

**A CASE STUDY OF THE EDUCATIONAL EXPERIENCES OF FOUR TEENAGE
MOTHERS IN TWO HIGH SCHOOLS IN THE BUFFALO CITY METROPOLE.**

By

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DECLARATION

I, Hermie E. Adams, hereby solemnly declare that this thesis is completely a product of my research and has not been submitted in any form for another degree or diploma at any university or other institution of tertiary education. Information derived from the published or unpublished work of others has been acknowledged in the text and a list of references is provided.

Signature

H.E. Adams

ABSTRACT

Teenage pregnancy is a worldwide phenomenon. World Health Organisation (2009) reports that teenage mothers between the ages of 15-19 years account for 11% of births recorded worldwide. In South Africa it has been estimated that teenagers aged 17-19 account for 93% of all teenage pregnancies. A large proportion of these adolescents return to school after giving birth. Research has shown that there is a great deal of controversy about not only pre-marital sex, but also concerning whether teenage mothers should be allowed back in school at all. The aim of this study was to gain some insights into the lived experiences of teenage mothers in schools with particular reference to how they cope with school work and the responsibilities of motherhood.

A case study of four teenage mothers who returned to school after giving birth was carried out. In-depth phenomenological interviewing designed to elicit the voices of the selected adolescents was done.

There were five main findings. First, all four teenagers were minors, under the age of 18 when they gave birth. Two of them were even under the statutory age of consent. Second, upon return to school, teenage mothers experienced stigmatisation from peers and teachers and this forced them to continually negotiate their dual identities as mothers and learners. Third, teenage mothers experienced psychological emotions of stress; low self-esteem; shame and depression. Fourth, they also had sociological experiences in the form of material, financial and social support from family and friends. In some cases they experienced rejection from peers and abandonment by boyfriends who had made them pregnant. Some educators discriminated against and ridiculed teenage mothers. Fifth, teenage mothers re-organised their lives after childbirth and established routines that enabled them to cope with the demands of school work and the responsibilities of motherhood.

The study concludes that, although viewed with scepticism by sections of the community and some educators, and given that some pregnancies are a result of abuse and unequal power relations between men and women in society, the policy of allowing teenage mothers back to school after giving birth gives them another chance to re-focus their lives.

It is recommended that the voices of teenage mothers who return to school after childbirth should be taken into account to inform any planning for future policies on teenage pregnancy by schools and the state. It is further recommended that all educators should also be trained to be able to assist the teenage mothers instead of alienating them. There should also be counselling services available for the teenage mothers to enable them to deal with psychological and sociological problems they might encounter. For further research, students from different backgrounds should be the target of similar research. Another area of research should focus on academic performance of teenage mothers who return to school after giving birth. Lastly, there should be research that seeks to link what is taught in the Life Orientation curriculum and voices of teenage mothers.

KEY WORDS: teenage mothers; teenage pregnancy; educational experiences; support; peers; educators.

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DEDICATION

I dedicate this study to my husband, Eugene Adams, for his continuous support, and being my biggest source of inspiration. Times when I wanted to throw in the towel; he would step in and encourage me to carry on. Without his help and support I would not have finished my thesis. A special dedication goes to my late mom, Hilda Fritz, who always believed in me and encouraged me to complete my studies.

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
HSRC	Human Science Research Council
IPPF	International Planned Parenthood Federation
IPV	Intimate Partner Violence
LEAP	Learning, Earning and Parenting Program
PPPT	Piedmont Program for Pregnant Teens
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TAPP	Teenage Parents Program
TMA	Teenage Mother from school A
TMB	Teenage Mother from School B
TPU	Teenage Pregnancy Unit
UN	United Nations
VCT	Voluntary, Counselling and Treatment
WHO	World Health Organisation

TABLE OF CONTENTS

DECLARATION	i
ABSTRACT	ii
ACKNOWLEDGMENT	iv
DEDICATION	v
ACRONYMS	vi
APPENDICES	xiv
LIST OF TABLES	xv
CHAPTER 1	1
BACKGROUND OF THE STUDY	1
1.1 PROBLEMS EXPERIENCED BY TEENAGE MOTHERS	1
1.2 THE PROBLEM OF TEENAGE PREGNANCY IN SOUTH AFRICA	3
1.3 UNDERSTANDING THE PHENOMENON OF TEENAGE PREGNANCY: REPRODUCTIVE HEALTH PERSPECTIVE	4
1.4 MOTIVATION FOR THE STUDY	4
1.5 STATEMENT OF THE PROBLEM	6
1.6 PURPOSE OF THE STUDY	7
1.7 RATIONALE OF THE STUDY	7
1.8 SIGNIFICANCE OF THE STUDY	7

1.9	DEFINITIONS OF TERMS	8
2.	DELIMITATIONS	8
3.	METHODOLOGY OF THE STUDY	8
4.	ETHICAL CONSIDERATIONS	9
4.1.	LIMITATIONS	9
5.	CHAPTER OUTLINE	9
 CHAPTER TWO		
 LITERATURE REVIEW		
2.	INTRODUCTION	10
2.1	UNDERSTANDING THE PHENOMENON OF TEENAGE PREGNANCY	10
2.1.1	Teenage pregnancy: Facing the Problem	10
2.1.2	Conceptual Framework: A Reproductive Health Perspective	12
2.1.2.1	Education	13
2.1.2.2	Society and Culture	13
2.1.2.3	Accessibility of Services	14
2.1.2.4.	Reproductive Health	15
2.2	THEORETICAL FRAMEWORK	15
2.2.1	Critical theory: Power and Conflict	15
2.2.1.1	Power and Conflict: Sexual violence	17
2.2.1.2	Power and Conflict: Gender based violence	17
2.2.2	Post-structural feminist perspective on subjective experiences of teenage mothers	20

2.2.2.1	Teenage Mothers' Subjective Experiences and Identity	20
2.2.2.2	Teenage Mothers' Subjective Experiences and Labels	20
2.3	INTERVENTIONS TO ADDRESS THE PROBLEM OF TEENAGE PREGNANCY	24
2.3.1	Global interventions	24
2.3.2	South African interventions	28
2.4	Conclusion	29
CHAPTER THREE		
METHODOLOGY		
3.	INTRODUCTION	30
3.1.	ORIENTATION OF THE STUDY	30
3.1.1.	Interpretivist paradigm	30
3.1.2	Hermeneutic (Interpretive) Phenomenology	31
3.2.	RESEARCH DESIGN	32
3.2.1.	Case Selection	32
3.3	METHODS OF DATA COLLECTION	33
3.3.1	Phenomenological interviewing	33
3.3.2	In-depth interviewing	33
3.3.3	Reflexive bracketing	34
3.3.4.	The Actual Interview process	35
3.3.5	Questions for unstructured interviews	37

3.4	DATA ANALYSIS	37
3.5	RESEARCH QUALITY	38
3.5.1.	Credibility	39
3.5.2	Transferability	39
3.5.3	Dependability	40
3.5.4	Challenges Faced in the Study and how it was overcome	40
3.6	ETHICAL CONSIDERATIONS	41
3.6.1	Anonymity and confidentiality	41
3.6.2.	Voluntary participation	42
3.6.3	Informed Consent	42
3.6.4	Non Deception	43
3.6.5	Human rights	43
3.7	CONCLUSION	44
CHAPTER 4		
DATA PRESENTATION AND ANALYSIS		
4.	INTRODUCTION	45
4.1	BACKGROUND INFORMATION ON EACH PARTICIPANT	45
4.1.1	Summary: Biographical information	49
4.2	TEENAGE MOTHERS' EXPERIENCES UPON RETURN TO SCHOOL	56
4.2.1	Summary: Experiences upon return to school	56
4.3.	THEMES FROM PARTICIPANTS' DESCRIPTIONS OF EXPERIENCES	57
4.3.1	Psychological Experiences	57
4.3.2	Sociological Experiences	61
4.3.2.1.	Family and friends: Relationships	61
4.3.2.2.	Family and friends: support	67

4.3.1	Summary: Psychological and Sociological Experiences	70
4.4	BALANCING DEMANDS OF SCHOOL WORK AND MOTHERHOOD RESPONSIBILITIES	71
4.4.1	Establishing routines	71
4.4.2	Summary: Balancing School Work and Motherhood	74
4.5	CONCLUSION	75

CHAPTER 5

DISCUSSION OF FINDINGS

5.1.	INTRODUCTION	76
5.2.	ADDRESSING THE PROBLEM OF TEENAGE PREGNANCY: A MULTI-DIMENSIONAL APPROACH	76
5.2.1.	Teenage pregnancy a social development challenge	76
5.2.2.	Provision of health and Education in society	79
5.2.2.1	Health provision: contraceptive services	79
5.2.2.2	Education	80
5.2.4.	Role modeling	81
5.2.5.	Position of women in society	82
5.3.	TEENAGE MOTHERS' VOICES: MESSAGES TO SOCIETY AND SCHOOLS	83
5.3.1.	The need of family support	83
5.3.2.	The need for peer understanding and support	84
5.3.3.	The need for teacher understanding and support	86
5.4	IMPLICATIONS OF TEENAGE MOTHERS' VOICES FOR LIFE ORIENTATION CURRICULUM	88

5.4.1	Development of the self in society	89
5.4.2	Careers and career choices	89
5.6	CONCLUSION	89

CHAPTER 6

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.	INTRODUCTION	91
6.1	MAIN IDEAS OF THE STUDY	91
6.2	SUMMARY OF MAIN FINDINGS	92
6.2.1	CHARACTERISTICS OF TEENAGE MOTHERS	92
6.2.2	TEENAGE MOTHERS' EXPERIENCES UPON RETURN TO SCHOOL	93
6.2.3	PSYCHOLOGICAL AND SOCIOLOGICAL EXPERIENCES	93
6.2.4	BALANCING DEMANDS OF SCHOOL WORK AND MOTHERHOOD	94
6.3	CONCLUSION OF THE STUDY	94
6.4	RECOMMENDATIONS OF THE STUDY	95
6.4.1	FOR SCHOOL PRINCIPALS, TEACHERS AND SCHOOL GOVERNING BODIES AUTHORITIES	95
6.4.2	FOR SOCIAL DEVELOPMENT	95
6.4.3	FOR FURTHER RESEARCH	96

REFERENCES	97
APPENDICES	107
APPENDIX A	108
APPENDIX B	109
APPENDIX C	111
APPENDIX D	112
APPENDIX E	113

APPENDICES

Appendix A	Letter from Supervisor
Appendix B	Letter from District Office
Appendix C	Consent Letter
Appendix D	Questionnaire
Appendix E	Interviews – Data Sets

LIST OF TABLES

LIST OF TABLES

TABLE 1: Adolescent pregnancy and motherhood, South Africa, 1999

TABLE 2: Ages of teenage mothers and age at which they fell pregnant

LIST OF FIGURES

Figure 1 Pregnancy among 15-19 year olds by age, 2003

Figure 2 Decision-making about sexual behaviour

CHAPTER 1

BACKGROUND OF THE STUDY

Teenage Pregnancy is a global Reproductive health issue. World Health Organisation (2009) reports that teenage mothers between the ages of 15-19 years account for 11% of births recorded worldwide. In the same study, World Health Organisation (WHO) reports that the proportions of births take place in the following countries: 2% in China; 18% in Latin America and the Caribbean and more than 50% in Sub-Saharan Africa. Australia is not one of the countries named by WHO as having a high rate of teenage pregnancy. Quinlivan (2006:25) argues that Australia has the highest rate of teenage pregnancy in the developed world followed by the United States of America (USA) and United Kingdom. However, according to Bradshaw (2006:3), USA and Russian Federation are the two countries with the highest teenage pregnancy rate. Ducker (2007: 445) on the other hand remarks that in the United States of America, approximately 850 000 teenagers fall pregnant each year, resulting in one half million live births.

Contrary to the high teenage pregnancy rate in some developed countries, there are countries where teenage pregnancy rates are very low. One can almost ask what they are doing that other countries are not to have this low pregnancy rate. Wahn and Nissen (2008: 415) assert that unlike other countries Sweden has a substantially lower level of teenage pregnancy, childbearing and abortion.

1.1 PROBLEMS EXPERIENCED BY TEENAGE MOTHERS

Ducker (2007:445) states that many school districts in the USA do not welcome teenage mothers and pregnant learners back in public schools although this country's policy states that no learners are to be excluded from any school. Public policy in the USA (Title IX) that was passed in 1972 (Pillow, 2006:61) states:

{A} recipient (of federal funding) shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student's pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery there from, unless the student requests voluntarily to participate in a separate portion of the program.

These pregnant and teenage mothers are enrolled into separate schools that only accommodate pregnant or teenage mothers. Another program that is planned specially for pregnant and teenage mothers in the USA is the Piedmont Program for Pregnant Teens (PPPT). The program is planned for keeping pregnant and teenage mothers in a separate setting to prevent them from “influencing” the other learners. Luttrell (2003:19) reports that girls in the PPPT were prevented from going on field trips as scholars and were treated as “public representatives of the program”.

In India, Saha (2005:3) reports that women of all ages have very little say in making decisions about their own reproductive health. The elderly women in the community decide when she (woman of childbearing age) is ready to have a baby. Saha continues that although decision-making in the reproductive health of a woman is her individual attribute, it is governed by interplay of the environment in which she lives. Saha furthermore states that around 40% adolescents are not aware of what is happening to the other adolescents who are mothers in the community and that these unknown truths may be attributed to the social taboos that prevail in the community regarding their health problems.

Besides learners falling pregnant, there are many dangers involved in having premarital, unprotected sex. Teenagers and baby's health are at risk when pregnancy occurs at a very young age. Kirby (2007) as cited in Panday, Makiwane, Ranchod, & Letsoalo (2009:54) states when teenagers initiate their sexual life early on, they place themselves at increased risk for early pregnancy, STI's (sexually transmitted infections) and HIV. In similar vein Duncan (2007:308) argues that many teenagers are ignorant in the sense that they lack accurate knowledge about contraception, STI's, what to expect in relationships and what it means to be a parent.

1.2 THE PROBLEM OF TEENAGE PREGNANCY IN SOUTH AFRICA

In South Africa, according to a study done by the Human Science Research Council (HSRC, Panday et al (2009:35) teenagers aged 17-19 account for 93% of teenage pregnancy. Kirby (2002), as cited in Panday et al (2009:38), states that higher pregnancy rates among older adolescents can be attributed to biological and social changes. Biological changes refer to physical maturity and higher hormone levels whilst social changes refer to greater peer pressure to have sex, greater freedom, and changes in perceived norms about sexual and contraceptive behaviours.

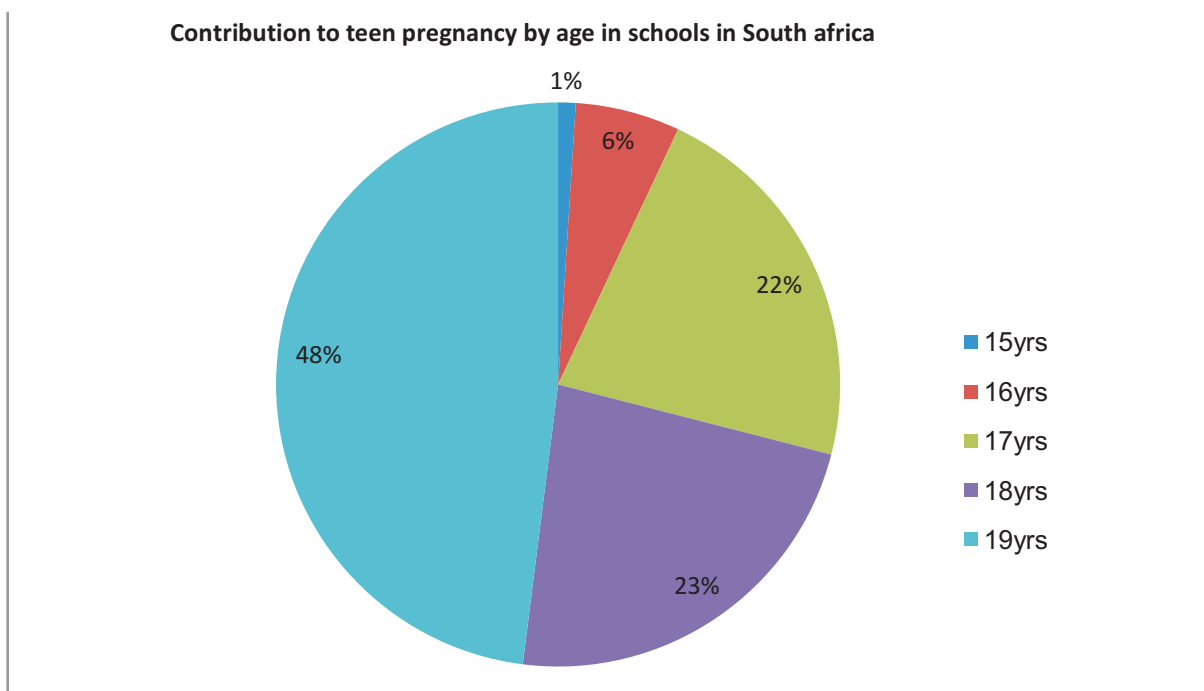


Figure 1: Pregnancy among 15-19 year olds by age, 2003

Source: Harrison: 2008(b)

As seen in Figure 1, the biggest percentage of teenage pregnancy is found among those 19 years of age. This means that the chances of falling pregnant increase with age in the range of 15-19. The figure also shows that a little less than 50% (48%) of teenagers at the age of 19 years have unprotected sex resulting in pregnancy.

In the distribution of the 15-19 year old pregnancy rate by province hereunder, it can be seen that the Eastern Cape has the fourth highest pregnancy rate nationally.

Table 1: Adolescent pregnancy and motherhood, South Africa, 1998
Percentage of women 15-19 who are mothers or have ever
been pregnant, by province, South Africa 1998

Province	Are mothers	Percentage who have ever been pregnant	Number of women
Western Cape	13.7	16.4	195
Eastern Cape	14.8	18.2	369
Northern Cape	15.2	18.0	44
Free State	8.4	12.6	136
KwaZulu-Natal	13.8	16.7	457
North West	11.0	13.4	164
Gauteng	8.9	9.5	377
Mpumalanga	18.8	25.2	190
Limpopo	14.9	20.0	318

Source: S.A. Demographic and Health Survey, 1998

Panday et al: 2009

An interesting question is what proportion of teenagers who fall pregnant return to school after childbirth. Little data exists nationally on the proportion of teenagers who return. However, evidence from a study done in KwaZulu-Natal, by Grant and Hallman (2006:22), shows that 87.14% teenage mothers return to school after childbirth and that none lacked interest in going back to school.

1.3 UNDERSTANDING THE PHENOMENON OF TEENAGE PREGNANCY: A REPRODUCTIVE HEALTH PERSPECTIVE

The phenomenon of teenage pregnancy has been conceptualised in terms of four main dimensions drawn from a Reproductive Health Perspective that was promoted by the United Nations International Conference on Population and Development (1994:2). The reproductive health framework is defined and outlined in more detail in chapter 2. In short it refers to an interplay of social, economic, political factors and circumstances that can result in the exacerbation or amelioration of the problem.

The first dimension is education. This perspective argues that teenagers or adolescents should be given the necessary and correct information so that they can make informed decisions on their sexuality and sexual relationships. Learners are given this important information at school in most of the Learning Areas but in particular in Life Science and Life Orientation where they engage in debates and discussions on reproductive health and sexuality.

The second dimension is that of society and culture. There is a huge responsibility on the community regarding norms and values that are to be given to children as they are growing. Parents as well as any society in the community should play a much bigger part in instilling values and norms to the youth. Everybody in the community should be empowered to know what to do in difficult situations regarding sexuality and sexual intercourse. It is very important to acquire this knowledge, as it lays the foundation for the future generations and it will curb the number of pregnancies that are at times an embarrassment for some communities. Communities should care and look out for their children so as to lessen the incidence like rape and incest as well as gender violence.

The third dimension concerns the accessibility of health services for teenagers. Unfortunately some teenagers are not welcome at some of the facilities to use the information as well as the necessary contraceptives to prevent teenage pregnancy, sexual transmitted infections and diseases as well as HIV/AIDS. Some health workers are very discouraging and ridicule the teenagers when they go for assistance. As a Master Trainer of HIV/AIDS education I observed that some services like Voluntary Counselling and Testing (VCT) are not available to teenagers unless they are accompanied by an adult and this could be embarrassing for the teenager when he/she do not want the parents or adults to know that they are sexually active.

The last dimension is reproductive health. Alubo (2009:110) defines reproductive health as the whole array of counsel, information and services required and necessary for safe and healthy sexual expression. In order for one to have healthy sexual expression one has to have good self awareness. Every person that is sexually active should know about his/her HIV/AIDS status. It is also important for adults who want to have children to know when is the correct time to have children and how and when to have the next child. It is also essential to know about your fertility status and if there is a problem to address the problem as soon as possible.

1.4 MOTIVATION FOR THE STUDY

I have been teaching for many years and I was intrigued by a large number of very young girls, from grade 8 (age 13), that fall pregnant and return to school after the child is born. The number of learners that return to school is sometimes smaller than the number of learners going on “maternity leave”. When they return to school, many stay absent from school frequently and struggle with their schoolwork. The teenage mothers’ are isolated and are being ridiculed and discriminated against by teachers as well as their peers. After noticing this for many years, I was interested to know how these girls manage to raise a baby and to do their schoolwork. It broke my heart to notice that so many girls repeat the same grade sometimes three or four times. I also wanted to give them a chance to speak out so that teachers and learners can “hear their voices” so that schools and communities can address their needs adequately.

1.5. STATEMENT OF THE PROBLEM

It is evident, from a reproductive health perspective on the phenomenon, that there is need to empower teenagers to make enlightened decisions and choices about their sexuality and sexual behaviour in order to avoid unwanted pregnancies.

While all this is important information, the problem is that there is paucity of data on the subjective experiences of teenage mothers attending South African school. Their “voices” tend to be silenced by discourses which emphasise structures and

instrumentalities aimed at addressing the problem. This study seeks to gain some insights into the lived experiences of teenage mothers in schools.

1.5.1 Core question: What are the teenage mothers' lived experiences in undertaking school work?

1.5.2 Sub-research question:

1.5.2.1 What are the teenage mothers' experiences in balancing the demands of school work (i.e. school projects, and extra-curricular activities) and their motherhood responsibilities?

1.6 PURPOSE OF THE STUDY

The purpose of the study is to gain some insights into the lived experiences of teenagers attending school. I want to find out how the mothers cope with school demands and raising a baby.

1.7 RATIONALE OF THE STUDY

Given that teenage pregnancy and early childbirth is an educational barrier that prevents many teenagers from completing their education, it is important to establish ways to empower teenagers to make informed decisions on their sexual behaviours to avoid early, unplanned pregnancy.

1.8 SIGNIFICANCE OF THE STUDY

It is important that any attempt to address the problem of teenage pregnancy is informed by listening to the voices of the teenage mother and to find out what their problems are regarding schoolwork and raising the baby.

1.9 DEFINITIONS OF TERMS

1.9.1. Educational Experiences are the interactions the mother has with educators and peers. It also includes the curriculum that the teenager has to finish in the form of class tests, assignments that have to be done and extracurricular activities like sport and culture.

1.9.2 Teenage mothers' Responsibilities are the responsibilities that the teenage mother has like attending to the baby, e.g. feeding, bathing and spending quality time with the baby. These can also include taking the baby to clinics for medical check-ups and health reasons.

2. DELIMITATIONS

The focus of this study is on the educational experiences, in school not in society, of those teenagers who return to school after childbirth. It is limited to four students in two schools in Buffalo City Metropole area.

3. METHODOLOGY OF THE STUDY.

This research adopts a qualitative approach and the underlying philosophical assumption, interpretive phenomenology was used in this study (see chapter 3). Phenomenology is described by Schultz in Groenewald (2004) as the ways in which ordinary people live their ordinary daily lives, nothing added and nothing taken away. Within this framework, in-depth phenomenological interviewing was used to access "the lived" experiences of the teenage mothers. Phenomenology, it has been argued (Mortari 2008) is suited for researching lived experiences related to health and well-being of human beings such as the current study of teenage mothers in school.

4. ETHICAL CONSIDERATIONS

As an educational researcher I had to be guided by some ethical principles just like researchers in other disciplines. The principles which guided this study are explained in detail in chapter three. I was guided by the need for voluntary participation on the part of teenage mothers, informed consent, and the need to ensure that whatever I do with the information does not harm the participant. These issues are discussed in greater detail in chapter 3.

4.1. LIMITATIONS

Time was somewhat of a problem as learners were sometimes in a hurry to go home because of their babies and I had to reschedule many days. Although I had arranged a venue that was suitable in terms of a lack of noise and privacy, and because of the confidentiality issue, I had some minor problems regarding noise and interruptions from other learners or teachers. I had some problems with one learner who only answered “yes” or “no” to the questions. In the end, however, I managed to strike meaningful conversations with the learners having applied techniques outlined in chapter 3.

5. CHAPTER OUTLINE

The chapters will be outlined as the following:

Chapter 1: Introduction and background.

Chapter 2: Literature review

Chapter 3: Methodology

Chapter 4: Data presentation and analysis

Chapter 5: Discussion of findings

Chapter 6: Summary, conclusions and recommendations

CHAPTER TWO

LITERATURE REVIEW

2. INTRODUCTION

This literature review is divided into three main parts. The first part focuses on understanding the phenomenon of teenage pregnancy. The second part outlines a theoretical framework, covering critical theory and feminist post-structuralism. The final part reviews interventions aimed at addressing the problem from global and South African perspectives.

2.1 UNDERSTANDING THE PHENOMENON OF TEENAGE PREGNANCY

2.1.1 Teenage pregnancy: Facing the Problem

Teenage pregnancy is a global health and social phenomenon which is reported in countries across the globe. Adolescents as young as 14 years old are involved in unprotected sex without realising the consequences of their actions. Research by Wahn and Nissen (2005:591) states that between 14 and 15 million adolescent girls aged between 15 - 19 years give birth yearly, accounting for more than 10% of births worldwide. Wahn and Nissen (2005:591) reports that approximately 15 million births occurs globally among girls aged between 15 - 19 years and thus, for Hall (2004), the teenage pregnancies average 90 000 each year. However, Odu and Christian (2007:257), state that teenage pregnancy is by no means a new phenomenon. Women have always tended to begin childbearing during their teens and early twenties.

Wahn and Nissen (2005:592) warn that teenagers are confronted with parental responsibilities at a time when they have to deal with their own developmental tasks of identity, sexual awareness and sexual relationships. The problem is compounded by the fact that many young people who become pregnant, although they may have access to suitable facilities, may not utilize them. This may be due to experimentation, rebellion and a certain degree of risk-taking behaviour, as well as

unresolved emotional issues regarding sexuality (De Villiers and Kekesi 2004). Such adolescents may also do this because they are unable to understand all the consequences of sexual intercourse (Goicolea, Wulff, Sebastian & Öhman 2010).

The problem of teenage pregnancy goes beyond lack of understanding. Goicolea et al (2010) argue that adolescent pregnancy can be dangerous because of the potential obstetric and neonatal complications as well as the socio-economic impact. This is supported by Argawal (2008) who states that a major cause of stress and social stigma is pregnancy at the age of 15 - 19 years. It also can be life threatening. Apart from this, Morehead and Sorian (2005:67) argue that teen mothers did not think ahead to the future and had little or no idea what mothering meant in practice. Further, it was found that for some mothers the transition from adolescent to motherhood was a challenging road with few episodes of happiness or satisfaction, to an extent that they appeared desperate, overwhelmed by the stress of pregnancy and subsequent childbirth (Kaye 2008).

Goicolea et al (2010) argue that while pregnancy has been seen as adverse social and health outcomes, it can also be a positive experience for the adolescent. To this end, Dixon-Mueller (2008:247) argues there are three criteria selected for assessing the extent to which the timing of sexual, marital, and reproductive transitions among male and female adolescents may or may not be considered “too young” from different perspectives, namely: physiological readiness of the body for intercourse and childbearing; and secondly the cognitive capacities of younger and older adolescents, which include their ability to make safe, informed, and voluntary decisions; and institutionalised concepts of “old enough” for consent to sexual intercourse and marriage as reflected in legal frameworks and international standards.

Whatever the consequences and then reported size of the problem, there is need for a framework that helps to analytically bring together various elements that are at play in mitigation or in resolution of teenage pregnancy issues. This is the United Nations popularised Reproductive Health Perspective.

2.1.2 Conceptual Framework: A Reproductive Health Perspective

The conceptual framework is concerned with the woman's reproductive health issues. According to Alubo (2001:110), reproductive health is defined as

... a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to the productive system and to its functions and processes.

It is in educating women on their health issues in school, church, community and on public forums that make it easier for women to take positive action on choices they make on their health issues. The reproductive health issues are summarised in Figure 2.

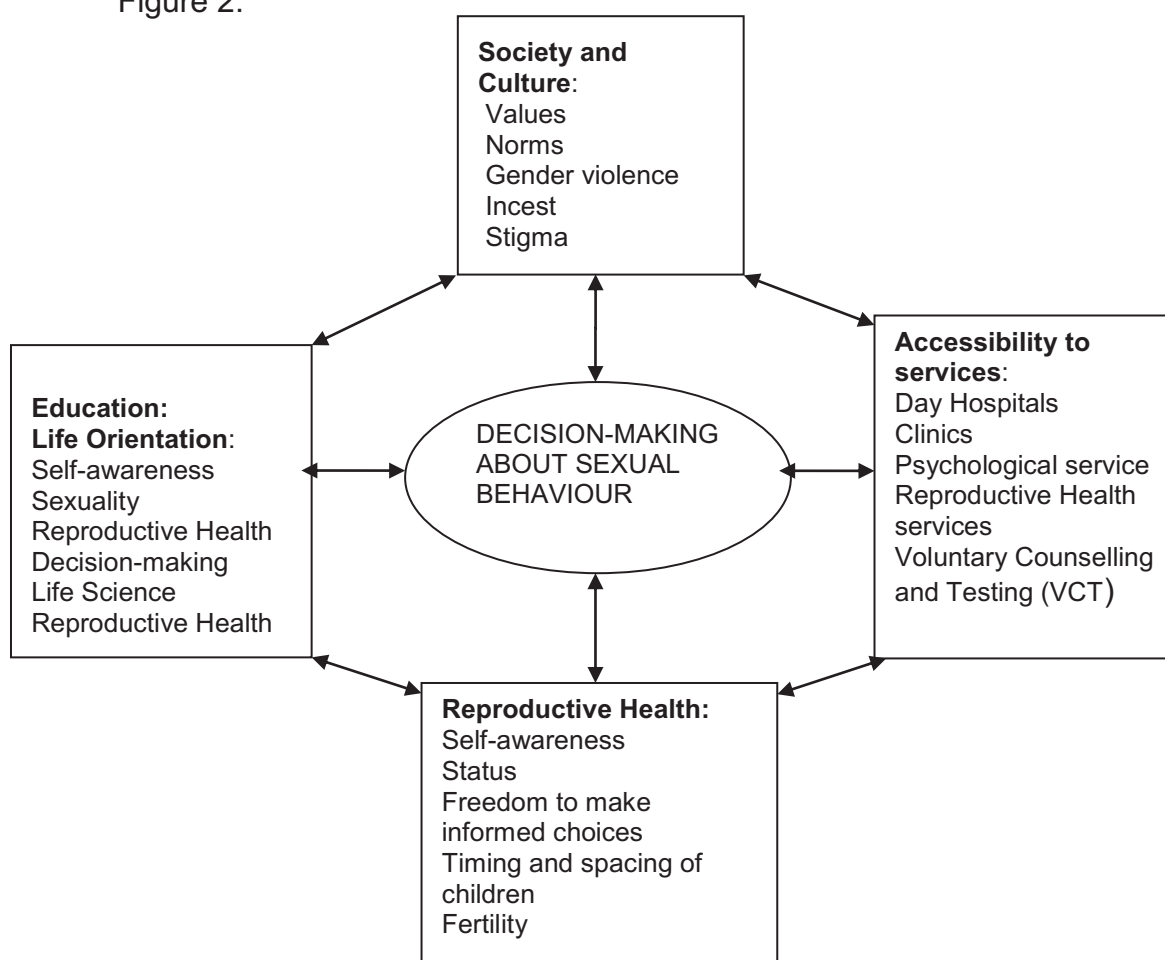


Figure 2: Decision-making about sexual behaviour

As can be seen from the figure, a number of inter-related elements are involved in decision-making about sexual behaviour. Each of these is elaborated below.

2.1.2.1 Education

The United Nations Population Division's Draft Programme (1994) is of the opinion that education is the most important means of empowering women. Education can be gained in many ways. One manner, in which education is gained, is in formal schooling. In South Africa, Life Orientation is a learning area (subject) that aims at empowering both the male and the female teenager from the age of 13 about self awareness and his/her sexuality. Life Orientation also enlightens the teenager about reproductive health and how to make informed decisions on when to have safe sex. The teenager is guided to make informed choices to negotiate about safe sex and contraceptives and also about the consequences of having unprotected sex. Negotiating skills do not only give power to the woman but makes her an equal partner with the freedom to decide when and how often to have children. To tie in with this, Alubo (2001: 110) states that it is generally agreed that female partners worry more than the male partner about sexual health for both of them.

In another learning area, Life Science, learners are informed about their body and their reproductive health. Although Life Science is not a learning area where teenagers are very vocal about their sexuality and choices they can make, it also empowers the teenagers to know what is happening with changes in their bodies.

2.1.2.2 Society and Culture

In a society the community is involved in teaching values and norms that are important for that specific community. Values and norms are instilled in a child from a very young age. Although education includes more than just the school set-up and provides information to empower individuals, societal and cultural views can change the improvement or empowerment by their beliefs and perceptions of sexual behaviour. Saha (2004) points out that the community should participate in family welfare programmes that should address all the knowledge and prejudices of the community. The problem with empowering the community is that there are

perceptions that are very difficult to remove in a community. A big concern in many communities is the incest and rape that is happening to teenagers. Geary, Wedderburn, McCarraher, Cuthbertson and Pottinger (2006:1515) report that studies conducted in the United States by Amba, Driscoll, & Moore, 1998; Stock, Bell, Boyer, & Connell (1997) and in China by Yimin et al. (2001) have shown that a large proportion of adolescent girls experience early sexual debut as a result of forced or coercive sex or have found a disproportionate number of sexually abused females among those experiencing early sexual debut. In some cases, these issues are not addressed by the community because of fear of intimidation or abuse. Gender violence is another concern and it can be managed by the community.

2.1.2.3 Accessibility of Services

There are clinics and day hospitals in most communities but are they accessible enough to the teenager? The United Nations Population Division (1994) has argued that the services are supposedly there to assist adolescents with knowledge on reproductive health and with knowledge on the available and necessary contraceptives that are available to the adolescents. Adolescents' needs are being ignored because they are turned away from the services by the nursing staff. Services like the Voluntary, Counselling and Treatment (VCT) and psychological are not easily available to the teenager unless he/she is accompanied by an adult. The United Nations Population Division (1994) reports that there are legal and regulatory barriers that prevent them (teenagers) from using public health services like clinics and hospitals for reproductive health issues.

2.1.2.4. Reproductive Health

Reproductive health is about the teenager's self-awareness, to know his/her health status, and to have the freedom to choose when to be sexually active. The teenager must have the freedom to choose for herself when she wants to have a child and also how often she can have children. She must be informed on how long apart children should be spaced and have access to the technology to achieve that.

All of these elements of a reproductive health perspective are designed to empower women to take decisions which will lead them to have a responsible, satisfying and safer sex life and the freedom to reproduce if, when and how often she chooses to.

2.2 THEORETICAL FRAMEWORK

An understanding of how the various elements of the conceptual framework explain the phenomenon of teenage pregnancy can be achieved by drawing on some key ideas from critical theory and feminist post-structuralism.

2.2.1 Critical theory: Power and Conflict

Critical theory according to Kincheloe and McLaren (2005:306) is concerned in particular with issues of power and justice and the ways that the economic issues of race, class and gender ideologies, education, religion and other social institutions, and cultural dynamics interact to construct a social system. This study attempts to search for new ways of understanding power and oppression by the educator and parent towards the teenage mother and the ways they shape the teenage mother's everyday life and human experience. Capper (1993:25) asks who and what structures and what cultures have power over what can be spoken or written in the school. Pregnant and teenage mothers are accepted back at school but are seldom asked how they experience being back at school, they also do not have any say in how they are treated by educators and peers. Yeakey, Johnston and Adkinson 1986 as cited in Capper (1993) mention that some groups like teenage mothers are underrepresented at school.

Panday et al (2009:57) state that power imbalances play a role in the women's ability to negotiate safe sex; women seldom have the power to negotiate sex. Although women have very little say in having or not having sex, Goicolea (2010) report that the responsibility for preventing sexual intercourse, prevailing pregnancy, preventing sexually transmitted infections (STI's) is placed on the shoulders of girls, since men and boys are perceived as unreliable, not caring at all, and even intentionally wicked.

Petchesky (2005:6) argues that conditions of unequal power, dependency, crowding, substandard housing and a lack of privacy make rape and abuse a constant threat. Ankrah 1991; Blanc 2001 as cited in Hattori and Derosé (2008:313) agree that unequal power between sexual partners often plays out in the arena of reproductive decision-making, causing women to be unable to control the timing of sex or to initiate protective behaviour. Power relations are not being abused at home only but also in the school situation when teenage mothers return to school after child birth. According to Kabeer (2005:17) there is evidence of widespread gender bias, with a teacher showing more attention to boys and having a lower opinion of girls' abilities.

Hattori and Derosé (2008:313) give an example that teachers and employers hold positions of power that potentially make refusing their sexual requests costly for young women. Teachers and employers are in a position to offer women and young girls gifts and money in return for sex. Another example of powerlessness of women is when they are abused when they are young, in other words, when they are not in a position to refuse.

Bell (2001:146) reflects that some teenage mothers have adapted to their specific social worlds and have arguably promoted their own mental health, by moving from the powerless position of abused children with low self esteem to the status of adulthood and their perception of its associated rewards by becoming pregnant. Despite the powerlessness of the teenager, Wright and Davis (2008:673) says that evidence of resiliency suggests that a significant number of young women have the capacity to overcome overwhelming odds to establish better lives for themselves and their children.

2.2.1.1 Power and Conflict: Sexual violence

Sexual violence according to Jejeebhoy and Bott (2003) as cited in Brown et al (2006:269) refers to a continuum of non consensual sexual experiences that range from the use of threats and intimidation to unwanted touching and forcing sex. Vung (2008:2) says that violence against women is one of the most prevailing expressions of gender discrimination worldwide, which violates and invalidates women's rights and their fundamental freedom.

Brown et al (2006:269) state that sexual violence against women in developing countries, although not a new phenomenon, is drawing increased attention as a human rights issue and public health problem associated with adverse reproductive health outcomes such as unwanted pregnancy and sexually transmitted infections (STI's), including HIV. Although women are coming forward to report cases of sexual violence, Bosman, Nasser, Khammash, Claeys & Temmerman (2008:108), however, state that violence against women is accepted socially and culturally in many countries. According to Brown et al (2006:270), structural factors that may perpetuate violence against women include aspects of culture such as definitions and expectations of sex roles and marriage customs; economic dependence on men, limited access to employment, and limited educational opportunities; legal factors, such as the status of women, legal definitions of rape, laws regarding divorce, child custody, maintenance, and inheritance; and political factors including the under-representation of women in government. Hof and Richters (1999:59) state that psychological violence reduces women's control over their own lives even further and, as such, makes them vulnerable to sexual violence in the form of rape and physical violence and the inability to protect oneself against unsafe sex.

Not all women or girls that fall pregnant are subjected only to sexual violence by men. Numerous studies, according to Logan, Holcombe, Ryan, Manlove and Moore (2007), indicate that experiencing sexual abuse is associated with early initiation of sexual activity, failure to use contraception, multiple sexual partners, substance abuse and abuse and other risk factors, all of which are associated with a higher likelihood of experiencing a teen pregnancy.

2.2.1.2 Power and Conflict: Gender based violence

According to the WHO (2009), the United Nations (UN) defines violence against women as any act of gender-based violence that results in, or is likely to result in physical, sexual or mental harm or suffering of women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Vung (2008:2) defines violence against women as one of the most prevailing expressions of gender discrimination worldwide, which violates and invalidates women's rights and their fundamental freedom.

When a woman is sexually abused, it not only impacts on her life, but also on her life with her family and work as well. This is due to the fact that abuse transcends the individual and protrudes into the other areas of the individual's life. We are holistic beings after all and what affects us in one area, will affect us in another. According to Garcia-Moreno (1999) as cited in Vung (2008:8), the consequences of partner abuse are devastating, impacting all the spheres of women's lives: their self-esteem, productivity, autonomy, capacity to care for themselves and their children, their health and well-being, ability to participate socially, i.e., their overall quality of life.

Gender-based violence, according to Dunkle, Jewkes, Brown, Yoshihama, Gray, McIntyre & Harlow (2004:230), is generally understood to include physical, sexual and psychological abuse from intimate partners, sexual violence by non-partners, sexual abuse of girls and acts such as trafficking women for sex. Dunkle et al (2004:230) states that it is widely recognized as an important public health problem, both because of the acute morbidity and mortality associated with assault and because its longer term impact on women's health, including chronic pain, sexually transmitted disease (STD), depression, post traumatic stress disorder and suicide. Hume (2004: 66) concurs that women are expected to maintain a strict silence with regard to men's use of violence, and, at the same time, are held responsible for ongoing violence because they remain in the violent relationship.

Hof and Richters (1999:55) define gender violence as moving beyond discrete acts to include forms of ongoing, institutionalised sexism, such as discrimination against girl children in food and medical care, lack of access to “safe” contraception and abortion, and laws and social policies that perpetuate subordination without necessarily leading to physical, sexual or psychological harm or suffering.

Krantz and Garcia-Moreno (2005) as cited in Vung (2008:4) further add that violence against women is linked to a web of attitudinal, structural and systematic inequalities that are “gender based” as they are associated with a subordinate position in relation to men’s in society. Goicolea et al (2010) concur that gender inequality strongly limits women and girls’ capability to make free and informed decisions regarding sexuality and reproduction. Most of the women who are subjected to sexual violence are women who are less educated. Kabeer (2005:16) states that in Zimbabwe it was found that education increased the likelihood of women accessing contraception and antenatal care. Kabeer (2005:16) further states that in Bangladesh, educated women in rural areas participate in a wider range of decisions.

Chandur (2007:225), on the other hand, states that perpetrators of sexual harassment were often males who held positions of equal authority as females but exerted power by virtue of gender stigmatization. Teitelman, Ratcliffe, Morales-Alemon & Sullivan (2008:1695) concur that older male partners, especially those who have more financial resources, may have a greater sexual decision - making power in relationships with adolescent girls. It is easier for these individuals to manipulate the younger girls as they “seem” to have more power, more knowledge than their younger counterparts, even though this is not always the case. In the same study, Teitelman et al (2008:1694) state that girls’ sense of sexual control in their relationships was not directly associated with inconsistent condom use but was inversely related to verbal and emotional abuse. Not all girls are being forced into relationships with either older men or men who have money. Some girls choose to have relationships with men who are influential. Juárez, Le Grand, Lloyd, & Singh (2008:242) point out that young woman in Sub-Saharan Africa are being less able to refuse sexual encounters with men who pay school costs than with teachers and employers. Hof and Richters (1999) state young girls in Zimbabwe would rather date

older men than the younger men. These older men give them what the younger men cannot give: gifts and money.

Clark, Silverman, Khalaf, Abu Ra'ad, Abu Al Sha' ar, Abu al Atta & Batieha (2008:123) state that in some settings contraceptive use or negotiations have been found to cause tension in traditional gender relations resulting in intimate partner violence (IPV). Women in Zimbabwe, according to Hof and Richters, are culturally bound to obey older men and these women experience little decision-making power. In the same study, Hof and Richters also report that the payment of "lobola" (bride price) to the family of the woman strengthens the belief that the man owns the woman.

2.2.2 Post-structural feminist perspective on subjective experiences of teenage mothers

According to Allan, Iverson and Ropers - Huilman (2010:19) poststructural feminists believe the struggles of women are local and specific rather than totalizing. Relations of power are complex and shifting. Teenage pregnancy should then be looked at from the point of the teenager being a mother and not from the point of her having sex to get the baby.

2.2.2.1 Teenage Mothers' Subjective Experiences and Identity

Teenage pregnancy and child bearing constitute subjective experiences that need to be understood as unique and not static and which lead to development of individual identities which are similarly changing. From a post-structuralist feminist perspective subjectivity is defined by Weedon 1987 as cited in Capper (1993:21), as "...ways of being an individual or personal identity." The teenage mother should be viewed as an individual and not as a collective. We should not treat all teenage mothers the same because they are not all the same. Though they are in the same situation, their backgrounds and present circumstances are different. Capper (1993:21) concludes that data should be collected on the individual's feelings about particular aspects of the school that a teenage mother is attending.

With regard to the issue of teenage pregnancy, it must be recognised that pregnancy not only changes the body of the young girl, but brings along many changes that she has to endure. These changes include being a learner or a student but becoming a mother. The teenager loses her freedom of being a child and sometimes finds it difficult to figure out this new identity. Brubaker and Wright (2006:1219) commented on teenagers complaining about their loss in terms of physical attractiveness, innocence and respect, and childhood and freedom. Many times the teenager struggles to cope with the two or three identities that she instantly got. Though the young girl's appearance may have changed, she is still the same individual; the additional responsibilities however force her to some extent to take on new roles, roles that she may not be ready for.

According to Brubaker and Wright (2006:1216), physical changes in a woman's body are brought about by pregnancy; it changes her relationships and interactions with others and ultimately changes her identity. For teenagers, pregnancy is often initially responded to negatively by themselves and others. Hudson, Elek and Campbell-Grossman (2010) conclude four issues that adolescent mothers often confront are: depression, low self esteem, loneliness and a need for social support. It takes time for her to get used to the idea of being a mother and this is sometimes exacerbated by the public not treating them as a normal teenagers, but as persons who are "contaminated" or will be "contaminating" other teenage girls in to becoming mothers. Nelson (2001), as cited in Brubaker and Wright (2006:1216), argues that a woman's moral agency is constrained by deprivation of opportunity; that is, others' power to define her as worthy or unworthy of respect, such that she is denied an opportunity to occupy "valuable social roles or entering into desirable relationships that are themselves constitutive of identity."

Capper (1993) explains that to understand power from the perspective of feminist poststructuralist one should recognise the importance of conflict, the disciplinary mode of domination, and resistance to power. Conflicts come when educator and teenager cannot understand each other and power is being forced on the teenager by the educator. The educator views the mothering teenager as a mother and not as a learner. Kelly (2003:134) explains that feminists have noted that the dominant construction of „mother“has been associated with domesticity or privacy, in contrast

to the more public social identities of student, worker, and the citizen, which have been forged according to unstated male norms. Kelly further added that the statement seems to devalue the mother. Because of this negative connotation to “mother”, educators view teenage mothers as adults and therefore may find it difficult to teach them.

Meisenhelder (1989,), as cited in Capper (1993:21), argues: “It should not deny subjective experience, since the ways in which people make sense of their lives is a necessary starting point for understanding how power relations structure society.” Teenagers should be given the chance to experience life by themselves without interference from adults or people in power. Mothering and pregnant teenagers should be given an opportunity to voice their opinion on what matters to them without being silenced. Capper (ibid) further states that the individual (teenager) is often not aware of the choices that she can make. Subjective experience (based on the teenager’s own personal belief) of the teenage mother is not viewed as important by educators, parents and policymakers.

2.2.2.2 Teenage Mothers’ Subjective Experiences and Labels

Apart from their subjective experiences and personal identity negotiation, teenage mothers have “ascribed” identities arising from the way they are perceived and labelled by people they interact with such as peers, educators, health care workers and others. Wolpe et al (1997), as cited in Chigona and Chetty (2008:26), reports that some school committees in South Africa were often unwilling to allow pregnant girls to continue attending classes for fear that they may influence other girls and encourage them to become pregnant. Pillow (2006:68) declares that contamination discourse assumes that the embodied presence of the sexually active student (as a pregnant learner or as a mother) will contaminate the student body, triggering an epidemic of immoral and promiscuous behaviour. Pillow added that the presence of a pregnant learner in school implodes all categories of student and exposes what is supposedly regulated and silenced in schools i.e. female sexuality. Schools are providing sexual education but very superficially because of parents’ fear that students will be given more intimate information than they can handle.

The student is not only kept from attending school, but when she does get into the classroom there are hidden agendas to keep her from completing her schooling. Educators and learners alike make it impossible for a student who is vulnerable to learn. So although they are accepted back at school, Chigona and Chetty (2007:9) states that they are often ridiculed in front of classmates by educators whenever they haven't satisfied the class requirements. Teen mothers felt some teachers did not empathise with them and they were expected to perform and behave just like any other learner in their respective classes. Jones (1988), as cited in Chigona and Chetty (2007:10), indicates that by giving less attention to some girls in class, the teacher ultimately penalizes these girls in that it contributes to their failing to master curriculum knowledge. Chigona and Chetty (2008:276) conversely state that some teen moms got fed up and resisted the teachers' use of judgemental language in the presence of the fellow learners and answered back to the negative remarks or attitudes they encountered.

Thus conflict between learner and teacher continues with teacher accusing learner of being rude and disrespectful. Smith Battle (2007:364) says that some girls did not allow the strict enforcement of policies to disrupt their educational progress. Luttrell (2003) concurs that some girls turn "what is framed as a problem into an opportunity" when they want to finish school and get a better life for them and their child. She adds that the girl is aware that she must confront conditions such as stigma, mistreatment and subordination, while she has to search for ways to be creative to maintain her dignity at the same time.

When it comes to health services, teenagers are sometimes scared to go to clinics and hospitals to get help on contraceptives. Moreover, they are shy and are wary about what people will think or say about them when they are seen visiting these institutions. Bearinger, Sieving, Fergusson and Sharma (2007:1226) report that adolescents may also avoid seeking health care for fear of being chastised, stigmatised, or punished for sexual involvement. Health care workers are also treating adolescents with disrespect at the clinic, making them fear to access help and that results in them going for illegal abortions. Luttrell (2003) concurs: "we might speculate that a nurse's abusive, punishing treatment is standing in for a girl's own sense of shame or blame, and that a girl's "toughness" against the nurse's attacks

protects her from her own feelings.” According to Wieman, Rickert, Berenson and Volk (2005:352), stigmatised adolescents are more likely to report having seriously considered abortion, being afraid to tell parents about pregnancy, feeling that parents / teachers thought pregnancy a mistake, and feeling abandoned by the fathers of the babies. McIntyre (2003:17) states that unmarried pregnant girls may be too embarrassed to seek help from judgemental or critical service.

According to research done by Utomu and McDonald (2009:140), a married 16 year old can have sex, become pregnant, and have access to reproductive health services and be considered an adult and mother. In contrast, consistent with traditional idealized morality, a 17 year old who is single and pregnant is considered a sinner and is disrespected. In the same study Utomu and McDonald (2009:142) states that because of the restriction of access to family planning services for single young people, young girls are resorting to unsafe abortion services. Goicolea et al (2010) agree when they state that adolescents are portrayed as unable to take responsibilities and unable to understand all the consequences of sexual intercourse, while adults were perceived as more capable of doing that, and mature enough for engaging in sex.

2.3 INTERVENTIONS TO ADDRESS THE PROBLEM OF TEENAGE PREGNANCY

As a global problem, there is literature documenting teenage pregnancy as dealt with in other countries as well as in South Africa.

2.3.1 Global interventions

Teenage pregnancy as a social and health phenomenon needs intervention to assist teenage girls when they have babies and to educate teenagers about reproductive health and sexual matters. According to Ito, Gizlice, Owen-O’Dowd, Foust, Leone and Muller (2006), as cited in Paluzzi and Holmes (2007:2), abstinence-only-until-marriage education is being adopted by school systems to a greater extent every year, in part because government funds were redistributed to promote this program. Hoyt and Broom (2002:14) state that the United States of America introduced

Primary Pregnancy Prevention programs such as Abstinence-based programs, abstinence and contraception-based programs that aimed at reducing exposure to unintended pregnancy. DiCenso, Guyatt, Willan and Griffith (2002) argue that primary prevention strategies that have been evaluated to date do not delay the initiation of sexual intercourse or improve the use of birth control among adolescents. DiCenso further states that these strategies have not reduced the rate of pregnancy at all.

According to Speizer, Beauvais, Gómez, Outlaw and Roussel (2009:279), youth centres in Port-au-Prince in Haiti provide places for the youth to socialize, play games; learn skills (such as computer and English), obtain information about reproductive health; see a provider for family planning services, pregnancy tests, prenatal care, or STI counselling and testing, and can be tested for HIV. Johns, Moncloa and Gong (2000:5) discussed a primary pregnancy prevention program that targets high risk siblings of pregnant/parenting teens. A secondary pregnancy prevention program is focusing on county health services (intervention and case management); school programs (pregnant minor and school age parent) and community agency programs (home visitation to teen parents).

The state of Ohio in the United States, according to Granger and Cytron (1999:107), has Learning, Earning, and Parenting Program (LEAP) for teenage mothers who were still in school complete their schooling. The program (1999:110) requires teenage parents and pregnant teens who do not have high school diplomas or GED's and who are on welfare to stay in school or, if they have dropped out, to return to school or enter a program to prepare for the GED test.

According to Kelly (2003: 128) a school based initiative, Teenage Parents Program (TAPP) was introduced in British Columbia to enable young parents to attend regular high school classes. This program according to Kelly (2003:129) was introduced to teach young women "...that they are worth something, that they can make decisions, that they can shape things.: The program focuses on providing education and child care whilst the mother is at school. TAPP is a standalone school, which caters for mothers and fathers. Roosa (1986:313) states that TAPP has been around for more than 20 years

and included standard high school courses in addition to courses in family life education and parenting/child development. Each program also offers child care for the children of at least some of the young mothers in the program. What is interesting to know is that teenage mothers are important for the government and the country. They are interested in educating the mothers to look after themselves and their children, so reducing teenage mothers being on welfare.

Limmer (2005:214) declares that the targets to establish effectiveness of work with teenage parents focused on ensuring that teenage parents remain engaged with education whilst at the same time bond with their children and develop good parenting skills.

Britain, according to Duncan (2007:312), had its own intervention called Teenage Pregnancy Unit (TPU). It aimed to halve the under 18 teenage conception rate by 2010, and to increase the participation of teenage parents in education, training or employment. Johns, Moncloa and Gong (2000:3) conversely that declares a different intervention to the ones discussed is the National Campaign to Prevent Teen Pregnancy, that include education programmes, family planning/contraceptive programmes, and multi-component programs. Johns, Moncloa and Gong (2000) declare that the program did not really work effectively and did not succeed in reducing adolescent pregnancy. Hoyt and Broom (2002:12) explain that pregnancy prevention education programs are often labelled as family life education. It provides information about sexuality, reproduction, decision making, and sexual relationship issues. It seems that this program is assisting in reducing sexual activity as explained by Kirby (2001:18). A weight of evidence shows that sex education that discusses contraception does not increase sexual activity. In the same study, Kirby explains that effective programs shared two common attributes: (1) being clearly focused on sexual behaviour and contraceptive use, and (2) delivering a clear message about abstaining from sex as the safest choice for teens and using protection against STD`s and pregnancy if a teen is sexually active.

Stand-alone schools seem to be the best option for teenage mothers in other countries. Teenage mothers are ridiculed and discriminated against at public schools. Ducker (2007: 447) explains the purpose of stand-alone schools is to deter gender based discrimination and also operates to safeguard the rights of pregnant and parenting teenagers in the public school system. In the same study Ducker (2007:448) states that although these schools are good for teenage mothers, they offer a substandard form of academic opportunity to their students.

Although the law was passed in 1972, Ducker (2007: 448) declares that students were forced (even when the programmes were voluntary) to enrol in the alternative programme rather than attend traditional courses/classes. "Stand alone schools" are schools that offer courses/classes particularly for pregnant and mothering learners. Luker (1996), as cited in Kelly (2003: 128), also laments the fact that despite the legal victory in 1970s the evidence from both United States and Canada indicates that many pregnant and mothering teens are segregated in alternative settings.

According to Harling (2007:18) practices of exclusion were further perpetuated by pregnant and teenage mothers being physically separated into "young mums" programs in some of the schools. The young women saw themselves as separate from other students. Luttrell (2003:175) mentions two examples why mothers are separated from the mainstream students. One way is to "allay fears" about where girls fit in." Another way is to protect the girls from their friends' hostility or from overly rigid school rules. When the isolation is explained this way it can be understood that the mothers would be safe from hostility and the school rules. On the other hand, students do feel isolated and as if they are contaminated and cannot be amongst the mainstream students.

There are however other schools that make it possible for the mothers to have a normal school day and have their babies as part of their lives at school. Cogua, Binstock, Fernandez, Ibarlucia, Zamberlin (2008: 195) says that schools in Argentina are very flexible in that girls are allowed to take babies to school and can be excused from class to breastfeed their babies. These stand alone schools provide for these mothers and their babies.

All this negativity comes down to school districts not doing enough for the teenage mothers, says Smith Battle (2006: 132) She added that it is unfortunate that school districts generally do little to retain pregnant or teenage mothers or to re-engage dropouts.

Furthermore, Kelly (2003:132) states that although mothers are being ridiculed and embarrassed by teachers, they are looking forward to opportunities for creating new identity and life rather than focusing on how their burdens of motherhood would limit their activities.

2.3.2 South African interventions

In South Africa there is a policy for schools not to expel teenage mothers and pregnant girls. There is however no stand-alone schools that cater for teenage mothers and pregnant girls only. Teenage mothers have to go back to the school they attended before they fell pregnant. There are however many interventions introduced by the National Education Department and certain Non Governmental Organisations (NGOs).

Panday et al (2009:83) report that Life Skills programmes were introduced in South African schools to increase learners' knowledge of HIV, to improve their skills for engaging in healthy relationships by improving communication and decision-making ability and to shift attitudes about people living with HIV/AIDS. These programs according to Panday were not really successful since they targeted a small number of learners and schools and the program was lasting not longer than two years. Karim, Williams, Patykewich, Ali, Colvin, Posner and Rutaremwa (2009:289) agree that interventions such as Life Skills education are aimed at improving the negotiation of safe sex, and youth friendly services at clinics are designed to enhance contextual factors such as parental communication, peer relationships, social expectations and institutional support that directly or indirectly influence the sexual behaviour of young people.

Alubo (2009: 110) on the other hand argues that many reproductive health problems of young people can be prevented but for the fact that they arise out of ignorance, because young people receive adequate education on sexual and reproductive health matters. One of the problems that contribute to the ignorance of young people's sexual and reproductive knowledge, according to Panday (2009), could be the teachers' attitude, skill and preparedness to teach sex/HIV as well as acceptance of sex education within the school system.

According to Panday et al (2009), some schools in South Africa have introduced community-based programmes to address risk behaviour and protective factors for the prevention of pregnancy. The programs use various combinations of school and health-based interventions, community awareness and, in some case, working with youth organisations. According to Kirby (2001:7) programs that focus on sexual antecedents of teen pregnancy include curricula-based programs, sex and HIV education programs for parents and families, programs to improve access to condoms and other contraceptives, and community wide initiatives that have a strong emphasis on sex education or contraceptive services.

Panday et al (2009:88) further state that contraception has been made available at primary healthcare clinics and other mobile services at no cost since 1974. Mass media campaigns, according to Panday et al (2009:91), are an appealing strategy to influence young people's sexual and reproductive health because of its ability to reach large numbers of young people.

2.4 Conclusion

This chapter has reviewed literature on the phenomenon of teenage pregnancy, covering the conceptual and theoretical frameworks that seek to enhance understanding of the phenomenon. Also discussed are ideas from literature documenting global and South African interventions aimed at addressing the problem.

CHAPTER THREE

METHODOLOGY

3. INTRODUCTION

This chapter presents the methodology of the study. It is divided into six main sections, covering: research orientation; research design; methods of data collection; data analysis; data quality; ethical considerations. It ends with a conclusion which draws together various strands.

3.1. ORIENTATION OF THE STUDY

Janse Van Rensburg (2001) explains that orientation refers to finding a particular bearing, facing in a particular direction, in relation to other directions, other ways of looking at and doing research. The orientations are best described in terms of paradigms. Paradigms according to Babbie (2004:33) are models or frameworks for observation and understanding, which shape both what we see and how we understand it. Terre Blanche, Durrheim and Painter (2002:481) describe a paradigm as an all-encompassing system of practice and thinking, which defines for researchers the nature of their inquiry, i.e., those things that can be taken for granted about the social world they are studying and the correct ways of going about studying it. Paradigms give a philosophical basis of the way this research was done. This research that was done is qualitative in approach and the underlying philosophical assumption is interpretive.

3.1.1. Interpretivist paradigm

The interpretive paradigm considers the lived experiences of people. Merriam (1998:5) states that an interpretive perspective does not test theory or measure anything but is interested in understanding the experience of the phenomenon. Gray (2004:20) proclaims that interpretivism asserts that natural reality (and the laws of science) and social reality is different and therefore requires different kinds of method.

Interpretive research methods, according to Terre Blanche and Kelly (1999:123), try and describe and interpret people's feelings and experiences in human terms rather than quantification and measurement. Terre Blanche and Kelly (1999:124) furthermore states that interpretive research relies on first-hand accounts, tries to describe what it sees in rich-detail and presents its „findings“ in engaging and sometimes evocative language. King and Horrocks (2010:11) describe interpretive research as generally *idiographic*, which literally means describing aspects of the social world by offering a detailed account of specific social settings, processes or relationships.

3.1.2 Hermeneutic (Interpretive) Phenomenology

Within the interpretivist tradition, and based on the research question that this study sought to answer, that of researching teenage mothers' lived experiences, the framework on which it was anchored is hermeneutic or interpretive phenomenology. It has been argued that phenomenology is central to the interpretive paradigm (Denzin & Lincoln 2000; Koch, 2006). As a philosophical discipline and research method, phenomenology is seen to have thrown light on previously ignored phenomena of human experience.

Wojnar and Swanson (2007) have argued that there are basically two different types of phenomenology, that is, descriptive and hermeneutic phenomenology. The former, traced to one of the founders Edmund Husserl focussed on studying issues of human consciousness, which is not the concern of this study. Hermeneutic phenomenology on the other hand is said to have been a reaction to some of Husserl's formulations and sought to answer the question of meaning. According to this line of thinking human beings are believed to be hermeneutic or interpretive beings, "...capable of finding significance and meaning in their own lives..." (Wojnar and Swanson (2007:174).

Meanings attached to lived experiences of teenage mothers were the focus of this study, and thus the hermeneutic phenomenological orientation inspired the design of this study.

3.2. RESEARCH DESIGN

This is a phenomenological case study of four learners located in two high schools. Each learner was a teenage mother who fell pregnant, gave birth and returned to school to continue her education. Babbie and Mouton (2010:74) state that a research design is a plan or blueprint of how you intend conducting the research. In other words, with a research design you go from merely having a question you want to ask, to building up a strategy for you to get the answer. A research design can be seen as a plan for your study, almost like an architectural design from which you build your house. It aims to assist with at least four aspects of your study: (1) the questions you should be studying, (2) the relevant data needed for the study, (3) the type of data that should be collected, and (4) how to go about analyzing the data.

Stake in Denzin & Lincoln (2000:436) says a case study is both a process of inquiry about the case and the product of that inquiry. I want to better understand the phenomenon that is being studied. Stake states that it is called a case study because it draws attention to what can specifically be learned from that single study.

3.2.1. Case Selection

Four girls were purposefully selected; two from school A and two from school B. Selection was done by me and a Life Orientation teacher at the school B. Both the teacher and I knew the teenage mothers well since we were teaching them and because the girls confided in us and trusted us. Purposeful sampling according to Babbie and Mouton (2010:166) is appropriate to select a sample on the basis of your own knowledge of the population, its elements, and the nature of your research aims: in short, based on your judgement and the purpose of your study. According to Merriam (1998:61) purposeful sampling, in this case, purposeful selection of cases, was based on the assumption that the investigator wants to discover,

understand, and gain insight and therefore must select a sample from which the most can be learned. Merriam further states that information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term “purposeful sampling”

3.3 METHODS OF DATA COLLECTION

Methods of data “collection” refers to the actual techniques of gathering data. As this was a phenomenological study, the main method of data collection was phenomenological interviewing.

3.3.1 Phenomenological interviewing

An interview has been described as a process in which a researcher asks questions and a participant responds based on his or her experience (deMarrais and Tisdale 2002). It has been argued that where a researcher seeks to access experiences of participants, phenomenological interviewing techniques are useful. Two of the distinguishing features of phenomenological interviewing include the fact that it is (a) in-depth and is guided by (b) “reflexive bracketing”.

3.3.1.1 In-depth interviewing

Individual In-depth interviewing was used in this study to get an understanding of what the teenage mothers were experiencing. I wanted rich descriptive information from the interviewees. In-depth interviewing, according to DiCicco-Bloom and Crabtree (2006:316), is used by health care researchers to co-create meaning with interviewees by reconstructing perceptions of events and experiences related to health and health care delivery. In the same study, DiCicco-Bloem and Crabtree (2006: 317) state that in-depth interviewing are used to discover shared understandings of a particular group, in this study the teenage mothers. Teenage mothers were given the opportunity to describe their experiences and were led to give more than just yes or no answers.

Boyce and Neale (2006:3) describe in-depth interviewing as a technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, programme or situation. Boyce and Neale explain that in-depth interviews are useful when a researcher wants detailed information about a person's thoughts and behaviours or wants to explore new issues in depth.

3.3.1.2 Reflexive bracketing

According to Ahern (1999), reflexive bracketing refers to the ability of a researcher to put aside personal feelings and preoccupations about a phenomenon, in this case teenage pregnancy. Although a contested concept and subject of ongoing debate among researchers and theorists, reflexive bracketing is increasingly being recognised as an important research resource. Taking a variety of approaches to bracketing, it can be seen that the basic idea is that as researchers we must "suspend", "resist", "transcend" or hold at bay preconceived ideas and biases in order to access the phenomenon or thing itself. (Levasseur 2003; Gearing 2004; Ahern 1999). In other words, we must not allow our everyday attitude towards the world, our prior knowledge or theories about the phenomenon (in this case pregnancy or pre-marital sex) to clutter our attempt to understand the phenomenon. We must adopt a curious, reflective and questioning perspective until we achieve understanding, as Levasseur 2003 puts it:

...we make progress towards sense and meaning by questioning prior knowledge, thus expanding into new horizons of meaning. Yet we never fully arrive, because to arrive would merely represent another stage of pre-understanding. Instead each turn in the circle opens new horizons and possibilities yet resists dogmatic conclusions, because the ongoing project of reflective questions keeps the possibility of new experience and understanding alive... (p418)

From the above quotation, it can be seen that the point is not arriving at the truth *per se* but the way in which a researcher goes about it, that is, through reflexive bracketing. It describes a rigorous process that not only manages bias but also leads to higher understanding of the phenomenon.

It must be stressed that in researching a sensitive topic such as teenage pregnancy, it is important not only to be guided by cannons of phenomenological interviewing but also to strive to implement them consistently.

3.3.1.3 The Actual Interview process

In this study, data were collected through individual in-depth interviews. Interviews were done at a convenient time and place for the learners, that is, at their respective schools where they felt safe. Before the interview started I explained to each participant what the study was about and why the participant was “chosen” to do the interview. Lichtman (2006) explains that interviewers must talk about why they are there, why the interviewees have been selected to be interviewed, and how the interviewers will use what they learn from interviewees. I took time before the actual interview to ensure that the participant understood what the interview was about. King and Horrocks (2010:49) suggest taking time before you start the interview proper to check that the participant has an adequate understanding of what is about to happen and why, and if necessary revisit this during the interview. When explaining the research to the participant, I also made sure that we were comfortable with each other and that we could talk freely. I then gave each interviewee the opportunity to give voice to her own experiences.

Interviews were done at the interviewees’ schools: two where the interviewer is teaching (school A) and two at school B. The interviews were done after school so as not to interfere with the school time of the learner. In unstructured interviews, according to Byrne (2001), the researcher comes to the interview with no predefined theoretical framework, and thus no hypotheses and questions about the social realities under investigation. Rather, the researcher has conversations with interviewees and generates questions in response to the interviewees’ narration. The

questions (see appendix of questionnaire) that were asked during the interview were on the level of the teenage mother, whether she was in grade 8 or grade 12.

Merriam (1998: 76) proposes using words that make sense to the interviewee, words that reflect the respondent's world view, will improve quality of data obtained during the interview.

Merriam (1998:74) suggests that qualitative interviews are more open-ended and less structured. According to Merriam (1998:74), unstructured interviews are guided by a list of questions or issues to be explored, and neither the exact wording nor the order of the questions is determined ahead of time. I posed one question to the learner and questioned the learner on an answer if it was not clear or I wanted to know more about that specific answer. King and Horrocks (2010:175) explain that in this phenomenological method it is important that the researcher bracket his assumptions about the phenomenon under scrutiny and attempt to see it afresh.

The teenage mothers were also probed so that they could provide more details to their previous answer. Probing, Merriam (1998:80) suggests are questions or comments that follow up something already asked. King and Horrocks (2010:53) state that probing seeks to add depth to interview data. Clarification probes seek explanation, either of specific words and phrases or of more substantial sections of the account that the interviewer has not fully understood. Completion probes ask the interviewee to finish a story or explanation that seems to the interviewer to have broken off before its 'natural' end. Probing, according to Babbie (2010:289), is one useful way to get answers in more depth without biasing later answers.

Throughout the interview process I was guided by the principles of reflexive bracketing designed not to pre-judge the teenage mothers.

3.3.2 Questions for unstructured interviews

I asked the participant a few questions about her background (these questions are in appendix D) so that the participant could feel at ease. Flexibility was used so that the participant could talk freely. Lichtman (2006:117) states that you as a researcher and interviewer are trying to set up a situation in which the individual being interviewed will reveal to you his or her feelings, intentions, meanings, sub context, or thoughts on a topic, situation, or group.

3.4 DATA ANALYSIS

After the interview, I transcribed the data and read it thoroughly to get a feel for what the teenage mothers were saying and to check for any patterns in the data. Bless and Higson-Smith (2000:137) explain that once data collection and checking have been completed, the researcher should begin the process of analysing the data. TerreBlanche and Kelly (1999:138) state that a key principle of interpretive analysis is to stay close to the data, to interpret it from a position of empathic understanding. Because the case studies were very intimate and personal I had to be very empathetic and understanding without judging the teenage mothers. Keats (2000:27) explains that empathy helps to understand the reasons why people behave and think as they do, but does not of itself either excuse or condemn.

Terre Blanche and Durrheim (1999:141) suggest that the researcher reads through the data that has been collected that is in the form of texts now. Gray (2004:319) recommends that through analysis, we can progress through an initial description of the data and then, through a process of disaggregating the data into smaller parts, see how these connect to new concepts, providing the basis for a fresh description. After the interviews had been done, I read through the data that was now in the form of texts. After reading the texts, the data was induced to get themes. According to Gibbs (2007:4), induction is the generation and justification of a general explanation based on the accumulation of lots of particular, but similar, circumstances. Patterns of similarities and differences were therefore garnered from the data that was collected.

When I read through the data I divided it into themes. I looked for similarities and differences in the data. I had to give the exact words of the interviewee and bracket my beliefs and how I wanted to write the transcripts. As a researcher, I also had to listen to the transcripts more than once and listen carefully to what the interviewee is saying and what she is not saying. It is important to give the true reflection of what is said. I had to listen to the voice and also remember what the facial expression was of the interviewee when she said the words.

3.5 RESEARCH QUALITY

Meyrick (2006) states that the question of how quality is achieved in qualitative research is a debate that has gone on for some time and concludes that literature shows that there are two generation of core principles, "...transparency and systematicity, elaborated to summarize the range of techniques used, mirroring the flow of the research process..." (p. 799). These principles are reflected in what Guba and Lincoln (1989) call *trustworthiness*. Koch (2006:91) has argued that trustworthiness of a study "...may be established if the reader is able to audit the events, influences and actions of the researcher..." Trustworthiness can be assessed using criteria of *credibility*, *transferability* and *dependability*. To understand these criteria table 3.1 should assist:

Table 3.1: Establishing Trustworthiness (Adapted from: Koch 2006)

	Quantitative Paradigm criteria	Qualitative Paradigm criteria
Truth values	Internal validity	Credibility
Applicability	External validity	Transferability
Consistency	Reliability	Dependability

It can be seen from table 3.1 that criteria for research quality or trustworthiness for qualitative research such as this study, have to do with its credibility, transferability and dependability; terms which correspond to internal validity, external validity and reliability respectively. An explanation of each criterion for trustworthiness and how I sought to achieve it, in its various aspects, is given below.

3.5.1. Credibility

Credibility criterion according to Guba and Lincoln (1989:236) is parallel to internal validity in that the idea of isomorphism between findings and an objective reality is replaced by isomorphism between constructed realities of respondents and the reconstructions attributed to them. Koch (2006:91) states that credibility is enhanced when researchers describe and interpret their experience as researchers. To obtain information from a respondent, I should be able to build the necessary trust with the respondent to ascertain the true experience. It was important to elicit the true meaning of their experiences by listening attentively and to give them the opportunity to speak unhindered. Whilst listening to the respondent I made some notes on her tone of voice, facial expression and anything that could assist when transcribing the interview.

Teenage mothers also had to completely trust me before the interview could begin. Once the trust was established, I proceeded to speak on a level and in language that the respondent could understand. When respondents became sad or angry, it was imperative to keep calm and let them cry or speak out their anger without telling them what to do. I tried to gather as much of their authentic stories and respected their responses as true.

3.5.2 Transferability

Guba and Lincoln (1989:241) posit that transferability may be thought of as a parallel to external validity or generalizability. Transferability therefore can be used as to check if stories are similar or to generalize. Readers should be able to make judgements on the study. In this study not all teenage mothers' stories were the same but they could be representative of other teenage mothers in similar contexts. Teenage mothers are encouraged to reflect on their own stories and to give rich descriptive answers. I asked one question and from what the teenage mother described I probed further to find more information from her. True words of the interviewee are essential when doing the transcription.

3.5.3 Dependability

Dependability according to Guba and Lincoln (1989: 242) is concerned with the stability of the data over time. The data in this study is true to the girls' own experience and could be tracked if need be. I read literature of other writers to verify that teenage mothers' stories are true and could be representative of other teenage others. The data has not been changed and I ensured I captured the teenage mothers' words when transcribing the data. Audio recordings were made and was used as true as possible. These are available if the data need to be verified.

3.5.4 Challenges Faced in the Study and how it was overcome

The sensitive nature of this study was in itself a challenge. I experienced 5 sets of challenges:

- Difficulty in securing appointments for interviews
- Difficulty in striking deep conversation with participant
- Difficulty in finding suitable venue for interviews
- Time limit for interviews
- Noise during the interview

3.5.4.1 Difficulty in securing appointments for interviews

Learners were not available after school, when I arrived at school B, I had three appointments with teenage mother without her showing up. After the third attempt to have an interview at school B, I phoned the Life Orientation teacher and we did get another teenage mother who was willing to help with the study.

3.5.4.4 Time limit for interviews

When I met with the learners after school, I only had half an hour in which to do the interview. Learners were in a hurry to get to their taxi or to get home because they had chores waiting and the nanny wanted to go home. I had one learner who could not stay longer than 20 minutes because she had to write a test after school. I arranged with the girls to meet at least twice a week for half an hour. Fortunately, they arranged with their nanny to stay half an hour longer. The girl who had to write a test after school also came twice a week for the interview.

3.5.4.5. Noise during the interview

Because I did not have an office or a quiet room for the interviews at school A, the noises from outside disturbed the interview. It was difficult to ask a question and the learner had to repeat what she was saying. I asked the teenage mother to be quiet when there was noise and when there was silence we continued with the conversation. I asked some of the workers at school to keep the children who were waiting for afternoon classes away from the class where we had the interview.

3.6 ETHICAL CONSIDERATIONS

This study was guided by 6 main ethical principles: anonymity and confidentiality, voluntary participation, informed consent, non-deception, and human rights. Below is an outline of how I understood these and how I endeavoured to achieve them.

3.6.1 Anonymity and confidentiality

Participants were assured that their names and details would be kept confidential. This was achieved by use of pseudonyms, TMA1, meaning Teenage Mother 1 from school A; TMA2, meaning Teenage Mother 2 from school A; TMB1 meaning Teenage Mother 1 from school B, etc. King and Horrocks (2010:117) suggest that, rather than assuring confidentiality, we as researchers can seek to offer anonymity when using the data generated in qualitative interviews.

3.6.2. Voluntary participation

When teenage mothers were approached for this study, I made it clear that it must be of their own free will. They must want to tell their story. At no stage did I want to force teenage mothers to participate in this study. When a teenage mother was not comfortable in relating her story/experiences, I asked her again if she wanted to participate. Those who did not want to participate were left alone. Bless and Higson-Smith (2000:100) state that participation in research must be voluntary and people can refuse to divulge certain information about themselves. Denzin and Lincoln (2005: 144) explain that voluntary participation must be without physical or psychological coercion. Denzin and Lincoln, in the same study, further state that the respondents' agreement must be based on full and open information. Teenage mothers who did not want to participate in the study stated so to the researcher; others stayed away without informing me that they did not want to participate in the study.

3.6.3 Informed Consent

Before I interviewed the respondents, I gave them the reason for the research as well as what would happen to the information that they were to give. The ethics of the research, according to Gray (2004: 58), concerns the appropriateness of the researcher's behaviour in relation to the subjects of the research or those who are affected by it.

Participants were also asked if they wanted to carry on with the research after the discussion. Three of the teenage mothers were very eager to discuss their experiences since it was the first time someone wanted to listen to their experiences. Gibbs (2007:8) argues that the principle of fully informed consent means that participants in research should know exactly what they are letting themselves in for, what would happen to them during the research, and what would happen to the data they provided after the research is completed. Gray (2004:60) states that informed consent is best given in written statement. Participants had the right to withdraw at any given time if he / she so wished. Christians (2005: 138) states that subjects must agree voluntarily to participate – that is, without physical or psychological coercion. In addition, their agreement must be based on full and open information. Gray

(2004:61) on the other hand describes privacy as the right not to participate, to be contacted at reasonable times, and the right to withdraw at any time.

3.6.4 Non Deception

Deception, according to Sarantakos (2005:19), occurs when researchers encourage people to take part in a study by deceiving them, hiding aspects of research that respondents might find undesirable, or presenting an attractive but false image of the research. Non-deception then would be to divulge all information to the participant and tell him/her exactly what the study is about. The teenage mothers who participated in this study were told exactly what the study entailed and were asked on more than one occasion if they were prepared to do the study. Because the study is so confidential and sensitive, teenage mothers were promised that their information would be confidential and not discussed with anyone. Only when they felt comfortable and safe to do the study did we proceed with the interview. What was also important was the trust that the teenage mothers had in the two Life Orientation teachers; they felt that their information was safe and would not be discussed with other teachers as they had previously discussed and shared very sensitive and private information with the teachers concerned.

3.6.5 Human rights

Human rights are considered a necessity for every human being. One should at all times respect everyone's human rights and not violate them by doing something that might be discriminatory or in any way derogatory to the other person. All participants in this study were treated with the utmost respect and empathy. I tried at all times to ask the sensitive questions in a way that the teenage mother would not be uncomfortable or feel insecure. Sarantakos (2005:19) state that mental harm can be caused by asking personal questions in a demeaning manner and by treating subjects with disrespect. In the same study Sarantakos (2005:19) states that researcher can cause harm by violating any rights of the respondents, such as their right to privacy, anonymity and confidentiality.

3.7 CONCLUSION

This chapter has presented the methodology used in this study. It gave the philosophical underpinnings of the study, focussing on hermeneutic phenomenology. Hermeneutic phenomenology allows the respondent to find significance and meaning in their lives. Guided by that framework, an outline of the actual phenomenological data collection techniques was given. Data was collected through individual in-depth interviewing. Researcher did the transcriptions personally. This was followed by a discussion on data quality, data analysis and ethical considerations.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4. INTRODUCTION

This chapter presents and analyses data of this study. It is divided into three main sections, covering, background information on each participant; teenage mother's experiences upon return to school; balancing demands of schoolwork and motherhood responsibilities.

4.1 BACKGROUND INFORMATION ON EACH PARTICIPANT

The purpose of this section is to introduce each participant by introducing summaries of their background information. Such information assisted me as researcher to contextualise their responses to my questions. For ease of reference, each participant was coded as follows: TMA1 = Teenage mother in School A 1; TMA2 = Teenage mother in School A2; TMB1 = Teenage mother in School B1; TBM2 = Teenage mother in School B2.

Brief biographies of each coded participant follows:

TMA1 is a 19-year-old girl who lives with her single mother and two siblings, a younger brother and an older sister. She was 16 years old and in grade 10 when she fell pregnant towards the end of the year. Sixteen years, according to South African law, is a legal age to make decisions on having sex. Unfortunately, she was not really thinking of the consequences of having unprotected sex. She fell pregnant and in the same year she failed grade 10, though not due to the pregnancy. She had great difficulty in doing her schoolwork. But fortunately she was not prepared to leave school because she had failed. She was determined to remain in school and finish her schooling.

She was in a relationship with the father of the baby for a few months before she fell pregnant. He left her when he found out about the pregnancy and relocated to Cape Town. When the boyfriend left her she wanted to have an abortion, but abandoned the idea because her mother promised her that she would support her with the pregnancy and the baby's birth. Brubaker and Wright (2006:1219) state that the mothers are at first disappointed and angry and hurt upon learning about their daughters' pregnancy, but they urge their daughters to keep the baby and also assist the daughter to view their situations with a sense of responsibility. So although TMA1's mom was disappointed at her for falling pregnant at a time when they were struggling financially, she agreed to look after the mother-to-be (her daughter) and the new baby.

TMA2 is a 16 year old girl who lives with her single mother and extended family. She fell pregnant at the age of 14½ when she was in grade 9. At the age of fourteen (14) a girl is under age to consent to sex. According to Section 15 of Criminal Law (2007:14), acts of consensual sexual penetration with certain children (statutory rape) (1) A person ("A") who commits an act of sexual penetration with a child ("B") is, despite the consent of B to the commission of such an act, guilty of the offense of having committed an act of consensual sexual penetration with a child. A child according to this law is anyone older than 12 but younger than 16. So this mother was under age when she had sex although she consented to sexual penetration. Unfortunately, the parents as well as the teenage girl are either unaware or ignorant of the law. Some parents tend to turn a blind eye to the relationship of the young girl with an older man, sometimes because of fear of losing the daughter and other times because the boyfriend assists financially.

Because she was so young and the boy (man) was four years or more her senior, a notion might be held that she was coerced into having sex without a condom or other contraceptive. Although poor knowledge is often cited as a reason for ineffective or non-use of contraceptives (Arai, 2003, Bankole, Ahmed, Neema, Ouedraogo & Konyani, 2007), studies have shown that most young people are well informed about modern methods of contraception. TMA2 returned to school just to write examinations and returned few months later in the next year to be placed in grade 10. Considering the boyfriend was older than her, Teitelman et al (2008:1695)

explain that older male partners, especially those who have more financial resources, may have a greater sexual decision-making power in relationships with adolescent girls. Younger teenage girls like the attention of the older boys without realising the danger they might be in when having a relationship with such boys.

Participant **TMB1** is an 18 year old girl who lives with both her parents. She is the youngest in the family. She was 17 and in grade 11 when she fell pregnant towards the end of the second term. She had to leave school when the principal found out she was pregnant and had to come back the next year. She had to repeat grade 11. She was not very happy with the arrangements that the principal had made on her behalf and felt that she was cheated out of writing her grade 11 final examination and going on to grade 12.

She was in a relationship with the father of the baby for two years and she was on contraceptives before she fell pregnant. She does not give a reason why she did not keep on using the contraceptives. De Villiers and Kekesi (2004:21) explain that some teenage pregnancies are not entirely unplanned and the ambivalent feelings that some teenagers have may deter them from seeking contraceptives and from using them consistently. Berry and Hall (2009), on the other hand, state that factors that contribute to the number of teenagers who fall pregnant are for example, gender power imbalances, early sexual debut, barriers to contraceptive use and misinformation on sexual health issues. This teenage mother was on contraception and stopped using it knowing what the consequences were.

She had to leave school and return in the next year and repeat grade 11. She was not very happy about repeating and felt that the school did not treat her right. Although she felt this way, she and her parents accepted the fact that the principal did not want her around the school premises when so many little children are running around at school and could hurt her and the baby. (The school she is attending is a combined primary and high school).

Participant **TMB2** is a very quiet 17 year old girl who lives with her siblings, her father and her stepmother. She was 14 years and in grade 9 when she fell pregnant. She never informed the principal of her pregnancy. Because female learners at this school are asked to leave school immediately their pregnancy is known by teachers, she was too afraid to tell anyone and hid her pregnancy. She therefore stayed absent a lot and only returned to school at the beginning of the following year in grade 10.

She was in a relationship for a few months with the father of the baby. He left her after he found out that she was pregnant. He first denied paternity until they did a test to prove his paternity. He did not, however, stay with her and left her instantaneously. She is currently in grade 12 and has never failed a grade. An interesting fact is that she could not face telling her parents about her pregnancy and decided to write a letter. That sort of softened the blow and they could then have a clear-headed discussion on the way forward. It was a disappointment to her because she was the youngest of the sisters and the first to have a baby. Her parents sent her for a pregnancy test to make 100% sure that she was indeed pregnant. When the test was positive, she received a lot of support from her father and her stepmom, although the latter did not work at home but out of town.

Three of the four girls were in sexual relationships without using contraceptives. They were also not in the relationship for very long. Two of the girls were extremely young, 14½ years old, and also very immature. They did not negotiate with the boy on whether they were going to use contraceptives or condoms to prevent them from falling pregnant or to avoid getting HIV+.

4.1.1 Summary: Biographical information

Data from the biographical narrative above can be summarise in table 4.1 below

Table 4.1: Ages of teenage mothers and age at which fell pregnant

Teenage mother	Age at time of interview	Age when became pregnant
TMA1	19	16
TMA2	16	14
TMB1	18	17
TMB2	17	14

It can be seen from table 4.1 that all four teenage mothers were minors, that is, they were under the age of 18 when they fell pregnant. Two of them were in fact even under the age of consent and yet those who made them pregnant were not charged with statutory rape. Given these facts, it can be concluded that two of these children's reproductive health rights were violated (c.f. chapter 2), as they were too young to make decisions about their sexuality. Such indulgence also adversely affected their health and emotions.

The human right of the teenage mothers were also violated since their power was taken away from her by the boyfriend when he decided not to use protection for sexual intercourse. The boyfriend's denial of being the father of the baby traumatised the teenager mother.

What was also evident was the fact that schools made policies to keep pregnant teenagers away from school; thus violating the teenager' right to education. (c.f. chapter 2)

4.2 TEENAGE MOTHERS' EXPERIENCES UPON RETURN TO SCHOOL

In chapter two it is reported, in literature, that teenage mothers are subjected to different kinds of treatment by peers and teachers. In order to find out what they actually experienced when they returned to school after giving birth, participants were asked what their experiences were when they came back to school (See Appendix D).

It transpired that when teenage mothers returned to school after childbirth, they had mixed feelings. They were not sure how they would be accepted back at school by the teachers and the learners (their friends). **TMA1** was in grade 10 when she fell pregnant and her mother decided that it would be best for her to return to school. At first she wanted to go the Further Education and Training College to complete her schooling. Her mother insisted that she go back to school.

My friend thought that I was going to the FET College. My mother wanted me to finish matric. I know she does not understand that it is the same as the school. (TMA1, Data set 1)

In some classes she actually enjoys being a mother and the class can draw on her experiences, the mistakes she made and the good and bad times of being a teenage mother.

In the Life Orientation class when the teacher speaks about pregnancy, peer pressure; I can discuss with her and talk about my experience. (TMA1, Data set 1)

TMA1 was ashamed to go back because of being a mother and because of the boyfriend not being in her life anymore. She encountered numerous problems with the teachers. This is contrary to what Chigona and Chetty (2007) experienced with teen mothers who fear participating in class discussions when topics of "teenage pregnancy" arose. But according to **TMA1**, the teachers did not empathize with her situation. The learners also felt that she wanted special treatment because she was a mother. Chigona and Chetty lament that the teen mothers feel particularly

uncomfortable that everybody was talking about their situation. When a female teacher ridiculed **TMA1** in front of all the other learners in class she became aggressive. She explains:

I wanted to throw her with the chair; because she does not have the right to say those things to me. I know I did wrong, but she does not have the right to say those things to me. (TMA1, Data set 1)

Chigona and Chetty (2007:9) state that some mothers felt that the teachers did not understand their situation and they were expected to perform and behave just like any other student in their respective classes. TMA1 was angry because she felt she was treated unfairly. Luttrell (2003: 143) states that rather than denying the reality of maternal conflicts and ambivalence that so many teenage mothers expressed, educators and concerned adults could encourage pregnant girls to explore and express their mixed feelings.

TMA2 was very aloof when she returned because according to her she was now more matured than the learners in the class because she was a mother. She was also boasting that she was not the only girl in school who returned to school after having a baby. Her defence was that she did not ask to have the baby.

To me it was not difficult to decide whether to come to school or not. I am not the first girl who fall pregnant and come to school. So many girls have babies and they return to school. It's not as if I asked for it. I know what I was doing when I had sex, it's just to me it is a gift from God. Everything happens for a reason, I did not go look to fall pregnant. (TMA2, Data set 2)

The attitude shown by this teenage mother is positive and one that counters whatever stigma may be associated with her situation. She appears to have made a conscious choice to be pregnant. Cater and Coleman, (2006) as cited in Panday et al (2009:32), argue that choosing to become pregnant is seen by some teenagers, as a positive decision, offering a sense of purpose and future direction. Such a path is chosen to correct negative childhood experiences characterized by dysfunctional

family relationships, poor scholastic performance, and growing up in homes and neighbourhoods where teenage pregnancy is quite common.

TMB1 was in grade 11 (eleven) when she fell pregnant and had to repeat grade 11 since she fell pregnant in the third term of the school year. She was very upset with the principal for not allowing her to complete her grade eleven year. Her mother was not very happy with the news of her pregnancy and told her that she wanted a better future for her. She explained about her mom:

She was very shocked and told me she had a lot of things planned for me for my future after my studies at school. (TMB1, Data set 3)

Wolpe et al (1997), as cited in Chetty and Chigona (2008:26), report that some school committees in South Africa were often unwilling to allow pregnant girls to continue attending classes for fear that they may influence other girls and encourage them to become pregnant. Although the principal decided not to let her come back to school in her pregnant state because of possible injury to her, Pillow (2006:68) agrees: "...the presence of a pregnant learner in school implodes all categories of student and exposes what is supposedly regulated and silence in schools i.e. female sexuality."

The teenage mother had to be absent from school on various occasions. She had to take her baby to clinic since the nursing sisters wanted to see the mother instead of the grandmother or the nanny of the baby.

Missing one day at school is big, because I am in grade 11 now and there's a lot of work you have to catch up. Look I already missed out two weeks and I could not manage to catch up. (TMB1, Data set 3)

Chigona and Chetty (2007:7) remark that teachers are not willing to go through the missed lessons with just one or two students. When learners (teenage mothers) are absent they have to catch up on their schoolwork very quickly.

Initially she did not really fit into the new class because of the learners being much younger than she was, but she got to know them and the fact that they respected her as their equal made it easier for her to be in the same grade. She was quite upset for having to do the same work again. But the main thing was for her to go back to school and to complete her schooling.

Data shows that to go back to school was not common to all teenage mothers.

TMB1 was not ready to go back to school because she had to repeat the same grade and felt a little embarrassed in coming back to school as a student and a teenage mother. She hesitated to even enter the classroom when she returned. She says:

To be honest, it felt like, I did not want to be here at the beginning because I felt that I have done all that work and now I have to do it over again.' (**TMB1, Data set 3**)

TMB1 was very apprehensive when she had to go back to school and could not face the principal, teachers and the learners in her new class. She felt that the principal stood in her way of achieving her goal. In this regard **TMB1** says:

When I came into the class for the first time, these feelings was like I don't know was it for the teachers or for the children. I felt like must I come in or should I stay outside, that feeling. I don't know, I can't explain it. It was like...I am going to make an example. It is like I have a child and she is still at school. I was like thinking what other children would think about me and all that.
(**TMB1, Data set 3**)

Although she did not quite articulate it “...can’t explain it...” **TMB1**’s experience was uncomfortable when she got back to school.

Although the law allows teenage mothers to return to school after child birth some teachers and communities do not seem to be comfortable with this. **TMB1** said:

The principal called me in and said you are not allowed to be at school, because there are small children at school. He said the children are running around and I could get hurt.’ (TMB1, Data set 3)

Wolpe et al (1997), as cited in Chigona and Chetty (2008:26), reported that some school committees in South Africa were often unwilling to allow pregnant girls to continue attending classes for fear that they may influence other girls and encourage them to become pregnant.

TMB2 was also a grade 9 (nine) learner when she fell pregnant and only returned to school the next year. She came back to school very enthusiastically. After the baby’s birth, her father proposed that she take a year off school to look after the baby. She did not want to do this and insisted that she return to school and find someone to look after the baby while she was at school. It was not easy for her to observe her father look after the baby that was still so young. She states:

I was against staying away for a whole year. I have this life plan; my school career ends practically when I am 21 and if I stayed a year at home, it would have ended later at 22. I think for me it is a big deal. (TMB2, Data set 4)

Although she had to work very hard at looking after the baby and doing her school work, she realised that it was the only way to move forward. Especially since her father did not want her grandmother to look after the baby. Schooling and looking after the baby was hectic for her but she managed to make it look easy. On days when her father was at work she would stay absent from school and would look after the baby. Some days she was supposed to write a test but would ask the teacher to write the next day.

Of the girls that were interviewed, **TMB2** was most excited to come back to school. She was keen to get back because she would be in a new grade and be doing new subjects. She did not, however, divulge any information to her friends about her baby or childbirth. She was serious about getting back into school.

I was looking forward to being in grade 10. Because that's where I thought it was the first start, because I had just chosen my new subjects in grade 9 and I wanted to experience those new subjects. It was an exciting time. (TMB2, Data set 4)

What was important for this teenager was the prospect of learning new subjects in Grade 9. This gave the child a sense of attachment to school. What **TMB2** said seemed to contradict what Panday et al (2009:21) argue, being that when teenagers feel a sense of attachment or connection to school and are successful at school, they are less likely to fall pregnant.

When **TMB2** returned to school, her main focus was to get into class and to make the most of her grade 10 year. She did not want to stay at home and used every excuse not to be there. According to Farber and Iverson (1998), Furstenberg et al (1987), and Manlove (1998), as cited in SmithBattle (2006:131), it should be no surprise that teenage mothers with stronger academic records and higher aspirations remain on track to graduate from high school and fare better over time than do teen mothers with poor school performance.

I have energy in the class; I think it comes from the children in the class. They keep me awake, it seems like I am a child again. When I am at school I don't have any problems (baby), but when I am at home it seems that the problem is worse. At school, I just want to be a learner and not a mother to a baby. I tend to forget that I am a mother when I am around my friends.' (TMB2, Data set 4)

From the above it looks like being at school not only helped her come to terms with her situation but also gave her a sense of purpose. This seems to add an angle to Rosengard, Pollock, Weitzen, Meers and Phipps (2006:507) suggest when they state that adolescents described having a baby at a young age as a disadvantaged experience that require them to put their lives on hold, revise their life goals, make their daily lives more difficult/challenging, and making them miss out on important teenage experiences.

Although **TMB2** was so excited to go back to school, her father wanted her to stay at home for at least a year so that she could look after the baby for the first year and go back the next year.

4.2.1 Summary: Experiences upon return to school

Data in this study shows that, although the teenage mothers were apprehensive about what they would encounter when they returned to school after child delivery, some teenage mothers were keen to go back to school to further their studies. From the feminist post-structural perspective (c.f. chapter 2), the subjective experiences that the teenage mothers went through, enabled them to negotiate their identities as mothers and as learners. Teachers do not empathise with teenage mothers and refuse to give them work when they were absent from school. Teachers also harassed teenage mothers for a note or letter from a doctor or their parents when the teenage mothers were absent.

There were mixed feelings from some community members and some teachers in school about pregnant teenagers attending school as well as about allowing them to return to school after child birth. Teachers and peers stigmatized teenage mothers when they return to school, making their lives at school a big challenge. Teachers would make remarks on teenage mothers' performance at school especially when they did not complete their homework. Despite the bad treatment, some teenage mothers excel in their schoolwork.

4.3. THEMES FROM PARTICIPANTS' DESCRIPTIONS OF EXPERIENCES

From the participants' descriptions two dimensions of experiences can be identified. These are psychological and sociological experiences.

4.3.1 Psychological Experiences

Teenage mothers experience trauma and hurt differently. Stress at school, at home, with the friends and the boyfriends can become too much and each one deals with her own stress in her own way. Having to raise a child without a father and without financial support from his family is tough on a teenage mother who is also still a teenager. The stress of schoolwork, home and boyfriend issues were too much for two of the mothers.

TMA1 was hospitalized with a mental problem.

My illness started in March when I got headaches and stuff. I was admitted at St. Dominic's hospital. They said I have a mental problem and they put me in the psychiatric ward and they put me in St. Mark's clinic. (TMA1, Data set 1)

Contrary to what Wright and Davis (2008:133) found, that evidence of resiliency suggests that a significant number of young women have the capacity to overcome overwhelming odds to establish better lives for themselves and their children, many teenage mothers still cannot handle stress very well.

TMA1 could not handle the fact that her boyfriend wanted nothing to do with her as well as her baby. He asked her to go and look for the baby's father elsewhere. Her immaturity definitely showed when she drank alcohol whilst not thinking of the consequences of her actions. She remarked:

Then not to think about it, I was much stressed, I used to go to the clubs and get drunk. I was mature enough to go to the clubs. Every weekend, Saturdays, everyone at home was looking for me. (TMA1, Data set 1)

Panday et al (2009:25) explain that acceptance of paternity means financial support, as well as social and cultural connection for the child. Rejection, on the other hand, compromises a girl's and her family's moral standing in the community. It seems easy just to accept the pregnancy, but to face your friends and explain to your extended family that you have been abandoned by the father of the child can be traumatic. De Villiers and Kekesi (2004:23) state that teenage fathers are increasingly living apart from their children; this leaves most teen mothers with the burden of raising their children single-handedly or having to leave the children in the care of grandparents in order to earn a living. Motjelebe (2009: 12) conversely states that the adolescent, who is also pregnant, is thus responding to, and must cope with development challenges, the crisis of adolescence and the crisis of pregnancy and parenthood.

I really thought the drinking would help the pain, I didn't know that time; I know now that it was not helping. (TMA1, Data set 1)

Although her boyfriend did not abuse her physically, the verbal and mental abuse in the form of accusations and swearing was just as bad for **TMA1**.

He would phone me and swear at me. He said I should go look for the father of the child, he did not want responsibility. (TMA1, Data set 1)

According to Garcia-Moreno (1999), as cited in Vung (2008:8), the consequences of partner abuse are devastating, impacting all the spheres of women's lives: their self-esteem, productivity, autonomy, capacity to care for themselves and their children, their health and well-being, ability to participate socially, i.e., their overall quality of life.

Unlike **TMA1**, **TMB1** was not given the chance to be at school while she was pregnant. Although she did not have the same problems **TMA1** had with teachers, she had major problems with the principal. **TMB1** could not forget the principal's reaction towards her when he found out about her pregnancy. When **TMB1** was interviewed, it was the first time that she spoke out about the school situation. She

never spoke out to anyone about the school situation and just accepted it that she had to return to school the following year. She was crying when she explained:

I was disappointed in the principal, because I knew I could do it. I mean it was only three months; I could have come back to school after I gave birth. It was in August, September we wrote exams, I could have written the exams. A month of my pregnancy would not have made a difference at school. I could have passed and I could have done my matric this year, but he did not want me to. (TBM1, Data set 3)

Although she was happy having her baby, it hurt her really badly that she missed out on school and going to grade 12 the next year. She even resented teenage mothers who did not tell the principal about their pregnancy and just returned to school as if nothing happened.

Luttrell (2003: 143) states that rather than denying the reality of maternal conflicts and ambivalence that so many teenage mothers expressed, educators and concerned adults could encourage pregnant girls to explore and express their mixed feelings. These mixed feelings lead to growth and development and it should not be ignored.

TMB1 was under the impression that pregnant teenagers got maternity leave at schools. She was very upset that certain learners got away with hiding their pregnancy from teachers and the principal. She says:

Why could not I do it too? I felt that it was, not racism, they are choosing, favouritism, because I could do that. (TMB1, data set 3)

Although **TMB1** felt that she could cope with the baby and the schoolwork, she was under tremendous stress but did not show it. Her stress led her to get a kidney infection and to be hospitalised for a few weeks. She thus had more problems when she returned to school without a medical certificate to explain her absence from school.

So I was absent for two weeks, I was in hospital. I could not manage to catch up with all the work that I missed and I had to go back to hospital for appointments. (TMB1, Data set 3)

While she was in hospital she could not concentrate on getting better; instead she worried first about her baby and second about her schoolwork that she was missing. She remarked about her absence from school:

The teachers were just against me for not having a letter. You see I could not ask for a letter at the hospital. I did not know it was going to be such a big problem at school with me being absent with a kidney infection. (TMB1, Data set 3)

What added to **TMB1**'s stress was the fact that the teachers demanded a letter to explain her absence and she did not have such a letter since she visited the provincial hospital and unfortunately saw more than one doctor whilst she was in hospital. She had to go back to hospital to get a letter to explain her absence from school. When this researcher interviewed her for the second time, she was not really recovered from her illness and had to be very careful not to get sick again.

One teacher said to me; when I came back to school, she asked me about my letter. I said I did not have a letter because so many doctors came to see me. It is not a private hospital, the same doctor do not see you every day. Different doctors come to see you. So I came back to school and I said I don't have a letter; she said I must go back to hospital and get one. So I went back to the hospital, but I could not find any doctor that saw me. I came back to school and told her. She said it was not her problem, I must find a letter. So they gave me the yellow card; like the clinic card. I brought that to school; the date that I was in hospital was on there. So I showed it to her, she eventually said it is okay. (TMB1, Data set 3)

What **TMB1** experienced can become barriers to learning. Pillow (2006:69) explains that barriers to learning are: hostile reactions from teachers and other school personnel; stringent absence and make-up of work or tests policies that result in pregnant student falling behind with work or failing courses; and stringent attendance requirements that can lead to dismissal of student. Jones (1988), as cited in Chigona and Chetty (2007:10), on the other hand, indicates that by giving less attention to some girls in class, the teacher ultimately penalizes these girls in that it contributes to their failing to master curriculum knowledge. Shaningwa (2007:44) says that another issue raised was the fact that young mothers have additional responsibilities that their peers do not have. When this teenage mother was interviewed it was obvious that she had not realised the enormity of her responsibilities. She had help from her mother and the boyfriend`s mother.

The urgency with the teenage mother is her baby whilst the schools immediate concern is her schoolwork. Ducker (2007:450) states that pregnant teenagers are a section of students whose problems are often ignored, due either to confusion regarding how educators should approach their unique predicament or personal judgments regarding their situation. Limmer (2005:214) on the other hand exclaims that teenagers are not only pressured into completing their schoolwork, but are being confused as to how much time to spend with their schoolwork when they still have to be mothers.

4.3.2 Sociological Experiences

4.3.2.1. Family and friends: Relationships

A stable home and good family values play an important role in an adolescent`s life. But even when a teenage girl receives good values, there is still the risk of experiencing new things like having unprotected sex and then falling pregnant. This can put tremendous stress on the family and can cause a rift between the mother and the daughter and sometimes the entire family. Conversely, the family can draw closer and protect the daughter and help her raise the baby. Chigona and Chetty (2008:272), however, state that some parents were reluctant to provide support to their daughters. The parents distanced themselves from the girls because they felt

ashamed that the community would look down on the family because of the child's actions.

Unlike Chigona and Chetty's participants, teenage mothers' parents in this research, were very supportive and shared in the responsibility of their daughters' babies. Two of the mothers were raised by single mothers whilst the other two mothers came from stable homes with a father and a mother.

TMA1 was fortunate that her single mother and her siblings assisted her in raising the baby. Mother and siblings (older brother and sister) protected her and always wanted the best for her and her baby. When she became pregnant, her mother was disappointed but also promised to help her raise the baby as long as she went back to school. Her mother was struggling financially and the baby's arrival put a further strain on the family. Chigona and Chetty (2008:273) explain that lack of support from the fathers of the children multiplies the challenges experienced by the teen mothers.

TMA1 exacerbated the situation at home when she was rebelling against the strict rules laid down at home. She explained her disobedience:

I wanted to get away from everything. I don't know I thought it would take away the pain, I really thought the drinking would help the pain, I didn't know that time; I know now that it was not helping. It was so hard, the pregnancy was so hard. (TMA1, Data set 1)

Hudson, Elek and Campbell-Grossman (2010) explain that depression among adolescent mothers was associated with increased feelings of loneliness and decreased social support. The demands of motherhood leave very little time and energy for relationships, resulting in the adolescent mother feeling isolated from her peers. Hudson et al (2010) suggest that four issues that adolescent mothers often confront are depression, low self-esteem, loneliness, and a need for social support. Social support she was clearly not getting from the boyfriend's parents and she was refusing the help from her own family.

My mother wanted us to be open with her, that's why she was not too strict with us. (TMA1, Data set 1)

The boyfriend and his mother first wanted to see who the child resembles before they would accept the baby as their own. This is part of the Xhosa “culture” when the boys refuse to accept responsibility for their own children. He therefore ignored her and refused to speak to her and also refused to pay any “damages” or child maintenance towards the baby’s upbringing. Kaufman, de Wet and Stadler (2001:152) state that paternal acknowledgement may result in economic compensation, also commonly referred to as “damages.” Kaufman et al (2001:152) explains further that a boy agrees to acknowledge that he is the father if the child is born with physical features characterizing his family, for example shape of head, ears, special marks, or colour.

He does not even look at my child, while he sees my son looks just like him. He ignores us. (TMA1, Data set 1)

Kaufman et al (2001:152) explains that to establish paternity of the baby is critical for determining many of the long-term social and economic consequences to the young parents and their child. They state that the child benefits from a cultural and social connection and a recognized identity within the community.

Unlike **TMA1**, **TMA2** grew up in a big family where the grandmother still ruled in the house. She was given enough freedom and could pretty much do anything. The fact that she had a relationship with a boy/man five years her senior and no longer at school gives an indication of how free she was to associate with whom she wanted. She also knew exactly what she was getting herself into when she started her sexual relationship with her boyfriend. Pedlow and Carey (2004:59) indicate that adolescents’ immature cognitive functioning may limit their ability to apply knowledge to their own behaviour, appraise their risk and to apply skills for safe sexual behaviours. She also put tremendous strain on the family when they learned about her pregnancy in the street. Her mother was very angry at her and refused to speak to her for a very long time.

She did not show any remorse and also never apologised to her mother or grandmother for being pregnant at such a young age. She explained that a thing like pregnancy happens every day and that she was not the first girl to fall pregnant. She also thought that her child was a gift from God. Clearly this teenage mother has not comprehended the impact of having a baby at such a young age. She clarifies:

I am not the first girl who fall pregnant and come to school. So many girls have babies and they return to school. It's not as if I asked for it. I know what I was doing when I had sex, it's just to me it is a gift from God. Everything happens for a reason, I did not go look to fall pregnant. (TMA2, Data set 2)

The mere fact that she had a sexual relationship with an older male without using any protection or contraception tells of her immaturity and being manipulated into having sexual intercourse without thinking of the consequences of her actions.

Unfortunately the consequence was a baby and she still needs to realize that it was not a dream but a reality. This teenage mother did not show any remorse towards her elders. She never apologised to her mother or grandmother for falling pregnant and said she did not see the need to apologise. Yet she says:

I feel embarrassed to speak to apologise to my grandmother because it is my fault that I fell pregnant. (TMA2, Data set 2)

It is one thing to say you want to apologise and another to actually apologise.

Varga and Makubalo (1996), Wood and Jewkes (1997), as cited in Kaufman et al (2001:149), states that girls are often confused about their condition and the options open to them, and feel betrayed by their partners and the uneven support they receive from the family members.

Rosengard et al (2005:507) explain that older teens are more able to recognize (or acknowledge) their lack of preparedness but less likely than the younger teens to emphasise changes and interference with life goals. In this study all the other girls acknowledged that they made a mistake in having unprotected sex while knowing the consequences of their actions except this teenage mother who explains that her baby was a gift from God and that she did nothing wrong in having unprotected sex.

Although **TMB1** comes from a very stable family home and is the last born in this family, she still embarrassed her family by falling pregnant whilst at school and put a hold on the plans that the mother had for her.

She says:

She [my mother] was very shocked and told me she had a lot of things planned for me for my future after my studies at school. She said now it's impossible for me to complete that. Then I told her it's not impossible just because I made a mistake, I can still accomplish things in life even though you have a child and you're at school. (TMB1, Data set 3)

She also trusted her boyfriend's mother more than she trusted her own mother because she told his mother first about the pregnancy. That made her mother very furious since she felt she should have been the first to hear about her own daughter's pregnancy from her daughter. Her answer when she was asked who she told of her pregnancy first, was:

It was my boyfriend, he was with me obviously and I told his mother. I feel his mother is very understanding and my mother is a very strict person, I shall say. (TMB1, Data set 3)

In the Coloured culture the boy and his parents visit the girl's parents and ask for forgiveness for impregnating the girl. Parents then discuss what the boy and his family should do financially and to support the girl emotionally as well. They also discuss the future role of the boy and his parents in the child's life. Fortunately for the girl (TMB1), the boy accepted paternity and decided to support her financially and emotionally, which was a big help. Although her mother seemed to be upset with the

whole incident (her pregnancy) she still assisted her with the pregnancy and thereafter.

TMB2's home situation was very different from that of the other mothers. She lived with her father and her stepmom. Her own mother abandoned her when she was a little girl. She is the first of the daughters to fall pregnant and was very concerned as to how to break the news to her parents. She wrote a letter to her parents after she first told her sisters about her pregnancy. Her reason for writing a letter instead of speaking to her parents was that they were not very good communicators in the family and she wanted to soften the blow.

I did not know how I would approach them and tell them that I am pregnant. I think that in my family we have lack of communication; it was difficult because we don't communicate a lot about things. (TMB2, Data set 4)

When the parents read the note they calmly asked her to go see a doctor so that they could get clarification of her pregnancy status. The parents were shocked and it was quite a difficult time in the house.

My father did not say anything, he just kept quiet. My mother, I could see that she was disappointed, but she did not say anything. (TMB2, Data set 4)

After the baby's birth, the parents were over their shock and the father assisted her in caring for the baby. Kaufman et al (2001:149) declare that although unmarried daughters may be severely reprimanded for becoming pregnant, once a baby is born, it is generally welcomed into the household.

Although the parents were happy to assist with the baby, her older sisters did not want to help her and ignored the baby when it cried and refused to even pick him up. This hurt her a lot.

Apart from my father, no, no one cares for my baby. My sisters would say my child is a nuisance. They never help, like picking him up or making him sleep. They tell me they did not give birth to any children. (Learner is very sad) if they wanted them to make children they would make it themselves. (TMB2, Data set 4)

She was deeply hurt by her sisters' attitude towards her baby. On the other hand it made her more determined to care for her baby and to do the best that she could do.

4.3.2.2. Family and friends: support

Only two of the teenage mothers in this study still had ongoing financial support from the boyfriend and his parents. The most important thing to having a baby when you are a teenager is to get support from the family, be it financial or emotional support. Financial support is vital and so is emotional support. The two girls' boyfriends and their families play an important part in the upbringing of the baby. The other two mothers are struggling financially to raise their babies. They also have limited resources and have to stay absent frequently to look after the baby when the baby is ill.

TMA1 had support from her mom and siblings but yet she wanted support from the boyfriend also. She was not really worried about him not supporting but the hurt when she had to tell friends that he was no longer in her life. The betrayal hurt more. This teenage mother was very hurt when she explained:

I don't want him back; I want him to support the child financially. (TMA1, Data set 1)

Fortunately her mother promised her that she and the rest of the family would support her with the baby. She reports:

She asked me what the baby's father says. I said he doesn't want anything to do with me. She said ok, I must not worry; we will support the baby.

Two girls had ample help from family and friends and did not struggle financially since the fathers of the babies and their families contributed towards the upbringing of the babies. In this way they could concentrate on caring for the baby. **TMB1** could actually leave the child in the care of a day mother and fetch her after school.

My mother helps me a lot. When she is at home, my mother works two different shifts. When she is working 6am till 14h00 in the afternoon, she comes home and when I go fetch my child and my mother is at home and maybe I have to do the dishes or any of my other chores, my mother will do it for me. If I want to study and the baby is not sleeping, she will look after the baby and I will study. (TMB1, Data set 3)

For **TMB2** it was very difficult because she did not have the help of a mother. She had to stay absent two or three days a week depending on the father's work hours. She had no one to assist her in caring for the baby. When her father was on day shift she had to stay out of school and look after the baby. On days when the father was working the late shift, she would go to school.

Limmer (2005:292) regards family support as crucial. He explains further that grandparents positively regard the teen's capabilities as a mother, encouraged her to learn from her experience. Not all parents are so supportive.

For all the girls the support from the friends was not forthcoming. They all had to struggle to get books from them to update their notes. The friends did not even visit them when they were off from school. **TMA1** felt that the friends gossiped about her and made fun of her. She felt isolated and did not have very good relations with the girls in the class.

She was adamant she did not want to tell them:

I do not trust them, because I can tell them something today and tomorrow I will hear it in the street or by someone else. (TMA1, Data set 1)

Chigona and Chetty (2008:271) report that when learners argue among themselves it causes some discomfort in the class and it affects the teenage mother's learning and collaboration with fellow learners.

I sensed that the **TMA1** had trust issues that stemmed from the abandonment by the boyfriend. She could not trust any learner. She sometimes felt that she was the same as educators and should be treated with that respect. The fellow learners however felt that she should be treated like them. A few weeks after her coming back to school, her friends started trusting her again and they became friends. She would get school work from them when she was absent. Some would even phone her and tell her what work she needed for the next day. That helped her to always be up to date with her work so that teachers would not complain about her absenteeism.

My friends that I have at school now are so supportive, they assist me a lot. They are very supportive with schoolwork too. If I was absent they would phone me and tell me which page in the textbook I must do and then I will have the work when I go back to school. (TMA1, Data set 1)

For **TMA2**, support from school friends was not much different. A "close friend" who did not stay far from her did not even bring work from school as she promised the teacher she would. She had to struggle to get them to bring her notes to do her schoolwork and also to assist her at home. At one time she had to go to her friends to go get work. She explains:

When I was at home I would sometimes go to one of my friend's house and go borrow a book and write the work down. (TMA2, Data set 2)

It is very obvious from the girl's tone of voice that she was deeply disappointed by her friend for deserting her.

The reason why she struggled to get support from fellow learners is that she thought that she is now more mature than them and wanted nothing to do with them because they were not in her "league", that of being a mother. She did not think that time that she would need them to help her with her school work.

TMB1's experience was the worst when she was not allowed to stay on at school after her pregnancy was known by the principal and some teachers. She was deeply hurt and disappointed.

Because she could not go to school, she had none of her class mates bringing her school notes or coming to visit her at home. She had to wait to get back to school to reconnect with them.

My mother asked him if one of my class mates can bring books home for me and then I come back and write my external exam at the end of the year. He then said no I must rather come back beginning of this year. (TMB1, Data set 3)

TMB2 could only get work from the learners the next day at school or days later if she was absent from school.

I had no one that brought work home for me... (TMB2, Data set 4)

Yet although her friends did not bring work home, they kept handouts so that she could paste in her books. She remarked:

... But they kept handouts that the teachers gave. (TMB2, Data set 4)

So it seems that when the teenage mothers are at home, the peers do not really care if their work is done or not.

4.3.1 Summary: Psychological and Sociological Experiences

Teenage mothers experienced psychological emotions of stress, low self-esteem; shame and depression. They also experienced sociological circumstances of material, financial and social support from family and friends. In some cases they experienced rejection, isolation from peers, and abandonment by boyfriends who made them pregnant. Educators also discriminated and ridiculed the teenage mothers.

4.4 BALANCING DEMANDS OF SCHOOL WORK AND MOTHERHOOD RESPONSIBILITIES

When teenage mothers return to school, they have so many responsibilities. They have to be a mother as well as a teenager. Some have difficulties in balancing the responsibilities, while others find it easy to do both. Supportive parents and friends can make the teenage mother's responsibilities lighter. Conversely if parents and friends do not support emotionally and with caring for the baby, it will be an uphill battle for the teenage mother to cope with the demands of motherhood. Because many parents work during the day, the teenage mother is left on her own to look after the baby. For some it is a daunting task because she is new to taking care of someone else besides herself. She has to learn very quickly how to adjust from being a teenager to being a teenage mother. Some teenage mothers have a number of ways balancing school work and motherhood responsibilities.

4.4.1 Establishing routines

For teenagers it is difficult to have a routine. They have to be constantly reminded by their parents to do daily chores. It is even harder for a teenage girl to be a mother overnight and to look after the baby. Some of the teen mothers struggle to do schoolwork and to look after the baby. Many abandon school because of the stress that they go through. So many learners (mothers) have to come home from school and take responsibility for another human being. The teenage mothers that were interviewed also struggled in the beginning and later established routines to make their live much easier.

Some mothers easily got routines for their babies while others struggled to get the baby to settle down for the night so that she could carry on with her school work or study for a test. Not all the mothers have family members who will take the baby at night so that they can carry on with their school work.

TMA1 had other chores to do before she could fetch her baby from the day care where he was.

When I come back from school, fortunately my son is in preschool now, so I can do my schoolwork while he is there. I fetch my son at half past five. I come from school at three o'clock and do my homework till half past five and I go and fetch him. It is a bit easier now. I can do a lot. (TMA1, Data set 1)

TMA2 did not have any problems except when she had to do school work at night. During the day there were always people watching the baby and she could do as much as possible.

When I want to do my work, as last night, I give her to my mother or grandmother. But there are so many hands at home that they all take her and look after her while I do my school work. I have time to study. (TMA2, Data set 2)

TMB1 worked out a plan to assist her with the baby. She realised she could not do everything by herself. She was very tired for a few weeks and then worked out a schedule for her and the baby. She had to fetch her baby after school from the nanny who takes care of him during the day.

When I come home from school, I have to do my homework, I have to clean the house, when I am finished with all my chores I have to go fetch my baby and look after her. (TMB1, Data set 3)

Eventually she got used to taking care of the baby and planned her day so that she could do everything; her chores at home, schoolwork, and look after the baby.

What I done to cope was; I set routines for my child, her eating time, sleeping time and everything. Eventually when I got everything into place, she became more relax and it was easier for me to cope. Three o'clock I fetch her and I must see that everything is done when she comes home. I give her a bath, I make her food, feed her and then after that she maybe play around and 18h00 or 18h30 she will sleep and I will study that time when she is sleeping. Then 20h00 or 21h00 she wake up again, and I will feed her and she will go back to sleep. (TMB1, Data Set 3)

When all the planning is done, it is easier for TMB1 to then take care of the baby and still have time to do her schoolwork.

TMB2 was not so fortunate to have a mother to help her to look after her baby and to show her how to do things for the baby; she had to learn by herself.

When I come from school, I would do my chores and then look after the baby. (TMB2, Data set 4)

Although she does not like the thought of her masculine dad looking after the baby, she has no choice; her mother was working out of town and they had to do what was best for the baby.

She did not really have a plan of action but did what she could to do both school work and look after the baby.

I would wait for him to sleep when I had to do any major projects, and then I would do my homework. I would go to bed very late. He would normally sleep after eight and then I would have to sit and work. When the baby sleeps then I do my schoolwork. If the baby is cranky I hardly get any sleep. (TMB2, Data set 4)

This had a bad effect on her and she felt sleepy at school when she was supposed to be fresh. She had a very good sense of humour, though, and appreciated being around the other learners who gave her energy for the day.

So in the afternoon, when the baby is asleep, I try to get in a little sleep myself. (TMB2, Data set 4)

With no help from her siblings it was very difficult for her to maintain proper routine for the baby. She would just do what was fitting at that moment.

There was a lot of pressure from the baby. He demanded most of my time. He wanted attention, he was teething, and he started to walk. I had to watch him constantly when he was on the floor, so that he does not pull the kettle down and also the other things in the house. I don't have time to study. (TMB2, Data set 4)

For this teenage mother it was really difficult. She had to do her homework while the baby was playing in front of her. She hardly had time for herself.

I don't know how much time I spend on each one, but I know my son gets most of the time. If I have homework, I quickly do my homework, and he is playing in front of me. (TMB2, Data set 4)

4.4.2 Summary: Balancing School Work and Motherhood

Data shows that teenage mothers struggle to cope or balance their two identities (a learner and a teenage mother). Besides having to do her normal chores and her schoolwork, she now has to care for another person, the baby. It is a huge challenge since she is used to only taking care of herself. The teenage mothers, however, re-organised their lives after the baby had arrived, and established routines that helped them cope with school work and demands of motherhood. With all this work it is no wonder that some teenage mothers sleep in the class because they do not get enough sleep during the night or even in the day when the baby is sleeping.

4.5 CONCLUSION:

This chapter presented and analysed data collected in this study. It gave the characteristics of participants and noted that they were all minors whose reproductive health rights were violated. The teenage mothers however returned to school and had varied experiences which covered psychological and sociological factors, some of which impacted negatively on their schooling. Teenage mothers were subjected to stress and depression because of rejection, abandonment by parents, peers, educators and the boyfriends. Although teenage mothers had huge responsibilities as mothers, teenagers and learners they managed to cope by establishing routines to do their house chores, school work and care for their baby. The chapter has also shown that when given a chance, teenage mothers can articulate their experiences which give voice and face to policies that are formulated around issues of teenage pregnancy.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1. INTRODUCTION

This chapter discusses key findings of the study. It is divided into two main major sections. The first part focuses on addressing the problem of teenage pregnancy. The second part attempts to capture the voices of those affected, the teenage mothers.

5.2. ADDRESSING THE PROBLEM OF TEENAGE PREGNANCY: A MULTI-DIMENSIONAL APPROACH

5.2.1. Teenage pregnancy a social development challenge

The International Conference on Population and Development (c.f. chapter 2) placed the issue of teenage pregnancy and fertility in general within the reproductive health perspective whose emphasis is on social development. According to the United Nations, social development refers to, *“the continuous promotion of more equitable distribution of opportunities, income, assets, services and power in order to achieve greater equality and equity in society”* (Correll 2008:458) a learner who becomes pregnant, can temporarily lose access to school. This has the effect of retarding her progress, a situation which undermines equity between boys and girls.

Bonell (2004:256) asserts that teenage pregnancy might be conceptualized as a social problem because it is regarded as an outcome which is brought about by social forces, and which is harmful to the women and children concerned. These forces can be characterized as inequitable access to resources and power dynamics between men and women in society, which work to disadvantage girls. Of the four girls that were interviewed, one of them, the youngest one, had no problem in being pregnant and getting the baby (c.f. Chapter 4). She lived in a community where it was the norm to have a baby at a very early stage. Although it changed her whole

life, she still felt that she was just another teenage girl who fell pregnant. She was very happy to have the child no matter the consequences. When she returned to school her attitude that she was not the first teenage mother and that she had received a gift from God - this baby. Bonell (2004) further argues that social influences that are seen as the most influential social problem of teenage pregnancy might be cultural factors, defined as the relationships within certain families and communities, and the values individuals, families and communities hold.

TMA1 had a big problem with her boyfriend and his mother when she told the boyfriend that she was going to have a baby. He was more concerned about what his mother was going to do with him when she found out instead of being concerned about the girlfriend and how she was going to tell her mother. She felt that she also had a mother and that she was just as scared of what her mother would say since she was the baby at home and was too young to fall pregnant. The boyfriend was more concerned about what his mother's friends would say and he said was not ready to be a father. Contrary to **TMA2**, who could not wait to tell everybody about her pregnancy and subsequent childbirth, the boyfriend was concerned about the remarks of the community.

Both teenage mothers mentioned above grew up not having a father figure in their household. Wahn and Nissen (2008:415) state that girls with early interpersonal family relationship experiences that include factors relating to poor self-esteem such as exposure to family violence, early parental separation, and an absent father are at increased risk of becoming pregnant in their teens.

For Fergusson and Woodward (2000:153) teenage pregnancy represents a selection process in which pregnancy more frequently occurs among young women subject to social, educational, and personal disadvantage. Macleod (2003:427) describes it as being passive recipients of a male's advances, submissive to the male's sexual demands.

Kaufman et al (2001:152) state that boyfriends do not want to assume the financial and social obligations of parenthood. In the same study, accusations of promiscuity and multiple partners produce reluctance among boys to admit fatherhood. One girl was accused of having other boyfriends when she told the baby's father that she was pregnant. He told her to go look for the baby's father. He refused to support them financially and also never wanted to see the baby. Another teenage mother also had allegations of being promiscuous thrown at her until her father threatened to file a complaint of rape against the boyfriend. After the baby's birth, the family started supporting her financially and they also assumed responsibility for the baby. What was evident in this study was when the boyfriend denied paternity and did not contribute financially, the mother of the teenage mother accepted responsibility for the baby, even when they were struggling financially.

Duncan (2007:319) points out that in a school located in a working class estate, young women saw much to gain from motherhood; having a baby was a means of accumulating experience and authority in a concrete and locally accepted way, and this could be superior to education, employment or couple relationships. Contrary to Duncan's statement, the girls in this current study did not want to be mothers without education. They all fought to stay in school amidst facing so many challenges.

From the foregoing perspective focussing on social development issues, it can be argued that the same cultural attitudes and values displayed reflected in the stories of teenage mothers not only serve to normalise and accept what should be rejected and corrected in society, that is, pre-marital sex by teenagers, but they also undermine the social development of the entire society. If a society does not help adolescents protect their health, the consequences go beyond the young people themselves. It has been argued that increased investment in the sexual and reproductive health of young people contributes to broader development goals, especially improvements in the overall status of women and eventually reduction in poverty among families.

5.2.2. Provision of health and Education in society

Other strands emphasized in the reproductive health framework are health provision and education.

5.2.2.1 Health provision: contraceptive services

Health provision with regard to issues of teenage pregnancy relates mainly to provision of contraceptive services. Where they are used, teenagers can avoid unwanted pregnancy. However, one of the findings of the study is that teenage girls fear going to the clinic for contraceptives because of the rude remarks they receive from the clinic staff. Girls do not want to go to the doctor to check if they are pregnant because they fear the doctor would phone their mother and they would rather tell the mother personally. Kaufman, de Wet and Stadler (2001:149) affirm that although the country has an extensive family planning service, and some efforts are now being made to re-establish youth clinics or drop-in centers for teenagers, such services have long-held associations with negative judgment and hostility. Such practices undermine the need to provide contraceptive services in order to avoid unintended or unplanned pregnancies or for those who do not want to be pregnant.

International Planned Parenthood Federation (IPPF), (<http://www.ippf.org/en/>), reports that in Sub-Saharan Africa, 67% of married adolescent women who want to avoid pregnancy for some time do not use any contraceptive method and about one third use a modern form of contraception. It can be argued that this partly explains the high rate of teenage pregnancy. According to IPPF, the cost of providing contraceptive services is, however, high. It is estimated that the cost of providing modern contraceptive services to 15 – 19 year olds in Sub-Saharan Africa is estimated to be about thirty million United States dollars. Given the health and social development consequences of teenage pregnancy, especially those who are still at school, investment in contraceptive provision is worth allocation of resources.

5.2.2.2 Education

Contraceptive services may be available but if there is lack of knowledge, the services may not have any impact. It can be argued that education is ultimately more empowering than whatever sanctions or health services may be available. Educated girls are more likely to use contraception, resist pressures to marry too young and to have too many children. In South African schools, the Life Orientation learning area tries to address the reproductive knowledge needs of young people.

In a study by MacLeod (2003:426), the pregnancy of an adolescent brings into visibility not only her transgression of the child/adult boundaries, her undecidability, but also her sexuality – a teenager who is pregnant is clearly has had sex with a male at least once. The teenage mothers in this study did not consider having unprotected sex as a health risk. All the girls were fully aware, because of their Life Orientation education that having sex without protection would result in either pregnancy or sexual transmitted infections that could lead to sexual transmitted diseases that could ultimately lead to HIV/AIDS. Yet they all had unprotected sex.

Macleod (2003:427) explains that peers know about sex because they talk and “educate” each other about it. However, he argues, their knowledge of sex is deficient. Some teenage mothers use contraceptives prior to their pregnancy and later decide to dispose of the contraceptives. Alubo (2001:110), on the other hand, argues that many reproductive health problems of young people can be prevented but for the fact that they arise out of ignorance, because young people receive inadequate education on sexual and reproductive health. In the same study Alubo states that adolescents are also disadvantaged because they frequently have a tendency to experimentation, including sexual relationships with multiple sexual partners.

Although all the girls were healthy during their pregnancy, two girls became ill, one with a mental problem and the other one with kidney infection. Both were taken up in hospital for a few days. The stress of having a baby so young and being unable to cope with raising the baby and performing well at school affected them, and this may lead to low self-esteem. Wahn and Nissen (2008:421) explain that a mother with low self-esteem may be at risk of increasing anxiety, postpartum depression, and reduced ability to interact with her baby. The teenage mother who experienced the mental problem had at one stage problems connecting with her son. She could not bond with him and did not even want to pick him up.

Bell (2001:148) suggests that young girls may not always be able to anticipate their future needs and requirements and may require further guidance from adult sources. It therefore seems that teenage mothers follow what they think is modeled by their mothers.

5.2.4. Role modeling

Bell (2001:145) states that teenage pregnancy was seen as "... following in the family". Bell explains that there is correlation between mother's child bearing their first child in their teens and their daughters doing the same. In this study, however, I did not question the interviewees on their mothers' age at bearing their first child. Although all the girls in this study were the first in the families to have a child at the age of 14 or 15 years, it does not mean that the mothers had a baby at the same age or the reverse. However, the question remains as to who their role models were, especially in a community where there was a high pregnancy rate.

Evidence in the research done by Bell (2001:145) indicates that it is an inherent assumption that teenage pregnancy is only considered “normal” when associated with the most socio-economically disadvantaged. Bell (2001:146) in the same study explains that teenage mothers have become conceptualized as both the cause and product of social disorder and moral malaise. Wahn and Nissen (2008:422) state that some of the teenage mothers had experienced that their parents never lived together. In the same study Wahn and Nissen lament that teenagers who become pregnant are more likely to have a mother who also had a teenage pregnancy.

5.2.5. Position of women in society

In the study it is evident from the teenage mothers’ age of conception that they had very little say about contraception use. Saha (2005:3) states that although decision-making in reproductive health of a woman is her individual attribute, it is governed by interplay of the environments in which she lives. Women are responsible for themselves, Saha asserts, but when it comes to deciding to use contraception, men make those choices for her. This is the reason why we have so many pregnant teenagers.

Hof and Richters (1999: 50) state that sexuality and contraception are preeminent aspects of life in which inequalities between men and women are reproduced, and in which women’s rights are often violated.

Another fact is that the father of the child decides if he wants to be part of the child’s life although he knows that he had fathered the baby. Financial and emotional support towards the baby and its mother will largely depend on the acceptance by the father and his family. Kaufman et al (2001: 152) state that once paternity is established, the boy and his family are expected to pay the fine, called damages, and contribute to the support of the child.

5.3. TEENAGE MOTHERS' VOICES: MESSAGES TO SOCIETY AND SCHOOLS

One of the main aims of this study was to “give voice” to teenage mothers who decided to attend school after childbirth. According to the feminist post-structuralists, it is necessary to “hear” the voices of these adolescents as this allows them to articulate their subjective worlds and lived experiences. The interviews revealed that the teenage mothers face a myriad of social and educational challenges which can be categorised into three: family support; peer understanding; teachers support and understanding.

5.3.1. The need of family support

Family support is of utmost importance for a teenage mother. Kaufman et al (2001:149) state that although unmarried daughters may be severely reprimanded for becoming pregnant, once a baby is born, it generally is welcomed into the household, the girl usually returns to school, and because she has proven her fertility, she may, in fact, have increased her chances for marriage and improved her status in the short term.

All the teenage mothers that were interviewed had some sort of family support. Parents made sure that the teenage mother could return to school by arranging for child care while the mother is at school. When the teenage mother returns from school, however, she has to take care of the baby. Contrary to Kaufman et al (2001:148), who asserts that adolescent childbearing often is associated with an end to schooling, especially for girls, these teenage mothers did not want to leave school and start a year later. They were very keen on going back to school and finish their schooling.

In this study it was not only the responsibility of the grandmothers to care for the baby but the grandfathers too. In a study done by Brubaker and Wright (2006:1223) a teenage mother suggests that men can also provide this type of care. It seems that **TMB2** was not the only one who had a male figure care for a baby. If there is no other assistance from the teenage mother's family, the grandfathers help the teenage mother to care for the baby.

Mothers in this study received support from their siblings and their parents. When they were assisted with the baby and their schoolwork, it helped them to become positive and believe in themselves again and focus on their school work. Dlamini, Van der Merwe and Ehlers (2002) argue that Swazi families did not care for financial assistance as they were used to coping with the adversities of life – often within the limitations of a subsistence economy.

5.3.2. The need for peer understanding and support

Dlamini et al (2002) explained that lack of support from the teenage mothers' families, friends, partners, communities, churches, nurses and teachers aggravated problems encountered by the teenage mothers.

Teenage girls often experience problems with their peers when they are pregnant or when they are mothers. Teenage mothers were always discriminated against and discussed although they are in the class. Mothers in this study were treated so badly and ignored in class because their peers thought that they wanted special treatment because of their motherhood status. Teenage mothers showed signs of aggression and were involved in fights with their peers. It was also evident that they were immature and could not handle stress associated with school, their peers and the baby. Chigona and Chetty (2008:270) state teachers and peers put a good deal of pressure on teenage mothers without really understanding what the girls are going through. All this caused teenage mothers to stay absent and to drop out of school, says Chigona and Chetty. Fortunately the teenage mothers interviewed had support

from some educators, resulting in them remaining in school. All the teenage mothers wanted a better education for themselves and a better future for their babies.

In this instance, it could be deduced that the **TMA1** was struggling with her own insecurities and imagined that the peers were against her. Dlamini et al (2002) declare that teenage mothers also experienced social problems that must have contributed to their feelings of alienation.

Some teenage mothers did not experience alienation; instead they alienated themselves from their peers in the class. They felt superior to their peers when they returned to school as mothers. They ignored their friends and could not understand when no one came home to visit or to bring school work home to them.

The girls in this study did not receive much assistance from their friends when they were at home or absent from school. But that did not deter them from making friends in class. They experienced their support different from the other girls. They could get emotional support from them without them knowing they were giving her support.

One girl enjoyed being amongst her friends at school. She would be so tired from looking after the baby that she would not be able to sleep properly. The next morning she would be so tired but instead of sleeping in class, she felt the energy from the other learners kept her awake.

5.3.3. The need for teacher understanding and support

Teachers were the most important people at school who could make a big difference in the way a teenage mother experienced her schooling when she returned from childbirth. Many teachers offer support while others tried to make teenage mothers' lives miserable, not out of spite, but because teachers did not know how to handle teenage mothers. Teachers in this study ignored teenage mothers and expected them to have their work and write tests even when they were absent from school. Although some teenage mothers wanted to be treated like their peers who do not have children, they sometimes needed teachers to empathise with them. Not one girl in the study wanted to be treated as the teachers' equal even though they could relate to the female teachers as mothers. Chigona and Chetty (2008:270) state that teen mothers felt some teachers did not empathise with them and they were expected to perform and behave like any other learner in their respective classes.

TMA1 experienced a teacher's disappointment with her when she came back to school and another teacher wanted to assist her. She ignored the teenage mother and made rude remarks. Teachers embarrassed and ridiculed teenage mothers when they were in class. It was evident that teachers felt threatened by the teenage mothers and also lack experience on how to accommodate teenage mothers.

In this study it was evident that some teachers, without realising it, were the main reason of teenage mothers' absenteeism and negative behaviour. Instead of avoiding the teacher and staying absent unnecessarily, teenage mothers realised they could turn the teacher's dislike to their own advantage and work hard. So whenever the teacher discriminated against her, she ignored the teacher and concentrated on improving her schoolwork and always having her work up to date, even when she was absent.

Kalil and Ziol-Guest (2008:529) suggest that support from teachers may help to alleviate teenage mothers' feelings of psychological distress and thereby help to sustain engagement in school.

One learner had a very bad experience when it was discovered that she was pregnant. She thought she could stay on at school while she was pregnant. Unfortunately, the principal had a policy at school which did not accommodate pregnant teenagers. Instead of keeping her until the second last month of her time, the principal decided that she should go and stay at home and return the next year. What the principal did not realise was that he was violating her right to attend school and he was violating her emotionally. The teenage mother was very upset and only later she became ill. She wanted to stay on at school like other learners, but she had to go home for six months. Not only does the school have a policy that teenage mothers are not welcome when they are pregnant, but they discriminate against teenage mothers when the school vote on prefects for the matric year. Both schools did not allow teenage mothers to become prefects or to hold positions at school.

Kalil and Ziol-Guest (2008:527) suggest that during adolescence, youth increasingly look to nonparental adults for support and guidance. High quality relationships between teenage mothers and their teachers could in theory serve a protective function as mothers attempt to balance the demands and challenges of school and parenthood.

Kalil and Ziol-Guest (2008:528) have identified three specific aspects of teenage mothers' perceptions of their high school experiences: teacher support, emphasis on performance goals, and emphasis on mastery goals.

Because of the school's policy on teenage mothers, some teenage mothers did not inform the school of their pregnancy. They simply stayed absent and returned to school when their baby was born. This however caused problems for the teenage mother when she returned to school she experienced some problems with some of the teachers. She had to produce a letter every time she was absent from school. She did not like the discrimination by the teachers, and also stopped bringing a letter to school.

The teenage mother's life is not only full of misery when she returns to school after childbirth. There are highlights and moments when they experience some joy. Although some of the teenage mothers do not have relationships with their babies' fathers, they had some support. The fathers' parents would take the baby when the mothers wanted to go and study after their completion of matric.

While teenage mothers in other studies and at school have second and third babies, the teenage mothers in this study did not want to have another baby in the near future. They would rather focus on their school work and have a better future for themselves and their babies. They have learnt from their experience.

5.4 IMPLICATIONS OF TEENAGE MOTHERS' VOICES FOR LIFE ORIENTATION CURRICULUM

From the teenage mothers' voices, implications for the Life Orientation curriculum can be drawn. This section relies on my own observation as an LO teacher and it is with reference to the areas in the curriculum that LO teachers in my school seem not to emphasize. More research, focusing on this aspect will need to be undertaken.

I want to highlight two of the areas that have relevance to this study:

5.4.1 Development of the self in society

Development of self in the Life Orientation curriculum empowers the learner with decision-making skills to adapt to change as part of ongoing healthy lifestyle choices. DOE (2011:8). This study highlighted the fact that teenage mothers had the knowledge of sexual education, but lacked the skill to negotiate and to make decisions for their own sexual health. Development of self in society also educates and empowers the learner to be aware of power relations and abuse of power. It was evident in the study that teenage mothers did not know how to assert themselves and to know when they had been abused by someone with more power than her (older men and educators)

5.4.2 Careers and career choices

Career and career choices in the Life Orientation curriculum afford the learner the opportunity to gain knowledge about self in relation to subjects; career fields and study choices. DOE (2011:8). This study also highlighted that the teenage mothers would like to have a better future for themselves and their baby. What are lacking are her skills to make those decisions for career or study choices.

5.5 CONCLUSION

This chapter has argued that the problem of teenage pregnancy is multidimensional and that the reproductive health framework helps one see how the various elements work to exacerbate or ameliorate the problem. Equally important in the chapter is a discussion on teenage mothers' voices which articulate their lived experiences in the home, community and school, giving voices which have implications for how they should be viewed and treated in future. Implications for the Life Orientation curriculum are also of vital importance.

It is clear from my experience as a Life Orientation teacher that some Life Orientation teachers do not take their subject seriously and do not teach the learners everything they need for life. Life Orientation, if taught properly, can alleviate many problems that we have; for example, sexual health problems namely STDs and HIV/AIDS.

CHAPTER 6

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6. INTRODUCTION

This chapter presents summary of the study, main findings, conclusion and recommendations.

6.1 MAIN IDEAS OF THE STUDY

The first chapter of the study sets the background and context that position the study within the field in which the research is being carried out. It then goes on to formulate the research problem, research questions, significance of the study and gives an indication of the methodology to be used in the study.

The second chapter explores the phenomenon under study and seeks some conceptual and theoretical understanding of teenage pregnancy. The theoretical ideas are drawn from critical theory and feminist post-structuralism and explain some social factors which account for teenage pregnancy. Through the conceptual and theoretical lenses, the study outlines some global interventions aimed at addressing the problem, citing examples from other countries, as well as in South Africa.

Chapter three outlines the methodology which was a qualitative approach and the underlying philosophical assumption being interpretive. Research design is a case study of four teenage mothers who returned to school after child birth. The teenage mothers were selected from two high schools in one area of Buffalo City Metropole. Phenomenological in- depth interviewing was used to collect data.

Chapter four presents and analyses data and is categorized into four main sections covering: background information on each participant; teenage mother's experiences upon return to school. Experiences were further divided into two themes that are: (1) Psychological and (2) Sociological experiences, followed by data on how teenage mothers balanced demands of schoolwork and motherhood responsibilities.

Chapter five discusses main findings of the study. Three main sections are covered focussing on: the problem of teenage pregnancy; teenage mothers' voices and what messages these have for society; and lastly it outlines the implications of all the findings for Life Orientation curriculum.

The final chapter presents main ideas of the study, chapter by chapter, summary, conclusion and recommendations.

6.2 SUMMARY OF MAIN FINDINGS

The main findings of this study can be summarised under the headings: characteristics of teenage mothers; teenage mothers' experiences upon return to school; themes from description of experiences; balancing demands of schoolwork and motherhood.

6.2.1 CHARACTERISTICS OF TEENAGE MOTHERS

The four teenage mothers in this study's ages range from 14 – 17 when they fell pregnant. According to the data, all the teenagers were minors. They were too young to make decisions on sexual intercourse and contraception.

6.2.2 TEENAGE MOTHERS' EXPERIENCES UPON RETURN TO SCHOOL

Teenage mothers were hesitant to return to school since they were not sure what to expect when they would return. The teenage mothers' new identities were challenged and although it was difficult, they managed to be both teenage mothers and learners. Some educators, peers and community members and some parents had a problem with them returning to school because they feared the teenage mothers would "contaminate" the other female learners at school. Yet when they returned to school, they focused on their school work.

6.2.3 PSYCHOLOGICAL AND SOCIOLOGICAL EXPERIENCES OF TEENAGE MOTHERS

From the data it is evident that power and oppression by educators, peers, boyfriends and parents can shape teenage mothers' everyday life experiences. It can cause stress that will in turn bring about illnesses. The teenage mother develops a low self esteem. Hostile reactions of educators cause barriers to learning.

Assistance from parents is of vital importance. Lack of support (financially and emotionally) increase challenges of teenage mothers and creates a feeling of loneliness and despair.

6.2.4 BALANCING DEMANDS OF SCHOOL WORK AND MOTHERHOOD

It was very demanding for teenage mother to manage schoolwork and care for the baby. But after establishing routines and reorganising their priorities, they managed to be good mothers, hardworking learners and teenagers.

6.3 CONCLUSION OF THE STUDY

It is clear from this study that teenage pregnancy as a phenomenon is not isolated to only one country but it is a universal problem. From the data it is evident that although teenage mothers were very young (14-17 years old) when they fell pregnant, they returned to school. At 14 years, they were under age to have unprotected sex, any sex for that matter. Ultimately they are compromising their sexual health together with their mental health.

Even when they were ridiculed by society and at school, teenage mothers showed their tenacity to go back to school to finish their schooling. It is evident in the study that teenage mothers excelled in looking after their babies and doing their schoolwork. Educators and parents should be educated to assist teenage mothers with their sociological and physiological problems. A big need at schools is counselling sessions with pregnant and teenage mothers.

6.4 RECOMMENDATIONS OF THE STUDY

Because Life Orientation is such a fundamental subject, I recommend that all the educators at the schools have at least one Life Orientation class to teach. It will not only lessen the problem of teenage pregnancy but will help to empower the learner with important life lessons like negotiating skills, self-awareness, and relationships, to mention but a few, needed for their future.

6.4.1 FOR SCHOOL PRINCIPALS, TEACHERS AND SCHOOL GOVERNING BODIES AUTHORITIES

All the stakeholders should:

- Have the skills for pre- and post-counselling for teenage mothers by schools or if schools do not have the capacity, by NGO's should be consulted.
- Keep good and reliable records of pregnant and mothering teenagers.
- Be empowered with knowledge and skills to be able to understand teenage mothers and to assist them to attain education.
- Encourage teenage mothers to stay on at school and to finish their schooling to enable them to have a better future for them and their children.

6.4.2 FOR SOCIAL DEVELOPMENT

Social workers and school counsellors should:

- Assist teenage mother with counselling while she is pregnant and to help with parenting skills.
- Assist with grant applications and the way forward.
- Be in constant contact with the teenage mother and the baby to monitor their progress.

- Ensure that teenage mothers return to school and finish schooling.
- Have the authority to open a legal court case against the father of the baby and his parents if the girl is under sixteen (cf statutory rape).

6.4.3 FOR FURTHER RESEARCH

- Students from different backgrounds should be the target of similar research.
- Research should focus on academic performances of teenage mothers who return to school after giving birth.
- Research that seeks to link what is taught in Life Orientation curriculum and voices of teenage mothers.
- Research that seeks to find the voice of teenage fathers and finding out, from their perspective, why they abandon, absolve themselves of responsibility.

References

- Ahern, K.J. (1999). Ten tips for Reflexive Bracketing. *Qualitative Health Research*. Sage Publications. <http://qhr.sagepub.com>. Accessed July 13, 2009
- Allan, E.J., Iverson, S.V., Ropers-Huilman, R. (2010). *Reconstructing Policy in Higher Education: Feminist Poststructural perspectives*. Routledge. N.Y
- Alubo, O. (2009). Adolescent Reproductive Health Practices in Nigeria. *African*
- Argawal, A. (2008). Teenage Pregnancy – Seven Traumatic Effects of Teenage Pregnancy. *Ezine Articles*. <http://ezinearticles.com>. Accessed 1 February 2010
- Argawal, B. (1997). “Bargaining” and Gender Relations: Within and Beyond the Household. *Feminist Economics*. 3(1): 1-51
- Babbie, E. (2004). *The Practice of Social Research*. Thomson/Wadsworth: United States of America
- Babbie, E., Mouton, J. (2010). *The Practice of Social Research*. Oxford University Press: New York.
- Bearinger, L.H., Sieving, R.E., Fergusson, J. & Sharma, V. (2007). Global Perspectives on the Sexual and Reproductive Health of Adolescents: Patterns, Prevention and Potential. *Lancet*. 369:1220-1231. www.thelancet.com. Accessed 13/09/10
- Bell, F. (2001). Review: Teenage pregnancy: a reflective analysis. *Journal of Child Health Care*. 2001;5;143. <http://chc.sagepub.com>. Accessed 9 February 2009.
- Berry, L. & Hall, K. (2009). HIV/Aids & STI. National Strategic Plan. 2007-2011. *Teenage Pregnancy Children’s Institute*.
- Bless, C and Higson-Smith, C. (2000). *Fundamentals of Social Research Methods. An African Perspective*. Juta Education: Lansdowne
- Bonell, C. (2004) Why is teenage pregnancy conceptualized as a social problem? A review of quantitative research from the USA and UK. *Culture, Health & Sexuality*. 6, 3: 255-272
- Bosmans, M., Nasser, D., Khammash, U., Claeys, P., Temmerman, M. (2008). Palestinian Women’s Sexual and Reproductive Health Rights in a Long Standing Humanitarian Crisis. *Reproductive Health Matters*. 16. (31): 103- 11. www.rhmjournal.org.uk

- Boyce, C. and Neale, P. (2006). Conducting In-depth Interviews: A guide for designing and conducting In-depth Interviews for Evaluation Input. Pathfinder International.
- Bradshaw, J. (2006). *Teenage births*. Joseph Rowntree Foundation. University of York. (Accessed 9 February 2009)
- Brown, L., Thurman, T., Bloem, J., Kendall, C. (2006). Sexual Violence in Lesotho. *Studies in Family Planning*. 37(4): 269-280
- Brubaker, S. & Wright, C. (2006). Identity Transformation and Family Caregiving: Narratives of African American Teen Mothers. *Journal of Marriage and Family*. Volume 68: 1214-1228.
- Byrne, M.M. (2001). Understanding life experiences through a phenomenal approach to research. *AORN Journal*. Health Publications
- Capper, C. (1993). Educational Administration in a Pluralistic Society: A Multiparadigm Approach. Albany. State University of New York Press.
- Chandur, P. (2007). Experiences of Sexual Harassment of Women Health workers in Four Hospitals in Kolkatta, India. *Reproductive Health Matters*. 2007;5(30): 221-229. Elsevier.
- Chigona, A. & Chetty, R. (2007). Girls' Education in South Africa: Special Consideration to Teen Mothers as Learners. *Journal of Education for International Development*. Volume 3:1. (24 May 2009)
- Chigona, A. & Chetty, R. (2008). Teen mothers and schooling: lacunae and challenges. *South African Journal of Education*. Volume 28;261-281
- Christians, C.G. (2005). *Ethics in Politics in Qualitative Research*. Sage Publications:
- Clark, C.J., Silverman, J., Khalaf, I.A., Abu Ra'ad, B., Abu Al Sha'ar, Z, Abu Al Atta, & Batieha, A. (2008). Intimate Partner Violence and Interference with Women's Efforts to avoid Pregnancy in Jordan. *Studies in Family Planning*. 39(2): 123-132
- Cogua, M., Binstock, G., Fernandez, S., Ibarlucia, I., Zamberlin, N. (2008). Adolescent Pregnancy in Argentina: Evidence-Based Recommendations for Public Policies. *Reproductive Health Matters*. Volume 16:192-201. Elsevier. (9 May 2009)
- Criminal Law (2007) Sexual Offences and Related Matters. Amendment Act 32 of 2007

- De Villiers, F.P.R. & Kekesi, J. (2004) Social Interaction of Teenage Mothers during and after their pregnancy. Medical University of South Africa. *South African Family Practices*. 46: 21 - 24
- Denzin, N.K., Lincoln, Y.S. (2000). *The Handbook of Qualitative Research*. Sage Publications: California.
- Denzin, L. and Lincoln, Y. (2003) Handbook of Qualitative Studies. Strategies of qualitative inquiry. (2nd Ed.). Sage Publications. New Delhi.
- DiCenso, A., Guyatt, G., Willan, A., Griffith, L. (2002). Interventions to reduce unintended pregnancies among adolescents: Systematic review of randomized controlled trials. *Bmj.com*. 324:1426
- DiCicco-Bloem, B. and Crabtree, B.F. (2006). The qualitative research interview. *Medical Education*, 40:314-321
- Dixon-Mueller, R. (2008). How Young is "Too Young"? Comparative Perspectives on Adolescent, Marital and Reproductive Transitions. *Studies in Family Planning*. 39(4): 247-262
- deMarrais, K. and Tisdale, K. (2002). What happens when researchers inquire into difficult emotions? Reflections on studying women's anger through qualitative interviews. *Education Psychologist*. 37 (2) 115- 123
- Dlamini, L.S., Van der Merwe, M.M., Ehlers, V.J. (2002). *Problems of teenage mothers in the Southern Hho-Hho region of Swaziland*. Dissertation. University of South Africa. (Assessed 24.6.2009)
- DOE (2007) Measures for the Prevention and Management of Learner Pregnancy: Choose a brighter future.
- DOE (2011) Curriculum and Assessment Policy Statement (CAPS) Life Orientation. Department of Basic Education. Republic of South Africa.
- Ducker, B. (2007). Overcoming the Hurdles: Title IX and Equal Educational Attainment for Pregnant and Parenting Students. *Journal of Law and Education*. Volume 36: 445-452 (9 May 2009)
- Dude, A. (2007). Intimate Partner Violence and Increased Lifetime Risk of Sexually Transmitted Infection among Women in Ukraine. *Studies in Family Planning*. 38(2):89 -100
- Duncan, S. (2007). What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy*. Volume 27: 307-334.
<http://csp.sagepub.com> . (Accessed 24 February 2009)

- Dunkle, K.L., Jewkes, R.K., Brown, H.C., Yoshihama, M., Gray, G.E., McIntyre, J.A., & Harlow, S.D. (2004). Prevalence and Patterns of Gender-based Violence and Revictimization among women attending Antenatal Clinics in Soweto, South Africa. *American Journal of Epidemiology*. 160: 3.
<http://aje.oxfordjournals.org>
- Fergusson, D.M. and Woodward, L.J. (2000). Teenage Pregnancy and Female Educational Underachievement: A Prospective Study of a New Zealand Birth Cohort. *Journal of Marriage and the Family*. Vol. 62: 1. 147-161
- Flick, U. (2002). *An introduction to Qualitative Research*. Sage Publication: London
- Fontana, A., & Frey, J.H. (2005). *The interview: From neutral stance to political involvement*. Sage Publications: United Kingdom.
- Gearing, R.E. (2004) Bracketing in Research: A typology. *Qualitative Health Research*. 14; 1429. <http://ghr.sagepub.com>. (Accessed 30 July 2009)
- Geary, C., Wedderburn, M., McCarraher, D., Cuthbertson, C. & Pottinger, A. (2006) Sexual Violence and Reproductive Health Among Young People in three communities in Jamaica. *Journal of Interpersonal Violence*. 21:1512.
<http://jiv.sagepub.com>. (Accessed 4 August 2009)
- Gibbs, G.R. (2007). *Analyzing Qualitative Data*. Sage Publication: Los Angeles.
- Gilliam, M.L. (2007). The Role of the Parents and Partners in the Pregnancy Behaviours of Young Latinos. *Hispanic Journal of Behavioural Sciences*. 29:50 <http://hjb.sagepub.com>. Accessed 23.01.2008
- Gipson, J.D., Koenig, M.A., Hindin, M.J. (2008). The Effects of Unintended Pregnancy on Infant, Child, and Parental Health: A Review of the Literature. *Studies in Family Planning*. 39(1):18-38
- Goicolea, I., Wulff, M., Sebastian, M.S. & Öhman, A. (2010). Adolescent Pregnancies and Girls' Sexuality and Reproductive Rights in the Amazon Basin of Ecuador; An Analysis of Providers and Policy Makers Discourse. *BMC International Health and Human Socioeconomic Impact Rights*. 10:12.
<http://www.biomedcentral.com>. Accessed 15/09/10
- Granger, R.C. and Cytron, R. (1999) Teenage Parent Programs. A Synthesis of the Long-Term Effects of the New Chance Demonstrations, Ohio Learning, Earning, and Parenting Program, and the Teenage Parent Demonstration. *Evaluation Review*. 23: 107-145

- Grant, M. & Hallman, K. (2006). Pregnancy related School Dropout and Prior School Performance in South Africa. *Population Council*. 2006:212 (Accessed 8 March 2009)
- Gray, D.E. (2004). *Doing Research in the Real World*. Sage Publications: London.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*. 3(1). <http://www.ualberta.co.za>
- Gubrium, J.F. & Holstein, J.A. (2001). *Handbook of Interview Research: Context and Method*. Sage Publications: California
- Hall, M. (2004). Exclusion from school: Addressing the Hidden Problem of Teenage Pregnancy. *Educational Policy Research Unit*.
- Harling, M. (2007). Healthy Young Parents in Education. Research Report. Shine Publications. South Africa. (Accessed 10 July 2009)
- Hattori, M.K. & DeRose, L. (2008). Young Women's Perceived Ability to Refuse Sex in Urban Cameroon. *Studies in Family Planning*. 39(4) 309-320
- Hof, C. & Richters, A. (1999). *Exploring Intersections between Teenage Pregnancy and Gender Violence: Lessons from Zimbabwe*.
- Hoyt, H.H., & Broom, B.L. (2002). School-Based Teen Pregnancy Prevention Programs: A Review of the Literature. *Journal of School Nursing*. <http://jsn.sagepub.com>. Accessed April 28, 2009
- Hudson, D., Elek, S. & Campbell-Grossman, C. (2000). Depression, self-esteem, loneliness: A social support among adolescent mothers participating in the new parents' project. *Adolescence*. Vol. 35. 139. Accessed March 15, 2010
- Hume, M. (2004). "It's as if you don't know, because you don't do anything about it". Gender and Violence in El Salvador. *Environment and Urbanisation*. 16:63. Sage Publications.
- Janse Van Rensburg, E. (2001). Rhodes Environmental Education Unit Research Methods Short Course.
- Johns, M.J., Moncloa, F., Gong, E.J. (2000). Teen Pregnancy Prevention Programs: Linking Research and Practice. *Journal of Extension*. www.joe.org. accessed 9 April 2009
- Juárez, F., LeGrand, T., Lloyd, C.B., & Singh, S. (2008) Adolescent Sexual and Reproductive Health in Sub-Saharan Africa. *Studies in Family Planning*. 39(4): 239 - 243

- Kabeer, N. (2005) Gender equality and women's empowerment: a critical analysis of the third millennium development goal. *Gender and Development*. Vol 13 (1)
- Kalil, A., and Ziol-Guest, K.M. (2008) Teacher Support, School Goal Structures, and Teenage Mothers' School Engagement. *Youth Society*. 39;524.
<http://yas.sagepub.com>. Accessed February 9, 2009
- Karim, A.M. Williams, T., Patykewich, L., Ali, D., Colvin, C.E., Posner, J., Rutaremwa (2009). The Impact of the African Youth Alliance Program on the Sexual Behaviour of Young people in Uganda. *Studies in Family Planning*. 40 (4): 289 – 306
- Kaufman, C., De Wet, T and Stadler, J. (2001) Adolescent Pregnancy and Parenting in South Africa. *Studies in Family Planning*. 2001:32(2) 147-160. (Accessed 9 May 2009)
- Kaye, D.K. (2008). Negotiating the transition from adolescence to motherhood: coping with prenatal and parenting stress in Teenage Mothers in Mulago Hospital, Uganda. *Public Health* 2008;8;83. Accessed 8 February 2010.
- Kegler, M.C., Bird, S.T., Kyle-Moon, K. and Rodine, S. (2001). Understanding Teen Pregnancy from the perspective of young Adolescents in Oklahoma City. *Health promotion Practice*. 2:243. <http://hpp.sagepub.com> Accessed 28.04.2009
- Kelly, D. (2003). Practising Democracy in the Margins of School: The Teenage Parents Program as Feminist Counterpublic. *Educational Research Journal*. Volume 40:123-146. <http://aer.sagepub.com> (Accessed 9 February 2009)
- Kincheloe, J.L. & McLaren, P. (2005). Rethinking Critical Theory and Qualitative Research.
- King, N., Horrocks, C. (2010). *Interviews in Qualitative Research*. Sage Publications: London.
- Kirby, D. (2001). Emerging Answers. Research Findings on Programs to reduce teen Pregnancy. Washington, DC: The National Campaign to prevent teenage pregnancy. Summary.
- Koch, T. (2006). Establishing rigour in qualitative research: the decision trail. School of nursing. Blackwell Publishing: Australia
- LeVasseur, J.J. (2003) The problem of bracketing in phenomenology. *Qualitative Health Research* 2003;13;408. <http://ghr.sagepub.com>. (Accessed 30 July 2009)

- Lichtman, M. (2006). *Qualitative Research in Education: a user's guide*. Sage Publications: California.
- Limmer, m. (2005). Keeping the needs of Teenage Pregnancy at the heart of services. *Prospectives in Public Health*. 125-214. <http://rsh.sagepub.com>
- Logan, C., Holcombe, E., Ryan, S., Manlove, J., Moore, K. (2007). Childhood Sexual Abuse. White Paper. *Child Trends*.
- Luttrell, W. (2003). *Pregnant Bodies, Fertile Minds: Gender, Race and the schooling of pregnant teens*. Great Britain. Routledge.
- Macleod, C. (2003). Teenage Pregnancy and the Construction of Adolescence: Scientific Literature in South Africa. *Childhood*. 10: 419
- Mayzell, M., Kachala, F., Kerner, B. (2004). *Reaching out to Teen Mothers in Malawi. US Aid Core Group*.
- McIntyre, P. (2003). *Pregnant Adolescents delivering on Global Promises of Hope*. <http://who.int/child-adolescent-health/publications>. Accessed 28/11/09
- Merriam, S.B. (1998). *Qualitative Research and Case Study Applications in Education*. Jossey-Bass Publishers: San Francisco.
- Motjelebe, N.J. (2009). *The Social Support Network of Teenage Mothers in Botshabelo*. Master Dissertation. University of Stellenbosch.
- Morehead, A., & Soriano, G. (2005). *Teenage mothers: Constructing Family*. Australia *Institute of Family Matters*. 72. Accessed 10 March 2010.
- Mortari, L. (2008). The ethic of delicacy in phenomenological research. *International Journal of Qualitative Studies on Health and Well-being*. 3:3-17
- Mqwangqa, V.E. (2007). *An investigation into the causes of learner dropouts in two rural secondary schools. Fort Beaufort District. Eastern Cape Province: A case study*. Dissertation. UFH.
- Ngcobo, B.F. (2009) *The Psycho-Social Experiences of Unwed Teenage Mothers in Faith Communities: A Qualitative Study*. Dissertation. University of KwaZulu-Natal.
- Odu, K.B., Christian, J.A. (2007). The Menace of Teenage Motherhood in Ekiti State, Middle-East. *Journal of Scientific Research* 2(3-4): 157-161
- Oyaro, K. (2008). *Kenya Teenage Mothers Denied Education*. Accessed. 28.12.2009.
- Paluzzi, P. and Holmes, S. (2007). Providers, parents and communication: the key to healthy teens and reducing teen pregnancy. *Contraception*. 76:1-3

- Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage Pregnancy in South Africa with a specific focus on school-going learners. *Child, Youth, Family and Social Development*. Human Research Council. Pretoria. (Accessed August 2009)
- Patton, M.Q. (2002). *Qualitative research and evaluation methods: Conceptual Issues in Qualitative Inquiry*. Sage Publications: California.
- Petchesky, R.P. (2005). Conflict and Crisis Settings: Promoting Sexual and Reproductive Rights. *Reproductive Health Matters*. 16(310): 4 – 9. www.rhmjournal.org.uk
- Pillow, W. (2006). Teen Pregnancy and Education: Politics of Knowledge, Research and Practice. *Educational Policy*. 20:59. <http://epx.sagepub.com>. Accessed 28.04.2009.
- Quinlivan, J. (2006). *Teenage Pregnancy*. Volume 8:2. (Accessed 4 February 2009)
- Ritchie, J. & Lewis, J. (2003). *Qualitative research practice: A guide for Social*
- Rosengard, C., Pollock, L. Weltzen, S. Meers, A. and Phipps, M.G. (2006). Concepts of the Advantages and Disadvantages of Teenage Childbearing among Pregnant Adolescents: A Qualitative Analysis. *Pediatrics*. 118:503-510. www.pediatric.org . Accessed 20.02.2009
- Saha, S. (2005). Dynamics Governing Women's Decision on Reproductive Health Matters Reflections from a Qualitative Study in Central India. *Health Allied Sciences*. Volume 4: 2. <http://www.ojhas.org> (12 August 2009)
- science students and researchers*. Sage Publications: London.
- Sarantakos, S. (2005). *Social Research*. Palgrave MacMillan: Great Britain
- Sergiovanni, T.J. (2000). *The Lifeworld of Leadership: Creating culture, community, and personal meaning in our schools*. California. Jossey-Bass Publishers.
- Shaningwa, L.M. (2007) *The Educationally-Related Challenge faced by Teenage Mothers on Returning to school: A Namibian Case Study*. Masters Dissertation. Rhodes University.
- Silverman, D. (2004). *Qualitative Research*. Theory, Method and Practice. Sage Publications: New Delhi.
- SmithBattle, L. (2006). Helping Teen Mothers Succeed. *Journal of School Nursing*. <http://jsn.sagepub.com>. 2006;22;130. Accessed 9 February 2009.

- SmithBattle, L. (2007). "I wanna have a good future": Teen mothers' rise in Educational Aspirations, competing demands, and Limited school support. *Youth Society*. Volume 20: 59-84. <http://yas.sagepub.com> (Accessed 10 March 2009)
- Speizer, I.S., Beauvais, H., Gómez, A.M., Outlaw, T.F., Roussel, B. (2009). Using Multiple Sampling Approaches to Measure Sexual-Risk –Taking among Young People in Haiti: Programmatic Implications. *Studies in Family Planning*. 40(4): 277 – 288
- Stake, R.E. (2005). *Qualitative Case Studies*. Sage Publications: United Kingdom.
- Teitelman, A.M., Ratcliffe, S.J., Morales-Alemon, M.M., & Sullivan, C.M. (2008). Sexual Relationship, Power, Intimate Partner Violence and Condom use among Minority Urban Girls. *Journal of Interpersonal Violence*. 23:1964. <http://jiv.sagepub.com>
- Terre Blanche, M., Durrheim, K. & Painter, D. (2006). *Research in Practice: Applied methods for the social sciences*. UCT Press. South Africa.
- TerreBlanche, M. and Kelly, K. (1999). *Research in Practice: Applied methods for the social sciences*. Cape Town. UCT Press.
- Utomo, I.D., & McDonald, P. (2009). Adolescent Reproductive Health in Indonesia: Contested Values and Policy Inaction. *Family Planning* 40(2): 133-146
- Vung, N.D. (2008). Intimate Partner Violence against Women in Rural Vietnam. Prevalence, Risk Factors, Health Effects and Suggestions for Interventions. *Doctoral Thesis. Karolinski Institute*.
- Wahn, E.H. & Nissen, E. (2008). Sociodemographic background, lifestyle and psychosocial conditions of Swedish teenage mothers and their perceptions of health and social support during pregnancy and childbirth. *Scandinavian Journal of Public Health*. 2008;36;415. <http://sjp.sagepub.com>. Accessed 9 February 2009.
- Watts, C. and Mayhew, C. (2004). Reproductive Health Services and Intimate Partner Violence
- WHO (2004). Adolescent Pregnancy: Issues in Adolescent Health and Development.
- Wiemann, C.M., Rickert, V., Berenson, A.B., Volk, R.J. (2005). Are Pregnant Adolescents Stigmatized by Pregnancy? *Health Official Journal of the Society for Adolescent Health and Medicine*. 36(4):352e1-352e7


Wojnar, D.M. and Swanson, K.M. (2007) Phenomenology: An Exploration. *Journal of Holistic Nursing*. Sage Publications. 25; 172. <http://jhn.sagepub.com>. Accessed October 5, 2009.

Wright, P.A. & Davis, A. (2008). Adolescent parenthood through educators' eyes: Perceptions of worries and provision of support. *Urban Education*. Sage Publications. 2008;43;671. <http://uex.sagepub.com>. Accessed 10 November 2009

APPENDICES

APPENDIX A

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University of Fort Hare
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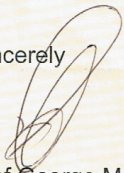
26 May 2010

To whom it may concern


This is to confirm that Ms Hermie Adams, student number is 200444654, is an MEd candidate at the University of Fort Hare. She is doing a research study entitled, "*A Case Study of Educational experiences of four teenage mothers in two schools in East London.*"

As part of the requirements for her studies she has to collect empirical evidence to support her dissertation. She is due to go to the field for this purpose during the period of June to August 2010. Kindly grant him permission.

Sincerely




Prof George Moyo
DIRECTOR SCHOOL OF POSTGRADUATE STUDIES AND SUPERVISOR



together in excellence

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APPENDIX B

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PAGE 01



OFFICE OF THE SUPERINTENDENT-GENERAL

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05 October 2010

Mrs. Hermie Adams
40 Falklands Place
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East London
5209

Facsimile: 043 722 2900

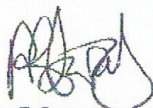
Email: johnbisseksecondary@telkomsa.net

Dear Mrs. Adams

PERMISSION TO UNDERTAKE RESEARCH: EDUCATIONAL EXPERIENCES OF TEENAGE MOTHERS IN SCHOOL – A CASE STUDY OF TWO SCHOOLS IN EAST LONDON

1. Thank you for your correspondence and questionnaire received on 04 October 2010.
2. Your application to conduct the above mentioned research in the Eastern Cape Department of Education John Bissek Secondary School and East London High School under the jurisdiction of East London District is hereby approved on condition that:
 - a. there will be no financial implications for the Department;
 - b. institutions and respondents must not be identifiable in any way from the results of the investigation;
 - c. you present a copy of the written approval of the Eastern Cape Department of Education (ECDoE) to the District Directors before any research is undertaken at any institutions within that particular district;
 - d. you will make all the arrangements concerning your research;
 - e. the research may not be conducted during official contact time, as educators' programmes should not be interrupted;
 - f. should you wish to extend the period of research after approval has been granted, an application to do this must be directed to the Director: Strategic Planning Policy Research and Secretarial Services;
 - g. the research may not be conducted during the fourth school term, except in cases where a special well motivated request is received;

- h. your research will be limited to those schools or institutions for which approval has been granted;
 - i. you present the Department with a copy of your final paper/report/dissertation/thesis free of charge in hard copy and electronic format. This must be accompanied by a separate synopsis (maximum 2 – 3 typed pages) of the most important findings and recommendations if it does not already contain a synopsis. This must also be in an electronic format.
 - j. you are requested to provide the above to the Director: The Strategic Planning Policy Research and Secretarial Services upon completion of your research.
 - k. you comply to all the requirements as completed in the Research Policy duly completed by you.
 - l. you comply with your ethical undertaking (commitment form).
 - m. You submit on a six monthly basis, from the date of permission of the research, concise reports to the Director: Strategic Planning Policy Research and Secretarial Services.
3. The Department wishes you well in your undertaking. You are most welcome to contact the Director, Dr. Annetia Heckroodt on 043 702 7430 or mobile number 083 271 0715 should you need any assistance.



Mr. R Swartz
ACTING HEAD: EDUCATION

APPENDIX C

EDUCATIONAL EXPERIENCES OF TEENAGE MOTHERS IN SCHOOL: A CASE STUDY OF TWO SCHOOLS IN BUFFALO CITY METROPOLITAN.

Consent form:

Background:

I, Hermie E. Adams, am doing research on teenage mothers' educational experiences in school. The purpose of the study is to gain some insights into the lived experiences of mothering teenagers attending school. I want to find out how the mothers cope with school demands and raising a baby.

The research process includes interviews with teenage mothers in two East London schools.

Confidentiality and Informed Consent:

Thank you for agreeing to participate in an interview. You will be asked questions about a variety of issues related to teenage motherhood. Please feel free to express your opinions openly. If you do not feel comfortable answering a particular question, please let me, the interviewer, know and I will move to the next question. Your name will not in any way be used in the study. If something you say is quoted, it will be introduced by a statement such as: "A respondent reported ...". Only the interviewer will know your identity.

CONSENT AGREEMENT

I, agree to participate in an interview for

teenage mothers' research study. I understand that my confidentiality will be

protected in the following ways:

1. Only Ms. H.E. Adams will know my identity.
2. My name will not be used in the discussion paper and my responses will be reported in ways that protect my identity.

SIGNATURES:

PARENT: DATE:

LEARNER: DATE:

LANGUAGE OF INTERVIEW: ENGLISH AFRIKAANS

APPENDIX D

INTERVIEW QUESTIONS

BACKGROUND OF LEARNERS: Learners are asked to talk briefly about their age, their grade and their parents.

1. How old were you when you got pregnant?
2. Who was the first person told about your pregnancy? Why did you tell this person?
3. What was your mother's reaction when she found out you were pregnant?
4. When you came back to school for the first time, what was your experience?
5. When you came back to school for the first time what were your teachers' reactions?
6. What were your peers' reactions when you came back to school?
7. When you come home from school, what are your responsibilities?
8. How are you managing with your schoolwork and the baby?
9. When you are absent from school, do you get any work from friends?
10. What are the teachers' reactions when you are absent from school or did not write a test?
11. What support do you get from your family, the baby's father and your friends?
12. Do you feel that your baby is a burden?
13. What are your future plans?

APPENDIX E

DATA SET 1

TMA1

HOW OLD WERE YOU WHEN YOU GOT PREGNANT?

I was 16 years old and in grade 10. I think it was the last term. No one noticed that I was pregnant and I even hide it from my mother. Because I talk to my mother like about personal stuff. She asks me, she doesn't want us to be like scared of her. My sister was in an abusive relationship because my mother was very strict. She was like traumatised in some way. My mother was like she was guilty, she did not want her be scared she wanted her to tell her everything. She did not talk to her and ask her about boyfriend and stuff. She wanted to know about everything. My mother wanted us to be open with her, that's why she was not too strict with us. After that my mother was not tough with me. I was scared to tell her because my ex boyfriend said that he was going to be killed by his mother when he tells her, and I know his mother is very strict, but what about me? He is not going to carry the baby for nine months. I was scared to go to the doctor, my mom has medical aid, and he would ask where your parent is? I was even scared to do an abortion. I was scared of what my mom would say if I do an abortion. So I kept the pregnancy quiet. I think it was August when I found out I was pregnant, then September, we were writing examinations and stuff. So I think it was October/November, when my mother saw the pregnancy test, I was hiding it in my school clothes, she was washing my uniform, I was hiding them. They were both positive. I think I was about three or two months, I'm not sure. She sat me down and she was like don't you want to tell me something. I was like, she knows. (Laughing) And I said no, she said ok. But I saw that she wanted to talk to me but I kept on saying no. Then she said to me: Suzy are you pregnant? I said no mamma, I'm not. Then she was like ok. Then she thought no she is pregnant.

Then not to think about it, I was much stressed, I used to go to the clubs and get drunk. I was mature enough to go to the clubs. Every weekend, Saturdays, everyone at home was looking for me. Why were you doing that? I wanted to get away from everything. I don't know I thought. It would take away the pain, I really thought the drinking would help the pain, I didn't know that time; I know now that it was not helping. It was so hard, the pregnancy was so hard. (Emotional, crying) He would phone me and swear at me. He said I should go look for the father of the child, he did not want responsibility. He is at school in Cape Town, he will call me every weekend and swear at me and call me ugly names. Every weekend I would go to the clubs with my friend and come home in the morning, drunk. When my mother would ask me, I'd say don't talk to me. I was tough with her, when I spoke with her, she broke down and cried. She asked me what I want her to do, what's going on with you. I said her I want an abortion. (Crying) She started beating me and asked me is this what they teach you at school doing abortions and stuff? I said no mamma. And she said she never taught me to do an abortion

because an abortion is killing someone in a kind of way. She said what if I get married one day and I want a baby and can't have children. She asked me what the baby's father says. I said he doesn't want anything to do with me. She said ok, I must not worry; we will support the baby. You are not going to have an abortion. But sometimes I just wished I had an abortion, it is so hard, so hard.

WHEN YOU CAME BACK TO SCHOOL WHAT WAS YOUR EXPERIENCE LIKE?

I did not have a positive experience when I came back to school, it was negative. The first day was ok. But I think it was after two weeks or three weeks, I was not concentrating on my school work, I had bad marks, I could not do to good in my school work. I could not concentrate on my schoolwork I had to concentrate on my son. I did not do my homework and things. It was because of the time. It was a bit hard; I could not do my school work and my tasks. I couldn't do my homework and school work because of the time; all the work that I had to do. I have younger siblings that I had to look after too when I get back from school because I am the first one to get home.

Even some of the teachers at school were not supportive at all. Another sir here at school, I did badly in English, he was like motivating me. And this teacher came past us, I think she heard a word or something, but she was listening. Oh then I went into the class, she asked the sir why he is motivating me; she said I have to face up to my consequences, I must learn from the mistakes I made. He said that she made a mistake and she is trying to mend it. He said that they (teachers) are not supposed to judge me. I know I did wrong but I'm trying to live a positive life now. So after we used to go to her class, I did oral in her class. I am very bad in spelling Afrikaans. She said I don't know my schoolwork; I am good in elder stuff and not good in my school work. It really hurt me. I felt very bad; the other learners were laughing at me. (Emotional) Then I was like I am tired of school and I thought to myself I am not going back to school. Did you react to the things the teacher said? Yes, I did, I was swearing at her in isiXhosa. She did not hear, the children did not want to tell her. She was asking what did she say, the children said no Mam she is not saying anything.

HOW DID YOU FEEL WHEN SHE SAID THOSE THINGS TO YOU?

I wanted to throw her with the chair; because she does not have the right to say those things to me. I know I did wrong, but she does not have the right to say those things to me.

I did not come to school very often; I did not want to face her maybe I don't know. Then I came to you and I said I want to drop out of school. Then you told me, no I don't have to drop out of school, what am I going to do after that because education is the key to your future. But when you said that I was like I don't want to listen to you, but I just want to drop out of school. Because I can't handle the pressure, I can't handle the things people are saying about me, I can't handle the school work, I can't handle the baby at the same time. I knew I was like breaking my mother's heart, but she was

supporting whatever I do. It was hard, but I think it's better now. But now the baby is a bit bigger, he is two years old now. Now I can do a little bit of my tasks at school. But it's still hard.

WHAT WAS REALLY GOING THROUGH YOUR MIND WHEN MRS. MORRISON AND I SAID DON'T LEAVE SCHOOL?

Sorry, Mam but I thought you were both stupid. I am not going to listen to you. I thought you don't know how I feel inside; you are not in my shoes. I thought you don't know what you are talking about. It was like I was going to explode, I was full of anger.

It was like I was going to explode, I was full of anger.

AT WHO WERE YOU SO ANGRY?

I was angry at everyone around me, especially me.

WHY WERE YOU SO ANGRY AT YOURSELF?

If it did not... I was angry at myself that if I could turn back the time. I would not be in a relationship with that..., with the father of my child. Maybe I would still, (hesitant) maybe I would not have a child by now. But I just wish I could turn back the time, but I do love my child very much. I do love my child.

WHY WOULD YOU WANT TURN BACK THE TIME?

When the nappies are finished, you do not know what to do, what to put on to the child. When the milk is finished, while your mother does not have money at the same time, it is hard. I was too young to get grant. You get grant when you are 18 now, you do not get it while you were 16. I was only 16 that is why I could not get grant for the baby. My mother was getting paid at the end of the month, it is too long. When I see the father of my child during the holidays, he does not do anything. That's more painful. He just passes us like we are nothing. He does not even look at my child, while he sees my son looks just like him. He ignores us. I don't want him back; I want him to support the child financially. I don't know if my son will want to see him when he is bit older, I do not want to decide for my son. I just want him to support me financially.

AND THE SCHOOLWORK, YOU SAY YOU COULD NOT COPE WITH IT?

I could not cope with my school work especially when I did grade 10 for the second time because I was not concentrating. Then I told myself whatever happens, ok, I did not do my task. I told myself after June, at least my son will be about 6 months; I will concentrate more on my exams, even if I did not hand in my tasks. I worked hard then I passed and went to grade 11. Then last year it got tougher because he has asthma. A week would not pass for him not to get sick, so I could not come to school. At the same time, I got sick too. They say in isiXhosa, I had a calling. I had a calling; I had to respond to it. If I could not respond to it something bad would happen to me or maybe I would lose my mind. I was talking funny, saying things, seeing things. For my mother it was so much pressure; she had to take leave from work, to look after my son and me. She put my son in preschool so that she could focus on me. I did not write the September and March exams. My illness started in March when I got headaches and stuff. I was admitted at St. Dominic's hospital. They said I have a mental problem and they put me in the psychiatric ward at they put me in St. Mark's clinic. I told them I was not sick, they said every psycho person says so they not sick, but they are. My mother had a dream about my father, my father passed away in 2004. He said to her in the dream that I am not sick and that I have a calling; he said she should to respond to that. At the same time I had the same dream and he told me too that I have a calling and I should respond to it. I started to calm down and be settled, because I knew now what was wrong with me. I was taken out of rehab at hospital and they discharged me from the hospital and I went home. My mother decided to take me to a traditional healer so she can find out what was wrong. When we went to the traditional healer, she had a celebration, she was finished training someone. We did not know about the celebration, when I came into the yard, everyone there were staring at me. My brother and mother asked why they are looking at me. We did not ask them. They started hitting the drums, and singing. I started singing the same things they were singing, I cried. I was going crazy. I started seeing my father, my father was a traditional healer, my grandfather, and all the elders that were late. I showed my mother the ancestors, but she could not see them. The healers saw it too and said that the pressure was very strong and I have to say yeas so that I could go further to school for the training.

The following week I started training. I started training and wearing the beads, and hair and everything. My mother went to school and explained to the principal. The principal did not want to accept me at school, with all the clothes on. My mother agreed that I would only wear one piece.

HOW WAS THAT EXPERIENCE LIKE WITH THE BABY AND THE SCHOOLWORK?

Hey it was very hard. Every weekend I have to go to the traditional healer for training. When I come back from school, fortunately my son is in preschool now, so I can do my schoolwork while he is there. I fetch my son at half past five. I come from school at three o'clock and do my homework till half past five and I go and fetch him. It is a bit easier now. I can do a lot.

Now I am improving in my schoolwork, but they still have that thing that I always failed, why now am I doing so good, they think that I am copying my schoolwork. While I am trying my best, teachers are sceptical now. They mark other children's work well and then mark mine wrong in the same question. She will start correcting it in my book, while she has the mark is still the same in her book. I think maybe that is why I fail. I have little marks in her marking books but my work compare well with the clever children in the class.

IT IS NOT THE SAME TEACHER THAT WAS GIVING YOU PROBLEMS?

No it is her friend. In grade 10 and 11, the same teacher that was saying bad things about me was teaching me and now her friend is teaching me. Now when her friend starts marking me correctly, she comes in and asks her why are you passing her when she did so badly. Her friend would say, oh you did teach her, now the new teacher would change the mark. Last term most of the children did not do well in schoolwork. Now I told myself that if I am trying to pass this term I will see if she increased my mark while she was giving the wrong mark and she is writing the wrong mark in my report I will see that she is favouring some kids in my class.

WHEN YOU WERE ABSENT DID YOU GET ANY WORK DONE?

Yes I got work from other children. They assisted me. I try to do all my work before I come to school so that teachers cannot have anything to say about my absenteeism.

When I came back from school after childbirth the children wanted to know everything about the birth but I did not want to tell them. I do not trust them, because I can tell them something today and tomorrow I will hear it in the street or by someone else. You don't know what they going to say about you, whether they going to laugh about them. You can't really trust students who are the same age as me. I do not trust them at all. Even when I do not have money to go home, I can't even borrow money from them. They will tell me that they did not tell me to have a baby at an early stage or they say funny stuff. If I ask them they would say that they did not say so, the other girl said it. This one girl kept on saying bad things about me around the school. I decided that they are nasty with me. After school one day, I asked the girl who always have something bad to say about me to meet me after school, she did not want to. After the fight, I found out that they are not trying to be nasty with me. I know that it was wrong to fight because one get used to fighting to fix things. They were very nasty to

me when I came back. They said I wanted special treatment at school because I have a baby and I am a traditional healer. I really do not want. She said I must not borrow money from her because she did not say I must get pregnant at an early stage. I do not want to fix things with violence, at the same time I do fight. Now I think it is fine. They don't worry me about my school work or the baby.

HOW DID YOU FEEL WHEN THE GIRL WAS TALKING ABOUT YOUR EARLY PREGNANCY?

It was like, I was angry because she does not know what is going on with me and she does not know her future either if she is going to get pregnant or what. I think one should not judge others while you do not know what can happen to you in the future.

HOW IS YOUR EXPERIENCE NOW AT SCHOOL?

My experience at school is getting better, but sometimes maybe I did not come to school while writing a test. Because I might use the taxi money for something else, maybe milk for the baby or nappies. Then maybe after I will come back the day after, and I will ask the teacher to write the test. Some would say ok and others won't allow me to write a test. They would ask me why I didn't come to school. Then I would say I did not have transport money to come to school, because I did this or that with my money for my baby. Then they would say oh my baby is more important than my schoolwork. Of course, my baby is more important than my schoolwork. I can't just leave my baby to go to school hungry, what kind of a mother am I to do that? Even my mother won't let us starve when she does not have money, she will make a plan to feed us. It was very hard to come back to school after my absence. I would think what will the teachers say, will they allow me to write the test, something like that. It happened very often, but I told myself even if I have half the money that I would come to school to write the test and then see how I will go home. It happens a lot.

It is part of when I want to go back, maybe if I had an abortion that I would not be having this problem. You can't judge a book by its cover. You can't do this while you have responsibilities. I learnt a lot from this experience, that one cannot plan your life because it does not always work out. When my mother gives me money, I spend the money on my baby. Baby things are so expensive. I buy a lot of stuff for my baby, like now I will go buy winter clothes for him even though I don't have winter clothes. I will rather starve than see my baby starve. I think I am a real mother now. I look out for my baby.

My friends that I have at school now are so supportive, they assist me a lot. I want to cry now... no I can't cry. They are so supportive, when it was my son's birthday, they phoned me to find out where I was. I bought a big birthday cake for my son, just to celebrate the birthday. I did not think of having a big party. They came there with presents and salads. My mom took her last money and bought meat to have a braai. It was real fun. I did not expect them to do that for me and my son.

THE FEELING THAT THE TEACHER MADE YOU FEEL, WHEN YOU THOUGHT THE TEACHER WAS AGAINST YOU, DESCRIBE THAT FOR ME.

I felt dead inside, I did not exist, and it was like I am a person without feeling. I talked rude to my mother and my siblings. I did not care even when my child was crying at night. I would not cuddle him and make him quiet. I felt that I did not live. I was finished; I could not do anything and felt like dying. I had negative feelings. But you teachers, the words you said and my mother's words were ringing in my ears. So I decided to go back to school. Maybe if I did not go back to school I will end up like the other mothers herein my area. No one wants to be ugly, have no work, no income; you only wait for the grant money and go and drink out the money. I don't want to sit and wait for that and do nothing with the money when I do get it. I told to myself God help me. At the same time God does not give you a package that you cannot handle, problems that you can't handle. Then I thought to myself there are other people with worse problems as mine. So that is why I realised that I have to go to school. When I came back to school I realised that I will not make it, that I am going to fail. I thought to myself that I must just pull up my socks and do better. When my result came, I failed, I already accepted that.

WHAT WAS THE EXPERIENCE WHEN YOU FAILED?

I was still hoping I was going to pass. It wasn't bad like the last time when I failed grade 10. Now it is easier I already told myself that I am going to fail, my mother and siblings are very supportive. I already told myself that I am going to finish my schooling.

Some of the teachers support me and others don't. It does not bother me. The teachers are not so supportive, very little support. I told myself that if someone makes fun of me I will take those words and turn it around to my advantage. My friends are very supportive with schoolwork too. If I was absent they would phone me and tell me which page in the textbook I must do and then I will have the work when I go back to school. It feels good, maybe the teacher doesn't not like me that much, and she has that attitude that I will not have my work. I think the teacher feels like a fool when I have my work and she/he cannot punish me or treat me bad. It really feels good that I have done my work before I came to school. When my results come back and it was good, I feel happy about it. I have a picture of my son in most of my books so when I look at my books; I know I have to work hard. I think it is my son that is motivating me. I tell myself I have to do it, not for myself anymore but for my son. I am doing it for someone who needs me. I don't have a reason not to finish school,

THE FEELING WHEN YOU CAME BACK TO SCHOOL, WHAT WAS THAT EXPERIENCE FOR YOU?

I felt like I was the only mother at school. My friends were asking me how is my baby, how are you doing. I felt like I was the same age as the teachers. I felt very awkward. Most of the times the young mothers do not come back to school and wear the uniform. My friend thought that I was going to the FET college. My mother wanted me to finish matric. I know she does not understand that it is the same. I feel like I am at the same level as the teachers, but not same age. In the Life Orientation class when the teacher speaks about pregnancy, peer pressure; I can discuss with her and talk about my experience. They think that I am very old. That's why my sister says I'm a thirty eight (38) year old trapped in a nineteen (19) year old body.

DO YOU COMPARE YOURSELF TO THE TEACHERS?

I think so. I think it is because I have a child and that the teachers have children too. But sometimes I feel like a child, I still want to act like a child. The children react differently towards me when I act like a child, they say that I am older than them and should act my age. But I am their age and I am allowed to act like a child sometimes. It does not mean that because I have a child, I must take myself to the next level. I can still do the same things that they can do, I also want to party like them. I also make the same mistakes as them. Unfortunately I cannot because I have a child and he is my responsibility.

DO YOU FEEL THAT THE CHILD IS KEEPING YOU AWAY FROM YOU ATTENDING PARTIES?

I think so. Bad things happen to young children. Having a child keeps you away from doing bad things, like doing drugs, drinking and end up having HIV/AIDS. Now when I want to go to a party with my friends I still have to ask my mother if I can go and should I go. She will say if you want to you can go, but you must come back at this time.

The demand of the schoolwork and looking after my baby is little more balanced. I am also very proud of myself because I have improved in my schoolwork. Sometimes school work is taking over and sometimes my son does not want me but my mother or sister. It is very painful when he rejects me and I feel that it is because of my schoolwork. My big brother supports me and helps me with some of my schoolwork that I do not understand. If I get home now, I will go study and half past five I will go and fetch my son from preschool.

I want to finish school (matric) and maybe go study drama, I don't know. I did some acting last year and that made me realise that maybe I have a future there. I don't know. I thought of going to Kwa Zulu –Natal and study there. At the same time I don't want to be too far away from my son for too long. If I don't go study elsewhere I will study here at Fort Hare.

DATA SET 2

TMA2

BACKGROUND

Learner lives with mother and grandmother. She is 16 years old and in grade 10. She was fifteen years old and in grade 9 when she got pregnant. The boyfriend is no longer at school, not working and is 21 years old.

HOW OLD WERE YOU WHEN YOU FELT PREGNANT?

I was 15 years old and in grade 9 when I felt pregnant. I gave birth this year in April.

WHEN DID YOU FIND OUT THAT YOU WERE PREGNANT?

I was sexually active and when I found out that I was eating too much, I bought a pregnancy test and tested myself. I was a girl who normally watches what I'm eating and it bothered me that I was eating so much. It was really scary for me that I was eating every five minutes. And I thought that I should test myself, so when the test was positive, I decided to come back to school. To me it was not difficult to decide whether to come to school or not. I am not the first girl who fall pregnant and come to school. So many girls have babies and they return to school. It's not as if I asked for it. I know what I was doing when I had sex, it's just to me it is a gift from God. Everything happens for a reason, I did not go look to fall pregnant.

WHO WAS THE FIRST PERSON YOU TOLD ABOUT YOUR PREGNANCY?

I told my boyfriend about it. My family heard in the street that I was pregnant. He did not tell his parents that I was pregnant, they also heard from people in the street. They accepted the pregnancy and said that it is his child. My auntie confronted me and said that I was pregnant. I fought against her words and said I am not pregnant. She said no you are pregnant, because I was getting too fat. My mother was very disappointed; she did not even speak to me. She cried every time she looked at me. She said she never thought that I would fall pregnant at such an early stage.

What was your feeling when your mother reacted this way towards your pregnancy?

I felt very bad, because my heart was broken, I wanted to abort the baby. But then again I thought no. a lot of people spoke to me, even at church and said I should not abort the baby. They said I should either give the baby up for adoption or keep it, but adoption was not a plan. They even suggested I give the child to someone to look after and when I am ready and finished with school, I can take the baby back from those people. But then again I asked myself, why should I do it. I am big; I have a mind of my own. I feel bad that I did not even apologise to my grandmother about my pregnancy. I feel I should apologise but I am waiting for the right time to do it. I feel embarrassed to speak to

apologise to my grandmother because it is my fault that I fell pregnant. I know that I was wrong. I need to buy her something to show her that I am sorry for what I have done.

After my mother and aunt found out I was pregnant, they said I should go back to school. My aunt and I came to school and spoke to the principal. She told me it was fine, I can come back to school, but if it was closer to the birth, I should stay at home for my own safety.

WHAT WAS YOUR EXPERIENCE WHEN YOU CAME TO SCHOOL AND YOU WERE PREGNANT?

I was very quiet in class and did my work all the time. I did not speak to my class mates too. My class teacher spoke to me and asked me what my options were. I told her I wanted to have an abortion. She told me if I want an abortion that I should do it right away, I should not wait because it might be too late. She said it will be very dangerous for me and the baby when it is later in the pregnancy. She spoke to me and made me feel good. I was not too friendly with the learners in the class; I did not really go out of my way to speak to them. My friends found out and asked me about it. They said they saw it in my face, and my hands were swollen. After that I was more relaxed in the class. Other teachers maybe knew that I was pregnant, but they never asked me about it.

WHEN DID YOU GIVE BIRTH?

I gave birth in April this year. I came back to school in July. I wrote March exams, but I just wrote the paper and left the school again. I was not allowed to be on the school because I was too far in my pregnancy.

WHAT WAS YOUR REACTION WHEN YOU CAME BACK TO SCHOOL THE FIRST DAY?

The first day was normal like any other day. The children were happy to see me; they even welcomed me back. I felt good; I did not feel uncomfortable because it was my classmates of the previous year. The teachers did not say anything. Only one teacher jokingly asked me what I was doing at school. I told him I had a baby and that I am back at school now.

WHAT IF HE MEANT THOSE WORDS?

I would not have felt good about that. I would have spoken to him and tell him I want to finish my schooling and I want to learn.

WHO LOOK AFTER THE BABY?

Whoever is at home during the day will look after her. Sometimes her father comes and fetches her so that he or his grandmother looks after her. At night I look after the baby. Some mornings I get her ready early so that I can take her down to her father and then they look after her. He is not working at the moment.

WHEN DO YOU DO YOUR SCHOOL WORK?

I do it sometimes, but there are times that I cannot do my work, that is the time when she is awake. When I want to do my work, as last night, I give her to my mother or grandmother. But there are so many hands at home that they all take her and look after her while I do my school work. I have time to study. I have chores to do too. I have to clean the house, and sometimes they send me to the shops and things. It is not a complication, but I do get time to study. As I walk to school, I am reading my book.

DO YOU STAY ABSENT A LOT?

Not really now. When I was pregnant I was absent a lot, because I took leave. I wanted to be at school, but at times I could not. I don't stay absent a lot, only sometimes when my grandmother has to go to hospital and there is no one else at home to look after the baby I will stay at home.

WHEN YOU WERE PREGNANT WHO BROUGHT SCHOOL WORK HOME FOR YOU?

No one brought work home for me. Even while I was pregnant none of my friends brought work home. I had to borrow books, that time when I came back to school, and then I write the work down and give it back to them. My teacher did tell the children to take work home for me but no one brought work. I told the teacher to remind the learners to bring work to me. One of the girls lives in my street yet she did not even bother to bring the work home. One of my friends, who were very close to me during my pregnancy, did not even bring the work to me. It was difficult to bring that work up to date. I still have to borrow their books to catch up. I also have to ask them to explain the work to me because I cannot only write in my books and not understand what I am writing. In business studies there is a lot of work and I am very behind with that work.

When I was at home I would sometimes go to one of my friend's house and go borrow a book and write the work down. I tried to catch up with the work that I was very behind with. I also ask her to explain especially in Geography and she will do it. I did not write all my exams in June. I did not get report.

I learnt a lot about my pregnancy. I don't think I will want to fall pregnant very soon. I first have to finish my schooling. Fortunately no teacher was nasty towards me. I have a very good relationship with my teachers.

If my baby is sick, I look after her. I have enough sleep. When she cries at night I put her pacifier in her mouth and she will be quiet. She is not a very sick baby, so I don't have to stay absent a lot or take her to the doctor. She has flu at the moment but it is because she is teething. I asked my boyfriend's grandmother what I should give her for the flu, but she said to leave it, I should not give her anything.

My friends asked me how it was to have a baby, so I explained to them. I don't like to be asked more than one time on the same thing. I get agitated. I was cheeky, but in a nice way.

I changed a lot from before my pregnancy. I feel more mature. I do fit into the school also. Sometimes I don't feel like talking to my friends then I will just sit quietly. My friends ask me why I am so quiet but I ignore them. When I am so quiet I think of my baby and wonder what she is doing at that moment. I don't think a lot about her. My paternal grandmother said I should not think about her often because that is the time when she will be naughty.

DATA SET 3

TMB1

BACKGROUND OF LEARNER:

The learner is living with her parents. The learner got pregnant in grade 11 at the age of 16, during the last term. She is repeating grade 11.

I was on contraceptives for a few months and then I left it. It was the same boyfriend I was going out with.

WHO WAS THE FIRST PERSON YOU TOLD ABOUT YOUR PREGNANCY?

It was my boyfriend, he was with me obviously and I told his mother. I feel his mother is very understanding and my mother is a very strict person, I shall say. So I decided to tell her first. We went up to my mother and we told my mother.

WHAT WAS YOUR MOTHER'S REACTION?

She was very shocked and told me she had a lot of things planned for me for my future after my studies at school. She said now it's impossible for me to complete that. Then I told her it's not impossible just because I made a mistake, I can still accomplish things in life even though you have a child and you at school.

EDUCATIONAL EXPERIENCE:

YOU WERE IN GRADE 10 WHEN YOU FELT PREGNANT?

I was in grade 11, that's why I am repeating grade 11.

HOW DID YOU FEEL WHEN YOU CAME BACK TO SCHOOL?

When I came back to school; it was, actually I did not even want to come back to school. I was ashamed of what people and the teachers would say about me at school. I thought to myself I'm not doing it for them, I'm doing it for myself and for my child. And so I just came back with that state of mind saying that I am doing it for myself. And after that I became used to the situation that I have a child and that I must be at school at the same time.

WHY WOULD U FEEL ASHAMED?

Because of what they say about me falling pregnant in school and having a child. I am in school and I am a mother.

HOW DID THE TEACHERS REACT WHEN YOU CAME BACK?

The teachers I don't know, I just felt that way.

When I came into the class for the first time, these feelings was like I don't know what it for the teachers or for the children. I felt like must I come in or should I stay outside, that feeling. I don't know, I can't explain it. It was like...I am going to make an example. It is like I have a child and she is still at school. I was like thinking what other children would think about me and all that. Questions that they are going to ask me. Why are you still at school and you have a child?

Aren't you tired? How do you cope? How is your child, all the drama, the child at night? I must wake up early to come to school, and all that.

HOW DID YOU FIND THE DRAMA AS YOU SAY?

Actually I have a friend, who is attached to me and my child, my boyfriend's sister, always used to help me with the baby. They ask me if I have anything for them to do, if they can help with the baby. So they watch the child for me while I do my homework.

WHILE YOU WERE AT HOME DURING THE PREGNANCY, DID YOU HAVE ANY FRIENDS BRINGING YOU WORK HOME FROM SCHOOL?

No the principal did not want that. When they first found out about my pregnancy, a female teacher asked me and I said yes, I am. She asked me how far I am, I said seven (7) months and she said it is not right to be at school when you are so far. The principal called me in and said you are not allowed to be at school, because there are small children at school. He said the children are running around and I could get hurt. He said anything can happen to me. He also called my mother and she asked if one of my friends can bring work home for me, he told her the same thing. My mother asked him if one of my class mates can bring books home for me and then I come back and write my external exam at the end of the year. He then said no I must rather come back beginning of this year.

HOW DID THAT MAKE YOU FEEL?

It made me feel down.

DID YOU TELL HIM THAT?

No. I did not tell him anything.

HOW DID IT REALLY MAKE YOU FEEL, THAT YOU ARE A CHILD AT SCHOOL YET YOU CANNOT COME BACK TO SCHOOL?

I was very disappointed.

WERE YOU DISAPPOINTED IN YOURSELF, OR THE PRINCIPAL?

I was disappointed in the principal, because I knew i could do it. I mean it was only three months; I could have come back to school after I gave birth. It was in August, September we wrote exams, I could have written the exams. A month of my pregnancy would not have made a difference at school. I could have passed and I could have done my matric this year, but he did not want me to.

WHAT WAS YOUR REACTION WHEN THE PRINCIPAL SAID THAT?

I was shocked because at other schools learners are given maternity leave, give birth and then come back to school and finish your schooling. They don't miss out on their school work. Why couldn't he do the same for me? Other girls at school, a girl in my class, she has a two year old baby. She fell pregnant, I think when she was in grade 9, she hid her stomach and when teachers asked her if she was pregnant she said no. She went off on maternity leave; she came back and wrote exams. She failed because she was also supposed to be in grade 12 this year. Why could not I do it too? I felt that it was, not racism, they are choosing, favouritism, because I could do that.

WHAT WAS YOUR MOTHER'S REACTION?

My mother was here with me, she did ask the principal, she was asking herself and me why it is different with me. Why can't I go back to school since it is only a few months? And I said I don't know why the principal is like that.

YOU STAYED AT HOME FOR THE THREE MONTHS?

I stayed at home for three months. I came back when my child was exactly three months. Beginning of the year I was struggling for someone to look after her. That was week of school I did not come to school because I was looking for someone to look after my baby. I was so determined to come back to school and finish my schooling. And then I with my sister her and negotiated with her housekeeper to look after my child. It did not work out at my sister's place, I was very unhappy. So I went back home to stay with my parents. I found someone in the area to look after her.

WHEN YOU COME BACK FROM SCHOOL WHAT ARE YOUR RESPONSIBILITIES?

When I come home from school, I have to do my homework, I have to clean the house, when I am finished with all my chores I have to go fetch my baby and look after her. My baby is now eight months turning nine months in June.

HOW WAS THE ADJUSTMENT, BEING BACK IN THE SAME GRADE?

To be honest, it felt like, I did not want to want to be here at the beginning, because I felt that I have done all that work and now I have to do it over again. Why do I have to come back? I did not actually want to do it. But when I go back home and I look at my child i think that she did not ask to be here. I made a mistake I can't take it out on her. I must live up to my responsibilities; the problems that I created for myself.

BESIDES THE PRINCIPAL, WAS THERE ANY OTHER TEACHER THAT GAVE YOU THE IMPRESSION THAT YOU DON'T BELONG AT SCHOOL?

No. One of the teachers at school was very happy when I came back to school. He always asks me about my child, how she is. He is a very nice person and asks me how I cope with my school work. None of the other teachers really ask me about my child. I don't know if they even know that I have a child.

ARE YOU COPING?

At the moment I am coping; she is a bit older now. At the beginning I could not cope.

WHAT DID YOU DO TO COPE?

What I done to cope was; I set routines for my child, her eating time, sleeping time and everything. Eventually when I got everything into place, she became more relax and it was easier for me to cope.

I study when the child is sleeping. She sleeps when I fetch her. Three o'clock I fetch her and I must see that everything is done when she comes home. I give her a bath, I make her food, feed her and then after that she maybe play around and 18h00 or 18h30 she will sleep and I will study that time when she is sleeping. Then 20h00 or 21h00 she wake up again, and I will feed her and she will go back to sleep. My mother helps me a lot. When she is at home, my mother works two different shifts. When she is working 6am till 14h00 in the afternoon, she comes home and when I go fetch my child and my mother is at home and maybe I have to do the dishes or any of my other chores, my mother will do it for me. If I want to study and the baby is not sleeping, she will look after the baby and I will study. Now with the June exams I find time to study because my mother helps me. I am doing fine so far.

HOW DID THE CHILDREN REACT WHEN YOU CAME BACK TO SCHOOL?

They acted normal, they still my friends although we not in the same class anymore. They did not treat me different. I had to get used to other children that are now in my class. But I got used to the situation and they also got used to the situation of me being a mother and in class. They never criticised me, they never gave me bad names.

WHEN YOU CAME BACK YOU HAD TO SEE THE PRINCIPAL FIRST?

Yes I had to go and tell him that I was back. When I faced him, I told him I am here today and I am coming back to school. Then I had to fill in a form from the department. I did not actually read it; I just had to give my signature. And my mother said she want to read the letter before she signs it. My mother read it and it said that the learner is coming back to school from her pregnancy. Then my mother also signed it. He then took me to my class. I wanted to read the letter just to make sure that I understand it but I was too unsure to ask.

IN YOUR VIEW ARE ALL THE LEARNERS TREATED THE SAME WHEN THEY ARE PREGNANT?

Yes. When they find out that you are pregnant, they call you to the office and ask you. I don't know how some girls get away with hiding their pregnancy. I would not do that. If I knew that I was going to be asked not to come back to school when they found out about my pregnancy, I would have hidden my pregnancy because it was only three months left of the year. I could have passed and be in matric this year. It is big thing for me not being able to be in matric. It is another year that is wasted.

DOES HAVING A BABY CONTRIBUTE IN ANY WAY BADLY TO THE SITUATION AT HOME?

No my parents treat me the same. If my boyfriend can't afford to buy something for the baby, my mother would always give me money to buy it.

DO YOU THINK YOU ARE GOING TO PASS THIS YEAR?

Yes. I am more focussed this year. Last year I was completely focused on my school work. This year I think is because I have a child, my mind is always on her. I always wonder what is the child doing, is she ok. I am always thinking of her instead of putting my concentration to my schoolwork. It is only a few days that I do not think of her. When I am focussed on my schoolwork I don't think of her, unless one of my friends maybe asks how is the baby doing. Afterwards I will also think of her. When my schoolwork is in front of me I will think is she ok? What is she doing now? I worry because I think it's because the lady that is looking after her, is just looking after her for a week now. I know I should not be worried, I don't have reason to worry but I think it is just what a normal parent would do. I am still new with this parent stuff. I find the parenting, motherhood a new adventure for me. Although I feel this way, I am still a learner with my friends. I don't feel like I am older or more mature than them. I feel the same like before the baby.

Being a mother made me realise that I have to work hard and to be a better person than I used to be. Whatever I do I do for my child. I just want to be successful in whatever I am going to do. I want to be a beautician, a nurse or do radiography. I am goal- orientated now than before the baby. I don't want to struggle when I raise my child. I want to be able to give her anything that she wants. If me and the father of my child break up, I don't want to sit at home and worry about what am I going to do when I don't have money to buy milk or things for the baby. I am just saying that if we break up. I don't know what the future holds for us. I want to buy the child what I want to buy for her; I don't want to always

ask him for money. Whereas when I have my own job and I am successful I can buy what she needs. I want to be independent.

HOW WAS YOUR JUNE RESULT?

My June results, it was not that bad I only failed two subjects; my English and maths. With English I don't have a problem; I just did not concentrate a lot. With maths I don't really understand it that much what is going on; it's a bit difficult for me to understand. There was not a lot of things on my mind when I did English I just did not concentrate, I did not know all the answers in my exams. I managed to get about 30% something. I had a few 40's its only maths and English that I struggle with. I got about 26% in maths.

HOW IS THE BABY?

She is fine. I still fetch her at five. She is at the nanny, the same person that looked after her last time. I still fetch her after I have done all my chores at home.

DID ANYTHING AT SCHOOL CHANGE?

Everything is fine. The teachers are fine with me. I was just absent a lot. The first week of school I was diagnosed with a kidney infection. So I was absent for two weeks, I was in hospital. I could not manage to catch up with all the work that I missed and i had to go back to hospital for appointments. It is not a private hospital; it was here by Frere hospital. I had to go back for my medication because they did not have it while I was in hospital. I was on drip for the week that I was there. I had to go back for the medication after I was discharged. So I was absent a lot.

DID YOU HAVE KIDNEY PROBLEMS BEFORE YOUR PREGNANCY?

No. It was my first time. I actually here in my side and I did not know what it was. And suddenly the pain got worse and I then I got a fever, I could not even walk properly because it was sore. Then I asked my mother to take me to the hospital. They took me and the doctors did a few tests and they took blood. They sent the blood to the lab, when it came back they told me that I got a bladder infection that was causing the problems with the kidneys. So they admitted me and put me on the drip. I was very worried about my child and the school while I was in hospital. I did not know how long I was going to be in hospital. Missing one day at school is big, because I am in grade 11 now and there's a lot of work you have to catch up. Look I already missed out two weeks and I could not manage to catch up.

It is very stressful, it's a lot to handle, plus it is my child I have to look after too. I just have to hang in there and be strong and just do it. I don't know how I cope really; I just do.

WHY WERE YOU SPECIFICALLY WORRIED ABOUT YOUR BABY WHEN YOU WERE IN HOSPITAL?

I was not there and I worry about her when I don't see her. I don't want to miss out on anything she does. I am very attached to my child. I always wanna be there, every move she does I want to see. I don't wanna miss one moment of her life. I don't know what may happen; anything is possible. It really scared me to think that I might not be able to see how she is.

HOW WAS THE CATCHING UP ON SCHOOL? DID ANYBODY BRING BOOKS HOME?

Nobody brought books home for me. When I was better I went back to school and I had to borrow books from other learners and take home and write the work. The teachers were just against me for not having a letter. You see I could not ask for a letter at the hospital. I did not know it was going to be such a big problem at school with me being absent with a kidney infection. It was almost my life. One teacher said to me; when I came back to school, she asked me about my letter. I said I did not have a letter because so many doctors came to see me. It is not a private hospital, the same doctor do not see you every day. Different doctors come to see you. So I came back to school and I said I don't have a letter, she said I must go back to hospital and get one. So I went back to the hospital, but I could not find any doctor that saw me. I came back to school and told her. She said it was not her problem, I must find a letter. So they gave me the yellow card; like the clinic card. I brought that to school; the date that I was in hospital was on there. So I showed it to her, she eventually said it is fine.

WAS THAT THE ONLY TEACHER THAT HAD A PROBLEM?

Yes. The other teachers only asked me where I was and I told them. They did not want a letter.

DID YOU STAY ABSENT AT OTHER TIMES TOO?

Yes I did. And I did not have a letter again. It was about twice I did not have a letter. I had to take my baby to the hospital. I asked my mother to write a letter the one time I took my baby to hospital. The second time I took my baby to the clinic I again did not have a letter and I asked my mother to write a letter again. It was only when I went to hospital that I did not have a letter. I did not know it was going to be such a big problem.

IS IT THE SAME TEACHER THAT YOU ARE HAVING A PROBLEM WITH?

Yes. My relationship is not too good with that teacher. But it is not only with me that the teacher has a problem. Our whole class is the problem. All the teachers teaching us have problems with our class. The children bunk school, they disrespectful towards the teachers, they don't hand in their homework on time. All the problems come from our class. When you stay absent, you need to have a letter to state where you were. It is because of my subjects that I am in such a class, but I fit in well. It's ok.

I am working hard. I don't know about the maths, if I will pass it. But I will definitely pass at the end of the year.

LOOKING BACK AT THIS TIME LAST YEAR, ANY THOUGHTS?

This time last year they sent me home. So I was off August and September. I don't even think back on that time. I never really think about it.

ARE YOU STILL ANGRY AT THE PRINCIPAL?

I still feel the same about the principal no. I am not angry at him. I was just disappointed that I could not complete grade 11 last year. I could have been in grade 12 this year and be a prefect.

DID YOU REALLY WANT TO BE A PREFECT THAT BAD?

Yes. I don't see why I could not be a prefect though I am a mother. Because if you can be a prefect why not? You just have to abide by the school rules. But for me it is a big thing, because all my sisters and my brother were prefects and I would also have loved to be one. It was always my dream to be one in my matric year.

I am looking forward to my matric farewell now. I feel that I am still a learner and I should attend the farewell. Everybody at school treat me like a learner and their friend. Nobody treat me as a mother.

DATA SET 4

Background of TMB2

TMB2 lives with her dad and stepmom and two sisters. She was 15 years old and in grade nine when she fell pregnant. She is currently in grade 12.

Q: How old were you when you got pregnant?

A: I was 15 years old when I gave birth to my son, I am 17 years now.

Q: When did you realise you were pregnant?

A: I was, I was six months far when I realised that I was pregnant in 2006, 2007, yes.

Q: How did you find out?

A: I kept on having these symptoms, I ... wanted to faint; or, I had heartburn, a lot of heartburn. Or I just ... if it is crowded or hot I felt like fainting.

Q: Who did you tell first of your pregnancy?

Well, I went to the doctor to find out, well I went to the doctor three times, but he never told me I was pregnant. And then when I was six months pregnant, he told me that I was pregnant. He asked me if he could tell my parents, I told him no, [emphasising no] I will tell them myself. But then I first told my sisters and then I wrote a letter to my mother.

Q: Why did you write a letter to your mother?

I did not know how I would like say it. I did not know how I would approach them and tell them that I am pregnant, yes.

Q: What were your parents' reactions?

A: Well, they sent me to a gynaecologist for affirmation that I was really really pregnant. Then my father did not say anything, he just kept quiet. Then my mother, I could see that she was disappointed but she did not say anything.

Q: How did you feel when you saw that both your parents were very quiet during your pregnancy?

A: I felt, it was, it was like hum ... I felt like I was a disappointment to them, because I was the first one to give them a grandchild in the family. Ja, and all my sisters are older than me but they don't have any children. So it was quite a disappointment, ja.

Q: After the shock, how long did it take for everything to get back to normal?

A: Hmmm... I think after I gave birth, then they were normal again. But then during the pregnancy they were... hmm acted as if they were ok but they were not ok.

Q: Did you at anytime feel that you hurt them and needed to explain to them?

A: It's difficult. It was... it is very difficult. I think in my family I think that we have lack of communication; it was difficult a lot, we don't communicate a lot about things.

Q: Where you at school when you were pregnant?

A: Yes, I was. I did not come to school the first quarter when the schools reopened. I came to school the second quarter of 2008 in grade 10.

- Q: What were the teachers' reactions to your pregnancy?
- A: The teachers did not know I was pregnant; they didn't know that I was pregnant. Only my friends knew that I was pregnant. I did not show that I was pregnant.
- Q: What were your friends' reactions?
- A: My friends were shocked, but they got over it very quick. They spoke about baby showers and all the baby things. I felt that I was accepted by them in a way. At least if my friends are ok with my pregnancy then I can also be ok with it.
- Q: How long were you at school before you went off?
- A: I stayed at school for the rest of the school year and wrote my exams and although I passed, and then I did not open the school. I went back after the June holiday.
- Q: Were you pregnant half of grade 9 into grade 10?
- A: Yes, I gave birth in January in grade 10. Then I came back the second quarter of grade 10.
- Q: Who did you tell at school about your pregnancy?
- A: At that time Miss ... was my class teacher and he also told her. My class teacher did not tell anyone else and she did not even make a fuss about my pregnancy in class. Every time that I was absent I just told her that I had to look after the child, she understood.
- Q: What was your experience when you came back to school after your baby's birth?
- A: Experience..., um it was like everyone knew that I was pregnant. If I walk then they would give me this funny look. I did not mind. It was ... I was looking forward to being in grade 10. Because that's where I thought it was the first start, because I just chose my new subjects in grade 9 and I wanted to experience those new subjects. It was an exciting time.
- Q: What were the teachers' reactions?
- A: I don't know if all the teachers who taught me knew, but at that time I think it was only my class teacher that knew. The children were also ok with me being a mother.
- Q: Now you got a second chance, tell me about it.
- A: No, no I don't think that I am entitled to a second chance. I think it is quite um... [What's the word] like blessing that I am here. Because my father wanted me to continue at school ...no my father did not want me to continue with school, he wanted me stay at home for the rest of the school year. My mother even volunteered to take care of my son then I can go back to school. I felt that it was a blessing. She was going to take the baby with her to my grandmother who lives in my homeland to look after so that I could go back to school.
- Q: Your father did not want you to come back to school, why?
- A: He felt that I needed to stay a whole year; at least when the baby is a year old then I can go back to school. I was against staying away for a whole year. I have this life plan; my school career ends practically when I am 21 and if I stayed a year at home, it would have ended later at 22. I think ... for me it is a big deal.
- Q: Who looked after the baby when he was little?
- A: My father and I looked after the baby. I would leave the child with him and when I came back from school, I would take over from him.
- Q: Isn't he working?

- A: He is. He worked a shift, off some days, 2 night shift and 2 day shift. His nightshift starts at six o' clock. He would look after the baby on his off and night shift days and I would stay absent on the days that he worked dayshift. It was only two days that he worked day shift so I did not have to stay at home for long. When I come from school, I would do my chores and then look after the baby.
- Q: How did you feel that your father was looking after the baby?
- A: It was not a sight you see every day; your father looking after your baby. It was quite funny to see my dad look after the baby. But then my father, he now explained to me why he did it. My mom was going to take my son with her to my homeland and she is working and come home late from work. So he said that practically my son was going to stay with my grandmother and he did not want to burden my grandmother so he offered himself to look after the baby. My mother lives in one town and works in another.
- Q: When he is at work for two days, who looks after the baby?
- A: I look after the baby. I had to stay home from school for those two days. It was, it was ... I had to miss out on a lot of work and it was ... What was bad luck for me was every time I stay absent new work was done. So I had to quickly catch up.
- Q: When you were absent, did anybody bring work home for you?
- A: No, no. No. I ... and see how the other... the teachers are carrying on, if there's work I left out or if there's work I missed, I quickly do it in the morning at school. Friends used to keep handouts for me but they never brought it home for me. So I just had to catch up.
- Q: What was the teacher's reaction when you stayed absent?
- A: The teachers, well they would like make fun of me, or they would like say, where's the letter. They kinda like embarrass you, like why were you not at school? And it's quite hard to explain in front of the class. Like, that time the children would not know how to approach or I don't know.
- Q: You say you were embarrassed when the teachers asked you where you were.
- Yes. My father normally wrote letters, but I normally left it with my class teacher. Yes. She never told anyone about my absence. It was awkward to explain all the time, to explain to teachers. Eventually I grew tired of explaining and my father grew tired of writing the letters. So I decided when he turns two years old he must definitely go to a day care centre. He is two years old now and he is at a day care centre.
- Q: Who assisted you in your pregnancy while your mum was at work?
- A: I think I ... me. My mother would come home every third weekend and help me. I needed a mother at that time to help me with the things that my father could not explain.
- Q: Did you miss your mother at times when she was not around?
- Yes, because she has had experience with it and I wanted to know when things like this happen, what I should do. And ja. Even when I was going to labour, she was not there; she came the next day.
- Q: Did you feel any resentment towards your mother?

Just a little bit. It's just that things are complicated, you know. My mother, she, like... My mother, both of them, at that time were in constant conflict with each other.

Q: You have two mothers? Explain to me.

A: Yes. Well it's my stepmother and my biological mother. So my biological mother was in conflict with my father and my stepmother. So it was quite difficult at that time.

Q: Was this your biological mother who wanted to take the baby with her? Where is she staying?

A: No. it was my stepmother. She works in one place and stays in another. She only comes home every three weeks.

Q: So did your biological mother know about the baby?

She knew after the baby was born. I don't have a relationship with my mother. My biological mother left me with my father when I was three years old. I do not have a relationship with her. My stepmother raised me.

(Learner felt little embarrassed to speak about both mothers' constant conflict. She felt closer to her "stepmom" than her biological mother. What was very interesting is that she calls the stepmom, mom and I could not realise at first that she was talking about her stepmom. It is obvious that the learner loves this mother and the acceptance of her made it easier to grow up without the biological mother. The bond between her and her stepmom is very strong. The father's acceptance of the learner's pregnancy made it easier for her to do her schoolwork.)

Q: So let's come back to the school. How did you manage your schoolwork and the baby?

A: I would wait for him to sleep when I had to do any major projects, and then I would do my homework. I would go to bed very late. He would normally sleep after eight and then I would have to sit and work. When the baby sleeps then I do my schoolwork.

Q: The fact that your mother was never part of your upbringing, did that affect the way you are treating your baby now?

A: Because I had this other mother, she in a way, I felt like she is more of a mother. Like a mother would take care of her child.

Q: The conflict you spoke about?

A: Um... the conflict was that she wanted half of the house that we live in. She said she never demanded, well they were married in community of property. So she says she never demanded the house and now she is demanding the house. And then my father was like saying, where are your children going to live, if you demand the house. The other conflict was that she said she never said that ... my grandmother was like, does she know that her children has children. And she is like, I do know but I never sent them to go and have children. So um... she wants nothing to do with us. So I just left it at that.

Q: Who told you that?

A: My grandmother and she even told it to my oldest sister's face.

Q: So what was that experience like?

A: It was quite... it was painful, because what kind of a mother does not want her own children. So it was quite painful.

- Q: So let's come back to the school, you stayed absent two days a week; did you write any test in that time?
- A: Yes I did. I always ask the teachers if I could write the test at their suitable time. Exams, if I had to write exams, my father would take off from work and look after the baby.
- Q: Where is the baby's father?
- He is here in East London. He pays for the school and the transport.
- Q: When you told him about your pregnancy, what was his reaction?
- A: He denied it at first. And his mother also denied it at first. Her son would never sleep with me and all that. So um ... when my parents threaten them that they will have him arrested for statutory rape, they said that they will see if the child has any features of the father. After I gave birth, they came to see if there were any features, then after that they brought clothes. The baby goes to them. We don't have a relationship, but he sees the baby.
- Q: How is your schoolwork now?
- My school work.... after ... in grade 11, it came down a little bit. Like there was too much pressure from the baby. It came down a little bit compared to grade 10. Um... He demanded most of my time. He wanted attention, he was teething, and he started to walk. I had to watch him constantly when he was on the floor, so that he does not make kettle fall and also the other things in the house. I don't have time to study. The first thing I thought of when my grades drop, was that the baby took too much of my time that I could have been studying. Taking care of him has given me so much stress. I use laughing therapy when I am stressed. I always just laugh when I feel that everything is too much for me.
- Q: Do you get any support from the others at home?
- A: no...apart from my father, no. My sisters would say my child is a nuisance. They never help, like picking him up or making him sleep. They tell me they did not give birth to any children. If they wanted them to make children they would make it themselves. This is my stepsister; we don't get on too well. We have a little problem, I would say. I don't like it when they talk like that about my son.
- Q: Do you feel that he is a burden/nuisance?
- A: Like if I want to ... like I don't have a social life at the moment. If I had a social life, then my son would be a nuisance. My schoolwork, baby and me time keeps me busy. If I have to have a social life one of the three would suffer, either my son, school work or me I don't know how much time I spend on each one, but I know my son gets most of the time. If I have homework, I quickly do my homework, and he is playing in front of me. My me time is very little, I usually just relax and watch a little television. (It seems like she would love to have a more time for herself because at the moment, she hardly spent time alone.)
- Q: Is there any animosity at home with you having the baby?
- A: They don't blame me now for having the baby. There was just this family meeting we had and they just said that they were sorry for the way they are treating us. They asked us if there was anything we felt sorry for. So I said to them that I was sorry for making them grandparents at such an early age. Then my mother was like the thing that I expected you to say sorry for was

is to say that I have learnt from that lesson. Yes I have learnt from that lesson. Not to just go and sleep without a condom or any contraceptives.

Q: What would your advice be to other children?

To ... um to not to act recklessly when they are doing things. To act with an open mind and know that there are consequences for everything we do. I don't know [laughing; shy] if I acted recklessly. Well yes, at that time I was starting to explore some teenage life.

Q: Do you regret having this baby?

No... At first, I did. But I just came to terms with it. That was after he was born, yes I regretted it. But now I have accepted it. Well keeping my parents, my father especially from his resting time and me just being a child and also goes out to movies.

Q: When you are at school, do you feel like you a child or a mother?

I feel like a child, yes. At school my friends treat me like a child. No, at first they would call me [umama wase class] mother of the class, but then they eventually acknowledge that I am just like them; I am the same age than the children in class.

Q: When you look forward, can you see how you can do things differently?

I haven't looked that far ahead yet.

Q: What are your plans for the future?

I plan to study and not have another baby; find work and then I can support my son.

Q: Who is going to look after the baby when you go study?

We were just discussing that with the father's family. They wanted to take him to Umtata. Yes. It is too far. I fear the most that he will forget me.

Q: Where are you going to study, can't you see him during the holidays.

I am.... I haven't had any acceptance yet, but I applied to Walter Sisulu and CPUT (Cape Peninsula University Technichon). I am still waiting.

Q: Are you scared that your baby won't remember you? Are you thinking of what your mother did to you?

Yes. Because I don't know what she looks like, she can walk in front of me and I would not know her face. My biggest fear is that he will forget me.

Q: Do you think you are unreasonable?

I don't know. One hears scary stories about people leaving their children and the children not knowing the parents.

Q: You say that you sleep when the baby is sleeping? Explain to me.

A: I try to keep my eyes open a lot, and then I just come to school. At school I ...have this energy; the children in the class give me a lot of energy. I become a kid again. And then when I get home again, I am tired again.

Q: Is it not maybe psychological, that when you are at school, you have energy and at home you are tired again.

- A: Yes you can say that. No, I don't resent my baby, except for the fact that at school I just want to be a learner and not a mother. I want to be part of the children.
- Q: When you are busy with your schoolwork, is there time that you think of your baby?
- A: Yes, there is Mam. I will just think of him; is he ok? And when I get home, I think if he is sleeping, I can quickly get a nap too.
- Q: How much time to you spend thinking about him in the class?
- A: um... I think maybe per class, just about ten minutes. Just taking breaks then I think again. Sometimes I listen and some of the information stays out. But then I try to get as much information in as possible. I work hard.
- Q: Do you think that being a mother reduced your marks a little?
- A: I think so, when my grades dropped a little I thought that maybe taking care of him is too much stress.
- Q: How did you cope then with all that stress?
- A: I just.... I used laughing therapy. I am never sad I always laugh. I just laugh.