

YOUNG MOTHERS' EXPERIENCES OF STIGMA IN EARLY AND UNINTENDED PREGNANCY (EUP)

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DECLARATION

I, Ciara Korving, hereby declare that the content of this Master's thesis represents my own unaided work, and that this thesis has not previously been submitted for academic examination towards any qualification. Furthermore, all information entailed in this research is original, unless specifically acknowledged as being sourced from other persons, research or sources.

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03.12.2019

Supervisor's approval of this thesis for submission:

As the candidate's supervisor I have approved this thesis for submission.

Dr Carol Mitchell



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I would like to acknowledge my supervisor, Dr Carol Mitchell.

And the research participants, for sharing their stories.

don't forget who you are, who you wanna be in life and be proud of yourself (Gugu)

ABSTRACT

This research explored young mothers' experiences of stigma in early and unintended pregnancy (EUP) in a localised South African context. It explored the impact of social judgement on the emotional coping, and identities of the teenage mothers, as well as the sources and consequences of such stigma. Convenience sampling, combined with snowball sampling, was used to identify nine participants from a geographical neighbourhood in the KwaZulu-Natal province of South Africa. Data was collected from in-depth interviews. These were analysed using thematic analysis, aimed at identifying main and sub-themes relating to the emotional coping experiences that speak to the topic of stigma and perceived judgement, shame and blame. Findings confirmed an experience of internalised judgement and stigma directed towards the self around the EUP, as well as perceived judgement and stigmatising by others in some form. Common dimensions of judgement and stigma included consequential feelings of abandonment, isolation and a fear of disclosure; the impact of the socio-economic environment on the nature of the stigma; and reference was made to the reason and source of stigma, and a process of acceptance and meaning making of the experience of EUP. The significant incongruencies in terms of the polarised attitudes towards EUP are indicative of the complexity of the societal attitudes, judgements and stigma, with those that view it in a very negative light, and others who are largely accepting and supportive. While not always the case, in general the younger generation appears to be more accepting of teenage pregnancy, whereas the older generation tends to impose much harsher judgement. There also appeared to be polarised reasons for social judgement. Some of the participants expressed feeling judged because of being pregnant as a teenager, but contrastingly other participants expressed that they felt judged by certain members of the community for not having a child. Due to the high incidence of EUP, teenage pregnancy is regarded by many as acceptable and even expected. For some, not having a child elicits scepticism. For others, a child is seen as a positive societal status and for some pregnancy represents security with the partner and demonstrates fertility, a culturally desirable attribute. Despite the challenges, harsh environmental circumstances and stigma experienced, many of the stories contain elements of self-growth and positive outcomes, with the child providing a new focus and vision for the future. The study highlighted the social disempowerment experienced by young mothers as a result of their socio-emotional circumstances and the need for ongoing support of teenage mothers in South Africa.

Keywords: early and unintended Pregnancy (EUP), teenage pregnancy, stigma, socio-emotional experiences, motherhood identity, social judgement, consequences of teenage pregnancy, EUP policy, EUP support interventions

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CHAPTER ONE

Introduction

1.1 Introduction

The study aimed to shed light on realities regarding stigma in a localised context, exploring the personal subjective experiences of young mothers and their perceived experiences of stigma. It aimed to confirm whether stigmatisation is an experienced consequence of EUP, and if so, how young mothers respond to such stigmatisation. It aimed to explore the socio-emotional experiences of teenage mothers that speak to the topic of stigma and perceived judgement, shame and blame. It examined the consequences and sources of such stigma and aimed to consider the findings against a broader conceptualisation of EUP and stigma.

1.2 Structure of the dissertation

In this chapter, the research topic is introduced and the research objectives, questions to be answered and methodological approach outlined. The conceptual framework of the research study is also considered. Chapter 2 provides a review of existing literature around Early and Unintended Pregnancy (EUP), including its definition, prevalence and review of policies for pregnant girls and adolescent mothers. It aims to conceptualise *stigma* and *identity* and presents a review of relevant studies, both internationally and in an African (and South African) context. In Chapter 3, the methodology details the research design. It describes the sampling method, data collection and data analysis, and outlines ethical considerations that were applied and adhered to. It also considers aspects of rigour and trustworthiness. Chapter 4 focuses on an exploration of the findings as presenting in the themes and sub-themes generated from the analysis of the data. These are further discussed in Chapter 5, in relation to the research questions and relevant literature, in order to present a holistic understanding of young mothers' experiences of stigma in early and unintended pregnancy, relating to this research study. In the closing Chapter 6, conclusions and implications of the study are outlined, and limitations of the study are considered. In addition, recommendations for future research are suggested.

1.3 Overview of the topic area

EUP is a global concern and has a major impact on the lives of adolescents – especially young women – in terms of their health, social, economic and education outcomes. In South Africa, teen motherhood as a health and social problem has raised increasing concerns. Research has shown that by the age of 18 more than 30% of teens have given birth at least once (Chigona & Chetty, 2008). With the promulgation of the South African Schools Act in 1996, it became illegal to exclude teen mothers from school. Yet despite this Act, adolescent mothers continue to face considerable challenges.

As is further outlined in Chapter 2, the issue of EUP in South Africa is still qualitatively understudied, despite the extensive number of studies and available literature, and up to date, evidence-based data on social and structural influences of teenage pregnancy is lacking. Further qualitative studies in South African contexts may enhance the understanding of the socio-emotional experiences of EUP and the consequences of social stigmatising, in order to facilitate the design of interventions to better support young mothers in our local context. This study thus focussed specifically on aspects relating to young mothers' experiences of stigma in EUP, and aimed to shed light on realities regarding stigma in a localised context, exploring the personal subjective experiences of young mothers and their perceived experiences of stigma. It aimed to confirm whether stigmatisation is an experienced consequence of EUP, and if so, how young mothers respond to such stigmatisation.

1.4 Research objectives

The objectives of this research study were to:

- Gain insight into young mothers' experiences of stigma and how they respond to such stigmatisation -.
- Provide insight into the experienced consequences of stigma around EUP relevant to the South African context.

1.5 Research questions

The study focussed on answering the following research questions:

- What are young mothers' personal emotional experiences of EUP?
- What are young mothers' experiences of others in response to the EUP?
- How did the response of others towards their EUP affect their emotional coping?
- What were the societal attitudes towards EUP and reasons for social judgement?

1.6 Methodological approach

The study was an interpretative study, aimed at understanding the socio-emotional experiences of EUP and the consequences of social judgement, and thus called for a qualitative approach. Convenience sampling, combined with snowball sampling, was used to identify eligible participants who were recruited from Shakashead, a geographical neighbourhood of the Ilembe District Municipality in the KwaZulu-Natal province of South Africa. The sample group included nine young women who experienced early unintended pregnancy during adolescence (between 13 - 19 years of age). An NGO called *uBuhle* assisted in the recruitment of participants, by handing out information leaflets about the research study. After a process of informed consent, the participants took part in an interview (face-to-face and semi-structured), which was audio-recorded and transcribed for analysis verbatim. The method of data analysis for the interview texts was thematic analysis, aimed at identifying main and sub-themes in the interview data, in order to understand their experiences of stigma relating to their teenage pregnancy.

1.7 Conceptual framework

Guided by a community psychology approach, the study aimed to highlight social disempowerment of adolescent mothers by exploring their socio-emotional circumstances, including social norms and stigmas. It aimed to consider individual stories in order to create a broader understanding of the issue of EUP in a specific context. Positioned within a community psychology perspective, an interpretive and constructionist framework guided both the research as a whole, as well as the various components of the research process. Based on the assumption that stigma is experiential (interpretive) and socially constructed, the review of existing literature focused on the consequential aspect of stigma around EUP,

and associated experiences of blame, shame and guilt. It is within this framework that the notion of stigma is conceptualised and relating theories are positioned. In the methodology chapter, analysis of the data was conducted within a constructionist paradigm, and the findings chapter seeks to theorize around the sociocultural contexts and structural conditions. An introduction to these conceptual lenses is thus necessary here, to frame the rest of the thesis.

1.7.1 Interpretive and constructionist framework

The study aimed to shed light on realities regarding stigma in a localised context, exploring the personal subjective experiences of young mothers and their perceived experience of stigma. It was informed by an interpretive approach (Wagner, Kawulich, & Garner, 2012) and a constructionist approach (Creswell, 2013). Positioned within these paradigms, it sought to understand the young mothers' socio-emotional experiences of EUP, and the role of stigma in navigating the consequences. According to Braun and Clarke (2006), from a constructionist perspective, meaning and experience are socially produced and reproduced, rather than inherent within individuals. Therefore, thematic analysis conducted within a constructionist framework does not seek to focus on individual psychologies, but instead seeks to theorize the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided (Braun & Clarke, 2006, p. 85). Thus, analysis of the data was conducted within a constructionist paradigm, exploring themes at a latent level - this is further outlined in the methodology chapter.

Viewed from an interpretive framework, the study sought to understand young mothers' experiences of stigma and the impact of social judgement on identity. Such identity is not inherent within each individual, but is formed through interaction with others (Creswell, 2013). Applying a social constructionist approach provides a useful framework for accessing the views and nuances that influence the individual worlds of young mothers. It is within this framework that the research is positioned.

As a departure point for the research, literature is reviewed in terms of the constructs of stigma, motherhood and identity, largely influenced by the identity threat model of stigma (Major & O'Brien, 2004). Relating theories that have informed much of the existing literature

tend to position stigma either as an experiential, perceived reality or an imposed social and cultural construct. The latter speaks to a community psychology approach.

1.7.2 Community psychology approach

According to Nel, Lazarus and Daniels (2010, p. 19) community psychology “focuses on the relationship or interaction between the individual person and her/his environment or social context, specifically those contexts that suffer due to extreme social challenges. It is concerned with understanding or analysing this relationship and responding or intervening”.

Guided by a community psychology framework the study aimed to highlight social disempowerment of adolescent mothers by exploring their socio-emotional circumstances, including social norms and stigmas. It departs from the premise that identity is not inherent within an individual but is formed through interaction with others and social response. Thus, although the study considers the personal subjective experiences of young mothers and their perceived experience of, and response to, stigma, this cannot be viewed in isolation from the societal context. The study aimed to consider individual stories in order to create a broader understanding of the issue of EUP in a specific context. Considering the impact of social judgement on identity requires considering the individual, her social network and the relationship between them.

In particular, the research is guided by a social action model of community psychology. According to Nel, Lazarus and Daniels (2010, p. 17), this model “aims to address environmental and social factors impacting on the mental wellbeing of people. The structural inequalities in society are highlighted, because of the impact they have on communities and individuals in the community”. Furthermore, this approach rejects the notion that individuals are totally responsible for their own fate and asserts that most adverse social conditions are linked to structural inequality (Nel, Lazarus, & Daniels, 2010).

1.8 Conclusion

This chapter aimed to provide an overview of the research topic around the issue of EUP in a localised context, exploring the personal subjective experiences of young mothers and their

perceived experiences of stigma. It outlined the research objectives, questions to be answered and methodological approach. In addition, it considered the conceptual frameworks, which guided both the research as a whole, as well as the various components of the research process.

CHAPTER TWO

Review of literature

2.1 Outline of the literature review

The topic of Early and Unintended Pregnancy (EUP) presents an expanse of available literature, including much information on the causative and risk factors, and consequences of pregnancy during adolescence. This literature review aimed to focus specifically on aspects relating to young mothers' experiences of stigma in EUP. It departs from the premise – as presented in much of the current media surrounding EUP – that adolescent mothers in South Africa, and in particular KwaZulu-Natal, face negative stigmatisation. The review of literature aimed to explore this assumption, motivated by a belief that this population group are as deserving of respect and equality under our Constitution as the rest of the South African population. As Worell (1986) aptly states, “in order to validate these families as legitimate and desirable social units, we need to help counteract the personal and interpersonal sources of stigma that provide barriers to optimal development and healthy functioning” (1986, p. 13).

In reviewing existing literature around young mothers' experiences of stigma in EUP, this section aims to explore the assumption that negative stigmatising is indeed a consequence of teenage pregnancy, as well as the nature and source of such stigmatisation. It considers the broad definitions of EUP and outlines existing policies. In addition, it seeks to ascertain the prevalence of EUP in a global and local context, as a background to conceptualising the notion of stigma as experienced by adolescent mothers. It examines the experience of motherhood and identity as social constructs, as outlined in several topical studies, both internationally, in Africa and in a South African context.

2.2 Early and Unintended Pregnancy (EUP)

2.2.1 Defining EUP

In reviewing existing literature, there appears to be no standard definition for 'early pregnancy'. World Health Organisation (WHO, 2011) guidelines use the term to define any

pregnancy before the age of twenty. According to UNESCO (2017, pg. 8):

the term 'early' relates to the correlation between lower age and the increased risk of adverse health and social consequences for the mother and child. The term 'unintended' refers to unplanned or unexpected pregnancies, which should be addressed separately from pregnancies that are early and planned.

A distinction should also be made between 'unintended' pregnancy and 'unwanted' pregnancy, which may not necessarily apply to unintentionality.

2.2.2 Prevalence: a global and local concern

However it is defined, EUP is a global concern and has a major impact on the lives of adolescents – especially young women – in terms of their health, social, economic and education outcomes. Prevalence is highest in developing countries, with 95% of babies born to adolescent mothers occurring in developing countries (World Health Organisation, 2011, p. 9). In reviewing literature, what appears common across developing countries is that girls from poor families living in rural or remote villages, exposed to limited education are more likely to become pregnant than teenagers in urban areas who are more affluent, educated and literate. A study of rural based university students in South Africa indicated that girls who lack information and access to sexual and reproductive health services have a higher prevalence of EUP (Lebese, Maputle, Mabunda, & Chauke, 2015).

The UNESCO report claims that “the largest numbers of adolescents under age 19 who become pregnant are in Low- and Middle-Income Countries (LMICs). In 36 LMICs, up to 25 per cent of women age 15–19 are either pregnant or have given birth” (UNESCO, 2017, p. 11). In South Africa, teen motherhood as a health and social problem has raised increasing concerns. Research has shown that by the age of 18 more than 30% of teens have given birth at least once (Chigona & Chetty, 2008). With the promulgation of the South African Schools Act in 1996, it became illegal to exclude teen mothers from school. Yet despite this Act, adolescent mothers continue to face considerable challenges. The findings of many studies expose the challenges surrounding EUPs in an educational context.

2.2.3 Review of EUP policies

A recent review of policies in African Union member states published by Human Rights Watch found that 26 countries in the African Union have some type of law, policy and/or strategy in place around the rights of pregnant girls and mothers to education (Martinez & Odhiambo, 2018). Despite this, a significant number still impose laws and policies that directly discriminate against pregnant girls and adolescent mothers in education. For example, Equatorial Guinea, Sierra Leone, and Tanzania expel pregnant girls from school and deny adolescent mothers the right to study in public schools (Martinez & Odhiambo, 2018). In most cases, such policies end a girl's chances of ever going back to school, and expose her and her children to child marriage, hardship, and abuse. The Review also found that 24 African countries lack a re-entry policy or law to protect pregnant girls' right to education, which leads to irregular enforcement of compulsory education at the school level (Martinez & Odhiambo, 2018, p. 13). Countries in northern Africa generally lack policies related to the treatment of teenage pregnancies in school, but in parallel, impose heavy penalties and punishments on girls and women who are reported to have had sexual relationships outside wedlock. Some countries resort to harmful means to identify pregnant girls, and sometimes stigmatize and publicly shame them. Some conduct mandatory pregnancy tests on girls, either as part of official government policy or individual school practice. These tests are usually done without the consent of girls and infringe on their right to privacy and dignity (Martinez & Odhiambo, 2018).

Jiminez (2012) argues that negative constructions of teen pregnancy have resulted in stringent and punishment-oriented policies. Government policies that discriminate against young women on the basis of pregnancy violate their international and regional human rights obligations, according to the International Human Rights Policy (IHRP). This requires that school pregnancy policies should ensure minimal disruption to pregnant learners schooling, that learners are allowed to stay in school for as long as they are willing and able and are allowed to return to class as soon as they feel fit. The IHRP advocates that pregnancy can never constitute the basis for a suspension or expulsion and that regulations must be aimed at preventing the victimisation of pregnant girls (Jiminez, 2012).

According to the Bill of Rights as contained in the Constitution of the Republic of South Africa (RSA), Act 108, Section 29 affirms that everybody has the right to basic education (South

African Government, 1996). South African is one of fifteen African countries that have conditional policies requiring pregnant learners to drop out of school but provide routes of re-entry if certain conditions are met. In 2007, the National Department of Education, drawing from the Schools Act, also implemented guidelines titled: "Measures for the Prevention and the Management of Learner Pregnancy". This act attempted to address the issue of unfair discrimination against pregnant learners by introducing national guidelines, and proclaimed that pregnant learners may not be discriminated against. In addition, it states that "schools should strongly encourage learners to continue with their education prior to and after delivery of the baby" (Department of Education, 2007, p. 6). However, contrastingly, one of the central guidelines specifies that learners may "request or be required to take leave of absence... A period of absence of up to two years may be necessary for this purpose, but learners should not return in the same year that they had the baby" (Department of Education, 2007, p. 22). In addition, the 2007 Guideline has been criticised for reinforcing existing negative stereotypes which exacerbate gender discrimination, by making it the pregnant girl's responsibility to "understand that some members of the school community might not readily accept and be supportive of their situation because of the value systems to which they subscribe" (Department of Education, 2007, p. 5). The implemented guidelines have therefore been strongly criticised for containing discriminatory pregnancy policies. As a result, in 2009 the Department of Education issued a statement confirming that learners may not be expelled from school due to pregnancy and that they must be allowed to return as soon as they are able after giving birth (Andrews & Draga, 2013).

In addition to the debatable policies around pregnant learners in South Africa, studies have highlighted the incongruencies between policy implementation and young women's lived experiences in school. Several studies emphasize problems in the implementation of policies designed to ensure access to education for pregnant students and new mothers. A study of three schools in the Western Cape illustrated ways in which the 2007 guidelines on managing learner pregnancy in South Africa were misinterpreted, resulting in exclusionary practices (Ngabaza & Sheffer, 2013, p. 106). The three schools implemented the policy completely differently; at one school learners were sent home as soon as their pregnancy became evident, at another they were advised to leave when six months pregnant, and in the third

school the decision on when to leave and when to resume studies was left to the students and their parents (Ngabaza & Sheffer, 2013, p. 106). Thus, despite the implementation of the 2007 Guideline, which attempted to address the issue of unfair discrimination against pregnant learners, elements of the Guideline remain open to misinterpretation and implementation is not clearly specified, resulting in continued exclusionary and discriminatory practices.

2.3 Young mothers' experiences of stigma

2.3.1 Conceptualising *stigma*

Erving Goffman, one of the most influential sociologists of the twentieth century, defined stigma as “an attribute that is deeply discrediting, that reduces someone from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p. 3). The stigmatised, thus, are perceived as having a ‘spoiled identity’. With EUP, stigma usually relates to an internalized experience of blame, shame or guilt (Van der Riet, Corfe, & Kubeka, 2019). Meisenbach’s definition expands the concept of stigma as “an identity discrediting mark on someone of questionable moral status” (2010, p. 268). Based on this definition, Yardley (2011) aptly argued that the ‘problematizing’ of adolescent pregnancy is, by conceptual definition, stigma.

Stigma scholars such as Major and O’Brien (2004) and Halnon (2001) position stigma as a social and cultural construct, and point to variability across time and cultures in what attributes, groups or behaviours are stigmatized. They propose that stigmatization occurs when a person possesses some characteristic that conveys a devalued social identity, and their findings suggest that the negative experiences of stigma threaten individual self-identity.

In reviewing the literature, the use of the words stigma and judgement appeared to be used interchangeably, although possibly a distinction needs to be made between them. The National Alliance on Mental Illness (NAMI) suggests that the construct of *judgement* is broader than that of *stigma*, and that stigma is a negative form of judgement due to a discrediting attribute, either by the self or others (NAMI, 2019).

2.3.2 Parenting and identity in adolescence

Studies such as those by Mayer (2009) examine motherhood as a socially constructed identity, involving social judgements and attached stigmas. She describes the mothering identity as largely based on the perceptions of others, and as one of the most significant identity transformations of adulthood. According to Mynhardt (2009, p. 21), we often compare our present identity to our past selves, “when different selves come into conflict, it can be difficult and painful to reconcile them” (2009, p. 21). Thus pregnancy, especially when unintended, can present an identity conflict. Hanna (2001), describes adolescence and parenthood as both times of “developmental crisis”, and suggests that combining them may result in negative consequences for the parent and child. She describes parenting during the teenage years as problematic because developmentally and emotionally adolescents “have not had time to resolve their own stages of role identity and intimacy” (Hanna, 2001, p. 457). Thus the stage-related life task of identity formation is interrupted by pregnancy during adolescence. The lack of defined self-identity often predisposes young mothers to an emotional vulnerability to the influence of others.

According to UNESCO (2017), motherhood can pose significant challenges, from finances to managing childcare, health, and balancing the demands of conflicting roles and shifting identity. With unplanned pregnancy whilst young and unmarried, these challenges are often exacerbated. ‘Early’ (adolescent) pregnancy is often accompanied with a lower emotional maturity, and ‘unintentionality’ in pregnancy is often accompanied with social stigma that further compromises the young mother’s ability to cope. Leese (2016) argued that although the transition into motherhood can be difficult for women of any age, “teenage mothers face specific challenges linked to the way they are constructed negatively...leading to young mothers being stigmatized and viewed as ‘deviant’ or ‘dependent’” (2016, p. 521).

2.4 Studies exploring young mothers’ experiences of EUP and stigma

2.4.1 International studies

A common theme in much of the literature around teenage pregnancy concerns the consequential negative judgement and stigmatization from parents, schools, friends and the closer community. Worrell (1986) proposed that, in discussing EUP and stigma, “the offense these women share in common is their violation of social norms, which labels them as

deviant” (1986, p. 5). The construction of teen mothers as “deviant” echoes the work of sociological deviance theories in which “deviant” behaviour is viewed not only as different from normative behaviour, but somehow “wrong” or “bad”. Jiminez (2012, p. 12) describes deviance as “not a quality that lies in behaviour itself, but in the interaction between the person who commits an act and those who respond to it”. Thus, the construction of “bad” or “deviant” behaviour is premised on society’s ability to label an individual “deviant”. Thus, according to Jiminez, stigmatising images such as “irresponsible”, “stupid” and “promiscuous” characterize the “deviant” (2012, p. 13).

Birchall (2017) emphasised that stigma is inherently gendered in nature, and several studies confirm that boys do not face the negative impacts that girls do when they become parents. This claim is supported by UNESCO’s EUP review (UNESCO, 2017), which posits that EUP has significant socio-emotional consequences, largely associated with an emotional burden of stigmatization, including shame and guilt. “This includes girls often facing social stigma and discrimination from communities and/or families, resulting in them having to leave their family home, consequently increasing their vulnerability to violence and abuse, and potentially facing increased poverty and economic challenges” (UNESCO, 2017, p. 11).

Much of the literature surrounding teenage pregnancy suggests that negative stigma associated with teenage pregnancy is internalized by young mothers, resulting in self-judgement and threatening self-identity. A study based on the *identity threat* model of stigma by Major and O’Brien (2004) investigating the psychological effects of social stigma, revealed that “stigma is a powerful phenomenon with far-ranging effects on its targets” (2004, p. 394). Negative stigmatising and its effects present as a common focus in literature on studies around young mothers’ experiences of unintended pregnancy (EUP) and findings from prominent studies, such as those by Meisenback (2010) and Major and O’Brien (2004), appear consistent in their reporting of societal judgement around EUP, resulting in internalised self-judgement.

Several studies highlight how social acceptability of unintended pregnancy is affected by the age of motherhood. Halnon’s (2001) *perceiver perspective* of stigma suggests that stigmas relating to EUP are a classified form of ‘age stigma’, that relate to social perceptions of being

'too old' or 'too young'. A Canadian study by Whitley and Kirmayer (2008) explored mothers' perceived stigmatization in terms of their psychological and social experience. The key finding was the contrast in social acceptability between adolescent and 'older' (non-adolescent) motherhood status. For older women, being a mother enhanced their social status and concomitant social activity. In contrast, younger mothers "felt severely stigmatized, which they attributed almost solely to their 'young age' of motherhood" (2008, p. 342)

2.4.2 African and South African studies

Consistent with much of the literature on international studies around teenage pregnancy, studies in an African and South African context appear to confirm negative judgement and stigmatization experienced by young mothers as a direct result of their teenage pregnancy. However, they appear to place a greater emphasis on the role of the community in imposing stigma. Findings in a Malawian study investigating the social consequences of unintended pregnancy claim that an unmarried status will result in greater stigmatising and shame by the community. "When pregnancies among unmarried young people are discovered, discussions occur between the youths' families, often leading to an early marriage that will save the social status of the young woman and her family" (Awah, et al., 2012, p. 168).

South African studies such as those by Chohan and Langa (2011), Ngabaza and Sheffer (2013) and Nkabine (2014) suggest that the widespread belief regarding welfare grants as perpetuating and encouraging teenage pregnancy is inaccurate. They also highlight the pathologizing of teenage mothers, who are incorrectly blamed for many social ills, including causing the breakdown of traditional family structures, as well as the increased demand for welfare grants, housing and poverty. The consequences include marginalisation and a fear of disclosure and rejection. However, numerous studies indicate that socio-cultural factors including unequal power and gender norms expose girls and women to the risk of unintended pregnancies, HIV, early marriages, and sexual violence. Ninsiima, et al., (2019) argue that decisions taken by girls and boys may not only depend on the knowledge they have, but "may be influenced by contextual factors like societal values, and financial deprivation. Social contexts and interpersonal relationships considerably contribute to the processes that shape adolescents' sexuality" (2019, p. 194). Jimenez (2012, p. 100) argues that "teen pregnancy should not be viewed as a problem in and of itself, but as a marker of persisting socioeconomic

inequality". This is congruent with findings of a Ghanaian study which suggested that a cultural environment characterised by sexual taboos and abstinence-only sex education, together with limited sexual negotiation, shape the sexual decisions and behaviours of the young women (Krug, Mevissen, Munkel, & Ruiter, 2017).

An additional focus in literature around the notion of EUP-related stigma is young mothers' reluctance to access support. A study with unmarried South African university student mothers highlighted some of the socio-emotional effects of EUP, largely around the experience of stigma, blame and shame (Van der Riet, Corfe, & Kubeka, 2019):

Teenage mothers in South Africa are often viewed as a tainted 'other' negatively influencing their peers ...The visibility of (an illegitimate) pregnancy makes the transgression public and sets up the conditions for shame, an internalised reaction to the stigma (Van der Riet et al, 2019, p. 2).

Van der Riet et al. (2019) proposed that consequently young mothers delegitimise their own need for support and decline opportunities for support for themselves or the baby. Nelissen and Zeelenberg (2009) describe this tendency for guilt to evoke self-punishment as the *Dobby Effect* "a guilt-induced tendency for self-punishment" (2009, p. 121). In a study in Cape Town, it was shown that instead of getting support, teenage mothers usually feel disempowered because they are 'othered' (Chigona & Chetty, 2008, p. 278). As a result, teenage mothers avoid disclosure, to avoid being stigmatised, marginalised or rejected.

Pervasive stigmatising of young mothers in public health services also effects the uptake of health support. A study by Pillay et al. revealed that nurses characterised young women as irresponsible, immature and ignorant. They argue that such attitudes hamper the effective delivery of services to young women (Pillay, Manderson, & Mkhwanazi, 2019). An experience of stigmatising was also reported by young mothers in a study by Thobejane (2015) in Matjijileng Village, a sub-rural area in the Limpopo Province, which revealed that the majority of teenage mothers felt maltreated by the community, resulting in exclusion and an experience of being unsupported in their attempt to cope with child rearing (Thobejane, 2015, p. 277).

2.5 Exceptional cases

It must be acknowledged that several studies dispute the assumption that adolescent mothers in the African context experience negative stigmatisation, suggesting that a stigmatising response to EUP is not always the case. Participants in a Ghanaian study argued that getting oneself pregnant is often positively perceived as a guarantee or proof of future fertility. In addition, females may prefer to have unprotected sexual intercourse as pregnancy may encourage a proposal of marriage (Kyilleh, Tabong, & Konlaan, 2018, p. 7). Findings from a study in Khayelitsha (2018) indicated that young men and women have used their fertility as a way to navigate the transition from childhood to adulthood, in the absence of other accepted markers of transition to adulthood and within a context of deprivation and exclusion (Swartz, Colvin, & Harrison, 2018). In this socio-economic context, “early fertility, though clearly a public health problem, can become a solution to social circumstances” (Swartz Et al., 2018, p. 145). For many young couples, pregnancies are viewed positively in this community, even if caring for the child comes with significant economic and emotional stressors. Pregnancy and fertility for young people are as much about developing a sense of adult self-worth as they are about having a child.

Anecdotal evidence indicates that peer pressure has great influence on teenagers in relation to pregnancy (Lebese, Maputle, Mabunda, & Chauke, 2015). Lebese et al. found that teenagers were said to believe that being sexually active is fashionable and being sexually inactive a sign of abnormality. They may therefore become sexually active and conceive merely to be accepted by peers. In addition, they suggest that cultural factors may also play a role in teenage pregnancy: “in most rural areas in South Africa, there is a belief that a girl has to prove her fertility to a boy before he will marry her” (Lebese Et al., 2015, p. 56).

Whilst negative judgement and stigmatizing from parents and schools appears consistent with international literature, there are contrasting findings on peer and self-judgement. Van der Riet et al (2019) claimed that positive support by peer students can build adolescent mothers’ self-esteem. In certain contexts, a high incidence of early teenage pregnancy results in EUP being viewed as a norm rather than the exception. This serves to increase social acceptability amongst peers. Thus, although the presence of stigma in some form is congruent, the direction of such stigma may depend on the social norms and expectations. In

instances where there is a high prevalence of EUP, pregnancy may be expected and even socially desirable, with a lack of child-bearing resulting in societal stigmatising.

2.6 Conclusion

The review of existing literature sought to gain insight into EUP, in order to give context to the research questions around young mothers' personal emotional experiences of EUP, their experience of others regarding their EUP and the broader prevalent societal attitudes towards EUP. The review surveyed dominant definitions of EUP and policy trends around the rights of pregnant girls and mothers to education. It considered South Africa's policy guidelines, implemented by the National Department of Education in 2007, in terms of its aims, successes and shortcomings. In addition, it outlined the prevalence of EUP, in a global and local context.

The chapter reviewed literature that was relevant to this particular study, focussing on aspects relating to young mothers' experiences of stigma. It aimed to conceptualise stigma associated with EUP in terms of dominant theories of stigma. Early research positioned stigma as a social and cultural construct and focussed on the consequences of internalised negative stigma by young mothers, including self-judgement and threatened self-identity. The trend in international research predominantly focused on the socio-emotional consequences of stigma, largely associated with an emotional burden of judgement, shame and guilt.

Consistent with much of the literature on international studies around teenage pregnancy, studies in an African and South African context confirmed the assumption that adolescent mothers face negative stigmatisation as a direct result of their teenage pregnancy. However, research in African (and South African) context placed a greater emphasis on the role of the community in imposing stigma. In addition, although the presence of stigma in some form appears congruent across international and local contexts, the direction of such stigma may depend on the social norms and expectations. These include the non-stigmatising response to EUP by certain members of the community, and in some instances a contradictory form of stigmatising towards young women that are not child-bearing in instances where there is a high prevalence of EUP. Several South African studies showed that early pregnancies are

viewed positively, even if caring for the child comes with significant economic and emotional stressors.

Throughout the literature review, the researcher attempted to identify gaps in the current body of knowledge, as well as other areas that could be pursued by future researchers. In this regard, despite the extensive amount of available literature, the issue of EUP in South Africa is still qualitatively understudied, and up to date, evidence-based data on social and structural influences of teenage pregnancy is lacking. Further qualitative studies (such as this one) in South African contexts may enhance the understanding of the socio-emotional experiences of EUP and the consequences of social stigmatising, in order to facilitate the design of interventions to better support young mothers in our local context.

CHAPTER THREE

Methodology

3.1. Introduction

This chapter provides an account of the methodology that was applied, in order to fulfil the aims of this study. More specifically, it entails a detailed description of the comprising elements of the research study and the procedural steps that were followed, including the research design, sampling, data collection methods, data analysis, ethical considerations, and issues of rigour and trustworthiness (Terre Blanche, Durrheim, & Painter, 2014).

3.2 Research design

An interpretive approach was used in this research study, based on the assumption that social reality is not singular or objective, but shaped by human experiences and social contexts. As explained by Wagner, Kawulich and Garner (2012, p. 271), “interpretivist research is based on the researcher’s interpretation and, therefore, dependent on his/her understanding and experience”. The study was exploratory, aimed at understanding the socio-emotional experiences of EUP and the consequences of social judgement, through in-depth data analysis that is mainly interpretative, subjective and diagnostic. The study thus called for a qualitative research design, defined by Babbie (2008, p. 414) as “the non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”.

3.3 Researcher reflexivity

Qualitative research requires an active engagement on the part of the researcher. Reflexivity in research means “thinking critically about what you are doing and why, confronting and often challenging your own assumptions, and recognising the extent to which your thoughts, actions and decisions shape how you research and what you see” (Mason, 2002, p. 5).

I support the notion that subjectivity in qualitative research is inevitable, as the researcher will always use a particular lens, even if that lens is one of relative neutrality. Mansfield (2006)

describes this process of reflection as the examination of the filters and lenses through which we interpret our world. In this section, I have opted to reflect on my own influences in the first person, in acknowledgement that a circular and mutually influencing relationship exists between myself, the participants and the research study.

Mason (2002) suggests that factors such as ethnicity, education and social class, as well as the researcher's own characters, values, experiences and social identities, influence the research. I was aware how some of these factors may have been at play in my role as researcher. For example, my own beliefs and sensitivities around gender discrimination and stigma may have enhanced my reactivity to responses. Despite being older than most of the participants, we shared a common connection of motherhood identity, especially as many of the participants brought their young children to the interviews, resulting in a heightened sense of allegiance and of wanting to assist, due to their challenging and limiting circumstances. In terms of social class, Shakashead is a geographical community that receives considerable aid from NGOs, and I acknowledge that I could have been perceived as representing potential aid or assistance. Several of the participants requested old children's clothing or contacts for employment, following the interviews. Such a dynamic may have influenced the way in which participants presented themselves and their stories. A cultural respect for age seniority implied that my age (approximately 20 years older than the participants) may have influenced in how participants responded. In particular, questions around sexual beliefs and behaviours may have been challenging due to cultural taboos around the discussion of sexual concerns with one's elders. In addition, it must be acknowledged that my preconceptions regarding stigma around EUP could have been influential in my approach to various elements of the research process, from the interviews to analysis and interpretation.

To try to eliminate some of these factors from affecting the reliability of the study, I attempted to take certain measures to mediate some of these factors. For example, it was clearly stated in both the information sheet (Appendix B1: Participant Information Sheet) and preceding the interview that the research was a UKZN student study, and that participants would not receive any financial benefit from taking part in the study. During the interviews, I tried to avoid leading questions that may have influenced the participant's responses.

In summary, I tried to actively engage in the research process and challenge my own assumptions, recognising the extent to which my person, thoughts and actions could be influencing in the research process and findings.

3.4 Sampling

For the purposes of this research, the term 'young mothers' refers to women under 20 years old who have had an early, unintended, ex-nuptial (not married) birth.

3.4.1 Sample group

The sample group included nine young women who experienced early unintended pregnancy during adolescence (between 13 - 19 years of age). In terms of demographics, the participants were recruited from Shakashead, a geographical neighbourhood of the Ilembe District Municipality in the KwaZulu-Natal province of South Africa.

The inclusion criteria for the study were:

- The pregnancy must have been unintended or unplanned
- The pregnancy must have been "early" (during adolescence)
- To assist with consent, participants could not be minors (thus were 18 years or older).
- To increase the relevance of the study, the EUP must have occurred in the last 8 years (since 1 January 2011)

Table 1

Pseudonyms and Demographic Details

Interview	Pseudonym	Current Age	Age at Pregnancy	Age of Child	Current Occupation	Grant Received
Interview A	Ayanda	23	19	4	Unemployed / full-time mother	No
Interview B	Bongi	25	19	5	Unemployed / full-time mother	No
Interview C	Celiwe	25	18	6	Hostess at Alberlito	Yes
Interview D	Delisile	18	15	2	Returned to school	No
Interview E	Emihle	18	17	1	Returned to school	No
Interview F	Fungi	23	18	4	Unemployed / full-time mother	No
Interview G	Gugu	19	15	3	Unemployed / full-time mother	No
Interview H	Hlengiwe	26	19	7	Unemployed / full-time mother	Yes
Interview I	Imani	23	18	4	Unemployed / full-time mother	Yes

Note. All participants are single mothers.

3.4.2 Sample size and method

The geographic area for the study, namely Shakashead, was selected to increase relevance, as demographically it is representative of much of the South Africa population. It is a neighbourhood characterized by a low socio-economic status, with poor housing conditions, ssservices and facilities (Census 2011 Municipal Report KwaZulu - Natal, 2012). It falls within the Illembe District, the only district municipality in KwaZulu-Natal to show an increase in population growth rate since the last census period (Statistics South Africa, 2012), with a correlating high incidence of adolescent pregnancies (Census 2011 Municipal Report KwaZulu - Natal, 2012).

According to Wagner et al (2012) “generally, owing to the intense and in-depth nature of qualitative research, sample sizes tend to be small. The reason is that in qualitative research we are looking at deep and rich research data collected in context” (2012, p. 88). They suggest that the sample size is not arbitrary but is dependent on several considerations. The first is the method of gathering data. In this study which used face-to-face interviews, time feasibility implied a smaller sample size. Secondly, the sample size should not be so small that it is difficult to achieve data saturation. Saturation, also referred to as *data adequacy*, occurs when adding more participants to the study does not result in additional perspectives or information (Morse, 1995). According to Wagner et al (2012, p. 89),

“The aim is to explore the range and nature of views, experiences and behaviours, and having too few cases will not be conducive to this... At the same time, the sample should not be so large that it is difficult to undertake a deep and meaningful data analysis”.

There is thus variability in terms of what is suggested as an adequate sample size. In her article *The Significance of Saturation*, Morse (1995) suggests at least six, while Creswell (2013) recommends five to ten. A sample size of nine participants was used for this study, based on perceived data saturation and sufficiency of experiential representation in the data, implying that adding more interviews likely would not contribute new themes to the data set.

The Director of an NGO called *uBuhle Shakashead* assisted with recruiting the participants from within the Shakashead community, as the research was a ‘good fit’ with their community projects in that the target group it served was likely relevant to our sample population. The NPO facilitates several projects, all aimed at the empowerment of young women. These include representation at Sukuma Sakhe (“*Stand up and build*”), an organic garden and bakery, and uBuhle Beading. (Appendix F: Agreement for uBuhle NPO to assist in distribution leaflets for the recruitment of participants). Seven of the nine participants were still at school when they fell pregnant, attending various high schools (Groutville, Shakaskraal or Nonhjevu High), but all lived within the Shakashead neighbourhood. Two participants were nineteen when they fell pregnant and thus had completed school.

In terms of the recruitment process, information leaflets about the study were distributed by the organization, amongst the young women who attend specified uBuhle projects, namely the Homework Hub, Bakery and uBuhle Beading. (Appendix B: Recruitment Information Leaflet). To avoid potential bias in the process of recruitment and sampling, the information leaflets were distributed broadly to all individuals attending the specified projects, rather than handed to identified individuals. To prevent the participants from feeling any coercion into participating in the research, potential participants were asked to contact the researcher directly. In this way, confidentiality of the identity of participants was maintained.

As a result of the information leaflet, the researcher was contacted by three individuals interesting in participating in the research study, and these individuals assisted in the recruitment of further participants. Convenience sampling, combined with snowball sampling, was thus used to identify the participants. More specifically, homogenous sampling was used in that the participants shared share a similar age, geographic location and shared life experience (namely an experience of EUP). Such homogeneity of background is useful as it enables comparison and allows the data to be examined in more detail (Crossman, 2019).

3.4.3 Participants

The nine participants in the study all resided in Shakashead, a geographical neighbourhood of the Ilembe District Municipality in the KwaZulu-Natal province of South Africa. They also all experienced early unintended pregnancy during adolescence (between 13 - 19 years of age). The ages of the participants at the time of interviewing ranged from 17 to 26 years, and the ages at the time of pregnancy ranged from 15 to 19 years. At the time of the interview, two of the participants had returned to school, six were unemployed and one was employed as a hostess at the hospital.

3.5 Data Collection

The method of data collected was in-depth interviews. These were face-to-face and semi-structured. According to Babbie (2008, p. 342), “the chief strength of this (qualitative) method lies in the depth of understanding it permits”. Interviews are frequently used to explore the views, beliefs, and experiences of individual participants – in this study, young mothers’ socio-

emotional experience of EUP. Participants were interviewed for in-depth and experiential information surrounding the research questions.

The length of the interviews ranged from fourteen to forty-seven minutes, with an average length of thirty to forty minutes. The uBuhle office located at the Shakaskraal Business Centre had been pre-arranged as a venue for the interviews (Appendix E: Permission from NPO for use of venue). However, at the time of interviewing, the Business Centre was closed for refurbishment, so an alternative venue at a nearby church was sourced. The venue was secure and convenient as it was centrally located close to the homes of participants, and thus no travelling cost was incurred. However, it was situated next to a soccer field and therefore posed some noise distractions.

Before the interviews were conducted, the participants were informed about the details pertaining to the research and its purpose, the risks of participating, details regarding confidentiality and feedback (Appendix A: Participant Information Sheet). In addition, confidentiality was discussed, and the use of pseudonyms clarified, and it was confirmed that participation in the study was entirely voluntary. Consent was obtained, as well as an additional consent to audio record (Appendix A). The participants were also informed of their right to terminate the interview at any time, and of access to further counselling by referral to the Linc Foundation, should this be required. One of the participants made use of this service following the interview. While interviewees did not receive payment for their participation, they were given a Checkers voucher worth R120, in acknowledgement of their time and effort. This was not advertised during the recruitment process.

The interview guide (Appendix C: Interview Guide) was designed to present largely open-ended questions, seeking gain information regarding the participant's experience as a young mother. The selected questions aimed to increase understanding about the participant's personal reaction and emotional coping, their experience of support (or lack thereof) and the experienced response of others towards their EUP. In consultation with the Director and staff at uBuhle Shakashead Ladies, it was advised that while *isiZulu* is the primary home language in the Shakashead geographic area, fluency in English is usual, especially amongst the 'younger' members of the community. They suggested that the use of a translator would intimidate, and possibly offend participants, and that the interviews should be conducted in English. On this recommendation, English was medium of data collection. However, the

Information Sheet and Consent (Appendix A) and Recruitment information leaflet (Appendix B) were translated into isiZulu.

3.6 Data Analysis

The interviews were audio-recorded and transcribed for analysis verbatim, and the texts of the nine interviews comprised the research data. Thematic analysis was used to analyse the transcribed data texts, aimed at identifying main and sub-themes. Wagner et al, (2012) define thematic analysis as “a general approach to analysing qualitative data that involves identifying themes or patterns in the data...a coding scheme is created, and this scheme helps you identify patterns in the data. This process is known as the constant comparative method” (p. 231).

According to Babbie (2008, p. 414), “the aim of data analysis is the discovery of patterns among the data, patterns that point to a theoretical understanding of social life. The coding and relating of concepts are key to this process”. Braun and Clarke’s (2006) six-step approach to thematic analysis is a useful framework of coding and analysis, as it allows the researcher to summarize key features in the data set while simultaneously highlighting key similarities and differences within the data.

The process involved (Braun & Clarke, 2006):

- 1 Becoming familiarised with the transcribed data provided by the eight interviewees.
- 2 Initial numerical coding of data, to identify the important features of the data. This was based on texts that contained elements of 'judgements' around the pregnancy - be it directed from the self or from others. They were thus text excerpts that pointed to a form of stigmatising. These were then assigned into nodes that indicated the source of the judgement, directed towards the self, or from another external source.
- 3 Further grouping and subdivision of the codes in terms of shared meaning, so that they were clustered into general themes or patterns of meaning that cut across the data set, relating to the research questions (young mothers’ personal emotional experiences of EUP, experienced response of others, consequences of such response to the young mother and her pregnancy).

- 4 Reviewing of themes in terms of the identified research questions for the study and generating a thematic map.
- 5 Actively engaging with the data to refine and name themes that were generated.
- 6 Conclusions and insights deduced, relating to the research question concerning how young mothers experience social responses towards EUP.

The study aimed to shed light on realities regarding stigma in a localised context, exploring the personal subjective experiences of young mothers and their perceived experience of stigma. It was informed thus by an interpretive approach and constructionist approach, as outlined in the introduction chapter. Analysis of the data was therefore conducted within a constructionist paradigm, exploring themes at a latent level. From this perspective, thematic analysis “does not seek to focus on motivation or individual psychologies, but instead seeks to theorize the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided” (Braun & Clarke, 2006, p. 85). The thematic analysis focussed on latent themes, “exploring beyond the semantic content of the data, to identify or examine the underlying ideas, assumptions, and conceptualizations” (Braun & Clarke, 2006, p. 84). The development of the themes themselves involves interpretive work, and the analysis that is produced is not just description but is already theorized.

In addition to following the six phases provided by Braun and Clarke (2006), a qualitative data analysis software programme, namely NVivo, was used to aid in the organisation and analysis of the data. Motivation for the application of thematic analysis in the analysis of the data lies in the methods ability to provide a reflection of reality, that is, “the experiences, meanings and realities of participants” (Braun & Clarke, 2006, p.81), in order to effectively address the particular research questions at hand (Braun & Clarke, 2006).

For the purpose of anonymity in the reporting of findings, participants in each of the nine interviews (Interviews A to I), were allocated pseudonyms that started with the letter of the relating interview.

3.7 Ethical considerations

Seeking justice and a sense of fairness throughout the research and interview process formed the basis of ethical considerations. According to Wassenaar and Mamotte (2012, p. 1) “One

of the most important aims of research ethics is to protect the welfare of research participants". They describe eight practical considerations, which "if considered carefully and applied together, are likely to enhance the ethical standing and the scientific value of social science and psychological research" (Wassenaar & Mamotte, 2012, p. 13), and include:

3.7.1 Favourable risk/benefit ratio

Of primary ethical concern is the well-being of the participants involved in the research study. According to Wassenaar and Mamotte (2012, p. 16), "safeguards and contingencies should be put in place to deal with foreseeable harms (e.g. access to competent counselling facilities where interviews elicit traumatic material)". In this regard, the study posed some risk that the interview questions regarding attitudes towards EUP experienced by the participants could elicit emotional distress, if the experience was negative. This was acknowledged on the consent form and a referral option to 'Talk to Me' – an NGO counselling service offered at the Linc Foundation – was made available, should therapy have been required resultant to the interview (see Appendix D: Permission for referral to counselling services). This counselling service was selected due to its close proximity to Shakashead (a distance of approximately four kilometres). There is no charge for the counselling, and the main counsellor is fluent in both English and Zulu. Only one participant made use of this service following the interviews, in order to obtain greater closure around her experiences, rather than due to emotional distress elicited by interview itself.

The study did not provide any direct benefits to the participants, rather its primary benefit lay in its contribution to the broader research data on EUP. It aimed to contribute towards data required to address social conditions around EUP. Preventing emotional distress relating to EUP depends on changing the socio-emotional circumstances, including social norms and stigmas.

3.7.2 Informed consent and autonomy

According to Wassenaar and Mamotte (2012, p. 9), "the informed consent process must be as explicit as possible, intended outputs described, and confidentiality assured unless explicitly waived". The informed consent form (Appendix A, p. 3) aimed to reinforce to the principles of voluntary participation and freedom to withdraw from the research at any time, without penalty. Thus, participants were informed that optional discontinuance would not result in any negative effects. "Informed consent means that participants agree to participate

without feeling coerced, and that they are fully informed about the purpose duration, methods and potential uses of the research” (Wagner, Kawulich, & Garner, 2012, p. 64). At the start of the interviews, the participants were guided through an informed consent document as well as the Information Sheet (Appendix A: *Information Sheet for Participants*). Consent was obtained from participants based on an informed understanding about the research. The researcher explained the nature of the research and the requirements of the research participants who consented to be involved in the study.

The autonomy of research participants is usually ensured through respectful and considerate engagement, and the recognition of participants’ rights to make decisions for themselves during the research process (Wassenaar & Mamotte, 2012). Autonomy can be exercised by an informed consent process, voluntary participation in a research project, as well as voluntary discontinuance.

3.7.3 Social Value

While the quantifiable social value of many research studies is often contestable, the study nevertheless aimed to add value to the broader social concern of early and unintended pregnancy. “Research should address questions that are of value to society or particular communities in society” (Wassenaar & Mamotte, 2012, p. 14). In this regard, the study aimed to enrich existing research data on EUP with insight relevant to the South African context, required for the motivation of recommended actions in KwaZulu-Natal, aimed at preventing and addressing EUP in the educational context. While the study didn’t hold significant direct benefit to the research participants, it aimed to contribute towards data required to address social conditions around EUP and thus holds practical relevance to the broader EUP concern.

3.7.4 Ongoing Respect for Participants and Study Communities

This principle “requires that participants be treated with respect during and after a study” (Wassenaar & Mamotte, 2012, p. 19). In this regard, participants were informed of their right to withdraw from the research at any stage, without penalty. They were also be informed of their right not to answer questions during the interview, and their well-being was monitored throughout the interview. Participants’ privacy was respected by maintaining confidentiality and anonymity. No personal information about the research participants has been revealed

and all identifying information has been kept strictly confidential. In this report, confidentiality has been protected by the assigning of pseudonyms.

On-going respect includes consideration of participants throughout the research process, including feedback on the research findings. In this regard, the researcher intends to verbally present a summary of the findings to those participants who are interested at a group feedback session to be held at the Ubuhle office, once the final report is complete.

3.7.5 Scientific Validity

According to Wassenaar and Mamotte (2012, pp. 14-15), “the design, sample, method, and analysis of the study should be rigorous, justifiable, feasible, and lead to valid answers to the research question”. The research design aimed to use a methodology appropriate to the qualitative nature of the research question, in terms of the selected sampling method, data collection by means of in-depth interviews and data analysis using the constant comparative method of thematic content analysis. Results will be made available to participants and the public, in the form this thesis dissertation.

3.7.6 Fair Selection of Participants

In achieving a fair sample selection, Wassenaar and Mamotte (2012, p. 15) suggest that “the population selected for the study should be those to whom the research question applies”. In this regard, the nature of the study implied a clear target population, namely young women who experienced early unintended pregnancy during adolescence, applicable to the sample group (as well as additional relevant inclusion criteria). The sample group selected for interviews, as well as the broader target group of young women who have experienced EUP, would stand to benefit most from EUP interventions and child support programmes.

3.7.7 Collaborative Partnership

The Director of *Ubuhle Shakashead Ladies NPO* was approached to provide feedback on the planning of the research design, facilitating the distribution of information leaflets for the recruitment of participants from within the Shakashead community, venue for the research interviews and feedback process. In terms of design, she offered input regarding the appropriateness of translation and recommendation of interview venue.

3.7.8 Independent Ethics Review

According to Wassenaar and Mamotte (2012), any research study involving participants must be reviewed by an independent and competent REC, prior to the commencement of data collection. In this regard, as this was a UKZN student study, it was required to be ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee. (Ethical clearance certificate number: HSS/0270/019M).

3.8 Rigour and trustworthiness

Qualitative research acknowledges bias as a general part of the research process, as it can never be completely value-free. “The subjectivity present in qualitative data analysis increases the risk of biased analyses” (Babbie, 2008, p. 466). Good quality research thus involves ensuring its rigour and trustworthiness. The aspects of transferability, dependability and credibility relate to the trustworthiness and rigour of the data.

3.8.1 Credibility

Credibility is “the term used to address activities that make it more credible that the findings were derived from the data” (Wagner, Kawulich, & Garner, 2012, p. 243). Trustworthiness of qualitative research relies on the accurate presentation of participant’s views and realities. Qualitative research acknowledges the multiplicity of realities and experiences, in this study relating to young women’s socio-emotional experiences of EUP. Credibility of the research thus involves the accuracy with which the participants’ realities and experiences have been understood and described. The selection method of in-depth interviews facilitated the exploration of individual experiences and realities. To safeguard credibility and reduce subjectivity, experiences as transcribed have been quoted. Word-for-word transcriptions of the recorded interviews allow for a higher transferability across the interviews.

The constant comparative method of data analysis facilitated credibility, as identified themes were only concluded that share commonality and hold constant across the range of interview data. The various components of the research study therefore aimed to enhance its credibility. However, in some of the interviews, there appeared to be some inconsistency in responding. According to Butcher et al., inconsistent responding refers to “tending to respond

to items in ways that are inconsistent or contradictory” (2001, p. 15). For example, participant B referred to an experienced lack of support by the father of the child, but later disclosed to receiving ongoing financial support from him. In some instances, participants appeared to provide inconsistent accounts, in that they supplied contradictory information within the same interview regarding the source of experienced stigma. Inconsistent responding by participants reduces the credibility of the findings, but may also be part of the participants’ experiences.

3.8.2 Dependability

“Dependability is the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did” (Terre Blanche, Durrheim, & Painter, 2014, p. 93) . It refers to whether or not the findings accurately reflect the data. The research design and methodology aimed to allow for the study to be repeated and produce similar findings, to ensure dependability. However, due to the contextual nature of experiential insight, the same findings cannot necessarily be anticipated in qualitative research. Credible research goes a long way in addressing the dependability of the study. A comprehensive research trail is a primary means of enhancing dependability (Shenton, 2004), thus the process of the research has been carefully documented.

In this case where thematic content analysis of data was used, dependability is achieved through rich and detailed descriptions of the themes of experiences. Clear outlining of the methods used to gather and analyse data also facilitates dependability.

3.8.3 Transferability

According to Wagner, Kawulich and Garner, “transferability is the basis for making similarity judgements; it is achieved by maintaining all versions of the data in their original forms and by presentation of thick description” (2012, p. 243). It is concerned with the applicability of the research to other contexts. The selected sampling method involving homogenous purposive sampling (where participants will share similar traits, including; age, gender, and background) allowed for greater depth comparison of the data.

While good quality research requires transferability, the qualitative paradigm acknowledges the contextual nature of experiential insight (Shenton, 2004). Qualitative studies may

therefore not reveal the same findings if was to be repeated. While the generalizability of the sample may be limited, the research aimed to provide insight to existing research data, rather than to be viewed in isolation. Transferability may be enhanced by comparison of findings of similar studies, and integration of conclusions into the broader discussions surrounding EUP. Although the small sample in this study is a limitation, the richness of the accounts enhances credibility and the potential transferability of the findings. Nevertheless, conducting of further interviews to obtain a wider scope of data would increase the generalizability of the study.

3.9 Conclusion

This methodology chapter outlined the processes that were followed throughout this research endeavour. Specifically, the research design, sampling procedure, data collection and analysis methods were discussed in detail. Motivations for the particular approach and methods used were highlighted. Lastly, ethical considerations were outlined, and aspects of rigour and trustworthiness were considered.

CHAPTER FOUR

Findings

4.1. Introduction

This chapter focuses on the findings generated through the analysis of the data. These findings take the form of the themes that were identified in the data, as well as their relevance to the research framework as a whole. As data collection was done by means of interviews that were audio recorded, and subsequently transcribed, explanations and reports on the data analysis make use of excerpts from the audio transcriptions, as evidence of themes identified in the data. Each excerpt contains reference to the participant whose interview it originated from. The process of thematic analysis, as used in this research framework, was guided by the themes inherent in the research questions themselves, exploring the personal emotional experiences of young mothers as well societal attitudes towards EUP.

4.2. Themes

During the interviews, participants were asked questions regarding their personal experiences of teenage pregnancy. These were largely open-ended and aimed to explore the feelings and emotions experienced during the pregnancy, experiences of judgement and stigma, and their emotional coping as a young mother. The interviews revealed information on a range of topics relating to EUP, such as availability of support and services, grants and contraceptives. However, this chapter focuses specifically on findings relating to the emotional coping experiences that speak to the topic of stigma and perceived judgement, shame and blame.

In this regard, it was apparent from the data that the experience of EUP was a very polarised one for the young mothers, who constantly received very contrasting and often contradictory feedback surrounding the pregnancy. On the one hand, the young mothers felt judged for falling pregnant, whilst on the other they were often stigmatised for not bearing a child. In addition, participants reported mixed responses from key role players, and contrasting reasons for judgement. The resulting consequences for the young mothers reflected this polarity of feedback – on the one hand, the negative emotional consequences of their ‘great

mistake’, and on the other the wonderful blessing it presented, serving as a vehicle of self-growth. The themes discussed below attempt to present the contrasting (and polarised) experiences that these young women described, as well as the commonalities that point to a shared experience of stigma and resulting social vulnerability.

Table 2

Themes and Subthemes Identified

Themes	Subthemes
1. Polarised ‘age stigma’	De-sensitising of EUP due to high incidence & age Age of motherhood in comparison to peer group
2. Contrasting reasons for judgement	Reasons for judgement for falling pregnant Reasons for judgement for not bearing a child
3. Polarised consequences of stigma	‘Great mistake’: Negative consequences - Fear of abandonment and isolation - Fear of disclosure - Emotionally challenging period - Life interruption ‘Wonderful blessing’: Positive consequences - Self-growth and acceptance - Redefined identity as a mother - Positive outcomes and vision
4. Contrasting responses by role-players	Parent / guardian Friends Father of the child Family School Community
5. Common (Shared) Experiences	Confirmed experience of stigma Impact of socio-economic environment Social Vulnerability

4.3 Theme 1: Polarised attitudes towards EUP

Based on the accounts of the participants, there appeared to be a very polarised spectrum of attitudes towards teenage pregnancy within the Shakashead community. On the one end were those that viewed it in a very negative light, imposing judgements of shame and irresponsibility on the young mothers and, on the other, those who were judged due to lack of child-bearing. In between, were those who were indifferent and others who were largely accepting and supportive.

4.3.1 Judged for falling pregnant as a teenager

While the source of judgement differed, many of the participants expressed feeling judged because of falling pregnant as a teenager. Their understanding of such judgements was positioned largely around judgements of irresponsibility:

They will tell you that they didn't send you to go and get pregnant ja it was not responsible (Bongi).

In addition, feelings of shame and embarrassment were also evident in many of the interviews:

*uhm I was so ashamed of myself
ja I felt it like embarrassing my family because they did believe in me too much (Ayanda).*

In the above excerpt there is a sense of having failed her family's expectations of her. In addition, it suggests that the young mothers' pregnancies were thus viewed not only as different from normative behaviour, but also suggested a sense of failure and disappointment.

They also told me that I did disappoint them cause we were looking like far for you and seeing your future brighter (Gugu).

In general, the younger generation appeared to be more accepting of teenage pregnancy, whereas the older generation tended to impose much harsher judgement:

I was just to walk outside or just looking at the older people looking at me like they saying why this small child got a baby (Imani).

This excerpt suggests an implication of deviance, characterised by a violation of social norms. Such norms thus affect the judgement of young mothers, as they determine what is age appropriate and acceptable, amongst the different role players in the community:

So even though the younger generation is quite accepting for the parents it's still a difficult situation with young pregnancy (Gugu).

4.3.2 Judgement for not having a child

For others, teenage pregnancy was viewed positively and judgement occurred for not having a child. Such judgements were based on perceptions of what was socially expected:

It's something like you supposed to get pregnant while we are in high school they didn't understand that I didn't want any child at all (Ayanda).

It appears that the high incidence of teenage pregnancy has influenced the social norms around EUP in the Shakashead community, where it is regarded by many as the norm and even expected. As a result, the direction of discrimination shifts towards those who do not have a child. Emihle confirmed an experience of child-bearing social expectation:

Some of them were like it was something that they were expecting from you because it been long some of us our children are going to school but you didn't have any child.

For some members of Shakashead community, a child is seen as a positive social status in the community, even if caring for the child comes with significant economic and emotional stressors:

It's a positive status like something that they have in mind we must have children so we can reach a stage (Gugu).

This quote suggests that child-bearing is understood as an accepted stage of transition to adulthood. Such a view is congruent with studies in other African communities, which suggests that pregnancy and fertility for young people are as much about developing a sense of adult self-worth as they are about having a child. As a result, Fungi claimed that many young teenagers aspire to become pregnant and have an unrealistic view of motherhood:

*The thing is that children in this community (short pause) this thing of being pregnant they taking it as a game
but it's not a game because what they do now it's like they are competing with those who have kids they think it's something that is nice and enjoyable
but I think they don't realise that it's hard to be a mother while you're still a teenager because it seems like it's a game without knowing that it's not.*

Her repetition of the word 'game' suggests a naïve understanding of being a young mother amongst young women, or of the consequences. Motherhood is portrayed as socially desirable, but the reality is not adequately understood.

For some, judgement around not falling pregnant was much harsher, with a lack of child-bearing eliciting scepticism and young women accused of abortions. As Ayanda explained:

One lady who saw me when I was pregnant and say at last we can see you pregnant at first like in your school days we used to saw you being pregnant but then err as time goes on we didn't see any child so you were cruel you used to kill your kids... I used to tell my granny that people are judging me outside granny what can I do what can I do to make people understand that back then I didn't get pregnant its only now that I have been pregnant and this is my first child... People was telling me you should have been pregnant like your friends at the age of sixteen not now err not that you are old but you been aborting more kids now why are you keeping this one you know those thing really hurt me a lot and they put me under depression I will say that...ja they didn't sit down with me and ask me if you did abort...did you fell pregnant at school or is this your first child... they just judge me without knowing what happened cause at school I didn't fell pregnant.

This quote conveys the extent to which social norms affect expectations of what behaviours are appropriate. In this community, being sexually inactive is viewed by some as a social abnormality, and a lack of child-bearing as contravening social expectations, as conveyed in the statements above, such as “at last we can see you pregnant” and “you should have been pregnant like your friends”. The result is that young girls who are not child-bearing are stigmatised as ‘bad’ for not having a child. In addition, the social unacceptability of pregnancy termination is apparent in the extreme accusations of murder conveyed in the statement

“you used to kill your kids”. The fact that such actions were just assumed as reality “without knowing what happened” conveys the depth of social expectations in the formation of judgement.

Bongi also expressed feeling a target of judgement and speculation for not having a child, and described the resulting relief that accompanied her pregnancy, at not having to experience such imposed judgement:

If your friends have babies and you don't it looks like maybe she (short pause) she got pregnant maybe she aborts the babies I don't know as they say why she's not getting pregnant cause she has a boyfriend all of that ja... It was like okay that fine I'm pregnant I'm pregnant so none of people will talk now.

Such speculation and judgement, despite being unfounded, pathologizes young mothers and positions them as socially undesirable.

The accounts of the participants thus presented a very polarised spectrum of attitudes towards teenage pregnancy within the Shakashead community, with those that viewed it in a very negative light, imposing judgements of shame, disappointment and irresponsibility on the young mothers, and those who were pronouncing judgement for not having a child, with experienced social pressure for child-bearing. In a sense, these two extremes represent contrasting polarities of ‘badness’. It can be argued that there is no escaping such judgement for the young mothers, as they are positioned as ‘bad’ whatever the outcome. Whilst the reasons for judgement were contradictory, and resulted from different interpretations of social acceptability, the offense that these women shared was their violation of social norms. Common to all was a negative social judgement and stigmatising of young mothers.

4.4 Theme 2: Polarised ‘age stigma’

The literature review made reference to studies which suggest that stigmas associated with EUP are a classified form of ‘age stigma’, that relate to social perceptions of being ‘too old’ or ‘too young’ (Whitley & Kirmayer, 2008). This ‘age stigma’ polarity was evident in this context. On the one hand, the young mothers felt severely stigmatized due to their young age of motherhood, whilst on other hand they experienced social pressure for child-bearing and were judged as inappropriately old for not bearing a child. Parallel to the theme above, the

contrasting views about acceptable child-bearing age appears to be influenced by social norms, affecting expectations of what behaviours are appropriate.

4.4.1 De-sensitising of EUP

Ja you can even see it thirteen young girls pregnant (Imani).

Teenage pregnancies were described by participants as being commonplace, with the incidence of EUP in the neighbourhood reportedly high and the affected age group becoming increasingly younger. Four of the participants suggested that girls fall pregnant from early adolescence, as commented by Gugu:

They fell pregnant when they like fifteen or even like thirteen so ja.

Such accounts suggest that in this environment, the phenomenon of teenage pregnancy is not exceptional but rather a societal norm. Bongzi's sentiment that she was part of the norm was congruent across many of the interviews:

Most of my friend got children while we still in high school. At first I was happy cause all my peers were having babies right left and centre here.

This was also reflected by Celiwe, who suggested that many of her peer group were already pregnant:

People accepted it cause many people have children already (Celiwe).

The social acceptance of her pregnancy has an implied link with the high incidence. It may be argued that as a result of the high numbers of teenagers that are pregnant, the community is de-sensitised to the phenomenon of teenage pregnancy has become a social norm, affecting the way that they view, judge and respond to EUP. Particularly with the younger generation, the high incidence of EUP in the Shakashead community appears to increase the acceptability and even desirability of EUP and reduces the level of stigma by peers associated with teenage pregnancy.

4.4.2 Age of motherhood in comparison to peer group

The polarities of being 'too old' or 'too young' were reflected in the contrasting accounts of the participants age of motherhood in relation to their peers. How the young mothers were positioned in comparison to their peer group appeared to impact on the young mother's acceptance of the pregnancy, with those that were one of the first amongst their peer group to fall pregnant expressing greater distress upon discovering they were pregnant. In comparison, those who were not exceptional in terms of their age of motherhood in comparison to peer group, reported a more positive reaction. In telling her story, Emihle explained that:

I wasn't the only one. We were a group of four friends and we fall pregnant at the same so it was okay.

Bongi suggested that not falling pregnant until she was nineteen years old was unusual in her social context, and that her pregnancy was thus well received:

Ja they were happy for me cause even my younger sisters they have babies so I was the only one yeah

Thus the age of motherhood in comparison to the peer group influenced the polarities of being 'too old' or 'too young', and reactions to the pregnancy.

4.5 Theme 3: Contrasting reasons for judgement

Participants reported very diverse and often contradictory feedback surrounding the pregnancy and contrasting reasons for judgement. Such reasons were premised on whether deviance was attributed to becoming pregnant as teenager or due to non-child-bearing in adolescence, as outlined in Theme 1.

4.5.1 Reasons of judgement for falling pregnant

The reasons cited for judgement for falling pregnant generally conveyed an accusation of irresponsibility in some form. For some it involved a sense of shame, due to a moral judgement of the pregnancy being outside of wedlock:

Now she's pregnant where's the father of the baby she thinks she's clever (Bongi)

Judgement for not having a stable partner who could provide financially was a common theme congruent across many of the interviews. In addition, the above excerpt implies a questionable moral status. This is also evident in the following excerpt:

they said their mothers said they mustn't just walk with me talk to me anymore because I'm going to teach them bad things (Bongi).

The above excerpt positions the mother as a potential bad influence to her friends, and appoints blame to the young mother, due to the implied 'bad' behaviour that was causative. There is the implication that the young mother is somehow tainted by her pregnancy. Such a judgement suggests not only active intent in the pregnancy, but also questionable morals. The young mother is pathologized as a result of her pregnancy and is socially discriminated due to her perceived 'badness' of character. The result is social exclusion from her friends.

For others, the reason for judgement was related to a specific consequence of the EUP, such as leaving school:

Ja I was feeling them people were judging me for dropping out of school (Celiwe)

In general, such judgements were premised on the perceived limited opportunities and financial implications that resulted from leaving school:

they did try their best to give me better future bright future but I failed them so I have to work so hard to prove that point ja (Ayanda)

Such concerns about the future are perhaps understandable, based on the realities of the current challenging socio-economic circumstances and high percentage of unemployment in the Shakashead community. However, it is also a context which arguably predisposes young women to early pregnancy, and the suggestion of failure due to teenage pregnancy appoints substantial blame on the part of the individual. In the case of Ayanda, it is accompanied by a need to make penance with her family for her failure.

At the extreme, participants were labelled as being promiscuous, as a result of their teenage pregnancy:

at first they thought I was someone who was sleeping around (Ayanda)

Whilst there were thus contrasting reasons to account for negative judgement of adolescent pregnancy, underlying most was a suggestion of personal irresponsibility and a tainted moral identity.

4.5.2 Reasons of judgement for not bearing a child

Parallel to Theme 1, a lack of child-bearing is perceived by some as contravening social expectations, resulting in the stigmatising of young girls as 'bad' for not having a child. The reasons for such judgements were based on perceptions of what was socially expected, with childbearing during adolescence regarded by many as acceptable and even expected:

It's something like you supposed to get pregnant while we are in high school (Ayanda)

For some, there is a social status with having child, or lack there-of when one is not child-bearing:

Having a child is a positive status in the community (Fungi).

At the extreme, judgement around not falling pregnant was much harsher, with a lack of child-bearing eliciting scepticism and even accusations of abortions:

you been aborting more kids now why are you keeping this one (Ayanda)

4.6 Theme 4: Polarised consequences of stigma

It was apparent from the data that the experience of EUP was a very polarised one for the young mothers, resulting in an equally polarised scale of consequences - on the one end, the negative emotional consequences of their 'great mistake', and on the other, the wonderful blessing it presented.

4.6.1 Negative consequences: 'Great mistake'

Many participants felt ashamed about their pregnancy and described it as a regrettable mistake due to the significant consequences. Although the consequences included significant health, educational and financial challenges, this theme focuses specifically on findings relating to the emotional coping challenges that speak to the topic of stigma and perceived judgement, shame and blame.

4.6.1.1 Feelings of abandonment and isolation

Many of the participants expressed a feeling of isolation and of having to deal with the pregnancy alone:

Without support we are struggling so much here we are struggling shame yoh (Celiwe)

There was an emphasis on the struggle resultant to little or no support. Such a sense of social isolation and lack of support during pregnancy was common across participants. For some, such feelings of isolation were consequential to social exclusion and rejection as a result of their pregnancy:

I was the first one who had a child and they said they won't be my friend anymore because I have a child now (Imani).

4.6.1.2 Fear of disclosure

Participants were asked about the disclosure of the pregnancy, as late or non-disclosure can give insight into fear around perceived response of others and negative consequences. Six participants revealed a fear of disclosing their pregnancies to their parents or family, due to the negative response and judgement that they believed would result.

I was scared to tell my uncle even to tell my parents I was scared (Hlengiwe)

For Ayanda and Delisile, their fear of the response of others resulted in the pregnancy not being disclosed for many months:

I was scared for what my dad was going to say and my mother so I decided to kept quiet until I was nearly full pregnant (Delisile).

4.6.1.3 Emotionally challenging period

It was difficult for me I don't know about others but for me it was difficult (Celiwe)

All of the participants presented the experience of teenage pregnancy and being a young mother as an emotionally challenging period, as aptly described by Fungi:

It's a big big big challenge it's not easy to be a young mother

During Ayanda's interview, a sense of being trapped by her circumstances was evident in comments such as the following:

I felt like the world was closing on me.

There is a sense of helplessness and desperation, and of being trapped by one's circumstances. Hlengiwe echoed this sentiment and her comment gives insight into the despair and intensity of her emotional struggles as a teenage mother:

The first year I will kill myself (Hlengiwe).

These excerpts convey the emotional vulnerability that resulted as a consequence of their pregnancy, and by the societal response. An overwhelming sense of responsibility often exacerbated the emotional struggles:

The thing is that (clears throat) I'll always be thinking about my kids then what was happening was my kids were getting sick most of the times maybe twice a month that was killing me inside slowly you know (Fungi).

Participants' experiences of being a young mother were often accompanied with a sense of loss – of oneself and one's identity - as evident in the following quote:

I felt like something was taken away from me... my life was taken away from me (Ayanda).

The emotional struggles described were often linked with financial challenges. Such circumstances impacted the intensity of response, both from the self and others. During the interviews, many participants were visibly upset when recalling their struggles in being able to adequately provide for their child:

I can't talk I feel like crying cause I remember those days ey it was hard for me when the baby was here first day there was nothing to wear to take her from home I had to wrap her in what you call (brief pause) the blanket from the hospital (Celiwe).

4.6.1.4 Life interruption

All the participants expressed that their teenage pregnancy posed an interruption to their lives and future plans, largely due to their unpreparedness. As Ayanda described:

It wasn't something that I was ready for cause I wanted to further my studies.

There was congruency across the interviews in terms of the challenges in returning to school. Some cited a lack of finances as the primary reason for not continuing with their education:

I don't have that much money to go back to school or that much support to go back to school if I had to go back to school where would I start (Gugu).

This excerpt conveys a sense of hopelessness, and of not knowing where to start the process of reclaiming her lost educational opportunities. There is also a sense of the multiple obstacles, that speak to the irreversibility of the situation, in that there is now no going back to her prior life course. This was congruent with a shared sense of the EUP being a disruption to life's preferred course, as conveyed in Hlengiwe's statement:

You supposed to finish your school I want to say like you supposed to finish your thing your school then you see can I get a pregnant now when you ready not a mistake like me there was a mistake. Ja it's bad to get a child when you're young cause your future it's gonna stop it.

Her repetition of the phrase 'supposed to' highlights a sense of the pregnancy being an interruption to the way things are meant to happen during her teenage years. There is thus an implied sense of her pregnancy being untimely. The double reference to it being a 'mistake' speaks into the unintentionality of the pregnancy, in that it wasn't meant to occur. The excerpt speaks into her negative view of her own future as a young mother, as she suggests that not only will having a child when you are young interrupt your life, but it will ruin it.

4.6.2 Positive consequences: 'Wonderful blessing'

Despite the unique stories surrounding the participants' experiences of EUP and the different perceived sources of stigma by others as described in the interviews, there was a common element of making some form of meaning of the experience of EUP. For all, it was a challenging experience, but this was largely accompanied by a process of acceptance and self-growth, and a re-defining of self-identity

4.6.2.1 Self-growth and acceptance

Despite the challenges posed, and emotional struggles endured, most of the stories also described a process of acceptance of the EUP.

It was just a mistake cause I was still young I didn't know anything about getting pregnant and being a mother ... but it's okay (Delisile).

In the above excerpt, the use of the word 'just' softens the offense, and 'it's okay' speaks to acceptance. Some participants took an existentialist view of their experience, finding meaning retrospectively in the experience:

God gave me this child because he was like he was protecting me from bad things that I was going to do ... it changed me because now I see some things in (child fussing) a better view now I feel like God blessed me with this child to see things (Ayanda).

For others, such as Bongi, there was a positive outcome from what was initially a negative experience and many of the stories contained elements of self-growth as an outcome of the challenges:

*Ja it's been a journey a long journey and a growth for me it was emotional I'll say
But to be a mother as a young child it changed me it's changed me (Bongi).*

This excerpt speaks to struggle and challenge, but also personal growth of character. The repetitive use of the word 'journey' portrays the experience as being a process, an act of moving from one 'place' to another. In addition, it is a process of change, suggesting that she is no longer the same child that she was before. There has been a shift in motherhood of self-identity. The concept of the experience of young motherhood being a 'journey' was also reflected in Celiwe's story:

Ja it's been a journey a long journey and a growth for me (Celiwe)

4.6.2.2 Re-defined identity as mother

I've changed completely (Emihle)

One of the positive outcomes of young motherhood included a re-defining of self-identity to incorporate a new identity and as a mother.

I'm enjoying being a mother now I'm not feeling ashamed I love my daughter even me I love myself ja (Celiwe).

There was a sense of new purpose and meaning embraced in the identity of motherhood:

Now I've changed into somebody else ... I have time for my kid I have time for home chores and stuff ... it is a positive change because my family also is happy about the way I've changed the person I've changed into (Emihle).

This excerpt speaks to evolving, and being pleased with the person that she has now become.

A similar experience was described by Celiwe, with the child providing a new focus:

I really enjoy to be a young mother now but the first time it was so hard ... but now I'm enjoying nothing much I can say I'm enjoying now being a mother a young mother cause I can see my daughter is growing up and I love her so (Celiwe).

4.6.2.3 Positive outcomes and vision

Despite challenges, positive elements and outcomes of the EUPs were congruent across most of the interviews, with the child providing a new focus, despite the harsh environmental circumstances:

The future is bright that what I can say the future is bright even though I'm not working but the future is bright the only thing that I can say is that I have to look after my children I have to keep on applying maybe I will get a better job ... I will look after my family ... I will look after my kids that's what I can say (Ayanda).

There is a sense of renewed hope, and that ultimately the result of the pregnancy was a blessing. Delisile shared an experience of her son providing a new vision for the future:

I want to see him growing up going to high school I just want to see shining just for me (Delisile).

4.7 Theme 5: Contrasting responses by role-players

Whilst the stories shared many common dimensions of judgement and stigma, the source of the perceived judgement from others differed in each case with contrasting responses by role-players presented across the interviews. For some, the primary source of judgement was from the parents, guardians or extended family, whilst for others it was friends or their wider

community. Many expressed feeling stigmatised in the school context, and most a lack of support from the father of the child.

4.7.1 Parent / guardian

A feeling of harsh judgement by their parents or elders was congruent across many of the interviews. The disappointment often centred around concerns about the impact that the pregnancy would have on their future:

They were angry disappointed they had no hope anymore about me (Delisile).

Ayanda account of her father's reaction echoed that of Delisile conveying a response of anger around the pregnancy, with accusations of irresponsibility:

My father like he never ever talks to me until I give birth to my child then he told me because it's his first grandchild he won't be angry with that child but with me he is angry even today he doesn't want to talk to me

Such reactions appoint blame on the young women and suggest a sense of disappointment and failed expectation. For some, there was an implicit judgement, conveyed in their feedback to others:

I'm out of milk okay they say where is the father or all those words then I'll come you don't just digest them easily even though they'll do it for you but they will just having words words words words then until you cry (Bongi).

This disapproval from parents often had significant consequences, resulting in a sense of disappointment and internalised judgement towards the self. However, a negative response by their parents was not shared by all participants. Three of the participants describe positive and supportive reactions, such as described by Celiwe:

She is helping me every day when she's gone I don't know what I'm gonna do without her she's helping me a lot ja I'm nothing without her that's what I can say for now (Celiwe).

4.7.2 Friends

In terms of the reaction of friends, the participants described mixed responses, from stigmatising to supportive. Some participants felt that they were judged by their friends, in terms of the comments that they made regarding their pregnancies:

Now she's pregnant where's the father of the baby she thinks she's clever all that stuff you know it hurt especially when you heard that it say by the person that you thought is your best friend ja you talk like everything to her you open your heart to her then you only find out that she's talking behind your back ja (Bongi).

This excerpt from Bongi suggests that her teenage pregnancy was accompanied with a sense of betrayal by her friends. Imani's feeling of judgement echoed a rejection by her friends because of her pregnancy, reporting that only one friend supported her during her pregnancy. On the other hand, some participants – including Delisile - did not feel that their friends were a source of stigma, but were a support during this time:

My friends were supportive they told me that I do not have to worry too much ... they didn't tell me negative things they were always positive to me ... they were close to me I felt like I got friends cause they showed me what a friend is when I was pregnant they didn't leave me out (Delisile).

4.7.3 Father of the child

Eight of the nine participants reported an unsupportive, 'negative' experience with the child's father, with many of them denying responsibility and assigning blame to the young mother. This experience was not always one of judgement, but rather a sense of rejection and lack of support. In some instances, the participants felt stigmatised and treated with suspicion and distrust by the father of the child, as a result of their EUP. Seven of the nine participants referred to a lack of responsibility from the partner. For some, it reflected of a cultural norm of women being expected to shoulder responsibility for the child.

He didn't want anything to do with the pregnancy even when the child was born he didn't want anything to do cause my family went to report that I give birth and they didn't bother coming to my place (Ayanda).

This was congruent with findings from other African studies which suggested that stigma around teenage pregnancy in rural and peri-urban African contexts is often inherently gendered in nature. Several studies, such as a qualitative research study of gender norms by Ninsiima et al. (2019), confirm that boys do not face the negative impacts that girls do when they become parents. Some participants described an obvious avoidance of responsibility from the father of the child in the form of denial of paternity:

My boyfriend he disappoint me too much when I tell him I'm pregnant he said it's not my children (Hlengiwe).

Many participants described an ending of the relationship because of the pregnancy, suggesting a sense of abandonment and having to cope as a single parent:

Even the boyfriend when you not pregnant he love you so much but when you get pregnant he changed (Hlengiwe).

Some participants expressed feeling judged with suspicion and distrust by the biological father of their child as a result of their EUP, with undue blame directed at the young mothers, placing the responsibility for the pregnancy on her:

He didn't react but he told me that I did something wrong (Gugu).

A lack of support by the child's father was a common experience in many of the interviews, resulting in young mothers having to provide for the child as a single parent.

I can even show him my child that I survived with him I don't need anything from him even now I keep on telling him I don't need anything from him I'll support the child by myself (Imani).

Her use of the word 'survived' suggests a sense of independence and having overcome the challenges presented to her. Her repetition of the phrase 'I don't need anything from him' is both an admission of his lack of provision and of feeling let down, as well as of discovering her own strength as a mother. She would rather manage on her own than feel indebted to somebody. This sentiment was echoed by Bongi:

If you want money you have to come and sleep with him err pretend as if we are lovers so that is not good ... I can manage rather on my own. (Bongi)

Contrastingly, in some of the interviews, the child's father was not a perceived source of the judgement but was a support. They suggested that others were judgemental but that the partners were accepting and positive. Fungi described a positive response from her partner:

He just accepted then he told me it's fine he will do everything for the child that's how it went he was always there for me each and every step that I was taking he was there.

4.7.4 Family

In speaking about sources of perceived judgement and support, many participants made reference to their broader family. For some the extended family were a source of stigma and judgement:

(My family) they weren't supporting me as they felt like I'm someone who doesn't listen at all someone who want to do his own thing that's what I can say (Ayanda).

Delisile, Emihle and Fungi all described a supportive and positive response from their broader family, as illustrated by Fungi's comment:

My family supports me a lot ja my sisters were supportive and my aunties they scold me but then they just let things go because they love the new baby it already happened.

Thus, there were mixed responses by the families of the young mothers, which seemed to shift with time and acceptance, in terms of the initial shame of the family as a result of the pregnancy, and then the delight in the new baby.

4.7.5 Extended community

I felt ashamed from some of the some of the things that people were thinking (Celiwe).

Several participants expressed a sense of shame and stigma within the broader community. Delisile's story conveyed a strong feeling of judgement by her community:

People were talking outside yes ... they always talk they were giving me names my son's father too but I told myself that I couldn't worry about those people who are talking what they told me wasn't true it was only lies cause when I found it out that all what they were saying were lies ... I was judged because of my partner not because of my life experiences but because of my partner that's where I felt judged a lot.

This quote speaks to the burden placed on the young mothers, who shoulder responsibility for the child and who thus carries the stigma for her partner. It suggests that stigma around teenage pregnancy is gendered in nature, as the fathers do not face the negative impacts that young mothers do when they become parents.

4.7.6 School

Of the nine participants, seven were attending school when they fell pregnant and two had already completed their schooling. There were different responses in terms of the schools' reactions to the EUP. Hlengiwe's experience was that the school is not supportive to young mothers:

They make it difficult for you... they was difficult (Hlengiwe).

Some experienced schools to be discriminating and exclusionary:

Yes they would have kicked me out and told me to stay at home until I give birth to my baby then come back to school and repeat the same grade again (Delisile).

The use of the phrase 'kicked me out' suggests an intolerance towards young mothers in the school context, conveying the implication that she was deviant, and that such a reaction is deserved. It describes an extreme punitive response to pregnant learners, imposed without consultation or consideration of the consequences. Emihle's experience was also one of harsh stigmatising and shaming of pregnant learners by the school:

They called me at assembly and they asked me I had to tell the truth ... the teacher she just asks someone else if she hears something then she calls you okay then you go to assembly you have to explain what happened ... how did you end up being pregnant and stuff ... maybe it was the point of educating other girls.

Such public shaming suggests a judgement of young learners based on an understanding of deviance and irresponsibility, for which a public confession was deemed appropriate. The use of the phrase 'you have to explain what happened' suggests a need to account for the 'bad' behaviour that was causative. It suggests an intentional public humiliation, in order to serve as a warning or lesson of such 'deviant' behaviour for other young learners. Emihle's apparent acceptance as conveyed in the phrase 'maybe it was the point of educating other girls' suggests a self-judgement and feeling of deservedness of the punishment.

4.8 Common (shared) experiences

As outlined in the above themes, the polarities of experience as described by the young mothers speak to the complexity of the issue of teenage pregnancy. However, at the same time there were also significant commonalities of experience, in that all felt judged by others due to their pregnancy, and all internalised this judgement and all were affected in terms of their emotional coping and experienced negative consequences.

4.8.1 Confirmed experience of stigma

All the participants confirmed a perceived discriminatory response to their EUP. In addition, whilst the form of emotion differed, all the participants expressed some indication of self-judgement surrounding the EUP. For some, like Ayanda, general feelings of failure were described:

I felt like a failure my world was shattered to me like I'm a failure I wasn't making my family proud. I blame myself.

Ayanda repeatedly used the word 'failure' in this excerpt, emphasising her self-judgement. In addition, she felt like she needed to make amends and to do penance for how she felt she had failed her family. For others, it was an expression of shame and embarrassment. Several of the participants expressed judgement and stigma directed towards the self, in the form of self-blame for their pregnancies and their negative circumstances.

I blame myself for falling pregnant at the early age I can't blame anyone it was me it was me I can't blame my parents I can't blame my siblings I can't blame the community I blame myself I'm the one that was selfish cause they did tell me no do not do this (Celiwe)

Celiwe's talk above, repeatedly uses the word 'blame', and identifies possible targets for that blame. Ultimately the blame for the pregnancy must be apportioned to an individual, either to the other or alternatively towards the self. Such self-blame is accompanied with a 'deserved' outcome, a resulting consequence to her own 'selfishness'. Below, Ayanda's self-judgement conveys a harsh sense of wrongdoing that she places on her actions, likening herself to a thief, despite an acknowledged lack of awareness and intent:

I felt like a thief, if you were a thief you steal something but at a later stage you realise I wasn't supposed to steal that thing (Ayanda)

Her interpretation of her teenage pregnancy involved critical and harsh self-judgement of her actions (as if it were a crime) and convey a sense of regret in her lack of awareness around the consequences. The excerpt also speaks into the perceived unjustness of what was taken from her in terms of her feelings of loss, of her previous identity and her own childhood and associated freedom.

In addition, whilst the source of the judgement differed across the interviews, all the interviews confirmed some form of perceived judgement around their EUP by others. For some participants, the perceived judgement was generalised.

Imani's quote speaks to a sense of collective gossip:

*I was just saying people they always talking about me
I will say it changed me people what they were thinking about me I will say it changed me.*

Her repetition of how it 'changed' her provides insight into the negative impact of the perceived judgement on her self-perception and coping. Her reference to the way that people were 'thinking' (as opposed to speaking) about her, reinforces the sense of innate judgement. For some, a feeling of unfairness was conveyed around the judgement of others:

They don't have right to have those feelings cause it's my life it's my body so they don't have to judge me (Celiwe)

In her talk, there is a sense of frustration and an implication that the judgement was unjustified and intrusive. It was an imposed judgement that did not respect her freedom of choice.

As outlined in the above themes, the polarities of experience as described by the young mothers speak to the complexity of the issue of teenage pregnancy. However, at the same time there are also significant commonalities of experience, in that all felt discredited and tainted as individuals.

4.8.2 Impact of socio-economic environment

Here it's a place where you can live but you cannot make your future (Gugu).

The above-mentioned experiences of negative judgement around teenage pregnancy and stigmatising constructions of teen mothers obscure the role of social context in predisposing young women to teenage pregnancy. While the stories of the participants differed in terms of their descriptions of their broader neighbourhood and environment, all described a challenging socio-economic environment. This was emotively conveyed in Delisile's description:

*Living here it's like you're living in a -
you are dumped cause many things happen people hit each other with knives when you
woke up in the morning you hear today that someone died and tomorrow too.*

This account speaks to the danger and sense of vulnerability as a young mother living in the neighbourhood. The interviews identified challenges relating to the socio-economic environment, including a high incidence of HIV AIDS, rape and unemployment, and problems of alcohol and crime. Many of the participants described the neighbourhood as a temporary residence due to their circumstances, but not a place that they regard as home. In addition, many of the interviews described a socio-economic environment that offered no hope or prospects:

There will be no future in this place (Imani).

Hlengiwe was an exception and did not share the negative sentiments about the neighbourhood and community:

*I like this community even this community
I don't have a family sister brother it just friends so I don't think I can move this
community cause I get lots of support even now there is a lot of friends supporting me.*

Her positive view of the community is influenced by the strong social support she receives, she speaks of "lots of friends" indicating that even without her family, her friends are sufficient support.

Nevertheless, there is a shared sense of the environment limiting opportunities. Most of the participants described the community as one that is fragmented, where it's every man for himself:

Here you got to look after yourself they don't help you they don't care ja because even though I think they wanted to care but they can't because it's a crowded community different people different culture people that they don't know each other ja that what I can say about this community (Gugu).

Descriptions of the challenging socio-economic context suggest a vulnerability of young women to social ills:

Here in our environment the youth the only thing that they know is drinking alcohol not going to school partying having sex at an early age, a lot of boyfriends (short pause) so err maybe it will be hard for this community (Bongi).

4.9 Conclusion

What was interesting about the findings was the contradictory nature of the experiences of the young mothers, reflecting the polarised continuums on which the young mothers exist. On the one hand, being judged as being a shameful, bad person for falling pregnant when they are young, and on the other experiencing a sense of judgement for not bearing a child, as well as more extreme accusations of abortion. In addition, participants reported contrasting responses from key role players. For some, the father of the child was unsupportive, denying responsibility and paternity, and assigning blame to the young mother, whilst others reported a supportive experience. Similarly, in terms of the family there were the contrasting reactions of initial shame and then acceptance and delight in the new baby. Contrasting reasons for judgement were also evident, resulting in an equally polarised scale of consequences - on the one end, the negative emotional consequences of their 'great mistake', and on the other, the wonderful blessing it presented.

Despite these polarised experiences described by the participants, there were also common dimensions of judgement and stigma. These included a perceived discriminatory response to their EUP and an experience of stigma in some form, both from others and self-directed, as well as reference made to the impact of the socio-economic environment. The resulting themes aimed to present both the polarised continua and contrasting experiences that these young women described, as well as the commonalities that point to a shared experience of stigma and resulting social vulnerability.

CHAPTER FIVE

Discussion

The study sought to shed light on realities regarding stigma in a localised context, exploring the personal subjective experiences of young mothers and their perceived experiences of stigma. It aimed to confirm whether stigmatisation is an experienced consequence of EUP, and if so, how young mothers respond to such stigmatisation. The topic of EUP presents an expanse of studies and available literature, including much information on the causative and risk factors, and consequences of pregnancy during adolescence. The specific area of interest for this study related to young mothers' experiences of stigma in EUP, in order to give insight into the research questions around young mothers' personal emotional experiences of EUP. This chapter aims to discuss the research findings in relation to the research questions, and to position them in terms of how they relate to existing knowledge, based on the literature presented in chapter two.

5.1 Young mothers' personal emotional experiences of EUP

The polarities of experience as described by the young mothers speak to the complexity of the issue of teenage pregnancy. However, at the same time there were also significant commonalities of experience, in that all felt judged by others due to their pregnancy, and all of the young mothers had internalized the blame apportioned to them. This was consistent with the findings from several prominent studies, such as those by Meisenback (2010) and Major and O'Brien (2004), which also report societal judgement around EUP, resulting in internalised self-judgement.

In addition, all the participants were affected in terms of their emotional coping, characterised by general feelings of failure and a need to make amends and to do penance. For many, the personal emotional struggles reflected an expression of shame, embarrassment and self-blame for their pregnancies, accompanied with an implied deservedness of the outcome, a resulting consequence to her own 'selfishness'. The findings of studies by Yardley (2011) and van der Riet et al. (2019) present similar narratives of internalized self-judgement and experiences of blame, shame or guilt resultant to the

stigmatising of young women. Such self-judgement conveys the harsh sense of perceived wrongdoing placed on their actions, which impacts the personal emotional coping of the young mothers.

Whilst every story was different and involved unique emotional and experiential elements, all the interviews confirmed an experience of internalised judgement and stigma directed towards the self around the EUP, all felt discredited and tainted as individuals. This is congruent with stigma scholar Goffman, who highlights the potential for stigma to “reduce someone from a whole and usual person to a tainted, discounted one” (1963, p. 3).

5.2 The young mothers’ experience of others in response to their EUP

The findings reflected very contrasting responses from others in response to their EUP, with very mixed messages continually being received by young mothers. Such contrasting responses resulted from a very polarised spectrum of attitudes towards teenage pregnancy within the Shakashead community, with those that viewed it in a very negative light, imposing judgements of shame, disappointment and irresponsibility on the young mothers, and those who were judging the young women for not having a child, with experienced social pressure for child-bearing. In a sense, these two extremes represent contrasting judgements of ‘badness’ imposed on the young mothers. The other literature reviewed did not emphasize the polarised nature of this kind of experience by young mothers. Rather, it tended to speak to one extreme of the polarity, in terms of either the experienced judgement for young motherhood, or judgement for lack of child-bearing. In this study, in terms of the young mothers’ experience of others in response to their EUP, there was an inherent frustration that there is no escaping such judgement, as the response of others positioned them as ‘bad’ whatever the outcome. South African studies such as those by Chohan and Langa (2011), Ngabaza and Sheffer (2013) and Nkabine (2014) also highlight the pathologizing of teenage mothers, who are harshly blamed for many social ills.

The data suggested that in this geographical context, teenage pregnancy is viewed by many as a societal norm, which affects the way that they view, judge and respond to EUP. Particularly with the younger generation, the high incidence of EUP in the Shakashead community appears to increase the acceptability and even desirability of EUP and reduces the

level of stigma by peers associated with teenage pregnancy. Whilst the reasons for the judging response of others towards their EUP were contradictory, the offense that these women share common is their violation of social norms. This supports the claims of stigma scholars such as Worrell (1986) and Jiminez (2012), who proposed that construction of 'bad' or deviant behaviour is premised on society's ability to label an individual as such.

In general, the findings confirmed the assumption that adolescent mothers in this context experienced negative stigmatisation by others in some form. This reflected a common theme in much of the literature around teenage pregnancy concerning the consequential negative judgement and stigmatization from parents, schools, friends and the closer community, including Chohan & Langa (2011), Lebesse et al. (2015), and Leese (2016). However in contrast to much of the literature reviewed, significant incongruencies in terms of the sources of judgement by others was evident. For some, the primary source of judgement was from the parents, guardians or extended family, whilst for others it was friends or their closer community. Most expressed a lack of support from the father of the child and many of being stigmatised in the school context. In terms of the guidelines on managing pregnant young women in schools as outlined in the National Schools Act (2007), the responses of schools as described in the interviews appeared to indicate incongruencies between policy implementation and young women's lived experiences in school, where exclusion and shaming of pregnant adolescents was experienced. Such incongruencies speak to the current debates around the existing policies for pregnant learners in South Africa, with several studies emphasizing problems in the implementation of policies designed to ensure access to education for pregnant students and new mothers. The resulting harsh practises (as evident in this study) are in contravention of the Department of Education's 2007 Act, which attempts to address the issue of unfair discrimination against pregnant learners. In addition, it infringes on the right to privacy and dignity, as mandated in South Africa's Constitutional *Bill of Rights* (as referenced in the Literature Review, Chapter 2).

5.3 Impact of response of others on emotional coping

It was apparent that the experiences of judgement and stigma around the EUP had a significant impact on the emotional coping of the teenage mothers, and the consequences were evident in the stories that were shared. These included a low self-identity, feeling of

abandonment and isolation and a fear of disclosure, conveying an implicit judgement and perceived social vulnerability. This is congruent with the findings of studies by Hanna (2001) and Mayor (2009), who posit that a lack of defined self-identity often predisposes young mothers to an emotional vulnerability to the influence of others.

The complexity of social judgement and stigma is further apparent in terms of the short and longer-term consequences. On the one hand, it was evident that the stigma and judgement by others made an emotionally challenging experience even more so, and contributed to the self-blame, shame and sense of failure in the short term, as described by the participants. However, perhaps resultant of the challenging circumstances and arguably in response to the response of others, many of the stories contain elements of self-growth as an outcome in the longer-term. One of the positive outcomes includes a re-defining of self-identity as a mother. Despite the challenges, harsh environmental circumstances and stigma, positive outcomes were congruent across most of the interviews, with the child providing a new focus and vision for the future. Whilst not prevalent in much of the literature reviewed, a study by Leese (2016) also described a process of 'meaning making' and re-defining of self-identity, from the stories that teenage mothers told about their journey into motherhood.

5.4 The societal attitudes towards EUP and reasons for social judgement

Probably the most interesting findings related to the fourth research question, in terms of the very polarised spectrum of societal attitudes towards teenage pregnancy within the Shakashead community. On the one hand, many of the participants expressed that they felt judged because of falling pregnant as a teenager. Their understanding of such judgements conveyed the implication that they were a 'bad' person for falling pregnant whilst they were young. The notion of 'bad' was positioned largely around judgements of irresponsibility, shame and a sense of failure and disappointment. This is congruent with the claims of Meisenbach (2010), who presents a judgement of questionable moral status as central to the concept of stigma.

For others, teenage pregnancy was viewed positively and judgement occurred for not having a child. Such judgements were based on perceptions of what was socially expected. These findings support the claims made by stigma scholars such as Major and O'Brien (2004) and

Halnon (2001), who position stigma as a social and cultural construct, and point to variability across time and cultures in what attributes, groups or behaviours are stigmatized. They propose that stigmatization occurs when a person is constructed as having characteristics that convey a devalued social identity, based on contravention of societal norms. In this regard, appears that the high incidence of teenage pregnancy has influenced the social norms and societal attitudes towards EUP in the Shakashead community, where it is regarded by many as acceptable and even expected. For some members of Shakashead community, a child is seen as a positive social status and an accepted stage of transition to adulthood. This was found in several African studies which suggested that a stigmatising response to EUP is not always the case. The study in Khayelitsha by Swartz et al. (2018) produced similar findings of young women using their fertility as a way to navigate the transition from childhood to adulthood, in the absence of other accepted markers of such transition. In these socio-economic contexts, early fertility, though clearly a public health problem, is as much about developing a sense of adult self-worth as it is about having a child.

Some of the interviews reflected more extreme societal attitudes towards EUP, with a lack of child-bearing eliciting scepticism and young mothers being accused of abortions. This highlights the extent to which social norms affect expectations societal attitudes in terms of appropriate age of motherhood. In this community, being sexually inactive is viewed by many as a social deviance, and a lack of child-bearing in contravention with societal expectations. Several studies have explored the influence of age of motherhood on social acceptability of unintended pregnancy, including Whitley and Kirmayer (2008), who contrasted the social acceptability between adolescent and 'older' (non-adolescent) motherhood status.

In terms of the reasons for social judgement of teenage pregnancy, the data reflected very diverse and often contradictory reasons for judgement. Such reasons were premised on whether deviance was attributed to becoming pregnant as teenager, or due to non-child-bearing in adolescence. In terms of judgement for falling pregnant, the reasons cited generally conveyed an accusation of irresponsibility in some form, largely premised on the perceived limited opportunities and financial implications that resulted from leaving school. For some it involved a sense of shame, due to a moral judgement of the pregnancy being outside of wedlock, positioning the mother as a potential bad influence for her friends, and appointing

blame on the young mother, due to the implied 'bad' behaviour that was causative. Judgement for not having a stable partner who could provide financially was congruent across many of the interviews. Whilst there were thus contrasting reasons to account for negative judgement of adolescent pregnancy, underlying most was a suggestion of personal irresponsibility and a tainted moral identity.

The reasons for judgement for not bearing a child, were based on perceptions of what was socially expected, with childbearing during adolescence regarded by many as acceptable and even expected, and a lack of child-bearing perceived as contravening social expectations, resulting in the stigmatising of young girls as 'bad' for not having a child. The reasons for such judgements spoke to a perceived social status with having child, or lack there-of when one is not child-bearing. At the extreme, judgement around not falling pregnant was much harsher, with a lack of child-bearing eliciting scepticism and even accusations of abortions.

5.5. A community psychology lens

From a community psychology perspective, it is useful not to just focus on the individual, but on the broader structural inequalities that predispose these women to early pregnancy. Guided by this framework, the findings of the study highlighted the social disempowerment experienced by adolescent mothers in this context, as well as the influence of social norms and stigmas on the way in which the community interpret and respond to EUP.

The social action model of community psychology asserts that most adverse social conditions are linked to structural inequality. Thus, the current study aimed to explore the socio-environmental factors impacting the vulnerability of these young women to teenage pregnancy, and to shed light on the broader social ills and realities regarding stigma in a localised context.

These young women's accounts of their contexts were narratives of poverty, hopelessness, and 'war' (high conflict zones). Although there were some sources of support, most of these young women reported a survival (dog-eat-dog) mode to dealing with their pregnancies and young motherhood. Community psychology asks, "what conditions serve to position these young women in these ways?" From their stories, it is apparent that structural inequality plays a large role, as does the resultant socio-economic conditions this creates. Together with

evolving cultural and societal norms, the subjugation of women, particularly vulnerable young women, and the failure of the education system, it is not surprising that the young women become the object of blame. By constructing the young women as 'deviant', 'bad', 'immoral', the focus is shifted off the need for strategic systemic change, to blaming the individual. Proponents of a community psychology approach need to challenge these constructions and the status quo.

5.6. Conclusion

This chapter has considered each of the research questions, in relation to both the research findings and to existing knowledge, based on the literature presented in chapter two. The specific area of focus in the discussion related to young mothers' experiences of stigma in EUP, in order to give insight into the research questions around young mothers' personal emotional experiences of EUP, how the response of others towards their EUP affected their emotional coping, societal attitudes towards EUP and the reasons for social judgement. Finally it aimed to position the study in terms of a community psychology perspective, focussing beyond the individual to the broader structural inequalities that predispose these women to early pregnancy, and the resultant socio-economic conditions this creates.

CHAPTER SIX

Conclusion

6.1 Main findings

As outlined in the discussion, the polarities of experience, as described by the young mothers, speak to the complexity of the issue of teenage pregnancy and highlight the relevance of the socio-cultural norms and beliefs in how it is perceived and responded to. The findings reflected a very bipolar experience of EUP for the young mothers, and the resulting themes centred around the polarised continuums on which the young mothers exist. In addition, participants reported contrasting responses from key role players. While not always the case, in general the younger generation appeared to be more accepting of teenage pregnancy, whereas the older generation tended to impose much harsher judgement. Due to the high incidence of EUP, teenage pregnancy is regarded by many as acceptable and even expected. For some, not having a child elicits scepticism. For others, a child is seen as a positive status and for some pregnancy represents security with the partner and demonstrates fertility, a culturally desirable attribute. The data also presented a mixed experience with regards to the father of the child, with many denying responsibility and paternity, and assigning blame to the young mother, whilst others being supportive. Similarly, the contrasting reactions of the family, from the initial shame and then acceptance and delight in the new baby. Contrasting reasons for judgement were also evident, resulting in an equally polarised scale of consequences - on the one end, the negative emotional consequences of their 'great mistake', and on the other, the wonderful blessing it presented.

Parallel to these polarities were significant commonalities of experience, in that all of the participants felt judged by others and perceived a general discriminatory response to their pregnancy. In addition, they all internalised such judgement and experienced a form of self-judgement. Common dimensions of judgement and stigma included consequential feelings of abandonment, isolation and a fear of disclosure. All participants spoke of the emotional hardships that they experienced as a result of discriminatory responses to their EUP, resulting in a sense of social disempowerment and vulnerability as young mothers. As a result, all were affected in their emotional coping as young mothers and experienced negative consequences.

However, congruent across the findings was also a retrospective process of acceptance of the experience of EUP, which served as a vehicle of self-growth and personal change. Most of the participants were pleased with who they have become.

6.2 Limitations

As described in the methodology chapter, a degree of subjectivity and the 'impact of the self' on the interview dynamic is inevitable, as both interviewer and participants are mutually influencing. Several of the interview responses reflected a high degree of 'faking good' (presenting a desirable response), possibly indicative that the interviewer was perceived a possible source of aid. This was also apparent in the conversations subsequent to the interviews, where financial and material assistance as well as job opportunities were requested. Such a perception will likely have affected the way in which the participants responded to the interview and the content of information offered.

In turn, the interviewer's own subjective lens, and assumptions around the community and the topic of EUP, will likely have affected the way many of the interview questions were asked and the interpretation of the interview data. Assumed stigmatising may elicit responses to support such assumptions, and thus reduce the validity of the findings. In terms of language, even though most participants had a reasonably good command of English language, there were instances where it was evident that the meaning or nuances were lost in translation to English.

It is worth noting whilst participants in generally commented on factual behaviours and the attitudes of others both willingly and extensively, difficulties were encountered in getting the participants' real thoughts and feelings on certain sensitive topics, particularly those relating to sexual issues (such as contraceptives) and emotional experiences. However, different techniques such as avoiding leading questions and using follow-ups and probes were used in combinations to elicit in-depth responses from the participants.

6.3 Recommendations for future research

This study confirmed the claim common to much literature surrounding EUP that adolescent mothers experience discrimination and negative stigmatisation by others in some form, as well as internalised judgement directed towards the self. It highlighted the social disempowerment experienced by young mothers as a result of their socio-emotional circumstances, including social norms and stigmas. Rather than offering needed support, societal stigmatising negatively impacts both mother and child. Such commonalities perhaps speak to a broader social phenomenon of pathologizing of teenage mothers, likely not unique to this geographical context. Further studies in other South African contexts may enhance the understanding of the socio-emotional experiences of EUP and the consequences of social stigmatising, in order to facilitate the design of interventions to better support young mothers.

In addition, research in other socio-economic and cultural population groups would provide a better understanding of the broader applicability of these findings. Despite the extensive amount of available literature, the issue of EUP in South Africa is still qualitatively understudied, and up to date, evidence-based data on social and structural influences of teenage pregnancy is lacking. In addition, future research on the comparisons between rural and urban teenage mothers should be done to understand the differences and similarities in as far as teenage motherhood is concerned.

6.4 Implications

Based on the findings and conclusions drawn in this study, several implications are highlighted. The study confirmed an experience of negative stigmatisation by others in some form, and emphasised the social disempowerment experienced by young mothers as a result of their socio-emotional circumstances, including social norms and stigmas. Rather than offering needed support, societal stigmatising negatively impacts both mother and child.

It also highlighted the relevance of cultural norms and beliefs in the societal response to phenomena such as EUP, and the importance understanding the impact of the cultural and socio-economic contexts in the design of intervention to better support young mothers in our

local context. Such norms define the parameters of what is acceptable and what is deviant, and thus serve as the basis upon which judgement is made.

Social stigmatising experienced by young mothers as documented in this research has relevance to the ongoing debate regarding the appropriateness of current policies and interventions for young mothers. The findings support the view that the current pathologizing of teenage mothers is likely to play a significantly adverse role in their emotional coping. It also advocates for consideration of the socio-cultural factors that currently expose young women to the risk of unintended pregnancies, as well as HIV, early marriages, and sexual violence.

The study highlights the social disempowerment experienced by young mothers as a result of their socio-emotional circumstances, including social norms and stigmas. Rather than offering needed support, societal stigmatising negatively impacts both mother and child. Within the community, social constructions of teenage pregnancy tend to draw upon the causation as the irresponsible and “deviant” behaviour of teens and ignore the context of structurally-produced inequality. This does not imply advocacy for early childbearing, but rather suggests that the construction of EUP as a result of individual failure ignores the role of the social context. The emotional consequences threaten the self-identity of young mothers, and findings often motivate a link to low self-esteem, anxiety and depression. The findings support studies in the literature reviewed, which confirm the assumption that adolescent mothers - in general and in local South African contexts - face negative stigmatisation. Rather than offering needed support, societal stigmatising negatively impacts both mother and child. A better understanding of the socio-emotional experiences of EUP and the consequences of social stigmatising may facilitate the design of interventions to better support young mothers in our local context.

6.4 Conclusion

Understanding the challenges and socio-emotional experiences of young mothers is central in designing interventions that offer meaningful support, and individual stories assist in providing a meaningful understanding of the issue of EUP in a specific context. Considering the impact of social judgement around EUP requires considering the individual, her social network and cultural context, and the relationship between them. When young mothers as

individuals are pathologized and judged as “deviant”, we risk ignoring the role of social context in predisposing young women to teenage pregnancy. In addition, we contravene their constitutional right to respect and equality, and thus needs to be addressed.

REFERENCES

- Andrews, L., & Draga, L. (2013, August 14). *Pregnant girls have a right to be in school*. Retrieved from Ground Up: <https://www.groundup.org.za/article/pregnant-girls-have-right-be-school/>
- Awah, P., Kachale, F., Kalilani-Phiri, L., Kanguade, G., Levandowski, A., & Mhango, C. (2012). Investigating social consequences of unwanted pregnancy and unsafe abortion in Malawi: The role of stigma. *International Journal of Gynecology and Obstetrics*, 167-171.
- Babbie, E. (2008). *The Basics of Social Research* (4th ed.). California: Thomson Wadsworth.
- Birchall, J. (2017). *Early marriage, pregnancy and girl child school dropout*. Brighton: UK Institute for Development Studies.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Butcher, J., Graham, J., Ben-Porath, Y., Tellegen, A., Dahlstrom, W., & Kaemmer, B. (2001). *MMPI-2 (Minnesota Multiphasic Personality Inventory-2) Manual for Administration, Scoring and Interpretation (Revised Edition)*. Minneapolis: University of Minnesota Press.
- Chigona, A., & Chetty, R. (2008). Teen mothers and schooling: lacunae and challenges. *South African Journal of Education*, 28, 261-281.
- Chohan, Z., & Langa, M. (2011). Teenage mothers talk about their experiences of teenage motherhood. *Agenda*, 25(3), 87-95.
- Creswell, J. (2013). *Qualitative inquiry and research design: choosing among the five approaches*. California: Sage Publications.
- Crossman, A. (2019, July 3). *Understanding purposive sampling: an overview of the method and its implications*. Retrieved from ThoughtCo: <https://www.thoughtco.com/purpose-sampling-3026727>
- Department of Education. (2007). *Measures for the prevention and management of learner pregnancy*. Pretoria: Department of Education.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. N.J. : Prentice-Hall.
- Halnon, K. (2001). Reviewed work: The social psychology of stigma by Todd F. Heatherton, Robert E. Kleck, Michelle R. Hebl and Jay G. Hull. *Contemporary Sociology*, 30(5), 484-486.
- Hanna, B. (2001). Negotiating motherhood: the struggles of teenage mothers. *Journal of Advanced Nursing*, 456-464.
- Jiminez, S. (2012). Social Constructions of Teen Pregnancy: Implications for policy and prevention efforts. *Scripps Senior These*, 50.
- Krugu, J., Mevissen, F., Munkel, M., & Ruiter, R. (2017). Beyond love: a qualitative analysis of factors associated with teenage pregnancy among young women with pregnancy experience in Bolgatanga, Ghana. *Culture, Health & Sexuality*, 19(3), 293-307.

- Kyilleh, J., Tabong, P., & Konlaan, B. (2018, January 24). *Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana*. doi:10.1186/s12914-018-1047-5
- Lebese, R., Maputle, M., Mabunda, J., & Chauke, P. (2015). Knowledge, Attitudes and Perception of Students on Teenage Pregnancy: A Case Study of Rural Based University Students in South Africa. *Journal of Human Ecology*, 55-65.
- Leese, M. (2016). The bumpy road to 'becoming': capturing the stories that teenage mothers told about their journey into motherhood. *Child & Family Social Work*, 21, 521-529.
- Major, B., & O'Brien, L. (2004). The social psychology of stigma. *Annual Review of Psychology*, 393-421.
- Martinez, E., & Odhiambo, A. (2018). Leave no girl behind in Africa: Discrimination in education against pregnant girls and adolescent mothers. Retrieved from https://www.hrw.org/sites/default/files/report_pdf/au0618_insert_webspreads.pdf
- Mason, J. (2002). *Qualitative Researching (Second Edition)*. London: Sage Publications.
- Mayer, K. (2009). *Mother: A textual analysis of contemporary mother identifies in popular discourse*. Retrieved from e-Publications@Marquette.
- Meisenbach, R. (2010). Stigma Management Communication: A Theory and Agenda for Applied Research on How Individuals Manage Moments of Stigmatised Identity. *Journal of Applied Communication Research*, 38(3), 268-292.
- Morse, J. (1995). The significance of saturation. *Qualitative Health Research*, 10(1), 147-149.
- Mynhardt, J. (2009). *South African Supplement to Social Psychology* (Third ed.). Cape Town: Pearson.
- Mynhardt, J., Baron, R., Branscombe, N., & Byrne, D. (2012). *A South African Supplement to Social Psychology*. Cape Town: Pearson.
- NAMI. (2019). *Stigma Free*. Retrieved from National Alliance on Mental Illness (NAMI): <https://www.nami.org/stigmafree>
- Nel, W., Lazarus, S., & Daniels, B. (2010). Education support services policy and practice in South Africa: An example of community psychology in action? *Education as Change*, 14(1), 17-31.
- Nelissen, R., & Zeelenberg, M. (2009). When guilt evokes self punishment: Evidence for the existence of a Dobby Effect. *American Psychological Association*, 118-121.
- Ngabaza, S., & Sheffer, T. (2013). Policy commitments vs. lived realities of young pregnant women and mothers in school. *Reproductive Health Matters*, 21(41), 106-113.
- Ninsiima, A., Leye, E., Michielsen, K., Kemigisha, E., Nyakoto, V., & Coene, G. (2019). "Girls Have More Challenges; They Need to Be Locked Up": A Qualitative Study of Gender Norms and the Sexuality of Young Adolescents in Uganda. *International Journal of Environmental Research and Public Health*.
- Nkabinde, R. (2014). *The Geographies of schooling and motherhood: Narratives of teen mothers in KwaZulu-Natal*. Retrieved from UKZN research space: <https://researchspace.ukzn.ac.za/xmlui/handle/10413/12768>

- Pillay, N., Manderson, L., & Mkhwanazi, N. (2019). Conflict and care in sexual and reproductive health services for young mothers in urban South Africa. *Culture, Health & Sexuality, April*, 1-15. doi:10.1080/13691058.2019.1606282
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63-75.
- South African Government. (1996, December 18). *Act no. 8, Constitution of the Republic of South Africa, 1996*. Retrieved from South African Government: https://www.gov.za/sites/default/files/gcis_document/201409/act108of1996s.pdf
- Statistics South Africa. (2012). *Census 2011 Municipal Report KwaZulu - Natal*. Pretoria: Statistics South Africa.
- Swartz, A., Colvin, C., & Harrison, A. (2018). The problem or the solution? Early fertility and parenthood in the transition to adulthood in Khayelitsha, South Africa. *Reproductive Health Matters, 26*(54), 145-154.
- Terre Blanche, M., Durrheim, K., & Painter, D. (2014). *Research in Practice: Applied Methods for the Social Sciences*. Cape Town: Juta & Company.
- Thobejane, T. (2015). Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjitjileng Village. *Journal of Sociology and Social Anthropology, 6*(2), 273-277.
- UNESCO. (2017). *Early and Unintended Pregnancy and the Education Sector - Evidence Review and Recommendations*. Geneva: UNESCO.
- Van der Riet, M., Corfe, M., & Kubeka, C. (2019). Bad daughter, good mother, good student. *British Journal of Guidance and Counselling*. doi:10.1080/03069885.2019.1566950
- Wagner, C., Kawulich, B., & Garner, M. (2012). *Doing social research - a global context*. Maidenhead: McGraw-Hill.
- Wassenaar, D., & Mamotte, N. (2012). Ethical Issues and Ethics Reviews in Social Science Research. *The Oxford Handbook of International Psychological Ethics*.
- Whitley, R., & Kirmayer, L. (2008). Perceived stigmatisation of young mothers: An exploratory study of psychological and social experience. *Social Science & Medicine, 339-348*.
- Worell, J. (1986). *Single mothers: Issues of stigma*. Washington: American Psychological Association.
- World Health Organisation. (2011). *WHO Guidelines on Preventing Early and Unintended Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries*. Geneva: WHO. Retrieved from https://www.who.int/immunization/hpv/target/preventing_early_pregnancy_and_poor_reproductive_outcomes_who_2006.pdf
- Yardley, E. (2011). Teenage mothers' experiences of stigma. *Journal of Youth Studies, 11*(6), 671-684.

Appendix A: HSSREC Approval Notification



08 July 2019

Mrs Ciara Gwyn Korving (219026079)
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Mrs Korving,

Protocol reference number : HSS/0270/019M

Project title: Investigating young mothers' socio-emotional experience of Early and Unintended Pregnancy (EUP) : The role of stigma

Approval Notification – Full Committee Reviewed Protocol

With regards to the response received on 13 June 2019 to our letter of 20 May 2019, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application 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.

The ethical clearance certificate is only valid for a period of 1 year from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



Dr Rosemary Sibanda (Chair)

/ms

cc Supervisor: Dr Carol Mitchell
cc Academic Leader Research: Professor Ruth Teer-Tomaselli
cc School Administrator: Ms Priya Konan

Humanities & Social Sciences Research Ethics Committee

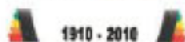
Dr Rosemary Sibanda (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3687/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: sibanda@ukzn.ac.za / smymam@ukzn.ac.za / mobuso@ukzn.ac.za

Website: www.ukzn.ac.za



100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

Appendix B (1): Participant information sheet and consent

INFORMATION SHEET AND INFORMED CONSENT

RESEARCH STUDY:

Young mothers' experiences of Early and Unintended Pregnancy

Date: July 2019

Hello, I am Ciara Korving. I am currently a masters' psychology student at the University of KwaZulu-Natal.

My contact number is [REDACTED], and my email: 219026079@stu.ukzn.ac.za.

You are invited to participate in a study about young mothers' experiences of teenage pregnancy. I want to talk to you for about one hour, about your experiences of being a young mother and about how this affected you. It will be conducted in English, at the Ubuhle office in the Shakashead Business Hive.

Depending on your situation, it is possible that talking about some of your experiences may be difficult and cause you to feel distressed. Should this happen, you have the option of going for further counselling at 'Talk to Me', at the Linc Foundation (at Linc Church in Foxhill). There is no charge for this counselling service, but you will need to arrange your own transport. The director, Ms Slevin, may be contacted on [REDACTED] or [REDACTED].

Please note that it is completely your choice as to whether to take part in the study. You may choose not to answer any question during the interview, and you can end the interview at any point. If you choose not to take part or to end the interview, you will not be affected in any way.

You will not receive any benefit for taking part in the study. However, we hope that the study will contribute to the information that is needed to help other young mothers be better supported.

As this is a UKZN student study, it needed to be ethically approved by the UKZN Humanities and Social Sciences Research Ethics Committee (reference number HSS/0270/019M)

If you have any questions, you may contact me on [REDACTED] or 219026079@stu.ukzn.ac.za.

Or if you have any problems or concerns you may contact the research supervisor at UKZN, Dr. Carol Mitchell, on 033 260 6054 or mitchellc@ukzn.ac.za, or alternatively the UKZN Humanities & Social Sciences Research Ethics Committee:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Confidentiality

The research report will not show your real name, so that your participation is private. All information that contains your name or personal details will be kept in a locked cabinet that is just for my use. In the final report (and any subsequent publications) a false name will be used, and not your real name. Any records that contain your name will only be available to people working on the study (unless you give permission for other people to see the records).

We are asking you to give us permission to audio-record the interview, so that we can accurately record what you say.

The recording will be kept in a secure place, and may be used for research or academic purposes, however it will not use your real name. If we use the stored interview information, it needs to be approved by the Research Ethics Committee.

If you agree to take part in the research study, please sign the attached Consent.

Please kindly also sign the Consent to Audio Record, and consent to use the recorded data at a later stage.

Thank you.



Ciara Korving

Researcher

CONSENT TO PARTICIPATE

I (Name)_____ have been given information about Ciara Korving's study about "Young mothers' experiences of stigma in Early and Unintended Pregnancy (EUP)".

I understand the reasons for the study and what it is about.

I have been able to ask questions about the study and I feel that my questions have been answered.

I understand that taking part in the study is my choice. I understand that I can stop the interview any time and will not be affected in any way.

I understand that this is a research study and that I personally am not really going to benefit from taking part.

I understand that my real name will not be used in the report findings, so that my taking part in the study remains private.

I know about the option for further counselling at 'Talk to Me' – a counselling service at the Linc Foundation – should I feel that talking about some of my experiences made me distressed. I understand that there is no charge for this counselling service, although I will need to arrange my own transport to the venue, located at Linc Church in Foxhill. The director, Ms Slevin, may be contacted on [REDACTED] or [REDACTED].

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher on [REDACTED], or 219026079@stu.ukzn.ac.za.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about anything, then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Signature of Participant

Date

CONSENT TO AUDIO RECORD

I understand that the information that I provide will be stored electronically and may be used for research purposes now or at a later date.

Signature of Participant

Date

ADDITIONAL CONSENT TO AUDIO-RECORD MY INTERVIEW

I give consent (permission) for my

Interview to be audio-recorded: YES / NO (please circle one option)

IPHEPHA LOLWAZI KANYE NESIVUMELWANO

Ucwanigo olumayelana nezinqinamba zomama abancane nokukhulelwa ngokungalindelekile

Usuku: Ntulikazi 2019

Ngiyabingelela.

NginguCiara Korving, ngingumfundi weMasters kwezengqondo esikhungweni semfundo ephakeme yaKwaZulu Natal (UKZN), inombolo engitholakala kuyo [REDACTED], kanye ne email ethi 219026079@stu.ukzn.ac.za.

Uyamenywa ekubeni ingxenye yezokufundisa mayelana nezinqinamba nezinselelo zomama bezingane ezikhulelwa zisezincane. Ngifuna ukukhuluma nawe isikhathi esingangehora mayelana nalezi nselelo nangokuthi wena uthinteka kanjani. Kobe kukhulunywa ngolimi lesiNgisi kuzobe kusemahovisi ase Ubuhle eShakahead Business Hive.

Ngenxa yokuthi isimo sibucayi kungenzeka ukuba kubenzima ukukhuluma ngezehlakalo ezakwehlakalela nohlangabezane nazo. Uma loku kwenzeka ungaya kwi-counselling eLinc Foundation (esontweni lase-Linc efoxhill). Kumahala ukuya kule-counselling kodwa kodingeka ukuzihlelele okokugibela. UMqondisi (Director) uNksz Slein utholakala kule nombolo [REDACTED] nansi ne email [REDACTED]m ukuze uhlele.

Ngicela wazi ukuthi kuyisinqumo sakho ukuzibandakaya kuloluhlelo, awuphoqelekile ukuthi uphendule futhi uvumelekile ukuvala imibuzo uma uzizwa ungakhululekile nanoma inini. Uma ngabe ukhetha ukungabi yingxenye yaloluhlelo ngeke kuthikameze imiphumela yakho akukho muvuzo ekuzibandanyeni kwakho kulesi sifundo. Kepha sithemba ukuthi ulwazi lakho lungasisiza futhi lisize nabanye omama abasebancane.

Njengoba lolu ucwaningo labandakanya abafundi kudingeka ukuba luhambisane nezihlelo nemithetho yekomithi lase UKZN Humanities & Social Science Research Ethics (ref no.HSS/0270/019M)

Uma unemibuzo ungaxhumana nami [REDACTED], noma kwi *email* ethi 219026079@stu.ukzn.ac.za. uma kunenkinga ungathinta usupervisor eUKZN uDokotela Carol Mitchell ku 033 260 6054 no ku mitchellc@ukzn.ac.za, noma ka-UKZN Humanities & Social Science Research Ethics Committee:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Emahovisi ocwaningo eWestville Campus

Ebhilidini lase Govan Mbeki

Private bag X 54001

Durban 4000

KwaZulu Natal SOUTH AFRICA

Tel: 27 31 260 4557 – Fax: 27 31 260 4609

email: HSSREC@ukzn.ac.za

Imfihlo

Lolucwaningo ngeke ludalule igama lakho yonke imininingwane izokwezwa kahle endaweni okungafinyeleli muntu kuyo. Abantu abangase babone igama lakho ngabasebenzi baseNyuvesi okuyibona abazobe bebhekisisa ukuthi ucwaningo lenziwe ngendlela okuyiyona. Bonke laba bantu baphoqelekile ukugada nokufihla imininingwane yakho. Igama lakho lobonwa abantu abenza lolu cwaningo kuphela ngaphandle uma wena uthanda ukuthi igama lakho lingabi yimfihlo.

Sicela ukuthi usinike imvume yokuqopha lolucwaningo (*interview*) ukuze siqophe kahle yonke into oyishoyo.

Konke okuqoshiwe kuyobekwa endaweni efihlekile futhi uma kudingeka igama angeke kusetsheniziswe elangempela

Uma uvuma ukubamba iqhaza kulolucwaningo sicela usayine lesi sivumelwano. Sinxusa nokuthi usayine nesivumelwano sokuqoshwa nokusetshenziswa kokuqoshiwe esikhathini esizayo, nakhona angeke udalulwe.

Ngiyabonga



Ciara Korving

Umcwani

Isivumelwano

Mina u _____, nginikeziwe imininingwane emayelana noncwaningo lukaCiara Korving olukhuluma ngezipiliyoni sokukhulelwa kwezingane zisencane phecelezi (*i-Early and Unintended Pregnancy (EUP)*).

Ngiyasiqonda isizathu salolucwaningo nokuthi lumayelana nani.

Ngikwazile ukubuza imibuzo emayelana nalolucwaningo futhi imibuzo yami iphendulekile.

Ngiyaqonda ukuthi ukubamba kwami iqhaza kuyisinqumo sami. Ngiyaqonda ukuthi ngingayeka ukubamba iqhaza noma inini uma ngingasathandi kanti futhi ngeke kube namiphumela emibi.

Ngiyaqonda ukuthi lolu ucwanungo lokufunda nanokuthi ngeke ngithole mvuzo ngokuzibandakanya kwami.

Ngiyaqonda ukuthi igama lami lizoba imfihlo nanokuthi ngeke lisetshenziswe budedengu emphakathini nokuthi lesisifundo siyimfihlo.

Ngiyazi ukuthi ngingathola usizo ka 'Talk to Me' e-Linc Foundation uma ngizwa kunzima ukukhuluma ngezipiliyoni nobunzima engedlule kubo. Ngiyaqonda ukuthi lolusizo lumahala yize kudingeka ukuthi ngizenzele izinhlelo zezokugibela ukuya kulendawo (eLinc Church) endaweni yaseFoxhill. Udirector uMs Slevin utholakala ku _____ noma kwi *email*: _____.

Uma nginemibuzo ngiyaqonda ukuthi ngingathintana nomcwaningi ku _____ noma kwi *email* 219026079@stu.ukzn.ac.za.

Uma nginemibuzo mayelana namalungelo ami njengo muntu obambe iqhaza kulolucwaningo ngingakwazi ukuxhumana nomcwaningi kulemininingwane:

HUMANITIES & SOCIAL SCIENCE RESEARCH ETHICS ADMINISTRATION

Emahovisi ocwaningo eWestville Campus

Ebhilidini lase Govan Mbeki

Private bag X 54001

Durban 4000

KwaZulu Natal SOUTH AFRICA

Tel: 27 31 260 4557 – Fax: 27 31 260 4609

email: HSSREC@ukzn.ac.za

Uphawu lomuntu obambe iqhaza usuku

Nginyaqonda ukuthi imininingwane yami iyobekwa ngobuchwepheshe nangokucophelela, ukuze isetshenziswe kolunye ucwaningo.

_____ Uphawu lomuntu obambe iqhaza usuku

Isivumelwano sokuthi ngiqoshwe kule-*interview*

Ngiyavuma ukuthi ngiqoshwe: **YEBO / CHA** (dwebela okukhethile)

_____ Uphawu lomuntu obambe iqhaza usuku

July 2019

To whom it may concern

Taking part in a research study interview

My name is Ciara Korving. I am a masters' psychology student at the University of KwaZulu-Natal, and I am doing a research study about young mothers' experiences of teenage pregnancy. If you became a mother between 13 and 19 years of age, I would like to invite you to take part in a study about young mothers' experiences of teenage pregnancy. I am interested in your personal experience and want to talk about your experiences of young motherhood.

Please note that in order to take part:

- 4 The pregnancy must have been unplanned
- 5 You must currently be 18 years or older
- 6 The pregnancy must have occurred in the last 8 years (since 1 January 2011)

The study will involve an interview on your own, for about one hour. It will be in English, at the Ubuhle office in the Shakashead Business Hive. Your real name will not be used in the results, so that what you say is private.

It is possible that talking about some of your experiences may be difficult and cause you to feel distressed.

Please note that it is completely your choice as to whether to take part in the research study. If you are interested in taking part, please contact me directly on [REDACTED], or email: 219026079@stu.ukzn.ac.za.

Sincerely,

[REDACTED]

Ciara Korving

Researcher

Appendix C (2): Recruitment Information Leaflet - ISIZULU

Ntulikazi 2019

Kulowo ekuqondene naye

Igama lami nginguCiara Korving, owenza iziqu zeMasters Psychology enyuvesi yaKwaZulu-Natal ngibuye ngibe yingxeye yocwaningo olumayelana nomama abasebancane. Uma ungumama ongaphakathi kweminyaka eyishumi nantathu kuye kwishumi nesishiyagalolunye, ngithanda ukukumema ukuthi ube kanye nathi ngemfundo nolwazi olumayelana nokukhulelwa kwamantombazane asemancane. Nginentshisekelo yokwazi ngeyakho impilo futhi sikhulume ngokuthi kunjani ukuba umama osemncane.

Ukuze ube yinxenye yalolucwaningo kubekwa lokhu:

- wazithola ukhulelwa ngokungenhloso
- kumele ube nemnyaka eyishumi nesishiyagalombili kuyaphezulu.
- Wakhulelwa emnyakeni eyisishiyagalombili edlule kuza nganeno (kusukela ngoMasingane 01 /2011)

Lolugcwaningo lizodinga ukuhlolwa kwakho uwedwa, kuyoba ihora elilodwa. Konke lokhu kobe kwenziwa ngolwimu lwesingisi endaweni yaseBuhle *office eShakashead Business Hive*. Igama lakho langempela ngeke lisebenziswe kwimiphumela, konke oyobe ukusho kuyoba yimfihlo.

Ngicela uwazi ukuthi kuyisinqumo sakho ukuthi ubambe iqhaza kulolugcwaningo. Uma uthanda ukuzibandakanya ngicea uxhumane nami kulenombolo [REDACTED] noma *email* 219026079@stu.ukzn.ac.za

Imina ozithobayo



Ciara Korving

Umgcwaningi

Appendix D: Interview Guide

These questions highlight the important aspects to be included in the interview dialogue, while also allowing a degree of flexibility and freedom for participants to answer as they see fit.

Personal Information

- Would you mind telling me your age?
- Do you work, if so what do you do?
- Would you mind telling me your relationship status?
- How many children to you have?
- What is your highest level of education?

Information regarding the EUP

- How old were you when you first fell pregnant?
- Was it a planned pregnancy?
- What grade were you in when you fell pregnant?

Questions regarding the participant's own personal reaction to the pregnancy

- How did you feel when you discovered you were pregnant?
- Please describe some of the feelings and emotions you experienced whilst pregnant?
- Why do you think you felt such emotions?
- How did the feelings and emotions you experienced affect you?
- How would you describe your emotional coping?
- Would you say the EUP affected your identity and self-esteem? If so, how?

- Did you tell people about the pregnancy?
- At what stage in the pregnancy was the school aware?
- Did you seek support of any kind?

Questions regarding the response of others towards the pregnancy

- How did others respond to your pregnancy?
 - your family?
 - your friends
 - your school, teachers and peers?
- How did the response affect you?
 - Do you feel that the way people reacted was fair / reasonable?
- Were you allowed to return to school? Tell me more about what happened.

Appendix E: Permission for referral to counselling services

LINC | FOUNDATION

19th February 2019

To whom it may concern

Re:Use of Linc Foundation Lay Counselling service

This letter is to confirm that we are available to supply any follow up lay counselling services, in Zulu, to participants of Mrs Korving's research study should this be required.

Kind Regards

Catherine Slevin - Managing Director Linc Foundation



Appendix F: Permission from NPO for use of venue



12 March 2019

To Whom It May Concern:

Permission for the use of the Ubuhle office

I hereby confirm that I grant Ciara Korving permission to use the Ubuhle Ladies Group office for the eight interviews she will be conducting as part of her research study. The use of the office can be scheduled for a date and time convenient for the interviewee, Ciara and myself.

I confirm that she will have exclusive use of the office, so that the interviews will be private.

I also agree to the use of the office for a feedback session, at a later date upon completion of the study.

Sincerely,

Nomvula da Silva

Director

Appendix G: Agreement for uBuhle NGO to assist in distribution leaflets for the recruitment of participants



12 March 2019

To Whom It May Concern:

Agreement for uBuhle NGO to assist in distributing leaflets for recruitment in research study

I hereby confirm that I agree to assist in Ciara Korving in arranging the distribution of information leaflets via *uBuhle Shakashead Ladies* NGO, required for the recruitment of participants for her research study, which explores the socio-emotional experiences of Early and Unintended Pregnancy.

The information leaflets will be distributed to all individuals attending the Homework Hub, Bakery and uBuhle Beading, facilitated by *uBuhle Shakashead Ladies* at the Shakashead Business Hive.

The information leaflet requests that potential participants contact the researcher directly.

Sincerely,

Nomvula da Silva

Director

uBuhle Shakashead Ladies