LATE ADOLESCENTS’ EXPERIENCES OF THEIR EARLY ADOLESCENT PREGNANCY AND PARENTING IN A SEMI-RURAL COMMUNITY IN THE WESTERN CAPE

Lenka van Zyl

Dissertation (article format) submitted in fulfilment of the requirements for the degree *Magister Artium in Psychology* at the Potchefstroom Campus of the North-West University

Supervisor: Dr M. Van der Merwe
Co-Supervisor: Dr S. Chigeza

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ACKNOWLEDGEMENTS

I would like to thank God and the following people crossing my path, without whom the end product of this study would not have been possible:

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**The participants in this study.** Thank you so much for sharing your life stories with me. Your stories were regarded with love and respect, and your bravery and perseverance regarded with awe and admiration. You are a remarkable group of young parents.

**My family, friends and partner** for their never-ending support, reassurance and encouragement. I would not have been able to persevere throughout the tough times, had it not been for your unwavering faith in me.
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SUMMARY

Adolescent pregnancy has been a global phenomenon of great concern for a considerable time. Adolescent pregnancy and parenting can lead to negative consequences for both adolescents and their infants in health, psychological, developmental and educational spheres. In South Africa recent media reporting has pointed out that adolescent pregnancy at times culminates in infant abandonment. Adolescence is a difficult transition period and the added stress of pregnancy and parenting creates specific challenges. Adolescent parents’ conflicting roles as adolescents, striving for independence, and as parents, who have to care for their children in a selfless manner, have been shown to complicate their lives significantly.

Research has indicated that adolescent pregnancy mostly occurs in resource-poor, black, rural, or semi-rural communities. Support for pregnant and parenting adolescents in such communities seems to be minimal, and research on experiences of adolescent pregnancy and parenting in the South African context is scant. Therefore the aim of this study was to explore late adolescents’ (18-22) experiences of their pregnancy and parenting during early adolescence (12-18). The research context was a resource-poor community, namely Sir Lowry’s Pass Village in the Helderberg basin in the Western Cape. The researcher wanted to shed light on the particular challenges and strengths of participants, to inform practice and make suggestions so as to promote support for such parents.

From the findings of this study it became clear that participants found adolescent pregnancy and parenting to be a challenging experience. They made mention of various factors complicating their experience of pregnancy and parenting, such as their socio-economic circumstances; stigma experienced from the community, family, peers, and educational and health-related systems; loss and sacrifices; lack of support; and feelings of powerlessness. They felt overwhelmed by their parenting experiences as a result of lack of parenting skills, and the fact that their parental rights were often not respected. However, pregnancy and parenting were also viewed as positive and inspiring in that adolescent parents viewed their children as a source of comfort. Furthermore, they indicated that parenting was more manageable with support, and that becoming parents rendered them more responsible
individuals. These findings concur with prior research on adolescent pregnancy and parenting.

This study adds value to the field of adolescent pregnancy and parenting in that prior findings were corroborated, and that an adolescent father’s perspective was included. Research on adolescent fathers in the South African context is limited. This study provides a clearer understanding of pregnant and parenting adolescents’ needs and what they find supportive, which could assist health care professionals, welfare organisations, schools, and significant others in supporting them more adequately.

*Keywords: pregnant and parenting adolescents; early adolescence; late adolescence*
OPSOMMING

Tienerswangerskap is al ’n geruime tyd ’n wêreldwye probleem. Tienerswangerskap en –ouerskap kan negatiewe gevolge inhou vir adolessente en hul babas, in gesondheids-, psigologiese-, ontwikkelings- en opvoedingsterreine. Onlangse media-berigte in Suid-Afrika het daarop gedui dat tienerswangerskap soms aanleiding kan gee tot verlating van pasgebore babas. Adolessensie is ’n moeilike oorgangstydperk en die bykomende spanning van swangerskap en ouerskap lei tot spesifieke uitdagings. Die botsende rolle van adolessente wat onafhanklik nastreef, en ouerskap wat vereis dat hulle onselfsugtig na hulle kinders moet omsien, kan hulle lewens merkbaar kompliseer.

Navorsing het getoon dat tienerswangerskappe meestal in hulpbron-arm, swart, plattelandse of semi-plattelandse gemeenskappe voorkom. Ondersteuning vir swanger adolessente en adolessente ouers in sulke gemeenskappe blyk minimaal te wees. Navorsing rakende die belewenisse van tienerswangerskap en –ouerskap in die Suid-Afrikaanse konteks is skaars. Die doel van hierdie studie was dus ’n eksplorasie van laat adolessente (18-22) se ondervindings van swangerskap en ouerskap tydens vroeë adolessensie (12-18). Sir Lowry’s Pass Village, ’n hulpbron-arm gemeenskap in die Helderbergkom in die Wes-Kaap, was die konteks vir die navorsing. Die navorser wou lig werp op deelnemers se spesifieke uitdagings en sterktes, ten einde die praktyk toe te lig en ondersteuning vir sulke ouers te bevorder.

Uit die bevindings van hierdie studie was dit duidelik dat deelnemers tienerswangerskap en –ouerskap uitdagend gevind het. Hulle het verskeie faktore genoem wat hul belewenisse van swangerskap en ouerskap gekompliseer het, waaronder sosio-ekonomiese omstandighede; stigmatisering deur die gemeenskap, familie, hul portuurgroep, en opvoedings- en gesondheidsverwante sisteme; verlies en opofferings; gebrek aan ondersteuning; en gevoelens van magteloosheid. Hulle het ouerskap oorweldigend gevind as gevolg van gebrek aan ouerskapsvaardighede, en die feit dat hul ouerlike regte dikwels nie gerespekteer is nie. Swangerskap en ouerskap is egter ook as positief, en inspirerend gesien, aangesien adolessente ouers hulle kinders as bron van geborgenheid ervaar het. Hierby het hulle aangedui dat ouerskap meer hanteerbaar was met ondersteuning,
en dat ouerskap van hulle meer verantwoordelike individue gemaak het. Hierdie bevindings stem ooreen met vorige navorsing rakende tienerswangerskap en –ouerskap.

Hierdie studie voeg waarde toe tot die veld van tienerswangerskap en –ouerskap deurdat bevindings strook met vorige navorsingsbevindings, en dat ’n adolessente vader se perspektief deel van die studie uitgemaak het. Daar is beperkte navorsing oor adolessente vaders in die Suid-Afrikaanse konteks. Hierdie studie bied ’n beter begrip van swanger adolessente, en adolessente ouers se behoeftes en wat hulle ondersteunend vind. Dit kan persone in die gesondheidsprofessie, welsynsorganisasies, skole, en betekenisvolle persone help om hulle genoegsaam te ondersteun.

*Sleutelwoorde: swanger adolessente; adolessente ouers; vroeë adolessensie; laat adolessensie.*
DECLARATION OF STUDENT

I hereby declare that this research, Late adolescents’ experiences of their early adolescent pregnancy and parenting in a semi-rural community in the Western Cape, is my own work and effort and that all sources were fully referenced and acknowledged.

Lenka van Zyl
LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisors. We, the supervisors, declare that the input and effort of Lenka van Zyl in writing this article reflect research done by her. We hereby grant permission that she may submit this article, *Late adolescents’ experiences of their early adolescent pregnancy and parenting in a semi-rural community in the Western Cape*, for examination purposes in fulfilment of the requirements for the degree *Magister Artium in Psychology*.

Dr. Mariette van der Merwe
Supervisor

Dr. Shingairai Chigeza
Co-supervisor
DECLARATION OF LANGUAGE EDITOR

Mathilda Smit obtained a BA degree (Languages and Culture) in 2007 and a MA degree (General Linguistics) in 2009 from the University of Stellenbosch. She has worked as a freelance editor and proof reader since then. At the moment she teaches as a senior lecturer the South African Studies Specialization at the Faculty of English at the Adam Mickiewicz University in Poznan, Poland.

Mathilda Smit
PREFACE

MA in Psychology in article format

This dissertation is presented in article format as indicated in rule A.5.4.2.7 of the North-West University, Potchefstroom Campus Yearbook. The article comprising this dissertation is intended for submission to the journal Social Work/Maatskaplike Werk. Please note that the references provided in the article in Section B are according to the author guidelines of the journal (see Addendum F). The rest of the dissertation is referenced according to the APA method, as outlined in the North-West University's referencing manual.
Late adolescents’ experiences of their early adolescent pregnancy and parenting in a semi-rural community in the Western Cape

Miss Lenka van Zyl
Email: lenkavz@gmail.com
Tel: 072 135 8454

Dr Mariette van der Merwe
Senior Lecturer
Centre for Child, Youth and Family Studies
Faculty of Health Sciences
North West University (Wellington)
Email: 23376244@nwu.ac.za
Tel: 021 975 1291

Dr Shingairai Chigeza
Faculty of Health Sciences
Africa Unit for Transdisciplinary Health Research (AUTHeR)
North-West University (Potchefstroom)
Email: 20516835@nwu.ac.za
SECTION A

ORIENTATION TO THE RESEARCH
SECTION A: ORIENTATION TO THE RESEARCH

1. CONTEXTUALIZATION AND PROBLEM STATEMENT

Adolescent pregnancy and parenting has long been considered to be a problem in many developing and some developed countries (Bezuidenhout, 2013). Adolescent pregnancy holds potential negative consequences for both adolescents and infants, in educational, health, developmental and psychosocial spheres (Laghi, Baumgartner, Riccio & Bohr, 2013; Toomey, Umana-Taylor, Jahromi & Updegraff, 2013).

In addition, the phenomenon, of infant abandonment seems to occur mainly among young, single mothers, often under the age of twenty, facing adverse economic, social and emotional circumstances (Davies, 2008; Herman-Giddens, Smith, Mittal, Carlson & Butts, 2003; Moll, 2002). South Africa is no exception in this regard. The researcher’s interest in adolescent pregnancy and parenting stems in part from recent extensive media coverage of infant abandonment, as the instances reported in the media often point to adolescent mothers. Newspaper article titles include: Baby dumping on the rise (Naidoo, City Press: 29/08/2010), Saved – baby dumped to die (Samodien, Sunday Argus: 10/010/2010), Shock as second baby found dumped in Khayelitsha in a fortnight (Hartley, Cape Times: 20/10/2010), Summit tackles dumped baby crisis (Barnes, Cape Argus: 09/11/2010). Child Welfare South Africa statistics indicate that around 2583 infants were abandoned in South Africa during 2011 (Chaykowski, The Wall Street Journal: 22/08/2012), while Cape Town Child Welfare estimated in their annual report that between 500 and 600 babies have been abandoned in the Western Cape between 2009 and 2010 (Jooste, Cape Argus: 16/08/2010). Niresh Ramklass, Cape Town Child Welfare’s chief executive, explained that there were several cases of abandoned infants found near schools, indicating that their mothers could be schoolgirls (Jooste, Cape Argus: 16/08/2010). Adolescent parents in resource poor communities face a variety of challenges that can make pregnancy and parenting particularly overwhelming.

The abovementioned media coverage sparked the researcher’s interest in the challenges faced by young mothers and fathers and how they deal with these challenges. This research explored the experiences of late adolescent parents as they relate their pregnancy and parenting experiences of their early adolescent
years. More information on their experiences will hopefully shed light on the adolescent parents’ challenges of pregnancy and parenting and provide direction to strengthen their parenting roles. This research focused on late adolescent parents between the ages of 18 and 22 years living in a community where resource provision challenges are daily occurrences.

Adolescent pregnancy is a recurring issue in South Africa, with the phenomenon reaching alarming proportions, to the extent that the ANC youth league wants to make birth control compulsory for all girls from the age of 12 (Edwards, Die Burger: 04/05/2011). Percentage wise, adolescent pregnancy rates in the Western Cape are not as high as in the Eastern- and Northern Cape (Panday, Makiwane, Ranchod & Letsoalo, 2009); however, research indicates that underprivileged coloured and black communities are at greater risk for adolescent pregnancy (Mkwhanazi, 2010). One such community is Sir Lowry’s Pass Village, which is a semi-rural settlement situated in the Helderberg Basin in the Western Cape. Semi-rural settlements, according to YourDictionary (2014), can be defined as “a location that is sort-of country but that is not officially considered country. An out-of-town suburb near farm country is an example of a neighbourhood that would be described as semirural.” Sir Lowry’s Pass Village fits the criteria for this definition of a semi-rural settlement, as it is located near farms. Many of the inhabitants work on the local farms, and earn minimum wages, in addition to their income being inconsistent due to their work often being seasonal. The community has a clinic, police station, primary school and some smaller shops available as its only internal resources. To fulfil any other needs, inhabitants have to travel to urban areas, such as Somerset-West. Sir Lowry’s Pass Village’s largely coloured and increasing black population comprises about 8496 people (Census 2011).

A Stellenbosch University survey of the area indicates that people in Sir Lowry’s Pass Village suffer from hardships such as overcrowding, high unemployment rates, domestic violence, drug- and alcohol abuse, and violent crime (Helderberg Street People’s Centre, 2010). During 2012 protests about inadequate service delivery turned into violent riots when residents burned plastic, tree trunks and bushes, and flung rocks at police officials (Maditla, Cape Argus: 09/05/2012). Apart from domestic violence and violent crime in the area, statistics produced by the South African Police Service further indicate that Sir Lowry’s Pass Village is the area in the
Helderberg Basin yielding the highest incidence of sexual crimes (Helderberg Street People’s Centre, 2010). Research illustrates that low levels of education, employment and income, and high violence- and crime rates in communities are contributing factors to early pregnancy and parenthood (Panday et al., 2009).

The difficulties and developmental tasks involved in adolescence are compounded by pregnancy, and places significant strain on adolescent parents (Moll, 2002). This is especially so as they become parents without the necessary knowledge, skills, and resources to deal with early parenthood (Panday et al., 2009). Pregnant and parenting mothers often perceive themselves to be abandoned, with little emotional or economic means of support (Barnes, Cape Argus, 09/11/2010; Bradley, 2003; Sherr & Hackman, 2002). Pregnancy and parenting further complicates adolescent mothers’ lives as it often involves loss of freedom, disrupted education, compromised marriage prospects, and maintains poverty (Herman-Giddens, Smith, Mittal, Carlson & Butts 2003; Panday et al., 2009; Samodien, Sunday Argus, 10/10/2010; Sherr et al., 2009). Adolescent fathers also face a number of challenges. The existing literature is mostly informed by adolescent mothers’ perceptions and adolescent fathers are frequently portrayed as absent, or invisible. However, some studies indicated that adolescent fathers often want to be part of their children’s lives, but are shunned by the adolescent mother’s family, or cannot provide for the child financially. Like adolescent mothers, adolescent fathers also need support to fulfil their roles as parents and providers (Panday et al., 2009).

Adolescent parents in South Africa experience many of the above-mentioned challenges, as well as a set of challenges unique to their individual context and setting. Economic and emotional abandonment is frequently the reason behind many legal and backstreet abortions by adolescent mothers in South Africa (Varga, 2002). Additionally, research on adolescent parents’ experiences in a South African context is scant. Available research focuses largely on the challenges faced by adolescent mothers (Bhana, Clowes, Morrell, & Shefer, 2008; De Visser & Le Roux, 1996; Kaufman, De Wet & Stadler, 2000), often without appreciation of protective factors and strengths. According to Panday et al., (2009) information on the experiences of adolescent fathers is also limited (Swartz & Bhana, 2009). Clearly, the experiences of adolescent parents in South Africa are not fully understood, especially not from a practice informing perspective. From the above it is clear that a better understanding
of the experiences of adolescent parents is imperative. In addition many adolescent girls are exposed to violent or coercive sexual practices at a very young age (Macleod & Tracey, 2010); despite the fact that the legal age of sexual consent is 16 (Criminal Law {Sexual Offences and Related Matters} Amendment Act No. 32, 2007). Based on the researcher’s experience in the work environment many young girls between the ages of 12 and 14 are exposed to legal processes and cases of sexual abuse when exposed to early sexual relations, which also influences their experiences of adolescent pregnancy and parenthood. The relation between sexual abuse and adolescent pregnancy and parenthood must be researched further. With this study, the researcher hopes to shed light on the particular challenges faced by adolescent parents in Sir Lowry’s Pass Village, as well as factors helping them through this ordeal, in an attempt to inform interventions so as to support them more adequately.

Adolescents’ experiences of pregnancy and parenting will be researched within the theoretical paradigms of community psychology (Visser & Moleko, 2012; Lazarus et al., 2006), Bronfenbrenner’s bio-ecological systems theory (Bronfenbrenner, 1994; Rosa & Tudge, 2013) and the mental health continuum (Keyes, 2002, 2005, 2007, 2009).

Community psychology has at its core the motivation to improve the well-being of individuals and communities, through understanding them within their contexts (Lazarus et al., 2006; Visser, 2012). Community psychology emphasizes the importance of utilizing indigenous knowledge and cultural resources in helping communities to prevent ill-health and promote well-being, while also making psychological services accessible to everyone (Lazarus et al., 2006). A focus of community psychology is to empower marginalized individuals and communities, such as the disabled, or the poor, and advocacy is often part of the community psychologist’s role in order to uplift communities (Visser, 2012).

Bio-ecological systems theory postulates that the individual cannot be viewed as separate from his environment (Rosa & Tudge, 2013). A core concept of bio-ecological systems theory, namely the chronosystem, contends that the individual cannot be fully understood without viewing him against the background of his history, and the way in which development was influenced by changes in the individual
and/or his environment (Shaffer & Kipp, 2010). The chronosystem can be understood in the wider context of bio-ecological systems theory, of which it is the temporal dimension. According to bio-ecological systems theory the individual is constantly influenced by a variety of interacting, interconnected environmental systems (micro-, meso-, macro- chrono-), while person characteristics, and the events occurring over the individual's lifespan also interact with the environment, influencing the individual's development (Rosa & Tudge, 2013). In this way relationships and behaviour patterns in a community can only be understood when considering it within the context of the whole (Visser, 2012). According to Visser (2012) systems theory provides an important theoretical framework in community psychology for understanding the processes, changes and development in communities.

The mental health continuum holds that individuals are ideally supposed to flourish in life; in other words function well on psychological, emotional, and social levels. However, circumstances might lead an individual to only enjoy moderate mental health, or to languish, which entails low levels of well-being (Keyes, 2002; 2009). This links with community psychology, in the sense that both these theories have at their core the promotion of well-being, and making well-being attainable to the general population.

Thus parents between the ages of 18 and 22 (later adolescence, as defined by Newman & Newman in Wait, Meyer & Loxton, 2005) were the unit of analysis in this study exploring their retrospective perceptions of pregnancy and parenting as early adolescents (between the ages of 12 and 18, as defined by Newman & Newman in Wait et al., 2005), since adolescent parents have been identified as one of the most vulnerable populations to work with (Kulkarni, Kennedy & Lewis, 2010). Therefore the researcher specifically investigated the experiences of older adolescents, who have had time to integrate and adjust to the idea of adolescent parenting. These young parents were asked to look back on their experiences as pregnant and parenting early adolescents, considering the interplay of environmental and individual factors that influenced them.

The research question arising from the aforementioned argument and problem statement were as follows:
What are the experiences of late adolescents in a semi-rural Western Cape community of their early adolescent pregnancy and parenting?

2. AIM

The aim or goal of research should delineate the central idea behind the study (Fouché & Delport, 2011). The general aim of this research was to explore and describe the experiences of late adolescents in a semi-rural Western Cape community of their early adolescent pregnancy and parenting.

3. PHILOSOPHICAL GROUNDING

The study at hand could be viewed from a social constructionist philosophical paradigm, as influenced by notions of post-modernism, which celebrates differences, multiplicity and diversity, as opposed to a definitive, single truth. According to social constructionist views reality cannot be seen as an absolute, objective given, but is viewed as constructed in social interaction, relationships, and language (Du Preez & Eskell-Blokland, 2012). Social constructionism postulates that the self is influenced by context, and possibly also changes as context changes. The importance of relationship is emphasized, as identity is formed in interaction with the other. Additionally, language, and particular discourses are recognized as important factors in how reality is perceived and constructed (Du Preez & Eskell-Blokland, 2012).

The underpinnings of social constructionism are particularly relevant to some of the theories forming the scientific paradigm of this study, namely Bronfenbrenner’s bio-ecological systems theory, with an emphasis on the chronosystem and proximal processes (Rosa & Tudge, 2013), and community psychology (Lazarus et al., 2006; Pretorius-Heuchert & Ahmed, 2001; Visser & Moleko, 2012), as these theories emphasize participants' environmental and relational contexts.

3. METHODOLOGY

3.1 Research design

A qualitative approach and phenomenological design was utilized to conduct this study. The researcher notes the fact that phenomenology could be viewed both as a philosophical and a methodological paradigm (Groenewald, 2004); however, for the purposes of this study it was selected as methodology, as social constructionism forms the philosophical basis of the study.
Qualitative approaches are utilized to comprehend and describe the nature of participants’ subjective experiences (Bryman, 2008; Fouché & Delport, 2011). Similarly, phenomenological designs are best utilized when the researcher’s intent is to understand the phenomenon in question as it is experienced, and to describe the life world and social actions of participants (Fouché & Schurink, 2011; Welman, Kruger & Mitchell, 2005). Groenewald (2004) similarly contends that phenomenology aims to richly describe, as accurately as possible, the lived experiences of participants, and endeavours to understand social and psychological perspectives of participants. In this regard Rubin and Babbie (2013) make mention of the German term *verstehen*, which translates as ‘understanding’, and refers to the phenomenologist’s attempts at understanding participants’ feelings and views. This primary reliance on participants’ own views and perspectives is particularly advocated when doing research from a social constructivist viewpoint (Creswell, 2009). Phenomenology was therefore a natural preference of design for the study at hand, as the approach emphasizes that human behaviour can be understood only within the context in which it takes place (Welman, Kruger & Mitchell, 2005), and primarily through participants’ own perspectives (Groenewald, 2004; Rubin & Babbie, 2013). Participants’ own perspectives were deemed particularly important for this particular study, as Daniels and Nel (2009) point out that the lack of adolescents’ own views on adolescent pregnancy often contributes to unsuccessful interventions.

The phenomenological approach ties in with both the philosophical grounding of the study, as well as the theoretical views posed by community psychology and Bronfenbrenner’s bio-ecological theory in that these theories also emphasize the importance of the individual being understood within his particular context. One of the models of community psychology is the phenomenological model (Lazarus *et al.*, 2006), while, according to Bronfenbrenner (Rosa & Tudge, 2013) the bio-ecological approach also necessitates a phenomenological perspective, where the subjective properties of the individual’s setting are taken into account.

The study at hand is therefore explorative and descriptive in nature, as the focus is directed at late adolescents’ subjective experiences of early pregnancy and parenting within their particular community and context. The researcher was able to immerse herself in the life world of late adolescents, looking back on their
experiences of pregnancy and parenting, in order to identify patterns and themes across their experiences by means of qualitative interviewing.

3.2 Research Context
Sir Lowry’s Pass Village was chosen as research context. This semi-rural settlement situated in the Helderberg Basin in the Western Cape is populated by mainly coloured and black residents. Research has shown that low levels of education, employment and income, and high violence and crime rates in communities are contributing factors to early pregnancy and parenthood (Panday et al., 2009). Therefore this community was a natural point of departure for the researcher. The adolescent mothers and father partaking in this study all come from homes where poverty is prominent. Zastrow and Kirst-Ashman (2013) refer to the link between adolescent pregnancy and poverty. According to Ratele (2012) poverty is a concept that is difficult to define, as it involves many nuances; however, it can be identified with factors such as begging, unemployment, early pregnancy, and social welfare. Poverty is associated with many of the aspects characterising Sir Lowry’s Pass Village, such as violence and sexual abuse, alcohol- and drug abuse, and high unemployment rates. According to Ratele (2012) other factors also coming into play where poverty is concerned are low levels of education, deprivation, psychological neglect, social vulnerability and alienation, weakened resistance to illnesses, and feelings of shame, powerlessness and hopelessness. It influences individuals’ lifestyles, as well as their social, educational and political opportunities. Additionally poverty has a number of detrimental psychosocial effects and can affect an individual’s physical development, cognitive development, mental health, and personality and motivation dimensions (Ratele, 2012).

3.3 Participants
This study made use of snowball sampling, as late adolescent parents who were willing to share their early adolescent pregnancy and parenting experiences were difficult to access. With snowball sampling the researcher attempted to access an individual case involved with the phenomenon being investigated, and endeavoured to gain access to other such individuals through the original individual (Strydom & Delport, 2011).
Participants had to be between the ages of 18 and 22 and had to have lived in Sir Lowry’s Pass Village during their pregnancy and parenting experiences. Another inclusion criterion was that they had to become parents between the ages of 12 and 18 years of age. Due to the demographics of the community, participants were from the coloured population group, and they were all Afrikaans speaking. The researcher attempted to interview both adolescent mothers and fathers, but the fathers proved to be very difficult to access and unwilling to participate. Two unstructured interviews were held with the six adolescent mothers and one adolescent father.

Table 1: Overview of Participants

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3.4 Data collection
Two unstructured interviews were conducted with each participant as the main method of data collection. The first interview served to collect data on their pregnancy experiences, while the second interview served to gain insight into their parenting experiences. Unstructured interviews are best suited to a phenomenological approach, as participants’ reflexive accounts of their experiences can be captured in this way, and may yield rich data around their lives and views (Henning, Van Rensburg & Smit, 2004). During interviews certain topics were probed so that participants could elaborate on their experiences freely, and the researcher could pursue relevant avenues of exploration (Whittaker, 2012).

A form of visual data collection was utilized in that a timeline activity was conducted with each participant during the first interview so as to provide an overview of the course of their lives. This activity entailed that participants had to indicate significant
events in their lives on a timeline. They could use different colours to indicate positive and exciting, as opposed to difficult events. This activity assisted the researcher in collecting background information from participants in a non-threatening way, as the activity also gave them some control in that they could decide which information about their lives they wanted to include, and which information they wanted to leave out (Kotze, 2009). Visual data collection was also utilized in an upward- and downward resource loss and gain spiral activity, which was conducted with participants at the end of the second interview so as to gain a deeper understanding of the experiences during their pregnancy and parenting periods weighing them down, as opposed to those experiences empowering them. This loss and gain spiral activity was based on conservation of resources theory, which holds that individuals attempt to expand, retain, and safeguard resources, such as valued personal characteristics, items or circumstances, and experience stress when these resources are threatened (Llorens, Schaufeli, Bakker & Salanova, 2007). Loss spirals are associated with diminished resources, while gain spirals are associated with an increase in resources. Those who lack resources are more vulnerable to losing even more resources. In contrast, those who gain resources have higher levels of well-being (Llorens et al., 2007). Participants were asked to draw a loss spiral, including all those things weighing them down, including resources lost, during their pregnancy and parenting experiences. They were also asked to draw a gain spiral next to the loss spiral, of their pregnancy and parenting experiences empowering them, or allowing them to gain resources.

Drawings as research tool are combined with verbal data collection methods in visual data collection. This entails that participants draw and write, or draw and talk. The researcher can gain a deeper understanding of their experiences during this joint meaning-making process (Mitchell, Theron, Stuart, Smith & Campbell, 2011).

3.5 Data analysis

In qualitative research, data analysis entails making sense of research participants’ meanings by identifying patterns and themes (Whittaker, 2012). Data forth-coming during one-on-one unstructured interviews, as well as visual data, was analysed in accordance with thematic analysis as proposed by Clarke and Braun (2013) and Whittaker (2012). This entails six steps, namely: becoming familiar with the data by
reading actively and searching for initial patterns; creating initial codes by breaking down the data into its smallest parts; identifying themes and sub-themes by grouping codes into potential themes; reviewing themes; defining and naming themes by identifying key features which are of significance; and finally producing a report of identified themes (Clarke & Braun, 2013). In this way various key themes were identified from the transcribed interviews, and refined before being documented. Member checking, a method by which information is continuously tested with participants, served to further the credibility and transferability of the study (Krefting, 1990). According to Padgett (2008), member checking is a good way of validating one’s data, as one’s participants are the experts on their experiences. Member checking as strategy was utilised in that the researcher conducted a group discussion with willing participants after completion of the unstructured interviews, so that themes emerging from the individual interviews could be discussed and possibly modified, if necessary. In this way the researcher could form an initial idea of possible themes, which could be further explored through member checking, which occurred approximately a month after the last individual interviews were completed.

Phase 1 – familiarizing yourself with the data

During this phase the researcher familiarized herself with the data, which involved reading and re-reading through the data in an active way, looking for patterns and meanings, taking notes, and marking ideas for the coding phase. This phase also involved verbatim transcription of verbal data, such as interviews with participants (Clarke & Braun, 2013).

Phase 2 – generating initial codes

Codes refer to the most basic element of data that can be meaningfully considered regarding what is being researched (Clarke & Braun, 2013). During this phase the researcher organized data into meaningful groups (see Addendum B). The researcher worked through the data-set systematically, focussing on each data item equally, and identifying interesting aspects in data items that formed the basis for themes later on in the process (Clarke & Braun, 2013).
Phase 3 – searching for themes

During this phase, codes identified during phase two were analysed and considered in terms of how they could merge to form overarching themes. Visual representations, such as thematic maps (see Addendum C), were utilized during this phase to identify candidate themes and sub-themes (Clarke & Braun, 2013).

Phase 4 – reviewing themes

This stage involved a refinement of the potential themes identified in phase three. Some themes were combined into overarching themes, while others fell away for lack of relevant data, and still others were separated into different subthemes. The researcher ensured that data within themes were coherent, and that there were clear distinctions between the individual themes. The researcher ensured that the thematic map fit the entire set of data (Clarke & Braun, 2013).

Phase 5 – defining and naming themes

During this phase the essence of what each theme is about, as well as what aspect of the data the various themes capture, was determined. A narrative about the content of themes, emphasizing that which was of interest about them, was created during this phase. In addition themes were considered in relation to the research question, as well as the broader narrative of the research. Sub-themes were identified in an attempt to structure particularly complex themes. Furthermore the researcher tried to name themes in such a way that that which they are about was captured concisely (Clarke & Braun, 2013).

Phase 6 – producing the report

Phase six entailed telling the story of the data and constructing an argument for the findings of the analysis. Evidence of the themes identified in phase 3 and 4 was provided in the form of data-extracts supporting them (Clarke & Braun, 2013).
3.6 Procedures

Participants between the ages of 18 and 22 were recruited and invited to partake in unstructured interviews aimed at exploring the experience of adolescent pregnancy and parenting during early adolescence. All participants were recruited through contacts in Sir Lowry’s Pass Village, and made aware of the fact that they can cease participation in the study at any time. Interviews were audio taped and the researcher reflected on the non-verbal aspects of the interviews by taking field-notes. According to Bryman (2008) it is essential in qualitative research to also take note of non-verbal cues, as this could influence the meaning-making process during data-analysis. Individual unstructured interviews were transcribed and analysed according to the process of thematic analysis. Member checking was done with willing participants in a discussion group format, where themes compiled from individual interviews were presented and discussed, as a form of data crystallisation. Suggestions and recommendations were compiled from findings regarding adolescent pregnancy and parenting experiences. All interviews were conducted in a predetermined, controlled location so as to explore participants’ experiences of adolescent pregnancy and parenting in a non-threatening environment.

3.7 Ethical aspects

This research falls within the Centre for Child, Youth and Family Studies project: Developing sustainable support to enhance quality of life and well-being for children, youth and families in South Africa: a trans-disciplinary approach. The ethics number of this project is NWU-00060-12-A. According to Strydom (2011) research committees are vital in ensuring that the public and participants are protected from unethical projects.

Ethical aspects pertaining to participants

Participants were treated in a manner that is ethically correct during data collection procedures.

(i) Nonmaleficence & beneficence

The concept of nonmaleficence entails that no participants should be harmed, either physically or emotionally, by the research project. The researcher is ethically obligated to protect participants from such harm (Strydom, 2011; Whittaker, 2012). In
this study participants were interviewed in a safe environment conducive to confidentiality. They were informed of their right to withdraw from the study at any time, as well as that the researcher might ask them to withdraw from the study, should she notice that it is negatively affecting them. They were reassured that the researcher would be available to answer questions, or discuss issues arising during the interviews. Participants were also informed of the option to be referred to the relevant welfare organisations for practical or therapeutic assistance. In these ways both their physical and emotional safety was ensured.

Similarly, beneficence could be understood to mean maximisation of possible benefits, while minimising possible harm to participants (Strydom, 2011). Minimising harm was also achieved in the above-mentioned ways, while the results of the study at hand could also possibly benefit participants in that suggested interventions to adolescent parents coming to the fore in this study might at a later stage be applied within their community.

(ii) Voluntary participation

Strydom (2011) holds that participation in a research project should be voluntary, and participants should at no point be forced to participate. Participants took part in this project voluntarily, and it was explained that they could cease participation at any point, should they feel too uncomfortable to continue.

(iii) Written informed consent

Written informed consent involves participants’ right to make an informed decision about what happens, or does not happen to them. This includes a study’s aim; the amount of their time it will consume; possible advantages, disadvantages and dangers it may pose; the procedures implemented during the study; as well as the researcher’s credibility (Strydom, 2011; Whittaker, 2012). Written informed consent (see Addendum A) was obtained from participants, and all participants were informed of the above-mentioned aspects, as well as how results will be published. They were given plenty of opportunity to ask questions. This links with the concept of deception, which refers to misleading participants by withholding, or misrepresenting information in order to ensure participation (Strydom, 2011). No information was misrepresented or withheld from participants in this study.
(iv) Privacy and confidentiality

According to Strydom (2011), privacy entails the participant’s personal privacy, whereas confidentiality refers to information disclosed to the researcher being handled in a confidential manner. Privacy can be infringed upon when anonymity is breached, or when the researcher, for instance, hides apparatus to record information or participants’ behaviour. Confidentiality can be compromised when information is shared with others the participant was unaware of. With the written consent form participants in this study were informed of the plan to record their interviews and they were reassured of their anonymity throughout the study and during publication of results. The researcher explained that information obtained from the interviews would be stored in a locked safe at the Centre for Child, Youth and Family Studies, North-West University, for five years. There is a line manager in charge of the process of storing the data safely and destroying it after five years. Storage of data at the Centre for Child, Youth and Family Studies is guided by a Standard Operating Procedure regarding storage of data.

(v) Compensation

Strydom (2011) cautions that certain vulnerable populations might only participate in a study to obtain compensation; in this way participants might fabricate information so as to be part of a study, implicating the results of the study. The researcher ensured that participants in this study understood that there would be no compensation for partaking in the study. They all lived close to the research venue and could walk there. They had no travel expenses.

Ethical aspects pertaining to the research

(i) Actions and competence of researchers

Researchers should be aware of their ethical obligations throughout the study, and take into account not only responsibilities towards participants, but also towards their colleagues and research itself in that data is correctly and objectively reported, and plagiarism avoided. When working across cultural boundaries, objectivity and the bracketing of value judgments are especially important (Strydom, 2011). The researcher remained aware of these concerns throughout the study, received the necessary supervision from study leaders, and continuously consulted literature so as to ensure her competence. She has been working in an environment where she
interviews children, adolescents and their families on a daily basis for the three years and did not have difficulty in conducting the unstructured interviews with participants. Care was taken to report findings as correctly and clearly as possible, and to indicate the limitations of the study. Findings will be reported to all parties involved (Strydom, 2011).

Ethical aspects pertaining to the researcher

Dickson-Swift, James, Kippen and Liamputtong (2008) indicate that researchers conducting research on sensitive topics are exposed to possible physical, as well as emotional risk, and care should be taken to ensure the researcher’s safety and well-being. They suggest basic counselling skills, as well as supervision outside of the university context, as possible minimizing strategies for risk to the researcher. Precautions taken by the researcher included getting feedback and supervision from study leaders; receiving external supervision, serving as debriefing around sensitive topics; ensuring the safety of the context in which research interviews were conducted, as these interviews were held at the police station in Sir Lowry’s Pass; as well as knowledge and practice of counselling skills.

3.8 Trustworthiness

The four standards of trustworthiness were adhered to throughout this study. These are namely credibility, transferability, dependability and confirmability, as outlined by Lincoln and Guba (Krefting, 1990).

Credibility is obtained when participants’ experiences are discerned as they are lived (Krefting, 1990). It can also be defined as the fit between participants’ experiences and the researcher’s description or interpretation thereof (Padgett, 2008). In the present study, credibility was obtained through member checking, by which information was tested with participants in subsequent interviews and a group discussion, ensuring that their viewpoints were accurately reported upon (Krefting, 1990; Schurink, Fouché & De Vos, 2012). Credibility was further established in the crystallisation of data methods, whereby the researcher made use of unstructured interviews, as well as visual research methods (Krefting, 1990; Schurink, Fouché & De Vos, 2012). In this way data and interpretation could be cross-checked (Krefting, 1990).
Transferability can be defined as the generalisability of a study’s findings (Padgett, 2008). According to Schurink, Fouché and De Vos (2012) qualitative studies’ transferability could be problematic, or viewed as a weakness in the qualitative approach. However, in this study transferability was adhered to in the sense that specific theoretical frameworks were used so as to demonstrate how analysis and data collection was guided by concepts and models, in this way clearly stating the theoretical parameters of the study (Schurink, Fouché & De Vos, 2012). Additionally, more than one data-gathering method was used (Schurink, Fouché & De Vos, 2012) and a thick description of participants’ contexts was provided, so that others are allowed to assess how transferable data are and can apply findings to similar contexts (Krefting, 1990).

According to Padgett (2008), dependability refers to how well a study’s procedures are documented and distinguishable. Dependability was obtained in that a dense description of methods of data collection, analysis and interpretation was provided, as well as crystallisation of the data in that different methods of data collection were used (Krefting 1990).

Confirmability can be defined as objectivity regarding data provided by participants (Krefting, 1990; Schurink, Fouché & De Vos, 2012), and can be achieved by demonstrating that the findings are closely linked to the data (Padgett, 2008). Confirmability was achieved via crystallisation of data through consistent member checking, as well as the use of different data collection methods (Krefting, 1990).

4. LITERATURE REVIEW

The researcher aimed to explore later adolescents’ experiences of early adolescent pregnancy and parenting while living in Sir Lowry’s Pass Village with the eye on possibly informing interventions to pregnant and parenting adolescents.

It is likely that after a few years women are better able to reflect on support they received as adolescent mothers and make suggestions for improvement (De Jonge, 2001). Therefore, as described above, this study is concerned with late adolescents’ (18-22 years) experiences of their early adolescent (12-18 years) pregnancy and parenting experiences. Clarity on the concepts ‘early’ and ‘late’ adolescence is necessary to understand the study.
Early adolescence

Early adolescence can be defined as the initial period of the transition between childhood and adulthood, and starts with the onset of puberty (Meyer, 2005a). According to Newman and Newman (Wait, 2005) early adolescence is the period between 12 and 18 years of age. Early adolescence involves rapid physical maturation, emotional development, the development of formal operational thought and abstract thinking, the establishment of heterosexual relationships, and being part of a peer group (Meyer, 2005a). Adolescents between the ages of 12 and 18 often struggle with acceptance of their rapidly changing bodies; with empathy, as a result of egocentrism; with intense and fluctuating emotions; conforming to the norms of a group, or succumbing to peer pressure; and maintaining a balance between increasing independence from family, and retaining emotional bonds (Louw & Louw, 2014; Meyer, 2005a). Becoming a parent during early adolescence involves numerous challenges, such as hampered independence; having to contend with dual roles of parenthood and adolescence; isolation from peers and compromised sexual identity, to name a few (Pungbangkadee et al, 2008; Sadler & Catrone, 1983).

Late adolescence

Late adolescence can be defined as the period between the end of high school, and the period when increased responsibility and adult roles are assimilated. This typically takes place between the ages of 18 and 22 (Meyer, 2005b). Late adolescence involves the development of a unique identity (Louw & Louw, 2014); gaining autonomy from parents; gender role identification; the development of an integrated adult value system; and appropriate career choice (Meyer, 2005b). Late adolescents display greater cognitive reasoning abilities than early adolescents, and generally also greater autonomy and confidence in their own decision making abilities (Newman & Newman, 2012). This is considerably different from the experiences of pregnant and parenting adolescents in underprivileged communities, whose self-fulfilment and options for decision making are limited, and whose schooling and mental state are inevitably influenced by their situation and context (De Visser & Le Roux, 1996; Zastrow & Kirst-Ashman, 2013).
In the South African situation it appears that increased responsibility and adult roles are sometimes taken on by adolescents at a younger age. In some developing settings in the South African context, becoming a parent marks the end of education for a variety of reasons, for instance as result of having to care, or provide for the child, and the negative attitudes such learners experience upon going back to school (Bhana et al., 2008). According to Panday et al. (2009) only about a third of adolescent mothers return to school.

It is also necessary to place the research within a scientific paradigm; therefore elaboration on community psychology, Bronfenbrenner’s bio-ecological systems theory, with an emphasis on the chronosystem, as well as the mental health continuum will follow.

**Community Psychology**

Community psychology can be viewed as an approach attempting to understand individuals within their social contexts, and utilizing this understanding to promote their welfare on various levels with a range of intervention strategies (Lazarus et al., 2006; Pretorius-Heuchert & Ahmed, 2001; Visser, 2012). Community psychology endeavours to make knowledge of psychology accessible to the general population and communities, in this way empowering them to start improving their own lives (Lazarus et al., 2006). The focus is not only on individual well-being, but also on communal and interpersonal well-being (Visser, 2012).

Community psychology emphasizes respect for and acknowledgement of diversity. The approach advocates a holistic focus on people as influenced by their environment and interactions with those around them. In community psychology, promotion of well-being is achieved by promoting social change, alleviating psychological symptoms, and enhancing community members’ capacities for coping with their situations, in this way adopting a strengths focus. Community psychologists attempt to build relationships with members of a community, and involve them in research and interventions (Kofkin Rudkin, 2003; Visser, 2012). Well-being in communities is further enhanced by focussing on compassion and caring, and helping individuals within a community to find a sense of belonging.
Communities are empowered in that members are encouraged to participate in community activities and discover within themselves the ability to solve their own problems (Visser, 2012).

Community psychology is a particularly relevant approach in South Africa, as a result of the country’s cultural diversity, and inequality. Many communities are unable to access other means of psychological services (Visser, 2012). This is also the case in Sir Lowry’s Pass village, the research context of the present study, where poverty is at the order of the day. Moreover, very few of those who need psychological services seek treatment, while the psychological services in South Africa function mostly in waiting mode. In other words, those who can provide services, wait for those who need them to seek their assistance. Within a seeking mode of psychological services, such as community psychology, these services are taken to the people that need them, and problem areas can be identified in communities, so that preventative action may also be taken (Pretorius-Heuchert & Ahmed, 2001).

Furthermore the idea of understanding the individual within the context of the community of which he is a part, is relevant to the study at hand, as the researcher investigated adolescent parents’ early-adolescent pregnancy and parenting experiences. It was an important part of the study to view them within the community context of which they are a part, as the community also influences such experiences.

Community psychology ties in well with Bronfenbrenner’s bio-ecological systems theory, as the focus in both these theories revolves around the environment’s influence on the individual, and vice versa.

**Bio-ecological systems theory**

Bronfenbrenner’s bio-ecological theory of human development was initially termed an ecological model, which focussed largely on the impact of context and the environment on the individual’s development. However, later on Bronfenbrenner also came to emphasize the importance of individual characteristics in determining development, as well as the impact of time and proximal processes (Rosa & Tudge, 2013).

Bronfenbrenner’s theory can be conceived of as developing in three phases. During phase one (1973-1979) Bronfenbrenner emphasized the importance of viewing the individual within his/her context. His reasoning was that human development could
not adequately be observed in the vacuum of, for instance, a laboratory setting. Development should be explored in the actual environment the individual lives in. The changing properties of these environments, and the role this plays in development, should also be taken into account (Rosa & Tudge, 2013).

During this phase Bronfenbrenner envisaged the environment as four interconnected structures, nested within each other, which could be understood as the ecological system, including the developing person. The four structures of the environment are namely the microsystem, mesosystem, exosystem, and macrosystem (Louw & Louw, 2014; Rosa & Tudge, 2013; Visser, 2012). The microsystem could be viewed as the most proximal setting to the individual, in which he participates directly, for instance the home. The mesosystem could be viewed as the interaction of microsystems in which the person participates. The exosystem is an environment the person does not actively participate in, but can be influenced by, or occasionally influence it, for instance a parent’s workplace incidents and atmosphere having an effect on the developing child at home. The macrosystem involves institutional systems and ideology of a particular culture (Louw & Louw, 2014; Rosa & Tudge, 2013; Visser, 2012).

During phase two (1980-1993) the focus of Bronfenbrenner's theory shifted to include person characteristics, and the passage of time in human development (Rosa & Tudge, 2013). Bronfenbrenner advocated the use of a Person-process-context model, which views development as a product of interactions between the individual and his/her context, in this way highlighting the process of development. Person characteristics were considered during this phase as having an influence on development in that the individual could display certain instigative characteristics that could evoke certain continuous patterns of corresponding feedback from the environment (Rosa & Tudge, 2013).

Time was also included in this phase, accentuating that development should be viewed as a process of change and continuity (Louw & Louw, 2014; Rosa & Tudge, 2013), and that interacting systems develop together, over the course of time (Visser, 2012). The chronosystem concept was thus considered within Bronfenbrenner's theory, and time’s influence on development was treated with the same reverence as the environment. Changes that take place over an individual's
lifespan as a result of certain events or experiences as influential in development are thus taken into account. Experiences influencing development could be external events, such as a sibling’s birth, or within the individual himself, such as entering the next developmental phase. These experiences could be normative, such as those mentioned in the examples, or non-normative and unexpected, such as the death of a family member. According to Bronfenbrenner, such experiences could change the course that development might take in that the existing relation between the individual and his environment changes (Rosa & Tudge, 2013).

Phase three (1993-2006) introduced the concept of ‘proximal processes’ – what Bronfenbrenner termed ‘the engines of development’ (Bronfenbrenner & Evans, 2000, in Rosa & Tudge, 2013). Proximal processes could be defined as processes of reciprocal interaction between the developing individual and persons, objects, and symbols in his immediate environment. These interactions occur frequently, and become progressively more complex over time (Bronfenbrenner, 1994; Rosa & Tudge, 2013).

Phase three could be viewed as the final version of Bronfenbrenner’s theory, and has been termed both the bio-ecological theory, as well as the bio-ecological theory of human development. The Process-Person-Context model now gave way to the Process-Person-Context-Time model in conducting bio-ecological research. All four of these elements could be viewed as interacting to influence human development.

During this phase Bronfenbrenner also extended the theory’s view of time. Now historical time was also taken into account in the sense that the individual’s development is viewed as influenced by events in the historical time in which the individual lives (Rosa & Tudge, 2013).

It is mainly through the lens of the second and third phases of Bronfenbrenner’s theory that the study at hand was viewed, especially with the chronosystem in mind, as events in pregnant and parenting adolescents’ lives over time were considered as possible contributors to change in their development.

**Mental health continuum**

The researcher is of opinion that Corey Keyes’ mental health continuum ties in well with community psychology, as the focus, as in community psychology, is also on
promoting individuals’ well-being, with the ideal being that they are able to ‘flourish’ (Keyes, 2002).

Mental health is conceptualized by three models. The first is the pathogenic approach, which is also the most historically dominant version. This approach involves that health is seen as the absence of disability and disease. According to Strümpfer, the salutogenic approach, popularized by Antonovsky during the 1970s, views health as ‘the presence of positive states of human capacities and functioning in thinking, feeling and behaviour’ (Keyes, 2007). However, neither the salutogenic nor the pathogenic approaches alone can accurately describe mental health (Keyes, 2007). Keyes (2007; 2009) promotes the third approach, the complete state model, which postulates that mental health and mental illness cannot be viewed as opposite ends of a continuum; instead, mental health is a complete state (Keyes, 2005). Mental health therefore involves both the presence of the positive states of human capacities and functioning mentioned in the salutogenic approach, as well as the absence of disease. In other words, this approach involves both the salutogenic and pathogenic approaches. Mental health cannot merely be described as the presence of high levels of subjective well-being, or the absence of mental illness. It should be viewed as a complete state consisting of the presence and the absence of both mental health and mental illness symptoms (Keyes, 2002).

According to Keyes (2002) mental health is measured via subjective well-being, which can be defined as individuals’ perceptions and assessments of their own lives in terms of their emotional, social, and psychological functioning. Keyes (2002) elaborates on these three dimensions of well-being. Emotional well-being can be viewed as having positive feelings about one’s life. Psychological well-being centres on positive functioning, and individuals are believed to function well when they like most aspects of themselves, have authentic relationships, know where they want to go in life, view themselves as developing into better human beings, feel self-determined, and are able to manipulate their environments so as to meet their needs. Individuals’ social well-being depends on their view of society as significant, comprehensible, and a growing entity; a sense of belonging and acceptance by their community; their own acceptance of society; and a sense of being able to contribute to society.
Keyes (2002) describes the mental health continuum as consisting of complete and incomplete mental health. Adults who possess complete mental health are described as ‘flourishing’. A flourishing adult will be functioning well on psychological, emotional and social levels, and will experience high levels of well-being. In contrast, incomplete mental health delivers ‘languishing’ adults, who experience emptiness and stagnation, and consequently low levels of well-being. Functioning is adversely affected by languishing. However, when viewing mental health as a continuum, adults can also be conceived of as ‘moderately mentally healthy’. They could be described as neither flourishing nor languishing (Keyes, 2002; Keyes, 2009). The pathology side of the continuum involves individuals either struggling, or floundering. While struggling individuals are still functioning relatively well, and exhibit relatively high levels of emotional well-being, they display some mental illness symptoms. Floundering individuals display low levels of functioning and well-being, and high levels of mental illness are present (Venning, Wilson, Kettler & Elliot, 2013).

Keyes (2002) suggests that mental health services should not be concerned merely with the reduction and management of symptoms, but also with the promotion of mental health. Therefore, strengths and competencies in mentally ill individuals should be promoted. Keyes’ work will be utilized as part of this study’s theoretical paradigm, as exploration of adolescent parents’ experiences of early adolescent pregnancy and parenting, might bring about insight as to how to ultimately promote their well-being and help them to flourish. It is important that adolescent parents do not move into mental illness where they struggle and flounder as this will not only affect their own functioning negatively, but also that of their children.

Adolescent parenthood

Although not much of the literature on adolescent pregnancy and motherhood in the past have focussed on positive aspects (Macleod & Weaver, 2003; Seamark & Lings, 2004), there is an increasing body of literature focussing on positive experiences, and viewing adolescent pregnancy and parenting from a positive angle. In some instances in the South African context adolescent pregnancy is even a planned event and a conscious decision, as found by Preston-Whyte in a study during the 1980s (Mkwhanazi, 2010). Black adolescent girls in some South African communities view pregnancy as a chance for upward social mobility, as they are viewed as fertile, which is an important cultural marker of ‘successful womanhood’.
Prilleltensky and Nelson (2000) propose that adolescent parents’ well-being depend not only on them as individuals, and on individual interventions, but also on their wider context. Adolescent pregnancy and parenting could be less negative experiences, when there is a wider focus on service rendering. This wider focus should include socio-economic circumstances, as well as cultural and contextual factors, instead of merely focussing on adolescent parents and their children on an individual level, with counselling, person-centred prevention, and therapy, as is currently the norm. According to these authors, family wellness depends on a variety of interacting factors, such as interpersonal relationships in the family, as well as the opportunities provided by the communities in which they reside (Prilleltensky & Nelson, 2000).

**Conclusion**

The study at hand aims to shed light on the challenges and also on what worked well for adolescent parents from the Sir Lowry’s Pass community when they expected and had their babies. This information can be used to assist adolescent parents with the challenges parenting presents, and to strengthen them in their parenting roles. Hopefully future generations of expecting adolescents can also be assisted during this potentially challenging time.

In the following section (section B) follows an article exploring the phenomenon of adolescent pregnancy and parenting in the Sir Lowry’s Pass community, in which recommendations for further research and interventions are made. The requirements for font and outline as suggested in the author guidelines for the journal *SocialWork/Maatskaplike Werk* (see Addendum F) have been followed. For the article in Section B, the Harvard style of referencing has been used as stipulated in the author guidelines.

Section C will provide critical reflection on the research and the contributions of this study to the field. Addendums are attached as follows:

Addendum A: Consent to participate in research
Addendum B: Data organized into meaningful groups
Addendum C: Thematic map
Addendum D: Example of unstructured interview transcript
Addendum E: Table of themes
Addendum F: Author guidelines for journal Social Work/Maatskaplike Werk
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SECTION B

ARTICLE

LATE ADOLESCENTS’ EXPERIENCES OF THEIR EARLY ADOLESCENT PREGNANCY AND PARENTING IN A SEMI-RURAL COMMUNITY IN THE WESTERN CAPE
Late adolescents’ experiences of their early adolescent pregnancy and parenting in a semi-rural community in the Western Cape

Lenka van Zyl

Dr. Mariette van der Merwe

Dr. Shingairai Chigeza

North-West University, Potchefstroom

Abstract

This qualitative study aimed to illuminate the pregnancy and parenting experiences of late adolescents from Sir Lowry’s Pass Village in the Helderberg Basin. Awareness of their needs could support interventions. Participants were recruited through snowball sampling. They participated in unstructured interviews, which were thematically analysed. Findings highlighted challenges they experienced, including socio-economic difficulties, stigma, lack of support, powerlessness, loss, lack of parenting skills, and parental rights not being respected. Positive experiences centred on support, the comfort their children provided, and their positive attitudes. Recommendations for interventions include increased support and psycho-education for these adolescents, their families, and supporting institutions.

Keywords: late adolescents; adolescent pregnancy and parenting; experiences; support
INTRODUCTION

Adolescent pregnancy and parenting is a global phenomenon and has become a major cause of concern (Bezuidenhout, 2013:80). World Health Organization statistics indicate that worldwide 16 million adolescents between the ages of 15 and 19, and two million girls under the age of 15 give birth annually (WHO Fact Sheet, 2012). Recent South African statistics indicate that 12.4% of babies in South Africa are born to adolescents (Department of Social Development, 2012). The high rate of adolescent pregnancy has compounded in infant abandonment which seems to occur mainly among young, single mothers often under the age of twenty, facing adverse economic, social and emotional circumstances (Davies, 2008:67; Herman-Giddens, Smith, Mittal, Carlson & Butts, 2003:1428). Several studies indicate that adolescents from underprivileged and often rural, coloured and black communities are at greater risk for adolescent pregnancy (Bezuidenhout, 2013:69; Jewkes, Morrell & Chistofides, 2009:678; Mkhwanazi, 2010:347).

Adolescents often become parents without the necessary knowledge, skills, and resources to deal with early parenthood, which adds stress to their already strenuous developmental level (Panday, Makiwane, Ranchod & Letsoalo, 2009:26). Adolescents frequently have to cope with the demands of parenthood, while integral developmental tasks have not yet been accomplished (Laghi, Baumgartner, Riccio, Bohr & Dhayanandhan, 2013:1074; Pungbangkadee, Parisunyakul, Kantaruksa, Sripchyakarn, & Kools, 2008:71). Many of these adolescent parents perceive themselves as isolated, ostracized, and unsupported during this difficult time (Bradley, 2003:109; Mwaba, 2000:31) and typically experience greater instability in relationships than their peers (Laghi et al., 2013:1075). Pregnancy and parenting further complicate adolescents’ lives as it can lead to poverty, loss of freedom, disrupted education, and compromised marriage prospects (Panday et al., 2009:27).
THEORETICAL FRAMEWORK

This study was approached from the theoretical vantage points of community psychology (Visser & Moleko, 2012; Lazarus et al., 2006), bio-ecological systems theory (Bronfenbrenner, 1994; Rosa & Tudge, 2013) and the mental health continuum (Keyes, 2002, 2005, 2007).

At the heart of community psychology is an aspiration to understand individuals within their social contexts and to provide interventions on various levels within their community so as to promote their well-being (Lazarus et al., 2006:147; Visser, 2012a:4). Community psychology attempts to share the knowledge of psychology with communities so that they might be empowered to steer their lives in a positive direction (Lazarus et al., 2006:147). Well-being of individuals is also promoted in other ways, such as the promotion of health, and prevention of physical and mental illness; social change; focussing on compassion, caring and helping individuals find a sense of belonging in their communities; and finding and building on individuals’ strengths in order to foster empowerment of communities (Visser, 2012a:11, 12). One of the tenets of community psychology is to uplift and empower in particular marginalized individuals and communities (Visser, 2012a:14). The community psychology lens was therefore significant for this particular study, in that participants were from a deprived community, and in that adolescent participants were viewed within their particular context.

Visser (2007:105) links Bronfenbrenner’s theory of ecological systems with the social ecological model which she outlines as a theoretical framework for community psychology. According to Bronfenbrenner’s bio-ecological systems theory, human development is continuously influenced by various interconnected, interacting environmental systems (Louw & Louw, 2014:29; Rosa & Tudge, 2013:246; Visser, 2012a:13). One of these systems is a
temporal dimension, the chronosystem, according to which changes in the developing person, or the ecological contexts influencing development, can influence the direction development might take (Bronfenbrenner, 1994:40; Shaffer & Kipp, 2010:65). Keeping chronosystem theory in mind, the researcher could consider how certain changes and different circumstances in adolescents’ lives might have lead up to their becoming pregnant, and how pregnancy and parenting influenced their lives from there onwards.

The focus of the mental health continuum is also on the well-being of individuals, and ties in well with the focus of community psychology. Keyes (2002:210) promotes the idea of a complete state, where symptoms of both mental health and mental illness are taken into account. A distinction is made between flourishing and languishing. Flourishing is a state of complete mental health, where an individual would be functioning well on psychological, emotional and social levels. In contrast, a languishing individual would display low levels of well-being, while a moderately mentally healthy individual could be described as neither languishing nor flourishing. On the pathology side of the continuum individuals could be viewed as either struggling or floundering. Struggling individuals may display some mental illness symptoms, but still exhibit relatively high levels of emotional well-being and positive functioning, while floundering individuals exhibit high levels of mental illness, and low levels of emotional well-being and positive functioning (Venning, Wilson, Kettler & Eliott, 2013:300).

Keyes (2007:107) advocates such a complete state model with the eye on promoting individuals’ well-being so that they might veer towards the flourishing end of the continuum. This theory was taken into account in the present study, as adolescent parents describing their experiences of early adolescent pregnancy and parenting could shed light on which experiences assisted them in veering towards the flourishing end of the mental health
continuum, and which experiences they might need assistance with so as to steer them away from languishing, struggling and floundering.

**PROBLEM STATEMENT**

Recent studies (Carvalho, Merighi & Jesus, 2010:473; Laghi et al., 2013:1079; Swartz & Bhana, 2009:105) have underscored the necessity for further research in the field of pregnant and parenting adolescents’ experiences. When considering that 30% of South African adolescents under the age of 19 have been pregnant at least once (Louw & Louw, 2014: 318; Willan, 2013:4), it becomes imperative to explore their experiences so as to be better able to focus on their needs. The experiences of adolescent parents in South Africa are not fully understood, and literature in this domain is scant (Department of Social Development, 2013; Panday et al., 2009:32, 41; Swartz & Bhana, 2009:4). In addition, pregnancy and parenting during adolescence is not merely a female event. Carvalho et al. (2010:473) point out that the situation cannot be resolved unless increased attention is given to male experiences of the phenomenon. Various studies have indicated that adolescent fathers can be an important source of support to adolescent mothers and their children (Fagan, Bernd & Whiteman, 2007:2; Macleod & Weaver, 2003:56); yet little information is available on adolescent fatherhood in the context of chronic poverty (Swartz & Bhana, 2010:4), as is so often the case in South Africa. According to Ratele (2012:277) poverty influences all aspects of life, for individuals and communities. Poverty affects development, emotional and mental health, motivations, personality development, and cognitions, in this way often trapping individuals in vulnerable circumstances.

Pregnant and parenting adolescents’ circumstances and experiences need to be understood so as to provide them with appropriate assistance through programs, health care and education,
so that they might become better, more effective parents, and adequately cope with their situation.

AIM

The aim of this study was to explore the experiences of late adolescents (18 - 22) in a semi-rural Western Cape community of their early adolescent (12-18) pregnancy and parenting.

RESEARCH QUESTION

The research question arising from the aforementioned problem statement is as follows:
What are the experiences of late adolescents in a semi-rural Western Cape community of their early adolescent pregnancy and parenting?

METHOD

Research design

A qualitative approach and phenomenological design were utilized for the study at hand. Qualitative approaches are useful in gaining insight into and describing the nature of participants’ experiences (Fouché & Delport, 2011:65). Phenomenology entails that the researcher attempts to capture participants’ life worlds in a manner that is not constraining or prescriptive (Henning, Van Rensburg & Smit 2004:38) and to understand their psychological and social perspectives (Groenewald, 2004:5). Participants’ own views are important in that it can contribute to appropriate interventions to a particular population (Daniels & Nel, 2009:62).

Phenomenology was the natural choice of design for this study, as a result of social constructionist philosophical underpinnings, and theoretical paradigms such as community psychology, and bio-ecological systems theory guiding the study. These theories, like
phenomenology, all hold that the individual cannot be viewed in isolation, but should be considered within his or her particular context.

This research is explorative in nature, as the aim was to better comprehend late adolescents’ experiences of pregnancy and parenting during early adolescence. The researcher was able to understand the experiences of adolescent parents through unstructured interviews.

**Research context**

Research has indicated that high crime and violence rates in conjunction with low levels of education, employment and income are strongly associated with early pregnancy and parenthood (Bezuidenhout, 2013:70, 73; Panday *et al.*, 2009:39). Therefore Sir Lowry’s Pass Village, a small, semi-rural community outside Somerset West in the Western Cape of South Africa, was chosen as research context for this study. According to YourDictionary (2014) a semi-rural settlement is characterized by some country-like characteristics, and is usually near farms. Residents of Sir Lowry’s Pass Village are exposed to adverse circumstances, such as domestic violence, poverty, violent and sexual crimes, and drug and alcohol-abuse (Helderberg Street People’s Centre, 2010). During 2012 community members were involved in violent protests due to inadequate service delivery in the area. (Maditla, Cape Argus, 09/05/2012). According to Ratele (2012:271) poverty not only entails lack of shelter, and inadequate nutrition and health care, but often goes hand-in-hand with powerlessness, a sense of failure, degradation and loss of hope. In this way, poverty has a negative influence on psychological well-being, which, in turn, could send an individual towards the languishing, struggling and floundering end of the mental health continuum. Importantly also, Terre Blanche (2008:314) points out that apart from the effects on mental health the challenges presented by poverty and lack of opportunities should also be taken into account. These
challenges include crowded environments, exposure to violence, and poorly resourced services.

Participants
Snowball sampling was used in the study as late adolescent parents willing to share their pregnancy and parenting experiences was a hard-to-access group. Snowball sampling is specifically employed with hard-to-reach populations, and the researcher recruited participants through referral by initial participants approached to investigate the phenomenon of interest (Strydom & Delport, 2011:393). As a result, six mothers and only one father, from Sir Lowry’s Pass Village between the ages of 18 and 22 (late adolescence) participated in the study. They reflected on their experiences of pregnancy and parenting during early adolescence (12-18). Due to the community’s demographics, participants were from the coloured population group, and Afrikaans speaking.

Data collection
Each participant was invited to partake in two in-depth, unstructured interviews. The experience of pregnancy during early adolescence was explored during the first interview, while parenting experiences in adolescence were explored during the second interview. In-depth interviews are best utilized when a phenomenological approach is followed to capture participants’ reflexive accounts of their experiences in their own words (Henning, Van Rensburg & Smit 2004:37). Additionally, a timeline activity was conducted with each participant in order to gain an in-depth understanding of the course of their lives. An upward-and downward resource loss and gain spiral activity was also utilized to acquire a richer understanding of aspects of pregnancy and parenting that hampered and empowered participants. These activities can be viewed as a form of visual data collection, where drawings are used as a research tool in conjunction with verbal data collection methods, and participants draw and write, or draw and talk (Mitchell, Theron, Stuart, Smith & Campbell,
A final group discussion was held with four willing adolescent mothers as a form of member checking, a technique whereby data, conclusions and interpretations are consistently tested with participants (Krefting, 1990:219). Interviews took place in a safe location, familiar to participants, so as to provide participants with a predictable, non-threatening environment.

**Data analysis**

Interviews were audio-taped, transcribed and analysed in accordance with the process of thematic analysis (Clarke & Braun, 2013). This model involves six phases, namely: familiarizing oneself with the data by actively reading and looking for initial patterns; breaking down the data into its smallest parts, thus creating initial codes; identifying themes and subthemes by grouping codes into potential themes; reviewing themes; identifying key features of significance, thereby defining and naming themes; and finally producing a report of finalized themes (Clarke & Braun, 2013:121). Themes and quotes were identified from transcribed data, and further explored through member checking.

**Ethical considerations**

The North-West University Human Research committee approved this study. Participants were treated in a manner that is consistent with ethical conduct in that participant anonymity, privacy and confidentiality were maintained. Participants were adequately informed of the purpose of the study, and of possible risks, dangers, and benefits of the study. They were also informed that participation was voluntary and how the results will be published, and that they could withdraw participation at any time, should they experience discomfort. They all gave written informed consent. Participants had the option to be referred to welfare organisations for further practical help or counselling. The researcher ensured her competence by continuously consulting literature and making use of supervision opportunities. Plagiarism was avoided, and findings were reported as accurately as possible.
FINDINGS

Participants reported that they found pregnancy and parenting to be challenging. In theme 1 various difficulties relating to pregnancy and parenting were identified, such as socio-economic circumstances, feelings of powerlessness and loss, stigma, as well as a lack of support. Parenting experiences seemed to be predominantly overwhelming, as documented in theme 2, as a result of adolescent parents’ lack of parenting skills, and their parental rights not being respected. In theme 3 the positive aspects regarding parenting that came to the fore during interviews are reported on.

TABLE 1

THEMES AND SUBTHEMES

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<th>Themes</th>
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<tr>
<td>Difficulties in adolescent pregnancy and parenting</td>
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Socio-economic circumstances

All participants made mention of multiple socio-economic difficulties experienced during childhood and adolescence. Participants mentioned circumstances involving poverty; early deaths, or illness of significant family members; domestic violence; drug and alcohol abuse; and sexual exploitation. According to Ratele (2012:277) circumstances such as those mentioned by participants, are typical in communities characterised by poverty. The abovementioned factors contributed to participants being vulnerable, ultimately leading to
their becoming pregnant. According to Du Toit (in Daniels & Nel, 2009:63) adolescent pregnancy in the Western-Cape could be viewed as, first and foremost, a socio-economic phenomenon, as well as a result of poverty. Similarly, other studies indicate that adolescent pregnancy rates are higher in disadvantaged communities, especially among black and coloured women (Jewkes et al., 2009:678; Ngabaza, 2012:44), where factors such as low levels of income, education, employment, and high levels of crime contributes to the likelihood of adolescent pregnancy (Panday et al., 2009:37).

Participant 7 explained how he had gotten involved in drug abuse as a result of peer pressure and delinquent friends: “They influenced me a lot...wrong things, like experimenting with drugs, smoking, and things like that.” This is supported by Panday et al. (2009:37), who state that deviant behaviours among peers have a direct relationship to risky sexual practice, which could contribute to adolescent pregnancy. Participant 2 shared that: “When I got older my mother got sick and the family began to tear apart, because my one brother and my one sister started doing drugs. I didn’t really want a child. Just because those circumstances pushed me, I had to...I just had to get pregnant.” Participant 2 stated that she knew she would be kicked out of her home, and would be able to live with her boyfriend instead. According to Ratele (2012:276) such unfavourable interpersonal relationships as those mentioned by participant 2 and 7, is one of the psychosocial effects of poverty.

In a similar fashion participants found that being a parent was challenging as a result of their socio-economic circumstances. Participant 6 explained: “If maybe I don’t have the finances then I must ask maybe my cousins or my aunts, and ask around for money, so it’s kind of embarrassing...then it seems I’m not mother-enough or something ....”. Participant 5 similarly recounted: “When my child was 5 months old I took her off breast milk, because I got TB, then I had trouble...my child milk. She must have porridge, and so, and I had a very hard time, because her father wasn’t working full day then.”
From the abovementioned findings it is clear that poverty played a significant role in participants’ lives in both physical and emotional domains. For some it gave rise to feelings of shame and embarrassment, in keeping with the low self-esteem often resulting from poverty, and for others poverty resulted in little resistance to illness (Ratele, 2012:269, 278).

A study by Swartz and Bhana (2009:57) revealed that adolescent fathers’ biggest obstacle in parenting was unemployment and financial difficulty. Poverty and a lack of resources have been identified as some of the main reasons for the lack of father-involvement in children’s lives in South Africa (Morrell, 2006:20).

**Powerlessness**

Participants explained during interviews how they experienced a great sense of powerlessness, centring on issues such as lack of control in their lives, and being denied the right to make choices for themselves and their children.

Powerlessness resulted when parents of adolescents did not allow their children to make their own choices. Participant 6 described how her family kept her child from seeing her father, even though she realized how important this was for her daughter: ‘If my boyfriend had a year of contact with my child, then it was a lot, because the moment he did something bad he couldn’t see her. And if they should hear in that time he wasn’t allowed to see her that we’d had contact, they’d throw my phone against the wall”. Similarly previous studies have indicated that some adolescent fathers want to be part of their children’s lives, but are shunned by the adolescent mother’s family (Panday *et al.*, 2009:7; Swartz & Bhana, 2009:62). Conversely in other studies, adolescent mothers were of the opinion that adolescent fathers’ lack of involvement is the result of disinterest (Bunting & McAuley, 2004:295; Weinman, Smith & Buzi, 2002:439). Dallas (2004:351) mentions that families often lack guidelines on how to negotiate joint support when the father of the child and his family also want to be a part of the child’s life, in this way frequently depriving adolescent parents from
an additional source of support. Furthermore, the action of throwing a phone against a wall is indicative of a lack of communication and problem-solving skills. Such skills could be facilitated in family sessions with adolescent parents and their families. Therapeutic family mediation as outlined by Irving and Benjamin (2002) could be of value to these families. Further research on this mode of intervention should be conducted.

Participant 2 also recounted how her family denied her choice and control. They wanted to send her away and give her baby up for adoption upon finding out about her pregnancy, not allowing her any choice in the matter: “They just told me they would, when I’m done, they would first send me away, as soon as I’m done, and then they’d take her and give her to other people.”

Loss

Adolescent parents also reported a sense of loss. Participant 6 elaborated on the loss of educational opportunities: “I was in standard nine, halfway through standard nine. And all my mother said was ‘you wanted to be an adult, we don’t keep adults in school, you have to leave school’. Then I left school.” This is in line with findings that adolescent mothers are less likely to complete their education than their older counterparts due to adolescent pregnancy (Macleod & Weaver, 2003:50). While some adolescent mothers in this study left school as a result of their pregnancies, this was not the case for participant 7. He shared: “I left school in grade 10, you know? I thought I want to leave school and bring in bread for my mother as well.” In this particular study, participant 7, being the only adolescent father in the study, left school early as result of having to replace his father, who left them, as the breadwinner. However, literature indicates that some adolescent males leave school as a result of adolescent pregnancy. They are in the difficult position of having to accept underpaid jobs at the cost of their education so as to provide for their children. Furthermore,
these young men seldom make it back into the education system (Swartz & Bhana, 2009:25), which could, in turn, trap them in the cycle of poverty. In this way they are prevented from reaching their full potential and the possibility of rising above their adverse circumstances (Daniels & Nel, 2009:62).

Some participants referred to the loss of their freedom. When they fell pregnant, they often had to give up a previous lifestyle to look after their children. Participant 6 explained how she felt she had to sacrifice her youth and free time: “Everything about being young. My free time. I couldn’t hang with my friends like I could before. I had more responsibilities. Uhm...my me-time isn’t me-time at all.” Participant 7 related how he had felt propelled into adult life, leaving his youth behind: “Your childhood is now over, you’re an adult now.” This is in keeping with findings by Carvalho et al. (2010:471), where adolescent fathers mentioned the loss of leisure time as a result of becoming a father, as well as feeling forced into adulthood.

**Stigma**

During the interviews the adolescent parents recounted how their pregnancies were met with negative reactions and judgment, which frequently led to withdrawal from the outside world and ultimately exacerbated their sense of limited support and isolation. According to Bezuidenhout (2013:79) the families of adolescent parents, especially in small, rural communities, are often faced with stigmatisation and judgment. This seems to be similar in the semi-rural community of Sir Lowry’s Pass Village. Some participants recounted how gossiping about their pregnancies in the community, as well as judgment about their youth and the fact that they were sexually active damaged their self-esteem and made them feel self-conscious. Participant 5 shared the stigma she was met with at the clinic: “At the clinic they always asked me, ‘girl, how old are you that you are having a child?’” Previous studies (De Jonge, 2001:53; Michels, 2000:558, 563) have shown
that pregnant and parenting adolescents neglect making proper use of health and social services, as they are keenly aware of the stigma some health and social services professionals attach to adolescent pregnancy, and therefore they feel disrespected and invaded when making use of these services.

Various participants complained about the judgment they experienced at school as well, from both teachers and peers. Participant 2 stated that: “...my one teacher was very unhappy about it...she just said she was very disappointed in me.” In this regard participant 3 indicated that: “The teachers, when you enter the school, they look at you and they gossip, and when you get to class then they also gossip, the children. And if you go outside then there are people outside then they talk about you and you are pushed around in the courtyard.” Adolescent mothers in a South African study (Bhana, Clowes, Morrell & Shefer, 2008:81, 82) have reported most teachers being moralistic and judgmental, and that they are permitted to attend school as a matter of course and law only. Teachers do not usually make any special efforts to support them, and mostly view them as poor role models for their peers. However, in the study by Bhana, Clowes, Morrell and Shefer (2008:88) some female teachers were found to be supportive, unlike the experience reported by some of the participants in this study.

Some participants also recounted how community members judged their parenting practices, called them bad mothers, or talked about them behind their backs. Participant 4 shared: “People outside my family can only do bad things, or say bad things. Everyone says I’m not a good mother, or something, but I make time.” Other studies similarly indicated that pregnant and parenting adolescents are frequently stigmatised by respectively the school, their parents, community members, and nursing staff (Breheny & Stephens, 2007:122; Jewkes et al., 2009: 680, 682; Ngabaza, 2010:47).
Lack of support

The majority of participants reported a general lack of support and feelings of isolation. Most prominent was the lack of familial support they experienced. Participant 5 explained the sense of isolation she had felt when her whole family turned against her: “Most of them hated me and they didn’t talk to me, or when they came there I went into the bedroom, then I’d go sit in the bedroom and lock the door. Then I’d sit there, and they’d all be inside there, they didn’t worry about me.”

Participant 1 mentioned how she felt about the lack of support regarding sex education: “My sister, she didn’t tell me I’d get pregnant and that I’d have children and all those things.”

Previous research indicates that there are still some gaps in imparting life skills and sex-education to learners at schools and that implementation of effective programs are irregularly distributed, not reaching all populations (MacLeod & Tracey, 2010:24).

Two participants were kicked out of their homes, and had to turn to, respectively, grandparents and the father of the child’s family for survival. Participant 2 explained: “When he [older brother] got home that night he just told me to pack my things and leave. He doesn’t want me there.” Participant 4 similarly shared: “When they [parents] found out they didn’t really do anything, except they told me I must leave the house, so I went to stay with my grandmother.” Some of the young mothers also indicated a lack of support from the father of the child. Participant 6 said: “It’s stressful...especially when you are alone, when you are a single parent... you have to fill the mother and the father’s shoes. You have to be gentle, but you also have to be hard. You have to be able to discipline, but you also have to be the mother figure, so it’s very stressful, really, and every month you must know it’s only you that has to take care of the child, it’s only you who have to...the toiletries and the clothes and all those things...” Literature on adolescent parenting similarly reveals that mothers feel easily
overwhelmed when having to juggle various roles without adequate support (Hanna, 2001:459).

Participant 6 shared how she also felt a lack of support in the hospital while in labour: “Yes, in my case...they [hospital personnel] simply started ignoring me at one point. When I said I had pain, they didn’t come. Maybe because we were still so young, maybe they were trying to teach us something, I don’t know. But I lay there in pain. Even the doctor, I was yelling for the doctor, but they just walked past me. Some of them were drinking tea.”

Even though some studies indicate that pregnant adolescents are well supported by their families (Logsdon, Birkimer, Ratterman, Cahill & Cahill, 2002:76; Macleod & Weaver, 2003:56), the results of this study seem to indicate that most participants felt unsupported in various ways during their pregnancies. This includes a lack of support by their families, which is problematic, as pregnant adolescents mostly rely on their nuclear families for support (Toomey, Umana-Taylor, Jahromi & Updegraff, 2013:205). Birkeland, Thompson and Phares (2005:297) and Holub, Kershaw, Ethier, Lewis, Milan and Ickovics (2007:153) believe that those who do not have adequate support, and experience high prenatal and parenting stress are at an increased risk for emotional distress.

Theme 2: Parenting experiences

Participants revealed some difficult aspects of parenting, such as a lack of parenting skills and their parental rights not being respected.

Lack of parenting skills

Participants indicated the pressure and anxiety felt about their inability to raise their children correctly, as information regarding their children’s health care and discipline was not readily available to them. Participant 2 elaborated: “They don’t really talk about such things, or give advice at hospitals and clinics; they would just tell you what to do when you are there.
Or you have to ask them ‘what must I do here, or what must I do there?’ when it happens, then they will tell you, but they won’t just tell you out of their own.”

Participant 6 explained how she often felt out of her depth when trying to discipline her child: “I just feel that when you are younger and you’re a parent you don’t have as much insight about...you can’t really create the boundaries, because it’s almost like, you as parent also still have so much to learn.” Participant 7 agreed: “Yes, it’s also a bit difficult, because it’s also my first child and I’m also still a young parent, so there’s still a lot I have to learn.”

Bunting and McAuley (2004:301) indicated that a number of adolescent fathers do not receive adequate support from their families in learning about parenting. Similarly, adolescent mothers in a study by Daniels and Nel (2009:67) expressed that they did not have support from their mothers in this regard.

**Parental rights are not respected**

Participants indicated that their parental rights were not respected, especially by family members. Participant 3 explained how her sister simply assumed that she could not take care of her child and took him away from her: “I feel if he was with me she could still help him. I don’t mind her helping, but the child must stay with me as well.”

Participant 6 shared how she felt when her parents continuously undermined her disciplining strategies: “One almost feels you’re not worthy of being the child’s mother and just like...you just feel they must stand back a bit.” In a study by Swartz and Bhana (2009:61) on adolescent fathers it became apparent that when mothers of adolescent parents take too much responsibility for their children’s babies, they deny them the opportunity to reach independence and responsibility.

**Theme 3: Positive aspects related to parenting and pregnancy**

Adolescent parents also mentioned positive aspects related to parenting, such as finding their
children a source of comfort. In some cases they also received support and developed a positive attitude about their lifestyles and world views.

**Support**

Pregnancy and parenting seemed significantly easier in cases where participants experienced some form of support. Participant 6 explained: “...it’s difficult...so if you get support from outside it helps the situation. But I...all I can say is, I received a tremendous amount of support, from my aunt, my friends at church, and even from my boyfriend’s parents. That helped, even though I received no support in my own home.” Various participants did not receive adequate support from their nuclear families, but found support through different avenues, such as from other family members, the father of their child, his family, or the church. Participant 5 shared the following about her child’s father: “He works when he can, he buys when he can, does everything, when I ask him something he would give me everything, even when he has to give me his last, he’d give it to me.” Participant 7 felt supported by the mother of his child, as well as his family: “My mother, father, uncle, aunt...anything we needed, we could just depend on them.”

In a study by Swartz and Bhana (2009:58) adolescent fathers indicated that they felt mostly supported by their mothers. General support from family members regarding caring for the child and taking over some child-care responsibilities so that the adolescent father can do what is necessary (for instance, work, to provide financially), is also experienced by them in a positive way (Carvalho *et al.*, 2010:472). Most participants in this study emphasised the importance of practical and financial support. Participant 2 related how her sister-in-law’s parenting advice had been invaluable: “My sister-in-law talked to me about it a lot, how it’s going to be when I’m a mother, how it’s going to be when you finish, and what you need to do, and those things.” Participant 4 underscored the importance of the clinic’s material contributions: “Look, later I didn’t even have to buy milk, I got it at the clinic. I get it for
Similarly, Daniels and Nel (2009:67, 71) indicate that poverty added to adolescent mothers’ emphasis on specifically material support. According to Visser (2012b:129) material support involves both financial and practical support.

**Children as comfort**

Participants also mentioned some positive aspects related to parenting, such as finding their children a source of comfort. In addition participants who received support developed a positive attitude about their lifestyles and world views. Keyes (2005:540) indicated that individuals’ subjective well-being, their perceptions of their lives and the quality of their functioning, contributes to mental health.

Participants emphasized the importance of their relationship with their children and how they bring joy and comfort in their lives. Participant 6 shared: “It’s just so wonderful to know, at the end of the day, especially when you’ve had a stressful day, and you come home, you can know that that’s the one person who will give you sincere love and come to you with a kiss or a hug and kind of make you feel better when the world doesn’t make sense anymore.” Participant 5 explained how her child reduced her sense of loneliness: “It’s like...still nice to be at home, just to give your child love. I don’t worry about the people on the streets, or friends, I have my own friend now.” Participant 7 shared how seeing his child asleep when going to work fills him with a sense of wonder: “…for me it’s…it’s such a feeling that comes over you, to be able to say, joh, this is my child.” Others studies on adolescent parenting similarly reveal parents’ hopes for having a good relationship with their children (Dornig et al., 2009:55; Swartz & Bhana, 2009:46).

**Positive attitudes**

Participants found the experience of parenting significant in that they felt it changed their views and attitudes regarding life, rendering them more mature, more responsible individuals. This is consistent with previous research where adolescent parents mentioned the
transformational effect of parenting (Carvalho et al., 2010:471; Dornig et al., 2009:55; Swartz & Bhana, 2009:39). Participant 6 explained how having a child gives her life meaning: “Goodness, but many things changed...and how I see the world. It’s now not just...every day isn’t just a big joke, or we just go into life. It’s almost like a privilege for me now, to open my eyes each day, because many things...more things have become important, it’s not just a party all the time.” Participant 1 explained how she now had to be more responsible in managing her time, while participant 7 related how his whole life and his views changed for the better when he became a father: “Today I think more like an adult than two years ago. And the way I do things is also completely different from two years ago. I used to do a lot of things...I broke into people’s homes. I almost went to jail.”

Some previous studies yielded results suggesting that motherhood give adolescent mothers a greater sense of purpose and hope for the future (Dornig et al., 2009:55; Lesser, Anderson & Koniak-Griffin, 1998; Seamark & Lings, 2004:817), as well as an appraisal of themselves as more responsible and competent than before (Seamark & Lings, 2004:817), which concur with the views expressed by the above-mentioned participants in this study. Positive behaviour changes resulting from parenthood identified by adolescent fathers in previous studies include, for instance, consuming less alcohol; not getting involved in dangerous activities, such as stealing; using their money for different purposes, such as child support; using their time differently, such as making time to build a relationship with their children, or working so as to be able to provide for their children (Swartz & Bhana, 2009:39).

Participant 2 expressed wanting a different life for her child to what she had had: “Almost like, she mustn’t walk the path I walked.” This is similar to previous studies indicating that adolescent parents often want to give their children what their own parents had failed to provide them with (Dornig et al., 2009:56; Lesser et al., 1998:11; Seamark & Lings, 2004:815). This could include, for instance, the attention, guidance and love they did not
receive from their own parents (Lesser et al., 1998:11; Seamark & Lings, 2004:815); avoiding parenting mistakes their parents had made; and a wish that their children would have better lives than they had, by pro-active planning for their children, and making sure they get a good education (Dornig et al., 2009:56).

DISCUSSION

Participants in this study indicated that pregnancy and parenting during early adolescence were predominantly challenging experiences. Almost all participants indicated that socio-economic circumstances contributed in some way or another to their becoming pregnant, and complicated their parenting experiences. According to Jewkes et al. (2009:682) it is essential to view adolescents within their environmental context and to consider how the way in which they were socialised, plays a role in their becoming pregnant. This is in line with the way in which the research was conducted, viewing adolescent parents’ experiences with community psychology and bio-ecological systems theories in mind. These theories allowed the researcher to view adolescent parents within the context of their environmental fields in order to understand their experiences of pregnancy and parenting optimally. These parents’ contexts involved, among other things, socio-economic difficulties and inadequate support systems, which were amplified by the experiences of pregnancy and parenting. From a community psychology perspective, such a view of individuals within their context provides a more comprehensive view of their needs and problems (Lazarus et al., 2006:147), which, in turn, relates to the mental health continuum in that such information could assist social and health service professionals with the necessary service provision to this population, which could promote flourishing (Keyes, 2005:547). In line with bio-ecological systems theory, this study shed light on proximal processes and how participants’ personal characteristics, paired with certain environmental factors and changes, had an impact on the course of their development. In chronosystem terms, some participants experienced what could be described
as nonnormative or unexpected changes, such as the serious illness or death of a close family member, which, in turn influenced the course of their life and development in that certain adverse circumstances contributed to adolescent pregnancy (Rosa & Tudge, 2013:250). From the findings it appears that there are certain ‘push’ and ‘pull’ factors that have contributed to adolescent pregnancy and parenting. For, for instance, participant 2, push factors seemed to include family violence and abuse, while ‘pull’ factors seemed to include the hope of stability, independence, and a new life with her boyfriend (Ali, Shahab, Ushijima & De Muynck, 2004:1714).

Adolescent parents experienced pregnancy and parenting as mostly difficult as a result of stigma from families, peers and others; feelings of isolation and being ostracised; the loss of various important things, such as their freedom, educational possibilities and friends; and a general lack of support. These findings are supported in literature about the negative experiences of adolescent pregnancy and parenting involving stigma, loss, and rejection (Hanna, 2001:459; Ngabaza, 2011:47; 49). In accordance with Keyes’ (2002:209) not feeling part of a community, and not feeling accepted negatively impacts on social well-being and could contribute to participants’ leaning towards the languishing, struggling or floundering end of the mental health continuum. Toomey et al. (2013:195) hold that support is a buffering factor in adolescent pregnancy and parenting. Orford (1994:75) similarly contends that individuals are buffered by the presence of social support during major life changes, or in times of crisis. Additionally, literature has highlighted the importance of supportive relationships as a significant contributing factor to the well-being of pregnant adolescents (Kershaw et al., 2013:288).

Some participants in this study lacked support from their mothers, who were not involved during their pregnancy and parenting, contrary to other studies indicating that families were supportive during adolescents’ pregnancies (Logsdon, Birkimer, Ratterman, Cahill & Cahill,
2002:76; Macleod & Weaver, 2003:56). Sometimes this lack of support was due to their mothers’ having passed away, being ill, disapproving of their pregnancies, or abusing alcohol. This lack of support from mother figures is disconcerting, as literature suggests that the role of mothers during their adolescent children’s pregnancies is paramount, as their support in particular has the potential to promote well-being and reduce risks related to adolescent pregnancy (Jewkes et al. 2009:681; Toomey et al., 2013:195). Female participants also felt unsupported in the sense that their relationships with the fathers of their children were often disapproved of, and family members frequently tried to keep them from what Kershaw et al. (2013:299) view as a potentially significant source of support. Some South African studies have indicated that adolescent mothers need more emotional support from parents and sorely miss peer and partner support (Parekh & De la Rey, 1997; De Visser & Le Roux, 1996). Adolescent fathers, in turn, have expressed a need for increased support in the practical and informational spheres (Swartz & Bhana, 2009:94, 96). Research indicates that it is important to assist fathers to form a part of their children’s lives, as they contribute to their children’s well-being in unique ways (Spjeldnaes, Moland, Harris & Sam, 2011:7).

In accordance with bio-ecological systems theory, proximal processes have a better chance of influencing development positively in environments which are stable and advantageous, as well as among individuals with strong emotional connections (Rosa & Tudge, 2013:252). Therefore, it is understandable that factors such as poverty, and tenuous relationships and support influenced participants’ development, as well as their experience of pregnancy and parenting.

Participants reported being stigmatised by community members, teachers, peers and hospital and clinic staff. Specifically with regard to health professionals, Breheny and Stephens (2007:122) warn against their drawing upon certain dominant discourses about adolescent pregnancy and parenthood, such as adolescent mothers automatically being ‘bad mothers’, or
incompetent parents, as these discourses are mostly negative in nature, and do not draw upon adolescents’ individual strengths, which in turn makes these young mothers distrustful of and negative towards the health care system and fails to empower them.

The participants in this study felt the pressures of parenting keenly and frequently reported feeling overwhelmed. Participants expressed a need for more information and guidance around parenting skills, rather than the high expectations and judgment from those around them about their current parenting practices. Swartz and Bhana (2009:87) mention that adolescent fathers generally find programmes centring on parenting helpful. Furthermore participants felt that their parental rights were often not respected, as their elders took over child-care responsibilities, or undermined their disciplining strategies. In this way adolescent parents were also precluded the chance to learn how to be parents to their children and take responsibility for their own and their children’s lives. This is similar to findings in Swartz and Bhana’s (2009:61) study, which indicate that adolescent father’s mothers at times take responsibility to the extent that adolescent fathers end up regarding their children as siblings. Such responsibility taking attitudes might stifle adolescent parents’ sense of self-efficacy and personal control, which might, in turn, compromise their sense of empowerment (Visser, 2012a:12). According to Visser (2012a:12) empowering individuals revolves around believing in, and encouraging their capacity to resolve their own difficulties, and is one of the key elements promoted by community psychology.

Negative experiences of pregnancy and parenting seemed to be mitigated by the perceived significance of adolescent parents’ relationships with their children, the meaning they found in being a parent, and the support they received. Research indicates that interpersonal relationships providing a sense of belonging are vital contributions to mental health (Keyes, 2005:547). Participants seemed to view themselves as more mature, responsible adults as a result of becoming a parent, and life as being precious and a privilege. This concurs with
participant 7’s life changes, involving, for instance, not stealing any more. Even though participants expressed distinct awareness of the hardships involved in adolescent pregnancy and parenting in some of the themes, they also expressed positive thoughts and feelings about it. Keyes (2005:540) believes that such positive feelings about one’s life contribute significantly to mental health, and the possibility of an individual flourishing as opposed to languishing, floundering, or struggling. Participants also described their relationships with their children as a significant, supportive factor in their lives, providing them with comfort. They frequently commented on their wishes for their children, and the gravity with which they approached the tasks of protecting, disciplining and communicating values to their children. Weinman, Buzi and Smith (2005:265) highlight the importance of emphasizing adolescent parents’ strengths in order to empower them sufficiently to make progress. These positive experiences of parenting could be utilized in interventions to adolescent parents so that they may move towards the flourishing end of the mental health continuum.

**RECOMMENDATIONS**

Participants in this study showed tenacity and a will to survive that, if properly channelled and guided, could improve their own and their children’s quality of life considerably. Dornig et al. (2009:58) pointed out in a recent study that adolescent pregnancy and parenthood might be an important moment of hopefulness during which to enter into and channel these young individuals’ lives in positive ways.

Participants communicated a lack of support and knowledge in various areas of their lives. Therefore, linking pregnant and parenting adolescents with the appropriate resources and sources of support, such as hospitals, clinics, and welfare and counselling services, is of vital importance.

Adolescent parents communicated feelings of isolation, especially during the pregnancy period. Lack of support from mother figures in particular was frequently experienced. Thus it
is important to help adolescent parents connect with figures they can look to for guidance and emotional support, such as parents, counsellors or therapists.

Pregnancy and parenting support-, therapy- and parent education groups could be set up in semi-rural communities. Participants in this study communicated a need for such emotional and informational support. Self-help groups could also be considered for pregnant and parenting adolescents. These groups reflect many of the attitudes inherent in community psychology, as they could be viewed as indigenous resources that empower individuals, in this way aiding in the prevention and resolution of problems. These groups could provide a sense of belonging and additional support to members, while the resulting empowerment and heightened sense of support could, in turn, lead to increased well-being and flourishing.

Furthermore, accessible programmes centring on sex-education could prevent further pregnancies among adolescent parents, as the parents in this study also indicated a lack of knowledge in this area. While it has been proposed that such programmes presented in schools are not accessible enough for learners it is also possible that adolescent parents, as a result of their socio-economic circumstances, do not reach the grades in school at which point sex-education is provided. Programmes presented in the community, also involving peer-to-peer sex-education, could benefit the difficult-to-reach adolescent parent population group.

Additional support for the families of pregnant and parenting adolescents should be provided, as it became apparent in this study that these adolescents’ families often do not know how to handle the news of their pregnancies, struggle to involve their adolescent child’s partner for support, or are already in crisis and requiring outside help. Family therapy group sessions could benefit these family structures greatly. In some cases therapeutic family mediation can secure the positive involvement of adolescent parents, their parents, family members and
friends. Therapeutic family mediation in the context of adolescent pregnancy and parenting warrants research.

Adolescent parents also communicated the negative impact of stigmatisation. Consequently psycho-education on adolescent pregnancy and the circumstances surrounding the phenomenon could be presented in schools and to clinic- and hospital staff, to promote acceptance and support and minimize stigma. Negative discourses and stereotypes about adolescent pregnancy and parenting should be addressed during information sessions presented to clinic- and hospital staff, ensuring that psycho-education covers the necessity for health care professionals to draw on pregnant and parenting adolescents’ strengths, rather than focussing on deficits and problems.

LIMITATIONS
Limitations of the study include that findings were based on a limited number of participants. In addition, only one father could be recruited to participate. Therefore it is suggested that more research around the experiences of minority group adolescent parents should be done in South Africa with larger sample sizes, with a specific focus on adolescent fathers’ experiences.

CONCLUSION
This study promotes understanding of the lived experiences of pregnant and parenting adolescents as informed and shaped by their environments. Participants indicated that they found pregnancy and parenting trying as a result of their socio-economic circumstances, feelings of powerlessness and loss, stigmatization, and lack of support. Their parenting was affected by their lack of parenting skills. Furthermore, their parental rights were frequently not respected. However, parenting was not an altogether negative experience, as they indicated that the comfort of having children, support from others, and the transformative
effect of parenthood were positive experiences. This deeper understanding of adolescent pregnancy and parenthood enables pathways in interventions in aid of this vulnerable population group. Such interventions could include support-, therapy-, and self-help groups for pregnant and parenting adolescents; adequate sex-education presented in schools and the community; therapeutic family mediation, support and psycho-education for parents of pregnant and parenting adolescents; as well as psycho-education in schools, clinics and hospitals to minimise potential stigma.
References


Section C

Critical Reflections
CRITICAL REFLECTIONS

The aim of the study at hand was to explore late adolescents’ experiences of pregnancy and parenting during early adolescence, with the intention of making suggestions that might assist them. In this section the researcher critically reflects on the findings, contributions and limitations of the study.

Currently up to 30% of South African adolescent girls under the age of 19 are reported to have been pregnant at least once (Louw & Louw, 2014; Willan, 2013). Recent media coverage reveals that adolescent pregnancy in South Africa frequently culminates in infant abandonment (Farber, *Independent Online News*: 31/03/2012), which also sparked the researcher’s interest in this area of study. While it is imperative to reconsider the effectiveness of current preventative strategies so as to reduce the prevalence of adolescent pregnancy (Bezuidenhout, 2013), it is also important to focus on the issue of adolescent pregnancy and parenting itself, since studies such as that by Willan (2013) have emphasized the prevalence thereof. It becomes imperative to look at these pregnant and parenting adolescents’ experiences, as their lives are impacted in many ways by the changes inherent therein. In this way they can be adequately supported through their pregnancies and in becoming more effective as parents.

Based on the researcher’s experience in the work environment many young girls between the ages of 12 and 14 are exposed to legal processes and cases of sexual abuse when exposed to early sexual relations, which also influences their experiences of adolescent pregnancy and parenthood. The relation between sexual abuse and adolescent pregnancy and parenthood must be researched further.

The researcher made use of the chronosystem dimension of bio-ecological systems theory (Bronfenbrenner, 1994; Rosa & Tudge, 2013), community psychology (Visser, 2012a), and the mental health continuum (Keyes, 2002; Keyes, 2005) in order to gain a better understanding of the interplay between pregnant and parenting adolescents and their various individual contexts. Bio-ecological systems theory posits that the individual and environment mutually influence each other. The individual is influenced by various environmental systems, while person characteristics and the events occurring across an individual’s life course interacts with the environment, in the end impacting on the individual’s development (Rosa &
The lens of community psychology was also utilized to gain an understanding of the individual within his or her social context, employing this knowledge to assist in and promote individuals’ well-being (Lazarus et al., 2006; Visser, 2012a). Keeping these theoretical frameworks in mind, an understanding of how certain life circumstances lead up to participants’ pregnancies, and the ways in which their lives changed as a result of their pregnancies having to step into a parenting role at such a young age, was made possible. In turn, various strategies could be proposed so as to possibly increase their well-being. This is in keeping with the mental health continuum, in which the goal is to steer individuals’ well-being towards a state of flourishing. Flourishing could be seen as a state of complete mental health where the individual functions well on social, psychological and emotional levels (Keyes, 2002).

To answer the research question: What are the experiences of late adolescents in a semi-rural Western Cape community of their early adolescent pregnancy and parenting? unstructured interviews were conducted with 7 participants recruited from Sir Lowry’s Pass Village. This village is a semi-rural settlement in the Helderberg basin in the Western Cape. Findings from these interviews, following a process of thematic data analysis, indicate that pregnant and parenting adolescents’ were faced with various challenges and difficulties. However, there were also positive experiences of parenthood noted from the study.

In summary, and as pointed out in Section B, participants in the study indicated that their socio-economic circumstances contributed to their becoming pregnant in the first place, while also complicating their pregnancy and parenting experiences. Participants also expressed that pregnancy and parenting were challenging experiences as a result of the stigma they experienced from family, peers, the community and social systems such as schools, clinics and hospitals. They reported feeling isolated and rejected. Furthermore they experienced significant losses, such as their education, freedom and friendships. Some participants experienced lack of support, particularly from their mothers. However, others highlighted support received as a positive aspect.

Participants revealed that parenting was difficult in that they felt they lacked necessary knowledge and skills to deal with the challenges it presented. In addition,
family members often did not demonstrate respect for their parental rights, in taking over parental responsibilities without their consent, or failing to respect their disciplining practices.

On the positive side, participants emphasized the significance of their relationships with their children, as well as the positive change parenting brought about in their lives, such as in rendering them more responsible, mature individuals. Various participants made mention of how they had previously taken life for granted, and how becoming a parent awakened in them a sense of wonder and the realization of life as being precious. From these findings the researcher concludes that the research question has been answered and the aim of this research, namely to explore the experiences of late adolescents’ (18 - 22) in a semi-rural Western Cape community of their early adolescent (12-18) pregnancy and parenting has been reached.

Recommendations for additional support to pregnant and parenting adolescents were made based on the abovementioned findings. Seeing as adolescent parents partaking in this study indicated a lack of knowledge around both the pregnancy process and parenting, it seems pertinent that pregnant and parenting adolescents should be put into contact with the appropriate resources and sources of support such as clinics, hospitals, welfare- and counselling services.

Adolescent parents should also have access to appropriate programmes centring on sex-education, pregnancy and parenting in their communities. In this way, further pregnancies can be avoided, since participants in this study frequently mentioned lack of appropriate sex-education. Therefore the researcher proposes community based sex-education programmes, as well as school based sex-education programmes, presented in the earlier grades. Here, community psychologists could intervene on a variety of levels. With such community based sex-education and parenting programmes, health and well-being would be addressed in that potential difficulties that could result from second pregnancies could be avoided. While the ideal would be that adolescent pregnancy is altogether prevented, prevention of further pregnancies is vital to adolescents who already struggle on a variety of levels. Prevention of further pregnancies could be viewed as an avenue for further research.
Well-being of adolescent parents and their children would be further promoted by means of making knowledge of appropriate parenting practices available to parents during parent education programmes, in this way empowering them, and helping them to gain a sense of personal control over their lives. This could, in turn, mitigate the sense of powerlessness conveyed by participants in this study.

In addition, as participants reported feelings of isolation and lack of support, pregnant and parenting adolescents should receive additional one-on-one support from social workers, counsellors, therapists, or community psychologists. This is particularly important, as pregnancy and parenting often involve that adolescents lose their most important sources of support. Furthermore, they may lose a potential source of support in their schools, as was the case for some participants in this study. Programmes encouraging and enabling pregnant adolescents to stay in school could be presented in communities such as Sir Lowry’s Pass Village. Additionally, pregnant and parenting adolescents’ sense of isolation could be diminished by contact with peers in similar situations, for instance in a support group for pregnant or parenting adolescents. Participants in this study indicated that they felt they would benefit from and participate in such a group. Self-help groups could be an additional avenue of support, as these groups are meant to bring individuals into contact with others who can encourage them to take control of their lives, while also providing them with the uplifting experience of being able to assist others (Visser, 2012b). These groups can provide emotional, material, informational, and opportunity-related support, and can reduce a sense of powerlessness in members who can learn from role models in the group who have already successfully mastered certain challenges.

Familial support for pregnant and parenting adolescents should also be addressed, as this study indicated that many of these families are already in crisis, and fail to support adolescent parents adequately. Families should be assisted by providing them with family therapy and mediation. Research on therapeutic family mediation in the context of adolescent pregnancy is recommended. Communication lines between parents and their adolescent children regarding sexuality also seem to need some facilitation, as participants in this study received no guidance from parents in this regard.
Lastly, it was recommended that psycho-education about adolescent pregnancy and the circumstances surrounding the phenomenon be done at schools, clinics, hospitals, and in communities as participants in this study experienced stigma in all of these domains. Participants in this study indicated that they often feel stigmatised by these institutions. Therefore, pregnant and parenting adolescents would benefit from more tolerant attitudes generated by programmes creating awareness around adolescent pregnancy and parenting within potentially supportive systems.

**CONTRIBUTIONS OF THE STUDY**

The findings of this study contributed to knowledge in the field of adolescent pregnancy and parenting, in the sense that it confirmed findings from previous studies about adolescents’ experiences of pregnancy and parenting, and generated knowledge about a specific unit of analysis in the particular context of Sir Lowry’s Pass Village. These include some of the challenges faced by pregnant and parenting adolescents, such as difficult socio-economic circumstances, sacrifices, stigma and lack of support. These findings also include experiences of parenting as challenging, as well as it being uplifting and life-changing. This study included the views and experiences of an adolescent father. Adolescent fathers are a vulnerable group about which little research has been done in South Africa.

In addition the study contributed several practical suggestions that could be implemented by, for instance, community psychologists, social workers, counsellors, and health care practitioners to support pregnant and parenting adolescents in Sir Lowry’s Pass Village. This study has also contributed to the literature on experiences of pregnant and parenting adolescents, which is of particular significance in South Africa, where literature on the experiences of this unit of analysis is sparse. Further research around the experiences of particularly adolescent fathers in South Africa is recommended. In addition, since infant abandonment has been linked with mothers under the age of twenty facing adverse economic circumstances, it is recommended that this phenomenon is investigated in greater depth within the South African context.
LIMITATIONS

Limitations of this study include that the majority of literature regarding the experiences of pregnant and parenting adolescents is written by Western or European researchers. In addition the researcher was only able to recruit a limited number of participants, as parenting adolescents proved to be a hard-to-reach population. Only one father was willing to participate, limiting the data on adolescent fathers’ experiences of pregnancy and parenting, despite the fact that more South African research about their experiences is necessary. The profile of participants in this study was adolescents between the ages of 18 and 22 of the coloured population from a semi-rural background. Data collected and findings reported are therefore only applicable to this specific population.

CONCLUSION

This study provided insight into the experiences of a group of late adolescents from Sir Lowry’s Pass Village reflecting on their pregnancy and parenting experiences during early adolescence. From these experiences, as relayed during unstructured interviews, adolescents’ challenges, difficulties and needs came to the fore. Aspects which helped them, such as familial support in particular, also became apparent. These insights were considered in making suggestions and recommendations for interventions that could serve to support these adolescent parents.
References


Section D

Addendums
CONSENT TO PARTICIPATE IN RESEARCH

ADOLESCENT PREGNANCY AND PARENTING EXPERIENCES

You are asked to participate in a research study conducted by Lenka van Zyl, a student currently completing a Master’s in Psychology through North-West University. The results of the study will contribute to the finalization of a thesis. You were selected as possible participants in this study, as you were pregnant and parenting between the ages of 12 and 18.

PURPOSE
The purpose of this study is to understand the experiences of pregnant and parenting adolescents better so that this information might be utilized by organizations in order to render pregnant and parenting adolescents better support in the future.

PROCEDURES
If you volunteer to participate in this study, we would ask you to do the following things:

- You will be asked to participate in two individual interviews with me, Lenka van Zyl. During these interviews I might take notes and will record the sessions.
- After individual interviews with all participants are completed, you might be asked some questions again to check that information gathered during interviews are consistent.

POTENTIAL RISKS AND DISCOMFORTS
If you should at any time feel uncomfortable or have any questions, I will be available to discuss these issues.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY
The researcher hopes that this study will benefit participants and society in that pregnant and parenting adolescents’ experiences might be better understood. Pregnant and parenting adolescents might consequently receive better support from institutions that are in a position to assist them.

PAYMENT FOR PARTICIPATION
You will not receive any payment for participation in the study.

CONFIDENTIALITY
The researcher will keep any information or identifying particulars about participants obtained during
the course of this study confidential. It will be disclosed only with your consent, or as required by law. Confidentiality will be maintained in that no identifying particulars such as names or surnames of participants will be used. The researcher will refer to participants by means of numbers in the research report. All information obtained during this study will be locked away and only accessible to the researcher. Interviews will be recorded, and only the researcher will have access to the recordings, which will also be destroyed once the research is done.

PARTICIPATION AND WITHDRAWAL
Participants can volunteer for this study. Once you have volunteered, you may withdraw at any time without any consequences. You are not compelled to answer any questions you do not feel comfortable answering. The researcher may ask you to withdraw from the study if circumstances should render it necessary.

IDENTIFICATION OF RESEARCHERS
Feel free to contact me, Lenka van Zyl on 0721358454 or my supervisor, Dr. Mariette van der Merwe on 0829646697 should any questions or concerns about the research arise.

RIGHTS OF RESEARCH PARTICIPANTS
Consent to participate in this study may be withdrawn at any time, and participation discontinued without consequences. Should discomfort surrounding particular questions arise, they can go unanswered without discontinuation of your participation in the study. Should any questions regarding your rights as research participant arise, you are welcome to contact Dr. Mariette van der Merwe on 0829646697.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was described to me by Lenka van Zyl in English/Afrikaans and I am in command of this language. I had the opportunity to ask questions. All questions were answered to my satisfaction.

I ____________________________ (full name of participant) hereby consent to voluntarily participate in this study. I have been given a copy of this form.

____________________________________
SIGNATURE OF PARTICIPANT

___________________________
DATE

____________________________________
SIGNATURE OF RESEARCHER
I declare that I explained the information provided in this document to ______________________
(full name of participant). He/she was encouraged to ask me any questions. This conversation was
conducted in English and no translator was used.

_______________________________  __________
SIGNATURE OF RESEARCHER        DATE
Addendum B: Data organized into meaningful groups
Addendum C: Thematic Map
Addendum D: Example of in-depth interview transcript

Deelnemer 6
Onderhoud 1

N = navorser
M = deelnemer 6

Navorser verduidelik hoe lewenslynaktiwiteit werk en wat van deelnemer verwag word.
N: Jy kan maar sê as jy meer papier ook gaan nodig hê.
M: Net kyk of ek op die regte pad is (lag). Uuuhh, okay. So, waar was ek gebore? Okay.
N: Waarvoor staan die rooi vir jou?
M: Al die slegte dinge. Besides die een.
N: Besides daai ene?
M: Hmmm. Ons onderstreep hom sommer.
N: Okay, so is groen die goeie kleur, en rooi is die slegte kleur?
M: (Knik kop)
N: Okay. So hierdie gee nou nogals vir my redelik konteks oor jou lewe. Hmmm...hierso by die goeie goed sê jy Hottentots Holland. Wat beteken dit?
M: Ek is mos gebore in Hottentots Holland.
N: O, okay, is dit dan waar jy gebore is.. En ek sien die volgende groot ding wat jy genoem het, is dat jy gerape is op sewe. Kan jy my bietjie daarvan vertel, of wil jy hom eerder vir nou uitlos?
M: Nee, ek gaan nou.. Deur my eie neef.. So bietjie ouer as ek, hy's seker al so in sy twintigs, al.
N: Okay..
M: Uhm, ja..telkemale gebeur, so twee of drie keer. Uuuhm..het my ma-hulle daarvan gesê toe ek seker so twaalf was. My pa't my nie geglo nie. Okay, skip maar daai een.
N: Okay, ek kan sien hy's 'n bietjie 'n moeilike een. Ek sien jy sê by die goeie goed ook dat jy goeie ouers gehad het.
M: Deur hulle probleme was hulle altyd daar. Ons is goed opgevoed.
N: Ja, ek sien ook jy sê daar dat jou pa jou ma bly verneuk, so ek kan sien dat hulle
probleme gehad het. Maar jy sê hulle was altyd daar vir jou, tussen dit alles deur?
M: (Knik kop)
N: Okay, en ek sien jy’t baie pak gekry, sekere tye. En wat beteken daai?
M: Dit was altyd so, uhm, tydens die huwelikstres en op daai spesifieke tyd, as hulle
miskien kwaad is, sou hulle ons altyd slat, geweldig, dat ons blou houe dra vir drie, vier
dae daarna.
N: Ek sien jy sê jy’t Sondagskool geniet? Vertel my bietjie meer van dit?
M: (Lag) Ja, dit was altyd lekker om...as jy weet jy’t op die Saterdag pak gekry, om die
Sondag tussen ander maatjies te kan kom by die Jeug te kan lag en gesels, maak asof
niks gebeur het nie.
N: Okay, so dit was bietjie van ’n ontvlugting, eintik?
M: Ja.
N: Okay.. Uhm, en daai? Goie vyftien jaar?
M: Dis ’n partytjie wat ek nog onthou wat goed was.
N: Was dit jou vyftiende verjaarsdag, of was dit iemand anders s’n?
M: Myne.
N: Vertel my meer van dit?
M: Dit was ’n surprise party by die huis. Dit was eintlik my kraam birthday. Wat ek
nou...toe ek by die huis kom, toe sien ek my ma het nou vir my ’n tafel gedek, en al my
vriende was daar, geskenke en goed.. (lag).
N: Ag, dis baie nice.
M: Ja..
N: Watse birthday noem jy dit?
M: As jy mos gebore is op die 15de..
N: Okay, ja, ja, ja..ek het gedink dis dit. Uhm, okay..en jy sê dit was nie so ’n goeie
Kersfees nie, elke keer? Wat was sleg gewees van Kersfees, elke jaar?
M: Elke jaar die tyd....dan verdwyn my pa. Maar gelukkig nie die jaar nie. Ons hoop
maar dit gaan so bly. Nog laas jaar, nog laas..so ons hoop maar..
N: Bly jy nog by jou ouers?
M: Ja.
N: Okay, het julle altyd hier rond gebly?
M: Altyd, ja.
N: Altyd in dieselfde huis, of het julle al van huise verwissel?
M: Uhm, ons het al..nee, ons bly nog al die jare in dieselfde huis. Although, voor dit het ons in ‘n plankstruuktur gebly, dit was nog in die ou omgewing, aan die bokant, maar vir die afgelope sewentien jaar bly ons nog hierso.
N: Okay. Uhm..ek sien jou liefdevolle dogter van drie jaar oud is onderstreep in groen, so sy is ‘n goeie ding?
M: (Lag) Ja..
N: Vertel my bietjie meer van haar?
M: Sy’s...pragtig. Spontaan.. Sy sal my altyd opkikker as ek hartseer voel..dan sal sy altyd kom en my ‘n drukkie gee, of sy wil weet.. Sy’s baie beskermend oor my. As sy sien iets is nie lekker met my nie, wil sy weet wat is fout (lag). En sy is maar nou eers drie.
N: Okay. En ek sien ook ky sê jy’t goeie, liefdevolle susters. Vertel my bietjie meer van hulle.
M: Een is sewentien, en die ander een is veertien. Uhm...het ook maar baiepak gekry en skel gekry, veral die veertienjarige ene. Sy kry nou nog so baie skel. Maar, uhm..ons is maar altyd daar vir mekaar. As dinge nie lekker is nie, sal ons altyd uitluister wat gaan aan; gee om vir mekaar, waar ons kan help, help ons.
N: So jy’s die ousus, van die drie?
M: Ja.
N: Okay. En hoe is dit om die ousus te wees?
M: Ooee.. (Lag)
N: Seker moeilik partykeer, né?
M: Dis moeilik ja.. (lag). Alles kom altyd terug op die oudste.
N: Nee, dis waar né, mens is half die een wat nou die baanbrekerswerk moet doen, en almal kyk op na jou..
M: (Lag) Ja, dis moeilik.. Voel amper so ky kan nie jou eie lewe lewe nie, want enigiets
## Addendum E: Table of Themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Quotes</th>
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</thead>
<tbody>
<tr>
<td>Difficulties in adolescent pregnancy and parenting</td>
<td>Stigma</td>
<td>P2: My one teacher was very unhappy about it...she just said she was very disappointed in me.</td>
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<td></td>
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<td>P3: It’s difficult when...when you were pregnant and they told you you are young, and you won’t be able to give a good body to any man, and so on.</td>
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<td>R: Alright, so that part was bad for you, when people were rude to you, and said rude things? Who said those things?</td>
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<td>P3: When I walked in the road or went to my friends, then this one has something to say, that girl or that guy has something to say.</td>
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<td>R: And how are the teachers usually with school children who get pregnant?</td>
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<td>P2: They..they sometimes say when there are school meetings that they don’t want pregnant children at the school, like to me they said they don’t really want pregnant children on the school grounds. But they would take me on because the welfare woman and my mother in law went along. And then I</td>
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<tr>
<td>Lack of support</td>
<td>R: In the time you were pregnant with her...what was lonely for you during that time? P2: He went to his friends and left me alone, and his sisters were off on one side, they don’t sit with me, or talk to me. P6: Of course my sisters were also against it, because I’d now hurt their mother and their father and all those things. I was so disappointed. Yes, I had to hear that I’m stupid, and I’m going to give my parents a heart attack and all those things all the time. R: And was there anyone you could talk to if you were not feeling well, or if you wondered what would happen next, or if you just felt you had needed to talk to someone about what it’s like to be pregnant? Was there anyone you could talk to, or who supported you in that way? P3: There was no-one. Talked to no-one.</td>
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<tr>
<td>Socio-economic circumstances</td>
<td>P5: When my child was 5 months old I took her off breast milk, because I got TB, then I had trouble...my child milk. She must have porridge, and so, and I had a very hard time, because her father wasn’t working full day then. R: I see the next big thing you decided not to go back.</td>
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mentioned was that you were raped at age seven. Could you tell me more about that, or would you like to leave that one for now?

P6: No, I'll tell you now. By my own cousin. Slightly older than me, he's probably in his twenties already. Uhm...yes, happened a few times, probably two, three times. Uhm...told my parents about it when I was about twelve. My father didn't believe me.

P2: When I got older my mother got sick and the family began to tear apart, because my one brother and my one sister started doing drugs.

Loss

P6: They (parents) don't trust me alone, the talk always ends up around 'you're young, what are you going to do alone all weekend, where are you going to sleep?' It's just constantly that. The other day I told my mother it feels like they don't trust me, it feels like I'm making the same mistake again and again, like if I go out with my friends, I’m looking for sex and stuff like that.

R: Which other things, except for the people around you, made life difficult for you during your pregnancy?

P2: It’s not now...the young people, they’re young, and they enjoy, and to see how nice it is
to be free, to not have a child..

P6: I was in standard nine, halfway through standard nine. And all my mother said was ‘you wanted to be an adult, we don’t keep adults in school, you have to leave school’. Then I left school.

P7: Your childhood is now over, you’re an adult now.

Powerlessness

P6: There was no-one to tell me ‘go on birth-control’. I didn’t know about birth control.

P1: My sister, she didn’t tell me I’d get pregnant and that I’d have children and all those things.

P2: They just told me they would, when I’m done, they would first send me away, as soon as I’m done, and then they’d take her (baby) and give her to other people.

Parenting experiences

Lack of parenting skills

P2: They don’t really talk about such things, or give advice at hospitals and clinics; they would just tell you what to do when you are there. Or you have to ask them ‘what must I do here, or what must I do there?’ when it happens, then they will tell you, but they won’t just tell you out of their own.

P6: As a parent it’s generally very hard to discipline, it’s hard to create boundaries between
what she’s allowed and not allowed to do, especially when you’re a young parent. And the difficult times when she gets sick, the nights you have to stay up, all those things.

R: What about being young, do you think, makes it more difficult to discipline?

P6: I just feel that when you are younger and you’re a parent you don’t have as much insight about...you can’t really create the boundaries, because it’s almost like, you as parent also still have so much to learn.

P7: Yes, it’s also a bit difficult, because it’s also my first child and I’m also still a young parent, so there’s still a lot I have to learn.

Parental rights not respected

R: What is it like for you, when your rules are undermined?

P6: Very difficult. One almost feels you’re not worthy of being the child’s mother, and just like...you just feel they must stand back a bit. Okay, you wouldn’t hit your child, but for instance like we have at work...now I’m trying to do that at home as well. For instance, when I put her in time-out, I tell her to sit in the corner, because you were naughty now, and you shouldn’t have done that, and I explain to her. Then I’d expect, for instance, that the grandfather and the grandmother mustn’t come and
comfort her, or bribe her with a sweet, because she basically knows by now that she can get away with certain things. And she knows it’s like that by now. It’s kind of a little tense.

(P3 about her sister taking her child away)
P3: I feel if he was with me she could still help him. I don’t mind her helping, but the child must stay with me as well.

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<tr>
<th>Positive aspects related to parenting and pregnancy</th>
<th>Support</th>
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<td>P5: He works when he can, he buys when he can, does everything, when I ask him something he would give me everything, even when he has to give me his last, he’d give it to me.</td>
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R: And in which ways does your best friend help you?
P1: Like, how can I explain... Like, in times when I’m up there, at that house where you found me this morning, when I’m not there, I’m down there by them, and then maybe I left my child’s Kimbies or milk up there, then she’d look for something to give him. And often when her child eats, she gives my child as well. Or she’d give us both something, then the two of us would also sit and eat. We do something nice, like that.

P4: Look, later I didn’t even have to buy milk, I got it at the
<table>
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<tr>
<th>Children as comfort</th>
<th>P5: It's like...still nice to be at home, just to give your child love. I don't worry about the people on the streets, or friends, I have my own friend now.</th>
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<td></td>
<td>P6: It's just so wonderful to know, at the end of the day, especially when you've had a stressful day, and you come home, you can know that that’s the one person who will give you sincere love and come to you with a kiss or a hug and kind of make you feel better when the world doesn’t make sense anymore.</td>
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<td>P4: See, she’s very close to me, that is so nice, she...I can go away any time, but the point is, she knows I’m her mother. That’s for me...</td>
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<td>R: So your relationship is good? P4: We have a very good relationship.</td>
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<tr>
<td>Positive attitudes</td>
<td>P6: Goodness, but many things changed...and how I see the world. It’s now not just..every day isn’t just a big joke, or we just go into life.. It’s almost like a privilege for me now, to open my eyes each day, because many things...more things have become important, it’s not just a party all the time.</td>
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|                     | P6: What I mean with important is, you have...
someone you have to help grow up, to make a better person of that person. It’s not just your sister now, this is your responsibility, it’s your child, and it’s your responsibility to raise that child in the best possible way, so it’s important. It takes so much out of one each day, so it’s actually the most important thing, at the end of the day, that you raise your child well. At the end of the day it’s the most important thing in your life.

P1: It keeps me at home more, because like, how can I say? You give lots of attention to your home, some things you can do, that you’ve been wanting to do, the time you weren’t able to do it...now you can do it.

R: But now, because you have to be with your child all the time, and have to take care of her you probably can’t wander about as much, or go out with your friends as much, can you?

P1: We make time for it, and we make time for ourselves, for the family, and we make time for our friends, and time for our child, and we go...everything we give a chance, we give turns to what needs to happen, you see.
Addendum F: Author Guidelines – Social Work

The journal publishes articles, book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Articles of fewer than 2000 words or more than 10000 words are normally not considered for publication. Two copies of the manuscript, as well as a diskette with the text, preferably in MS Windows, should be submitted. Manuscripts should be typed in 12 pt Times Roman double-spaced on one side of A4 paper only. If possible the manuscript should be sent electronically to hsu@sun.ac.za. Use the Harvard system for references. Short references in the text: When word-for-word quotation, facts, or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. “… ” (Berger, 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption “References”. The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.

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