various intervals before the age of 18 years (Ajayi et al 2020). The Children's Act (Act No. 38 of 2005) specifies that 'contraceptives other than condoms (and also condoms) may be provided to a child upon request and without parental consent of the child's parent or caretaker if the child is at least 12 years old. (Duby et al., 2021) The Act protects the confidentiality of a



child's health status, and in regard to accessing contraceptive services, the Children's Act (Act No. 38 of 2005) states that the child is entitled to confidentiality when receiving condoms, contraceptives, or condom-related advice (Ajayi & Ezegbe, 2020). Certain professionals, including medical professionals, have a reporting obligation under Section 110 of the Children's Act (Act No. 38 of 2005) when they have reasonable grounds or reasonable belief that a minor has been abused, and confidentiality is then limited (Ajayi & Ezegbe, 2020). In general, the Children's Act (Act No. 38 of 2005) highlights that every child has the right to access information regarding the promotion of health and well-being, the prevention and treatment of illness and disease, as well as sexuality and reproduction-related issues.

## **2.9 Conclusion**

This review of literature attempted to illuminate the phenomenon of the challenges faced by and coping mechanisms utilised by parents of teenage mothers. However, these findings were not similar to the angle that has been adopted by this current study, which aims to address some of the weaknesses and gaps that emanate from previous studies. The research methodology is described in the next chapter, Chapter 3.

## **Chapter Three: Research Methodology**

### **3.1 introduction**

This chapter presents the methodological details of this study. Research methodology is what separates other forms of writing from scientific research (Creswell and Creswell, 2018). According to Murthy and Bhojanna (2009), a research methodology is essentially a systematic method, employed to resolve a research problem through scientific data management techniques. The key methodological issues that are addressed herein, include the study's location, research paradigm, research approach, research design, sampling strategy, recruitment process, reflection on the study's data collection processes, data analysis, trustworthiness and ethical considerations.

### **3.2 Location of The Study**

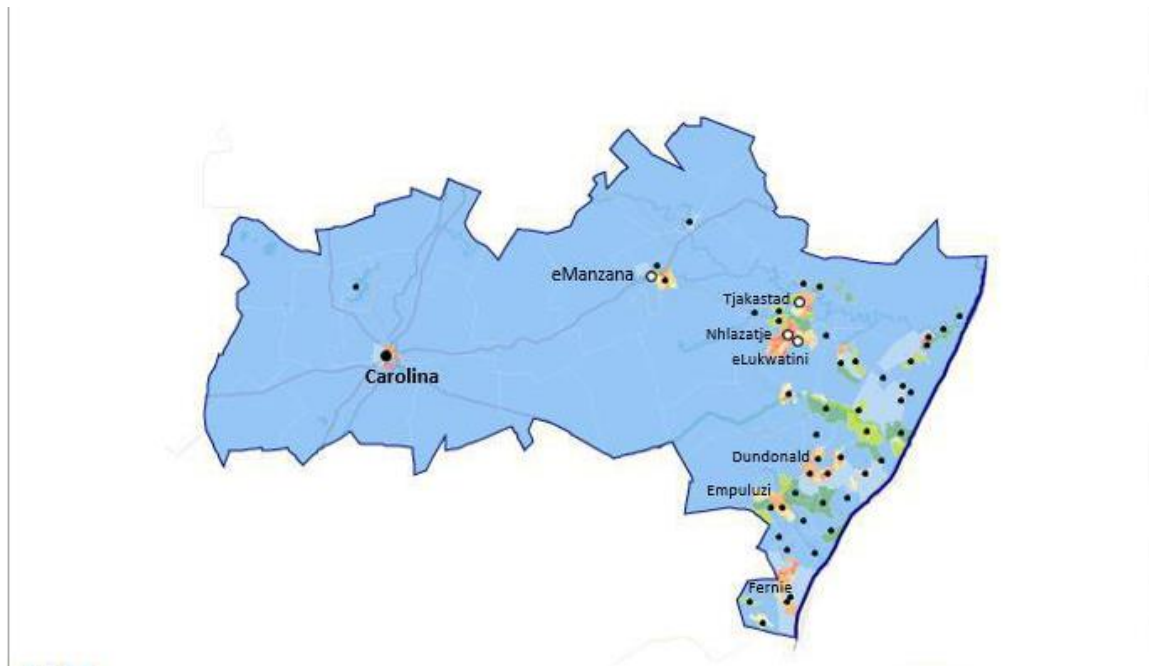
The study was conducted in a research site called: Zoe Pregnancy Crisis Centre. This pregnancy crisis centre is a psychosocial service provider located, in Mpumalanga Province, South Africa. This centre is offering pre-natal psychosocial support, and post-natal psychosocial support, in the form of spiritual, emotional, and professional psychosocial parenting support to teenage mothers and their parents from eManzana which forms part of the Chief Albert Luthuli Municipality (CAL). EManzana is one of the towns within this municipality. The municipality has several towns namely, Carolina, eManzana, Elukwatini, Epuluzi, and Ekulindeni. The challenges addressed by the Zoe Pregnancy Crisis Centre are problems that are prevalent in the broader CAL municipality. This local municipality is situated in the Gert Sibande District of Mpumalanga province. The municipal area was named after the late Chief Albert Luthuli, a South African politician, activist, teacher, and Nobel Peace Prize Winner (Couper, 2009). According to Statistics South Africa (2016), the municipality has a population of 187 630 people.

As one of the developing regions of the province CAL municipality, including the Zoe Pregnancy Centre, comprises mixed classes of people; it is a multi-racial community with a high population of vulnerable individuals and families. According to the Government of South Africa (2020), the municipality consists of a diverse society that faces various social, economic, environmental, and governance challenges. Amongst the challenges faced by community members is teenage pregnancy. The below geographic map also highlights the eManzana where the research was actually focused. This type of community gave the researcher participants who have a diversity of experiences and socio-economic

characteristics, which provided rich and diverse perceptions that are useful for this study. The exploration of the challenges faced by parents of teenage mothers in this community provides a diversity of lessons for the local authorities, social services providers, and health service providers with recommendations for handling teenage pregnancy beyond the teenage mother.

Figure 1 below depicts the geographical map of Chief Albert Luthuli Municipality.

**Fig. 1** Map of CAL Municipality



**Adapted from:** Government of South Africa (2020)

The above map, therefore, depicts the location of this study, virtually. The next section presents the paradigm that was adopted in this study.

### 3.3 Research Paradigm

This study was framed by the interpretivist paradigm. This paradigm is based on the premise of many truths, which can only be understood in a specific context (Creswell, 2014). Kivunja (2017), argue that this paradigm believes that reality is multi-layered and complex and that subjective interpretations are at the core of understanding a single phenomenon. On the same note, Creswell and Creswell (2018) further state that interpretivist philosophy assumes that knowledge is created by community members involved. Thus, in this study, the researcher was aware that reality means different things to different people, hence the need for getting information as presented by the population involved. In this study, interpretivism was relevant

as it aided the researcher to explore and describe the challenges and coping mechanisms of parents of teenage mothers within eManzana, but especially participants who have interacted with the Zoe Pregnancy Crisis Centre. The next section expands this discussion by presenting the research approach that was selected for this study.

### **3.4. Research Approach**

In line with the interpretivist paradigm above, this study adopted the qualitative research approach. This approach was appropriate for the aim of this study because according to Gupta (2009), qualitative research involves collecting and analysing non-numerical data to understand concepts, opinions, or experiences. Additionally, Patton, Romaniuk, Spry, Coffey, Olsson, Doyle and Brown (2015) posits that qualitative research is concerned with life as it is lived, things as they happen, and situations as they are constructed in the day-to-day, moment-to-moment course of events. Society is taken as the arena in which human interaction occurs (*ibid*). Alike, this study focused on the qualitative data (experiences) of service users of Zoe Pregnancy Crisis Centre. Recruiting parents of teenage mothers assisted the research to obtain a different dimension on the issues of parenting, especially when they parent their teenage girls who are now mothers. The qualitative research approach was essentially used to gather in-depth insights into the problems and coping strategies of parenting teenage mothers in eManzana, but more specifically participants who are serviced by Zoe Pregnancy Crisis Centre and generate new ideas for research on the issue of parenting of teenage mothers. The harvested data of this study is focusing on the lived experiences of parents of teenage mothers in relation to prenatal and post-natal teenage pregnancy stages.

### **3.5. Research Design**

Essentially, a research design is a framework which provides an adequate systematic investigation of a research problem (McCaig, 2010). This study adopted the exploratory-descriptive research design. In order to unpack the utilization of the exploratory-descriptive research design, the researcher starts by dissecting the term, exploratory-descriptive. Starting with exploratory research design; it is a mode of conducting research that provides an extended knowledge of a subject (Creswell, 2014). In the same vein, Polonsky (2010: 94) defines exploratory research through these remarks: "it gives the insight into, and an understanding of, the problem presented to the researcher". Exploratory research helped the researcher, in this study, to uncover a relatively less explored research area (parenting teenage mothers) and to gain new insight into this phenomenon in the specifically-selected setting of this study. The reason for using exploratory study, in this case, was not to lay the

groundwork about the topic of this study but to determine if what the researcher noticed in her practice, as the impetus for this study, might be explained by existing research approaches, designs and theories as adopted herein. The study used exploratory design by carrying out in-depth interview, where information is explained and even expressed through the use of non-cue verbal.

On the other hand, the descriptive research design, which is the second building block of the 'exploratory-descriptive', is basically a way of providing a detailed description of the phenomenon that is being studied through the subjective lens of the participants (Creswell, 2014). The researcher used descriptive research so that she can allow the participants to describe the phenomenon more accurately and nuancedly as compared to the exploratory research design, where the researcher was methodologically obliged to harvest basic facts of the phenomenon and thereby create a general picture of conditions. According to Schoeman (2012: 34), "the purpose of a descriptive research design is to define or describe a social phenomenon being studied. It does not attempt to answer questions about how, why, or when the characteristic occurred, but rather focuses on addressing the question of what it is". Alike, this supplementary building block of the term 'exploratory-descriptive' aided the researcher to gather the descriptive opinions of the participants. The next section presents the sampling that was adopted in this study.

### **3.6. Sampling Details**

A sample is a proportion of the entire population to be studied (Leedy and Omrod 2005). Creswell (2004) describes it as participants in a study that are taken from a larger population (Creswell, 2004). Given the reality that this is a qualitative study and the existing bigger number of potential participants, it was therefore sensible to only study a smaller and purposively-selected proportion of the overall potential participants. In this section, the researcher details the sampling strategy that was adopted in this study, the section further presents discussions about the recruitment process of participants and selection criteria.

#### **3.6.1. Sampling strategy**

The study was conducted using non-probability, purposive sampling where parents of teenage mothers were selected, recruited, and interviewed. Non-probability sampling was adopted because of its alignment with the qualitative nature of this study. It was also suitable for use, herein, because of a relatively smaller group of people, without paying much attention to the representativeness of the sample (Creswell and Creswell, 2018). The use of purposive

sampling for research participants assisted in obtaining rich descriptions from parents of teenage mothers, as they possessed the required knowledge for this research.

Purposive sampling is the deliberate handpicking of “those that yield the most relevant and plentiful data, given the topic of the study chosen” (Yin, 2011). The purposive sampling strategy was crucial for this study because the researcher intended to get participants that had the most relevant information for this study, as described in the criteria below.

### **3.6.2. Study sample and selection criteria**

This study selected parents of teenage mothers who are from the expanse of the Chief Albert Luthuli Municipal area, but specifically are serviced by the Zoe Pregnancy Crisis Centre, as a selected research site. Their links with the Zoe Pregnancy Crisis Centre, as service users of the centre, placed them as suitable candidates to provide valuable insights into their challenges and coping mechanisms when parenting teenage mothers. Participants of this study, as per the study’s sampling criterion, included parents of both sexes which included male and female parents of teenage mothers. The reason for choosing both sexes in this study was to gain a diverse perspective and insight into the challenges and coping mechanisms of parents of teenage mothers, given the inevitable differences in the domestic roles of fathers, uncles, aunts and mothers within rural and traditional settings. As a result, the study ended up with both male and female participants who were available or willing to participate in the study. Further analysis into the profile of participants is detailed in Chapter 4.

Parents of teenage mothers were chosen, in this study, instead of the teenage mothers themselves because they have a different lived experience on the issue of dealing with teenage motherhood compared to teenage mothers themselves, and they were providing a broader (familial) perspective on the challenges of parenting a teenage mother. The selection of parents of teenage mothers gives attention to the extended and familial effects of teenage pregnancy and the inherent role that is played by significant others in teenage pregnancy and post-pregnancy stages.

The additional selection and exclusion criteria for participants were as follows:

- The inclusion of parents of teenage mothers aged between 25 and 55 years who were employed and unemployed since they receive the social grant. This was important for the study because the participants were assumed to have some level of financial stability to support their teenage children and grandchildren. As defined in the introductory chapter, for the purpose of this study, the parents referred to herein were biological parents, adoptive parents, and guardians of teenage mothers.

- The selected parents of teenage mothers were expected to have teenage mothers within their homes who had children between the ages of 1 to 6 months because this period presents unique challenges, for infants, teenage mothers and grandparents. The study aimed to understand the challenges of parents of teenage mothers and how parents cope with the prenatal and postnatal challenges of their daughters.
- The study initially aimed to include parents who speak English and IsiZulu fluently, depending on the preference of the participants. This was informed by demographic information and statistics of the Zoe Pregnancy Crisis Centre. Of note, the Zoe Pregnancy Crisis Centre normally cater to individuals who are fluent in IsiZulu and English, but due to the fluidity of people across the countries, other languages were also seldom available. The data collections tools (interview schedules and informed consent forms) were also adapted for IsiZulu and English accordingly. Considering the ethics of research, the researcher was cognisant of the additional language preference of the participants, which were beyond the planned languages. Despite this sampling criteria, in instances of potential participants who were speaking any other local languages such as IsiNdebele and SiSwati, the researcher had to hire a research assistant who was fluent in both IsiNdebele and SiSwati. The fact that IsiZulu, IsiNdebele and SiSwati are closely related dialects (cf. Gaustad and Puttkammer, 2022), some participants were comfortable being questioned in IsiZulu whilst their answers were in either SiSwati or IsiNdebele. However, this only occurred in two interviews. As a result, this study ended up including the majority of those that spoke IsiZulu and English and a minority of those that spoke IsiNdebele and SiSwati (see section 3.7.4 below and Chapter 4, Table 4.1. for the language profile of participants). The researcher is mostly fluent in IsiZulu, English and Shona. As a result, the researcher and the research assistant were both instrumental in translating and transcribing interviews according to their languages of fluency. Even though there was the availability of a research assistant, the researcher was still clear about the contents of the interviews which were conducted in SiSwati and IsiNdebele, respectively, because she can comprehend clearly these languages as well.
- The study also intended to include parents of all races and all socio-economic backgrounds because the diversity of the demographic profile of the participants was likely to enrich the study results. However, black parents were more common at Zoe Pregnancy Crisis Centre and likewise were the only represented race in the participants of this study.
- The study also included parents of teenage mothers who have attended counselling at Zoe Pregnancy Crisis Centre in Chief Albert Luthuli Municipality, where the researcher

is employed. They were selected for their direct and valuable experience with parenting teenage mothers.

The researcher aimed to select about 8-15 participants but was guided by data saturation during data collection. The researcher ended up reaching data saturation with 10 participants. This small sample was necessary as it aimed to harvest in-depth experiences from a selected few as postulated by Cresswell (2014) and is appropriate for qualitative research methodologies.

### **3.6.3. Recruitment Process**

Participants were accessed from the available database of Zoe Pregnancy Crisis Centre (ZPCC). The access of the data was provided by the gatekeeper. As mentioned earlier, the ZPCC provides pre- and post-natal psychosocial services to women from disadvantaged and well-off backgrounds free of charge. This became the best platform for the researcher to encounter more cases of teenage pregnancy involving children who have different experiences. On a monthly basis, ZPCC would normally receive an average of 35-40 teenage mothers and their parents. As a result, it was feasible for the researcher to obtain their information, purposively, and therefore select the most applicable participants for this study. Sensitivity to personal information was observed in terms of the prevailing research ethics policies of the University of KwaZulu-Natal and the conditions of legislation such as the Protection of Personal Information Act of 2013. In the case files, participants had consented to the processing and use of their information for statistical and/or research purposes. As a result, the use of case files as a determinant of suitable participants was compliant with the prevailing privacy laws of South Africa. The working experience of the researcher, as a social worker, at ZPCC also afforded her an opportunity to build a good rapport with the parents of teenage mothers which made it possible for the establishment of a research relationship.

Recruitment started during the follow-up sessions of psychosocial services with the participants. This was when the researcher realized an opportunity to request the voluntary participation of the parents in the study and informed them of the potential value, risks, and other important details about this study. Some potential participants chose not to participate and their choice was respected, in line with the ethics of research. On the other hand, many potential participants decided to participate because of the pre-existing trust and relationship between the researcher (social worker) and the participants (former clients). During these recruitment processes, the researcher was cognisant of her position of superiority as their “former therapist” now their researcher. This limitation of positionality was curbed by constant critical reflexivity and critical journaling of all research milestone decisions, as detailed below in this chapter. An open discussion about the change of roles with the participants was also



done prior to each research recruitment session by the researcher. All ethical concerns (Research Ethics and Social Work Ethics) were considered when dealing with the confidential information of clients (participants of this study).

### **3.7. Data Collection**

Data collection is a crucial aspect of any research study. For this study, face-to-face interviews were chosen as the tool for data collection. In-depth individual semi-structured interviews were conducted to collect data from the participants. The interview questions were open-ended, allowing participants to express their subjective views and experiences freely. Specifically, this section presents and justifies the data collection tools, and details the actual data collection experience.

#### **3.7.1. Data collection tools**

For this study, data was collected through face-to-face interviews. In-depth semi-structured interviews were conducted, individually, with all participants. These were designed as open-ended questions. Open-ended questions, according to Abawi (2018: 7), are those “that are without a predetermined set of responses”. The in-depth interview guide was developed by the researcher and therefore used during the data collection interviews. The researcher chose this particular means of data collection as it allowed participants to share their views, in depth. Semi-structured interviews were used to answer the research questions. The researcher interviewed participants face-to-face. For a novice researcher, this type of interview was challenging but an educational and rewarding experience for the researcher. It allowed for a more personal and in-depth understanding of participants' perspectives, attitudes, and experiences. Nevertheless, it required careful planning, preparation, and execution to ensure that the data collected were reliable, valid, and ethical. In terms of the environment, it was important to choose a setting and/or interview locations that were comfortable and convenient for both the researcher and the participants. As a result, interviews were conducted in eManzini locations that were selected by participants. However, the next section details the actual data collection experience and how did the researcher overcome some of the key challenges that she came across.

#### **3.7.2. The actual data collection experience**

The actual data collection experience presented a number of challenges. The first step, after the recruitment sessions, was to contact potential participants. Subsequently, the researcher had to make numerous phone calls and send emails to make appointments with the

participants. However, some participants were difficult to reach, and some appointments were missed due to the busy schedules of the participants. Consequently, this caused delays in the data collection process. The researcher had to be humanely persistent and flexible to accommodate the participants' schedules and to avoid undue pressure for participation.

During the interviews, the researcher encountered some challenges related to language use. Some participants were more comfortable expressing themselves in their native language, especially SiSwati, which was not the researcher's first language. However, the researcher had to ensure that the data collected was reliable and valid. Therefore, she had to find a way to overcome the language barrier, by hiring a research assistant/interpreter who was fluent in both English and SiSwati. Gaustad and Puttkammer (2022) specify that IsiZulu, IsiXhosa, IsiNdebele and SiSwati are closely related languages that share closely related dialects. As a result, even though the researcher is fluent in IsiZulu, but she could clearly understand SiSwati and IsiNdebele. The use of a research assistant/interpreter ensured that the language interpretation was actually confirmed and validated by someone else. As a result, this strengthened the rigour of the results. Additionally, the research assistant was also a skilled social worker who was familiar with the participants and the professional code of ethics for social workers. Permission was sought in order to invite the research assistant as part of the data collection interviews, especially those interviews that required either SiSwati or IsiNdebele interpretations. In total, the research assistant assisted with two (2) interviews out of a total of (10) ten interviews. The rest of the interviews were conducted in IsiZulu. The specific role of the research assistant was to interpret and translate the research data from two interviews that were conducted in either SiSwati or IsiNdebele.

Another challenge that the researcher encountered was the fact that some participants wanted to speak in the presence of their friends or family members. This situation required the researcher to make adjustments to the interview process to ensure that the data collected was valid and reliable. The researcher had to ensure that the presence of other people did not influence the participant's responses or affect the quality of the data collected. However, this was aligned with the theoretical frameworks of this study, i.e. family systems theory and resilience theory. Both theories acknowledge the interconnectedness and resilience of individuals. Therefore, the presence of other people was seen as a form of support and a welcomed feature for some interviews, as per the preferences of participants. This was also a lesson for the researcher to acknowledge the sense of interconnectedness that exists within African communities, which directly rejects individuality as was planned in the research proposal.

Some participants also requested to conduct the interviews in their homes. This situation provided insights into the participants' family context and systems. This was also beneficial as it was aligned with one of the theoretical frameworks used in the study i.e. family systems theory. It was observed that some participants had large families and family members who often interacted with each other during the interviews. This experience provided insights into the participants' family dynamics, which affected their views of supporting their daughters who were then teenage mothers. Through the help of the participants, the researcher wasn't sure that the setting was free from distractions and interruptions. However, this did not affect the quality of the data collected, instead, it allowed the researcher to observe some of the family dynamics that were playing out during the interview process. For instance, some participants would remind their teenage daughters to breastfeed the children whilst the interviews were ongoing.

The timing of the interviews was also a considered factor in the quality of the data collected. It was generally best to schedule interviews at a time that was convenient for the participants and when they were most likely to be able to focus and engage in the conversation. It was important to be flexible and accommodating when scheduling interviews to ensure that participants can participate without undue burden. Challenges that arose during the data collection process included difficulties in scheduling interviews, communication barriers, and difficulties in building rapport with some participants. Overcoming these challenges required additional effort on the part of the researcher, such as clear and consistent communication with participants, being responsive to their needs and concerns, and being adaptable in the face of unforeseen obstacles.

For an inexperienced researcher, there were several lessons that the researcher learnt from this data collection experience. One important lesson is the importance of thorough planning and preparation, including developing a clear research question, designing an appropriate interview guide, and ensuring ethical considerations are taken into account. Additionally, as a novice, the researcher learnt the importance of being flexible and responsive to the needs and concerns of participants, as well as the value of building rapport and establishing a trust to facilitate open and honest communication.

### **3.8. Methods of Data Analysis**

This section of the research report discusses data analysis. Essentially, data analysis is defined as a process of cleaning, transforming, and modelling data to discover useful information for social research (Gong, 2015). In this study, the data was analysed using thematic content analysis. Thematic content analysis is a method of analysing qualitative data

whereby data is grouped according to identified emerging themes (Nowell, Norris, White, and Moules, 2017). For this study, manual data analysis (as detailed in the seven steps below) was employed instead of using analysis applications such as NVIVO. The reason for this was to allow the researcher to be more immersed in the data and gain a deeper understanding of the participants' perspectives, attitudes, and experiences. The manual analysis allowed the researcher to closely read and interpret the data, identify emerging themes, and provide rich descriptions of the findings which is an opportunity that was going to be slightly missed when using software for data analysis. The manual approach of analysis enabled the researcher to gain a more nuanced understanding of the data, as opposed to relying on software-generated themes. The researcher employed the Tesch's step-wise format to analyse data, as described by Braun and Clarke (2006).

The seven steps utilised during the data analysis process are as follows:

- Familiarization with the data:

During this step, the researcher familiarized herself with the audio and transcribed files. This involved listening to the audio and reading through the transcripts to gain an overall understanding of the data. According to Nowell et al. (2017), familiarizing oneself with the data is an essential first step in thematic analysis, as it provides a foundation for identifying patterns and themes.

- Coding:

In this step, the researcher identified the themes or patterns in the data and assigned codes to them. Open coding is a common approach used in thematic analysis, which involves identifying and categorizing data without being influenced by pre-existing theories or frameworks. According to Guest, MacQueen and Namey (2012), open coding is a useful approach for identifying themes and patterns in qualitative data.

- Searching for themes:

After coding the data, the researcher looked for patterns and connections between the codes to identify potential themes. The researcher examined the codes in relation to each other to identify overarching concepts that emerged from the data. Braun and Clarke (2006) highlight the importance of searching for patterns in the data during thematic analysis.

- Reviewing themes:

Once potential themes were identified, the researcher reviewed and refined them. This involved checking that the themes were grounded in the data and that they accurately

capture the content and meaning of the data. Guest et al. (2012) emphasize the need for rigour in reviewing and refining themes to ensure that they accurately reflect the data.

- Defining and naming themes:

After reviewing the themes, the researcher defined and named them. This involved writing clear and concise descriptions of the themes and creating labels that accurately reflect their content. Braun and Clarke (2006) suggest that defining and naming themes is an important step in the thematic analysis as it helps to clarify the findings and ensure that they are accurately represented.

- Writing the report:

In this step, the researcher wrote a report that included thick descriptions of the participants and an interpretation of the themes and findings from the data analysis (see Chapter 4). This report provides a clear and concise summary of the study, the data analysis process, and the identified themes. Nowell et al. (2017) note that writing the report is an important step in the thematic analysis as it provides a framework for communicating the findings to others.

Finally, the researcher shared the findings with research participants for member-checking purposes and to some extent it was emotionally draining for the participant to have a recap of their experiences. This step involved presenting the findings in a clear and concise manner and explaining how they relate to the research questions or objectives. The language issue was still an important factor during the confirmation of the data, as a result, the SiSwati/IsiNdebele-speaking interpreter was still hired for this process well, in applicable interviews. The Braun and Clarke (2006) framework provides a structured approach to data analysis that allows for a rigorous and thorough exploration of qualitative data. By following these seven steps, the researchers ensured that her findings were grounded in the data and accurately reflects the experiences and perspectives of the participants.

### **3.9. Trustworthiness**

Trustworthiness is a term used in qualitative research to refer to validity and reliability. Trustworthiness focuses on the credibility, transferability, dependability, and confirmability of the findings. In this study, trustworthiness was central, as it was important to ensure that the findings were reliable and valid. Trustworthiness was central in this study. According to the Connelly, (2016), trustworthiness consists of four elements namely; credibility, transferability,

dependability, confirmability, and critical reflexivity. These factors are discussed in the sub-sections below.

### **a) Credibility**

Credibility is defined by Korstjens and Moser (2018: 35) as the “confidence that can be placed in the truth of the research findings”. Credibility establishes whether the research findings represent plausible information drawn from the participants’ original data and is a correct interpretation of the participants’ original views” (ibid). In this study, credibility was essential to establish the accuracy and authenticity of the research findings. Credibility ensures that the research findings are based on plausible information drawn from the participants' original data and are a correct interpretation of their views (Korstjens and Moser, 2018).

To enhance the credibility of this study, the researcher employed several strategies. Firstly, in-depth interviews were conducted with the participants, allowing them to explain their perspectives and experiences in detail. This approach allowed for a deeper understanding of the participants' views and ensured that the data collected was accurate and authentic. Secondly, the researcher probed and sought feedback from the participants during the interviews to clarify their responses and ensure that their views were accurately represented in the data. This approach ensured that the data collected was credible and reflected the participants' perspectives. Reflections on the research context also contributed to enhancing the credibility of the study. The researcher acknowledged the potential biases that may have influenced the research process and findings, including her own biases, and took steps to address them. For example, the researcher employed reflexivity throughout the research process, including data collection and analysis, to critically examine her own perspectives and values, that may have influenced the research process and the findings. This approach ensured that the findings were based on the participants' views and not influenced by the researcher's biases.

### **b) Transferability**

This is generally viewed as the ability of the study results to be applied to other contexts (Hippis, 2019). For this study, through paying attention to details during the study, the researcher is confident that the findings will also be applicable to other areas outside the Chief Albert Luthuli Municipality. Despite the selected sample being relatively small, the study results are likely to be transferrable to other similar areas in South Africa and beyond since it was conducted in a detailed, justified, explained, credible, and presented in an ethical manner. This chapter and Chapter 1, of this study, provide a detailed description of the research methodology and data collection process employed. This includes a description of the study population, sample selection, data collection tools, and the data analysis process. The chapter

also outlines the ethical considerations taken during the study, including obtaining informed consent from the participants and ensuring their anonymity and confidentiality. The detailed description provided in Chapter 3 helps other researchers to identify the "science" and protocol employed in this study and thus enhances the transferability of the study findings. Other researchers can use the methodology described in this study to conduct similar research in their own context, thereby increasing the applicability of the findings to other areas beyond the study area. Additionally, the detailed description of the ethical considerations taken during the study enhances the credibility of the study and increases the likelihood that other researchers will be able to apply the findings in their own research.

### **c) Confirmability**

Confirmability means the degree to which the findings of the research study could be confirmed by other researchers (Korstjens and Moser, 2018). Through a detailed description of the study process, the study results can also be confirmed by other researchers. Data collected during the field visits (audios and field notes) is also available for verification by the research supervisor to ensure confirmability is guaranteed. In this regard, Lincoln and Guba (1985: 35) stated that "confirmability concerns the aspect of neutrality". Therefore, the data collected was interpreted based on themes that were identified. Research tools were also followed as a guide in order to explicate the scientific steps that were taken.

### **d) Critical reflexivity**

According to Hipps (1993), critical self-reflection is about oneself as a researcher (own biases, preferences, preconceptions), and the research relationship (relationship to the participants, and how the relationship affects participant's answers to questions). Critical reflexivity is crucial in this study as the researcher is currently employed as a social worker within the research site. The researcher intended to ensure critical reflexivity in numerous ways. The researcher's preconceived ideas about the subject under study were documented by the researcher in the reflection research journal so that the researcher can be aware of her ideas and be able to critically avoid their deductive influence on the data collection and analysis of the research. Critical reflexivity is an important aspect of qualitative research, as it involves acknowledging and critically examining the researcher's own perspectives, values, and biases that may have influenced the research process and the findings.

### **e) Dependability**

To ensure consistency, repeatability or dependability, the researcher described the research processes explicitly, which included the details of the research questions, research designs and the researcher's role in the interview.

### **3.10 Ethical Considerations**

To ensure that no harm was caused to participants, this study adhered to several ethical considerations. Firstly, permission to conduct the study was sought from relevant authorities, including the management of ZPCC and the University of KwaZulu-Natal Research Ethics Committee. As the study involved human subjects, various ethical concerns were addressed, including obtaining informed consent, ensuring participation was voluntary, respecting the right to withdraw, maintaining confidentiality and anonymity, ensuring privacy in handling data, seeking permission to use a digital recorder, and providing participants with debriefing.

#### **3.9.1. Informed consent**

De Vos, Strydom, Fouche and Delport (2011) define informed consent as a contract between the researcher and participants. In this study, participants were fully aware of the nature of the research and were provided with consent forms that addressed any questions they may have had. The participants were given the opportunity to sign the consent forms voluntarily and without coercion. In order to accommodate participants who were more comfortable with the IsiZulu language, the informed consent forms were interpreted by the research assistant for their convenience. Participation in the study was entirely voluntary and no one was coerced into taking part. Additionally, all potential participants were over the age of 18 and were informed that the research process was not a part of the usual services offered by the ZPCC.

#### **3.9.2. Voluntary participation and the Right to withdraw from the study.**

The researcher informed the participants that participation in the study was voluntary and that they were not forced to participate if they do not want to. The researcher also informed the participants that they have the right not to answer any question that they are uncomfortable with, and they have a right to withdraw at any stage of the research process. Voluntary participation was crucial in this study. The voluntary nature of the study ensured that the participants were not coerced or pressured into participating, which could potentially affect their relationship with the researcher as their social worker. By emphasizing that participation was voluntary, the participants were empowered to make their own decisions about whether or not to participate, and they could withdraw from the study at any stage if they felt uncomfortable or if their participation then turning to harm their relationship with their social worker. The right to withdraw also ensured that the participants had control over their own data and that their confidentiality and anonymity were maintained. Overall, voluntary participation and the right to withdraw were essential to ensuring the ethical conduct of the research and protecting the participants' well-being.



### **3.9.3. Confidentiality/ anonymity**

According to Babbie (2012: 67), confidentiality is when a researcher can identify a given person's responses but essentially promise not to do so publicly. Anonymity was practised by using the participant's first name codes or numbers to identify them on data analysis i.e., Participant P8. Each participant was labelled through the use of a number to ensure confidentiality. This information was also explained to the participants. The location of data collection played a crucial role in ensuring the anonymity of research participants. By selecting a location that is private and secure, the researcher reduced the likelihood of unintended disclosure of participants' identities. The use of a sample instead of selecting the entire population also ensured the anonymity of participants. Confidentiality and anonymity are two important aspects of ethical research that are often used interchangeably, but they have distinct differences. Confidentiality refers to the protection of the participants' identities and personal information from unauthorized disclosure, whereas anonymity refers to the protection of the participants' identities from the researcher and the public to (Babbie, 2012).

In this study, the researcher ensured both confidentiality and anonymity. Confidentiality was maintained by ensuring that the participants' personal information and responses were kept confidential and were not shared with anyone outside of the research team. The participants were informed that their responses would be kept confidential and that their identities would not be disclosed publicly.

Lastly, the audio recordings and transcripts were stored securely and only accessible to the researcher and her supervisor.

The Protection of Personal Information Act (POPIA) is a South African law that regulates the processing of personal information by public and private bodies. It sets out the minimum standards regarding accessing and 'processing' of any personal information belonging to another. The POPI Act empowers its citizens with enforceable rights over their personal information, establishing eight minimum requirements for data processing (e.g. introducing consent as a required legal basis), creating a broad definition of personal information for comprehensive end-user protection, as well as forming the Information Regulator (SAIR) as lead enforcer and supervisor of the law. The law is designed to protect the privacy of individuals by ensuring that their personal information is processed lawfully, fairly, transparently and with informed consent. In this study, the researcher ensured compliance with POPIA by taking various measures to protect the personal information of the participants. Specifically, the participants' personal information, such as their names and contact details, were kept confidential and were not shared with anyone outside of the research team.

(researcher, research assistant and the supervisor of the project). The personal information was also stored securely and only accessible to the research team. Additionally, the participants were informed about the purpose of the study, how was the data going be collected, and how their personal information would be used. They were also informed that their personal information would be kept confidential and that their identities would not be disclosed publicly. Moreover, the researcher obtained informed consent from the participants before collecting any personal information. The informed consent process involved explaining the study's purpose, the data that would be collected, and how the data would be used. The participants were given the opportunity to ask questions and were provided with a consent form to sign.

#### **3.9.4. Non-maleficence/ Do no harm.**

According to Burns and Grove (2005), one of the fundamental ethical principles in research is the avoidance of harm. This principle requires researchers to take precautions to prevent any form of harm to participants, which can be physical, financial, psychological, or any other form of harm.

Arrangements and reservations were made available for clients who wanted counselling sessions at the organisation. The researcher prioritized the well-being and safety of participants and had a plan in place to address any potential risks or negative consequences including offering support and referrals for counselling and ensuring that participants are fully informed and have given informed consent to participate in the study. Fortunately, none of the participants required counselling even though it was made available. Of note, the researcher is also a qualified social worker who was able to identify nonverbal cues and she managed to communicate appropriately as a trained communicator/social worker. The researcher had already obtained gatekeeper letters through the permission from the management of Zoe Pregnancy Crisis Centre and had perused the feasibility of getting a fair number of participants from the available databases. The participants were also not inconvenienced during their work processes. The researcher adhered to the research objectives and interview schedule to avoid asking upsetting questions that are unnecessary for the study.

#### **3.10. Conclusion**

This chapter provided a comprehensive overview of the research methods and techniques used in this study. The chapter highlighted the importance of ethical considerations, including voluntary participation, confidentiality, anonymity, and critical reflexivity, in ensuring the trustworthiness of the research findings. The chapter also described in detail the process of data collection, including the use of in-depth interviews and thematic content analysis.

Throughout the chapter, the researcher reflected on the challenges and lessons learned during the research process, including the importance of flexibility and adaptability in responding to unexpected circumstances. The chapter also emphasized the significance of self-reflection and awareness of personal biases and preconceptions in ensuring the trustworthiness and accuracy of the research findings.

In summary, this chapter laid the groundwork for the subsequent presentation and analysis of the research findings. The methods and techniques used in this study were chosen meticulously, in order to ensure that the research was conducted ethically, rigorously, and transparently. The next chapter presents the results of the study, based on the techniques and methods discussed in this chapter.

## **Chapter Four: Data Presentation, Analysis, Findings and Discussion**

### **Introduction**

This chapter presents the actual analysis and the discussion of the findings of this study. As mentioned in the preceding chapter, thematic data analysis was used in the presentation and analysis of this chapter.

In order to maintain the trustworthiness of this study, verbatim quotations from the participants are used in the data presentation and analysis herein. The propositional statements from the participants are herein examined. The interviews were translated vernacular and therefore the English words may not match the vernacular exactly. The themes that emerged from the proposition statements are herein analysed and formed part of the study results. Semi-structured interview schedules aided the researcher in pre-categorising some of the questions, in line with the broader research objectives.

Before discussing and presenting the main themes and subthemes, this chapter presents the socio-demographic characteristics of the sample. The demographic data is followed by a discussion of the four themes that emerged from the data, with their inherent subthemes. These main themes are the causes of teenage pregnancies; challenges faced by parents of teenage mothers; coping mechanisms employed by parents of teenage mothers; and availability of support for teenage mothers. From the main themes, subthemes were also generated. Literature from previous studies and the theoretical framework of this study are used in the discussion and interpretation of the results of this study.

### **4.1. Socio-Demographic Characteristics**

Ten interviews were conducted with the study participants who were given pseudonyms, for instance, Participant P1 to Participant P10. This labelling of participants is in line with the ethical consideration of ensuring confidentiality and anonymity. The participants provided information pertaining to their age; relationship to the teenage mother; area of residence and language of preference. Table 4.1 below contains these socio-demographic characteristics of the study sample.

**4.2. Table 4.1: Socio-demographic characteristics**

<b>Pseudonym</b>	<b>Age</b>	<b>Relationship to teenage mother</b>	<b>Area of residence</b>	<b>Language of the interview</b>	<b>Participants 'age when they were pregnant</b>
Participant P1	46 years	Mother	Urban area	IsiZulu	14
Participant P2	51 years	Father	Rural area	IsiZulu	14
Participant P3	44 years	Guardian	Urban area	English	15
Participant P4	48 years	Father	Urban area	IsiZulu	17
Participant P5	50 years	Mother	Rural area	IsiNdebele	15
Participant P6	46 years	Guardian	Urban area	IsiZulu	15
Participant P7	51 years	Mother	Urban area	English	16
Participant P8	39 years	Mother	Rural area	SiSwati	15
Participant P9	45 years	Mother	Urban area	IsiZulu	15
Participant P10	45 years	Father	Urban area	IsiZulu	15

Based on the table above, the age range of the participants is aligned with the planned sampling criteria which is described in Chapter 3. Although the sampling criteria intended to include those who are between the ages of 25 and 55 years, the actual age range of this study was 39 to 51 years. While the age differences do not have any direct impact on the analysis, it is noteworthy that had different age ranges. Additionally, there was notable diversity in terms of the relationship of the participants with the teenage mother. For instance, some participants were fathers, mothers, whilst some were guardians to these teenagers. This then provided a diverse outlook on the results. Their area of residence was also diverse, which included participants from rural and urban areas. Specifically, Table 4.1 shows that seven (7) out of the ten (10) participants reside in an urban area, whilst the other three (3) participants resided in the rural areas. This diversity allows for a more comprehensive exploration of the challenges and coping mechanisms of parents of teenage mothers within the Chief Albert Luthuli Municipality.

### **4.3. Core Themes Analysed**

The data was organised into themes and sub-themes that are not necessarily independent of one another, but these themes give cohesion to the organization of the data. Table 4.2 below provides a schematic derivation of the themes and subthemes.

**Table 4.2 Schematic derivation of themes**

Theme	Description	Sub-themes
Theme 1	Causes of teenage pregnancies	Television and social media influence
		Lack of parental guidance and involvement
		Poverty
		Lack of sex education
		Peer pressure
		Sexual exploitation and abuse
		Early Age Alcohol consumption
Theme 2	Challenges faced by parents of teenage mothers	Financial challenges
		Family conflicts
		Stigma and discrimination
		Psychological distress
Theme 3	Coping mechanisms employed by parents of teenage	Social support
		Problem-solving skills
Theme 4	Availability of support for parents of teenage mothers	Availability of support
		Role of stakeholders

Table 4.2 shows that there were four themes that emerged from the data. These are discussed in detail below.

#### Theme 1: Causes Teenage Pregnancies.

This theme presents the four (4) sub-themes that were perceived as the causal factors of teenage pregnancies by the parents of teenage mothers. These four subthemes are namely: TV and social media influence; lack of parental guidance; and involvement; and poverty and peer pressure.

##### **4.3.1. Influence of TV and social media**

The study participants highlighted that television (TV) and social media was one of the factors that lead to teenage pregnancies. Some of the responses were as follows:

Participant P1 said:

*“So the girls end up sleeping around to show others on Facebook that they are having nice things. It’s worse for girls than boys that is what I think.”*

Participant P2:

*“They also try to follow the presenters they hear on the radio and see on TV. If you follow those presenters they are promiscuous and promote bad habits for my young girl.”*

*“Technology is good and bad at the same time. Young people are now exposed to pornography which they can get from social media and they want to experiment with it in real life. Social media gives girls the wrong things about sex. It does not tell you that sex has consequences like pregnancy and HIV.”*

On the same note, Participant P3:

*“This is another issue that is promoting teenage pregnancies. There are tv shows which show sex and it’s all normal. Children imitate what they see and they want to experiment with sex and end up having children. Social media makes children think that all the people are having sex and they go on to do it. It promotes immorality because if you look at the content of social media, half of it has naked women who are sexualized and then the boy’s experiment.”*

Participant P4:

*“I think girls are taken advantage of and more vulnerable to having sex because of social media and TV.”*

The comments above highlight the effects of TV and social media such as ‘Facebook’ in instigating risky sexual behaviour since, the teenagers were exposed to television and social media.

On another front, four of the participants also shared the same sentiments on the influence of TV and social media. Their views were as follows:

*“They are watching a lot of sex on social media and then they try it in real life. Social media has destroyed the whole generation. Do you know that there are people who sell sex on social media like Twitter and these boys can buy it?”*

Participant P5 said:

*“Programmes on TV promote alcohol and sex and children do that as they experiment.” Instead of also showing life learning sessions which promote wellbeing.*

Participant P8:

*“In our days there was no TV and there was nowhere you could copy things like this. Sex was a private thing and it was only for adults. Even to talk about sex was taboo in our days. But these days it’s all over the news and you cannot expect these children not to try it.”*

According to Participant P6:

*“Then another thing is the issue of sex being popularized on TV and every media and it is not a good thing especially for teenagers. They have now access to every material about sex and then they go and do it.”*

From the above responses it is noticeable that all participants were criticizing television and social media as a negative influence to children and as a causal factor for teenage pregnancy.

They described how does the teenagerhood-exposure to sexual content on television and social media lead to experimentation with sex among teenagers and promotes sexual immorality. Some participants also suggested that the availability of sexual content on social media may contribute to teenage pregnancies.

For instance, Participant P4 described how some individuals sell sex on social media platforms such as Twitter, which could influence young boys to engage in irresponsible and early sexual activity. Similarly, Participant P5 attributed the promotion of alcohol and sex on television as a factor in teenage pregnancy. Overall, the participants' responses suggest that media exposure is perceived as a significant factor contributing to teenage pregnancy within the Chief Albert Luthuli Municipality. Over the years there has been a growing concern by parents that social media and television are promoting sexual immorality among teenagers (Collins et al. 2018).

Barker et al. (2019) found that almost half (48%) of young females acquire their knowledge about sex, pregnancy, and parenthood from television, while over half (55%) of youth population that she studied believed that television and film promote teenagers to engage in sexual activity. In terms of sexual activity, there is evidence that teenagers who watch sexual material on television are more likely to get pregnant either as teenagers or even as teenagers (Bewa, 2021). Social media puts pressure on young girls who end up engaging in sexual activities for material things.

Societal and consumerist pressure to own objects of luxury and prestige brought by social media drives sexual immorality among the teenagers in modern day societies (Bewa, 2021). Concepts of gender, romance, and trade from other cultures are all thrown into this potentially



explosive mixture. Sserwanja et al. (2022) contend that the impact of media is different on boys and girls. The study participant highlighted that girls are affected more than boys by media

Contrary, other participants did not perceive that radio promotes sexual immorality and teenage pregnancies.

Participant P3 said:

*“I don’t have a problem with radio because they are one platform where this issue is discussed comprehensively.”*

Participant P9:

*“We used to listen to the radio for advice and I would like to thank them for that because they are still doing it. Radios play music and give advice. TV they show beer and movies of teenage partying and have sex and this promotes it in our children.”*

Another participant noted that the home setup rather than social media is the major cause of sexual immorality and teenage pregnancies.

Participant P7:

*“For me, it’s not television or social media that is bad. It is the home set-up that is wrong and that provides children with the opportunities to sleep with other people. If you tell your child that sex before marriage is not good and highlight the benefits of not having it then you are doing a good job. I am not saying social media does not have an influence but it is within the power of the parent to control and prevent children from doing sex.”*

The study results show that social media and television are factors that cause teenage pregnancies. The study results support the findings by Sserwanja et al. (2022) as they show that social media, and television have an influence on teenage pregnancy. Sserwanja et al. (2022) suggested that premarital sexual behaviour and teenage pregnancy are high and have been tolerated as a result of the prevalence and cultural diluting effects of television and social media. However, another study has shown that the use of the internet and social media has significantly reduced teenage pregnancies (see Barney et al., 2021).

On a different perspective, Bucknall and Brick (2019) posit that various internet resources, including websites, social media platforms, bulletin boards, and chatrooms, may include health information and enable access to it for a potentially significant number of teenagers. Internet and television programming allow teenagers to engage in a high level of engagement and

provide a venue that is anonymous, discreet, and readily available for them to obtain sensitive sexuality-related material (Fisher et al., 2020). Fisher et al. (2020) recommended in their study that since the majority of health programs employ popular mass media such as television, the content of these mainstream media may be enhanced and made accessible on various social media platforms such as Facebook and numerous websites by internet users. Despite, the positives of social media and TV as shared by literature, aforementioned, this study highlighted the negative perceptions and experiences of parents of teenage mothers about the influence of social media and television. The next subtheme discusses findings on the lack of parental guidance and involvement as another cause of teenage pregnancy.

#### **4.3.2. Lack of parental guidance and involvement**

It is important to note that parents play a key role in reducing teenage pregnancy by teaching youth to make healthy, responsible, and value-based choices regarding sex (Romero and Silk, 2014). This means that the structure and organization of a family contribute to both early sexual initiation and teenage pregnancy.

On the same tone, a majority of participants also highlighted the lack of parental guidance as a factor that leads to teenage pregnancies.

Participant P9 made the following remarks:

*“Families are not protecting their children enough. I like the Muslim community because they do not have too much of these problems with teenage pregnancies because they control and give advice to children. Families are no longer doing that.”*

Additionally, Participant P3 said:

*“I also blame parents or guardians who do not support or supervise their children. If you monitor your child, they will not get pregnant. Children are now dating at a tender age and they have to be monitored and guided.”*

Participant P1 said:

*“Well for me it starts with the lack of guidance. We as parents we are to blame for this but it is something that we don’t want to hear. We are looking for other people to blame. My neighbour’s child is the same age as my daughter. We used to laugh at her saying she is strict with her kids but look who is laughing now. Parents need to guide their children to reduce pregnancies.”*

From the views of Participant P1 ‘lack of guidance’ from parents was a huge factor in causing teenage pregnancies. Teenagers whose parents provide guidance and express strong

disapproval of sexual activity engage in less risky behaviours, are more likely to postpone sexual engagement, and are less susceptible to pregnancy (Anders et al., 2019). One participant highlighted that the lack of parental guidance makes girls vulnerable to pregnancies.

Participant P10:

*“I will speak for myself and my family. Parents we are failing to put good morals to our children. They become vulnerable when they do not have any value or moral which they should uphold.”*

Participant P10 was honest in stating that they are failing as parents in instilling good morals which in turn causes pregnancies of young people. According to the United Nations Children Fund (2013), the absence of a parent increases the likelihood of early sexual engagement and teenage pregnancy for females. On the other hand, Hoffman and Maynard (2008) highlighted that there is a girl's higher chance of pregnancy due to a lack of parental involvement and supervision. Other participants highlighted the lack of parental involvement as a leading to pregnancies of teenagers.

Additionally, to the above excerpts, Participant P2 said:

*“In my case I would say I was not there for my child and I left them alone because of work and that is when they would do all sorts of things. I would say the lack of parental involvement in a child's life. Like I said the absence of a parent in a child's life is a very dangerous thing because it promotes sex. My absence is the reason I am here to support my child.”*

In addition, Participant P7 said:

*“I also can say lack of parent availability. I am always busy and my job as an executive allows me to travel from one end to the other. She said she was lonely and started inviting people over and that's when she started having sex. Little did I realise that I have no time with my child because of my job.”*

The above comments indicate the effects of a lack of parental guidance. A study by Jenkins, Finkelhor, Turner and Shattuck (2008) reveals that in order to enhance their self-esteem, teenagers also sought out connections outside the home due to parental absence or rejection. However, it has been shown that solid family bonds and two-parent households reduce the prevalence of teenage pregnancy (ibid).

A divorced parent of one of the teenage mothers indicated that the impact of single parenting on teenage pregnancies is also a factor in causing teenage pregnancy and teenage motherhood.

*“My mother blames me for not giving my children proper direction. She says you divorced your wife and this gives children a bad example because they think they can move from one partner to the other.”* Participant P6

The above assertion by the participant shows that the marital status (divorce status) or absence of certain parents is presumed to be the cause of unstable intimate relationships in teenagers and ultimately their likelihood of failing pregnant at an early age. Research has also shown that the absence of a parent can be a risk factor for teenage pregnancy. For example, a study by Ramabu (2020) found that paternal orphan hood or desertion is associated with an increased risk of unintended pregnancy in adolescence. Additionally, a study by United Nations Children Fund (2016) found that dual orphans were more than twice as likely to experience an unintended pregnancy before the age of 16 compared to those with both parents living. Furthermore, a review by Mmari and Blum (2009) found that parental absence due to death, divorce, or migration can lead to negative outcomes such as early sexual activity and teenage pregnancy. These studies suggest that the absence of a parent can be a contributing factor to teenage pregnancy, and supports the notion that it is often cited as a reason for this issue. Girls whose parents left their homes early in childhood had the greatest incidence of early sexual engagement and teenage pregnancy (Yamamoto, Suh, Takeuchi and Tonegawa, 2014). Parenting relationships give resources across generational groups and serve as advantages to the survival, reproduction, nurturing, and socialization domains of teenagers (Anders et al., 2019). The teenage period demands parental love, care, warmth, and serious attention in order for the teenager to adapt appropriately to his or her surroundings, especially with regard to sexual activities (Grant, 2009). Warm communication and guidance on sexual matters between parents and teenagers foster a good atmosphere for the teenager's growth, hence minimizing teenage pregnancies (Jenkins Tucker et al, 2001).

The study results imply the need to intensify parental guidance and involvement so as to minimise teenage pregnancies.

#### **4.3.3. Poverty**

Poverty was cited by the majority of the participants as one of the causes of teenage pregnancies. Darroch and Singh (1998) also contend that poverty is a significant factor in teenage pregnancy among females living in poverty. Specifically, participants stated that:

*“I think poverty is the reason why they engage in sexual activities.”* Participant P1

*"The children come from poor families. I was heartbroken when my child told me that she slept with many men so that she gets the money. She says it was for buying things she needed."* Participant P2

*"The lack of money at home is the other thing. Children will like to buy things for themselves and old men have the money. So, they just have a transaction one gets sex and the other get the money."* Participant P10

*"It's all because of the money. They come from families which are poor. In the location (township), I see girls being picked up by fancy cars of old men because they have the money and girls have nothing. The sugar daddies are out to hunt school children because they are easy to get and convince."* Participant P8

The study results show that poverty is a cause of teenage pregnancies. Poverty results in young girls engaging in sexual relationships for survival which is associated with pregnancies (Nyangarika et al., 2020). Since low-income youth are disproportionately prone to engage in sexual activity at a younger age, poverty has been regarded as a factor leading to child pregnancies (Rohmah et al., 2020).

In affirmation, Participant P3 also highlighted important dynamics about the poverty of the family and teenage pregnancy, specifically she said:

*"Families are supporting this because they gain from it financially. A child can give an iPhone 14 as a parent and you don't ask where it came from because you have gained. This practice should be abandoned."*

Teenage girls from low-income homes are more likely to get pregnant than those from middle- and upper-income households (Nyangarika et al., 2020). Early pregnancy is a manifestation of helplessness, poverty, and pressure from partners, friends, families, and communities (Rohmah et al., 2020). This is in line with the statement given by Participant P5

Participant P5 said:

*"Things are hard out there. I think the first issue is we as parents are poor and cannot afford the things that children of nowadays need like phones, laptops and good clothes. I work as an admin clerk and my salary goes to food and transport and there is nothing left to spoil my kids. I am not saying that it happens to poor people only but if you look closely at the statistics you will find that we the poor have many children who are pregnant in their early years."*

However, one parent disputed poverty as the cause of teenage pregnancies.

Participant P4:

*“Maybe it’s because I have failed to provide for them because I am poor. But there are a lot of poor girls out there who are not pregnant.”*

The comments by the participants above show that due to poverty, girls are exploited by older men leading to pregnancies. When older and/or wealthier men have sexual relationships with younger and poorer girls, the latter may see the arrangement as a useful resource and a way out of poverty in general (Rohmah 2020). Owing to poverty, the relationships with holder men are supported by some parents.

Alabi and Oni (2017) reveal that young girls choose motherhood due to their genuinely dismal economic future. Girls achieve their quest for financial stability by falling in love with wealthy individuals who would support them financially. They are thus exploited by older males. The exploitation by older men due to poverty is cited by the participants as a factor associated with teenage pregnancy.

The results showed that teenage girls engage in transactional sexual relationships due to poverty. Both transactional relationships and age disparity partnerships (in which young women have sex with men 5 to 8 years older than themselves) are well-known risk factors for teenage pregnancy and HIV infection (Alabi and Oni, 2017). The study results imply the need to improve the economic status of marginalised communities in order to reduce teenage pregnancies.

#### **4.4. Lack of sex education**

The study participants stated that the lack of sex education is one of the causes of teenage pregnancies. Sex education refers to any instruction that focuses on sexuality and covers topics such as the male and female anatomy, puberty, contraception, STDs, pregnancies, births, parenting, bonding, and family life (Paton et al., 2020). One participant highlighted that the early exposure of teenagers to sexual activities without proper sexual education was problematic.

Specifically, Participant P5 said:

*“They rush into having sex and most of the time without knowledge of how it works and what will happen afterwards.”*

According to Francis (2019), poor sex education leads to a high prevalence of sexual risk-taking behaviours among young people in South Africa. Several studies have shown that a

lack of education on sexuality, contraception, conceiving, and reproductive biology is a key factor in the occurrence of pregnancies among teenagers (Ahinkorah et al., 2021). This is supported by the results of this study.

Participant P1 said:

*“They also don’t use condoms when they have sex and they are not getting enough education on this.”*

Similarly, Participant P7 said:

*“Some do not know how to use contraceptives. It’s high time we as parents sit down with our children and talk real things like sex.”*

The study participants highlighted the lack of sex education as one of the causes of teenage pregnancies. They expressed concern about the inadequate knowledge that teenagers have regarding sexual activity and contraception, which may contribute to risky sexual behaviours and ultimately lead to unintended pregnancies. Participant P5 described how teenagers may rush into having sex without proper knowledge of how it works or the potential consequences. Similarly, Participants P1 and P7 pointed out the lack of knowledge on contraceptive use among teenagers.

Besides the above excerpts, some participants in this study also attributed the lack of sex education to schools, suggesting that more comprehensive sexual education programs should be implemented in schools. Overall, the participants' perspectives suggest that addressing the lack of sex education among teenagers is crucial in preventing teenage pregnancies in the Chief Albert Luthuli Municipality.

Some teenagers may not have a firm grasp on the biological and emotional complexities of having sex, while others may be misinformed by their classmates, media, and others. Teenagers often lack the life experience and maturity to make well-considered judgments regarding sexual behaviour. Paton et al. (2020) found that a lack of sexual intelligence is a contributing factor in teenage pregnancies. Paton et al. (2020) further blamed ineffective sex education in schools for the lack of sexual literacy among high school students. Some participants blamed schools for the lack of sexual education.

Participant P2:

*“Then schools are not doing enough to tell the children about pregnancy. Some have no idea what they were doing and it is all for fun with friends and then they get pregnant.”*

Participant P9:

*“They are not receiving enough knowledge at school about these things. I wonder if they even do life sciences because it has to teach them about sex and pregnancy.”*

Participant P6:

*“I also blames schools. They are not teaching children about sex and health in general. We used to be taught how to use a condom and not to have sex before marriage.”*

From the above comments, some participants, blamed schools for the lack of sexual education, suggesting that more comprehensive sexual education programs should be implemented in schools. Participant P2 expressed concern that schools are not doing enough to educate children about pregnancy and the potential consequences of engaging in sexual activity. Similarly, Participant P9 questioned whether schools are adequately teaching life sciences, which includes information about sex and pregnancy. Participant P6 also expressed disappointment with schools' failure to provide children with adequate sexual education.

One study participant, a father, noted that due to culture, he cannot give sexual knowledge to the teenage mother

Participant P2:

*“It’s difficult for me as a man to talk about sex with my child. Culturally it’s not possible. My sisters live in North West so it was not possible for them to come and sit down with the girl.”*

The above quoted participant, a father, noted that cultural factors may also contribute to a lack of sexual education. He suggested that his cultural background and beliefs prevent him from providing adequate sexual knowledge to his teenage daughter, highlighting the need for broader efforts to provide accurate sexual education to teenagers in the Chief Albert Luthuli Municipality. Overall, the participants' perspectives suggest that schools have an important role to play in addressing the lack of sexual education among teenagers, and that broader efforts are needed to provide accurate sexual education to prevent teenage pregnancies.

The entirety of findings, as shown above, are supported by recent previous research that identifies a lack of sexual education as a contributing factor in teenage pregnancies (Ahinkorah et al., 2021; Paton et al., 2020). Ineffective sex education in schools has been identified as a particular concern in South Africa. Paton et al. (2020) also suggested that a lack of sexual intelligence and literacy is a contributing factor in teenage pregnancies.



Additionally, these findings are consistent revelations of Ngabaza and Shefer (2019) who emphasized the importance of sexual education programs in preventing teenage pregnancies. The lack of sexual education in schools is a particular concern in South Africa, where cultural factors and parental attitudes may also contribute to a lack of knowledge about sexuality among teenagers (Francis, 2019). Some parents view sex and sexuality education as the responsibility of educators and peers, rather than a topic to be discussed openly in public.

The study results show that lack of education is a factor that causes teenage pregnancies. A study by Zulu et al. (2019) found that young women do not know enough about the dangers of sexual activity and the value of taking precautions against pregnancies and diseases associated with sexual activity. Since young people of all backgrounds desire to be able to obtain sexual and reproductive health information and services from schools, a lack of sexual education plays a role in teenage pregnancy. Ngabaza and Shefer (2019) also note that parents' ignorance plays a significant role since parents think that sexuality should be taught to teenagers by educators and discussed with peers, rather than addressed in public.

Fox et al., (2019) pointed out, however, that lack of knowledge and ignorance of sexuality is not a sufficient nor a necessary prerequisite for teenage pregnancies as they are still present in developed countries where sexual education is taught at school and in the media. While contraceptives are provided free of charge in public healthcare facilities in South Africa, the study findings offer a disturbing picture as they show that some girls are not utilising contraceptive techniques to avoid pregnancy but are sexually active owing to lack of education.

#### **4.4.1. Peer pressure**

The participants cited peer pressure as a cause of teenage pregnancies. Human beings are social beings and their activities and behaviours are influenced by others especially people of the same age ( Sachser, Kaiser, Hennessy, 2013). In support of this notion, Participant P1 said:

*“The other one is peer pressure. It’s difficult to deal with a teenager because they were influencing each other and sleeping out.”*

Participant P4 also confirm this by stating that:

*“There is also an issue of peer pressure. We have been kids and we know how it works. You roll with the flow that the friends are giving you, but at the end of the day you will regret everything.”*

Participant P10 said:

*“Friend pushing you to have sex and you give in to that and have sex and you have no experience and sleep without a condom and then the girl becomes pregnant.”*

Participant P3 said:

*“It is because of peer pressure. The things the children of today are doing you will never expect them. We did not do these sorts of things because I remember we had a few friends. They sleep with people because they see their friends doing it and they think it’s good.”*

Participant P8 said:

*“Girls are also into early teenage pregnancy because of friends who give them the wrong ideas.”*

According to Participant P7:

*“It starts with peer pressure because if you look at my child she went to holiday in Limpopo with friends who have kids. She wanted to be like them and not feel any pressure and just have a child. She does not even know the father of the child. She gave me a funny reason that I saw my friend buying good things with the grant money and I can be like her.”*

Participant P6:

*“These days not having sex before marriage is something that is not fashionable. The type of friend you hang out with determines where you are going. They don’t lie when they say birds of the same feather flock together. All of my niece’s friends are single mothers. So it didn’t take long for her to do the things that they did before and that is get pregnant.”*

Based on the responses provided by the participants, negative peer interactions and unhealthy friendships were identified as potential factors that contribute to teenage pregnancies. Peer pressure was noted as a significant issue, with some participants highlighting that teenagers engage in sexual activities because their friends are doing it. One of the participants highlighted how the child support grant (CSG) could potentially contribute to teenage pregnancy, as some teenagers may feel pressure to have a child to access the financial support provided by the grant. However, it is worth noting that the claim that CSG influences teenage pregnancies has been refuted by some studies, such as Granlund and Hochfeld (2020). Overall, the data suggests that peer pressure and negative friendships play a role in teenage pregnancies, and it is essential to address these issues to prevent further occurrences.

The teenage years are a crucial period of human development marked by peer pressure, perplexity, excitement, and experimentation, especially with sexual interactions (Granlund and Hochfeld, 2020). Peers have an essential role in the lives of teenagers, according to research; teenagers with sexually active companions are more likely to engage in sexual activity themselves (Anyanwu et al., 2020). Peers may affect the perspectives of their age groups, resulting in dangerous behaviours such as drinking and drug misuse, dropping out of school, and unprotected sexual activity that may result in pregnancy (Pot, 219). The consequences of peer pressure on the sexual behaviour of teenagers necessitate the incorporation of sex education programs into the school curriculum (Gunawardena et al., 2019). Providing continuous sex education to all classrooms in secondary schools will teach teenagers how to establish healthy sexual behaviours, hence preventing teenage pregnancy (ibid).

The study results show that peer pressure could cause of teenage pregnancies. These results are also confirming the findings of Gunawardena et al., (2019) who stated that some of the leading causes of teenage pregnancies are the result of social pressure exerted by friends and classmates who portray having sex throughout high school or early years as a normal, casual activity.

#### **4.4.2. Sexual Exploitation and Abuse**

In this study, sexual abuse and exploitation by families were regarded as one of the factors that lead to teenage pregnancies. The below responses indicate some shocking revelations, that some families promote and allow sexual relationships for financial gain, with some family members even actively grooming their children for such purposes.

Participant P1 indicated that:

*“Some families are promoting their children to go out and sleep with people because they know the child will bring money. I was reading this article where a girl in Stanger Durban was groomed by her stepmother and they would invite boyfriends to sleep with her.”*

Participant P4 added that:

*“Her sister supports this and I always tell her to behave properly because she was pregnant as a child. She organizes boyfriends for this young one.”*

The above responses indicate the role of some families in the promotion of sexual relationships for financial gain. This led to teenage pregnancies and put the health and wellbeing of the teenagers at risk (see Duby et al. 2021).

Another issue that was revealed in the findings was that transactional sex that occurs within the family unit. When someone cultivates a bond, trust, and emotional connection with a young person in order to control, exploit, and abuse them, this is known as grooming (Granlund and Hochfeld, 2020). Young girls, according to Duby et al. (2021), have sex with older partners, including their family members, and participate in "transactional sex," in which they trade gifts or money for sexual favours. One of the participants highlighted the prevalence of transactional sex in the family. Their response is as follows.

Participant P2 said:

*"Men especially these family members give young girls gifts in exchange for unprotected sex."*

From the above excerpt, it can be concluded that when young women engage in "reciprocity of sex in return for monetary items," they date older men, be in unhealthy relationships, have several sexual partners, and that increases their chance to fall pregnant, according to participants. When young women are in these transactional sex relationships, they often have little leverage to insist on the use of condoms from their partners, which may increase the likelihood that they will get pregnant and expose them to STIs like HIV/AIDS (Duby et al., 2021).

Participant P8 further noted the sexual coercion of orphans.

The views of Participant P8 were as follows:

*"Family members are not good people at all, especially for orphans. They force them to do things which they don't like and they have nowhere to go so they are forced to do whatever they are told."*

Participant P8's comment suggests that family members, especially those who are guardians of orphans, may subject them to various forms of coercion, possibly including sexual activity that results in unintended pregnancies. According to United Nations Children Fund (2016), dual orphans were more than twice more likely to encounter an unintended pregnancy before the age of 16 than paternal orphans and those with both parents living. Due to living arrangements such as remaining with family, lack of supervision, and lack of support, orphans are more prone to early sexual maturity and pregnancies (Ajayi and Ezegbe, 2020). Frequently, teenage victims of sexual assault remain quiet to avoid societal stigma and humiliation (Grant, 2008). However, Uwizeye et al. (2020) highlighted that families of the victims may also conceal sexual violations of teenage girls from the authorities.

On the same note, Participant P3 added that:

*“Some families are not disclosing this to the police or the hospitals. I can tell you that if you dig more information, you will find that uncles and older cousins are sleeping with young girls but cannot be reported.”*

Participant P5 also said:

*“In most of these pregnancies, the fathers are someone whom the family know like stepfathers, family friends and long-distance uncles. When it happens, it was seen as embarrassing to report that an uncle has sexually violated my child and that is why there are no police reports about it. Even teachers are sleeping with girls which they should protect.”*

Participant P7:

*“I remember my assistant telling me that there is a stepfather who impregnated a girl aged 14 and the mother had to plead with her brothers not to report to the police because he is the one who provides for them financially. If he is not caught, he will do it again so the parents and family are in cahoots.”*

The study participants mentioned instances of sexual abuse and exploitation of young girls by family members, including stepfathers, family friends, and long-distance uncles. They further highlighted that some of these cases are not reported to the authorities due to the embarrassment and shame associated with reporting a family member for sexual abuse. The financial support provided by perpetrators also contributes to the non-reporting of these incidents. Such reluctance to report sexual abuse of minors by family members is not uncommon, and it may hinder the provision of necessary support to victims and increase the likelihood of future abuses. Young women and girls who have sexual encounters under duress are more likely to get pregnant, to describe the pregnancy as unwanted or undesirable, and not to report sexual abuse (Uwizeye et al., 2020). Threats made by perpetrators may inhibit sexual abuse to be reported.

According to Participant P4:

*“The worst thing is that they cannot negotiate for safe sex if they sleep with older guys.”*

Participant P4's statement highlights that teenage girls who engage in sexual relationships with older men may not be able to negotiate for safe sex, which increases their risk of unwanted pregnancies. This finding is consistent with previous research that has shown how

power imbalances in sexual relationships can compromise young women's ability to make informed decisions about their sexual health (Mkhwanazi and Richter, 2019).

Additionally, the prevalence of gender-based violence in South Africa, as highlighted in the statement, underscores the need for greater efforts to prevent and address violence against women and girls, which can have serious consequences for their sexual and reproductive health.

According to Participant P3:

*“Then there are others who are raped. Rape is a bad thing but it is actually happening in South Africa not only to girls but even older women. I am afraid to walk in some streets or at night because rape is common here.”*

Participant P8 said:

*“Girls report that boys are physically stronger than them and force themselves on them.”*

The findings suggest that sexual violence and coercion are significant factors contributing to teenage pregnancy in South Africa. Participants described instances of rape and physical force used by boys to engage in sexual activity with girls. These experiences may lead to unwanted pregnancies and can result in significant emotional trauma for the victims. The construction of masculinity and the desire for paternity may motivate some young men to seek out opportunities to father children, which can lead to the coercion of their partners to forgo contraception. Globally, around 15 million teenage females (aged 15 to 19) have been subjected to forced sexual intercourse or other sexual actions (Fortin-Langelier et al., 2019). Some research, notably from sub-Saharan Africa, show that girls' first sexual encounters are often unwanted and coerced (Ramabu, 2020). Teenage females who have been coerced into sexual activity are less likely to have the option or chance to utilize contraception, hence sexual abuse often results in unplanned pregnancies (Fortin-Langelier et al., 2019). In addition to poverty and unemployment, the gendered character of their positions in heterosexual relationships heightens the susceptibility of young adult females to pregnancy (Ajayi and Ezegbe, 2020). The relative subordination of girls compared to boys and men is a significant factor in the increased risk of teenage pregnancy and places gender and sexuality at the centre of the teenage pregnancy prevention problem (Ramabu, 2020).

These findings highlight the urgent need for comprehensive measures to address sexual violence and coercion among young people in South Africa, in order to reduce the prevalence

of teenage pregnancy and promote the health and well-being of young women. Findings suggest that young people often experience sexual harassment and assault due to their gender. The construction of masculinity depends in part on sexual performance. According to Duby et al. (2021), paternity is a significant source of pride and masculinity, which might motivate some young men to deliberately seek out fatherhood opportunities. In certain instances, this is why young men restrict their partners from taking contraception, even resorting to violence to compel a young lady to prove her love to them (Uwizeye et al., 2020). Violence and sexual coercion are pervasive problems for young women, and they may come from anybody.

#### **4.4.3. Early- Age Alcohol consumption**

Alcohol consumption among teenagers was raised as another cause of teenage pregnancies. Walker and Holtfreter (2021) also revealed that some of the risk factors related to teenage pregnancies include: alcohol and cigarette usage. One participant highlighted that their daughter (teenage mother) was outgoing and consumed alcohol which led to their pregnancy.

Participant P4:

*“They used to go out every Friday and drink beer and come back on Sunday or Monday. She was skipping school which resulted in pregnancy.”*

Other participants also highlighted the concurrent occurrence of sexual activity and alcohol use

For instance, Participant P10 said:

*“Most of the times when this happens, they were drinking beer, and this happened to me as well.”*

Participant P3 also said:

*“Children as young as 10 years are drinking beer and when that happens, they will have sex and pregnancy.”*

One participant attributed alcohol consumption to a lack of parental guidance.

Participant P1 remarked:

*“Another reason is drinking beer and it goes back to what I was saying about the lack of guidance from the parents. If we had guided these girls properly and told them the consequences of drinking beer, they would have not gotten pregnant.”*

The study results show that alcohol consumption is a factor that causes teenage pregnancies. Teenagers' sexual behaviours, such as contraceptive usage, safe sex practices, and teenage pregnancies, are affected by a number of individual-level risk factors, including substance use (Walker and Holtfreter, 2021). Furthermore, it has been shown that teenage substance use, particularly alcohol and drugs, influence what teenagers do sexually and reduces the likelihood that they would engage in safe sex (Ochen et al., 2019). There is an increased risk of sexual encounters for both those with and without a history of teenage pregnancy when alcohol abuse is present (Fasula et al., 2019). The study results indicate that due to the influence of alcohol teenage girls engage themselves in risky activities because of lack of control which implies that there is need to control alcohol consumption among teenagers so as to reduce teenage pregnancies.

## **Theme 2: Challenges Faced by Parents of Teenage Mothers.**

Teenage pregnancies pose challenges not only to teenagers but to their families as well. This section presents the research results on the challenges faced by parents of teenage mothers due to teenage pregnancies. Four sub-themes emerged from the data and these are financial challenges; family conflicts; stigma and discrimination; and emotional stress.

### **4.5. Financial challenges**

Majority of the participants highlighted that financial challenges were faced due to teenage pregnancy and subsequent motherhood of teenagers. One of the major challenges associated with teenage pregnancy is that it imposes a financial burden on households especially those with low incomes (Grønvik and Fossgard Sandøy, 2018). One of the major costs that are faced with teenage pregnancies were the medical expenses, according to the participants.

Participant P1 stated that:

*“One thing I can say to you is that having children is expensive. We could not cope because now the girl wanted medical checks ups and remember we are talking about a child who is carrying a child and this needs great attention.”*

According to Participant P2:

*“The baby was premature and there were a lot of complications which needed money.”*

The assertion by the participants shows that medical expenses posed financial challenges for them. These results suggest that teenage pregnancies are peculiar and require special medical attention which is associated with higher costs. Teenage pregnancy and teenage parenting expose young women and their families to significant out-of-pocket (OOP)



expenses, especially when difficulties arise (Dzotsi et al., 2020). Many South African poor households do not have medical aid and out-of-pocket payments impose a financial burden as public hospitals do not have all the services needed (Grønvik and Fossgard Sandøy, 2018). The costs of teenage pregnancy compete with other essential household expenses.

Adding to the issue of finances, some participants stated the following accounts:

Participant P4 said:

*“I was in a bad space and I do not have any savings. I am paying for a car loan and this pregnancy came at a bad time.”*

Participant P1 also stated:

*“At the same time, other children wanted their school fees paid and it was just a challenge for everyone financially.”*

Participant P2:

*“To be honest it is not easy to see your child suffer with stress and at the same time you don’t have funds to support her. I took a loan from the bank so that I can stabilize things and it has helped.”*

Participant P9:

*“I went to loan sharks to get the money and they charge a huge interest and I was desperate because the SASSA grant is not enough to feed my family. Up to today, I am yet to pay the loan and they have my card. I do not have any money anymore all of it went to the hospital and clothes and I don’t know what else to do now. It’s hard to be a poor person in this country.”*

Participant P6 cited working extra shifts to cover the costs:

*“It was a challenge because I had to work extra shifts to get more money. Being pregnant needs financial support that is strong. Even people who are working find it difficult to buy the supplements all the things that the baby needs and the hospital check-ups. I was so drained financially but as a guardian, you cannot show it to the child. The costs we faced went up and up each month.”*

Participant P3:

*"We cannot afford the daily expenses of having a child. The diapers are expensive and bottle formula is expensive as well. It is difficult to have savings. The visits to the doctors also wanted money and the ultrasound scans we had to pay for."*

Participant P5:

*"A pregnant girl needs a healthy diet and having 4-star nutrients. At that moment we could not afford it."*

Participant P8:

*"We had to juggle a lot of things to make ends meet. The things that are needed are just too many and the salary is just too little."*

Among all the difficulties a young mother experiences, the issue of financial constraints is the most significant hence the fact that they will not be working places a hardship on parents.

Participant P4:

*"It increased my expenses before the child was born and now that the child is born. The mother is not working and she looks up to me to provide everything. I am the only breadwinner and if there was someone to help with the family expenses I would have liked that."*

As their pregnant children were not employed (rightfully so because of age), parents of teenage mothers were then forced to take various measures to support their children (Mombona Ngoma et al., 2016). The comments show that the parents had other obligations which competed with the costs of teenage pregnancy. There are extra costs for the new-born's follow-up appointments, clothes, and food, among others, which should be covered and compete with other family expenses. The participants highlighted the inability to afford the costs associated with teenage pregnancies.

Participants highlighted, as shown above, the financial strain that comes with teenage pregnancy, with some resorting to taking out loans from formal and informal sources to cover the costs. One participant mentioned taking out a loan from the bank, while another went to loan sharks and struggled to pay back the loan. Another participant had to work extra shifts to cover the costs, which kept increasing each month. The financial burden of teenage pregnancy was a challenge for these parents, but they felt the need to provide financial support for their children.

The study results show that teenage pregnancies are associated with financial challenges. In addition to their social effect, births to teenage mothers inflict a financial burden on the family and the economy (Grønvik and Fossgard Sandøy, 2018). Given that teenage pregnancy is linked with an increased risk of difficulties, it is expected that the overall expenses of treating pregnancy and childbearing complications in sub-Saharan Africa will also rise (Althabe et al., 2015). According to Neal et al. (2012), pregnant teenagers are finding it difficult to access state-provided assistance in South Africa to help pregnant women get prenatal and perinatal health care, improved nutrition, or childcare programs, or to offset the additional financial burden of bringing a child to term. Karataşlı et al. (2019) state that it is well established that teenage pregnancy and childbirth are linked with heightened risks of problems, which are mostly concentrated in sub-Saharan Africa and place a financial strain on families. The study results imply that measures should be put in place to minimise teenage pregnancies as they worsen the financial challenges of families.

#### **4.5.1. Family conflicts**

Family conflicts were cited as a challenge associated with parenting teenage mothers. According to Cook and Cameron (2015), when a teenager gets pregnant and gives birth to a child, it is realistic to anticipate that this will have an impact on the teenager's family and may cause household conflicts. Two participants who are mothers to teenage mothers highlighted strained relationships with their children as a key challenge that they faced.

Participant P7 said:

*"It was a challenge for me because it affected my relationship with my girl. We had a fallout and for days we did not speak to each other although she continued to live in my house. My brother was the mediator between me and my daughter when we were not in a good relationship."*

Participant P4 also said:

*"Secondly, we had an argument with my child because of her pregnancy and she threatened to run away. So it strained my relationship with her."*

In the family structure, teenage pregnancies instigate bad relations between the teenage mother and their parents, which results in family conflict and a lack of meaningful communication. Not only has teenage motherhood had a huge impact on young girls and their parents, but some participants indicated that it also affects other relationships.

On this note, Participant P1 said:

*“I started having disagreements with my husband because he thinks I am the one who had not disciplined the child.”*

Participant P2 added:

*“I told her father that she is pregnant, but he does not even want to hear about her. It caused tension between my husband and me. My husband wanted her to leave the house but I refused because she has no one. Later he accepted the situation.”*

The relationships were described by the participants as bad and caused marital tensions. The tension between spouses about situations which they are facing as a family led to divorce for some families. The below comment also affirms this.

Participant P10 who is a father of a teenage mother said:

*“I also divorced my wife because of this pregnancy because she was letting boys come to my house and do things that I do not approve of. As a man, I had to take a stand against this. So, dealing with a pregnant child and divorce at the same time is not easy and I felt it.”*

The study results show that teenage pregnancy resulted in familial conflicts. Historically, research shows that teenage-bearing families may be defined by grandparental childrearing systems, with the parent of the teenage mother providing the main hands-on care for her grandchild and teenage daughter (Burton, 1995, 1996a, 1996b). Due to the substantial and time-consuming nature of these grandparenting responsibilities, the mother of a teenage mother is likely prevented from monitoring or supervising other children in the household who may feel neglected (ibid). This is supported by a mother of a teenage mother (Participant P6) who said

*“My children also suffered because now attention was diverted to my niece who was pregnant.”* Participant P6

The above results show that teenage pregnancies are a unique situation which when not dealt with properly, leads to strained relationships in the family. The findings are aligned with the study by Cook and Cameron (2015) which found that teenage pregnancies are associated with discorded relationships in the family. When a teenager becomes pregnant and gives birth to a child, it is reasonable to assume that this will have an impact on the teenager's family, if only because the new-born often becomes a member of the family and requires a great deal of care and attention (Cook and Cameron, 2017). Bunting and McAuley (2004) noticed that teenage childbearing influences the teenager's family of origin, notably the bond between her

parents and the development of her siblings. The study results imply the need to solve the problem of teenage pregnancies to minimise family conflicts. The family is the cornerstone of development hence conflicts may negatively affect the development of the teenage mother and other siblings (Cook and Cameron, 2017). Similar to the tenets of the theoretical framework of this study, family systems theory, families are a coordinated unit that affects negatively or positively to each subsystem or unit.

#### **4.5.2. Stigma and Discrimination**

Another challenge that was experienced by parents of teenage mothers was societal discrimination and stigma. The parents themselves faced stigma and discrimination for having a teenage pregnancy in their families (cf. Yardley, 2008). Parents of teenagers who fall pregnant are seen as uninspired, irresponsible and incompetent. Their exact accounts were as follows:

Participant P4:

*"I am also seen as a bad father and my daughters are seen as 'prostitutes' by the people I live with. They said anyone can sleep with my girls. I do not like what the neighbours are thinking about but I cannot control it."*

Participant P9:

*"I was the talk of the town at church and at school, people were talking about me and how I let this girl become pregnant."*

Participant P1:

*"It's always a challenge. First, the community will look at you and judge you for failing to guide your child. There were days when I could not even go to church because I knew they were talking about me. My other children were affected because they faced the same community which judged them."*

The data suggests that parents of teenagers who fall pregnant are often stigmatized and blamed for their children's actions. They are seen as uninspired, irresponsible, and incompetent by their communities. This stigma is especially prevalent for unwed teenage pregnancies. The parents in the study expressed feelings of shame, embarrassment, and fear of judgment from their communities. This societal blame on parents for their children's sexual behaviour is an issue that needs to be addressed in order to provide better support and care for teenage mothers and their families. In recent years, teenage pregnancy has become associated with a number of negative stereotypes that emphasize the deficiencies of the parents of teenage mothers. Parents are viewed as the caretakers of their children's

reproductive capacities and are blamed and held primarily accountable for teenage sexual behaviour (Jones et al., 2019). The blame and discrimination from society were highlighted by two parents in the study.

Specifically, Participant P5 said:

*“Then we faced people who blamed us in the society because we had said the boy should take care of the child.”*

Participant P3 added that:

*“The people in this township hate us because they think my niece is not good for their daughters. We are now the bad people and the discrimination is not good.”*

From the accounts of Participant P3, it can be noted that teenage mothers themselves also face stigma and discrimination because of falling pregnant and their position as mothers. As shown in the quotations below, the participants in the study highlighted the negative attitudes and discrimination from society towards their teenage mothers, which is in line with the stigmatization of unwedded teenage pregnancies in many societies. This stigma had a significant impact on the mental and emotional well-being of teenage mothers, as well as affecting their relationships with family and peers. It is important to address these social attitudes and support teenage mothers to reduce the negative consequences of stigmatization. Early pregnancy involves not just a physical body experience, but also the perceptions and experiences of social norms, discourses, conflict, and moral judgment (Charlton et al., 2019). In many societies, teenage pregnancies, particularly unwedded-teenage pregnancies, are stigmatised because most of their pregnancies are unwanted and unplanned (Ruzibiza, 2021). Thus, the teenagers themselves are stigmatised. The stigma faced by teenage mothers was described by the majority of the parents

Participant P9:

*“She is stressed about going back to school because she was judged by her classmates and friends for having a child. But it’s just a phase, it was fine.”*

Participant P1:

*“The other children laughed at her and I am talking about her friends who she used to go out with. It was just a mess for her.”*

Participant P8:

*“She is too short and people and her friends laughed at her when her stomach was out. It caused a lot of damage in her mind but there was nothing we could do about it.”*

The comments of the participants above show that teenage mothers are stigmatised by their peers. Power structures and social-moral attitudes punish young mothers who choose to have children by isolating and stigmatizing them for their decision (Charlton et al., 2019). This stigma may arise not only among their peers but also among medical professionals when they seek prenatal and paediatric treatment for themselves and their children (Ruzibiza, 2021).

The stigma from healthcare professionals was also a concern for one parent (Participant P5)

Who stated that:

*“To make matters worse, the attitudes of the nurses were not good. They laughed at my child and said pregnancy is not a priority because they were people who needed those beds.”*

The study results show that stigma and discrimination were challenges faced by the parents of teenage mothers and teenage mothers themselves. Teenage pregnancy (and subsequent motherhood) makes sexual activity apparent (Yardley, 2008), and as a result, the parents of young women who participate in premature sexual activity are susceptible to being viewed as weak-willed (ibid). This is confirming the views of Carlton et al. (2019) who also made a similar assertion about this issue. Teenage pregnancy also represents a deviation from social norms and the 'normal' process of teenage development (Jones et al., 2019). Therefore, the findings of this study suggest that teenage pregnancy is seen as a significant signal of personal deviation for teenage mothers and their families. Additionally, the study findings show that stigma and discrimination come from different sectors of society. Of importance is the stigma and discrimination from healthcare professionals. Jones et al., (2019) have demonstrated that pregnant and parenting teenagers fail to make proper use of health and social services because they are acutely aware of the stigma some health and social services professionals attach to teenage pregnancy and, as a result, feel disrespected and invaded when utilizing these services (ibid).

Negative conceptions about teenage pregnancy and parenthood, and stigma as a result, are also linked to contemporary neoliberal values (Cense and Ruard Ganzevoort, 2019). These authors further elaborate that neoliberal values are characterized by a belief in the free market economy, individualism, and minimal state intervention. In the context of teenage pregnancy and parenthood, these values can be seen as promoting self-sufficiency and personal responsibility, which may lead to negative attitudes towards teenage mothers who are seen as failing to meet these standards. As shown in the findings, the stigma associated with

teenage pregnancy and parenthood also reflect a broader societal emphasis on individual achievement and a culture of shame and blame around those who are perceived to fall short of these ideals. The notion that teenage pregnancy is a personal failure, rather than a complex social issue, is therefore linked to contemporary neoliberal values.

#### **4.5.3. Psychological distress**

According to the parents of teenage mothers, the pregnancies had a significant influence on their mental health. Emotional and mental discomfort (stress, worry and shame) dominated the thoughts of the parents of teenage mothers. Their assertions were as follows:

Participant P2 said:

*“The stress was huge because we had to pay for the transport to the clinic and she now needed healthy food and all this required money. I don’t have any money and I am not rich.”*

Participant P8 added that:

*“I was emotionally affected by it because I was worried about what will happen with this girl and the child that is coming.”*

Participant P9:

*“It was hard and as a human being you become ashamed to do things you used to do.”*

The study findings reveal that teenage pregnancies have significant psychological and emotional impacts on the parents of teenage mothers. The parents reported experiencing stress, worry, shame and emotional discomfort due to the financial burden and uncertainty associated with teenage pregnancies. The emotional distress was further compounded by the stigma and negative perceptions associated with teenage pregnancy. This suggests that teenage pregnancies not only affect the physical and social well-being of teenage mothers but also have wider implications for their families, including their parents. A variety of negative effects are related to teenage motherhood, including mental health issues such as sadness, anxiety, and stress (Rahill et al., 2020). The disclosure of stress, worry, and shame demonstrates that pregnant teenagers' parents feel psychological pain. Other participants also recalled that they would cry due to the emotional pain of their children being pregnant. Their assertions were as follows:

Participant P3 said:



*“I cried a lot because when her mother died, my sister, told me to take care of her and I had failed to do that. A lot was on my mind and crying was the solution for me but one day my neighbour talked to me about it.”*

Participant P1 added:

*“I was so depressed and I was crying all the time because God had forgotten about me.”*

The assertions show that teenage pregnancies are associated with psychological distress for the parents. Families with teenage mothers must also adjust to the obligations and demands of parenting, frequently in the setting of economic and social adversity (Xavier et al., 2018). These stressors may contribute to a variety of mental health issues that have a negative impact on psychological well-being (Charlton et al., 2018). Parents from poor socio-economic backgrounds exhibit psychological distress as they are worried about the ability to provide adequate resources and support for the teenage mother and for their children (Gselamu et al., 2019). The study results imply the need to find solutions for teenage pregnancies so as to minimise psychological distress among parents.

### **Theme 3: Coping Mechanisms Employed By Parents Of Teenage Mothers**

The parents employed various coping mechanisms in dealing with teenage motherhood of their daughters; and this include social support, counselling and accommodating the teenage mothers.

#### **4.6. Social support**

Social support was highlighted by the participants as a coping mechanism in the era of supporting teenage mothers or pregnant daughters. A study by Xavier et al. (2018) also confirmed that there is a plethora of evidence that individuals with larger social networks and those who think that they have access to assistance react better to stressors. The most cited form of social support was the support by family members. The responses of participants were as follows, in relation to social support as a coping mechanism:

Participant P1:

*“They were very supportive. Some would send us money and some would just come to talk to us. It might seem that talking to other people is not a coping strategy but it’s*

*helpful because you find an outlet to air your views. My family supported us with this pregnancy.”*

Participant P8:

*“We are still coping with the challenges as they are present even today. I called my sister`s child so that she can come and help us as well.”*

Participant P7:

*“I talked to a lot of people and they gave me ways to deal with my daughter and the situation at home.”*

Some of the participants also highlighted that receiving support from family, friends and church members was a great coping strategy. Their responses were as follows:

Participant P4:

*“I asked for help from my friends and family. There was no need for me to have pride and I asked for help from family and friends. In these situations, you need all the help you can get and people should not judge someone who is in this situation.”*

Participant P6 said:

*“I sought solace from my church members because alone I could not handle this challenge.”*

The findings indicate that social support is crucial in helping parents of teenage mothers to cope with the challenges associated with teenage pregnancy. Receiving support from family, friends, and church members was seen as a great coping strategy by the participants. This suggests that effective social support can act as a buffer against stress and its harmful effects, and can help prevent stress by making difficult situations appear less significant or providing valuable coping options when needed. The importance of social support in promoting mental health and protecting against distress is supported by previous research. However, it is worth noting that one participant highlighted the negative impact of lack of social support on stress. It is suggested that social support serves as a buffer against stress and its damaging effects. It can help to prevent stress by making unpleasant situations appear less significant or providing valuable coping options when it does occur. Effective social support has been found to be one of the most important predictors of happiness, and it has long been regarded to favourably influence health and protect against distress (Fauziah, 2021). One participant asserted that lack of social support is associated with stress.

For instance, Participant P4 said:

*“If there is no one to support the family, you were stressed and this makes the whole situation bad rather than solving it.”*

Social support can take the shape of visible aid supplied by others or perceived social support, which evaluates an individual's confidence in the availability of suitable support when required. The majority of participants highlighted receiving money and non-material resources from family and friends

Participant P2 revealed that:

*“I did get my sister coming here to emotionally support her niece and give her some baby clothes. But one thing that she supported us was giving advice to my daughter.”*

Participant P10 also added that:

*“I struggled and I reached out to my friends and they knew what was going on and they helped pay rent and buy food. I have a friend who is a lawyer who paid rent for 4 months and the other one bought food.”*

According to Participant P5:

*“Her aunt came and nursed the baby for a while. Her brothers chipped in as well they love their sister so they took turns to look after the new baby. It was a group or family effort that was conducted and I don't know how I will repay my family after this amazing support.”*

The findings suggest that social support from family members is an important coping strategy for parents of teenage mothers. This is in line with the social support theory which posits that social support can provide individuals with resources such as emotional and practical support that can help them cope with stressful situations (Cohen and Wills, 1985). It is also aligned with the resilience theory and family systems theory which also affirms social support, interconnected and resilience abilities of people due to the support that they receive. The support received from family members helped parents of teenage mothers to alleviate some of the stress and worry that they were experiencing. Furthermore, the support from family members helped to reduce the stigma and discrimination that was often directed towards teenage mothers and their families. This finding is supported by previous studies that have also reported the importance of social support in coping with the challenges associated with adolescent pregnancies (Kimani-Murage et al., 2015; Maharaj et al., 2016). Social support can

come from various sources, including family, friends, instructors, the community, and any social groups to which one belongs (Fauziah, 2021).

The study results show that social support is a coping mechanism employed by parents of teenage mothers. In South Africa, the concept of Ubuntu guides communities and social support is one of the commonly available coping mechanisms for people in distress (Haberer et al., 2019). These results are consistent with the African culture, in which family and friends are the primary and most significant sources of support (Friedman et al., 2020). The results indicate that the role of social support is very significant because it is seen as a mechanism to buffer against stressors as a result of teenage pregnancy. According to the stress-buffering model, perceived social support protects against psychological difficulties by reducing the perception of threatening events and enhancing the idea that resources are available (Xavier et al., 2018). The study results support the stress-buffering model as social support was associated with reducing negative effects associated with teenage pregnancy.

#### **4.7. Problem-solving skills**

All the study participants cited their problem-solving skills as a mechanism to cope with teenage pregnancy and teenage motherhood of their children. The parents highlighted making changes to accommodate the teenage mother. Changing living arrangements, including diet, were the most cited solution for supporting teenage mothers by the parents

Participant P1 said:

*“We had to build a backroom for the boys so that she can be comfortable in her room. You know boys they throw things around and you can’t do that when there is a baby. So, when she gave birth we already had given her own room. Then also we stopped our first child from going to university so that we can also support the sister during and after pregnancy because money was a problem.”*

Participant P3 added that:

*“The groceries we buy had to change. We were told by the doctor that she has to stay healthy and we bought a lot of vegetables and juices but other people in the family did not like it. We gave her a room so that she can have privacy and find her inner self.”*

Participant P3:

*“We had to change everything as a family from the diet to the way we spend the money. I had to hire someone who would help her because I am a man and some things would be better performed by a woman.”*

The comments by the participants above show that changes were made to adapt to living with the teenage mother in line with problem-solving coping mechanisms. As it occurs in the natural world, problem-solving can be characterized as the self-directed cognitive-behavioural process through which a person seeks to identify and discover effective or adaptable solutions to particular difficulties faced in daily life (Gbogbo, 2020). Other solutions given by the participants included prayer

Participant P9 said:

*“One thing about me when I face problems is I pray and have a deeper connection with God. I prayed to God and I knew everything was going to be ok with me. God is faithful and when we give him all our problems he will show us the way to do things differently and that is what I did.”*

Other participants highlighted giving knowledge to teenage mothers to overcome the challenges they were facing as a useful method:

Participant P1 said:

*“I gave her the knowledge on how to be able to take care of the baby and how to overcome the discrimination from the community. You have to stand up for your kids and they should know you are always there to support them even when they make mistakes. I also talked to her about having safe sex in the future because it is bound to happen.”*

Participant P2 added that:

*“I gave knowledge on how to become a better mother and how she can get up from this and rise again.”*

The study results show that problem-solving is a coping mechanism that was employed by parents of teenage mothers. These findings confirm the findings of Erfina et al. (2019) who stated that problem-solving is an important coping mechanism that is meant to address the root problem or factor causing discomfort. Issue-solving is a fundamental coping technique and a methodical approach to resolving a problem that can lead to the optimal solution (Hussong et al., 2021). When done correctly, it can assist a person to have a higher feeling of control and predictability in relation to an issue, hence reducing tension and anxiety (Erfina et al., 2019). It can be concluded that parents themselves can manage to solve the root causes

of the teenagers' behaviours through talking to them and also providing them with life experiences that they can refer to whenever they misbehave.

#### **Theme 4: Availability of Support For Parents Of Teenage Mothers**

This theme presents the results on the availability of support mechanisms for teenage mothers as well as the role of stakeholders in supporting teenage mothers. Thus, two sub-themes are presented and these are the availability of support and the role of stakeholders.

##### **4.8. Inconsistent availability of support to parents of teenage mothers**

Some participants highlighted that support for teenage mothers is not readily available. The availability of support to parents of teenage mothers is important as it provides essential resources needed to effectively navigate the complex situation posed by teenage pregnancy. Visits by social workers, counselling and medical support were the most dominant citation from the parents.

Participant P3 said:

*“The Department of Social Services has been providing assistance for us because we cannot meet the expenses of having a child. I had counselling when I came with my niece to the hospital and Zoe centre has been also supporting us.”*

Participant P4:

*“I was lucky that the hospital provided health interventions for her. They gave the best medical care because she was said to be high risk child. One of the nurses told me that my daughter was going to have an operation so that she give birth. Now we go there after every two weeks so that they check on her and the baby and it is good. Then there are group counselling sessions like the one we are going to have today. They help you deal with the stress of having a child. They give us information about keeping the environment clean and helping the baby mothers eat healthy.”*

The participants reported receiving assistance and support from various sources, such as the Department of Social Development, hospitals, and counselling services was useful. This suggests that there are resources available to help teenage mothers and their families cope with the challenges associated with adolescent pregnancy. The provision of medical care and counselling can help teenage mothers and their families to manage the stress and emotional

impact of pregnancy and parenthood. The availability of these services may be an important factor in improving the mental health outcomes for teenage mothers and their families. In South Africa, mental health resources and utilization of available services have increased (Govender et al., 2020), to help teenage mothers. Support is being received from both governmental and Non-Governmental Organisations like Zoe Pregnancy Crisis Centre (research site).

Participant P6 revealed that:

*“We have social support from the government. Then we have NGOs who come occasionally and talk about teenage pregnancies and they call her and us to their support groups. The clinic here has been supportive of us and they give us information about how to deal with a teenage girl, what diet should she be on and how to take care of the child.”*

Participant P1 added that:

*“There are social workers who came and we talked about. They were good and I think the government should employ more workers for this because it helps a lot. Other NGOs supported us during this entire period.”*

Participant P5 also stated that:

*“Personally, I want to thank people at Zoe crisis centre for the job they are doing. They are helping a lot of families. They give counselling and medical attention to teenagers and their families.”*

Participant P7:

*“I would say counselling services are available but it takes time for the people to contact you. I don't know why maybe the list is very long or they would be sleeping on duty.”*

The participants noted that there were various sources of social support available to them, including government services, NGOs, and clinics. They acknowledged the assistance they received in the form of counselling, medical attention, information on how to care for the mother and child, and support groups. The availability of social support services such as counselling and medical attention was viewed positively by the participants. However, one participant noted that there may be delays in accessing services due to high demand. The study results suggest that there is a need for continued efforts to enhance the availability and accessibility of social support services for teenage mothers and their families. Numerous clinics now offer programmes so that young pregnant women and their families can obtain

family planning information in a comfortable setting (Mekonnen et al., 2019). There has been an increase in collaboration between the government and other non-governmental organisations in supporting teenage mothers (Africa and Turton, 2019). However, other participants highlighted that only counselling services are available and are provided to the teenage mothers

Participant P8:

*“We just have these talks that we had and the time the social worker came to us to talk about the pregnancy. I think that is the only thing that was available to us. The rest we had to deal with it ourselves.”*

Participant P9:

*“I think these programmes are available to the pregnant mothers and not us. Like the Zoe centre take care of the mothers who are pregnant and has all sorts of support that they give them. But for us the family we have not received anything.”*

Participant P10:

*“For us parents we did not receive any programmes or it is because I am away most of the time with my work and don’t know that there are programmes for us parents.”*

The above comments from some participants suggest that while support programmes are available, they are mainly focused on the pregnant teenagers themselves and not their families. Some participants reported only receiving counselling services, while others indicated that they were not aware of any support programmes for parents. This highlights the need for more comprehensive and inclusive support programmes that address the needs of both pregnant teenagers and their families. Many support programmes that are provided are tailored to support the teenage mothers as they bear they are at risk of suffering from medical and psychological challenges (Govender et al., 2020). One participant noted that they have not received any support especially in the rural areas

Participant P2

*“I haven’t received any because we live in rural areas. I feel like those programmes are designed for children who live in towns because here there is nothing like that.”*

Based on the above comments it can be concluded that rural areas have been predominantly marginalised with many government support programmes taking time to be available in these areas. The government is fiscally constrained and some programmes may not be readily



available (Mekonnen et al., 2019). The study results show that programmes are available to support teenage mothers and their parents. However, the results also show that counselling services are the most common form of support which is mainly available to teenage mothers in urban areas. These results paint a worrying picture as they imply that vulnerable teenage mothers and parents in rural areas are excluded from the programmes. This may have a detrimental effect on the management of teenage pregnancies.

#### **4.9. Role of Community-Based Stakeholders**

The study participants highlighted that community-based stakeholders have an important role to play in supporting parents of teenage mothers. The community-based stakeholders are also important role players who actively support teenage mothers and their families in managing the transition to motherhood. Social workers were highlighted as the key providers of counselling services and advice to support teenage mothers and their parents. The comments of the participants were as follows:

Participant P1 said:

*“There is a lot they can do. First, they can counsel us and give us support. Then they can also find people who want to support families in our situation so that money cannot be a problem.”*

Participant P2 added:

*“I think they can come and give us advice on how to support our children. I am speaking as a man from this experience because culture does not allow you to be involved too much in these things. I am a Zulu man and grew up knowing that things about a baby are for women. The world has changed and I can appreciate if social workers come and give me advice on how to support my child.”*

The comments made by the participants above indicate that there is a need for social workers to provide support to families of teenage mothers. The support provided by social workers can range from counselling and advice on how to support their children, to connecting families with essential resources and programs. The participants suggested that social workers can help alleviate financial burdens by finding people who want to support families in their situation. They also noted the need for cultural sensitivity in the delivery of social services, recognizing that cultural norms may affect the involvement of fathers in pregnancy and parenting. Overall, the participants highlighted the potential role of social workers in supporting families of teenage mothers, including addressing financial, emotional, and cultural challenges. Social

workers connect people with essential resources, enhance social service delivery, and promote social justice through the development of social programs (Park et al., 2020).

#### **4.10. Conclusion**

The Chapter discussed the findings of the study based on the qualitative data that was collected and analysed using thematic data analysis. Four themes emerged from the data and these are causes of teenage pregnancies, challenges faced by parents of teenage mothers; coping mechanisms employed by parents of teenage mothers and availability of support programmes. The study results showed that the causes of teenage pregnancies are diverse hence teenage pregnancies are associated with financial challenges; family conflicts; stigma and discrimination; and psychological distress. The parents have employed social support and problem-solving as coping mechanisms associated with teenage pregnancies. The study results also showed that support programmes are available albeit especially counselling which is mainly provided to people in the urban areas and to teenage mothers. The role of various stakeholders in supporting parents of teenage mothers was highlighted in the study. The next chapter provides recommendations and a conclusion based on the study findings presented in this chapter.

## **Chapter Five: Recommendations and Conclusion**

### **5.1. Introduction**

To briefly recapitulate the overall science of this study; it is shaped by a qualitative approach. This research approach proved to be appropriate because it aided the researcher to explore and describe the experiences of the parents of teenage mothers in the selected research site. The study applied a combination of descriptive and explorative research designs. The study aim was attained by using a semi-structured interview guide to collect data that was used to confirm or refute previously held beliefs regarding rearing teenage mothers. A total of ten (10) participants were interviewed using a semi-structured interview technique which allowed for probing and follow-up questions for in-depth understanding and analysis. Data were analysed, interpreted and discussed thematically.

Given the above background, this current chapter contains the overall discussion of the research findings. Subsequently, the chapter gauges whether the research objectives were achieved or not. Additionally, it presents recommendations and conclusions which are primarily guided by chapters.

As the first segment of this chapter, the discussion of the study findings is structured according to the themes that were presented in Chapter Four. In the second part of the chapter is the discussion on the realization of the study's research objectives. Additionally, the chapter presents recommendations which are aligned with the study findings. The recommendations section covers topics such as recommendations for policy, recommendations for social work practice, recommendations for social work education, and recommendations for future research on teenage pregnancies and the parenting of teenage mothers. Lastly, the conclusion of the study indicates the key policy and practice implications that are brought forth by the findings of this research report.

### **5.2. Research findings and discussion**

This section presents the key research findings that were presented in the preceding chapter. Each theme was aligned with each research objective.

#### **5.2.1. Causes of teenage pregnancies according to parents of teenage mothers.**

Aligned with the first research objective, this study explored and described the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy. From

the findings, it was established that poverty is a factor that leads to teenage pregnancies. These findings corroborated literature, which also confirms that globally, poverty is the leading cause of teenage pregnancy (World Health Organisation, 2020). Due to a lack of access to basic necessities such as food and clothes, participants revealed that the majority of teenage mothers from disadvantaged families and communities are often subjected to sexual abuse and exploitation, leading to teenage pregnancy. In exchange for economic freedom, teenage mothers are sexually exploited, while others are sexually assaulted by relatives or neighbours in their congested living spaces (Banwari, 2011). Teenagers from low-income communities frequently have limited access to fundamental requirements such as food and clothing. Consequently, in exchange for these necessities, they may be sexually exploited by men (Banwari, 2011; Greco & Dawgert, 2007). This indicates that when poverty increases, a greater number of teenage pregnancies and child marriages are likely to be documented. The study findings support the findings by the World Health Organisation (2020) and the United Nations Children Fund (2016) which imply that measures need to be put in place to minimise the likelihood of teenage pregnancies.

The study findings also indicate that sexual exploitation is a cause of teenage pregnancies. Sexual abuse and exploitation by families were regarded as one of the factors that also lead to teenage pregnancies. From the study it was evident that some girls experience sexual and gender-based violence against women including the sexual coercion of orphan girls contributes to teenage pregnancies. The study established that some families conceal sexual violations of teenage girls from the authorities and threats made by perpetrators may inhibit sexual abuse to be reported. The study finding conforms to the study by Fortin-Langelier et al. (2019) which indicated that teenage females who have been coerced into sexual activity are less likely to have the option or a chance to utilize contraception, hence sexual abuse often results in unplanned teenage pregnancies. As per the assertions of some parents, the findings of this study suggest that sexual violence also contribute to teenage pregnancy through non-use of contraceptives, underreporting of sexual violence incidents, and absence of care to address the potential effects of sexual violence, including teenage pregnancy.

The study also found that peer pressure was one of the causes of teenage pregnancies. Peer influence is believed to be stronger during adolescence or teenage years, and it has been linked to the increase in teenage pregnancy among secondary school pupils in eManzana. These results also confirm the findings of Gunawardena et al. (2019), who stated that social pressure exerted by friends and classmates who portray having sex throughout high school or early years as a normal and casual activity, is one of the leading causes of teenage pregnancies. The teenage era is a crucial period of human development characterized by peer pressure, confusion, exhilaration, and experimentation, particularly with sexual interactions

(Granlund & Hochfeld, 2020). The study also found that pressure was also emanating from social media and television. The availability of sexual content on social media was also cited as a factor in teenage sexual immorality and pregnancy. Teenage sexual immorality is fuelled by societal and consumerist pressure to possess luxury and prestige objects brought about by social media (Bewa, 2021). Barker et al. (2019) discovered that more than half of young females (48%) learn about sex, pregnancy, and parenthood from television, while 55% of youths surveyed believe that television and film encourage teenagers to engage in sexual activity.

On the other front, the findings show that lack of parental guidance and involvement is a factor that leads to teenage pregnancies. Parents play a crucial role in preventing teenage pregnancies and assisting the teenage mother during and after pregnancy. Despite the fact that society, peer pressure, and other factors predispose teenagers to early pregnancy, parents typically play a significant role in safeguarding their children, even post-pregnancy. The study findings are aligned with the study of Van Den Berg et al. (2012) which showed that without comprehensive parental guidance and involvement in sexuality, teenage pregnancies are likely to increase. The study findings also resonate with the study by Van Den Berg et al. (2012) and show the need for improved parental guidance and involvement in educating teenagers on sexuality so as to minimise teenage pregnancies.

Lastly, the use of alcohol was also highlighted as a possible cause of teenage pregnancies. It was found that teenage mothers were outgoing and drank beer leading to pregnancy. Alcohol consumption was linked to a lack of parental guidance as the cause of teenage pregnancies. Teenagers' sexual behaviours, including contraceptive use, safe sex, and pregnancies, are negatively influenced by many individual-level risk factors, including drug use leading to early and unplanned pregnancies. Nevertheless, the relationships between age, substance use, and risky sexual behaviour and unintended pregnancy are complex and frequently compounded by other high-risk demographic factors such as race/ethnicity, poverty, poor sexual education, sexual abuse, being the child of a teenage mother and lack of health care. Therefore, a holistic approach to reducing teenage pregnancies should focus on this wide range of factors.

#### **5.2.2. Challenges faced by parents of teenage mothers.**

The majority of participants expressed that financial challenges are faced due to teenage pregnancy. The study revealed that medical costs associated with teenage pregnancies posed financial challenges for parents due to the fact that teenage pregnancies require specialized medical care, which is associated with higher costs. It is well-established in literature that teenage pregnancy and childbirth are associated with increased risks of problems, which are

most prevalent in sub-Saharan Africa and impose a financial burden on families (Karataşlı et al., 2019; Dzotsi et al., 2020). The study is aligned to the findings by Karataşlı et al. (2019) and Dzotsi et al. (2020) because it also reveals that parents think that measures need to be put in place to reduce teenage pregnancies which are associated with financial challenges for the parents of teenage mothers.

Another finding was that parents of teenage mothers and teenage mothers themselves face stigma and discrimination within the family, healthcare system and wider society. The parents of teenage mothers are often blamed, stigmatised and discriminated by the society. Families with a pregnant teenage or a teenage mother are frequently labelled dysfunctional, and the mothers of the teenage child are continually derided for failing to care for their child (compare with findings of Olajubu et al., 2021). Such stigma and victim-blaming tendencies sanitize the perpetrator while penalizing the victim, thereby exacerbating the psychological anguish endured by the parents of pregnant teenagers. Early pregnancy includes perceptions and experiences of social norms, discourses, conflict, and moral judgment (Charlton et al., 2019). Power structures and social-moral attitudes penalize young mothers who choose to have children by isolating and stigmatizing them for their decision. Moreover, teenage pregnancy deviates from social norms and the 'normal' process of teenage development (Jones et al., 2019). Consequently, teenage pregnancy is a significant indicator of personal deviation for teenage mothers and their families, making it a source of stigma and prejudice.

The findings revealed that teenage pregnancies are associated with familial conflicts. Parents to teenage mothers had strained relationships with their children as well as causing marital tensions. This tension between spouses about teenage pregnancy which they are facing as a family may lead to divorces. Teenage pregnancies are a unique circumstance that strains family relationships when not handled appropriately. The findings are consistent with the study by Cook and Cameron (2015), which found that teenage pregnancy is associated with discordant family relationships. When a teenage becomes pregnant and gives birth to a child, it is reasonable to presume that this will have an effect on the teenage's family, if only because the newborn often becomes a family member and requires a great deal of care and attention (Cook & Cameron, 2017). Since the family is the foundation of development, conflicts may hinder the growth of the teenage mother and her siblings probably because of the family values and the societal values.

It was realized through the results that teenage pregnancies are associated with emotional stress for the parents and the teenage mothers. Teenage pregnancies have a significant impact on the mental health of the parents and teenage mothers, who experience tension, anxiety, and shame. Teenage motherhood is associated with a variety of negative effects,

including mental health issues such as depression, anxiety, and tension (Rahill et al., 2020). Families with teenage mothers must also acclimate to the responsibilities and demands of parenthood, frequently in the context of economic and social adversity (Xavier et al., 2018). This shows that teenage pregnancies can be psychologically negative not only for pregnant teenagers but also for their parents and families.

### **5.2.3. Coping mechanisms employed by parents of teenage mothers**

The exploration of the coping mechanism employed by parents of teenage mothers showed that social support was employed by the parents. The most frequently cited type of social support was family support whilst other forms of social support were received from friends and religious groups. In terms of the findings, social support acts as a buffer against stress and its deleterious effects; it also helped to reduce and prevent stress by making disagreeable situations such as teenage pregnancies appear less significant or provide valuable coping strategies when stress does occur. Resilience theory and family systems theory support the resilient role performed by family members in assisting teenage mothers and their parents in the face of adversity. (Haberer et al., 2019) In South Africa, the concept of Ubuntu governs indigenous communities, and social support is a commonly available buffering mechanism for individuals in distress (Friedman et al., 2020). These results are consistent with the African culture, in which family and acquaintances are the primary and most significant sources of support. The results indicate that social support plays a significant role because it is viewed as a buffer against the stressors associated with teenage pregnancy.

The study found that problem-solving is a coping mechanism employed by the parents of teenage mothers. Parents cited making financial adjustments in order to help the teenage mother and altering living circumstances as the most effective method for supporting teenage mothers. Other problem-solving coping mechanisms included prayer and providing the teenage mothers with the knowledge they needed to surmount the challenges they faced. These findings confirm the findings of Erfina et al. (2019), who stated that problem-solving is an important coping mechanism designed to address the underlying issue or factor causing distress. As it occurs in the natural world, problem-solving is a self-directed cognitive-behavioural process by which an individual seeks to identify and discover effective or adaptable solutions to particular problems encountered in daily life, such as teenage pregnancies.

#### **5.2.4. Availability of support for parents of teenage mothers**

The findings revealed that support for teenage mothers is inconsistently available. The findings indicated that counselling and health care services are available and are provided to teenage mothers in urban areas whilst support is not readily available in rural areas. However, centres such as Zoe Pregnancy Crisis Centre (the research site) were useful in reaching more people including those in rural areas. The majority of rural areas have been marginalized, and many government support programs take time to reach these areas. According to the findings of Mekonnen et al. (2019), the government is fiscally constrained and certain support programs may not be readily available. These findings are concerning because they suggest that vulnerable teenage mothers and parents in rural areas are excluded from the programs, which may have a negative impact on the management of teen pregnancies.

The study also showed that supporting parents of teenage mothers is a critical responsibility of all stakeholders. Community-based stakeholders play a crucial role in assisting teenage mothers and their families with the transition to motherhood. The results support the study by Gcelu (2019) in African societies, the upbringing of a child is a collective endeavour involving not only the parents, custodians, and relatives, but also the entire society. Social workers have been identified as the primary purveyors of counselling services and guidance for teenage mothers and their guardians. Through counselling, education, and stakeholder networking, social workers aid pregnant teenagers and their families in overcoming obstacles and improving their well-being (Africa & Turton, 2019). The findings support the study by Africa and Turner (2019) in showing the role of social workers in supporting teenage mothers and their parents. Through the development of social programs, social workers connect people with essential resources, improve social service delivery, and promote social justice.

#### **5.3. Realisation of objectives**

##### **5.3.1 Objective 1: To understand the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy in Chief Albert Luthuli Municipality**

The study objective was achieved as it showed that the perceived and experienced causes of teenage pregnancies includes pressure from social media and TV; lack of parental guidance and involvement; poverty; lack of sex education; sexual exploitation and abuse as well as alcohol consumption among teenagers. The literature demonstrates that no one factor can be considered the primary cause of teenage pregnancy; rather, it should be highlighted that teenage pregnancy is the result of several overlapping enabling variables. The study is aligned with the literature as diverse factors were perceived to be the causes of teenage pregnancies.



The study participants highlighted that some factors are interrelated and overlap such that teenage pregnancies are not attributable to one factor.

5.3.2 Objective 2: To explore the challenges faced by parents of teenage mothers in relation to the parenting of teenagers who have fallen pregnant within Chief Albert Luthuli Municipality

The objective was achieved as the results showed that parents of teenage mothers of teenage mothers face financial challenges; family conflicts; stigma and discrimination and psychological distress. The parents faced a diverse range of challenges which can be broadly classified as monetary and non-monetary. Some parents highlighted facing financial challenges particularly due to the high medical costs of teenage pregnancies whilst others indicated facing discrimination and stigma as well as experiencing psychological discomfort. The study finding implies that teenage pregnancies have a negative impact on the parents of teenage mothers.

5.3.3 Objective 3: To understand the coping mechanisms employed by parents of teenage mothers in response to teenage pregnancy and post-natal challenges within Chief Albert Luthuli Municipality.

The objective was achieved as the study results showed that the coping mechanisms employed by parents of teenage mothers are social support and problem-solving. Social support as a coping mechanism reflects the African culture where family and friends are the primary resources which an individual can utilise when facing difficult circumstances posed by teenage pregnancies. The parents highlighted receiving social support from different sources including family, friends and religious groups. Problem-solving as a coping mechanism shows a way to adapt to the change and find measures to minimise the negative effects posed by challenges of teenage pregnancies. Some parents indicated giving sexual education to the teenage mothers and accommodating them as part of problem solving. Moreover, social workers can also educate fathers of when facing teen pregnancy so as to break the cultural barriers.

5.3.4 Objective 4: To explore the availability of support services for parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant during prenatal and post-delivery stages.

The study results also showed that support programmes are inconsistently available albeit especially counselling which is mainly provided to people in the urban areas and to teenage mothers. Some parents highlighted that support is received from governmental and non-governmental organisations. The results also showed that the role of various stakeholders in

supporting parents of teenage mothers was highlighted in the study. Social workers are responsible for supporting parents of teenage mothers through advice, counselling and linking stakeholders. The government is responsible for providing sex education in order to reduce the likelihood of further teenage pregnancies. The holistic intervention and collaboration of stakeholders lead to comprehensive measures for managing teenage pregnancies.

#### **5.4. Recommendations**

##### **5.4.1 Recommendations to social workers**

The complexity of teenage pregnancy and of supporting teenage mothers necessitates coordinated collaboration between welfare, educational, and health organizations in order to effectively prevent teenage pregnancy. At all levels of intervention, social workers should also endeavour to promote gender equality and the empowerment of young women. This should be done in conjunction with health professionals who should concentrate on providing information and services regarding reproductive health. This effort would resolve concerns about the dearth of sexual education which is a cause of teenage pregnancy.

##### **5.4.2 Recommendations to policy**

Teenage boys often have their first sexual encounter at a younger age and have more sexual partners than teenage girls, however, they are less likely to seek care for reproductive difficulties. Few sexually active teenagers receive information on sexually transmitted diseases, contraception, pregnancy, and sexual health from their healthcare providers. The study recommends that reducing teenage pregnancy will require policies that focus on male teenagers, including the establishment of routine sexual health care and specialized teaching initiatives for both females and males including in rural areas. Policies and programs for youth social development emphasize the social and psychological skills required to prevent high-risk behaviours, such as early sexual involvement. The basis of these programs is that teenagers who wait for sexual activity have strong educational ambitions, classmates with comparable standards, and parent-child interactions marked by monitoring, support, and open communication. These programs should be intended to improve the social skills and school connection of pupils.

The government and business should jointly finance a national resource centre that collects and disseminates information on effective teenage pregnancy prevention strategies. A national media campaign should be funded by the government and individual businesses. Although there are now a number of effective programs, the burden of reducing teenage pregnancy should not be placed solely on programs and policies. Rather, the government should build on the nascent efforts undertaken at the national and provincial levels over the

years to fund a sophisticated, broad-based media campaign to reduce teenage pregnancy. These funds should not only support public service announcements but also a variety of nongovernmental initiatives to collaborate with the entertainment industry to promote more responsible content. These media initiatives can complement effective sex education.

#### 5.4.3 Recommendations to Educators

The curriculum of subjects such as the Life Orientation should address the following in different languages. Contraceptive treatments are taught in schools as an additional method for preventing teenage pregnancy. Despite the fact that abstinence remains the most effective method for preventing teen pregnancy, a significant proportion of teenagers will engage in sexual activity. For this reason, it is crucial that teenagers get comprehensive information on how to use various contraceptive methods appropriately. Before the age of 12, when a number of teenage mothers are believed to have had their menarches, teenagers should obtain sexual education. These subjects should cover menstruation, sexual activity, pregnancy, and birth control. Consistent on sexual education should be provided, and by the time teenagers reach the age of 14, they should be educated of the availability of various contraceptives. Additionally, pregnant teenagers should receive sex education that emphasizes the use of contraception to avoid future unintended births. These teenage mothers should be followed up and informed about contraceptives and contraceptive services during the postnatal period. This should also be accomplished during well-child check-ups.

#### 5.4.4 Recommendation for future research

Although the study was thorough and comprehensive, the study recommends the following areas to be explored in the future:

- The study adopted a qualitative approach and recommends a quantitative approach and mixed methods to examine the challenges faced by and coping mechanisms utilised by parents of teenage mothers to establish whether comparable results can be attained.
- Reviewing the relevant literature, the researcher discovered a paucity of information on the experiences of pregnant teenagers in carrying out parental responsibilities. There is a need for extensive research to investigate the experiences of teenage mothers.
- Future research should investigate the sexual activities of teenagers at school, considering educators' attitudes toward sexuality at school and the procedures followed after school-going teenagers become impregnated

## **5.5. Conclusion**

The study sought to explore and describe the challenges faced by and coping mechanisms utilised by parents of teenage mothers. Chapter one conceptualised the research problem as well as establishing the research aim, objectives and questions. Chapter Two reviewed and discussed literature on teenage pregnancies, teenage motherhood and the role of parents and families in supporting the teenage mothers. This literature review began by discussing and emphasizing the global and local debates on teenage pregnancy and motherhood. The literature review also revealed the transitional link between teenage pregnancy and the inherent motherhood role that follows the delivery of a child. Chapter Three presented the research methodology which highlighted the tools and techniques applied in achieving the study objectives and answering the research questions. The study adopted a qualitative approach as it was appropriate for analysing on lived experiences of parents of teenage mothers when they encounter the challenge of teenage pregnancy and post-natal challenges. Purposive sampling was used to include participants that had the most relevant information for this study.

The purpose and objectives of the study were accomplished because the findings were able to respond to the research questions posed in Chapter 1. One of the study objectives was to understand the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy in Chief Albert Luthuli Municipality. The study objective was achieved as the study results show the perceived causes of teenage pregnancies. The second objective aimed to explore the challenges faced by parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant within Chief Albert Luthuli Municipality. The study objective was attained as the study results highlighted the challenges faced by parents of teenage mothers. To understand the coping mechanisms employed by parents of teenage mothers in response to teenage pregnancy and post-natal challenges within Chief Albert Luthuli Municipality. The last objective was to explore the availability of support services for parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant during a prenatal and post-delivery stages. The study objective was achieved as the study results showed the availability of the support services.

The study contributed to the existing body of literature by to exploring and describing the challenges faced by and coping mechanisms utilised by parents of teenage mothers. The study has policy implications. The study showed the causes of teenage pregnancies which policymakers should aim to address in order to reduce the prevalence of teenage pregnancies.

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World Health Organization. (2018). Defining competent maternal and newborn health professionals: background document to the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA: definition of skilled health personnel providing care during childbirth.

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# APPENDICES

## Appendix A – Ethical Clearance Letter



12 October 2022

Vimbai Manyawu (222115999)  
School of Applied Human Sc  
Howard College

Dear V Manyawu,

**Protocol reference number:** HSSREC/00004754/2022

**Project title:** Challenges and coping mechanisms of parents of teenage mothers in a Pregnancy Crisis Centre, Mpumalanga province, South Africa: an exploratory-descriptive study

**Degree:** Masters

### Approval Notification – Expedited Application

This letter serves to notify you that your application received on 13 September 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

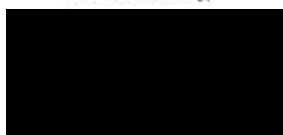
Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 12 October 2023.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

### Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: [hssrec@ukzn.ac.za](mailto:hssrec@ukzn.ac.za) Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

**INSPIRING GREATNESS**



## APPENDIX B: Informed Consent Form

Dear Participant,

My name is Vimbai Manyawu (22211599). I am a master's candidate studying at the University of KwaZulu-Natal, Howard College Campus. The title of my research is *Challenges and coping mechanisms of parents of teenage mothers in a Pregnancy Crisis Centre, Mpumalanga province, South Africa: an exploratory-descriptive study*.

The aim of the study is to seek to explore and describe the challenges faced by and coping mechanisms utilised by parents of teenage mothers. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about one hour.
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: School of Applied Sciences, Discipline of Social Work, University of KwaZulu-Natal, Howard College Campus, Durban. Email: [22211599@stu.ukzn.ac.za](mailto:22211599@stu.ukzn.ac.za)  
Cell: 0839853314

My supervisor is Mr BM Mzinyane who is located at the School of Applied Human Sciences, Howard College Campus of the University of KwaZulu-Natal. Contact details: email [MzinyaneB@ukzn.ac.za](mailto:MzinyaneB@ukzn.ac.za) Phone number: [0312602277](tel:0312602277)

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Shezi, University of KwaZulu-Natal, Research Office, Email: [hsrec@ukzn.ac.za](mailto:hsrec@ukzn.ac.za), Phone number 031 260 3587.

Thank you for your contribution to this research.

## APPENDIX C: Informed Consent Form (IsiZulu Version)

### Ifomu Lemvumo-Lwazi

Sawubona mhlanyeli wocwaningo,

Igama lami ngingu Vimbai Manyawu (22211599), ngingumfundi owenza iziqu ze Master's eNyuvesi yaKwaZulu-Natali, Howard College Campus. Isihloko socwaningo lwami luthi Challenges and coping mechanisms of parents of teenage mothers in a Pregnancy Crisis Centre, Mpumalanga province, South Africa: an exploratory-descriptive study.

Inhloso yocwaningo lwami ukuhlola Kanye nokuchaza izinqinamba Kanye nezindlela zokuphulukundlela ezisentshenziswa ngabazali bezingane eziba ngomame zisencanyana futhi zisesigabeni sokuthomba. Nginesifiso sokuxoxa nawe ukuze uzongivezela ulwazi Kanye nemibono yakho ngesihloko engicwaninga ngaso.

Kumele wazi lokhu okulandelayo:

- Ulwazi ozoliveza kulolucwaningo luzosetshenziselwa ukufunda kwami kuphela.
- Ukuzimbandakanya kwakho kungokokuzithandela. Inalo ithuba lokunqaba ukuba inxenywe uma ubona kufanele okukanye ukwephula ushiye uma ubusuqalile. Angeke ujeziswe uma ukhetha ukwenza lokhu.
- Izimvo zakho kwinoxoxo yocwaningo izibhalwa ngendlela yokufihla igama lakho nangendlela engakuvezi ocwaningweni.
- Inxoxo yethu izoba ihora ubude.
- Irekhodi Kanye nezinye izinto ezihambhelana nenxoxo yocwaningo izobekwa endaweni okungafinyeleki kuyo kodwa egadwe ngephasiwedi. Yimina Kanye nomgqugquzeli wocwaningo ozokwazi ukufinyelela kuminingwane ebucayi yocwaningo. Emva kweminyaka emihlanu, iyibe isilahlwa ngokohlelo lomthetho lwenyuvesi.
- Uma uvuma ukuba inxenywe ngicela usayine kwikhasi elilandelayo.

Ngiyatholakala: School of Applied Sciences, Discipline of Social Work, eNyuvesi yaKwaZulu-Natal, Howard College Campus, Durban. Email: [22211599@stu.ukzn.ac.za](mailto:22211599@stu.ukzn.ac.za)  
Cell: 0839853314

Umongameli wocwaningo Mr BM Mzinyane utholakala e School of Applied Human Sciences, Howard College Campus eNyuvesi yaKwaZulu-Natal. Contact details: email [MzinyaneB@ukzn.ac.za](mailto:MzinyaneB@ukzn.ac.za) Phone number: [0312602277](tel:0312602277)

Iminingwane ye Humanities and Social Sciences Research Ethics Committee ilena elandelayo: Ms Shezi, University of KwaZulu-Natal, Research Office, Email: [hsrec@ukzn.ac.za](mailto:hsrec@ukzn.ac.za), Phone number 031 260 3587.

## DECLARATION OF CONSENT

I..... (*full names of participant*)  
hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

SIGNATURE OF PARTICIPANT

DATE

.....

.....

## DECLARATION OF CONSENT (Zulu Version)

Mina..... (*amagama aphelele nesibongo*) ngalokhu ngiyavuma ukuthi ngiyaqondo yonke imibandela yalulucwaningo, futhi ngiyavuma ukuba inxeye yalo.

Ngigqonda ukuthi ngikhululekile ukuphuma nokushiya lolucwaningo noma nini uma nifisa ukwenza njalo. Ngiyavuma ukuba inxeye yalo. I

Ngiyavuma/Angivumi ukuthi isiqophimazwi sisentshenziswe (uma kudingeka)

Ukusayina

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Usuku

---

## Appendix D – Interview Schedule



Name of researcher	: Mrs Vimbai Manyawu
Student Number	: 222115999
Institution	: University of KwaZulu-Natal
Supervisor	: Mr Bongane Mzinyane, email <a href="mailto:MzinyaneB@ukzn.ac.za">MzinyaneB@ukzn.ac.za</a>

### SEMI-STRUCTURED INTERVIEW GUIDE

Title of the research: Challenges and coping mechanisms of parents of teenage mothers in a Pregnancy Crisis Centre, Mpumalanga province, South Africa: *an exploratory-descriptive study*.

#### **1. Demographic information**

Age of the participant :  
Relationship to the teenage mother :  
Rural or Urban :  
Location of the participant :  
Language Proficiency :  
Educational Qualifications :  
Have you ever had a pregnant teenager? (Yes or No)

**Objective 1: To understand the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy in Chief Albert Luthuli Municipality.**

According to you what is teenage pregnancy, how can you define it?

What do you understand by teenage pregnancy?

In your opinion, what do you think are the causes of teenage pregnancy?

In your family and community what was the cause of teenage pregnancy according to your opinion?

What is the role of family members and parents in perpetuating teenage pregnancy in your area?

What is the role of friends in causing teenage pregnancy?

How does the media, television, radio and social media influence pregnancy and sexual behavior of teenage girls and boys?

**Objective 2: To explore the challenges faced by parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant within Chief Albert Luthuli Municipality.**

How did you find out about the pregnancy of your daughter?

How did the pregnancy of your child affect you emotionally?

What financial challenges did you experience due to supporting your teenage pregnancy?

Do you think teenage pregnancy is a challenge to parents and families? If yes, why do you say so?

Was teenage pregnancy a challenge for you and your family, if yes how?

How did the pregnancy of your teenager affect your family?

How did you handle your daughter when she was pregnant?

What challenges did you experience when you supported a pregnant teenage child during the pregnancy?

How did you support your teenage daughter after she gave birth?

What challenges did you experience when you supported your teenage daughter after they have given birth?

What challenges did you experience after your teenage daughter has given birth?

Did your daughter have parenting skills for their child(ren) after they gave birth?

How did you support your grandchild?

Whom do you think is responsible for resolving all these challenges that you have mentioned above?

How did COVID-19 lockdown complicate the nature of challenges mentioned above?

**Objective 3: To understand the coping mechanisms employed by parents of teenage mothers in response to teenage pregnancy and post-natal challenges within Chief Albert Luthuli Municipality.**

How did you cope with the challenges you experienced in relation to your teen child's pregnancy?

Who do you rely on in order to get support in relation to dealing with the motherhood of your teenage daughter?

How does church or any faith-based organization support you in relation to teenage pregnancy?

What changes did you make in your family in order to accommodate a pregnant teenage child?

What assistance and support from do you get from your family members in handling the challenges of having a teenage mother?

What knowledge did you transfer to your teenage daughter who is now a mother?

How did you gender help you to support your daughter and grandchild better?

How can/did your family and or yourself as a parent cope with challenges of having a child who has a child?

How does your culture and community influence your coping strategies as a parent of a teenage mother?

How has your life experience as an adult assist you to deal with parenting a teenage mother?

What are the benefits of preventing teenage pregnancy?

**1. Objective 4: To explore the availability of support services for parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant during a prenatal and post-delivery stages.**

What facilities are available to support teenage mothers?

What facilities are available to you are a parent of a teenage mother?

What are available intervention programmes for parents and families of teenage mothers that are available in Badplaas and surroundings that you have accessed?

Do you feel excluded by the available programmes in relation to teenage pregnancy?

If Zoe Crisis Centre was not available where would you access help.

How should the programmes that are available be implemented in order to benefit parents of teenage mothers?

What are the available intervention programmes for parents of teenage mothers in Chief Albert Luthuli Municipal area?

Given the challenge that you mention above, for example \_\_\_\_\_ who is available to assist you in Badplass?

What can social workers do to help you as parents of teenage mothers?

Other than what you have mentioned, what else can social workers do to help you as parents of teenage mothers?

What can social workers do to help families of teenage mothers, excluding the parents?

What are the available support structures for parents and families of pregnant teenage mothers?

What are your views regarding the ways of resolving teenage pregnancy and challenges of teenage motherhood at an institutional level?

What are your views regarding the ways of resolving teenage pregnancy and challenges of teenage motherhood at a family level?

Any suggestions on how parents could support their teenagers before and after they fell pregnant?

How could any other stake holders support parents with a pregnant teen child or a parent of a teenage mother?



Igama lomcwangingi	: Mrs Vimbai Manyawu
Inombolo yomfundi	: 222115999
Isikhungo	: University of KwaZulu-Natal
Umgqunguzeli	: Mnu. Bongane Mzinyane, email <a href="mailto:MzinyaneB@ukzn.ac.za">MzinyaneB@ukzn.ac.za</a>

## UHLU LWEMIBUZO YOCWANINGO

Isihloko socwaningo: Challenges and coping mechanisms of parents of teenage mothers in a Pregnancy Crisis Centre, Mpumalanga province, South Africa: *an exploratory-descriptive study*.

### 2. Demographic information

Iminyaka yomhlanganyeli :  
 Ubudlelwano nengane enengane :  
 Uhlala emakhaya noma edolobheni :  
 Uhlala kuphi :  
 Izilimi engizikhulumayo :  
 Izinga lezemfundo :  
 Uke waba nengane ekhulelwe isencane? (Yebo/Cha):

**Inhloso 1: To understand the perceptions and experiences of parents of teenage mothers about the causes of teenage pregnancy in Chief Albert Luthuli Municipality.**

Ungakuchaza kanjani ukukhulelwa kwamantombazanyana eziselula?

Ukuqonda kanjani ukukhulelwa kwamantombazanyana eziselula?

Ngokombono wakho, iyini imbangela yokukhulelwa kwamantombazanyana eziselula?

Emndenini wakho nasemphakathini kukhandwa yini ukukhulelwa kwamantombazanyana?

Iyini indima yakho njengomzali noma yabazali ekukhulelweni kwamantombazanyana eziselula emphakathini wakho?

Iyini indima yabangani ekukhulelweni kwamantombazanyana eziselula emphakathini?

Ingabe ezokuxhumana, amathelevishini, imisakazo, Kanye nezinkundla zokuxhumana kukuthina kanjani ukuziphatha kwamantombazana Kanye nabafana ngokwezocansi?

**Inhloso 2: To explore the challenges faced by parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant within Chief Albert Luthuli Municipality.**

Wathola kanjani ngokukhulelwa kwendodakazi yakho?

Ukukhulelwa kwengane yakho kwakuthinta kanjani ngakwezomoya?

Iziphi izinselelo zezezimali oke wabhekana nazo ngenxa yokweseka intombazanyana yakho ekhulelwe isencane?

Ingane ukukhulelwa kuyinselelo emindenini nakubazali? Uma uthi yebo kungani?

Ingabe ukukhulelwa kwabantwana abaselula kwaba inselelo emndenini wakho?

Kwawuthinta kanjani umndenini wakho ukukhulelwa kwamantombazanyana eziselula?

Wabe usukulungisa ndlelani ukuba nendodakazi ekhulelwe?

Iziphi izinselelo owabhekana nazo ekwesekeni ingane yakho ngesikhathi isakhulelwe?

Wayeseka ndlelani ingane yakho emvakokuthi isibelethile?

Iziphi izinselelo owabhekana nazo ususeka ingane yakho emvakokuthi isibelethile?

Ingabe indodakazi yakho yaba nawo amava okukhulisa abantwana emva kokuthi isibelethile?

Wameseka kanjani umzukululu wakho?

Ucabanga ukuthi ubani onomthwalo wokuxazulula izinkinga ozibale ngaphezulu?

Ingabe igciwane le COVID-19 kanye nomvalelandlini wazandisa kanjani izinkinga zakho ozibale ngehla?

**Inhloso 3: To understand the coping mechanisms employed by parents of teenage mothers in response to teenage pregnancy and post-natal challenges within Chief Albert Luthuli Municipality.**

Wabe usubhekana kanjani nezinselelo owabanazo ngokukhulelwa kwendodakazi yakho?

Ubani othembele kuye ukuze uthole ukwesekwa maqondana nokuba nengane esinengane?

Ingabe ibandla lezenkolo noma isonto likwesekwe ndlelani maqondana nokuba nengane esikhulelwe noma enengane?

Iluphi ushintsho olenzile emndenini wakho ukuze wamukele kahle ingane yakho esikhulelwe noma enengane?

Iluphi usizo nokwesekwa oluthola emndenini ekubhekaneni nezinselelo zokuba nengane esingumama?

Iluphi ulwazi uwalwedlulisela kundodakazi wakho osengumama manje?

Ubulili bakho bakusiza kanjani ukuthi unakekele indodakazi yakho kanye nomzukulu kangcono?

Umndeni wakho noma wena ungenza kanjani noma wenza kanjani ukuze ubhekane kangcono nezinselelo zokuba nengane enengane?

Usiko lwakho Kanye nemthelela womphathi wakho izithinta kanjani izindlela zokubhekana nezinselelo zokuba nendodakazi enengane?

Ulwazi lwakho njengomuntu omdala lukusize ndlelani ukuze ubhekane nokukhulisa ingane esingumame?

Iziphi izithelo zokuvikela ukukhulelwa kwezingane eziselula?

**Inhloso 4: To explore the availability of support services for parents of teenage mothers in relation to parenting of teenagers who have fallen pregnant during a prenatal and postdelivery stages.**

Iziphi izinqala sizinda ukweseka omama abaseyizingane?

Iziphi izinqala sizinda ezikhona kubazali abanezingane eziyizingane?

Iziphi izinhlelo ezikhona zabazali nemindenini ezikhona eBadplaas osuke wazisebenzisa?

Ingabe izizwa ungabalwa yini ezinhlelweni zokweseka abazali abanezingane ezinezingane okanye esezike zakhulelwa?

Ukuba iZoe Pregnancy Crisis Centre ibingekho ubuzoluthathaphi usizo?

Kumele zenziwe kanjani izinhlelo zokweseka abazali abanezingane ezinengane ukuze zisebenze kahle?

Iziphi izihlelo ezikhona kumaspala noma endaweni ngephansi kwamaspala wase Chief Albert Luthuli?

Uma sesikhuluma ngezinsalelo ozibalile ngenhla, mhlawumbe \_\_\_\_\_ ubani okhona ukunisiza eBadplaas?

Osonhlalakahle bangenzani ukusiza abazali abanezingane?

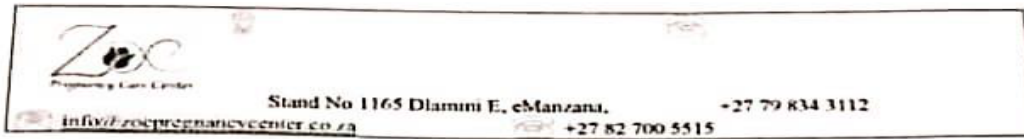
Ngaphandle kwalokhu okubalile ikuphi okunye ocabanga ukuthi osonhlalakahle bangakwenza ukweseka abazali abanezingane ezinezingane?

Ikuphi okungenziwa osonhlalakahle ukweseka imindeneni nabazali abanezingane ezike zaba nabantwana?

Iziphi izinhloka ezikhona ukweseka abazali abanengane ezingabazali?

Uthini umbono wakho mayelana nokuxazulula ukukhulelwa kwabantwana nezinsalelo eziza nokuthola kwabantwana abancane izingane?

## Appendix D – Gatekeeper letter



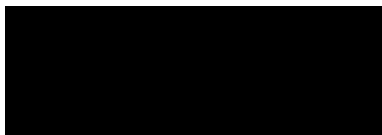
Date: 23 August 2022

Mrs Manyawu (UKZN Student)  
1165 Dlamini D  
Badplaas  
Mpumalanga,  
South Africa

**Permission to conduct research: Master of Social Sciences in Social Work, UKZN**

- The above subject has reference in our office.
- You are hereby granted permission to conduct your postgraduate research with our clients as you see fit.
- Kindly comply with the ethics of Social Work (SACSSP) and that of POPIA when you deal with your research participants.
- Kindly ensure that their participation is voluntary and transparent.
- You may access our database of year 2018, 2019, 2020 and 2021 for the purpose of your research.
- We truly wish you the best of luck in your research journey.
- Kindly share your findings and recommendations with our organization.

Sincerely yours,



Ms Wendy Mdluli

Director: (Living with Vision Foundation NPC 2016/465719/08)

Trading as Zoe Pregnancy Crisis Centre

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