A MODEL FOR THE FACILITATION OF INTERGENERATIONAL RECONCILIATION DURING A TEENAGE PREGNANCY: A XHOSA PERSPECTIVE

by

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I dedicate this study to my youngest son, Makukanye. My son you have grown into a wonderful child and most of that time I was not with you because I was busy studying. For the past twelve years you never witnessed me without being involved in studies that took my attention away from some of your needs and yet you never complained. Your achievements at school make me proud of you and yet I feel guilty because of my limited inputs into those achievements.

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YOU ARE THE BEST
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“The Lord is my shepherd”
ABSTRACT

INTRODUCTION

Teenage pregnancy is an international phenomenon with girls falling pregnant from as early as 14 years of age. In South Africa teenage pregnancies are also on the increase (Kaiser, 2000:18; Statistica SA, 2006:5;). Teenage pregnancy may have negative effects for the teenager in that it can force the teenager to drop out of school prematurely as well as shortening her educational career which might limit future career possibilities. It also predisposes both the mother and the child to health risks. Finally, teenage pregnancy also leads to family destabilisation.

Within the Xhosa communities family destabilisation becomes even more severe as it is culturally and traditionally related. Traditionally, teenage pregnancy in the Xhosa communities is stigmatized. The family suffers from embarrassment and disappointment and the effects of these experiences can manifest in outrage on the part of the parents towards the pregnant teenager resulting in non-communication with her and ultimately rejection (Boult & Cunningham, 1991:36). This results in no or minimal support from the family (Nxumalo, 1997:16). The research design and method to achieve the objective of the study was a theory-generative design based on a qualitative, phenomenological, explorative, descriptive and contextual research approach utilizing the four steps of theory generation. During the step of concept analysis, which is the first step of the process of theory generation, data was collected by means of individual interviews with the pregnant Xhosa teenagers, parents and grandparents. The interviews were audio-taped and transcribed verbatim. The sample for the study was selected purposively to ensure in-depth information. Data analysis results revealed the following results:

**Group 1:** Pregnant teenagers experience:
- Emotional turmoil because they are striving to cope with their pregnancy.
- A change in their relationship with significant others due to expectations not being met.
- Role confusion because they are pregnant which leads to crisis.
**Group 2:** Parents of pregnant teenagers experience:

- Overwhelming emotions due to the unexpected pregnancy of their child.
- Loss of control as the pregnancy cannot be reversed.

**Group 3:** Grandparents of pregnant teenagers experience:

- The pregnancy as a family disturbance.
- Acknowledge that healing in the family should take place.

During discussions with pregnant teenagers it became evident that they were negatively affected by the family conflict which added to their struggling to cope with the pregnancy. The grandparents on the other hand, who are also affected by the family conflict, insist on family healing. Relationships in healed families are characterized by connectedness and harmony and therefore such an environment will be conducive to the well-being of the pregnant teenager and that of the unborn child. The data collected from the interviews with pregnant teenagers, their parents and grandparents provided an opportunity for identifying major concepts for the construction of the model. During the data collection phase of the study it was established that there were emotions that led to anger and conflict amongst the pregnant teenagers, their parents and grandparents. While also worried and disappointed about the pregnancy of the teenage granddaughter, the grandparents are seeking to find solutions to the problem and are looking at the situation more constructively and objectively than the parents.

The grandparents suggest creation of an opportunity in the family for communication amongst the pregnant teenagers and their parents to take place. This experience of the pregnant teenagers, parents and grandparents in this study led to the development of the model for the facilitation of intergenerational reconciliation that will culminate in a calm, supportive environment for the pregnant teenager. The identified major concept of the study was intergenerational reconciliation. Furthermore, the concept was defined and classified. The **second step** was construction of relationship statements between the identified major concepts. The **third step** included the development and description of the model of facilitation of intergenerational reconciliation. A visual representation of the model was presented and the process of the model within its four aspects was described. The aspects are:

- Reflection that will promote introspection, willingness to take part in
meetings and discussions to achieve understanding of the nature of the family conflict.

- **Restoring of family relationships** encouraged through effective communication.
- **Readiness to forgive** as each participant accepts responsibility for own his/her actions and the consequences thereof.
- **Healing** that would be achieved through connectedness of family members and embracing of traditional values and beliefs.

The **fourth and last step** of the process of theory generation was the development of operationalization guidelines for implementation of the model in nursing practice, research and education. Conclusions, recommendations and limitations of the model were also provided. The model is clear, simple, general, applicable and has a potential to empower midwives, nurse managers and nurse educators to facilitate reconciliation in their respective work situations or environments. The objective of the study was met.
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Chapter 1

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Teenage pregnancy is an international phenomenon with girls falling pregnant from as early as 14 years of age. Research conducted by Hughes and Sutton (1996:1) in Ohio in the United States of America (USA) revealed that in 1993, out of a sample of 1000 pregnancies, 28% were from teenage mothers and 500 of the babies born in that year were from mothers who were 14 years of age. Describing the scope of teenage pregnancy in the USA, Mc Whiter, Mc Whiter and Mc Whiter (1998:135) state that, between 1986 and 1991, teenage pregnancy increased by 24% and that this figure represented 50 to 62 births by teenage mothers per 1000 births.

The United States of America (USA) as stated in the Family First Aid Help for Troubled Teens (2006:1) is the country with the highest rate of teenage pregnancy. According to another source, Teen Sex and Pregnancy (2006:3), in the USA each year almost 19 percent of all the women that become pregnant are teenagers. According to this source this percentage can total up to one million teenage pregnancies per year.

In South Africa, similarly to other countries, teenage pregnancies are on the increase. In a study conducted by Kaiser (2000:18), 14% from a sample of 2000 teenagers have been pregnant or have made someone pregnant. Pick and Cooper (1997:1), in their study on Urbanisation and Women’s Health in South Africa conducted in Khayelitsha, Cape Town, also found that 53% of 659 female participants had been pregnant as teenagers. The magnitude of this phenomenon in South Africa is further reflected in the statistics emanating from a national survey.
undertaken by the Department for Social Development in 2001 (South African Survey, 2001/2002:39), which revealed that more than 17,000 babies born in the period between 1999 and 2000 had teenage mothers.

According to the latest reproductive health statistics in South Africa, the teenage pregnancy rate is still increasing (Statistica SA, 2006:5). This report correlates with the findings reported by Nofemele (2005:1; Matyu, 2005:3). In these reports both reporters highlighted an alarmingly increased rate of teenage pregnancy at schools. The age of these teenagers ranged between 13 and 18 years of age.

These statistics demonstrate the extent of the phenomenon and stimulate thought regarding the causes and effects of the high incidence of teenage pregnancy. Research studies point to poverty as one of the contributing factors in the rise of teenage pregnancies (Kaiser, 2000:18; South African Survey, 2001/2002:39). Sixteen percent of a sample of 2000 teenagers confessed to having had sex for money and 20% of teenage boys from the same sample indicated that they had given their girlfriends money in exchange for sex (Kaiser, 2000:18). The role that money or a lack thereof, plays in sexual exchanges which might result in teenage pregnancy can be traced back many years.

Poverty has been identified as a contributing factor in promoting teenage pregnancy in other African countries as well (Oppong, 1987:155). Parents in these African countries, tend owing to financial constraints, to place a higher priority on the education of their sons than on their daughters. This attitude is partly attributed to fears of wasting money on daughters who may become pregnant before completing their school careers (Oppong, 1987:155). In this study this attitude usually adopted by the parents from the African countries, seem to have changed in recent years. This latter-mentioned statement will be explained further in chapter three. The unwillingness of parents to contribute to the education of their daughters results in teenage girls resorting to sexual relationships with older, financially secure men in order to pay for their education costs which, on the other hand, also contributes to the rise in teenage pregnancies (Oppong, 1987:160;
Financial constraints as a contributory factor in teenage pregnancy seem to be still existing among certain families. Notedly the report of Matyu (2005:3) identified poor home conditions and unemployment of parents as contributory factors to increased rate of teenage pregnancy. According to this reporter some of these teenagers as reported by their teachers, to be able to have some money, become pregnant in order to access the child support grant issued by the government.

Drug abuse has also been cited as a contributing factor in teenage pregnancy (Kaiser, 2000:20). Meschke and Bartholomae (1998:3) explain that drug abuse has the effect of lowering teenage inhibitions. It also decreases the likelihood of contraceptive use and, thereby, results in unprotected sexual intercourse that leads to pregnancy. Andrews (1996:1) found that drug abuse leads to impulsiveness and lack of self-restraint by teenagers, resulting in unsafe sexual practices. These unsafe sexual practices lead to teenage pregnancy, as well as the occurrence of sexually-transmitted infections. Thus, certain teenage sexuality behaviours can also be cited as causes of teenage pregnancy. Bearing in mind that the following question is posed: “What are the effects of teenage pregnancy on the teenage mother, the family and society?”, teenage pregnancy affects the education, welfare and health of the teenage mother. These effects will be dealt with in the discussions that follow.

In addition to educational, financial and parenting difficulties, the teenager is subject to health-associated risks. Research studies show that adolescent mothers, especially those who are under the age of 15 years, have a higher incidence of birth complications such as toxaemia, anaemia, hypertension, low-birthweight babies, prolonged and premature deliveries (Macleod, 1999:2 and Davies, 2002:2). Health problems that can affect the baby include low-birth weight and prematurity, which expose the infant to the risk of infection, as well as respiratory and visual problems. These increase the risk of the infant dying either at birth or within the first year of life (Boult & Cunningham, 1991:54; Boult &
Cunningham, 1996:692). During a visit to a premature baby unit at a local state hospital in the Nelson Mandela Metropole (11.09.02), the researcher encountered thirteen babies, five of whom belonged to teenage mothers and three of whom were critically ill.

Health problems affecting the baby of the teenage mother may be further aggravated by risky behaviours of the latter including poor eating habits, smoking or drug and alcohol abuse (Andrews, 1996:1; Meschke & Barthlomae, 1998:3). The risky behaviour may continue throughout the pregnancy and, if it is coupled with a lack of sufficient antenatal care supervision, it may become the major predisposing factor in all of the potential health problems of this baby of the teenager (Andrews, 1996:1). Non-attendance at an antenatal clinic by the pregnant teenager is assumed to be directly related to the stigma attached to illegitimacy and within the Xhosa communities it is also thought to be due to the harsh response of the family to the news of the pregnancy.

Teenage pregnancy impacts negatively on the education and future career possibilities of the teenager (Nxumalo, 1997:21). In this regard, McWhiter, et al. (1998:140) stated that most of the teenagers that fell pregnant were at a greater risk of not finishing school, thus cutting their educational career short and leaving it incomplete. Macleod (1999:1) and Davies (2002:1), while agreeing with the aforementioned, argued that as a fair number of these teenagers were already out of school when they became pregnant, their chances of returning to school or engaging in distance learning programmes were even more limited. Boult and Cunningham (1996:693), in their study comprising a sample of 145 pregnant Black teenagers, also noted that 50% of that sample were unlikely to return to school. Furthermore, Nxumalo (1997:21) stated that the lack of financial support from either the parents or the boyfriend as well as welfare problems, were some of the reasons influencing the decision of the pregnant teenager ultimately to drop out of school.

Sometimes teenage mothers struggle to take care of their babies because the
boyfriends are unable to help financially, because they are still at school themselves (Boult & Cunningham, 1991:26), or are unwilling to accept responsibility for financial support (Visser, 1990:27). The teenage mother has to drop out of school and search for a job in order to earn money and take care of the baby (Mlangeni, 1991:16). Meschke and Bartholomae (1998:2) pointed out that early school-leaving by the teenage mother means earning a lower income as she is relegated to lower-paying and less skilled occupations, which contributes to her struggle to raise the baby.

Nxumalo (1997:20) explains that the struggle of the teenage mother to raise the baby leads to a situation where her parents ultimately accept this responsibility despite the fact that sometimes they are earning a low income, or have no income at all due to the fact that they are unemployed, pensioners or sickly. These circumstances, under this situation, in which the teenage mother and her family struggle to raise the baby, result in the reality of this baby ultimately becoming the Government’s responsibility.

In relation to the latter, Meschke and Bartholomae (1998:2) contend that adolescent mothers are likely to experience unemployment and poverty as an adult, and to be financially dependent on government and welfare programs. Hughes and Sutton (1996:1) confirm that a substantial amount of Government support goes to families begun by adolescent mothers and indicate that adolescent mothers are at increased risk of dropping out of school, being unemployed and developing long-term dependency on welfare. Mfono (1995:22) relates the need for Government support for these teenage mothers to the fact that they have not yet reached a respectable degree of psychological maturity and economic independence to raise their babies.

Mfono’s (1995:22) statement concerning the psychologically immature status of the teenage mother is linking to the next effect of teenage pregnancy to be discussed, which is the poor parenting abilities of these adolescents. Davies (2002:2) remarks that young persons who are not yet mature encounter parenting
difficulties when they become mothers. Macleod (1999:3) in studies that focused on the social needs of teenage mothers in the rural communities of the Ongoye and Enselezi districts and births outside marriage among Whites in Cape Town respectively, noted the mothering skill inadequacies and parenting difficulties of teenage mothers. The teenage mothers’ unwillingness to mention their children during the interviews evidenced the teenage parenting difficulties. In severe cases of parenting difficulties by the teenage mothers, child abuse and child neglect can be evident (Boult & Cunningham, 1996:694; Macleod, 1999:3 and Davies, 2002:3).

This phenomenon is directly related to the relationships between the teenage mother and persons close to her (Davies, 2002:3). The effect of the teenage pregnancy on the relationships that the teenager/teenage mother has with people close to her will be discussed further using the following three sub-headings: relationship within the family of origin, relationship with the partner and relationship with peers.

**Relationship within the family of origin**

Davies (2002:3) explains that, at times, either the partner or the family of the teenage mother is reluctant to accept the child and may ill treat the teenage mother herself. This action by her family sometimes contributes to the abuse and neglect of her baby by the teenage mother (Davies, 2002:3).

The effect of teenage pregnancy on the family seems to be that of family destabilisation. This view is supported by O’Mahoney (1987:771) who disclosed that the unplanned and unwanted pregnancies were not only disruptive to the school girls but to their parents as well. Preston-White and Zondi (1989:64) state that: *When girls become pregnant their parents are upset and often are outraged ....* Furthermore, Davies (2002:4) states that parents of the pregnant teenagers react negatively and express anger and disappointment at the news of the pregnancy that has occurred. In some families the parents of the pregnant teenager pressurise her to keep the child or even force her into early marriage with the father of the child (Boult & Cunningham, 1991:37; Mc Whiter, et al, 1998:138)
so as not to dishonour the name of the family.

Amongst Black South African families the mothers are blamed for an out-of-wedlock teenage pregnancy (Mfono, 1995:6; Nxumalo, 1997:13). The Xhosa people tend to identify with other cultures in not accepting illegitimacy easily and are inclined to criticise severely the family concerned (Pauw, 1994:10). This statement confirms responses made by some participants in the study by Boult and Cunningham (1991:36) who described parental reaction of teenage pregnancy as follows: "... they were very worried"; "Father blamed mother"; "... Father was very cross. He reprimanded me bitterly". The anger of the father of the pregnant teenager and other family members puts pressure on her mother and, as a result of this, family relations become strained (Mfono, 1995:6). One teenage respondent in the study by Boult and Cunningham (1991:36) explained the effect of pressure and anger projected on the mother by the family in the following words: "... mother said she didn't care and wished me dead ...".

The extent of anger in the family is at times so severe that pregnant teenagers are rejected or even "... thrown out of the house by their angry and disappointed parents". They are thus deprived of the necessary parental support needed during pregnancy (Boult & Cunningham, 1991:37; Nxumalo, 1997:16). Parental support is lacking because the parents are not willing to help their daughter due to anger and also because the teenager is away from home. A participant in the study by Nxumalo (1997:16) supports this statement with the response: "... My parents were cross with me and gave no help ... I got myself a job and my own lodging on my employer’s ground ...".

⇒ Relationship with the partner

In the Xhosa communities, the interaction between the pregnant teenager and her partner, focuses on the issue of payment of reparation that will increase the chances of acceptance of the baby within both families (Macleod, 1999:4; Davies, 2002:4). Boult (March 2003) explained to the researcher that the cultural use of reparation (uhlawulo) includes a payment made by the partner of the pregnant teenager to her parents as a means of accepting paternity. This payment is made either in the form of live cattle or cash and helps to lessen the disgrace which the pregnant teenager’s family suffer.

The pregnant teenager’s father, or any respectable elderly male from her family, indicates
either the number of cattle required as reparation or the price of each cow required for reparation. The payment of reparation also contributes towards the financial needs of the unborn baby and further maintenance of the child (Boult, March 2003). Boult added that when marriage between the teenager and her partner is not an option, and reparation has been paid, traditionally the parents of the teenager will where possible allow their daughter to be a second wife to an older man as her chances of getting married and having her own husband are limited. Msauli (March 2003), an elderly Xhosa woman, also stated that this is to secure the future welfare of the teenager as traditionally in the Xhosa custom, the future of the woman is with the family of her in-laws: “... kaloku ikamva lentombazana lisemzini” (... the future of the woman is in her marriage). Nonetheless, urban teenagers seem to ignore this Xhosa tradition and remain with their boyfriends whether reparation has been paid in full or not (Boult & Cunningham, 1991:36). Sometimes, however, the relationship does not continue due to problems encountered by the couple.

Other partners deny paternity and therefore end the relationship with the teenager (Boult & Cunningham, 1991:40), thus leaving her with a fatherless child. This action by the boyfriend of the pregnant teenager could have a negative impact on her future marriage opportunities as she may not meet another man who is willing to accept responsibility for her child.

→ Relationship with peers

The discussion surrounding the effects of negative attitudes on the pregnant teenager emanates from knowledge relating to the meaning of peer group. Beside the family, peer group is arguably the most important socialization institution for teenagers (Bezuidenhout, 2004:34). Moreover, Gouws, Kruger and Burger (2000:109; Carmer, 1994:5) view the peer group as the comfort zone for the teenager as he/she is being nurtured in search for meaning in life.

Negative attitudes of friends towards pregnant teenagers have also been cited as reasons for their dropping out of school and not fulfilling their educational goals (Mlangeni, 1991:16). The pregnant teenager becomes isolated from her peers due to interests that now differ. These reactions by her peers may cause resentment and jealousy in the pregnant teenager (Davies, 2002:4; Macleod, 1991:5). Davies (2002:4) mentions some teenagers verbalising that they missed their friends and experienced a sense of loss with respect to their social life.
The relationship difficulties that the pregnant teenager experiences with her significant others may sometimes prompt guilt feelings about her pregnancy, that could predispose irrational decision-making detrimental to the health of the teenager and that of the unborn baby (Special Assignment, April 2003). Some of the teenagers consider killing the unborn baby, either by drinking chemicals or brandy or by suffocating the unborn baby by wearing tight clothing (Special Assignment, April 2003). Boult and Cunningham (1996:693) cited child abuse and abandonment of the baby by the teenage mother as some of the negative effects of teenage pregnancy.

The preceding discussion confirms that teenage pregnancy destabilises families and poses a health risk to both the mother and the baby. It also shortens the education exposure of the teenager and limits her career opportunities. As a consequence, she and her baby may become economic burdens to the family, Government and society in general.

1.2 PROBLEM STATEMENT

Teenage pregnancies are on the increase both nationally and internationally (Pick & Cooper, 1997:1; Mc Whiter, et al, 1998:135). From the preceding discussion it is evident that teenage pregnancy could have many negative effects on the teenager in that it forces her to drop out of school prematurely, shortens her educational career (Hughes & Sutton, 1996:1; Mc Whiter, et al, 1998:140) and, thus limits future career possibilities. Teenage pregnancy results in economic constraints and burdens Government structures with the necessity of providing support (Mfono, 1995:22; Hughes & Sutton, 1996:1; Nxumalo, 1997:20). It also predisposes both the mother and the child to health risks (Boult & Cunningham, 1996:692; Meschke and Bartholomae, 1998:1). Ultimately, teenage pregnancy leads to family destabilisation (Mc Whiter, et al, 1998:139).

Within Xhosa communities, family destabilisation effects become even more severe as they are culturally and traditionally related (Pauw, 1994:10). Teenage pregnancy is so stigmatized that the teenager and her family could in severe cases be totally segregated from the community, losing the community’s respect (Bezuidenhout, 2004:41; Pauw, 1994:10). Xhosa parents suffering such embarrassment and disappointment, could be so outraged towards their pregnant teenager that they reject her and cease to communicate
with her (Boult & Cunningham, 1991:36). This results in either no or minimal support from the family ( Nxumalo, 1997:16).

Anger is directed not only at the pregnant teenager but also at her mother and other older women within the family for failing in their traditional responsibility of preventing the occurrence of this teenage pregnancy (Mfono, 1995:6; Nxumalo, 1997:13). The consequences of this anger and blame projected onto the mother and the rejection of the pregnant teenager by the family, culminate in loss of support and guidance for the pregnant teenager (Mfono, 1995:6; Nxumalo, 1997:16). On the other hand, support of the pregnant teenager would assist her in coping with the pregnancy, especially if there were problems between her and her partner such as denial of paternity and refusal to accept financial responsibility (Boult & Cunningham, 1991:37; Visser, 1990:27).

The pregnant teenager who is provided with support by her family, may learn parenting skills. Poor parenting is a critical ability upon which teenage mothers need to improve (Davies, 2002:2). According to the researcher, support of the pregnant teenager in a Xhosa family is a situation that needs to be addressed. The researcher will, therefore, investigate the nature and extent of intergenerational support provided to the pregnant teenager within Xhosa families. In order to achieve this goal, the researcher will explore and describe the experiences of the intergenerational family members related to the pregnancy of a teenager.

1.2.1 RESEARCH QUESTION

The question that delineates the focus of this study is:

“What are the intergenerational experiences and perspectives of teenage pregnancy within the Xhosa culture?”

1.3 PURPOSE OF THE STUDY

The overall purpose of the study is to explore and describe the nature and extent of intergenerational or family support to pregnant teenagers in the Xhosa community and to develop a model to support or assist pregnant teenagers in their home environment. The nature of this support will be determined after the data collection phase of this study has been completed.
1.4 RESEARCH OBJECTIVES

The objectives of the study are to:

- Explore and describe the experience of being a pregnant Xhosa teenager.
- Explore and describe the experiences of Xhosa parents and grandparents relating to their teenage daughter / granddaughter being pregnant.
- Explore and describe teenager, parent and grandparents’ perspectives relating to the support given to the pregnant teenager.
- Develop a model to support pregnant teenagers in their home environment.

These objectives will be discussed and implemented in different steps in chapter two so as to create a better understanding of the aim of the study.

1.5 SIGNIFICANCE OF THE STUDY

The information gathered from this study could be used as a motivation for effective family support to pregnant teenagers of all culture groups. The mode to be proposed in this study will contribute to the knowledge base of healthcare professionals, as well as highlight the importance of a supportive home environment to pregnant teenagers.

1.6 CONCEPT EXPLANATIONS

Key concepts used in this study will now be clarified.

Teenager: A teenager is a person aged from 13 to 19 years of age (the Collins English Dictionary, 1998:557). A problem was experienced in literature reviewed for this study with regard to finding a suitable definition for the term “teenager”. There was no mention of the word “teenager” without referring also to the words “teen”, “youth”, “adolescent” and “young adult” (the Dictionary of Sociology in Oxford Reference, 2003:1). In the latter source, “youth” is described as a term that could be used in three ways, namely, to cover a set of phases in the life cycle from early infancy to young adulthood, in preference to the term “adolescence” and to denote theory as well as research on teenagers.

According to Adolescent Health and Development (1998:2), an adolescent is a person...
from 10 to 19 years of age. In taking cognizance of the preceding information, and for the purpose of this study, the term “teenager” will refer to the Xhosa pregnant females within the age range of 13 to 19 years.

**Pregnancy:** Pregnancy is a period of many physiological changes and psychological adjustments that affect not only the pregnant woman/teenager but are also experienced by the entire family (Sellers, 1993:133). Adjustment to these experiences by the woman/teenager will depend on the social, religious and cultural environment in which the particular family is embedded.

Generally, pregnancy is perceived to have happened when there is the presence of amenorrhoea accompanied by enlargement of the abdomen in a woman who is still at childbearing age.

According to Sinclair (2004:12), pregnancy is diagnosed according to presumptive, probable and positive signs. Only the positive signs, such as the presence of fetal movements and fetal heart rate and visible fetal parts on X-ray or ultrasonic examination, are taken into consideration when making a final diagnosis. Positive signs of pregnancy can only be perceived from 20 weeks of pregnancy and, therefore, for the purposes of this study a pregnant teenager will be a teenager who is at least twenty (20) weeks pregnant and has been positively diagnosed by a midwife or a medical doctor.

**Intergenerational:** Generation, as defined in the Oxford Complete Wordfinder (1993:622), relates to ... all the people born at a particular time, regarded collectively .... Carter and McGoldrick (1999:280), when discussing the changes in the family structure within middle-class families in the USA, mention that it is common to find up to three generations, namely child, parents and grandparents, living in the same house. Furthermore, these authors state that the greater the generation gap, the more explicit are the intergenerational boundaries and authority of the parents and grandparents. The greater the age difference between grandparents and parents, the more the former gain control and respect from the entire family, as they have more experience about parenting.

Intergenerational in this study will refer to the relatedness and resulting activities/communication between the child (pregnant teenager), her parents and her grandparents.
Support: According to Collins English Dictionary (1998:1184), support is... to give aid or courage. Support involves two-way communication, listening to and providing courage (Hellriegel, Jackson & Slocum, 1999:514). According to Rothery and George (2001:16), support provides stability and protects vulnerability. The latter authors state that support is characterised by understanding and safety; that an open relationship enhances sharing of feelings and experiences, as there is sufficient emotional support. The researcher views pregnant teenagers as a vulnerable group of people who need protection and support.

In this study, support will refer to communication with the pregnant teenager as well as provision of aid, safety, understanding and encouragement to her.

1.7 PARADIGMATIC PERSPECTIVE

A paradigm implies a world view, a medium within which the model, knowledge and processes for knowing find meaning and coherence and are expressed (Chinn & Kramer, 1995:76). A paradigm suggests standards and criteria for assigning value or worth to both the processes and products of a discipline, as well as for the methods of knowledge development within a discipline (Chinn & Kramer, 1995:76).

The theory on Nursing Accompaniment by W J Kotzé (1998:1-21) incorporates the guidance and support of a person in need (accompanee) by a person with the necessary knowledge and skills (accompanier) from a state of dependence to that of independence. Both the accompanee (pregnant teenager) and the accompanier (the parents and grandparents of the pregnant teenager) are actively involved in the relationship and process (Kotzé, 1998:21). The structures and processes of accompaniment are the main focus of this theory. The researcher will, therefore, use this theory as the foundation for the study and will apply it to the accompaniment of the pregnant teenager by her parents.

Paradigmatic perspective of a research study consists of meta-theoretical, theoretical and methodological assumptions (Mavundla, 1997:6). In this study these assumptions will be stated and utilized to explore and describe the experiences of pregnant Xhosa teenagers so as to be able to explore the nature and extent of family support to these young girls.
1.7.1 METATHEORETICAL ASSUMPTIONS
Metatheoretical assumptions to be used in this study are in line with those identified by Kotzé as metaparadigms in her theory (Kotzé, 1998:4-9). These metatheoretical assumptions will be discussed and applied to the study in order to provide meaning to the experiences of the pregnant teenagers regarding their support by their parents and grandparents in the following manner.

1.7.1.1 Man/human being/person
Man is a unitary being that is in an inextricable dynamic relationship with world, time, fellow-beings and God and should be considered in totality, that is body- psyche- spirit. Therefore, in applying this concept to the subject of this study, the pregnant teenager as a human being should be considered holistically, including her involvement in relationships in her home environment as she finds her way through the day-to-day experiences of her pregnancy and her emotional experiences (compare Kotzé, 1998:4).

1.7.1.2 World/family world
This is the world of human existence that consists of the personal world of relationships with self, time, others and God. It represents a world that continuously expands as areas of the surrounding world are entered and explored and become familiar world with which a relationship is established. It is a reconstructed world to fit into/suit the objective and subjective needs of the person.

The objective world refers to the surrounding world that a person is aware of but not familiar with, which falls outside his or her personal knowledge and experiences. The subjective or life-world refers to the world that a person has made his/her own personally integrated world, with which and in which the person feels comfortable and secure (Kotzé, 1998:6). The world of pregnancy to the young maturing person belongs to the unknown objective/surrounding world that has to be explored and that gradually has to become part of the teenager’s personal world that she gets to know. She strives to establish a meaningful relationship with this world and to feel secure and find a home in it. In order to get a grip on and cope with her new life of being pregnant she must come to terms with the demands of becoming a mother with all of the physical/physiological, emotional and spiritual changes involved and yet maintain meaningful relationships with self, partner, siblings, friends and parents.
A relationship of fellowship, that is understanding, trust and acceptance in a supportive environment (in this study the parents and grandparents) is a prerequisite for the regaining of a sense of security and the assurance that help and guidance will be available when needed.

1.7.1.3 Health/Optimal functioning
Kotzé (1998:7) describes health as a dynamic concept related to the ability of a person on the continuum of ill-well to maintain him/herself optimally in his/her relationships. In this study, illness will be equated with brokenness; wellness with wholeness and health with optimal functioning, in other words, referring to the dynamic status of the pregnant teenager on the continuum between these extremes. The pregnant teenager is constantly challenged to cope with her pregnancy and personal environment, reconstruct/create her safe world and socialize into a future world of motherhood/parent in order to maintain and master her parental and family world in which she will be able to cope, reach independence and self-reliance. In order to develop into a responsible, self-reliant future parent and family member that functions optimally, she needs the support and guidance of parents and family.

1.7.1.4 Nursing
Kotzé (1998:29) explains management by the nurse as those activities that facilitate the establishment of a milieu and climate in which adequate and safe nursing can take place. The professional nurse plays an empowering role by means of accompaniment. The central theme of this study will be the need to empower/educate parents to address the accompaniment needs of their pregnant teenage daughter and, through effective supportive guidance, assist her to gain self-reliance and cope with the responsibility of motherhood and regain personal wholeness in a meaningful existence/new life style.

1.7.2 THEORETICAL STATEMENTS
Theoretical statements drawn from the paradigm used in this study are as follows:

- People caring for the pregnant teenager must be aware that she is a person who is being challenged to cope with the demands of pregnancy physically, psychologically and spiritually.
- The pregnant teenager needs to interact and establish a relationship with the contents of the unfamiliar world of pregnancy (external world) to enable her to
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regain wholeness as a unitary being.

- The pregnant teenager who succeeds in regaining wholeness will be able to assist her family in regaining wholeness with regard to coping with her pregnancy.

1.7.3 METHODOLOGICAL FRAMEWORK

According to Botes (1994:8), methodological assumptions reflect the researcher’s views of the nature and structure of science in the discipline. These assumptions are stated in terms of the aim and methods of research, including the criteria for validity. Botes (1994:8) states that the purpose of nursing research is functional and seeks to improve current health problems as well as current nursing practice.

Methodological assumptions give structure to the objective and context of the research thus serving as determinants for the research conclusions (Botes, 1994:10). The author further states that, because of the functional nature of nursing research, the research problem and objectives direct the research design and methods using usefulness as a criterion for validity. Validity implies the recognition of values (Brink, 1996:124).

According to Botes (1994:10), no research is free of values and for that reason the assumptions of the researcher are to be clearly stated in his/her research as they direct the conclusions of that research. Assumptions of which cognisance needs to be taken in this study are as follows:

Methodological assumptions: Science is viewed as functional and therefore scientific methods will be implemented during the data-gathering and data-analysis stages of this study.

The aim of the study is to explore and describe the nature and extent of intergenerational support to pregnant teenagers in the Xhosa family as well as to develop a model to support pregnant teenagers in their home environment as these young people are at risk. This aim and the objectives of this study will be achieved by means of a theory-generative approach based on a qualitative, exploratory and descriptive research approach.

In view of these assumptions, the researcher will now present the central statement for this study.
1.8 CENTRAL THEORETICAL STATEMENT

Information gained from the exploration and description of the experiences of pregnant teenagers related to being a pregnant teenager, as well as experiences of the parents and grandparents related to the pregnancy of the teenage daughter/granddaughter will assist with the development of the model to support the pregnant teenagers in their home environment. This model could be used to empower the midwife with the skill to facilitate the promotion of regaining of self-reliance and acceptance of responsibility for wellness by the pregnant teenager during her pregnancy.

Gaining of self-reliance by the pregnant teenager will be promoted by encouraging provision of support by her parents and grandparents as well as acceptance of support provided to her by her parents and grandparents.

1.9 RESEARCH DESIGN AND METHOD

The progress of the study will be guided by a research design and methods suitable for the purpose of the study.

1.9.1 RESEARCH DESIGN

A theory-generative, qualitative, explorative, descriptive, phenomenological and contextual research design will be utilized to achieve the objectives of the study. Further extensive discussion of this design will be dealt with in chapter 2. The research methods relevant to a theory generative design will now be explained briefly.

1.9.2 RESEARCH METHODS

A combination of theory-generation steps, as suggested by Walker and Avant (1995:39), Chinn and Kramer (1995:106; Dickhoff, James & Wiedenbach, 1968:423), will be the research method implemented in this study. The steps include:

- Concept analysis
- Construction of relationship statements
- Description of the model
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1.9.2.1 STEP ONE: Concept analysis

Concept analysis includes concept identification, clarification, definition and classification. Individual interviews will be conducted utilizing a qualitative strategy that is explorative, descriptive, phenomenological and contextual. Field notes and participant observations will be taken into consideration in making sense of data collected. A purposive sample will be chosen from the population of pregnant Xhosa teenagers residing in the Nelson Mandela Metropolitan Municipal area. The parents and grandparents of these pregnant teenagers will also be included in the sample.

Data saturation (compare Strauss & Corbin, 1998:136) will be the criterion used to discontinue data collection. Data collected will be transcribed verbatim and analysed according to the steps suggested by Tesch (in Creswell, 1994:153). Ethical principles of research to be observed in this study relate to informed consent, confidentiality and anonymity, protection from harm, debriefing and deception of participants (compare Brink, 1996:45; Polit & Hungler, 1993:31). Trustworthiness of the study results will be enhanced by means of the application of Guba’s Model of Trustworthiness (in Krefting, 1991:214). The model identifies four criteria, namely:

- Truth value
- Applicability
- Consistency
- Neutrality.

All of these criteria will be discussed further in chapter two of this study. From data analysis, the study progresses to identification of the core concept. The identified concept will be defined using existing literature and a variety of dictionaries.

A summary of the research design and method of this study is presented in table 1.1.
## Table 1.1 A Summary Representation of the Design and Methods of the Study

<table>
<thead>
<tr>
<th>STEPS OF THEORY GENERATION</th>
<th>RESEARCH METHOD</th>
<th>REASONING STRATEGIES</th>
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<td><strong>STEP 1:</strong> Concept analysis</td>
<td><strong>Step 1.1:</strong> Identification of concepts</td>
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<tr>
<td></td>
<td>→ Population</td>
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<td></td>
<td>Population for the study is the pregnant Xhosa teenagers, their parents and grandparents in the Nelson Mandela Metropolitan Municipal area</td>
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<td></td>
<td>Scheduled individual audio-taped interviews</td>
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<td>STEPS OF THEORY GENERATION</td>
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<td><strong>STEP 2:</strong> Construction of relationship statements</td>
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<td>Develop guidelines for the operationalization of the model in:</td>
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<td></td>
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<td>→ Research</td>
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<tr>
<td></td>
<td>Provide Conclusions, Limitations and Recommendations for the study.</td>
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</table>
The reasoning strategies to be implemented in this study are analysis, synthesis, deduction and induction. Reasoning strategies are used to enhance logical progression of the arguments directing the progress of the study.

1.9.2.1 Literature control
Justification of the results of the study will be done by means of literature control. Sources of data verification will be carefully selected as the purpose of data verification is to predict whether the study is believable, accurate and right (Creswell, 1998:193). Before embarking on the major research study, the researcher will test the aforementioned design and method by means of a pilot study to assess the possibility of achieving the objectives of the study.

1.9.2.2 Pilot study
A pilot study is a small-scale version of the major study that tests a part or parts of the study before the actual study begins (Brink, 1996:60). It is a technique utilized to assess research technique and whether questions elicit the required response. The pilot study will be executed in the same manner as the main study.

1.9.2.2 STEP TWO: Construction of relationship statements
Construction of relationship statements allows better understanding of the study because the defined major concept will be simplified by connecting all the related concepts together by means of statements. The concepts that will be arranged are the concepts that will be identified and defined during the concept analysis phase (Chinn & Kramer, 1995:111).

1.9.2.3 STEP THREE: Description of the model
Following the construction of relationship statements, a model to support pregnant teenagers in their home environment will be developed and described. The development of the model includes identification of related and essential attributes of the major concept and, ultimately, formulation of a definition of the major concept. Description of the model will be done theoretically, based on the diagrammatic structure of the model. The description and evaluation of the model will follow Chinn and Kramer's (1991:69) principles of theory evaluation.

1.9.2.4 STEP FOUR: Operationalization of the model
The last step of theory generation will be the operationalization of the model. In this step guided by the results of the study, the researcher will develop the guidelines for
operationalization of the model and outline recommendations for nursing practice, education and research.

1.10 CHAPTER DIVISION

The research study report will be presented as:

Chapter one: Overview of the study
Chapter two: Research design and method
Chapter three: Discussion of results and literature control
Chapter four: Development of the model
Chapter five: Description and evaluation of the model
Chapter six: Conclusion, guidelines and recommendations

1.11 CONCLUSION

Pregnant teenagers go through an overwhelming amount of emotional stress, especially those teenagers who come from the traditional Xhosa families. Teenagers from Xhosa families are negatively affected by their pregnancies as they are sometimes forced by their parents to keep the babies against their will. They are sometimes expelled from their homes and lose parental support and supervision during pregnancy. At times their pregnancies become a cause of conflict between their parents. This cycle of events ultimately contributes to the poor parental ability of the teenagers, which poses a health and social risk to their babies. Parental support provided to the teenager during pregnancy would probably enable her to cope better than on her own with the pregnancy and to assume the expected parental responsibility with some confidence. The nature of this support will be determined after the interview with all the participants.
CHAPTER TWO

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

Chapter one of this study gives an outline of the research process including the purpose, objectives and paradigmatic origins. An overview of the process to be followed in carrying out this research study in terms of the development of a nursing model was also discussed in chapter one.

To ensure quality standard of the research study the in-depth discussion (following in chapter two) on the research design and method will be presented in the form of a report on the steps of theory generation as was implemented in the study.

Chapter two therefore focused on the research design and method followed during the course of this research study. The research design and method were based on the four steps of theory generation, namely, concept analysis, construction of relationship statements, development and description and operationalization of a model. The research method to be discussed involves data collection, data analysis and interpretation.

2.2 THE PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the nature and extent of the intergenerational support to pregnant teenagers in the Xhosa community and to develop a model to support pregnant teenagers in their home environment. Measures to assist the achievement of this purpose are stated as objectives of this study.

2.3 OBJECTIVES OF THE STUDY

The objectives of this study which were utilized for the purpose of this study, were to:

- Explore and describe the experiences of being a pregnant Xhosa teenager.
- Explore and describe the experiences of Xhosa parents and grandparents relating
to their teenage daughter/granddaughter being pregnant.

- Explore and describe teenager, parent and grandparents’ perspectives relating to the support given to the pregnant teenager.

Each of the aforementioned objectives were met through concept analysis of data from interviews with the pregnant teenagers, the parents and grandparents. These concepts were defined and classified before describing their relationships to one another in order to meet the remaining objective of the study. The last objective of the study was to:

- To develop a model to support pregnant teenagers in their home environment and develop guidelines for operationalization of the model.

The nature of this support needed by teenagers was evident only after the collected was analysed. The identified concepts on which the actual model was built will only be discussed during the course of chapter four of this study.

The research design that was utilized to achieve the aforementioned purpose and objectives will be described in more detail in the following section of the study.

### 2.4 RESEARCH DESIGN

A theory-generative research design was utilized in this study. A qualitative, explorative, descriptive and contextual research approach was implemented to gain an understanding of the experiences of the pregnant teenagers, the parents and grandparents relating to teenage pregnancy. The research strategy for this study was based on a phenomenological approach to inquiry. The experiences explored and described were from the perspectives of the pregnant teenagers, parents and grandparents and were related to the pregnancy of the teenager. Each aspect of the research design will now be fully discussed.

### 2.5 THEORY-GENERATIVE DESIGN

A theory-generative research approach assists in putting an unknown phenomenon in perspective by producing information that will serve as a frame of reference as well as illuminate that given phenomenon (Chinn & Kramer, 1995:71; Silverman, 2001:4). According to Chinn and Kramer (1995:106) and Walker and Avant (1995:39), the focus of
a theory-generating research design includes concept identification, description and definitions, as well as conceptual frameworks. This process was achieved through the use of qualitative, explorative, descriptive, phenomenological and contextual research approaches. According to Fawcett (1991:12), the process of theory generation has the value of generating a logical and meaningful body of knowledge for a discipline. It is for that reason that this specific research design was chosen for this study.

The activities of theory generation are goal-directed (Dickhoff, et al, 1968:168) and therefore, any theory generated will be related to the purpose (Chinn & Kramer, 1995:70). A stated goal makes it possible for one to predict or determine the means to achieve that goal or the route to be followed to reach. The goal in this study is to develop and describe a model to support pregnant teenagers in their home environment with the purpose of providing for a calm, supportive environment for the pregnant teenager; the type of environment that should assist in limiting stress related complications that could be experienced by the pregnant teenager and her baby during and after delivery. Chinn and Kramer (1995:106) state that, when attempting to generate theory, the researcher should enter the field of research with an open mind. Therefore bracketing out all previous experiences and biases is important (McKenna, 1997:200). Chinn and Kramer (1995:106) state that theory generation includes the following four steps:

1. **Concept analysis** (Identification, definition and classification of concepts)
   Concept analysis focused on the experiences of the pregnant teenagers and their parents and grandparents related to the pregnancy of the teenager. Related concepts were identified based on their connectedness to the phenomenon being investigated. The identified concepts were defined to promote clarity as they were used in the context of the study.

2. **Construction of relationship statements**
   The structure of this model evolved from the relationship statements formed through the linking together of related identified concepts of the model.

3. **Description of the model**
   The evolvement and progression of the model was described and the structural conceptual framework presented. The purpose was to promote meaning of the model.
Evaluation and operationalization of the model
A panel of experts in the field of qualitative research were consulted to evaluate the model. A description of guidelines for operationalization of the model in practice was presented, as well as the recommendations for nursing practice, nursing education and research. Four levels of theories, as described in Walker and Avant (1995:5), were the focus of the theory generation in this study.

2.5.1 META-THEORY LEVEL
This level of theory generation focuses on philosophical and methodological questions related to the development of a theory base for nursing. It deals with analysis of the purpose and type of theory needed in nursing, proposing and evaluating sources of theory generation in nursing, as well as proposing the criteria most suitable for evaluation.

2.5.2 GRAND-THEORY
This is the second level of theory generation and consists of global conceptual frameworks defining broad perspectives for practice and ways of looking at phenomena based on these perspectives. Grand theories are general and abstract and therefore cannot be tested in their present forms.

2.5.3 MIDDLE-RANGE THEORY
Theories within this level contain a limited number of variables that are also limited in scope. They emerge to fill gaps between grand nursing theories and nursing practice.

2.5.4 PRACTICE THEORY
The focus in this theory is based on the practice of nursing. It prescribes the nursing actions to be implemented in each nursing situation, as well as the expected outcome of those nursing interventions. The purpose of this study was to develop and describe a model that would serve as a framework within which to practise in order to improve and enhance the practice of midwives in guiding pregnant teenagers, and their parents and grandparents in the process of supporting one another as a means of providing a supportive environment for the pregnant teenager.

According to Dickoff, et al. (in Denzin & Nicoln, 1997:553), a practice theory can progress from the level of factor-isolating to factor and situation relating to situation-producing. The required standards necessary to assist in the promotion of the situation-producing level that were utilized in this study were those stated by Dickoff, et al. (in Denzin & Nicoln,
Chapter 2

1997:550):

- **Goal-content**: Explains the aim of the activity or theory
- **Prescriptions**: Specific directions given, carried out or demonstrated to achieve the stated goal and purpose.
- **Survey list**: Made up of all the main concepts to be utilized in the development of the theory.

Practice theories, in their prescription of the aforementioned standards to be implemented in clinical practice, are very specific, narrow in scope and concrete in the level of abstraction (McKenna, 1997:114).

The theory developed in this study was practice-oriented and the theory-generation design was based on a qualitative, explorative, descriptive, phenomenological and contextual approach.

### 2.5.5 QUALITATIVE RESEARCH

Qualitative research seeks to explore and describe an unknown phenomenon so as to uncover more about this unknown phenomenon from the human behaviour perspective (Field & Morse, 1996:11). Polit and Hungler (1993:19) explain that this research approach attempts to capture the dynamic, holistic and individual aspects of human experiences in their entirety and the context of those experiences. For this purpose, the teenagers in this study were provided with an opportunity to describe their experiences of being a pregnant teenager, as well as the nature and extent of support required by pregnant teenagers. Parents had to describe their experiences of having a pregnant teenage daughter, as well as their views in relation to the nature of support that parents could provide to pregnant teenage daughters. Lastly, the grandparents were asked to describe their experiences of having a pregnant teenage granddaughter, as well as the nature of support that could be provided to a pregnant teenage granddaughter. This meant that participants were given an opportunity to express their viewpoints (Marshall & Rossman, 1995:39).

Successful use of the qualitative research approach was facilitated by observing the principles of bracketing and intuition suggested by Struebert and Carpenter (1995:32). According to Burns and Grove (1993:65), a qualitative research approach provides a way of gaining insight through discovery of meaning. Tutty, Rotheny and Grinnel (1996:4) state that qualitative research studies try to understand how people live, how they talk and behave and what captivates and distresses them. Kvale (1996:32) states that qualitative
research works with words as it aims to give meaning to descriptions of the participant's life world and, in this instance, the pregnant teenager's life world. Accordingly, the researcher assumes that a qualitative research approach uses spoken words to describe the meaning of other people's actions and feelings.

This research approach was suitable for holistically describing the experiences of the pregnant teenagers, their parents and grandparents as each one of the role players described his or her own experiences related to the teenage pregnancy without being influenced by the next one. It is, therefore, important to specify that the ethical research principles were strictly adhered to so as to enhance richness of data collected.

2.5.6 EXPLORATIVE RESEARCH
Exploratory research aims to explore and gain new insight into unknown phenomena. The researcher gains quality "understanding" about the phenomenon of interest (Polit & Hungler, 1991:19). According to Mouton (1996:72), an exploratory research approach attempts to investigate whether the phenomenon has deeper meaning rather than to evaluate the meaning. The nature and extent of the intergenerational support to pregnant teenagers was not explained sufficiently in literature, as available literature only describes the feelings of teenagers regarding their parents' reaction to their pregnancy. Morse (1991:283) and Kvale (1996:100) state that an explorative research approach allows discovery of new dimensions of the subject matter. In this study, the subject matter was the nature and extent of family support to pregnant Xhosa teenagers.

Achieving meaningful exploration of the experiences of the different participants in this study was assisted by use of open-ended questions and allowing the participants to clarify their experiences as fully as possible. Allowing sufficient clarification of experiences assisted in exclusion of misconceptions that could have clouded the meaning of the experiences.

Cohen (1987:35) states that lived experiences need to be described before they can be organized into meaningful explanations. The assumption, therefore, is that words lead to the creation of understanding. For that reason, the information from the interviews with the participants in this study had to be described before conclusions could be made.

2.5.7 DESCRIPTIVE RESEARCH
A descriptive research approach proposes to obtain complete and accurate data of the
phenomenon (Wilson, 1993:38). In this study, the intention was to gain a complete portrayal or account of the characteristics of the experiences of the different participants. Accurate portrayal of the lived experiences of the participants assisted with the clarification of the viewpoints of pregnant teenagers, parents, and grandparents thus limiting misconceptions by the researcher (Hurerman, Denzin & Lincoln, 1991:432). A full and accurate description of the experiences of the pregnant teenagers, parents, and grandparents was achieved by means of listening, observing, describing, and documenting the experiences naturally as they occurred (Polit & Hungler, 1991:175).

These descriptions of the experiences of the participants were transcribed and analysed. Information from this analysis formed a database for concept identification, definition, and clarification. Results from the latter process were useful in the development of the model for this study but the use of explorative and descriptive research approaches by themselves will not be sufficient as a means of assisting with theory generation. Different participants will narrate experiences from different perspectives due to the uniqueness of individuals (Burns & Grove, 1993:65). Contextualization of the study was, therefore, an important factor in recognizing in the analysis of the experiences of the role players in this study.

2.5.8 CONTEXTUAL RESEARCH
A context as defined in the Oxford Dictionary (1995:288), entails the circumstances relevant to the phenomenon under investigation. Botes (1995:11) states that every research topic lends itself to either a universal or a contextual approach. The contextual research approach is suitable when the problem under investigation has to be understood within its entire context (Holloway & Wheeler, 1996:192). According to Botes (1995:11), the contextual approach is uniquely descriptive in that differences in, and distinguishing characteristics of, the context are described. The distinguishing characteristics of the context of this study were the age of the pregnant teenager and the Xhosa family cultural perspective. The researcher was guided by these characteristics when exploring and asking the participants to describe their experiences related to intergenerational support to a pregnant teenager.

Botes (1995:11) further states that the methodological assumptions of the researcher, the characteristics of the research domain and the existing level of knowledge about the research topic influence the research context. Holloway and Wheeler (1998:192) emphasise that context plays an important role in qualitative research and that it is bound
by factors like environment, people, time and historical background. The space and environment where the actions and interactions of the participants will take place is called the immediate context. Mouton (1996:133) states that in a contextual research strategy, phenomena are studied because of their intrinsic and immediate contextual significance. In this study, the immediate context was the family and homes of the participants and antenatal clinics at the state hospitals within the urban area of Nelson Mandela Metropolitan Municipality. Socio-economic background was not considered but most importantly, the context was considered within the Xhosa culture.

The success of the research design of this study was enhanced by utilization of a phenomenological research approach. A description of the phenomenological approach to inquiry in this study will now be presented.

2.5.9 PHENOMENOLOGICAL RESEARCH APPROACH

According to Creswell (1998:51), a phenomenological research approach seeks to describe the meaning of lived experiences for several individuals about a certain phenomenon. The description of these lived experiences will take the form of exploring the structures of consciousness in the individual's human experiences. Crabtree and Miller (1999:28) state that phenomenology seeks to understand the lived experiences of people and their intentions within their lives.

The phenomenological research approach intends to provide answers to questions as well as to human concerns by clarifying the nature and meaning of concepts about a certain phenomenon (Cohen, 1987:31). The exploration of the experiences of all the participants in this study related to the teenager’s pregnancy and support given to her, and allowed an in-depth description of these experiences by the participants. Clarity of descriptions given by the participants was achieved through paraphrasing (the Oxford Complete Wordfinder, 1993:1103) and bracketing (Cohen, 1987:31) during the course of the interview.

The use of a phenomenological research approach in this study was congruent with the purpose of this study, which was to explore and describe the nature and extent of intergenerational support given to pregnant Xhosa teenagers. Exploration allowed the participants to describe how they felt about the pregnancy and the support of the pregnant teenager. From these responses the researcher was able to identify the nature and extent of intergenerational support to the pregnant Xhosa teenager.
Suitability of a phenomenological research approach in this study stems from the statement by Cohen (1987:31), which explains that phenomenology accepts experiences as they exist in the consciousness of a person. Heagert (1997:49) concludes that participants, by describing their lived experiences, reveal the consciousness about the problem and, thus provide the researcher with an understanding of the research problem.

The purpose of this study was to explore and describe the nature and extent of intergenerational support to pregnant teenagers, therefore a dense description of these experiences was crucial. Investigation of the essence of these experiences focused on searching for their common essence (compare Kvale, 1996:53). The principle adhered to was bracketing and the participants were allowed to provide a precise description of their experiences related to the pregnancy of the teenager (Kvale, 1996:53). Conclusions from the descriptions by the participants enabled the development of the model for intergenerational support to the pregnant teenagers.

During theory generation a number of reasoning strategies were used.

2.6 REASONING STRATEGIES

Justification of a research study depends on the scientific basis for the discussions and conclusions reached in that study. Reasoning strategies, when implemented, enhance the credibility of the theory being generated. For that reason, certain reasoning strategies were employed in this study, namely analysis, synthesis, inductive and deductive reasoning.

2.6.1 ANALYSIS

Concept analysis tends to examine the defining elements of a given concept and exclude the irrelevant attributes (Walker & Avant, 1995:36). It is useful in refining ambiguous concepts in a theory and clarifying overused vague concepts, creating meaning about a phenomenon so as to provide valid precise operational definitions (Walker & Avant, 1995:38). The process of concept analysis consists of eight steps, some of which occur simultaneously (Walker & Avant, 1995:38-39).

During the data collection phase of this study concepts related to the experiences of all the participants in this study regarding the pregnancy of the teenager, as well as to the intergenerational support to the pregnant teenager were identified through the process of
exploration and description. They were then clarified and defined before an analysis was done based on the objectives and context of this study.

2.6.2 SYNTHESIS
Synthesis of data involves reconstruction of relationships in data collected to provide insight into the underlying factors associated with the phenomenon (Walker & Avant in De Vos, 1998:337). This explanation by these authors is congruent with the Oxford Dictionary (1995:1414) which defines synthesis as *a result of building up separate ideas into a connected whole*. According to Walker and Avant (1995:56), synthesis could be discovering new dimensions of old concepts or examining sets of related concepts for possible similarities or discrepancies. Synthesis can also occur through observation of new phenomena that were not described before.

Concepts related to the experiences of the different participants related to the teenage pregnancy were identified, clarified, defined, analysed and classified in order to come up with the relevant information regarding the nature and extent of intergenerational support to the pregnant teenager. That information assisted in serving as a framework for the development of guidelines for the development of a model for intergenerational support to pregnant teenagers.

2.6.3 DERIVATION
Derivation seeks to generate alternate modes of thinking about a specific phenomenon and involves the relationship between the “known” and “unknown” (Walker & Avant, 1995:69) that is, inductive and deductive reasoning.

2.6.4 INDUCTIVE REASONING
Inductive reasoning is a logical process of thinking and deriving meaning and conclusion from a specific event to the general statement (Goodwin, 2002:84). According to Chinn and Kramer (1995:65) inductive logic relies on observing multiple certain instances from parts of a larger phenomenon which share common features. In an inductive argument, supportive statements are necessary and lend gradual support to the conclusion (Mouton, 1996:77). From the preceding statement it is evident that inductive reasoning depends on supportive facts about an event to come to a general conclusion. Supportive statements were gathered by means of analysing the explorative and descriptive interview results in this study as well as by utilizing available and relevant literature related to the topic being discussed.
Owing to the fact that not all specific instances of the particular events of a larger phenomenon can be observed, conclusions made in this study were probable and not necessarily true (Chinn & Kramer, 1995:65; Mouton, 1996:77) until tested and supported. Owing to the complexity of the phenomenon conclusions made were based on the context of this study.

2.6.5 DEDUCTIVE REASONING

Deductive reasoning could be explained as an act of inferring of particular instances from a general law (Oxford Wordfinder, 1993:374). According to Goodwin (2002:84), deductive reasoning utilizes general statements to develop specific predictions and, depending on the accuracy of those general statements, the developed prediction has more chances of being definite. Deductive reasoning requires the utilization of two or more relational statements to draw a conclusion or prediction. Individual interviews conducted in this study assisted with deductive reasoning by attempting to collect accurate data that acted as the initial point for the prediction which, in this instance, was the need for intergenerational support to pregnant teenagers.

The research method used in this study will now be discussed.

2.7 RESEARCH METHOD

The research method used in this study comprised a combination of steps of theory generation (Chinn & Kramer, 1995:92; Walker & Avant, 1995:39; Dickoff, et al. 1968:423). The theory generated assisted with the development of a model to support pregnant teenagers in their home environment to provide a calm, supportive home environment for the pregnant teenager. The theory generation steps are:

- Concept analysis.
- Creation of relationship statements.
- Description and evaluation of the model.
- Guidelines for operationalization of the model.

Each of these steps will now be discussed in relation to their implementation in this research study.

2.7.1 STEP ONE : CONCEPT ANALYSIS
Walker and Avant (1995:36) state that concept analysis examines the defining elements of a given concept and excludes irrelevant attributes. Furthermore, these authors point out that concept analysis is useful in refining ambiguous concepts in a theory as well as clarifying overused vague concepts to give meaning to a phenomenon (Walker & Avant, 1995:38) which, in this study, is intergenerational support to pregnant teenagers. Concept analysis includes concept identification and definition.

2.7.1.1 Concept Identification
Theory restructuring requires identification of concepts that form the theory. These concepts come from various situations, for example, life experiences, clinical practice, basic or applied research knowledge from literature and from the formal process of creating conceptual meaning (Chinn & Kramer, 1995:92). In this study, concepts emerged from the data collected through field work. Identified concepts assisted in the development of a specific model to address issues on intergenerational support to pregnant teenagers. The initial step in the process of concept identification was the identification of the field for the study (Wilson, 1989:422).

2.7.1.1.1 Identification of the field of research
According to Crabtree and Miller (1999:52), clear identification of the field of research, including its boundaries, is important to enhance achievement of objectives and the results of the study. The field for this study was the antenatal clinics, homes or places where the participants were staying within the urban area of the Nelson Mandela Metropolitan Municipality. Locating the homes of the participants was assisted by the use of a map where possible (Stanhope & Lancaster, 1992:261) or by the use of gatekeepers within the site of research.

2.7.1.1.2 Entry to site of research
Successful fieldwork depends on the accessibility of the field and the ability of the researcher to build and maintain relationships with the gatekeepers (De Vos, 1998:258). Gatekeepers control access to the field and assist with allaying anxiety of possible participants by declaring the credibility of the researcher. Co-operation with gatekeepers assisted the researcher with the planning of activities within the site. They provided the researcher with information that provided insight concerning how to articulate the importance of the study to potential participants as well as how to identify problems that could have affected fulfilment of the research objectives (De Vos, 1998:388).
Relevant health authorities, that is, the local Director of Provincial Hospitals, Superintendents and Directors of Nursing in all the local state hospitals, were approached (through the office of the local Director of Provincial Hospitals) for permission to access the antenatal records (see Annexure A). The antenatal records were useful in identification of potential participants in the study as well as for obtaining their addresses. Permission to enter the clinic and access the records (as permitted by the relevant health authorities) was obtained from staff members who were also asked to assist where necessary with regard to talking to the potential participants.

Parents and grandparents were asked for permission to conduct interviews in their homes. Permission to conduct the study was obtained in writing through communication from the relevant authority. All ethical research requirements were observed when identifying and gaining access to the site of research. A full discussion of ethical considerations in this study is dealt with at a later stage of the study.

As soon as the site and permission for entry to the site had been established, data collection commenced. Before embarking on the main study, the researcher conducted a pilot study.

### 2.7.1.1.3 Data collection

The data collection process consisted of the description of population, sampling techniques for the study and the method of data collection.

#### A. Population

A population encompasses the entire aggregation of cases that meet the designated set of criteria (Mouton, 1996:134). A population is the entire census of elements from which the researcher wishes to generalise and this type of population is called the target population (Mouton, 1996:135). The target population for this study comprises the following:

- Xhosa persons residing in the Nelson Mandela Metropolitan Municipality.
- Pregnant teenagers who utilized the antenatal clinics of the public hospitals in the Nelson Mandela Metropolitan Municipality.
- Parents of pregnant teenagers.
- Grandparents of pregnant teenagers.

From the target population the researcher selected certain elements that served as a means of providing her with information/experiences about the entire population (Mouton,
1996:135), as stated in the objectives of the study. Selection of certain elements of the target population is called sampling and will now be discussed.

B. Sampling technique

Mouton (1996:136) argues that the key concept in sampling is the representativeness of the sample chosen and, therefore, a purposive sampling technique, which is a non-probability sampling technique, was utilized in this study (Creswell, 1998:118). This technique enhanced the possibility of gaining rich in-depth data about the phenomenon being investigated because the sample chosen shared the same characteristics and had undergone the same experiences (compare Holloway & Wheeler, 1998:75). The participants were selected on the basis of personal judgement about who would be most productive. During the sampling process, as suggested by Polit and Hungler (1995:237), the researcher was guided by the following questions:

*Who would be an information-rich data source for the research study?*

*Who would be interviewed and observed in order to understand the phenomenon under study best?*

*What is the best setting with a high potential of information richness?*

Permission to conduct the study was obtained from relevant authorities and use was made of any means that would give the researcher an indication of the type of sample suitable for the study, for example, antenatal records or resident records (nursing homes). Participants were contacted in person or telephonically and appointments were made to talk about participation in the study. In order to ensure purposive sampling the researcher was directed by certain criteria for inclusion in the study.

As the purpose of this study was to explore and describe the nature and extent of intergenerational support to pregnant Xhosa teenagers within the family and to develop a model to support pregnant teenagers in their home environment, the criteria for inclusion had to be carefully selected.

Criteria for inclusion in this study were, therefore, as follows:

→ **The pregnant teenager had to be:**
Xhosa and residing in the Nelson Mandela Metropolitan Municipal area.
* Between 13 and 19 years of age.
* In possession of informed consent from her parents or relevant person if she was under the age of 18 years.
* Able to express herself fluently in Xhosa or English so as to avoid misinterpretations by the researcher.
* A voluntary participant.
* A teenager who was six months pregnant.

→ **The parent of the pregnant teenager had to be:**
* A Xhosa person residing in the Nelson Mandela Metropolitan Municipal area.
* A parent of the pregnant teenager, either by birth or adoption.
* A parent to the pregnant teenager for not fewer than ten years if the teenager was an adopted child.
* Able to express himself/herself fluently in Xhosa or English so as to avoid misinterpretations/misconceptions by the researcher.
* A voluntary participant.
* Living in the same house with the pregnant teenager.

→ **The grandparent of the pregnant teenager had to be:**
* A Xhosa person residing in the Nelson Mandela Metropolitan Municipal area.
* A blood grandparent or a grandparent through adoption of the pregnant teenager.
* A grandparent of the pregnant teenager for not fewer than ten years if the pregnant teenager was an adopted child.
* Able to express himself/herself fluently in Xhosa or English so as to avoid misinterpretations by the researcher.
* A voluntary participant.
* Living in the same house with the pregnant teenager.

The sample size was determined by data saturation from the interviews (Strauss & Corbin, 1990:188). According to Morse (1995:147), data saturation is explained as data adequacy and is operationalized as collecting data until no new information is obtained.
Data collection methods

Data was collected by means of individual unstructured interviews, observation and the use of field notes. As the data collection method is crucial in any qualitative research paradigm, the researcher needed to adhere to the following principles suggested by Barbie and Mouton (2001:288) and applied in this study:

- Thorough enculturation: The sample chosen met the criteria as all the participants possessed some knowledge or experience about the teenage pregnancy from their different perspectives, (being a six-months-(24 weeks)-pregnant teenager, being a parent of a pregnant teenager, being a grandparent of a pregnant teenager).

- Current involvement: All the role players in this study were living together and going through these experiences at the same time.

- Adequate time: Appointments were made with the participants for the interviews. They were given full information related to the objectives of the study and probable time that would be needed to conduct the interview so as to avoid hurrying the interviews and thus missing crucial information.

The researcher met each participant at the appointed time at a venue where minimal distractions were present in order to collect data. The same question was passed to all participants but phrased according to the group to which they belonged, namely:

“Tell me about your experiences as a pregnant teenager.”
(Ndichazele ngamava akho ngokunxulumene nokukhulelwana useyintombazana eselula.)

“Tell me about your experiences relating to the pregnancy of your daughter.”
(Ndichazele ngamava akho ngokunxulumene nokukhulelwana kwentombazana yakho eselula.)

“Tell me about your experiences relating to the pregnancy of your granddaughter.”
(Ndichazele ngamava akho ngokunxulumene nokukhulelwana komzukulwana
Data was then collected as follows:

→ **Interviews**

The researcher and the participant met privately and were alone together in the venue for the interview. Before commencing with the interview the participant was reminded of the contents of the voluntary consent form he/she had signed. If she was a minor, her parents/guardian were reminded. The use of the audio-tape recorder to capture data during the interview was explained and the rationale provided. According to Tutty, et al. (1996:52), data capturing in a qualitative research study is important as it serves as a means of keeping track as well as an indication of the degree of success of the interview. In order to enhance and keep track of the direction of the research, the researcher employed the five steps suggested by Tutty, et al. (1996:52):

* **Prepare for the interview**

  The preparation started with the choosing of the research site. The site chosen for this study was the homes of the pregnant teenagers in the Nelson Mandela Metropolitan Municipal area. The participants were chosen from this area, as this was where the experiences of the pregnant teenagers, their parents and their grandparents with regard to teenage pregnancy were explored. Bodgan and Biklein (1992 in Creswell, 1994:148) suggest the following considerations when choosing a site:

  - Why was the site chosen? : The participant is most comfortable at this site.
  - What will be done at the site during the research study? : Conducting of an interview.
  - Will the research be disruptive at the site? : No. An appointment will be made for the interview to avoid disruption.

Preparation for the interview also involved meticulous planning and, therefore, the researcher kept in mind the following:

* **Choose a recording method**
The interview was recorded by means of an audio-tape recorder. A back-up tape recorder was available during the interviews to safeguard against the event of mechanical failure (Hutchinson & Wilson, 1992:119). A qualitative interview is an interaction between the interviewer and the participant in a form of a conversation (Barbie & Mouton, 2001:289) and, as it is difficult to remember every word that was said in that conversation, an audio-tape recorder is used. Audio-tape recording of an interview has both advantages and disadvantages that can either benefit or affect negatively the phase of data analysis (Hutchinson & Wilson, 1992:118). The advantages are:

**It provides:**
- An unimpeachable data source;
- The assurance of completeness; and
- The opportunity to review data as often as required.
- Non-verbal cues can be followed, for example significant pauses, raised voices and emotional outbursts.
- The disadvantages are:
  - Possible mechanical failure of the tape recorder.
  - Audio-tapes not fitting well.
  - Misinterpretations of perceptions if the audio-tapes are not labeled or are mislabeled.

The next step to be planned was the actual conduction of the interview.

* **Conduction of the interview**

A qualitative researcher is the primary instrument of data collection (Creswell, 1994:145; Kvale, 1996:117) and, as such, the researcher in this study functioned in that capacity. She established the direction of the interview conversation by pursuing certain topics raised by the participant (Barbie & Mouton, 2003:289) when the latter was explaining his/her experiences related to the pregnancy of the teenager. As the interview continued the researcher reminded herself, as suggested by Barbie and Mouton (2003:289), that:

- The participant was in possession of information crucial to the study, therefore she had to dig it out by means of probing to assist the participant to explore sufficiently his/her experiences related to the pregnancy of the
Asking simple questions allows the participant to provide relevant responses and also omits biases. The researcher did not use known information about the experiences of pregnant teenagers related to their support by their families in order to influence responses. In so doing, she decreased attempts to reach conclusions about the extent and nature of the support to pregnant teenagers by their families before they were made sense of (Beech, 1999:36).

A good listener achieves the most relevant information. Accordingly the researcher said little during the course of the interview and used words/questions like “How is that?”; In what way?”; How do you mean?” and “What would be an example of that?”

The participant should be the one to fill in the gaps or pauses during the interview. The researcher presented herself as ignorant about the topic she was investigating so that the participants could see their input as important and give her all the details about their experiences related to the pregnancy of the teenager. She used communication skills such as, paraphrasing, which assisted with the exclusion of misinterpretations; clarification of vague responses which could have masked experiences; sensitivity as a means of avoiding harm to the participant and also to protect privacy (Wilson, 1993:149).

Reflect about the interview

A research interview has the potential of causing tension within the participant as he/she has to open up about personal or emotional experiences (Kvale, 1996:128). For this reason, reflection about the interview became an equally important stage of the data collection stage. The researcher kept this in mind and gave attention to this matter. At the end of each interview the researcher reminded the participant about his or her right to withdraw at any stage of the study. The researcher also left her telephone contact details and urged the participant to contact her should he/she need to talk about the interview.

Towards the end of the interview, the researcher made the participant aware that it
was almost finished, alerting the participant to the fact that she appreciated his/her input in the interview in order to limit tension. The researcher praised the participant and checked with the latter whether her perception of responses was correct by relating and correlating some of the quotations or statements made during the interview (Kvale, 1996:128). Reflection about the interview was also utilized as a means of debriefing, therefore feedback from the participant regarding the interview or perceptions of the researcher was appreciated.

* Complete the interview

Completion of the interview was done according to the steps suggested in Kvale (1996:128):

- Closing the interview was preceded by asking the participant if there was anything else on which he/she would like to comment. In so doing, the researcher indicated to the participant that the interview had come to the end.

- If there were no comments made, the researcher made the closing comments by thanking the participant for taking part in her study.

- The researcher then reminded the participant about the principles of voluntary participation and confidentiality.

- Lastly, if the participant had nothing to say, the researcher reported to him/her that she was ready to switch off the audio-tape recorder and then switched it off.

Any comments made by the participant relating to the objective of the interview were accepted but used as field notes.

Furthermore, as a means of keeping track of the direction of the interview the researcher kept a journal for recording some useful data during the course of the interview (Creswell, 1998:126). The journal was in the format of rough topics that needed to be covered during the interview (Kvale, 1996:129). The journal was used as a frame of reference during the data analysis stage and was also be useful in excluding biases and attempts to impose the researcher's beliefs on the participant’s responses.
The next data collection method to be discussed is observation.

**Observation**

Barbie and Mouton (2001:293) differentiate between *simple* and *participant* observation. The researcher used the former in this study as additional means of gaining clarity regarding the details of the experiences of the pregnant teenagers, parents and grandparents related to the pregnancy of the teenager. Observations made, as mentioned by Denzin (in *Barbie & Mouton, 2003:293*) were:

* The exterior physical signs: The clothing of the pregnant teenager provided the researcher with an indication of the type of support and advice provided to her.

* Expressive movements: Eye and bodily movements and facial expressions coupled with what the participant was telling the researcher, suggested the emotions involved.

* Language behaviour: Harshness or soft and polite words used, coupled with the response at that time, helped the researcher to identify contradictions, discrepancies, honesty and emotions involved.

Observation was suitable for use as an additional data-collection method as it enhanced the richness of the data analysis results. Therefore, it can be said that observation in research has the following advantages (*Kelleheah, 1993:126*):

* The researcher was forced to familiarise herself with the participant, thus developing a trust relationship that enabled the latter to part freely with even the most confidential information if needed.

* It gave the researcher an opportunity to consider seriously previously ignored or unnoticed aspects in general but that were now related to the study.

* The researcher had an opportunity to correlate verbal responses with non-verbal communication in order to make sense of what was being said because human actions at certain points probably tell more than what is being said and observation of those actions brought clarity to the situation.
Observation was appropriate and when it was non-appropriate the effect wore off in reasonable time.

Barbie and Mouton (2001:294) state that for the interview to be sufficient the researcher should consider using observation and field notes together. The use of field notes as a data-collection method in this study will now be discussed.

**Field notes**

Wilson (1989:434) suggests certain types of field notes to be used in any research project undertaken. These include:

* Observation notes, which are descriptions of events experienced through watching and listening. These notes explain more about the what, who and how of a situation and contain less interpretation of that situation than would normally occur.

* Theoretical notes attempt to derive meaning from the observational notes.

* Methodological notes intend to instruct or criticize as well as remind the researcher about methodological approaches that might be fruitful in the study.

* Personal notes contained the researcher’s thoughts, feelings and reactions as an interviewer which helped the researcher when sorting through the raw data and attempting to make sense of the participants’ experiences related to the pregnancy of the teenager.

In this study an attempt was made to combine all the above types of notes; use was made of the most relevant notes to enhance collected data and assist with a fruitful data analysis. Field notes, to be valid, need to provide accurate and complete reflection of the events that took place during the interview (compare Barbie & Mouton, 2003:294). As suggested by Barbie and Mouton (2003:294), the researcher observed the factor of modesty when taking the field notes in order to not distract or influence the behaviour of the participant as the latter narrated his/her experiences related to the pregnancy of the teenager. Directed at times by the interview journal the researcher took rough notes of what was said during the interview using phrases and words. The notes were rewritten in
detail immediately after the interview while the events were still fresh in her mind. This action also allowed her to reflect on the interview.

Keeping in mind that not all of the field notes would be reflected in the final report, the researcher wrote out all the information and details of the interview she could think of. This is a principle in qualitative research as one can never be sure of what information is important or not until a great deal of data analysis has been completed (Barbie & Mouton, 2003:295). The researcher feels that it is also important to mention that not more than two interviews were conducted in one day so as to allow sufficient time for reflection, bracketing and inspiration to write the notes. Data analysis was the last phase of data collection and followed immediately after the completion of the interviews, which was evidenced by data saturation (Strauss & Cobin, 1990:188). According to these authors, data saturation is characterized by the repetition of the same properties, dimensions, conditions, actions and interactions or consequences from the data being collected. Lincoln and Guba (in Tutty, et al. 1996:82) state that it is important to determine adequacy of gained information before discontinuing the interviewing and suggested implementing the following guidelines for this purpose:

* Check if all categories have been covered: As the data was being collected the researcher condensed it and marked the occurrence of the same phenomena related to the description of the support needed by the pregnant teenager.

* Check if all resources, such as the limitation access, have been exhausted: Request for permission to access records of the patients in the antenatal clinic for the purpose of identifying possible participants was done through the relevant channels. Consent for participation was obtained and an appointment made for the interview. Participants could use the language of their choice (Xhosa or English) during the interview, but the use of English as a language medium was preferred. The choice of language determined the amount of information that could be gathered as the participant was able to describe his/her experiences adequately.

* Check if the information collected is consistent with the main focus of the study: During the interview the researcher observed principles of communication, such as, probing, paraphrasing, clarifying and reflecting to maintain relevancy to the topic of the study.

* Check if the emergence of irregularities, possible patterns, overlaps and duplication of data collected is continually being repeated: The researcher
categorised the data as she collected it.

Data saturation indicated the end of the interviews thus allowing the beginning of the following phase, which was data analysis. All of the audio taped interviews were transcribed verbatim (Burns & Grove, 1993:578). According to Kvale (1996:167) this is the first step in the analysis phase of the study.

Before discussing the data analysis method of the research ethical principles to be implemented in this study will be discussed briefly.

2.7.1.4 Data Analysis

According to Brink (1996:178), data analysis is necessary to organise raw data in a fashion that provides some answers to the research questions: data analysis involves categorising, ordering, manipulating and summarising the collected data and then describing it in meaningful terms. Data collected in this study needed to be transcribed as it was audio-taped during the interview. Transcribing, according to Kvale (2001:168), structures the interview conversation in a form manageable for closer analysis.

As a qualitative research approach produces large volumes of data, choosing the most suitable analysis strategy or method is important (Brink, 1996:178). For that reason the analysis process in this study was based on data-condensing and interpretation. According to Kvale (2001:192), this process includes:

\[\rightarrow\] Condensation: Interview statements were shortened into more concise formulations and categorized.

\[\rightarrow\] Interpretation: Meaning of the interview was created through using an open-minded approach and going through all the information from the transcripts, the field notes and observations made during the interview to have an entire context of the interview.

All of the data collected was processed by means of reduction, analysis and synthesis (Mouton, 1996:67) to explain the experiences of the pregnant teenagers, parents and grandparents related to the pregnancy of the teenager. The most suitable data analysis method for the purposes of this study was chosen. This method was based on the framework for analysing qualitative data as stated by Tesch (in Creswell, 1994:154).
The method consists of the steps as follows:

- Type the transcripts of the interviews and attach related field notes.
- Obtain a holistic view of all the transcripts by reading through them carefully.
- Choose the most interesting transcript to analyse first. Read through the transcript and make notes of thoughts as they occur.
- Read all the transcripts and make short notes of thoughts as they occur in the margins of the transcripts and make a list of all the themes that you become aware of.
- Pay close attention and read each one of the transcripts individually.
- Collate themes that are similar.
- Organize the themes into three categories according to their occurrence and characteristics.
- Place similar themes together on a single list and give each one of them a code.
- Take the list to the raw data and code the raw information according to the identified codes; the code must be reflected next to the sentence in the raw information.
- Test the proposed organization of data to see if any new themes emerge and whether the codes cover the total spectrum of the data.
- Conceptualise the themes in words that describe them best. Each theme is now called a category with a specific name.
- Peruse the categories again to see whether some categories can be combined to form one category. Group similar categories together.
- Determine relationships between categories.
- Make a final decision on the name of each category.
- List categories in alphabetical order.

Put all the categories together and make a provisional analysis and comparison between the categories as applied to the different transcripts.

The preceding process illustrates that the researcher had to work in a systematic and consistent manner that enhanced the data analysis results of the collected data concerning the description of the experiences of the pregnant teenager, parents and grandparents related to the pregnancy of the teenager. A copy of this chosen data analysis method and copies of clean transcripts of the interviews were handed over to the
independent coder with definite instructions on what needed to be done (see annexure E). On completion of the analysis of transcripts by the independent coder a meeting was arranged between her and the researcher to discuss results and reach consensus regarding the findings. Themes were also refined after discussion with the promoters of the study.

Following this, a literature control was undertaken to verify and contextualize the results within the existing literature (Streubert and Carpenter, 1995:21) so as to enhance the credibility of the study.

2.7.1.1.5 **Pilot Study**

A pilot study is a means utilized by the researcher to orientate himself/herself to the research in mind (De Vos, 1998:178). It is a means of testing the possibility and amount of success of a proposed study. Challenges can be identified, dealt with and averted in the main study.

A small-scale version of the major study (Brink, 1996:60) was be undertaken to assess the research question, interview technique and test the feasibility of developing a model for intergenerational support to pregnant teenagers. The researcher interviewed one participant from each group of participants that met the criteria for inclusion in this study and analysed the data using Tesch’s method (in Creswell, 1994:154) of data analysis. All the ethical research prescriptions that have been discussed already were observed and applied. Measures applied to establish trustworthiness of the pilot study were as stated in Guba’s model (in Krefting, 1991:214) of trustworthiness.

2.7.1.1.6 **Literature Control**

Literature control assists in maintaining objectivity of the research and, by so doing, ensures validity of the study (Keringer in De Vos, 1996:115). After data analysis a literature control was conducted to support conclusions made regarding the experiences of pregnant teenagers, parents and grandparents related to the pregnancy of the teenager. Sources for literature control were carefully selected for the purpose of either confirming or opposing the present study results and determining whether data analysis results were accurate and correct (Creswell, 1998:193). Literature control ensures contextual links between this study and other research studies done previously (Wilson, 1989:239).
2.7.1.1.7 Ethical Considerations

Ethics is primarily concerned with the evaluation and justification of norms and standards of personal and interpersonal behaviour. It also encompasses values and morality in the regulation of human behaviour (Homan, 1991:1). Owing to the nature of nursing research which involves humans, nurse researchers have a responsibility to observe an ethical code of conduct when conducting research (Brink, 1996:38).

After identifying probable participants with the help of the gatekeepers, consent to take part in the study was negotiated with those participants. Each participant who met the criteria for inclusion was provided with information related to the objectives, purpose, significance and data-collection method of the study to enable him/her to make an informed decision regarding participation. Informed decision-making by the participants was important as it assisted with their preparation regarding the exploration and description of their experiences related to the pregnancy of the teenager. The ethical principles observed in this study were included in the information provided to the participants when they were requested to take part in the research project. A discussion of those ethical principles will be presented.

Informed consent was required from legally and psychologically competent participants before collection of data (Grinnell in De Vos, 1998:26). Consent from participants who were still under age was asked from their parents or legal foster parents. Illiterate participants were given the necessary information verbally and also given a chance to clarify doubts related to the research study or information shared with them. Information to illiterate participants was given to them in the presence of the gatekeeper or any person chosen by them as a witness before signing the consent form (compare De Vos, 1998:25). Teenage participants who were under age and not in contact with their parents or guardians were not included in the study.

All the objectives, advantages and disadvantages of participation, as well as information regarding voluntary participation and discontinuation at any stage of the study, were fully explained to the participant. This information was provided verbally and in writing so as to enhance informed consent (Brink, 1996:42).

Data collected was handled with the care it deserved. It is privileged information and confidentiality was ensured and privacy of the participants was protected (Cormack, 2000:57). Protection from harm was promoted through maintenance of anonymity and
respect with regard to divulging of personal information. No invasive procedures were used in this study so physical harm was not possible. Debriefing was done as needed to enhance protection from psychological harm of the participants (Polit & Hungler, 1993:130). Deception of participants was excluded through reviewing all the information pertaining consent to participate in the study before commencing the interview.

2.7.1.2 Concept Classification and Definition
Concepts could be identified from various sources, for example clinical practice, life experiences and basic or applied research knowledge. It is important that these identified and clarified concepts give clear meaning or understanding of their theoretical background (Chinn & Kramer, 1995:92). Concepts in this study were identified from the interviews conducted with the pregnant teenagers, parents and grandparents and defined to clarify their meaning and relevance to this study.

Chinn and Kramer (1991:58) state that definition of concepts makes them less complex by increasing their theoretical meaning. In this study, concepts were defined in relation to the development of a model to support pregnant teenagers in their home environment. Sources for exploration of meaning were dictionaries, existing theories and research. In order to enhance consistency of the definitions, guidelines as proposed by van Der Steen (1993b:109) were adhered to, namely, a definition:

- Should state the essential attributes of the species.
- Must not be circular; redundant definitions were excluded.
- Must be neither too broad nor too narrow; this was done by stating the meaning given to the concept more clearly.
- Must not be expressed in ambiguous or figurative language; vague terminology was not used.
- Must not be negative when it can be affirmative; definitions were used to describe/explain the concept and used in that meaning.

The aforementioned guidelines, as mentioned earlier, assisted in providing clarity and meaning to the identified concepts, thus assisting in the compiling of a list of related attributes and essential attributes to define the major concept. The final definitions of the identified concept were used as the core ideas to assist in the development of the model to facilitate reconciliation of the different members of the family of the pregnant teenager. Once all the central concepts had been identified, they were evaluated for signs of maturity according to the criteria proposed by Morse, Mitcham, Hupcey and Tason
Chapter 2

This evaluation is based on the view that the development of the definition of a concept has little to do with the age of the concept (Morse, et al.1996:387). The evaluation criteria include the following:

→ The concept should be well defined and the definitions should be relatively consistent and cohesive. In these study different dictionaries, existing literature and language experts were consulted as a means of determining appropriate definitions for the identified concepts.

→ The attributes should be identifiable and be described to provide the determinants for the application of the concept in the context. A list of related attributes was drawn and reduced further to essential and related attributes to trace applicability of the concept in this study.

→ The preconditions and outcomes of the concept must be described and demonstrated. The concept was derived, described and applied consistently in the context of this study, hence the description of the model.

→ The conceptual boundaries should be delineated. The uniqueness of the maturity of the concept served this purpose.

Concept evaluation was followed by the classification of concepts. In this study, concept classification was done according to the survey list of Dickoff, et al. (in Nicol, 1997:559). This survey list presents a comprehensive approach by which all realities about a given concept can be addressed. The survey list consists of:

Agency: Who or what performs the activity?
Recipient: Who or what is the recipient of the activity?
Procedures: What are the procedures directing the activities?
Dynamics: What is the energy source for the activity?
Terminus: What is the outcome of the activity?

This list reduces the abstractness of concepts and provides meaning to them as more attributes are added to them making the concepts more applicable (Dickoff, et al. in Nicol, 1997:559).

All the above discussions form the basis of the classification and definition of the central
concepts in this study. The next step of theory generation process is the formulation of relationship statements.

2.8 STEP TWO: CREATION OF RELATIONSHIP STATEMENTS

Relational statements declare a certain amount of existence of a relationship between two or more concepts (Burns & Grove, 1993:175). When concepts are placed in relationship it means they are provided with links and joined to one another so that none of them remains in isolation (Chinn & Kramer, 1995:114), thus the emergence of meaning and structure of the theory. Some of these concepts may be linked to the theory through assumptions (Chinn & Kramer, 1995:111). Assumptions play a role in theory building as they are considered to have an influence on the structuring and contextualization of the theory (Chinn & Kramer, 1991:97) as they are taken to be true and come from real-life experiences.

Theoretical relationships in this study were considered within the context of the theory. The antenatal clinics that were attended by the pregnant teenagers and the homes of the pregnant teenagers were the context of the model.

2.9 STEP THREE: DESCRIPTION AND EVALUATION OF THE MODEL

Once the concepts have been identified, classified, defined and placed into relationship with one another, it is possible to describe a model. There are six elements for describing and evaluating a model (Chinn & Kramer, 1995:108), which include:

1. The purpose of the theory, which could be achieved by answering the question, ‘What is the purpose of the theory?’ This question addresses the reason for generating the model and reflects the context and situations to which the theory can be applied. The purpose of this study has been stated, as well as the objectives for that purpose.

2. What are the concepts of the model? The ideas to be structured and related within the theory were identified. These identified concepts gave meaning to the study.

3. How are the concepts defined? The answer to this question will clarify the meaning of concepts within the theory.

4. What is the nature of the relationships? This question addresses how
Chapter 2

concepts are linked together. It focuses on the various forms the relationship statements can take and how they give form to the theory.

→ What is the structure of the theory? This will be identified through definition of concepts. Focus will be on the nature of conceptual relationships.

→ On what assumptions is the theory built? The answer to this question will address the basic truth that underlies theoretical reasoning. One assesses if assumptions reflect the values of theory used in the entire study.

Once the model had been described fully utilising the aforementioned elements, further discussions were held with the promoters. The researcher also held discussions with experts in theory generation, using the evaluation elements sited by Chinn and Kramer (1995:127). Feedback from these evaluations was used to determine clarity, simplicity, generality, empirical applicability, consequences, meaning and logical adequacy, operational adequacy and pragmatic adequacy of the model.

Lastly, development of guidelines for operationalization of the model to support pregnant teenagers in their home environment was done. This is the final step in the process of theory generation.

2.10 STEP FOUR: GUIDELINES FOR OPERATIONALIZATION OF THE MODEL

According to Chinn and Kramer (1995:101), the application of theory draws on research methods to enhance its practicality and achievement of practice objectives. Most important, according to these authors, is the evidence illustrating how the clinical setting is affected by the application of that theory.

On completion of description and evaluation of the model to support pregnant teenagers in their home environment, guidelines for its operationalization were developed. The guidelines derived and developed are for application in the practical setting of midwifery. The midwives will be trained to assist with the creation of a calm, supportive home environment for the pregnant teenager.

Sources for literature control were selected carefully for the purpose of either confirming or opposing the present study results and determining whether data analysis results were accurate and correct (Creswell, 1998:193). Data verification ensured contextual links between this study and other research studies done previously (Wilson, 1989:239). Data verification also assisted in enhancing the trustworthiness of the study.
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2.11 MEASURES TO ENSURE TRUSTWORTHINESS OF THE STUDY

In qualitative studies, ensuring of trustworthiness of the study is important as validation of the results implies reliability of the study (Streubert & Carpenter, 1995:318). Trustworthiness involves checking for biases that most commonly creep into the process of drawing conclusions (Marshall & Rossman, 1999:147). The model of Guba (in Krefting, 1991:214) identifies the following four aspects of criteria of trustworthiness that are also relevant to qualitative research studies:

→ Truth value
→ Applicability
→ Consistency
→ Neutrality.

The principles of this model were applied in this study as a means of ensuring trustworthiness. Each aspect of the criteria will now be discussed.

2.11.1 TRUTH VALUE

Truth value attempts to provide evidence regarding the truthfulness of the findings of the study. Truth value in this study was achieved by exploring and describing the experiences of the pregnant teenager and their parents and grandparents related to the pregnancy of the teenager (compare Krefting, 1991:215). Truth value is, in other words, based on confidence in the credibility of the study, that is, correct interpretation of the lived experiences of the participants (Guba in Krefting, 1991:217). Krefting (1991:214) proposes certain strategies to enhance the credibility of the study:

→ Prolonged engagement: Through prolonged engagement the researcher was able to develop a close relationship and establish trust and rapport with participants, thus enabling her to question any discrepancies or contradictions in data collected. The researcher also had sufficient time to examine and understand the meaning of the experiences of the participants through prolonged observation and interviewing them in the actual environment of their lived experiences.
Reflexivity: This refers to the assessment of the researcher’s influence over the model (Krefting, 1991: 218) which, in this study, is the model to support pregnant teenagers in their home environment. In this study, researcher’s influence could be due to knowledge of the Xhosa culture, family role and status, professional background and general perceptions about the topic being investigated, as well as the interest in the study. Keeping a personal journal during the interview, referring to it and identifying the extent and nature of involvement during the interview assisted with adherence to reflexivity.

Triangulation: Triangulation assists with the understanding of the study. It utilizes methods that are consistent with one another and complement each other, thus revealing areas of interest in the study. Methods applied for this purpose included: in-depth individual interviews, a purposive sampling technique and use of multiple data resources (for example, dictionaries, existing theories and literature and expert knowledge from the experts in the field of qualitative research) to generate, refine and define concepts. The process and results of the study were in accordance with the research objectives. Guidance through the research objectives enhanced structural coherence, which is a valuable factor in promotion of credibility. The researcher also made use of experts in the field of qualitative research and theory generation (as promoters of the study) as well as peer examination to enhance credibility.

Peer examination: This strategy was utilized as a means of promoting the credibility of the study as various experts and immediate colleagues were invited to criticise and discuss the findings of the study. This process was carried out through formal discussions in meetings with the experts and continual informal meetings and liaison with colleagues, who were also experienced researchers and knowledgeable about theory generation.

2.11.2 APPLICABILITY

Guba (in Krefting, 1991:220) highlights that a key factor in the applicability of data is its transferability and the representativeness of the participants for that particular group. Given the objectives of this study, data collected could be considered as being of descriptive value (Krefting, 1991:220). In order to improve transferability, data collected to address applicability should be sufficient and descriptive in nature (Poggenpoel in De Vos, 1998:349).
A purposive sample was used for the study. A dense description of experiences of participants was achieved through in-depth individual interviews using the phenomenological approach, use of participant observation and field notes. Effectiveness of this method was assessed through a pilot study. The use of an independent coder assisted with identification of sufficiency as well as descriptiveness of the data collected. The researcher believed that this enhanced transferability of the study.

The next criterion utilized to enhance trustworthiness in this study was consistency.

2.11.3 CONSISTENCY
Consistency of data refers to whether the findings of the research would be consistent should the enquiry be replicated with the same participants or in a similar context (Krefting, 1991:216). The author further states that consistency is defined in terms of dependability. Two main strategies were utilized in this study to enhance dependability, which is the criterion for consistency of the research findings:

→ Peer examination: This involves scrutiny of the research plan by experts in terms of the methodology implemented (Guba in Krefting, 1991:221). For this purpose two research promoters / supervisors were appointed by the Department of Nursing Science at the Nelson Mandela Metropolitan University (NMMU). The research plan was scrutinised and approved with relevant recommendations by the Advanced Degrees Committee of the Faculty of Health Sciences at NMMU (see Annexure C). An opportunity was also created for the researcher to hold additional discussions and have her study process scrutinized by two outside research experts in qualitative research and process of theory generation. Use of triangulation also assisted the purpose of dependability.

→ Code-recode procedure: This strategy which is suggested by Guba (in Krefting, 1991:221) allowed the researcher to return after two weeks and recode the same data and compare the results. The researcher actually went to re-interview some of the grandparents and re-analysed the data. No new themes emerged from this data. In addition, the services of an independent coder assisted with enhancement of dependability of the findings. An independent coder is a neutral person who is not involved in the study.
2.11.4 NEUTRALITY

Neutrality: This should not be viewed as referring to researcher neutrality but to the confirmability of data and its interpretation (in Krefting, 1991:221). This means that the results of the study are free from bias and are reliable. An audit strategy was utilized for this purpose. An extensive description was given of the data collection and analysis method and conclusions made. In acknowledgment of the possibility of reflexivity, the researcher substantiated her claims and interpretations during data analysis through an extensive use of supportive documentation and literature review.

A summary of these steps is presented in table 2.1.

**TABLE 2.1 MEASURES TO ENSURE TRUSTWORTHINESS OF THE STUDY**

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>STRATEGY</th>
<th>CRITERIA</th>
<th>APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truth value</td>
<td>Credibility</td>
<td>Prolonged engagement</td>
<td>The researcher spent sufficient time with the participant to understand the circumstances surrounding the origin of his/her experiences related to the pregnancy of the teenager.</td>
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<tr>
<td></td>
<td></td>
<td>Reflexivity</td>
<td>The researcher kept an interview journal and took field notes to assist in this regard. Concepts were defined and relationships between these concepts constructed. Constant consultation with study promoters as well as the use of an independent coder assisted in excluding researcher influence in the model developed in the study.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer examination</td>
<td>The study was challenged through the use of an independent coder and research experts in the fields of nursing, social work, anthropology, education, sociology and psychology and an independent coder. Frequent consultation with colleagues who possess extensive knowledge about theory generation and research supervisors was another measure used for challenging the study.</td>
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<tr>
<td></td>
<td></td>
<td>Structural coherence</td>
<td>Use was made of study objectives to guide the process of data collection for the research study. Definition, description and classification of the identified concepts guided the development of a model to assist the pregnant teenager to stay in a supportive home environment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Triangulation</td>
<td>A purposive sample was chosen, phenomenological individual interviews were conducted with participants, an independent coder was involved in data analysis and the results were verified through literature control and consultation with the study promoters.</td>
</tr>
</tbody>
</table>
Major concept was identified, defined using multiple sources. Concepts were further refined to attributes, related and essential attributes to describe a model case for the study. A further reduction of concepts was done and defined the core concepts which assisted in the development of the model of the facilitation of intergenerational reconciliation.

<table>
<thead>
<tr>
<th>Applicability</th>
<th>Transferability</th>
<th>Choose a sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A purposive sample was chosen from a population of teenagers who were at least six months pregnant, their parents and grandparents. They were fully informed about the objectives of the study as well as the ethical research implications involved.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An extensive discussion and description of the research methods for the study, that is, theory generation steps, were provided.</td>
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<tr>
<th>Consistency</th>
<th>Dependability</th>
<th>Dependability audit</th>
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<tr>
<td></td>
<td></td>
<td>Use was made of extensive literature review and literature control. A well-representative purposive sample was used. The principle of bracketing when conducting the interviews was observed and the transcripts were transcribed verbatim.</td>
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<tr>
<td></td>
<td></td>
<td>See Transferability</td>
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<td></td>
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<td>See Credibility</td>
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<table>
<thead>
<tr>
<th>Neutrality</th>
<th>Confirmability</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Use was made of extensive literature review and literature control. There was truly representative purposive sample. The principle of bracketing when conducting the interviews and was observed and the transcripts were transcribed verbatim.</td>
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<td></td>
<td></td>
<td>See Dependability</td>
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</tbody>
</table>
2.12 CONCLUSION

This chapter dealt with the design and extensive description of the methods followed during the process of this study. The method chosen for the conduction of the study was the most suitable method to achieve the objectives of this study, as stated in chapters one and two. A theory-generative research design using a qualitative, explorative, descriptive and contextual research approach was utilized. The research strategy for this design was based on a phenomenological approach to inquiry. Measures of trustworthiness applied were those stated in Guba’s Model of Trustworthiness for Qualitative Research (in Krefting, 1991:221).
CHAPTER 3

DISCUSSION OF RESULTS AND LITERATURE CONTROL: THE EXPERIENCES OF PREGNANT TEENAGERS, THEIR PARENTS AND GRANDPARENTS RELATED TO THE PREGNANCY OF THE TEENAGERS

3.1 INTRODUCTION

The focus in this chapter will be the analysis, interpretation and discussion of the data collected during the data collection phase. Data analysis which is aimed at providing answers to the research question (Brink & Wood, 2001:217) involves breaking up data into manageable themes, patterns, trends and relationships (Mouton, 2001:108). Data interpretation is achieved through relating the results and findings of the researcher to the existing theoretical framework (Mouton, 2001:109) through literature control to enhance verification of the results. All of the aforementioned steps of data analysis, as well as data interpretation, were implemented in this study to establish a reliable basis for arguments. A literature search was conducted through the library, internet and consultation with reliable professionals on the subject. In this study, the researcher has adopted the descriptive data analysis approach to assist her in creating a well-thought-through information basis for the development of the desired model. Descriptive data analysis provides the researcher with a description of data from a particular sample and conclusions refer to that sample only (Brink & Wood, 2001:217).

3.2 PRESENTATION AND DISCUSSION OF THE DATA ANALYSIS RESULTS

The goal in this study was to explore and describe the nature and extent of intergenerational support to pregnant teenagers. Exploring family support to this at-risk group was motivated by the fact that the family has a great influence on the personality
development and moulding of the individual (the teenager) through socialization. A socialized child (teenager) will impart what she learnt from her family to her own children (Schaefer & Lamm, 1992:580). Parental warmth and parental hostility are the two major dimensions of child (teenage) rearing that might be adopted by the pregnant teenager and be promoted in the near future (Schaefer & Lamm, 1992:590).

Families of teenagers consist of parents as well as other members of the extended family, for example, aunts, uncles and grandparents, each one of whom will influence the upbringing and maturing of the teenager. In the forefront of this relationship is the mother of the teenager who shares a symbiotic relationship with her daughter. Although this attachment in a co-operative family relationship is established by the mother of the teenager it should also involve the other members of the family. Co-operation within a relationship denotes recognition of authority, trust and understanding (Kotzê, 1998:10).

This background information stimulated the researcher to discover more about the experiences of the teenager who, whilst amongst her family and extended family, becomes pregnant. The researcher interviewed participants who met the criteria for inclusion in the study in order to explore their experiences related to the support that they received within the family during the pregnancy. The presentation of the data analysis results will be done in three different sections as the participants were from three different groups. The sections are set out as follows:

Section one: Data analysis results of the interviews conducted with the pregnant teenagers.

Section two: Data analysis results of the interviews conducted with the parents of the pregnant teenagers.

Section three: Data analysis results of the interviews conducted with the grandparents of the pregnant teenagers.

3.2.1 SECTION ONE: PRESENTATION OF THE RESULTS OF THE INTERVIEWS CONDUCTED WITH PREGNANT TEENAGERS

Individual interviews were conducted with ten willing participants (pregnant teenagers) who were identified from the antenatal records and visited at home or approached and asked to participate while in the waiting room at the antenatal clinic. Interviewing took place at their homes or in a private venue by fixed appointment. All the necessary ethical considerations explained in chapter two were observed. Data saturation was the
factor that influenced the number of interviews conducted. The interviews were transcribed verbatim. A clean set of all the interview transcripts was handed over to an independent coder for analysis with a copy of clear instructions about the method of data analysis to be implemented, namely Tesch’s method of data analysis in Creswell (1994:154) (see Annexure E). Once the researcher had completed data analysis of the same interviews to identify themes, a consensus discussion meeting was held between her and the independent coder to discuss the results of the data analysis process.

The results of the entire study revealed overwhelming emotions. In consensus with the independent coder, the researcher decided that the results needed to be set out in themes and sub-themes to allow for effective discussions.

Three main themes emerged with three sub-themes related to each of them. These are set out in table 3.1.

**TABLE 3.1 THEMES AND SUB-THEMES RELATING TO THE PREGNANT TEENAGERS EXPERIENCES OF THEIR PREGNANCY**

<table>
<thead>
<tr>
<th>THEME</th>
<th>SUB-THEME</th>
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<tbody>
<tr>
<td>1. Pregnant teenagers experience emotional turmoil as they strive to cope with their pregnancy.</td>
<td>1.2_ Pregnant teenagers experience their own emotions related to the pregnancy. 1.2 Pregnant teenagers experience the consequences of emotions of others directed at them. 1.3 Pregnant teenagers use ineffective coping mechanisms.</td>
</tr>
<tr>
<td>2. Pregnant teenagers experience a change in their relationships with significant others due to expectations not being met.</td>
<td>2.1 Pregnant teenagers experience a breakdown in relationships between themselves and their parents. 2.2 Pregnant teenagers experience a breakdown in relationships between themselves and their families. 2.3 Pregnant teenagers experience a breakdown in relationships between themselves and their peers and positive relationships between themselves and their boyfriends.</td>
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### 3. Pregnant teenagers experience role confusion because they are pregnant which leads to a crisis.

<table>
<thead>
<tr>
<th>THEME</th>
<th>SUB-THEME</th>
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<tbody>
<tr>
<td>3.</td>
<td>3.1 Pregnant teenagers experience confusion related to the physiological changes taking place in their bodies.</td>
</tr>
<tr>
<td></td>
<td>3.2 Pregnant teenagers experience confusion related to their new social status.</td>
</tr>
</tbody>
</table>

Each of the aforementioned themes and sub-themes will now be discussed comprehensively. To enhance readability of the study pregnant teenagers will from now onwards be referred to as participants.

#### 3.2.1.1 THEME 1  Pregnant teenagers experience emotional turmoil as they strive to cope with their pregnancy

Owing to the negative connotations of teenage pregnancy and the ostracization of the pregnant teenager by her family and community, the teenager may become overwhelmed with negative emotions. Joyful emotions experienced by the participants in this study were immediately cancelled out by anxiety and anger as the participants remembered that pregnancy outside marriage was stigmatized. They directed the anger at themselves, their parents, family, peers and at the community.

Parental reaction was based on cultural and traditional norms and values related to teenage pregnancy and child-parental relationships. Participants reported that these conflicting emotions made coping with the pregnancy extremely difficult. Kleinke (1991:3) views coping as efforts made to manage situations perceived to be potentially harmful or threatening. This definition implies that coping takes place over time, involves effort by the individual (the pregnant teenager in this case) and can be difficult to achieve. Participants interviewed in this study indicated that they were afflicted by a range of conflicting emotions due to the difficulties of coping with both the physical implications of the pregnancy and the psychological results of falling pregnant outside marriage.
The conflicting emotions gave rise to emotional confusion within them as they had no answers for the situation. These experiences of the participants will now be discussed as sub-themes of main theme.

3.2.1.1.1 **SUB-THEME 1.1** Pregnant teenagers experience their own emotions related to the pregnancy

As previously mentioned, pregnancy of a teenager outside marriage is stigmatized. This general perception implies that teenage pregnancy is a disgrace because, by definition, stigma means disgrace or discredit (Oxford Complete Wordfinder, 1992:1529). According to Shakespeare (2004:320), the media and government reports have depicted teenage pregnancy as being morally wrong. This study revealed that participants experienced acute stress due to the stigma linked to teenage pregnancy. The experience of being stigmatized evoked feelings of despair and anger within themselves. Participants were angry because they knew that the situation in which they found themselves was a consequence of their own mistakes and, according to Gouws, Kruger & Burger (2000:99) one’s own mistakes can stimulate anger. Participants shared the following reaction regarding the mistakes they had made:

“I was ... I was assumed by a feeling of anger. Anger towards myself ukuba (that) how could I be so careless ndiyekke ukuba yenzeke lento (and allow this thing to happen). How can I be so careless ... I was very angry with myself ...”.

“... Nhiba nomsindo to me ukuba kutheni ndizifake kulento ...” (... I become angry with myself as to why I put myself into this thing ...)

“... ewe bendingandwa kwizinto ezininzi but ke andiyazi nokuba mhlawumbi bendiqhutywa yi age yam or what but ke kuyo yonke lonto leyo yanesiphumo ndimlo ndiphregnant, ndabuyela back apha endlwini...” (... yes, I was warned against a lot of things but I do not know whether it was due to my age or what but in all that there were results, here am I being pregnant and I came back to the house ...)

“My pregnancy was the biggest downfall of my life ... It was being stupid...”.
The emotion of anger was also expressed in the following responses:

“Azange ndikwazi ukuthetha nomama ngeloxesha kuba kwakunzima nokuba ndimjonge. It makes you very guilty and angry to yourself.” (I could not speak to my mother at that time because it was difficult to even look at her. It makes you very guilty and angry with yourself.)

“... Ndenze into embi kakhulu as a result ndibanomsindo wam. Ndizenzile ...”. (... I’ve done something very ugly and as a result I became angry with myself. I’ve done this to myself ...)

“Ndizithiyile mna as umntu.” (I hate myself as a person.)

Anger and exasperation were evoked by the feeling of guilt experienced by some of these participants. Camerer (1994:118) states that guilt is an awareness that one has dislodged oneself from one’s core role structure and is perceived as a betrayal of one’s own value system. As mentioned previously, the role of the family is to instil core values in the teenager. Some of the participants felt bad and embarrassed when they realized that they were pregnant because they had not maintained those values. Some had the following to say;

“... I started being shy of myself.”

“...ndi shy. Ndibanentloni ngalentse ndinzima ndimncinci.” (... I’m shy. I become shy for being pregnant at a young age.)

One participant told the researcher that at some stage before being pregnant she had told herself that she would never have children as she hated the thought of being pregnant and that she did not want to disappoint her parents by becoming pregnant as a teenager. She now felt guilty and regretted being pregnant. She said:

“My pregnancy I regret ... and did not want to accept. I do not regret having the baby but the pregnancy itself. I felt odd not to involve myself. I felt like, OK, I brought it on myself. I thought it was there and I felt like God is
Participants reported the emotion of disappointment as they could not enjoy the experience of pregnancy, especially when they felt foetal movements. As a midwifery clinician, the researcher is aware that the most enjoyable experience reported by pregnant women is the feeling of foetal movements because it signifies the existence of life within life. During the interview sessions participants became exasperated and disappointed about not being able to enjoy this feeling because they were teenagers and were not supposed to have been pregnant. John, Sutton, Matthews and Jimenez (1998:2) confirmed that teenagers did not always enjoy pregnancy. A participant shared the following in relation to these emotions:

“It happens that there are times when you feel happy when you experience the baby kicking from inside you; you eat, gain weight and become beautiful but that thing come again that by the way I’m carrying a load, you become disappointed and it becomes painful.” While this participant was speaking, her eyes widened and reddened and she cried uncontrollably. She expressed her apparent mixed emotions by touching her abdomen and smiling but then removing her hand quickly, staring at her palm and starting to cry.

Overwhelming emotional pain, distress, misery and acute despair were manifested in the body language of some of the participants during the interviews. One cried uncontrollably, others held my hands as they sobbed and spoke with shaking voices. Possibly the emotions of sadness and anger were also related to the fear of handling the pregnancy alone.

Participants mentioned fear as another factor contributing to the emotional crisis of pregnancy. They reported encountering feelings of fear at various stages during the pregnancy and said that they were also frightened concerning what to expect during delivery. Some of them attributed their fear to misleading inferences as well as to information regarding obstetrical complications having read or seen incidents in newspapers or on television. Some of the responses illustrating their experiences of fright included:
“Ndiyaqala ukuba nzima kwaye ndikhe ndive ukuba nyhani bakhona abantu abafayo xa befumana umntwana. ndiyoyika.” (It is my first pregnancy and yet I usually hear that really there are people who die while they are giving birth. I’m afraid.) The participant held her arms with her hands and squeezed them as if to comfort herself.

“It’s scaring ... I was scared. It’s scaring because andikwazi kuxelela mntu.” (... I cannot tell anybody ....) The participant’s eyes were wide and red as she spoke in a whisper as if afraid of evoking the feeling again.

“Basically I’m just scared of the unknown. Like I don’t know what to expect ... like ndiva izinto ezininzi like kunyuke i blood pressure or kubekho into e rongo nomntwana. I’m just consumed with all that.” (Basically I’m just scared of the unknown. Like I don’t know what to expect ... like I hear a lot of things like increased blood pressure or there is something wrong with the baby. I’m just consumed with all that.)

The participants experienced themselves as being exposed to emotions of other people. These experiences of the participants will be discussed as the next sub-theme.

3.2.1.2 SUB-THEME 1.2 Pregnant teenagers experience the consequences of the emotions of others directed at them

Their own emotions were not the only emotional manifestations from the experiences of being pregnant that were reflected or expressed by the participants. One participant described feeling humiliated as she noticed how disgusted her mother was with her. She explained that she had not expected her mother to be happy with what had happened, but disgust was dreadful and she was hurt and angry:

“... she hated possible ... she hated ukundijonga. I know that. She was looking at me like she’s disgusted ... she did not have to tell me but I knew...” (... she hated possible ... she hated having to look at me. I know that. She was looking at me like she’s disgusted ... she did not have to tell me but I knew ... )
Disgust implies rejection and is associated with contempt (Strongman, 2003:138), which was the feeling expressed by one participant. She described the reaction and behaviour of her mother towards her in terms of feelings of rejection. Rejection directly opposes the basic human need for a sense of belonging (Braemer & MacDonald, 1999:8), and was therefore, unacceptable to the participant. Some participants experienced rejection by the people around them as embarrassing. One participant narrated that she would at times notice people talking by means of gestures when she approached or just passed them. To her this denoted that people experienced her as an embarrassment and therefore were avoiding speaking to her. One participant narrated:

“... ngamanye amaxesha ndibabhaqe bethetha ngamehlo ... and ndibone ukuba bathetha ngalento yokuba ndinzima, ndibenentloni ndive kabuhlangu.” (... at times I will see them unexpectedly talking to each other by means of eye gestures ... and I will see that they are talking about the fact that I’m pregnant, I become embarrassed and feel hurt.)

Episodes like these caused the participants to experience their pregnancy as overwhelming. They became quite inarticulate and merely shared:

“It becomes painful and difficult”

“Hayi mama kunzima” (No, mother it is difficult)

“Basically teenage pregnancy is very difficult”.

It has been mentioned previously in this study that teenage pregnancy is at times perceived by families as a financial responsibility. Some families have been known ultimately to evict pregnant teenagers from the home as they could not cope with the additional mouths to be fed. One participant noted that her brother experienced her pregnancy in this way. She stated that this perception of her brother left her feeling sad and added:

“Ngu brother wam umntu endisafumaningxaki kuye. Ingxaki yakhe kukuba xa ekhupha izinto apha endlwini ingathi ukhupha more kum. Ingathi imali isetyenziswa kum more kuba ndipregnant”. (It is my brother who is still giving me problems. His problem is that when he contributes things here in the house it is as if he is contributing more to me. It is as if the money is being spent more on me because I’m pregnant.)
Teenage pregnancy also has an effect on the community, hence the ostracization (Bezuidenhout, 2004:41). This effect was evidenced in this study as participants reported feeling shy when walking in the streets because of the way in which the neighbours looked at them. Some of the neighbouring parents reportedly warned their children not to visit the homes of participants or shouted at them when they did. Participants said:

“Kwa endleleni eya esikolweni abantu bayandijonga.” (Even on the way to school people look at me.)

“... abazali bazo abafuni ukuba zize kum apha ekhaya ... like nokuba umntu uzile uyakubona ezokubizwa... Sometimes umzali eze ngokwakhe. Ndiva kabuhlungu ndidane” (... their parents do not want them to come to me here at home ... like even if a person comes you will see her being called back ... sometimes the parent comes personally. I feel hurt and become disappointed.)

All of the aforementioned experiences described by the participants proved to be beyond their coping abilities. Coping mechanisms employed by the participants seemed to be either irrelevant or insufficient as they failed to achieve the desired effect of removing the anger, sadness and disappointment they experienced. The next sub-theme to be discussed focuses on the in-effective coping mechanisms utilised by the participants.

3.2.1.3 SUB-THEME 1.3 Pregnant teenagers use ineffective coping mechanisms

One of the reasons underlying participants’ difficulties in coping with the pregnancy was the fact that it was unplanned. The news came as shock to them, hence so much anger, disappointment and sadness. Shocked responses included:

“E clinic bandixelela that I’m pregnant and I could not believe.” (At the clinic they told me that I’m pregnant and I could not believe).
The Oxford Advanced Dictionary (1974:789) explains shock as an effect caused by a sudden disturbance of the feelings caused by bad news. It is usually followed by anxiety, which is an emotion that can be one of the most uncomfortable feelings a person can experience. Anxiety is a state of varying degrees of uneasiness or discomfort and is often coupled with guilt and fear (Wilson & Kniesl, 1996:72), which was the case with the participants in this study. Anxiety affects one’s thinking, leaving one confused, distracted and experiencing concentration difficulties (Kleinke, 1991:85). Participants in this study appeared to be experiencing shock due to the news regarding being pregnant, as well as considerable anxiety.

Boult and Cunningham (1991:40) state that unplanned pregnancy causes an emotional upheaval in the life of a woman (the teenager in this study); they reported observations and findings to this effect in their study on Black teenage pregnancy in Port Elizabeth is where the present study was conducted. However, Wilson and Kniesl (1996:72) adds that anxiety can be utilized constructively to stimulate an action that could alter a stressful situation, fill a painful need or arrange a compromise. Although participants appeared to be committed to finding a solution to the emotional turmoil that had erupted as a result of their pregnancy, they were having difficulty doing so. One participant expressed her feeling in this regard as follows:

“... to be pregnant is one thing but to cope with pregnancy is another.”

All of the options reflected by the participants during the interviews were non-constructive, hence the researcher’s conclusion that coping mechanisms used were ineffective. Most of the participants were determined to cope successfully with their difficult situation but chose the incorrect mechanisms. Examples of options taken are described and discussed below.

The initial response to the shock of pregnancy for almost all the participants was to have an abortion which is the termination of pregnancy before the 20th week of pregnancy (Fraser & Cooper, 2003:1031). Some stated that the costs involved or the fact that it was late in the pregnancy for an abortion, were the only deterrents to choosing this option of restoring normality. Responses illustrating reactions of participants to the news of pregnancy included:
“... because my first option was an abortion ... OK I could have one if OK I knew early ... .”

“Bendikhe ndaya nakwi ndawo ze abortions but kwafumaniseka ukuba it’s expensive .....” (I also went to the places for abortion but I found out that it’s expensive .... )

However, one participant, apparently for spiritual reasons, managed to dismiss the option of abortion. She said:

“... ndathi nokuba ekhaya kuzakuthiwani na into endingazokuyenza kukuba ndenze i-abortion mna ngokwam .... Isizathu sokuba ndingafuni abortion ndingakwazi uku-afoda umntwana kukuba asiyo decision yam ukuba ndithi umntwana makaphile okanye angaphili ....” (... I said even if at home say whatever they say, what I will not do is to have an abortion on my own .... The reason for not wanting to have an abortion, and yet I can not afford the baby, is because it is not my decision to say the child must live or not live...)

Another participant in response to the emotional situation surrounding her pregnancy, was prepared to give up her baby at birth for adoption as a means of making peace between herself and her family. She said:

“... and I would say no, let me have the baby, adopt it if awufuni ndibe nayo ... and limiting the drama, let me have the baby in ... and have him adopted there ndibuye.” (... and I would say, no, let me have the baby, adopt it if you do not want me to have him ... and limiting the drama, let me have the baby in ... and have him adopted there and I come back.) However her mother and sister were unaware of this decision as the former did not read her letters informing her about it and the latter either avoided conversing with her or just made decisions relating to the matter in conjunction with the mother. Consequently the coping mechanism attempted failed and the participant was angry.

Another participant was determined to continue with her studies and accordingly did not leave school while she was pregnant. She was determined to fulfil her dream of making
her parents proud of her by becoming a lawyer. By doing this she hoped to encourage her parents to provide the emotional support she needed to deal with the pregnancy confronting her. When her parents failed to provide the required reassurance of support, she became angry and withdrew from them, as evidenced in the following response:

“*Between now and the (beginning of the) pregnancy they have lost me. I do things on myself.*”

Anger manifests itself in various forms of hostility. In teenagers the hostile feelings are sometimes repressed resulting in their becoming moody and withdrawn (Gouws, et al, 2000:98). The participants in this study also reported moodiness and a tendency to withdraw. They felt that by withdrawing they were fighting the anger they were experiencing. One participant said:

“... *Nomntu o pregnant kubakho i moods nezinye izinto, ngoku uhleli nje uba stressed. So I would advise parents bazi understende i moods because nawe ngelaxesha akuzenzi qha uphethwe ngumvandedwa. There are so many things that you as a pregnant teenager you deal with on your own ... “. (*... As a pregnant person there are moods and other things, now you become stressed all the time. So I would advise parents to understand the moods because even you at that time you are not doing it purposely but are suffering from a guilty conscience. There are so many things that you as a pregnant teenager you deal with on your own ... .*)

When participants perceived their parents as not understanding the mood changes or situation that they were in, some decided to withdraw or run away from home. Responses to this effect include:

“... *so you’ll find ukuba ndakuzihlalela ndodwa ... .”* (*... so you’ll find that I would be on my own.*)

“... *it’s like right now ngaske ndiphume apha ekhaya and just go and live by myself because I feel like I am by myself apha ekhaya.*” (*... it’s like right now I wish to go and leave home and just go and live by myself because I feel like I am by myself here at home.*)
Greathead (1992:17) states that consequences of pregnancy to the teenager may be emotions experienced as a result of the extreme difficulty of coping with pregnancy. This author explains that these feelings may lead to disappointment, anger, depression and anxiety. Some of these emotions correlate with the emotions already identified and discussed in this study. Depression can at times lead to despair and this was found to be the case with some of the participants. One of the participants told the researcher that, because of the frustration evoked by her experiences of being pregnant she became stressed and depressed; she also confessed to not eating for almost a month and to crying continuously during that time.

Some participants expressed that they felt torn between two ideas, namely accepting the situation as it was and doing nothing about it or committing suicide so as not to extend the experience of torture. However, the consequences of committing suicide were not considered attractive. Thoughts expressed in this regard included:

“... At times ndikhe ndicinge ngokuzibula ... .” (... At times I often think of committing suicide ....)

“... Ngamanye amaxesha ndikhe ndicinge nokuzibula ... .” (... Sometimes I often consider committing suicide ....) Tears rolled down the participant’s cheeks as she spoke.

“I think a lot of things to myself ... and I thought about suicide...”

“... Ngamanye amaxesha you even think ngokuzibula to free yourself from this frustration and that makes you even more guilty because ngoku you look like a murderer .....” (... At times you even think of committing suicide to free yourself from this frustration and that makes you even more guilty because now you look like a murderer .... ) The participant’s eyes were red and shiny as she spoke. She shrugged her shoulders and sighed deeply
while shaking her head.

As their coping mechanisms failed or their choices seemed to be irrelevant, more confusion and anger erupted. The emotional turmoil relating to their pregnancy experienced by the pregnant teenagers put a strain on their relationships with their significant others. These experiences of the participants will be discussed in more detail in the second theme of this study.

“She (my mother) always made me to have a guilty conscience.”
In order to ease her guilt feeling she wrote letters to her mother with contents such as, “... I know that abantu bazaku ndibona ukuba ndimithi. I’ve used a lot of your money ... but this is not my way of showing appreciation ... .” (I know that people are going to see that I’m pregnant. I’ve used a lot of your money ... but this is not my way of showing appreciation ... .). According to the participant, her mother never read the letters that saddened her.

Participants also expressed experiencing feelings of low self-esteem due to the rejection suffered because of the stigmatization attached to their pregnancy. One participant, speaking in a soft voice and with downcast eyes, shared:

“Ndaziva ndingathi ndingumntu onesifo esosulelayo.” (I felt as if I’m somebody who is suffering from an infectious disease.)

Another participant commented:

“... and it was like kumntu wonke apha ekhaya I was inferior.” (... and to everybody here at home it was like I was inferior.)

Self-esteem is related to the way in which we view ourselves and is developed and maintained through self-evaluation. Comments received from other people, especially significant others, promote either a high or a low self-esteem. Low self-esteem results in an inferiority complex and may increase the risk of anxiety and depression (Van Niekerk & Prins, 2001:73). Participants experiencing negative comments and criticism stated that these angered them. For example one participant said:
"I wish my mother would criticize me as a mother and not on my mistakes ...

it angers me and I hate her."

All the participants in this study, when responding to questions relating to exploring their experiences of teenage pregnancy cried. Some of them were already at an advanced stage of their pregnancy but still seemed to be manifesting anger, despair, despondency and hatred towards their parents. The anger appeared to result from the participants experiencing themselves as a burden to their parents.

### 3.2.1.2 THEME 2: Pregnant teenagers experience a change in their relationships with significant others due to expectations not being met

Teenage pregnancy as a phenomenon has been extensively studied, and results reveal that it is still occurring at a high rate (Klein, 1998:338; Macleoid, 1999:8; Shakespeare, 2004:320; Irinoye, Oyelele, Adeyemi & Tope-Ojo, 2004:25). One of the common effects of teenage pregnancy, as mentioned in chapter one, is the impact on relationships. In this study, relationships were affected at different levels, that is, with parents, family, peers and boyfriends. Each one of these relationship levels will be discussed separately so as to present a comprehensive picture of changes that occurred within them.

#### 3.2.1.2.1 SUB-THEME 2.1 Pregnant teenagers experience a breakdown in relationship between themselves and their parents

Carter and McGoldrick, (1999:75) state that teenage pregnancy causes parent-teenager conflict as the pregnancy signals deviation of the teenager from the values and norms instilled in her by the parents in preparation for adulthood. Boult and Cunningham (1991:36) report that for families in all cultures the news of teenage pregnancy is initially unwelcome. Irinoye, et al. (2004:29) support this statement and add that, at worst, the teenager is rejected by her parents. Collins English Dictionary (1998:457) defines rejection as rebuffing a person; discarding as useless a person or a thing as not up to standard. The feeling of rejection experienced by the participants in this study both saddened and angered them, resulting in conflict with their parents.

Parents were seen by the participants as not fulfilling a supportive role towards them.
when they badly needed emotional support from their parents and stated that the provision of this would optimise the outcome of their pregnancy, a view supported by Mngadi, Thembi, Rasnjo-Arvidson & Ahlber (2002:40). Moreover these authors declared that provision of support to the pregnant teenagers assisted them to feel in control of themselves, to feel accepted and to complete the pregnancy feeling that they were a success. Support and caring is crucial as it provides security and motivation (James, 2005:10). Adolescents in the study of Irinoye, et al. (2004:28) also identified a need for emotional and psychological support for pregnant teenagers from the parents and the communities involved. This support should include ensuring that the teenager receives optimal antenatal care, completes her education and is not expelled from school; according to the adolescents in this study, these are the responsibilities of the parents. Participants shared as followed in this regard:

“... so show me the path. Be supportive. Show me what to do ...”

“Mna mama ndifuna ukuba umama andibuze, andihlalise phantsi notata bandibuze bobabini, like ngubani owenze lento, ndizakwenza njani ngomntwana ... nabo bandicebise njengabajali bam.” (Me, mother, [referring to the researcher] I want my mother to ask me, to sit down with me and my father and they ask me together, like, who did this thing, what am I going to do with the child ... and they also advise me as my parents.)

“... but still they could have told me, OK, you’ve made a mistake and we’re gonna do this together ... .”

These responses suggested that the parents of these participants were not fulfilling their parental responsibility. The perceived lack of support by their parents seemed to give rise to overwhelming emotions of anger and disappointment in participants which was manifested during the interviews by crying, banging the table, clenching fists and shaking their heads as if trying rid themselves of the feeling of frustrations evoked by speaking about their parents. Disappointment emanated from being unable to share their experiences with their parents.

All of these teenagers acknowledged that by falling pregnant they had done wrong.

“... ewe qumbani because ndenze into ebeningayi expectanga, engekho
right ... Ewe I’ve wronged ... .” (... yes, be annoyed because I’ve done something that you were not expecting, which is not right ... Yes, I’ve wronged ... .)

“Intliziyo yam ibuhlungu kuba ndiyayazi ukuba ndonile.” (I’m heart broken because I know that I’ve done something wrong.)

“Ndabona nje ukuba umama wam nimonile.” (I could see that I’ve done something wrong towards my mother.)

“Ndifila ngathi oyena mntu ndimonileyo ngumama ... .” (I feel as if I’ve done something wrong more to my mother.)

The participants therefore needed an opportunity to communicate these feelings to their parents but according to them, effective communication with their parents was not possible as the parents reportedly either shouted at them or refused to talk to them.

The following responses illustrate this:

“Abathethi nam, ngumakhulu qha okhe athethe nam, nje ... Akukho nto bayithethayo nam emalunga nalento yokuba ndinzima. Xa bengathethi nam kuba nzima kakhulu ... .” (They do not speak to me, it is only my granny who sometimes just speak to me ... they are saying nothing regarding my pregnancy. When they do not speak to me it becomes very difficult ... .)

“... bathule, abathethi nto (they are quiet they are saying nothing) ... but they are not saying anything as a result I do not know what they are thinking about me ... . but I cannot tell them that because they don’t speak to me ... I hear nothing and I see nothing ... ."

“Umzali makayeke ukusoloko e-shouta but athethe kakahle nomntwana wakhe azokuva ukuba umnntwana uthinina ngalento enzima.” (The parent must stop shouting all the time but speak well with his child so that he could hear what is the child saying about her pregnancy.)

Participants who did manage to speak to their parents failed to get any positive responses because the parents, according to the participants, were not understanding.
“... they don’t understand me ... they don’t understand who I am ... they don’t know what’s going on in my mind ... .”

“... bazi understande ii-mmoods because nawe ngelaxesha akuzenzi qha uphethwe ngumvandedwa.” (... and should understand the moods because even you at that time, you are not doing it purposely, but you are suffering from guilt.)

Participants explained that they needed to communicate these experiences to their parents in order to create an awareness of misunderstandings and their regrets about falling pregnant. Participants believed that by sharing their experiences with their parents they could ease the pain being suffered by the latter. Participants also perceived lack of communication as having created a barrier between their need for parental guidance and the realisation of those needs by the parents. All in all, the participants experienced a gap between themselves and their parents. Their perception of non-engagement between themselves and their parents at times evoked negative thoughts about their parents, for example, that their parents were being judgmental towards them.

Responses received from the participants during the interview sessions revealed feelings of remorse regarding falling pregnant. However, according to the participants it appeared most of the parents had different viewpoints as they accused them of being responsible for the pregnancy. In some cases, the teenager was told that she had known what she was doing. These accusations led the teenagers to feel that they were being judged by their families and they experienced this as hurtful as revealed in the following responses:

“It’s painful kuba kaloku ngoku uyafana ngathi uyandigweba.” (It’s painful because now it is as if she is being judgmental upon me.)

“They were very angry and they said lento ndiyenze ngabom. It was like ndizimithisile ngokwam. They put the blame on top of me” (They were angry and said this thing I did it purposely. It was like I made myself pregnant. They put the blame on top of me.)

“... I felt that umakazi lo ulapha endlwini she judged me a lot. I felt she was
judging me, ukubone! I feel angry ... I feel very angry as she makes me feel ngathi andingomntu... ." (... I felt that my aunt, this one who is here in the house, she judged me a lot..I felt she was judging me, do you see! I feel angry ... I feel very angry as she makes me feel as if I'm not human ... .)

Stuart and Laraia (2001:24) state that communication can either facilitate the development of a relationship or serve as a barrier to it. In this study, communication appeared to be a barrier in the relationship between the participants and their parents. Some of the teenagers perceived themselves as being deprived of the opportunity to share a close relationship with their parents as there was no effective communication between them and consequently no support from them. Cohen; Fink; Gadon; Willits and Josefowitz (1992:290) support this statement and state that ... a relationship that makes each person feel supported, adequate and worthy will generally lead to mutual feelings, warmth and trust. Apparently this type of a relationship was absent between the participants and their parents and this made the pregnancy difficult to bear as the participants perceived themselves as a burden or a nuisance to their parents. Experiencing oneself as a nuisance could result in feeling unwanted because one is annoying the people around one (Collins English Dictionary, 1998:374) which could affect one’s self-esteem negatively. Validation of self-esteem is based on association with experiences in the corresponding area which, in this study, is the family (da Costa Nunez & Ralph, 2002:5).

All of these feelings and experiences of the participants prompted them to experience their parents differently at times. Some had strong feelings about their fathers as they experienced them as the cause in the change of attitude by their mothers towards them.

→ Relationships with fathers

Some of the participants highlighted betrayal as a reason for bringing them into conflict with a parent. Listening to one of the teenagers narrating the story of her experiences, the researcher was convinced that she believed that she still shared a close relationship with her father, as she said, “I’m very close to my father. We’ve got a close bond”. She said that this was why she felt unable to deal with betrayal by him. She explained that she was “... consumed with anger ...” when her father gave her the “... silent treatment for something like a month ...” and treated her as if she did not exist in his life. This participant experienced the silent response of her father to her pregnancy as betrayal and as a result she was angry.
In contrast to this reaction, another participant reported having no feelings for her father due to his response to her pregnancy.

“I do not have feelings for my father. I sometimes wish he could be dead but I suppose I cannot do that because he is my parent.”

Apparently this reaction was evoked by the way in which her father treated her mother following the announcement of the pregnancy. The father wanted the participant to have an abortion but the mother refused and as a result, he became resentful and abusive towards the teenager.

“Akathethi nto ngoku but xa eshushu uyardithuka kakubi ... sometimes ndiyokulala kwamakazi.” (He is not saying anything now but when he is drunk he becomes abusive to me ... sometimes I go and sleep at my aunt’s place.)

Most of the other participants reported that their fathers ignored them and as a consequence, their mothers were afraid of openly supporting them. One participant shared the following:

“Ewe umama uyardindeza ngoku but naye uyambona ukuba uyoyika, akafuni kubonwa ngutata.” (Yes my mother is assisting me now but you can see that she is afraid, she does not want to be seen by my father.)

Participants also reported strained relationships with their mothers. These will now be discussed.

→ Relationship with the mother

In this study, conflict arising from the teenage pregnancy appeared to have a major impact on the mother-daughter relationship. While listening to the pregnant teenagers expressing their experiences of being pregnant, the researcher became aware that the attachment between the mother and her daughter was no longer so strong. Participants seemed to blame their mothers for neglecting them and being unfairly harsh towards them at times and, as a result, humiliating them in front of other family members. One
participant reflected these feelings as follows:

“... she did not approve. She just showed everybody that I was an outcast. She would speak to wonke umntu mna ndibengowokuqgibela endlwini ukuthetha naye ... and I feel like she makes me feel like an outcast” (... she did not approve. She just showed everybody that I was an outcast. She would speak to everybody and I would be the last one to speak to her in the house ... and I feel she makes me feel like an outcast.)

With eyes closed and in a trembling voice this particular participant explained that her mother’s action left her feeling “so humiliated as people in the house will just keep quiet and avoided eye contact with me as soon as my mother starts talking to me like that”. Humiliation affects one’s pride and self-esteem. This participant was humiliated by her mother’s loud sarcastic comments that could be heard by everybody in the room. The participant described herself as feeling inferior to everyone at home due to the type of treatment she received from her mother. She experienced her mother’s behaviour as shocking as she was not normally like that. She said:

“The thing is, I don’t know her anymore, she’s changed. She is no longer the person I know, the M I knew. When I got pregnant she changed to someone else ... So it hurts for me. It hurts me to think of umama wam ngolohlobo. (... my mother in that way.)”

Other participants shared as follows in this regard:

“Yhaz, akabuzi nokuba kwenzeka ntoni (nge pregnancy) xa ndivela e-clinic.” (You know she does not even ask what is happening [with my pregnancy] when I’m from the clinic.)

“I don’t think nokuba uuyayazi ne date yam yokubeleka. Ingathi andingomntwana wakhe akandikhathalele. Phofu nam andisakhathali kwaye andimxeleli nto.” (I don’t think she knows when I am expected to have my baby. As if I’m not her child she does not care for me. In any case I’m no longer bothered and I’m not telling her anything.)
When asked what they would like their mothers to do for them, some had the following to say:

“... Andihoye ahlale phantsi athethe nam njengomzali ... Andihlalise phantsi, andibuze, andingxolise, abelapha ecaleni kwam.” (To look after me, sit down and talk to me as a parent ... Sit down with me, ask me, reprimand me, and be by my side.)

“Show me what to do because I’ve never been pregnant before ... I wanted her to be my mother and help me through this because I cannot do it all by myself.”

The perceived change and experience of neglect hurt and disappointed the participants and gave rise to feelings of doubt regarding the child-mother relationship. As one participant shared:

“Indenza ndifile ngathi andingomntwana wakhe. Akukho lula ukumitha usafunda ngoba ulahlwa nangumama lo wakho.” (It makes me feel as if I’m not her child. It is not easy to be pregnant while you are still studying because you are rejected by even your own mother.) When asked why she referred specifically to the “mother”, she responded, “Umama ujonga kuye xa kunzima. Ngumntu mna bendisithi akasoze andishyiye nokuba kunjani but today I know I was wrong. I’m disappointed”. (A mother is somebody you look up to her when it is difficult. It is a person I said will never leave me no matter what but today I know I was wrong.. I’m disappointed.)

The perceived change of relationship between the participants and their parents was also described as affecting other family members at times. This aspect will now be discussed.

3.2.1.2.2 **SUB-THEME 2.2** Pregnant teenagers experience a breakdown in relationships between themselves and their families

One of the factors contributing to the increase in teenage pregnancy mentioned already is family dynamics. A constant shift in the relationship between the parent and the
teenager is almost unavoidable as the family transforms from a unit that usually protects and nurtures the teenager, to one that prepares the teenager for adulthood. Teenage pregnancy disrupts that smooth transformation of the family (Carter & Mc Goldrick, 1999:274).

Carter and Mc Goldrick (1999:80) state that the family is the stronghold for its members and is goal oriented. These goals include ensuring the survival of children within it and exchanging love and affection with them. Furthermore these authors view a family as people who see their lives as connected, the connections symbolizing togetherness. In this study, connectedness between the participants and their families apparently ceased to exist. The participants felt unwanted and rejected by their families due to the limited amount of communication with them. Lack of communication with the participants by the family made them feel unsupported by the whole family. These experiences were evident from the following responses:

“I expected them to be just supportive because I’m pregnant but instead I did it by myself because wonke umntu ubequmbile” everybody was cross.

“They are attacking and following every move that I make instead of supporting me. All I need is their support, babuze nje ukuba ndinjani (just ask how do I feel). I wish they could forget and we move on.”

“... but still they could have told me, ‘ok, you’ve made a mistake and we’re gonna do this together ...’ ”

“Kuba ke sendipregnant bendiliindele ukuba i family yam indincedise kule meko yam. (Because I’m already pregnant I expected my family to help me through this situation of mine.)

When the expectation of assistance was not fulfilled the participants were humiliated and became angry.

One participant who felt humiliated by her family reported that, initially, her family avoided having a meal with her. She said that when they did sit down to eat with her they looked at her as if she was overeating. At times some of the family members left the room without finishing their food. She said:
“... indenza ndifilisha neglected kuqala yi family yam ngangendlela abanditrita ngayo ... bandenza ndifune ukuba ndisoloko ndindedwa.” (... it makes me to feel neglected firstly by my family due to the manner they treat me with ... they make me to always want to be alone.)

A sense of belonging is a human need and when it is not being fulfilled it arrises negative behaviour in the individual (Braemer & MacDonal, 1999:8-9).

“... indenza ndibe ngathi andingowapha kula family.” (... it makes me feel as if I’m not from that family.)

Other members of the family were also seen as uncaring by the participants as they were perceived as being either judgmental or reluctant to communicate with them.

“I felt that umakazi lo ulapha endlwini she judged me a lot. I felt she was judging me, ukubone?” (I felt that my aunt, the one who is now here in the house, she judged me a lot. I felt she was judging me a lot, do you see?)

According to them they sometimes felt as if they were being treated as a person who had brought bad luck to the family. Participants also experienced a breakdown in relationships with their peers. This aspect will now be discussed.

3.2.1.2.3 SUB-THEME 2.3 Pregnant teenagers experienced a breakdown in relationships between themselves and their peers and positive relationships between themselves and their boyfriends

Peers play a significant role in the life of the teenager. The peer group is said to be the most important socialisation institution for the teenagers, following the family (Bezuidenhout, 2004:34). According to Gouws, et al. (2000:109), teenagers primarily turn to their peers in reaction to parental neglect and rejection. Peers assist the teenager in his/her search for the meaning of life and therefore teenagers believe in and become secure within the peer environment (Camerer, 1994:5).

In this study, the participants experienced rejection by their peers. Participants voiced concern about the behaviour of their peers and could not understand why their friends
were acting differently towards them. Participants reported that some friends laughed at them. Responses in this regard included:

“Sometimes uyazibona ukuba ezitshomi zam nazo they feel that I deserve to be alone... .” (Sometimes you can see that these friends of mine they also feel that I deserve to be alone ... .)

The participants cited a lack of mutual caring and compassion by their peers, which was perceived as disappointing. It must not be forgotten that one of the principles of friendship is mutual caring (Camerer, 1994:14-15), which is characterized by a ready ear to listen and provision of assistance with a friend’s problems. Caring, as perceived by Sourial (1997:189) leads to protection, enhancement and preservation of human dignity. According to the participants this was what they needed at this stage of their lives. Participants reported an expectation of receiving emotional support from people to whom they were close, including their peers, as they experienced the stigma and stress of teenage pregnancy. They expressed a need to talk to someone who would listen and understand them and they had hoped that, that person would be their friend.

“Erh ... i friends ... azisezi kum ngolwahlobo beziqhele ukuza ngalo ... ufumanise ukuba sezityhafile ... .” (Erh ... the friends ... they are not coming (to me) the way they used to come. You find now that you are no longer getting those usual visits like from the beginning ... you find out that they are discouraged ... .)

The need for someone to talk to was evident in this response. This participant was explaining to the researcher that her peers were no longer involved with her. The researcher could sense the loneliness being experienced by the participant as her peers distanced themselves from her. Lonely persons tend to perceive themselves as having no-one who really understands them well. These experiences could result in emotions such as depression, anxiety and disappointment (Kleinke, 1991:70; Bezuidenhout, 2004:112), which were also noted in the responses of the participants in this study. Participants were disillusioned by the actions of their peers who they perceived as avoiding them. This perception is illustrated in the following quotation:

“Kufumanise ngoku ukuba akusafumani eza visits ziqhelekileyo
njengakuqala ...” (You find that now you are no longer getting the usual visits as before ....)

The preceding discussion attempted to illustrate the effects of loneliness experienced by the participants due to the disappointing behaviour of their peers. Despite all the negative experiences reported by the participants, the researcher noted that there were some positive moments in their pregnancy brought about by support provided to them by significant others. As their faces broke into smiles, their voices ceased to tremble and they looked confident as they reported this kind of support. The positive support came from some of the aunts, grandparents and boyfriends.

It needs to be borne in mind that the boyfriends of pregnant teenagers also have an important role to play in the pregnancy. The support provided by the boyfriends of the teenagers assists in optimizing a positive outcome of the pregnancy (Sinclair, 2004:17). Both the family and the boyfriend’s support have a significant effect on the ability of the pregnant teenager to cope with the pregnancy (Sinclair, 2004:17).

Previous studies in South Africa show that provision of emotional support by the boyfriends to their pregnant teenage girlfriends has been a problem (de Visser & le Roux, 1996:27; Macleoid, 1999:4; Boul & Cunningham, 1991:37). These studies revealed that boyfriends would either be angry and desert the teenager after hearing the news of the pregnancy or would accept responsibility but take no action thereafter. Some denied responsibility for the pregnancy, thus putting more pressure on the pregnant teenager and her family.

Exploring the relationships of the participants in this study with their boyfriends revealed different experiences from those reported in previously mentioned studies (Compare de Visser & le Roux, 1996:27; Macleoid, 1999:4; Boul & Cunningham, 1991:37). Out of the ten interviewed pregnant teenagers only two participants were no longer in a relationship with the fathers of their unborn babies. One of these reported that the parents of her former boyfriend did not want their son to accept responsibility for the pregnancy as they were questioning the delay in reporting the pregnancy. However, the former boyfriend did come forward at a later stage and accepted responsibility and promised financial support after completing his studies as he was currently unemployed and dependent on parental assistance for his financial needs.
The second teenager reported that the boyfriend was asking for paternity tests before accepting responsibility for damages. All of the remaining eight participants were still in a relationship with the fathers of their unborn babies. They reported being emotionally and financially assisted by both the boyfriends and the boyfriends’ families. Participants expressed joy and satisfaction as they shared these positive experiences:

“Well ... naye ibingeyonto ayilindileyo kodwa ke uyi acceptile uyyayazi ukuba yi responsibility yakhe. Umntwana uzakuba notata ....” (Well ... him also it was not something he was expecting, but in any case he has accepted it, he knows that it is his responsibility. The child is going to have a father ....)

“He is also shocked by my pregnancy but has accepted now.”

“He is the father of the child and takes interest kuyo yonke into eqhubekayo. He will phone xa ndivela e-clinic to find out if ndisaqhuba kakuhle na and nomntwana wenza ntoni na? Ne parents zakhe nazo are involved.” (He is the father of the child and takes interest in everything that is taking place. He will phone when I’m from the clinic (antenatal clinic) to find out if I’m still doing well and what is the child doing? His parents are also involved.)

The importance of emotional support to pregnant women cannot be overemphasized, as already illustrated in this study. For example, Sinclair (2004:18) and Mngadi, et al. (2002:39) have been quoted in this study as respectively ascribing positive foetal growth and positive outcomes of any pregnancy to emotional support during pregnancy. The positive effects of provision of emotional support during pregnancy were also evident in the participants in this study in the form of a smile and glow on their faces and the immediate confidence shown when talking about their boyfriends.

Teenage fathers are known to be unsupportive towards their offspring as they are sometimes scholars themselves and often deny responsibility for the pregnancy. This action by the teenage fathers angers the parents of the participants, thus causing more strain to the parent-daughter relationship (de Visser & le Roux, 1996:27). Interestingly, Glikman (2004:66) argues that not all of these fathers are like that as some want to be involved in one way or another but the stereotypical thinking and attitudes of the parents, especially those of the pregnant teenagers, deprive these young men of that
opportunity.

This argument seems to be congruent with some of the findings in this study. Participants reported that because the parents were angry with them, they tended to shout continually at them and their boyfriends, which made the boyfriends to be scared to visit the home. One of the participants said:

"Uyandihoya kodwa akafuni kuza kum ngenxa yalo mama wam." (He cares about me but does not want to come to me because of this mother of mine.)

Participants told the researcher that they had thought that their parents would not be that angry with their boyfriends, especially as they had not tried to run away from responsibility for the pregnancy. Participants perceived the boyfriends’ preparedness to visit as being honest and as hoping to be accepted by their parents. Instead, participants reported that their parents perceived the boyfriends’ behaviour as disrespectful and it angered them. The participants shared with the researcher that in their anger, the parents would start shouting accusations at them about encouraging the boyfriends to show disrespect. Boyfriends were told by the parents to leave and never return to the house again and some of the boyfriends were reported to be doing just that.

Another participant reported that her boyfriend was aware of the pregnancy and had told his family and that she was getting the necessary support from them. Another boyfriend was reported to have left for Johannesburg to seek work so as to be able to support his baby when the time came. Participants shared that they had hoped that these positive actions by their boyfriends would lessen their parents’ anger and make them to be more accepting of their boyfriends. The participants perceived that as the ideal situation to make the stress of pregnancy more tolerable. Instead, the participants reported that the joy of a positive relationship with their boyfriends was marred by the ongoing conflict between the boyfriends and their parents.

In conclusion, pregnant teenagers in this study experienced a lack of support, love and belonging, which are essential in a trust relationship. The consequences of this lack of sensitivity by the parents and family towards the participants, as perceived by the latter, were feelings of being judged, not being supported and regarding themselves as
outcasts in their families. The actions of the parents and experiences of the pregnant teenagers led to a breakdown in the trust relationship between the pregnant teenagers and their parents and families which culminated in feelings of dejection on the part of the pregnant teenagers.

3.2.1.3 THEME 3: Pregnant Teenagers experience role confusion because they are pregnant, which leads to a crisis
A major developmental task during adolescence is the creation of a sense of identity whereby the adolescent determines which role to assume. Society places demands on teenagers to experiment and try various attitudes and behaviours before selecting an identity (Adams, Gullotta & Markstrom-Adams, 1994:268). Accordingly, identity development could be said to be a dynamic process characterized by testing, selecting and integrating self-images and personal ideologies and could thus be characterised as a “crisis”.

Frisch and Frisch (1998:15) state that a crisis is one of the many life challenges that calls upon people to adjust to the unexpected and adapt to an unpredictable or unwanted situation. The participants in this study, according to their narrations, were faced with an unwanted pregnancy as it was not planned. It was evident that they were also faced with the difficulties inherent in coping with the parental role suddenly forced on them by the pregnancy and by their parents. This assumption by the researcher emanates from the fact that the participants reported suddenly experiencing being expected by their parents to behave as adults because of the pregnancy. Some experienced their parents as uncaring as they no longer treated them as children. Despite being pregnant, the participants still saw themselves as children. A discussion relating to this will now follow. However, these aspects will only be discussed briefly in the following two sub-themes. The researcher wishes to state that the following two sub-themes are closely related to sub-themes already discussed in the two main themes of this section.

3.2.1.3.1 SUB-THEME 3.1 Pregnant teenagers experience confusion related to the physiological changes taking place in their bodies
During pregnancy women suffer inconvenient but not life-threatening symptoms referred to collectively as the minor disorders of pregnancy (Stables & Rankin, 2005:403).
According to these authors these symptoms include amongst others skin changes, nausea and vomiting, headaches, increased vascularity and emotional changes. Stables & Rankin (2005:403) recommend sensible advice to alleviate these symptoms. Increased vascularity leads to breast changes identified by a sensation of heaviness (almost of pain) as the breasts fill up (Hanretty, 2003:58). Skin pigmentation increases which leads to darkening of the areola around the nipple (Stables & Rankin, 2005:406). The participants experienced these changes and reported some confusion as they did not understand their bodies anymore.

“... ndazibona ndingahlambi and I thought it’s still mid month. Second month andahlamba weer, ndabanezazinto ... ndaba ne nausea, namabele am amnyama agina ... and the I got scarred ... .” (... I saw myself not menstruating and I thought it's still mid month. Second month I did not menstruate again, I had those things ... I had nausea, my breasts became dark and hard ... and I got scared ... .)

“Ndabona ndimana ndiphathwa yintloko, ndibe nari. Amabele am abamakhulu nam ndatyeba then ndoyika ... Kaloku andiyazi ukuba kwenzeka ntoni kwaye ndandicinga ukuba ndigula kakhulu.” (I developed frequent headaches and nausea. My breasts enlarged, I gained weight and I became scared ... It is because I do not know what is happening and I also thought that I was very sick.)

“Azange ndimxelele wazazela umama...Wandibuza umama ukuba ndinexesha elingakanani na ndinzima ndathi mna four months kuba ndandingayazi nokuba ndinzima. Ndandibona ndimana ndiphathwa yintloko ndimana ndingacaceli kutya ndicinga ukuba ndiyagula. At first I was confused why she thinks I’m pregnant ... but as the time went I saw ukuba ndiyatyeba and nesisu sam siyakhula.” (I never told her (that I'm pregnant), my mother found out on her own. She asked me how far am I in my pregnancy and I said four months because I did not even know that I’m pregnant. I noticed development of frequent headaches and loss of appetite and I thought that I was sick. At first I was confused why she thinks I’m pregnant ... but as the time went I saw that I'm gaining weight and my abdomen is becoming big.)
According to the researcher's professional experience as a midwife, loss of appetite and nausea, if not well managed, can lead to fatigue and listlessness. Stables & Rankin (2005:407) also cite fatigue as one of the physiological changes in pregnancy. According to these authors, fatigue sets in as early as the fourth week of pregnancy, necessitating daily routine changes such as in housework, and an increased need of sleep. Findings in this study support this as some of the participants indirectly reported loss of energy:

“... andiyi kuzo ngoba ndiyonqena ukuhamba ... .” (... I do not visit them (friends) because I'm lazy to walk ... .)

“Ndiyazilibazisa and azicopi nam. Kaloku ngoku andisakwazi ukubetha ngala pace yesiqhelo so ndiyabalibazisa.” (I'm delaying them and they (friends) are not coping with me. It is because now I can no longer maintain the usual pace so I'm delaying them.)

“... so you'll find ukuba ndakuzihlalela ... sometimes ndithathe incwadi ndifunde.” (... so you'll find that I will just sit lazily ... sometimes I take a book and read.)

“Akusakwazi kuhamba kakhulu ... usoloko uhleli endlwini ... .” (You cannot walk around too much now ... you are always sitting at home ... .)

The participants reported some frustration about being less active and more emotional. Some of them reported concern about the physiological symptoms or their effects on their daily lives. Emotional changes reported by the participants included mood swings and fearfulness. According to Stables & Rankin (2005:407), this is normal in pregnancy. Participants shared the following concerning mood swings:

“... Nomntu o pregnant kubakho i moods nezinye izinto. So I would advise parents bazi understand (ende) i moods because nawe ngelaxesha akuzenzi.” (A pregnant person has moods swings and other things. So I would advise parents to understand these moods because you have no control of them.)
“... i moods nezinye nje izinto ezikwenza ngathi akuphilanga like ukuba nari ne headaches yonke lonto ... .” (... mood swings and other irritating things that make you feel as if you are sick like nausea and headaches, all that ... .)

Most of the pregnant teenagers could not explain the experience other than by saying:

“... ndiske ndihlale ndodwa ... .” (... I would sit alone ... .)

“... indenza ndifune ukubandodwa ndingathethi nabantu ... .” (... it (the experience) made me feel like being alone and not talking to people ... .)

“... it is scary. I was scared ... You are asking yourself a lot of questions but akukho zimpendulo.” (... it is scary. I was scared ... You are asking yourself a lot of questions but there are no answers.)

“... It is very hard because you go through your emotions like a roller coaster. You also deal with other emotions ... with all these emotions ndiheleli ndedwa apha ekhaya ndiheleli ndikhala. (... I’m all by myself here at home and I’m sitting and crying.)

The researcher deduced from the last two responses that some of these emotions were related to questions about the new role/social status that the participants needed to fulfil.

A discussion relating to this deduction will now be presented:

3.2.1.3.2  SUB-THEME 3.2  Pregnant teenagers experience confusion related to their new social status

Adolescence (teenage period) is said to be a decade of transition characterized by many changes and challenges (Lahey, 1998:308). Furthermore, this author states that this transition is difficult for a sizable minority of adolescents. According to Adams, et al. (1994:269) this transitional challenge is referred to as “identity crisis”.

One of the features of “identity crisis” in adolescence is tension that results from the experience of the adolescent having to make several decisions with regard to societal demands placed on him/her (Adams, et al, 1994:269). Decisions taken will either make the teenager to separate him/herself further from childhood and move toward adulthood
or move backward to being dependent (Allport, 1966:235), leaving the teenager confused. Allport (1996:235) states that the adolescent finds all decision-making to be threatening and conflicting and thus perceives him/herself as isolated. A typical response to this effect was as follows:

“... ndindodwa ngoku akukho nomntu endinokuhleka naye ngelinye ixesha zendibenokulibala obu bunzima ndikubo.” (I'm alone now there is not a person that I could at times laugh with so that I could forget the difficulty I'm in.)

This response seemed to indicate an unwillingness to make a decision but rather to be distracted so as to forget, hence eliciting a feeling of loneliness. Related feelings accompanying this sense of isolation are shame, lack of pride, personal alienation and perceptions of being manipulated by others (Adams, et al, 1994:270). This appears to be the case with the participants in this study. The major problem facing the participants was acceptance of becoming a parent and moving away from being a dependant child. These experiences were shared as follows:

“... Kaloku nam ndisengumntwana yiyo lento ndingayekyo ukubawela ezazinto ebeqhele ukundenzela zona.” (Me too, I'm still a child and that is why I cannot stop looking forward to those things that she usually does for me.)

“... Yes I'm going to be having a child but andiyekanga ukuba ngumntwana'. (... I did not stop being a child.)

“Ndiyaziyela e-clinic. Nangokuya ndandiqala azange andikhaphe.” (I go alone to the clinic (antenatal clinic). Even on that first day she never accompanied me.)

From these responses the researcher sensed that the participants, despite being pregnant, still saw themselves as children and wanted to be viewed as such. The participants expressed amazement and concern about this sudden change of events.

“... I'm a child having another child. Show me what to do.”
... apha ekhaya imeko iyatshintsha, utritwa njengomntu omkhulu kuba kaloku ngoku une responsibility ... ububonwa as umntwana, njengomntwana ... so utritwa as i adult akusatrithwa ngolwahlobo ... umama wakho uqhele ukukunika izinto ezithile ngoku akasakunikig olwahlobo aqhele ukukunika ngalo ngoba ebhajetela nomntwana lona wakho, lo ungekabikho."

(... here at home the situation changes and you are being treated as an adult because now you have a responsibility ... you were seen as a child ... so you are treated as an adult now ... your mother usually gives you certain things now she is no longer giving you those things as previously because ... she is including your child in her budget, the child who is not yet there.)

"...t is like we are all adults ... as if they say, we are open to X as she is no longer a child ..."

The participants viewed this attitude of their parents as irritating and annoying. In the opinion of the researcher it could also have been an indication on the part of the participants that they were either not ready for parenthood or were afraid and, as a result, could not make rational decisions. They therefore cannot fulfil that role as yet. The status brought about by the pregnancy seemed to be overwhelming to the participants.

"... kubanzima kakhulu ndoyike nokucela kumama izinto endingenazo ...."

(... it becomes difficult and I become scared to ask from my mother anything that I do not have... .)

"Ei! Ndimlo ndi pregnant, mhlawumbi bendizakuthi ukgiba kwam le grade ndikuyo, lo ten, ndenze enye into but ingathi ndizakubanjwa ngulumntwana lo ndizakuba naye. Xa ndisiva kuthiwa ukuba nomntwana is a full responsibility. Kuyaphela ukuba ngawe wena mntu..Yonke into oyenzayo kufuneka uyenzele umntwana ...." (Ei! Here am I being pregnant, maybe I was going to do something else after finishing this grade ten that I’m doing at the moment but it seems as if I’m going to be delayed by this child that I’m going to have. I hear that to have a child is a full responsibility. It stops being about you; everything that you do has to be for the child .... .)
... awukwazi kwenza nto, like into le ye job ubunokuwazi ukungena, akukwazi kunzena kuba kaloku u-pregnant. Nakwizinto zesikolo uyalibaziseka.” (...you can not do anything, something like a job you could have, you cannot get it because you are pregnant. Even with the school activities you are being delayed.)

... i friends ... Oh! Kufuneka engahambanga ebusuku ... kukho into ethile mhlawumbi kulondawo, ndicinge ukuba akufunekanga ndihambe kuba umama akasafuni ndihambe ebusuku ... ndiba nomsindo ... ngoba nyhani ngelinye ixesha nam ndiyabawela ukuhamba like ndiye epatini ... .” (... friends ... Oh! She is not supposed to go out at night ... there is sometimes a function at a certain place, I think, by the way I’m not supposed to go there because my mother does not want me to go out at night. I become angry ... because at times I really want to go out like going to a party ... .)

"Umama uyandixelela ukuba ubomi bam bujikile ngoku ngoba xa umntwana ekhona more trouble is coming." (My mother tells me that my life has now changed because when the child is born more trouble is coming.)

3.2.1.4 Conclusion of discussion of section 1 data analysis results
Because of the emotional turmoil experienced by the pregnant teenagers, family relations were negatively affected. Parents did not understand the mood changes of their pregnant teenage daughters and shouted at them and they sometimes left them out of family decisions and other activities, thus compromising both family and social support to their pregnant daughters. A social support system which satisfies the need for nurturance and attachment, relieves stress while enhancing the sense of self-worth, trust and life directedness which was needed by the pregnant teenagers, but as these needs were not being fulfilled the participants became stressed and anxious.

The participants expressed experiences of hatred, disillusionment and embarrassment regarding their parents, due to the harsh treatment they received from them. This feeling was accompanied by guilt and was in conflict with traditional family ethics. Although they justified the anger of their parents and ascribed it to the embarrassment and shame they had brought upon them, they perceived it as unfair as they maintained that they had not planned to be pregnant.
Abandonment by their peers was perceived as justifiable but also made the participants angry. They justified alienation by their peers, noting that the peers were also under pressure from their parents not to visit them. Participants, on the other hand, felt annoyed as they experienced their friends to be laughing at them and insinuating that they had brought this burden on themselves.

In spite of the conflict with their parents, participants had experienced some degree of positive support. Significant others, for example, siblings and aunts, provided support in the form of encouragement and being available to listen. All but two were still in positive relationships with their boyfriends but, at times, this relationship was negatively impacted upon by the existing parent-daughter conflict.

Pregnancy could therefore be said to be experienced as confusing by the participants as was accompanied by conflicting emotions. The results of group 2 of this study will now be presented and discussed.

### 3.2.2 SECTION 2 PRESENTATION OF DATA ANALYSIS RESULTS OF THE INTERVIEWS CONDUCTED WITH THE PARENTS OF THE PREGNANT TEENAGERS

Interviews were conducted with the parents of the pregnant teenagers. These parents now called the participants, were contacted personally to make arrangements for the interview. Prior to making the interview appointments, participants were provided with the objectives of the interview which were explained to them in detail. Voluntary participation and the option to withdraw at any stage of the study were explained fully to all the participants who also understood the explanations of the objectives and agreed voluntarily to participate in the study. Interviews were conducted with ten willing parents, six of whom were parents of the interviewed pregnant teenagers and four were parents with pregnant teenagers in their homes. Both males and females were represented in these interviews. The aim was to have a balance in number of both genders but only two males were prepared to be interviewed.

One interview with a male parent had to be cancelled as he became overwhelmed with emotion and was unable to speak. Eighty percent of the parents interviewed were
single parents, while twenty percent were married. Marital status of the parent was also a factor to be considered as it was presumed to be a factor contributing to teenage pregnancy. Single-parent homes are said to be more prone to incidence of teenage pregnancy (Adams, et al, 1994:371). The method of data analysis was the same as that used for group 1 in section 1. Two themes with sub-themes emerged from the data analysis of the results in this section. The results are presented in table 3.2.

### TABLE 3.2 RESULTS OF INTERVIEWS CONDUCTED WITH THE PARENTS OF THE PREGNANT TEENAGERS

<table>
<thead>
<tr>
<th>THEME</th>
<th>SUB-THEME</th>
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| 3. Parents experience overwhelming emotions due to the unexpected pregnancy of their child. | 1.1 Parents of pregnant teenagers experience disappointment.  
1.2 Parents of pregnant teenagers experience shock.  
1.3 Parents of pregnant teenagers experience overwhelming emotional pain.  
1.4 Parents of pregnant teenagers experience shame and embarrassment. |
| 2. Parents of pregnant teenagers experience loss of control as the pregnancy cannot be reversed. | 2.1 Parents of pregnant teenagers experience themselves as failures in their parental roles.  
2.2 Parents of pregnant teenagers experience not being appreciated by their |
Results will now be discussed according to the main themes and the sub-themes that emerged.

### 3.2.2.1 THEME 1 Parents experience overwhelming emotions due to the unexpected pregnancy of their child

Teenage pregnancy has been described as a social problem as it results in a poverty chain. Teenage mothers are usually forced to drop out of school, thus limiting their chances of obtaining a good educational qualification. Limited qualification status results in fewer employment opportunities and the chance to earn a better salary, which creates financial problems for the teenage mother. The teenage mother then has to live on social grants or be financially dependent on her parents who are, at times, also dependent on social grants (McWhiter, et al, 1993:143; Bezuidenhout, 2004:39). Consequently, teenage pregnancy promotes a chain of poverty.

Besides its socio-economic effects, pregnancy can also result in the ill health of the teenage mother as her body is still developing and she is, therefore, at a higher risk of developing pathology such as a prolapsed uterus. There is also increased risk of cephalo-pelvic disproportion and anaemia due to increased foetal demands (Bezuidenhout, 2004:38). According to McWhiter, et al. (1993:144), other health-related consequences of teenage pregnancy are toxaemia, urinary tract infections, prematurity and infant death. Teenage pregnancy is accompanied by increased stress due to the parent-teenager conflict that can at times affect the other siblings, thus creating a crisis situation in the family (Bezuidenhout, 2004:42). All of the above may be concerns with which the parent of a pregnant teenager will have to deal with.

As mentioned previously, in African culture, stress related to teenage pregnancy
is experienced mostly by the mother of the teenager because all of the blame for the out-of-wedlock pregnancy, is directed at her. This results in the mothers’ experiencing themselves as inefficient and useless with consequent feelings of hurt and embarrassment (Irinoye, et al, 2004:25 and Mfono, 1996:6). The feelings that were expressed by the participants during the interview sessions will be discussed as a separate sub-theme. At this stage of the discussion it can be mentioned that participants exhibited, via body language, considerable emotional pain. Identification of affective messages during communication can be deduced from certain words usage, for example ‘sad’, ‘hurt’ and ‘disappointed’ (Poggenpoel, 1985:6). Participants in this study used these words frequently, hence the researcher’s conclusion that they were undergoing different emotions. These emotions will be discussed as sub-themes.

3.2.2.1.1 SUB-Theme 1.1 Parents of pregnant teenagers experience disappointment

Poggenpoel (1985:6) maintains that there are four major emotions namely happiness, anger, fear and sadness. All of these emotions were identifiable during the interviews with the participants in this study and will therefore form part of the discussions of their experiences. One of these emotions was disappointment. The word ‘disappointment’ is defined in the Concise Oxford Thesaurus (1995:200) as, *unhappiness that results from not attaining one’s hopes, desires or expectations*. This definition appears to fit the findings in this study, as the participants expressed experiencing disappointment during the interviews. Hopes and expectations of the participants for their teenage daughters mainly revolved around their having worthwhile careers or being successful academics.

The ages of the teenage participants in this study ranged between 14 and 19 years. All but one of these teenagers were still at school when the pregnancy occurred. No child of this age or who is still at school is expected by anyone to fall pregnant, especially by the parent. Participants were perceived to be dreaming about the (bright) future of their teenage daughters and the means of
fulfilling these dreams at the time of the pregnancy. Dreams and goals regarding the future of their teenage daughters ranged from assistance in becoming the pride of the family to achieving a university qualification. The responses that the researcher perceived as portraying the commitment and hopes of the participants regarding their teenage daughter’s educational achievements included:

“... *Njengomntwana ebendijonge ukumfundisa, ndinebhongo kananjalo ukuba uyakuthi apha ekufundeni kwakhe abelibhongo lekhaya.*” (... This was a child that I was looking forward to educating and proudly expecting, through her education, to be the pride of the family.)

“... *xa umntwana ingoyena umncinci ozixelelayo ukuba ngaske u Thixo phakathi kwezinto ngaske akuphe into ngaye afunde.*” (... when the child is the youngest you tell yourself and wish that God, amongst things, may give you something for her to become educated.)

“... *ndandine aims ggitha ngo X ...*” (... I had too much aims for X ... )

In general, parents expected and aimed at ensuring that their children complete their studies (Hanson, Meyers and Ginsburg, 2001:245). Pregnancy was simply seen as an unacceptable condition by these parents, especially for the teenager still at school. They cited that their financial struggle to make ends meet should have been sufficient motivation for their daughters to concentrate on their school work and avoid pregnancy. These parents, in their disappointment regarding the pregnancy, could not help but become angry and disheartened. The anger was expressed from fear concerning the bleak future which the teenager might consequently face. Owing to the poor domestic financial situation, coupled with the responsibilities of being a young mother, some of the participants expressed doubt regarding the possibility of future educational success for their teenage daughters.

The researcher deemed it worthy of mention that one of the participants committed to the education of the teenage daughter was a male parent. In the researcher’s experience Xhosa male parents are traditionally less concerned about the education of their daughters and will therefore force them to leave school if they become pregnant.
In this instance, the father was the most adamant that the daughter return to school, as he was confident that she would do well. In response to a question about the traditional stereotype concerning the education of a female child, he said:

“Iyaa ... hayi kubanjalo intokunayo apha kweli ikhaya akhange yenzeke lonto”.
(Yess ... no it becomes like that, but fortunately in this house that did not happen.)

Contrary to the positive attitude displayed by the male parent, the mother of this teenager doubted that her daughter would be successful at school again. She portrayed the signs of a person traumatized by disappointment by crying, sobbing and exclaiming while simultaneously burying her face in her hands. She also expressed her unpreparedness regarding her teenage daughter’s pregnancy as follows:

“... because ndandingayilindelanga.” (... because I was not expecting it.)

According to Lewis (1999:5), traumatic experiences, by virtue of their sudden, horrifying and unexpected nature, cause the situation to be perceived as extreme, thus overwhelming the person’s ability to cope. It was evident that this mother was still struggling to cope with the pregnancy of her daughter, although the teenager’s due date was only six weeks away. Another couple who were caught unawares by their teenage daughter’s pregnancy and were told about it by her siblings, did not attempt to establish the facts until the school holidays were over. The mother and the father responded as follows respectively:

“Ndeva ngababantwana ukuba nyhani u X unzima, asakholelwa .....” (I heard from these children that X is really pregnant, we did not believe ... .)

“Awu! Lomntwana usemncinci .....” (Oh no! This child is still young .... .)

As the participants contemplated the failure of their expectations, they expressed their feelings of disappointment, unhappiness, hurt and anger as follows:

“Nditshukuthi ke ndiye ndakhathazeka ukuba abe uzakubanomntwana engaka .... .” (I mean to say then that I was hurt that she was expecting a baby at this age .... .)
“Ndibuhlunlu gqitha yilento yalomntwana.” (I’m hurting a lot from this thing of this child.)

“Ndisuka ndoyiswe ngumsindo ... Ndiva buhlungu ... Itsho kabuhlunlu ngaphakathi entliziyweni... Ndiba nomnsindo ombi gqitha ...” (I just become overpowered by anger ... I’m hurting ... It hurts so much inside my heart ... I become terribly angry .... )

“Ndafila bad ... Azange ndifile kamnandi ... I do not want to tell lies, I was too disappointed ....” (I felt bad ... I did not feel happy ... I do not want to tell lies, I was too disappointed .... )

“Ndingathi mna ayindivisi kamnandi ....” (I could say that it does not make me happy .... )

Some of the participants expressed experiencing sadness relating to the disappointment of the teenager’s pregnancy. Strongman (1996:120) states that sadness is associated with the emotions of anger, downheartedness and discouragement. Indeed, participants in this study verbalised feelings of anger and sadness arising from their disappointment as follows:

“... ndatyhafa ngumsindo. Ndakhala ....” (... I became downhearted from anger. I cried .... )

“I cannot explain it kakuhle how I feel because it’s a mixture of feelings. Sometimes I’m angry ngamanye amaxesha I’m feeling sad ... because u X bendimthembe gqitha bendingayazi ukuba angandenzena lento.” (I cannot explain well how I feel because it’s a mixture of feelings. Sometimes I’m angry, at other times I’m feeling sad ... I trusted X so much I did not know that she could do this thing to me.)

Some of the participants confessed that the anger occurred in response to the shocking news. As the pregnancy of the teenage daughter was totally unexpected at the time, the participants experienced shock and disbelief.
3.2.2.1.2 Sub-theme 1.2 Parents of pregnant teenagers experience shock

The researcher, as a Xhosa, has experienced that pregnancy is not a popular topic for discussion by Xhosa parents with their teenage daughters. Findings of the study conducted by Bezuidenhout (2004:34) correlate with this. He states that, sex education is a sensitive issue, teenagers from the Xhosa communities depend on their friends, teachers, media and library books for this type of information. Lack of sex education for teenagers has been cited as one of the contributory factors to teenage pregnancy (Irinoye, et al. 2004:31; Bezuidenhout, 2004:34).

Participants expressed to the researcher during the data collection phase that they experience difficulty in engaging in sex education related discussions with their teenage daughters. Teenage participants in this study also informed the researcher that information related to sex and relationships, available to them is confusing as they are not always given relevant answers to their queries "as the teachers themselves are sort of defensive". It can be deduced from this type of statement that indulging in sexual relations also gives the teenagers an opportunity to explore and satisfy their need for knowledge about sex but, unfortunately, they become pregnant - and when they do become pregnant, it comes as a shock to their parents.

According to the Oxford Complete Wordfinder (1993:1427), shock is a sudden and disturbing effect on the emotions. It is horrifying and frightening. Strongman (1996:162) states that the characteristics of anxiety as an emotion are that it is distressing and that it is from indefinite sources. Shock could, therefore, be described as a mixture of emotions. The perception of the researcher that the experience or reaction of shock to the teenage pregnancy by the participants was due to disappointment and anger could be legitimate.

Almost all of the parents interviewed expressed shock at the news of the pregnancy of their teenage daughter, as revealed in the following responses:

"Indothuse gqitha into yakhe .. ." (This thing of her’s has shocked me a lot ..)

"Wamthesta wathi inyanga ziyi five. Akakhangye aqiqibe ndavela nda collapsa".
(She tested her and said the months are five. She did not finish (saying that) I just collapsed.)
The parents’ experience of shock was also perceived to emanate from their concern regarding the danger of their daughters contracting HIV and AIDS. Considering the extent of the disease, this concern of the participants could be viewed as very appropriate. Research results and literature available on the topic of HIV and AIDS do link youth and teenagers to susceptibility to the disease (compare Mc Whiter, 1993:145; Fraser, 1997:174 and Gouws, et al, 2000:162 ). Results of the SA Health Profile (Saving Mothers, 2002:20) reveal an escalation of the incidence of the disease.

The researcher is a midwifery lecturer who, whilst doing student accompaniment, has observed an increased number of pregnant and delivered teenagers in the obstetrical wards of the provincial hospitals who have contracted the disease. The media constantly reminds South African citizens about the scourge of this disease; so, based on this evidence, the concern of the parents could be said to be legitimate. Parents expressed their concerns and fears about the contraction of HIV and AIDS as follows:

"... Ngokuya ndandingafuni ukuba ahambe, njengamntu mkhulu ndandisazi ukuba izinto zimbini. It's either yi AIDS or ngumntwana." (... When I did not want her to leave, as a grown up person I knew that it is two things. It’s either AIDS or a baby.)

"... kaloku nurse kukho lento inkulu. Phandlapha kukho lentikhoyo ongayaziyo nokuba umntwana unayo na ngoba ababantwana bayafiha.” ( ...you must not forget, nurse, there is this big thing. Outside here there is this thing that you do not know whether the child is having it because these children are hiding [the facts].)

"Kukuba ndiqiniseke ngomntwana wam kuba kaloku andimazi nokuba unazo na ezizifo.” (Is to be confident about my child because you know, I don’t know whether she is having these diseases.)
As the last response was made, the participant looked the researcher straight in the eye as if she was pleading with her to reassure her. One of the parents who knew about the positive HIV status of the pregnant teenager expressed concern related to the chances of transmission of the disease to the unborn child. She was hoping that the baby would not be infected as she could replace the pregnant teenager when she died, as well as the fact that “she did not ask to be brought into this world”. These reactions, besides being a sign of shock experienced by the participants, were also interpreted as an indication of the emotional pain being suffered.

Reflecting on the initial response to the news of the teenage pregnancy one parent shook her head and covered her face with both hands. Another one looked at the researcher with big eyes, shook her head and verbalised her surprise that she had survived that day as she thought that she was “dying as I hurt so much”. This discussion leads to the next sub-theme, which is that of the experience of emotional pain.

3.2.2.1.3 SUB-THEME 1.3 Parents of pregnant teenagers experience overwhelming emotional pain

As mentioned previously in this study, this group of participants narrated experiences of disappointment and shock at the unexpected pregnancy of their teenage daughter that exposed the emotional pain being suffered by them. Bezuidenhout (2004:41) states that the parents of a pregnant teenager face stigmatization in the form of gossip and ridicule by their community and that the method of dealing with this stigma varies from family to family. Some of the parents, reportedly, would understand and, therefore, be in a better position to cope with the stigma. Others would be hurting severely or might develop an attitude of non-compromise and thus, in their struggling to cope, become anxious and lonely. The author further states that both of these emotions may result in family disorganization (Bezuidenhout, 2004:41). The findings stated of the aforementioned author are congruent with the findings in this study. In one of the families participating in
this study the teenager has become rebellious towards her mother, due to a non-compromising and aggressive stance by the parent. The teenager also reported tension between her and her younger brother as a result of her mother’s attitude towards her. However, in the family where the father appeared to have accepted the situation and guided the wife in dealing with it, the teenager had been shielded from hurt and provided with relevant support. Emotions can, therefore, be either make or break one.

Denzin (1984 in Strongman, 1996:230) describes emotionality as a form of lived consciousness being experienced, articulated and felt by persons. Interpretations of these utterances, as this author further explains, reveal the meaning of the inner emotions experienced by these persons. For this reason, the researcher interpreted some of the expressed experiences by the participants as experiences of overwhelming emotions, as the following quotes confirm:

“Ei!! Andazi ukuba ndingathini ... but always ndiyathandaza ... ndiyababiza ndithi masithandaze ... Ndizifumene ngenye imini ndithandazela ukuba ngaske u Thixo amnthathe lo mntwana ...” (Oh no! I do not know what to say ... but always I pray ... I call them and say we should pray ... I found myself one day praying and wishing that God would take this child ....) She is crying uncontrollably as she speaks. She goes on to say, “Andonwabanga emphefumleni wam and yaqala yonke lento mhla lomntwana waba pregnant.” (I’m not happy in my soul and it all started the day this child became pregnant.) She continues crying.

“Kangangokuba kaloku baba..andiyaizi..andiyaizi ukuba mandithini kuba nalomfana wabaleka ... Kubuhlungu ... Kubuhlungu.” (As a result you must know that they ... I do not know what to say because even this young man ran away ... It’s painful ... it’s painful.) The tears are rolling down her cheeks as she speaks. The interview had to be stopped as this participant could not talk any more and was crying uncontrollably.

“Kuba buhlungu, ndikhale, ndingkwazi nokwenza nto apha endlwini.” (It becomes painful, I then cry and am not able to do anything here in the house).

The researcher concluded from the above response that this person was depressed. Depression is a complex emotional disorder characterized by sadness, apathy, loss of
sleep and agitation (Strongman, 1996:173). Most of these symptoms were perceived as being present in the participants in this study according to their responses. Participants in this study, in the researcher’s opinion, utilized some form of coping strategies to cope with the overwhelming emotional pain they were experiencing.

According to Kleinke (1991:4), dealing with general depression people use either problem-focused or emotion-focused strategies (Kleinke, 1991:4). The emotion-focused coping strategy, which is the one utilized by the participants in this study, includes communicating feelings, hostility, accepting responsibility or problem-solving (Kleinke, 1991:5). Coping approaches used by the participants were acceptance, turning to religion, positive re-interpretation and growth, focus on, and venting of, emotions. In order to clarify the approaches used by the participants, responses and matching coping approaches are summarised in table 3.3.

<table>
<thead>
<tr>
<th>COPING APPROACH</th>
<th>PARTICIPANTS’ DIRECT RESPONSE</th>
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<tbody>
<tr>
<td>Acceptance</td>
<td>“Ndaqonda ukuba andinakukwazi kuba okwenzekiyo kuyafana nokudaliweyo.” (I understood that I cannot because what has happened is like it was meant to be.)</td>
</tr>
<tr>
<td>Turning to religion</td>
<td>“... but I went to my toilet and spoke to God, asked Him ukuba andiphe amandla.” (... but I went to my toilet and spoke to God and asked Him to provide me with strength.)</td>
</tr>
<tr>
<td>Focus on and venting of emotions</td>
<td>“Ndathi kuye aah! Aah! Kaloku mntwanam ndonzakele ... kufuneka ndimana ndizilingisa, ndonzakele ...”. (I said to her Aah! Aah! You must know child that I’m hurt</td>
</tr>
</tbody>
</table>
... it is necessary that I now and again make myself right, I’m hurt ... \)

<table>
<thead>
<tr>
<th>Positive re-interpretation and growth</th>
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<tbody>
<tr>
<td>“... I even said to him that this might be a blessing in disguise because we are going to lose Y ... so ndambonisa ukuba we might be left with this child to remind us of u Y.” (I even said to him that this might be a blessing in disguise because we are going to lose Y ... so I showed him that we might be left with this child to remind us of Y.)</td>
</tr>
</tbody>
</table>

The overwhelming emotional pain endured by these participants could be likened to an experience of grief. Participants suffered a sense of losing their teenage daughters unexpectedly to the world of socio-economic struggle and the complications of sexually-transmitted diseases. In the eyes of the participants, the future of the teenagers seemed bleak and likened to a loss and, therefore, mourning was inevitable. The experience of mourning a loss affects one’s feelings, body, thoughts and behaviour (Worden, 1982 in Kleinke, 1991:129). The effects on the feelings of the participants ranged from sadness to shock and disappointment. Physical effects ranged from a strangling sensation to weakness, as stated below:

“Ndandisithi ndakucinga ngendlela amncincingayo lomntwana ndiske ibengathi ndiyakrwitsheka.” (I used to feel like I’m strangling when I think about how young is this child.)

“Uvalo lwam lwalungongoza ndangathi ndizakuwa ndife.” (I had palpitations and I felt as if I’m going to fall and die.)

“Ndatyhafa ... ndatyhafa andabinayo nento yokuthetha.” (I became weak ... I became weak and had nothing to say.)

Most of the parents narrated an initial reaction of disbelief about the pregnancy as they perceived their daughters to be too young, active members in the church or quiet and uninvolved in sexual relations. All in all the pregnancy was unexpected, hence the overwhelming emotional pain which resulted in behavioural tendencies to cry continually and suffer from insomnia and social withdrawal. Emotional pain experienced by the participants was aggravated by the shame and embarrassment that the family suffered.
3.2.2.1.4 SUB-THEME 1.4 Parents of pregnant teenagers experience shame and embarrassment

Shame and embarrassment are consequences of teenage pregnancy as the family is under the constant scrutiny of the surrounding community. In South Africa, pregnant teenagers and teenage mothers are legally accepted at school so as to secure continuation of their education careers. Interestingly, South African citizens are still uncomfortable with this governmental decision. The parents viewed it as embarrassing and unacceptable for a pregnant or teenage mother to mix with other school children as she is, traditionally, an outcast.

Reflecting on the responses of the teenage participants in this study, the effect of that stereotype on the experiences on the teenagers was noted with interest. The parents reported in their responses that they had mixed feelings regarding the South African law relating to pregnant teenagers/teenage mothers and school attendance. Initially, some parents allowed the child to go to school but, at a later stage, decided against this. Some did not send the child to school at all, whereas others allowed the child to go to school before delivery and to return after delivery. Reasons for allowing or not allowing the pregnant teenager to go to school differed from family to family and are reflected in the following statements:

“Mna bendifuna ukumpanisha, ndathi kuye xa egqiba ukubeleka akazokuphindela esikolweni ... .” (I wanted to punish her, I told her that after she has delivered she is not going back to school ... .)

“... sesicwangcisele ukuba uyakuya kunyaka ozayo kwaye nam ndiyathengisa andinakukwazi ke ukujongana nosana.” (... we have arranged that she will go back next year and I’m also selling and will then not be able to look after a newborn baby.)

“Hayi nurse wayeka. Kaloku mna andizokuba yintlekisa apha ebumelwaneni nasesikolweni.” (No nurse she stopped. You must know that I’m not going to be the laughing stock here in the neighbourhood and at school.)

The participant who decided to withdraw her child from school after initially being persuaded by the teachers to leave her at school, reported that she could not tolerate
seeing her child going to school whilst pregnant. It did not feel right. She said:

“Kodwa haybo! Andonwaba yilento. Ukuphuma komntwana omncinci kangaka apha endlwini etsho ngesisu esikhulu esiya esikolweni, ibinganyamezeleki kum ... Ooh! Nurse. Ongaka yena, kuthiwa yintoni xa esetyhale esosisu esiya esikolweni?” (But, oh no! I was not happy about this thing. For a child this young to leave this house having such a big tummy going to school, it was intolerable for me ... Ooh! Nurse. A child of this age, what are *(the people)* saying when she is pushing that tummy and on her way to school?)

Bezuidenhout (2004:41) supports the observation by the researcher that concern about the reaction of the community is a norm amongst the Xhosa people. Traditionally, especially in the Xhosa communities, positive relationships with the neighbours play a significant role with regard to the rearing of the children. Adults from the neighbourhood are expected and allowed to punish or reprimand any child from the neighbourhood who is found behaving badly. Teenage pregnancy is seen, at times, to jeopardise this relationship and this assumption is supported by the following responses:

“... Ndamana ndisiya phaya kulandlu ndimana ndisiya kulwa nababantu kodwa kunzima ... .” (... I tended to occasionally go to that house to go and speak harshly with those people but it is difficult ... .)

“... and abantu balapha bayabhiliva kum. Andiyazi ke ngoku xa u X endenze lento ... .” (... and the people of this place believe in me. I do not know now when X has done this thing to me ... .)

“Into enokwenzeka ngoku kukuba sibone sesikhethkile kungekho namnye umntwana ozayo apha kulendlu yethu.” (What could happen now is for us to find ourselves isolated and not a single child coming to this house of our’s.). He made this response and shook his head. The researcher interpreted this as an indication that the anticipated reaction of the neighbours made him uncomfortable and was embarrassing to him. The researcher also sensed that the above stated situations resulted in the participants experiencing shame and embarrassment.

Embarrassment and shame manifested themselves in anger, crying, aggression and
sadness by the participants. Shame affects one’s self-image and dignity and, therefore, might result in loss of control and anger.

3.2.2.2 THEME 2 Parents of pregnant teenagers experience loss of control as the pregnancy cannot be reversed

Almost all of the participants mentioned from the outset of the interview that in the past the pregnant teenager had been a well behaved child. The participants portrayed the picture of a child who would go to school and church and come back home to do house chores. There was no mention of relationship problems with their teenage daughters or mention of sex and sexuality discussions that might have been held with them prior to the pregnancy. Reports given by the participants about the actions of the teenagers before pregnancy were perceived by the researcher as an indication that participants saw themselves as being in control of the teenagers’ developmental stages. The news of pregnancy was, therefore, perceived as devastating and left the participants with the feeling of having lost control.

The researcher perceived these feelings to be experienced most intensively by the participants during the first few weeks of learning about the pregnancy of their teenage daughter. This is congruent with the statement by Fawcett (1993:142) that the feeling of shock predominates during the first few weeks after the traumatic experience. The participants exhibited signs of trauma such as frequent heavy sighing and a tremble in the voice while speaking about their experiences during the interviews. Although participants told the researcher that they were learning to cope with the trauma, the latter observed that it appeared to be very difficult for some of them. In the opinion of the researcher the coping mechanisms utilized by the participants were not particularly effective, hence their feelings of loss of control.

When human coping mechanisms break down the individual becomes destabilised as the ego is affected (Wilson, 1983:347). According to Wilson (1983:347), ego provides human stability and protects humans from vulnerability to their own instincts. In this study it appeared that, due to the failure of coping strategies, the parents resorted to accusing the pregnant teenagers of being unappreciative of the sacrifices they had made for them. At times the researcher sensed that, owing to their experience of loss of control, participants began to doubt their parental skills and experienced themselves as having failed as parents. These observations will now be discussed fully.
3.2.2.2.1 **SUB-THEME 2.1 Parents of pregnant teenagers experience themselves as failures in their parental roles**

Parenting is a multi-faceted action characterized mainly by nurturance, protection, teaching and fostering independence. Nurturance, which is the provision of love and guidance, accomplishes parenthood (Anthony, 1970:36). Some participants in this study expressed concern about their failure to give guidance to their teenage daughters and seemed to perceive this as a contributory factor in the teenager’s pregnancy. Some expressed their concerns as follows:

“... ndiyi ndazifumanisa ndingumzali obenempazamo yokungahlali nomntwana wam nditethe naye ndimbonise ukuba apha ebomini kukho izinto ekufuneka ezilumnkele njengomntwana oyintombazana ....”  (... I found myself as a parent who made the mistake of not sitting down with my child, talking to her and showing her that, here in life, there are thing that she ought to be careful about as a child who is a female ....)

“Angakuchazeli yonke into ngoba akhange ndibe close kuye ... Ndizithatha ngokuba ndibengumzali ongqwabalala, oyike ukuthetha nam .....”  (She does not tell me everything because I did not become close to her ... I take myself as a parent who was too strict and she became afraid to speak to me ....)

The lack of discussion about sex and sexuality-related topics with their teenagers was, according to the participants, due to the fact that there were no signs that they had boyfriends or were sexually active. The youthfulness of the teenager was also given as a reason for not talking about sex-related topics or considering the possibility of her falling pregnant.

Participants seemed to think that because they had not considered the possibility of their teenage daughters falling pregnant or taken steps to prevent this, they were ineffective parents. A major function of thought is to enable people to predict the occurrence of events and create the means for exercising control over those events that affect their daily lives (Seligman, 1992:122). Participants seem to have failed to predict their teenage daughters falling pregnant as a result no measures of controlling such a situation were in place, hence the feeling of loss of control. Furthermore, Seligman states that human beings prefer predictable to unpredictable events, hence the parents
could not cope well with the unpredictable pregnancy of their teenage daughter. Basing the study on these assumptions, the researcher concluded that it would be logical to state that there is a strong relationship between predictability and control. Consequently, the researcher believed this to be the reason why the participants felt they had failed in their parental roles. The shared experiences of non-predictability in this regard were as follows:

"... ubengengomntwana usithandayo isitrato uzihlalela endlwini ... ubengumntwana ohamba kwa love life ...." (... she was not a child who liked to be in the street, she stays at home on her own ... she was a child who was involved in [the project of] love life ... )

"Lomntwana ubengumntwana ongekho stout ... Kuyahanjwa ngakumbi aphange week-ends kodwa andifuni kuxoka akazange angabuyi." (This child was not a naughty child ... They go out, especially on week-ends, but I do not want to tell lies that she never did not come back home.)

"Kangangokuba ebukhali esikolweni nasecaweni ubekwanjalo." (The way she was active at school, in church she was the same.)

Participants described their perceived failure in different ways. Some blamed themselves for not being responsible enough or for not bringing up the teenager correctly. Responses illustrating such feelings include:

"... Ndiyavuma ... ngoba kaloku ngoku ithetha ukuba nam ndinetyala lokungaqeqeshi." (... I admit ... because now it means that I’m also guilty of not disciplining.)

The participants’ feelings of failing as parents made them uncomfortable and unhappy. The pregnancy itself was experienced as overwhelming and one participant explained that it was "... too much and ithetha lukhulu ngam ... ." (... too much and it says a lot about me ... )

Despite their feelings of having failed as parents, most of the participants revealed good things that they had done for their teenage daughters and, therefore, perceived the latter as unappreciative and spiteful when they fell pregnant. These experience of the
participants will now be discussed.

3.2.2.2 SUB-THEME 2.2 Parents of pregnant teenagers experience themselves as not being appreciated

It was interesting to hear the participants describe the sacrifices they had made for their teenage daughters. It seemed as if these sacrifices were made either to fulfil a certain longstanding personal need or for the good of the child. Some parents utilised these sacrifices as a motivation for the child to be a good person in the future. The participants appeared to have omitted to communicate their needs and dreams to their teenage daughters and yet conveyed the impression that they expected the teenagers to know about them. The following excerpts from interviews support this notion of the researcher:

“Ndamsa koma Sun City ndimsa nakwi beauty contest ndisenzela ukuba onwabe ngelam. I was planning to take her for modelling and ndizakumsa naku Miss Teen but ndifuna agqibe u ten wakhe kuqala. Yonke lonto akakhange ayihoye kuba nguyelo emithi.” (I took her to Sun City and beauty contests and I was doing it for her to be happy. I was planning to enrol her for modelling and take her to Miss Teen but I wanted her to finish her standard ten first. She did not worry about all that because here she became pregnant.)

“I sacrifice ndimthengele impahla entle e expensive abe smart netshomizakhe zitsho ukuba yho! u X u smart kuba ndifuna akhuthale esikolweni azokuba libhongo lelilikhaya ... .” (I sacrifice and buy her beautiful clothes that are expensive for her to be smart and her friends will also say Yhee! X is smart because I wanted her to be serious at school so that she could become the pride of this house ... .)

“Ndizitshonisa ematyaleni kuba ndifuna ukuba noko afane nabanye abantwana.” (I make debts for myself because I want her to be like the other children ... )

When the teenagers became pregnant, the parents seemed to perceive them as unappreciative and expressed this as follows:
“Akakhathali, akavelani nam.” (She does not care, she does not have any sympathy for me.)

“... ngoku ngu enkosi wakhe lo ... ndisokolela ukuba afunde yena ukhetha ukuba nzima.” (... now this is her thank you ... I’m sacrificing for her so that she could be educated and she chooses to be pregnant.)

Feelings of non-appreciation experienced by the participants appeared to result in discouragement and resistance to offering any support to the pregnant teenager. Participants intimated that their demotivation stemmed from the perceived bleak future of the teenager and from not knowing what else could be done for her. Reeve (2001:23) states that motivation concerns processes that direct behaviour and these processes include, amongst others, the need and cognition. Examples of cognition are beliefs and expectations. In this study, participants seemed to think that their needs and expectations for the teenagers were in vain as, these could be never be fulfilled because of the pregnancy and their socio-economic status these could never be fulfilled. Instead of being motivated to support the teenagers, they rather wanted to evict them from the house. The following quotations illustrate these feelings:

“Mna ukuba umama ubengekho ngendamgxotha kudala kulendlu yam ... So makahambe endlwini yam.” (If my mother was not here I would have chased her out of my house long ago ... So she must leave my house.)

“Ndandingafuni nokuba andenzele niks nokuba yinto yokutya. Ndandifuna ukumgxotha apha endlwini yam.” (I did not want her to do anything for me not even if it is something to eat. I wanted to chase her away from my house.)

“Andazi kwabanye abantu, linye kum, mgxotha endlwini yakho.” (I do not know with the other people but with me there is only one word, chase her out of your house.)

The participants experienced the pregnancy of the teenagers as a sign of their non-appreciation, which left them demotivated about supporting the teenagers during their
pregnancy or about pursuing any dreams related to her future.

### 3.2.2.3 Conclusion of discussion of section 2 data analysis results

In conclusion, the experiences of the participants regarding the pregnancy of their teenage daughters could be described as emotional. The participants were left with a lot of soul-searching to do, as well as with feelings of unfulfilment which resulted in thoughts of self-blame for not imposing stricter discipline on their teenage daughters. Their emotional feelings led the participants to accuse their daughters of choosing pregnancy rather than their parents’ dreams and expectations for them and failing to grasp the opportunities given to them. For this reason the participants were angry and disappointed and, as a result, wanted to chase the teenagers out of their homes; but could not do so due to the feeling that they had to own up to their responsibilities.

### 3.2.3 SECTION 3 DATA ANALYSIS RESULTS OF INTERVIEWS HELD WITH THE GRANDPARENTS OF THE PREGNANT TEENAGERS

Interviews were initially held with four grandparents, two of whom were re-interviewed, bringing the total number of interviews conducted to six. The researcher found it difficult to contact grandparents who were prepared to be interviewed. Often an older Xhosa person would leave the urban community to live in a rural area. Only grandmothers participated in the study as the grandfathers were either reluctant to participate or were unavailable. All the interviews took place at the homes of the participants. The addresses for the grandparents were traced through the teenagers and parents who took part in the study. The relevant ethical considerations discussed previously in this study were observed.

Two themes with sub-themes emerged from the data analysis. These are set out in table 3.3.

#### TABLE 3.4 RESULTS OF THE INTERVIEWS CONDUCTED WITH THE GRANDPARENTS OF THE PREGNANT TEENAGERS

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<th>THEME</th>
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<td>1. Grandparents of pregnant</td>
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teenagers experienced the pregnancy as a family disturbance. 

2. Grandparents of pregnant teenagers acknowledged that healing should take place in the family.

2.1 Grandparents sympathized with the pregnant teenagers and their parents.

2.2 Grandparents of the pregnant teenagers insisted that the parents reprimand the pregnant teenagers.

A discussion of the results of the data analysis that emerged from the interviews with the grandparents of the pregnant teenagers will now be presented. During the discussions the grandparents of the pregnant teenagers will be referred to as participants.

3.2.3.1 THEME 1 Grandparents of pregnant teenagers experienced the pregnancy as a family disturbance

Grandparents in most cultural groups fulfil a unique position within the family network and have a generational stake in their grandchildren. For that reason, grandparents usually share a positive relationship with their grandchildren (Dickinson and Leming, 1995:337). It was, therefore, important for the researcher to gather information about the feelings of grandparents related to the pregnancy of a granddaughter. According to Leigh and Peterson (1986:424), grandparents in Black families play an anchoring role in the rearing activities of the grandchildren by virtue of the social role placed upon them. Social roles are unwritten expectations for people who occupy social status or position (Schaefer and Lamm, 1992:135). The researcher assumed that interviewing the grand parents was fitting to the purpose of this study.

Almost all the participants expressed concern during the interviews about the conflict present in the family, which they contended emanated from the pregnancy of the teenage granddaughter. Conflict occurs when there is incompatibility of attitudes, values, goals or beliefs between two or more individuals (Sullivan and Decker, 1992:468). Unresolved or poorly managed conflict can cause distance and distrust amongst people (Sullivan and Decker, 1992:467). The researcher, therefore, assumed that the effect of conflict was what the participants most feared.
Participants expressed concern about family destabilisation, as they reported that the negative relationships between the pregnant teenagers and their parents may affect the health of the parents. One mother was reported by the participant to be sick and constantly sleeping as she struggled to cope with the shame of the pregnancy of her teenage daughter.

Holden, Geffner, Jouriles and Editors (1998:64) state that coping is conceptualized as a dynamic process, that is, the changing thoughts and acts that the individual uses to manage the external and/or individual demands of a specific person-environment transaction that is considered as stressful. Defining stress these authors state that stress results from a particular relationship between the person and the environment that is perceived by that person as exceeding his/her resources and, therefore, endangering his/her well-being. The environment referred to in this respect includes the reality of the pregnancy of the teenager. Kotzè (1998:13) contends that human well-being must be viewed in all three dimensions of humanity, that is psychological, spiritual and physical. In the experience of the researcher, a stressful situation can only be handled sufficiently if all of those three human dimensions are adequately intact.

The parents of the pregnant teenagers were viewed by the participants as being unable to handle the situation of the pregnancy of the teenage daughter. The participants reported that the parents were not talking to their pregnant teenage daughters and they perceived themselves as the only positive contact with the pregnant teenager in the family. They perceived this as unacceptable and insisted that the child needed her mother during her pregnancy, thus emphasizing the teenage pregnancy. Participants shared their opinions regarding the needs of a pregnant child as follows:

“... kuba kuyafuneka ukuba kubekho umntu omkhulu ozakuba apha ecaleni kwakhe ngakumi unina wakhe.” (... because it is necessary that there is an adult person who is going to be next to her, especially her mother.)

“Khumbula ukuba nokuba lomntu unokuba khona isandla sikamama wakhe sisafuneka ....” (Remember that even if that person could be there, her mother’s hand is still needed ... .)

“... mna ndimebisa ukuba abesecaleni komntwana wakhe.” (... me, I advise
Although expressing the view that the mother needed to be supportive of her child during pregnancy, the participants acknowledged that the current situation was different from the normal pregnancy of a daughter, as the child who was pregnant was an unmarried teenager. This child was still a scholar and the parents were still responsible for her well-being. The participants reported that the parents were not accepting the situation and providing the necessary parental support. The effects of teenage pregnancy on the family, especially the mother, were dealt with extensively in sections one and two of this chapter, hence this conclusion that parental support of the pregnant teenager was not going to be easy. On the other hand, some of the participants perceived the whole situation as annoying as they assumed that both the teenager and her mother could have avoided the conflict. These particular participants expressed annoyance with both the pregnant granddaughters and their mothers. The annoyance experienced by the participants will now be discussed:

3.2.3.1.1 **SUB-THEME 1.1 The grand parents of the pregnant teenagers were annoyed with both the pregnant teenagers and their mothers**

Previously in this section the statement was made that grandparents generally enjoy a positive relationship with their grandchildren. The researcher wondered whether this implied that granddaughters might confide in their grandmothers about being sexually active or about falling pregnant. That assumption was not confirmed in this study.

In two of the six interviews conducted for this section of the study the researcher learnt that the participants, in spite of the fact that they lived with the teenage granddaughter, failed to observe the pregnancy on their own. One participant learnt about it after the granddaughter fainted at school and had to be sent to the nearest clinic for medical attention. Another one was advised by a fellow church member as the latter was suspicious of the sudden weight gain of the teenager concerned. Both of these participants expressed dismay and embarrassment. They expressed dismay that the teenage granddaughters had not confided in them about the pregnancy and embarrassment at finding out about it from other sources when they were actually living in the same house as the teenager concerned.
Participants reported that the lack of openness by the pregnant teenagers towards them left them feeling annoyed as the girls were exposing themselves to danger by not telling anyone about the pregnancy. Dangers that the participants referred to included possible complications of pregnancy or from an abortion should the teenager have opted for this. The researcher viewed this as a legitimate concern as obstetrical statistics in South Africa reveal death as the worst complication in early pregnancy. The deaths were complications of abortions (Health Review, 2002:78).

Confiding, according to the Collins English Dictionary (1998:110), entails entrusting something to someone or telling him/her a secret. It seems as if the participants thought that their granddaughters could confide in them when the need arose. This assumption by the participants is illustrated in statements like:

“Ndandicaphuka ngoba xa yenzekile umelwe kukuba undixelele okanye ke nokuba uxelela nokuna ngumntu omnye, uyayazi lonto.” (I was very annoyed because when it happened she should have told me or one other person at least, she knows that.)

“Lomntwana lo siyavana. Sikhe sihlale sincokole izinto sobabini ndimbonise ukuba ndifuna ukuba andithembe ndenzela ke ukuba mhla ngengxaki ayazi ukuba ndikhona.” (We have a good relationship with this child. We sometimes sit down and talk about things together and I show her that I want her to trust me so that she knows that when she is in trouble I’m there.)

According to the participants, the amount of hurt that was seen to be endured by the parents of the pregnant teenagers made it impossible for them not to be annoyed with their pregnant granddaughters. Participants expressed these feelings as follows:

“Kwakunzima nokuba andixelele ukuba uphila njani kuba wayekhala okomntwana. Lento yandihlupha ... ndacaphuka kwaye ndamzonda lomntwana ngokwenza lento kumama wakhe ... Yhaz! nje ukumjonga kwakwanele ukundenza ndizive ndinokufixe ka kancinci.” (It was even difficult for her to tell me how she is because she was crying like a child. This hurt me ... I became annoyed and grudged this child for doing this to her mother ... You know just looking at her (the mother) was enough to make me a bit angry.)
“She looked just like somebody who will just burst into tears but she controlled her emotions ... Nam ngoku I became angry ... .” (She looked just like somebody who will just burst into tears but she controlled her emotions ... Me also, I became angry ... .)

As mentioned previously, one of the parenting roles is protection of the children. The researcher witnessed how this instinctive parental response emerged in the grandparents. In her opinion the annoyance felt by them was a means of protecting their grandchildren.

Some of the participants reported their annoyance as stemming from the irresponsibility shown by the pregnant teenage granddaughter. They felt that she should have known better, listened to the parents and “wahambela kude namakhwenkwe” (stayed away from boys). As much as the participants were annoyed with the pregnant teenage granddaughters, some were also particularly annoyed with the mothers of these teenagers. The participants perceived the mothers as having deliberately ignored the warnings and advice they had given to them.

The Collins English Dictionary (1998:401) defines ‘perceive’ as becoming aware of something through the senses. This definition implies that perceiving is a process that involves the senses of either smell, hearing, sight, taste or touch. In the opinion of the researcher it also implies that perceiving results in comprehension. Mohr and Fantuzzo (2000:73) view all human experience as being filtered by the senses. Some participants in this study experienced themselves as being disobeyed by their daughters who did not want to take their teenagers for family planning as they had advised them to do. The participants reported that the mothers of the pregnant teenagers had seen the signs that their daughters might become pregnant but had chosen to ignore them and made feeble excuses. The participants experienced the latter actions by the mothers of the pregnant teenagers as dishonest and a bad example to their children. Participants expressed themselves as follows:

“Abantwana bayaphoxa kodwa nabo abazali bayacaphukisa.” (Children are disappointing but the parents are also annoying.)

“Ndamana ndimxelela unina walomntwana ukuba makase lomntwana
elucwangcisweni." (I kept on telling the mother of this child to take her for family planning.)

“Ndathi ndakufumanisa ukuba balwa ngenxa yokuba lomntwana uma ebuya ebusuku okanye angabuyi kuphele, ndaqonda ukuba kukho into enkulu ezakulandela ... Umama womntwana walibazisa ngokuyiphatha isilungu lento esithi uyathetha netombi kwaye imxelela ukuba ayinankwenkwe ... So kuthe xa eqala esiza kum nezindaba ndaqala andamhoya ... Andishongo kuye ukuba ndandikuxelele kodwa ndamxelela ukuba makabone ukuba yonke into ihamba ngendlela." (When I found out that they are fighting because this child often comes home at night or she does not come at all, I knew that there is something big that is going to follow ... The mother of the child delayed by handling this thing the White people’s way - saying that she talking to the daughter and she (the teenager) is telling her (the mother) that she has no boyfriend ... So when she started coming to me with these news I started by ignoring her ... I did not tell her that I told you so, but I told her to see to it that everything goes well.)

Leigh and Peterson (1986:416) express the view that Blacks tend towards the authoritarian parenting style. The researcher perceives this statement to be congruent with the behaviour of this specific participant who expected her daughter to do as she said without questioning her. The participant seemed to rely on intuition and her experience as she said:

“Ndimdala ndingaka nje kwaye amehlo am ayabona. Ndiyayibona into eqhubekayo phandlapha kwaye ndandingazokumlahlekisa". (I’m old as I’m this much and my eyes can see. I see what is happening outside here and I was not going to mislead her.)

Another example of annoyance with a daughter verbalized by a participant was:

“... oyena mntu obendicaphukisa ibingunina wakhe ... Njengomzali umelwe kukuzeifundisa ukuba nenyani. Yena ngokwakhe umbonile umntwana ukuba unenyawo elingalunganga kodwa wenza ngathi akaboni naxa sendimbonisa akahoya." (... the major person who was annoying me was her mother ... As a parent you need to teach yourself to be truthful. She herself saw that the child was having a footing that was not right but made as if she did not see, even
when I was advising her she did not bother about that.)

The participants were annoyed by the failure of the mothers to tackle the problem of the pregnancy of their teenage daughters and viewed their continued anger as non-exemplary to their children. Participants felt that the problem existed and that it would not go away on its own and, therefore, something needed to be done.

3.2.3.2 THEME 2 Grandparents Of pregnant teenagers acknowledged that healing should take place in the family
The healing process after a loss starts with acceptance of reality (Kleinke, 1991:131). Acceptance is the final stage of grief and this promotes self re-organization in order to get on with one’s life. Earlier in this study the pregnancy of the teenager was likened to a loss, causing the parents to grieve. Participants seemed to have ‘accepted’ the pregnancy, although they explained that this did not mean that they condoned the behaviour of their teenage granddaughters. However, they believed that this was the right thing to do for the sake of peace within the family, the well-being of the pregnant girl, as well as the protection of the unborn baby.

Participants seemed to acknowledge that the healing process within the family might take time considering the depth of the sadness portrayed by the parents of the pregnant teenagers. Sadness, according to Resick (2001:71), is a natural emotion that may emanate directly from the trauma or because the event is interpreted as resulting in loss.

The pregnancy of the teenagers, considering the data analysis of the experiences and reactions of the parents of the pregnant teenagers, could be likened to a trauma and, therefore, the emotion of sadness is valid for the parents in this study. In the researcher’s opinion, the parents needed someone to guide them through the healing process. It was for this reason that the participants made it their responsibility to initiate the healing process. Dickinson and Leming (1995:337) state that grand-parenting provides a continuity of parental roles and it could be said that this was evident in the actions of the participants in this study.

Narrations by the participants implied that they played a major role in bringing together the pregnant teenagers and their parents so as to promote healing in the family. Participants expressed sympathy for both the pregnant teenage granddaughters and
their parents as both parties seemed to be struggling to come to terms with the whole situation. The experience of sympathy of the participants for the pregnant teenagers and their parents will now be discussed.

3.2.3.2.1 SUB-THEME 2.1 Grand parents sympathized with the pregnant teenagers and their parents

Collins English Dictionary (1998:550) defines sympathy as compassion for someone’s pain or distress. The participants expressed that the sadness of the parents of the pregnant teenagers, as well as the sombre mood of the latter, was touching. They disclosed that they could not help feeling empathy for the two parties involved despite their initial annoyance about what had happened. According to Kleinke (1991:107), empathy is a powerful remedy for enhancing cordial relationships. The author further states that one can disagree with others and still allow them the courtesy of letting them know that one understands how they feel. This statement is very relevant to the experiences of the participants in this study.

The participants expressed annoyance with both parties but still sympathised with them and were willing to assist them. The participants soon found themselves in the unenviable position of being in the middle of the parties in conflict. One participant had the following to say:

“... I was now torn between the two of them. I feel for my daughter and I also feel for this poor child... .”

This situation was described as emotionally daunting by the participants. Consequently, a special effort by the participants was needed in order for them to be able to act fairly as both parties depended on them to assist in resolving the conflict. The excruciating pain accompanying the task made it extremely difficult. One participant explained it as “a pain that no one can explain”. She further explained that the pain is “made worse by the fact that both these people are your own flesh and blood”. Two of the participants resorted to prayer to assist them in handling the situation well.

The reasons given by the participants for being sympathetic towards their pregnant teenage granddaughters ranged from the youthfulness of the teenager to their being
forced by their boyfriends. Reports by the teenagers of being forced into having sexual relations by their boyfriends are congruent with the findings of Wood, Maforah and Jewks (1996) in their study, as mentioned by Macleod (1999:11). Macleod (1999:11) states that these authors identified violence and deceit as contributory factors in teenage pregnancy. The participants assumed that lack of maturity by the pregnant teenagers led them into being deceived or coerced by their boyfriends into sexual relations. Participants expressed concern about the actions of the boyfriends of the pregnant teenagers and sympathized with the teenagers as follows:

“Ndamvela usizi ngoba ngokwenene usengumntwana kwaye kusenokwenzeka ukuba uthetha inyani xa esithi ubenguazi.” (I felt sympathy for her because really she is still a child and it could happen that she is telling the truth when she says she did not know.)

“... Ndafikelela esiqgibeni sokuba umncinci kunokwenzeka ukuba ubengayazi into ayenzayo.” (... I came to a conclusion that she is young, it could happen that she also did not know what she was doing.)

“Ndizixolisa ngelithi ubenguazi.” (I console myself by saying that she did not know.)

Olson, Mc Cubbin, Barnes, Larsen, Muxen and Wilson (1983:48) state that family communication enables families to share with one another their changing needs and preferences (empathy, reflective listening and supportive comments). As there was a relationship breakdown between the mother and daughter because of the existing conflict, effective communication in these families seemed to be impossible. The participants reported that the pregnant teenagers expressed a need to speak to their mothers about their pregnancy but the mothers were too angry to listen. This reaction of the mothers was experienced as improper by the participants. It seemed as if the participants shared the views as those of Olson, et al. (1983:48) and insisted that the parents be supportive towards their pregnant children.

The pregnant teenagers seemed to be lonely as some of them were reported to have withdrawn from the family when the parents were present and the participants felt pity for them. In the opinion of the participants, a pregnant person needs to confide in someone within the family about any doubts or problems encountered during the course
of the pregnancy. This view of the participants links with the opinion of Olson, et al. (1983:48) who assert that emotional bonding of family members towards one another promotes effective family relationships and enhances family cohesion. The pregnant teenagers, as observed by their grandparents, were going through an emotional period that was being aggravated by the attitude of their parents. Consequently, the participants sympathised with their granddaughters as follows:

“Kunzima ukuthwala kwaye kumelwe ukuba ku worse xa emncinci ngoluhlobo ... zininzi izinto ekufuneka ezibonisiwe ukwenzela naxa usana selukhona.” (To be pregnant is difficult and it must be worse with her as she is so young ... there are a lot of things that she needs to be shown - even for when the baby is there.)

“Ngamanye amaxesha kuyafuneka ukuba kubekho umntu ozakumana thetha naye embonisa ngalemeko yakhe akuyo.” (At times it is necessary for there to be someone who is going to talk to her now and then and guide her about the situation that she is in.)

“Umntu onzima nokuba ukweliphi ixabiso kuyenzeka ukuba kubekho amaxesha anzima ngenxa yemeko ezithile kufuneka kengoko ukuba kubekho umntu anokuthetha naye abenokufumana ingcebiso ngengxaki le akuyo. Emntwaneni imelwe kukuba yeggithile.” (A pregnant person, no matter at what age it happens, has difficult times because of certain circumstances so it becomes necessary for there to be someone that she could talk to and get some advice about the problem she is in. With the child it should be worse.)

Problems faced by the pregnant teenager that were cited by the participants in this study were, for example, the boyfriend no longer visiting once he had become aware of the pregnancy; the teenager being at home and yet the boyfriend being able to continue with his studies; friends laughing at her and her wondering whether she would ever be able to attend school again. These problems of the pregnant teenagers appear to be logical and are in line with findings of previous studies (compare Greathead, 1992:157; de Visser and le Roux, 1996:27). It was problems such as these that made the participants sympathetic towards their pregnant teenage granddaughters and that caused them to urge the parents to cease being angry with them.
However, the researcher wishes to make it clear that, during the interview sessions with the grandparents, they did justify the anger of the parents and sympathise with them. Justification of the anger of the parents arose from the fact that, according to the participants, the parents had tried hard to make the future of the teenagers as bright as possible. The teenagers were reported to have been treated well by their parents.

Moreover, the factor of the effect of community attitudes also bothered the participants. In their opinion and experience, the pregnant teenager would be held responsible by the community for future teenage pregnancies occurring in the neighbourhood. Consequently, the participants believed that the parents of the pregnant teenagers were worried about possible future conflict with their neighbours. The participants expressed these feelings as follows:

“... umntwana onabazali abasokola kangaka ... Ndiyabavela.” (A child with parents who are struggling so much ... I feel for them.)

“... I started to think about indlela lomntwana ebeephethwe ngayo ngumama wakhe. She’s been given all the best things a child of her age would like to have.” (... I started to think about the way this child has been treated by her mother. She’s been given all the best things a child of her age would like to have.)

“Nanku umama wakhe ... ezama ukubafundisa nokubondla ... Ndiyiyivelintombi yam.” (Here is her mother ... trying to educate them and feed them ... I feel for my daughter.)

“Ewe Yhaz! ndivakabuhlunungu ngoku kwaye ndiyabavela abazali bakhe.” (Yes, mind you now I’m hurting and feeling pity for her parents.)

In view of the reasons expressed for sympathising with both the pregnant teenagers and their parents, the participants felt it necessary to take action and try to resolve the conflict between these family members. The initial step towards resolving the conflict at hand, as suggested by the participants, was to reprimand the child. The issue of reprimanding the pregnant teenager will now be discussed.

3.2.3.2.2 SUB-THEME 2.2 Grand parents of the pregnant teenagers
insisted that the parents reprimand the pregnant teenagers

Oxford’s Complete Wordfinder (1993:1304) defines reprimand as an official or sharp rebuke and further explains rebuke as:

(Noun) Words expressive of strong disapproval
(Verb) To criticize for a fault or offence
(Verb) To castigate for the purpose of improving

Common to all of these definitions and explanations is the fact that something wrong has been done and that criticism of that wrong doing is necessary in order for improvement to take place. Participants were adamant that through the issuing of a reprimand the teenager would be able to understand and accept her wrong doing. Participants also indicated that the reprimand of the teenager should be constructive, as expressed in the following quote:

“Menze umntwana aqonde ukuba wonile kwaye kufuneka efunde isifundo kulompazamo leyo.” (Make the child to understand that she has done wrong and that she needs to learn a lesson in that mistake.)

The participants believed that reprimanding the pregnant teenager would aid in lessening the stressful situation in the family. Homes of pregnant teenagers are stressful places (Adamas, Gullotta and Markstrom-Adams, 1994:371). Lazarus (1993 in Strongman, 2003:212), in order to facilitate understanding ‘stress’, divided the concept into three parts as follows:

- Harm: psychological damage that might come, for example, from loss.
- Threat: the anticipation of harm.
- Challenges: various demands that we feel confident to cope with.

In conclusion, taking into consideration the different definitions, the author defines psychological stress as an unfavourable person-environment interaction that prompts change. Therefore, in the researcher’s opinion, stress is directly related to coping. The participants, by insisting on reprimanding the pregnant teenagers, were implementing a coping skill in order to overcome the stressful family situation at hand. In day-to-day experiences family members interact well in the absence of stress and, at times, are brought together by a stressful situation. Leigh and Peterson (1986:424) state that stress brings Black families together. A powerful motivation to overcome stress in Black families is identified by these authors as the presence of an extended family. The
participants in this study, in their role of extended family members, were the forerunners in the family healing process and appeared to be the support system in family togetherness. The support system is necessary so as to combat complications of the stress situation, resulting in a crisis situation. The conflict between the pregnant teenagers and their parents was seen by the participants as a possible crisis situation. The following quotations attest to this:

“Yhaz! ngelinye ixesha ndikhe ndicinge ukuba lomntwana sisezakuvuka engekho ngenyeimini emnkile okanye xa ebeleka amshiye esibhededla umntwana abhabhe, kwaze kubekubi.” (You know, sometimes I do think that we are one day going to wake up and this child will not be there, gone or leaves the child in hospital and runs away when she delivers.)

“Nurse imeko yalomntwana inzima kangangokuba ukuba utata walomntwana ubengo melelanga ngesithetha enye into ngoku ... lomama ngekudala wabhubbleyo ... .” (Nurse the situation of this child is difficult in so much that if the father of this child was not strong we would be saying something else ... this mother would have long died ... .)

“Ndiphethe inkinga ngoba lomntwana uyagxothwa ekhaya.” (I'm having a crisis in my hands because the child is being chased away from home.)

According to this participant, she was fighting against the pregnant teenager being chased away from home because that was not an acceptable thing for parents to do. Besides, the action of evicting the teenager from the home would give rise to a crisis situation and provoke community gossip about the family and increase the ridicule already faced by the family. One of the findings of Leigh and Peterson (1986:424) in their study of relationships of parents with their adolescents was that Black families do not reject their own, despite whatever feelings of disappointment. Presumably it is for that reason that the participants in this study insisted on parents reprimanding the pregnant teenagers. In their view, reprimanding the pregnant teenager would promote peace within the family. The following quotations present these views:

“... lomntwana uzakukwazi ukuhoya lento yokuba enzima. Impilo yakhe neyomntwana lo ukhulayo pha ngaphakathi kuye izakuhoyeka ... .” (... this child is going to be able to concentrate on the pregnancy. Her health is going to be
looked after and even the child who is growing inside her ... .)

“So mna njengomzali ndakumbonisa ububele nokumxhasa ukewnzela ukuba angacingi kakhulu ade azenzakalise.” (So me as a parent will show her affection and support so that she does not think too much and hurt herself.)

One participant, when questioned about the necessity for support to pregnant teenagers, responded with an emphatic “Yes” and, when asked ‘Why?’, answered as follows:

“Lomntu akazi nokuba makathinina. Yhaz! ekuqaleni ubyakumfumana eleqana nabanye apha endlwini. Xa enokuwa kungenzeka ntoni? Zizinto ezinjalo ekufuneka eboniswe ngazo kunye nendlela yokunxiba.” (This person does not even know what to do. You know from the beginning you would find her chasing the others here in the house. If she falls what could happen? It is because of things like those that she needs to be supervised - including how she wears.)

The greatest benefit of reprimanding shared by most of the participants in this study was that of peace and family stability. According to Umana, Gross and McConville (1980:112), the lack of a sufficiently strong support system or network within the family can be a causal factor in crisis induction which, in this instance, could be the falling apart of family relationships. Taking into consideration the role played by the participants in this study, the researcher concluded that such a crisis was not likely to happen in these families. The participants appeared to be a strong support system for their families.

3.2.3.3 Conclusion of section 3 data analysis results

The grandparents felt that the parents were still angry and, as a result, could not communicate well with their pregnant teenage daughters. In spite of the efforts by some parents to solve the communication problem, especially within the unit families, the anger of the other partner affected the entire situation. Grandparents reported that, at times, the mother was so angry that the father had to concentrate on her more than on the teenager. At other times it was the father who was very angry and the mother, therefore, felt threatened about communicating openly or providing the necessary
support to her daughter. Both of these actions of the parents, in the opinion of the grandparents, impacted on the level of understanding and connection between the teenager and her parents.

The grandparents expressed the possibility of effective communication with the pregnant teenagers if the parents could learn to forgive. Pregnant teenagers also indicated that the hostile conditions existing between them and their parents could be resolved through appropriate discussions between both parties. Both the pregnant teenagers and their grandparents acknowledged the anger of the parents as legitimate but felt it must not be taken as far as was currently occurring.

### 3.4 CONCLUSION

Collection of data was done by means of phenomenological interviews. Data was captured by means of audio-tapes and transcribed verbatim. Participants were pregnant teenagers, their parents and grandparents. The process of interviews, as well as data analysis, followed the sequence of participants respectively.

Results of the interviews with the pregnant teenagers revealed experiences of emotions that resulted in a breakdown of the relationships between them and their parents. Pregnant teenagers experienced themselves as neglected and unfairly treated by their parents. These participants expressed the feeling that their parents expected them to adopt adult roles prematurely and without the necessary parental support. The pregnant teenagers reported that these feelings induced an experience of love/hate towards their parents.

Teenage pregnancy may cause family destabilisation as it may be accompanied by strong emotions as a result of the stigma attached to it. The severity of these emotions and the extent of damage they could cause the individual as well as the entire family depends on the coping mechanisms employed by the family. The stigma, if not properly managed, could provoke sensitivity and negative emotions such as anger, sadness and disappointment. For that reason, pregnant teenagers and their parents exhibited and expressed these emotions.

Parents experienced a lot of anger towards the pregnant teenage daughter and, as a
result of this, some expressed difficulty in communicating with their child. The anger was evoked by the effects of seeing their efforts, hopes and desires for a dream academic career for their daughters being thwarted. As the dream future for their teenage daughters faded, some parents experienced themselves as not being appreciated by these children and therefore became angry.

The parents, as observed by the researcher, seemed to be overwhelmed by emotions as they struggled to come to terms with the pregnancy of their teenage daughter. The parents cried a lot during the interviews and one parent could not even start the interview due to his copious weeping. During the interviews some parents either raised their voices or banged the table or expressed outright their feeling of anger at that time. The observation of anger also arose from the pregnant teenagers’ reports that they were shouted at constantly. Parents themselves reported shouting, beating, ignoring or chasing the pregnant teenagers out of the house.

Although it seemed as if the experiences of overwhelming emotions exhibited by the parents were related to the beginning of the pregnancy, there were parents who were still angry with their children at the time of the interviews when the teenagers were between 32 to 34 weeks pregnant. The overwhelming anger exhibited by the parents, in the opinion of the researcher, seemed to have contributed extensively to the existing breakdown of relationships between them and their daughters. Both the parents and the pregnant teenagers seemed to be angry at themselves but also accused one another of provoking the experience of anger towards one another.

The pregnant teenagers maintained that their parents made it impossible for proper communication to take place within the relationship. It was however also interesting to note that some of the teenagers hoped that good relations would be restored, whereas others had lost hope of that possibility. The teenagers who thought positively felt that if their parents could have insight into their experiences about being pregnant as teenagers, their anger might subside, thus salvaging the relationship. During the interview sessions the researcher observed that the pregnant teenagers had some options in mind that could be put in place in order to save the relationship. The pregnant teenagers expressed a need to communicate these options to their parents and, therefore, needed someone who could facilitate that process.

On the other hand, the parents seemed to have no such a plan as they told the
researcher that they did not know what to do. They seem to be consumed with anger and sadness and, as a result, experienced a lack of motivation to think positively. Some of the parents realised that they needed to sit down and talk to their daughters but seemed to experience difficulty in putting that thought into action. Those who were speaking to their pregnant teenage daughters experienced regret that they had not done so from the beginning. It was for that reason that they now wished to encourage other parents to take cognisance of the relevance of ‘proper’ communication with a pregnant child, especially a teenager.

The third group of participants comprised the grandparents and only the grandmothers were available for the interviews. They seemed to have experienced the teenage pregnancy in the same way as the parents but responded differently. The initial response was shock accompanied by annoyance, shame and embarrassment. To the researcher, the anger seemed to be a protective instinct as the grandparents perceived the danger to which their granddaughters might have been exposed. The grandparents felt that the existing family feud was an unnecessary annoyance as the pregnancy could have been prevented or been seen as a problem requiring a solution instead of wasting time fighting. These responses were followed by a realisation by the grandparents of the necessity of taking responsibility in initiating the process of solving the existing problem.

The identified focus of the means to deal with the problem created by the pregnancy of the teenage granddaughter was reprimand. This strategy included sitting down with the pregnant teenager and talking to her in a way that would enable her to comprehend that what she had done was incorrect and that she needed to learn a lesson from the mistake she had made. The strategy proposed by the grandparents seemed to be congruent with the wishes of the pregnant teenagers who expressed the desire for their parents to reprimand them so that they could start dealing with their pregnancy. Reprimanding the pregnant teenager would benefit both the pregnant teenager and her family. A successful reprimand would usually be followed by family support to the pregnant teenager, as well as a unified family.

Based on the experiences of the teenagers and their parents it seemed as if families faced with teenage pregnancy benefited from the presence of grandparents. This group of family members seemed to view family problems, especially the teenage pregnancy, objectively. Grandparents were in a position to put distance between themselves and
the problem. They used the experience of being a former parent to teenagers, as well as the experience gained through the years, to put the perceived problem into perspective and provide relevant advice.

Parents also expressed the importance and need to sit down and talk to a pregnant child, especially a teenager. Having said that, the researcher noticed from their responses that the parents seem to be struggling to fulfil this need. It seemed as if the amount of anger experienced by the parents during the first few months after learning about the pregnancy, made it difficult for them to sit down and talk appropriately with their pregnant teenagers.
4.1 INTRODUCTION

Chapter three dealt with the analysis, discussion and interpretation of results emerging from the data collected for the purpose of determining the nature and extent of family support to pregnant teenagers. The process of discussion and interpretation of results involved the integration of literature. The purpose of integration of literature was for the comparison of the results with previous studies. Integration of literature also assists with credibility of discussions.

The focus of chapter four will be the discussion of the process leading to the development of the envisaged model which will assist with the provision of family support to pregnant teenagers. The point of origin for the development of the model will be concept analysis.

4.2 CONCEPT ANALYSIS

Concept analysis is a process which involves data gathering and definition of concepts from data collected. In this study data for the definition of concepts was gathered through interviews with pregnant teenagers, their parents and grandparents. A series of steps to be undertaken to define the central concepts will be as described in Chinn and Kramer (1995:106) and Walker and Avant (1995:39). A full description of these steps is given in chapter two.

4.2.1 IDENTIFICATION, CLASSIFICATION AND DEFINITION OF THE MAIN CONCEPTS OF THE MODEL
The main concepts for the development of the model will be identified from the results of the analysis of the data collected through individual interviews with the pregnant teenagers, their parents and grandparents.

4.2.1.1 Identification of the main concepts for the model
Results of the study revealed that pregnant teenagers are currently experiencing considerable turmoil as they struggle to deal with the anger of their parents, their own shock at the consequences of their actions and the repercussions regarding their future, education and level of personal responsibility as teenage mothers. These pregnant teenagers expected to be guided by their parents through this “difficult period” but there is limited guidance coming from their parents. These teenagers are also shocked and confused as they find themselves suddenly being treated differently by their parents and isolated from their families and peers. These teenagers are perceived by their parents not as children any more but as adults and therefore are immediately expected to assume adult responsibilities related to the unborn baby. The pregnant teenagers experience these expectations from their parents as insensitive and overwhelming and their lack of support to assist even the minimum achievement of these expectations disappointing and heartbreaking.

The turmoil experienced by the pregnant teenagers also comes from the experience of being an outcast as some of the members of the family including the parents at times avoid being in the same room with them. To them it seems as if nobody understands them and for that reason the pregnant teenagers wish to explain to their parents their own experiences of being pregnant. The parents are experienced by the pregnant teenagers as unwilling to listen to them but instead constantly shouting at them, especially their mothers. The constant verbal abuse and the experience of their emotions not being understood by their mothers as reported by the pregnant teenagers, has resulted in their being disappointed, resenting their parents and feeling neglected. The experience of being neglected by their parents has angered the pregnant teenagers and made them withdraw from family relationships. The anger of the pregnant teenagers is also directed at themselves for irresponsible behaviour that caused their pregnancy and they are also angry with their peers for abandoning them at a time of need.

Peers, as reported by the pregnant teenagers, are no longer interested in visiting or being with the pregnant teenagers. Some of the pregnant teenagers reported being blamed by
their peers for negligent behaviour in not using contraceptives and, as a result the peers were not willing to be sympathetic with the pregnant teenagers or visit them anymore.

The parents on the other hand are angry because their teenage daughters were irresponsible and caused the whole family to take on the permanent responsibility of a baby. The parents view the pregnant teenagers as being ungrateful for the efforts made by the parents in preparing for a desirable future for the pregnant teenagers. The other experiences of the parents resulting from the teenage pregnancy are being angry with themselves for responding negatively to the pregnancy of the teenager, being failures in their parenting role, experiencing disappointment, disgrace, and a new financial burden.

The parents are angry with themselves for not being accommodating about the pregnancy of the teenage daughter but express being overwhelmed by the situation at the moment and are experiencing the pregnancy of the teenager as an outcome of their own inefficient parental guidance and discipline. The teenage pregnancy is also experienced as a disappointment and disgrace by the parents seeing that such a pregnancy almost always causes the family to be stigmatized by the community. The stigma associated with the teenage pregnancy affects the entire family as the family becomes isolated from the community. The money used to pay for education, clothes and food for the teenager before she was pregnant is seen as wasted. Some of these parents are so angry that they want or have attempted to chase the pregnant teenagers away from home, shouting and at times not talking to them at all. All the abovementioned experiences of the parents of the pregnancy of their teenage daughters progressed to a vicious cycle of anger, frustration, confusion and limited constructive communication with the pregnant teenager.

The grandparents are equally concerned for the daughter/parent relationship that is negatively affected. While also worried and disappointed about the pregnancy of the teenage granddaughter, the grandparents are seeking to find solutions to the problem and are looking at the situation more constructively and objectively than the parents. The objective of the grandparents is to provide a climate for communication about the experiences of the pregnant teenager and parents and work on the emotions to address the present problem.

The above-stated findings were tabled and discussed with a different panel of research experts on two separate occasions. The objective of these discussions with the different panels of research experts was to verify the researcher’s objectivity, provide credibility for
the study and to identify the major concept(s) of the study. Extensive deliberations occurred with colleagues who are experts in the field of nursing, education and social development. These colleagues are also experienced in the field of qualitative research and theory development and therefore it seemed appropriate to speak to them to enhance neutrality of the researcher as well as for the exclusive identification of the major concept. As the study has a cultural perspective (Xhosa) the researcher also had discussions with an anthropologist who has an understanding of the values and beliefs held by the Xhosa families with regard to teenage pregnancy.

From these discussions of the results of the collected data with the selected panel of experts, to deal with the problem of the breakdown of relationships between the pregnant teenagers and their parents, four main possible concepts emerged which are, reparation, restoration, remedy and reconciliation. The first three concepts were found to be unsuitable for the purpose of the need of the study, that of bringing peace between the pregnant teenager and her parents and grandparents. These concepts, reparation, restoration and remedy, all refer to fixing or returning to the original status. The panel agreed that the broken relationship between the pregnant teenagers and their parents cannot be guaranteed to be restored to its original status. During the interviews not all the pregnant teenagers referred to their relationships with their parents before the pregnancy; so it would be difficult for the researcher to develop a model that would restore the broken relationship whether it was effective or not. Remedy has a soothing, curative effect which is not sufficient for the relationship being referred to in this study as curing does not guarantee freeing from the anger that is existing within the relationship between the pregnant teenagers and their parents.

Reconciliation is referred to as a process that enables the two partners involved in a conflict to sit down and talk. Based on the data analysis results of this study, there is a need for the pregnant teenagers, their parents and grandparents to sit down and talk so as to improve the family relationships. The aim of the model to be developed is to provide an environment that will allow some form of constructive communication between the pregnant teenagers and their parents to take place thus enabling an understanding of one another’s experiences of the pregnancy of the teenagers. Through constructive communication and understanding of one another’s motives and emotions it is hoped that the parents will ultimately provide the pregnant teenagers with the necessary parental support.
Chapter 4

It is hoped that the grandparents will adapt easily to the reconciliation process as they have indicated willingness to initiate the process and are therefore thought to be the major players to effect reconciliation between the pregnant teenagers and their parents. The grandparents are also angry with the teenagers for falling pregnant, thus bringing the family into conflict and therefore in the opinion of the researcher the grandparents will also have to be assisted to come to terms with the teenage pregnancy. Both panels were in agreement that for the purpose of the context of this study which is a Xhosa perspective, it is necessary to have all members of the family included in the healing process.

Taking cognisance of the above discussion of the data analysis results, the researcher identified the central concept for this study as, *intergenerational reconciliation*. The views related to the pregnancy of the teenagers as expressed by the parents and grandparents seem to differ from those expressed by the pregnant teenagers though all these participants seem to be angry. The parents are angry because their expectations are not met and are blaming the pregnant teenagers for the tension between themselves and their pregnant teenage daughters. The grandparents on the other hand, as much as they are disappointed by the pregnancy of the teenage granddaughter, put the blame for the existing family tension on the parents as well as the pregnant teenage granddaughter. Parents are blamed for being angry and not giving an opportunity to the pregnant teenagers to communicate their experiences of the pregnancy which the pregnant teenagers are blamed for causing tension in the family by falling pregnant and disgracing their parents. The grandparents then immediately assume their expected role within the extended family and try to find a means to address the family tension.

As mentioned previously in this study, grandparents have a noble role in their families as everybody respects their opinions. In extended families grand-parents are at the forefront of building a united family and for that reason the grandparents were identified as the most suitable members of the family to involve in the process of intergenerational reconciliation planned in this study, to rebuild a positive relationship between the parents and their pregnant teenage daughters.

4.2.1.2 Classification of concepts of the model

The major concept identified in this study *intergenerational reconciliation*, will be used to assist with the development of a model for support to pregnant teenagers. The survey list of Dickhoff, James and Wiedenbachs (1968:422) will be utilized to classify the concept
in the model. The survey list includes the agent, recipient, the context, dynamics, the procedure and terminus. The application of the survey list in this study is as follows:

➔ **Agent:** The agents in this model are: The midwife in the antenatal clinic, the pregnant teenager, the parents and the grandparents. The midwife will facilitate the process of intergenerational reconciliation utilising the grandparents as to assist with the process.

➔ **Recipient:** The pregnant teenager, her parents and grandparents are the recipients.

➔ **Context:** The context of the model will be the home of the pregnant teenager and the antenatal care clinic being attended by the pregnant teenager

➔ **Dynamics:** Emotions of the pregnant teenagers, parents and grandparents create the core dynamics in this model. The pregnant teenagers are angry with themselves, their parents, the grandparents as well as significant others. The parents are angry with themselves and their pregnant teenage daughters. The parents experience themselves as failures in their parental roles and not being appreciated by their pregnant teenage daughters. The grandparents in spite of being disappointed by the teenager’s pregnancy, are adamant about finding a solution to the problem facing the entire family. The grandparents propose healing which will benefit the pregnant teenagers greatly in terms of family support.

➔ **Procedure:** The procedure for the model will be as follows:

The midwife will adopt a facilitative role in the intergenerational reconciliation process using the assistance of the grandparents to address the anger between the pregnant teenagers and their parents. The grandparents by virtue of their experience and wisdom will guide the process of intergenerational reconciliation. The model will be developed and described within the context of the antenatal clinic and the home environment of the pregnant teenager to promote intergenerational reconciliation.

➔ **Terminus:** Through the process of intergenerational reconciliation the pregnant teenagers and their parents will release the hostility prevailing between them and provide an effective supportive intergenerational relationship. The pregnant teenagers will be able to relax and adopt a positive attitude towards their pregnancy
as well as the immediate significant others.

The above application of the survey list of Dickhoff, et al. (1968:422) in this study will be referred to as the thinking map of the researcher. A diagrammatic representation of the researcher’s thinking map is illustrated in table 4.2 below.

### TABLE 4.1 THE THINKING MAP FOR THE CLASSIFICATION OF CONCEPTS

<table>
<thead>
<tr>
<th>Agent</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>The midwife</td>
<td>The midwife</td>
</tr>
<tr>
<td>Pregnant teenager</td>
<td>Pregnant teenager</td>
</tr>
<tr>
<td>Parent</td>
<td>Parent</td>
</tr>
<tr>
<td>Grandparent</td>
<td>Grandparent</td>
</tr>
</tbody>
</table>

**Procedure**
To promote family support for pregnant teenagers through facilitation of an intergenerational reconciliation model.

**Dynamics**
Being pregnant caused overwhelming emotional experiences for the pregnant teenagers, their parents and grandparents. These emotional experiences resulted in a breakdown of relationships within the entire family, but especially between the pregnant teenagers and their parents thus affecting the family support to the pregnant teenager. There is a need for the pregnant teenager to accept her pregnancy and its consequences so as to be able to make peace with the people around her. The parents on the other hand need to accept the reality of the teenage pregnancy and deal with it constructively. The grandparents are in a position to use the authority vested in them by virtue of their traditional position within the family to assist the midwife with the reconciliative process between the pregnant teenagers and their parents. The model of the facilitation of intergenerational reconciliation will serve as a frame of reference for family reconciliation for all health care workers.

**Context**
The family homes of the pregnant teenagers and the antenatal clinics that would be attended by the pregnant teenagers.

**Terminus**
A calm supportive home environment

The identification and classification of concepts will be followed by the definition of concepts.

### 4.2.1.3 Definition of concepts of the model
Concept definition is done for the purpose of uncovering meaning (Mc Kenna, 1997:62);
therefore appropriate theoretical structuring is essential (Chinn and Kramer, 1995:92). The researcher bears in mind the knowledge of defining attributes, that is, as stated by McKenna (1997:62), that concepts can either be similar or related to one another. It is a process of determining the possibility of that likeness between concepts. According to Chinn and Kramer (1995:92) defining attributes are useful in differentiating the concept being analysed. The differentiation is done by stating the best examples that define the given phenomenon. The concept to be analysed in this study is, “intergenerational reconciliation”.

Walker and Avant (1995:41) state that defining attributes allow the analyst the broadest insight into the concept. On the other hand, McKenna (1997:62) guards against the use of too many or superfluous attributes and states that the use of superfluous attributes can cloud the meaning of the concept. For that reason defining attributes should be examined for consistency thus creating focus of the analysis of the concept on the determined discipline or research. McKenna (1997:63) states that the use of tests of necessity and sufficiency assist in the identification of defining attributes. Identification of defining attributes is valuable in that it yields important information for the clarification of concepts (McKenna, 1997:64).

A perfectly analysed concept builds a well-structured theory, which will ensure a sound understanding of its use in practice. Concept analysis lends uniformity to the meaning of a concept through clarifying ambiguous terms, refining such concepts in theory and also providing clear theoretical and operational definitions for use in theory and research (Walker and Avant, 1995:48).

Definition of concepts can be done by means of an extensive literature review, use of dictionaries, life experiences and other language theories (Chinn and Kramer, 1995:82). Subject review will be done on as many sources as possible, taking into consideration the valuable information that could come from different fields of study. In this study experts in different fields of study, (for example, sociology, psychology, anthropology, political science, theology and languages) will be consulted to assist with the definition of the identified concept which will assist in the development of an intergenerational reconciliation model to assist pregnant teenagers.

4.2.1.4 Clarification and identification of concepts
Various dictionaries were consulted to describe the concept “intergenerational reconciliation”. The concepts will first be individually described, that is, “intergenerational” and “reconciliation”.

→ Dictionary definitions of the concept “intergenerational”.

Dictionary definitions used within the process of concept analysis assist with the identification of different ways in which the term could be applied or perceived. Dictionary definitions of the concept intergenerational will follow.

As the concept “intergenerational” was a challenge to define meaningfully it had to be broken down into “inter” and “generation”.

→ Dictionary definition of “inter”.

Inter within the central concept “intergenerational”, is a prefix and, according to the Collins Dictionary (1998:290) and the Oxford School Dictionary (1994:270), means to either ‘between things’ or ‘among people’. According to the Oxford Wordfinder, 1993:793) inter also refers to ‘mutual’ or ‘reciprocal’.

The Collins English Dictionary (1998:17) defines among as ‘in the midst of’, in the ‘group or number of’, and ‘to each of’. On the other hand, among, as explained by Manser (1981:29) refers to interposition or partition to ‘place between’ people.

The concept between is described in the Oxford School Dictionary (1994:48) as a preposition which refers to connecting two people, places or things, separating or comparing.

Exploring the term connecting, Manser (1981:7) states that the concept means ‘joining’, bonding, ‘becoming one’ and ‘uniting people’. As stated in the Oxford School Dictionary (1994:109) the concept ‘connect’ should be thought of as being associated with another thing or person.

To bond (bonding) means ‘to become (an act of becoming) emotionally attached’ (the Oxford Wordfinder, 1993:157). The Collins English Dictionary (1998:58) when defining the concept bond as a noun refers to it as something that binds, fastens, unites or holds together.

According to the Barnhart Dictionary of Etymology (1988:535) inter when used as a prefix
refers to ‘together’ or ‘one with the other’.

→ Dictionary definition of “generation”.
According to the Collins English Dictionary (1998:233) generation refers to all the people born about the same time or at an average time between generations. The Oxford Wordfinder (1993:622) defines the concept generation as all the people born at a particular time who are regarded collectively. Generation could also refer to ‘a single step in descent’ or ‘pedigree’ (the Oxford Wordfinder, 1993:622).

Descent is an average time between two generations (the Collins English Dictionary, 1998:233). The generations could include the children, parents and grandparents of the same family (the Oxford Advanced Learners’ Dictionary, 1984:357). According to the Collins Concise (1988:303), descent refers to a generation in a particular lineage. Lineage as defined in the Oxford Wordfinder (1993:889) refers to the offspring or a traceable generational origin within blood-related people.

Having a line of descent that has been recorded is referred to as a pedigree (the Oxford Advanced Learners’ Dictionary of Current English, 1984:617). Pedigree is further defined in the above-mentioned dictionary as a recorded line of relations or the life history of a person.

The Oxford Wordfinder (1993:889) refers to a family as a set of parents and children, the members of a household or all the descendants of a common ancestor. In the Oxford School Dictionary (1994:188) a family is described as referring to parents and their children, sometimes including grandchildren and other relations.

In the Oxford Advanced Learners’ Dictionary Of Current English (1984:711) the concept relations refers to a condition of belonging to the same family, being connected by birth or marriage. Relation as described in Manser (1981:2) constitute to relatedness, association, relationship, connection or link. On the other hand a relationship is defined as an association by blood or marriage and feelings between people (the Collins English Dictionary, 1998:458). The concept relationship according to the Oxford Advanced Learners’ Dictionary of Current English (1984:711) refers to a connection between a person and another.

A link as defined in the Concise Oxford Dictionary (1964:707) means one ring or loop of a chain, connecting part or a person that unites others, joins persons together, attaches
Manser (1981:171) lists the following concepts related to generation:

- **Offspring**: a person’s child or children or descendants, a result, successors, heir (the Oxford Wordfinder, 1993:1056).
- **Progeny**: children, offspring, young ones or family (the Concise Oxford Thesaurus: A Dictionary of Synonyms, 1995:633)
- **Posterity**: future generations, descendants (the Collins English Dictionary, 1998:422).

→ **Subject definition for “generation”**

The term “generation” as seen from the above dictionary definitions is linked to a family in several ways. Daniels (1988:15) when referring to a generation, means a birth cohort or groups of cohorts which do not exist at the same time. Daniels (1988:13) defines a birth cohort as a distinct group of people with a distinctive history and composition. Weisner, Bradley and Kilbride (1997:48) state that generation as a concept implies a class of individuals and to be a member of a generation, individuals must be similar on three independent counts, that is, by birth, age and time or period. Weisner, et al. (1997:48) further explain that using birth and time independently creates two different possibilities for the concept ‘generation’. First, all human beings born into a society during a specified period of time are a generation or cohort. Secondly the concept ‘generation’ may also refer to all who share a common parent. In this sense of the concept members of the generation share both birth and a place in a time sequence made up of ancestors and descendants. Weisner, et al. (1997:48) maintain that ancestors and descendants are the network that connects persons who choose to accept those obligations associated with kinship.

**Kin** is a group of people referred to at times as a family (Maquet, 1972:61). The author further argues that after several generations, the descendants in a family can relate themselves to a common ancestor, thus forming a kinship, and Maquet (1972:61) further explains that one could at a certain period arrive at the point where individuals had the same ancestors by tracing the biological ascent from one generation to the preceding one. The possibility of such tracing is effected by virtue of the man who because of his generation, is the closest to the ancestors and is the head of the lineage (Maquet, 1972:58). Lineage is stated as not just being simply a personal history but also as reflecting societal patterns that govern descent (Schaefer, 1992:381).
Family as defined by Schaefer (1992:381) refers to a set of people that are blood-related. According to McGoldrick (2001:71), a family is an extended system of blood-related kin and people who are informally adopted into this system. The family in Africa is connected by blood, marriage, adoption and shared cultural, economic and psychological tools for adaptation Weisner, et al. (1997:xxvi). Riley (1992:312) describes the family as comprising the entire emotional system of at least three to four generations.

From the dictionary definitions of the concept ‘generation’ previously stated in this chapter one could deduce that generations have a family bond that keep them related to one another (compare the Oxford Wordfinder,1993:157; the Collins English Dictionary, 1998:58). Newman (1997:4) takes the argument a step further and states that within a family the bonding between generations arises from the mutual and compatible needs of family members which often results in the development of strong synergistic relationships.

Characteristic among different generations is the conflict which is thought to emanate from the so-called “generation-gap”. The phenomenon brings about conflict due to expectations and roles associated with the members of the different generations (Popenoe, 1989:134). Parents are normally expected to mould their children morally and be respected by them. To that effect Boateng (1979:1) states that values, norms and beliefs of any society are expected to be transmitted from one generation to another with the older generation taking the lead. A breakdown in the communication and transmission of these values, norms and beliefs could contribute to the development of conflicting values in a society and the emergence of a rebellious youth.

Gubrium and Rittman (1991:91) referring to the generation-gap, in their study of relationships within the families, observed that the cause of generation-gap is related to perceptions, age and personal beliefs. Youth are experiencing life in a different way than the older adults, thus fuelling the conflict between the different generations. Shaneas and Streib (1965:15) state that there is a great variety and extreme differences in behaviour between the second and third generation family members in response to the first generation. Owing to the age difference the children see their parents and grandparents as old-fashioned and hostile (Shaneas and Streib, 1965:13). These authors state that the younger generation stresses independence in making life choices while the older generation favours obedience and respect. For that reason (Gubrium and Rittman,
1991:91) view the older generation as possibly more conservative than the younger ones.

Gubrium and Rittman (1991:91) further state that generations within families tend to avoid facing generational politics hence the generation-gap-related conflict. For that reason these authors observed and has stated that generation-gap conflict is thought to be lineal in origin as it emanates from the family mid-life crisis. In mid-life crisis, as explained by the latter authors, family issues are left unresolved as the parents of an adolescent do not want to impose unnecessary stress on the ailing grandparent by questioning some of the decisions made by him or her, thus leaving the grandparent with power that might at times be used inappropriately. Some of the decisions are not acceptable either to the parents themselves or the grandchildren but are left unchallenged by the parents of the adolescent allowing the children to accuse their parents of being biased or the parents accusing their children of being unruly. Mid-life crisis could then be said to be a significant factor in intergenerational interactions.

→ Dictionary definitions of “intergenerational”
There is no dictionary definition for the concept ‘intergenerational’, so the researcher created her own definition for the purposes of this study. Based on the dictionary and subject definitions of the different components of intergenerational previously stated and discussed in this study, intergenerational as a concept is believed by the researcher to refer:

- To unifying responsibilities amongst the members of the family. When one is defining a family, which could be made up of different generations, it is clear that family members are relatives, connected together through mutual and compatible needs (the Oxford School Dictionary, 1994:188; Manser, 1981:2 and Newman, 1997:4).

- To sharing of emotional values and beliefs within the family. Bonding between generations as they believe in one anothers’ abilities, often results in the development of strong relationships that develop from teamwork among the family members (Newman, 1997:4).

Following the researcher’s definition of the concept “intergenerational” will be the subject definition of this concept. The following paragraphs will provide further explanation of the concept ‘intergenerational’ through the use of literature from different sources as supporting evidence.
Subject definition of “intergenerational”

The intergenerational idea reflects the relationships that define families (Newman, 1997:3). As explained by this author, the intergenerational idea describes the basic mechanisms by which persons of different generations purposely collaborate to nurture and support one another. In this collaboration the older adults, children and youth each assume a special role, designed to have a positive and mutually beneficial impact. Benefits identified by the author are as follows:

- to the younger generation: acquiring wisdom, perspective and understanding;
- to the older generation: being nurtured by the younger generation.

Newman (1991:4) further states that at the root of the concept ‘intergenerational’ are the connections that link specific generations within families. Illustrating this link between families and generations, Newman (1991:9) uses theories of human growth and education discussions of the intergenerational implications of child rearing. In all these theories there is a suggestion of the importance of firm connections between the child, older adults and society as a whole (Newman, 1991:10). The theory of Erickson (1959) as quoted (in Newman, 1991:9) suggests that children are influenced by interactions and life experiences from preceding generations.

Intergenerational experiences can help to resolve critical issues of legacy and generativity for the adult, offering mechanisms for passing along values, culture, and unique life skills to members of a succeeding generation (Newman, 1991:4). For that reason the author concludes that the transfer of knowledge and values through intergenerational bonding has a long-term impact on the learning, growth, and security of a family’s children and youth. Covey (1989:315) states that in a strong intergenerational family there is transcendent power and that such a family can be a powerful force in helping people have a sense of who they are, where they came from and what they stand for. Children in such a family are able to identify themselves with the ‘tribe’, that is, self-awareness (Covey, 1989:315). The author complements the statement and states that real self-awareness helps us to appreciate those who have gone before us and nurtured us in principle-based living, mirroring back to us not only what we are but also what we can become.

The intergenerational bond can sometimes be an effective mechanism of evaluating and resolving issues within a family. The researcher makes the statement based on the research results on family studies of Carter and McGoldrick (1999:506) clinical
psychologists in family studies who mention the multi-generational evaluation as the preferable approach in understanding the illness type of a given family. The multi-generational evaluation is based on the premise of family history. Tracing the family of origin and studying the activities and coping mechanisms of that family through the different generations could lead to identification of family strengths and weaknesses which could assist the family therapist with the management of the presenting illness or disorder of that particular family.

A strong intergenerational family could then be said to be potentially one of the most fruitful, rewarding and satisfying interdependent relationships. Matters of concern should be easily resolved based on the values and norms governing the functioning of that family. Following now is the analysis of the second part of the major concept of this study of which the component is "reconciliation". The analysis will be through definitions extracted from dictionaries as well as subject literature taken from different sources.

→ Dictionary definitions of “reconciliation”

To have a better understanding of the word “reconciliation” the researcher will define the term within its basic sub-components which are, ‘re’ and ‘conciliation’.


Exploring the term ‘re’ further by investigating the meaning of ‘anew’ the researcher found it to be defined as ‘again’, in ‘a new’ or ‘different’ way, (the Oxford School Dictionary, 1994:18) and as’ once more’ or in ‘a different’ way, in the Collins English Dictionary (1998:19).

‘Re’ as defined in the Longmans Dictionary of Contemporary English refers to again, new or better way.

Better (verb) refers to improving on, beat, surpass, exceed, cap, outstrip, outdo, excel, go one better than, (the Concise Oxford Thesaurus, 1995:63. When the concept better is used as an adverb according to the Oxford School Dictionary (1994:48) it could mean, ‘more’, ‘more usefully’ or ‘more wisely’. To improve on something means, to ameliorate, mend or amend (the Concise Oxford Thesaurus, 1995:390). In the same source, page
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23, ‘amend’ is explained as an act of correcting or enhancing a situation. The verb ‘amend’ derived from the Latin word ‘emendare’, meaning to remove a fault so in English to make amends means to compensate, recompense and make reparation for the mistake made. When one is making amends usefully it could mean that the person is producing good results (the Oxford Complete Wordfinder, 1991:1734).

To have a clearer meaning of the concept ‘reconciliation’ the second sub-component of the term, which is ‘conciliation’, will be explored.

→ Dictionary definitions of ‘conciliation’
According to the Collins Dictionary (1998:108) conciliation refers to winning the support, calming the anger of someone or soothing. In the World Book Dictionary (sine anno:430) conciliation is defined as an act of winning over or soothing. ‘Conciliation’ is a noun derived from the verb ‘conciliate’ which in the Oxford School Dictionary (1994:106) is defined as a means to win over an angry or hostile person by friendliness. The concept is further defined in this source as reconciling people who disagree.

Defining reconcile, the Oxford School Dictionary (1994:424) states that it is to make people who quarrelled become friendly again or to persuade a person to tolerate something. Reconciling is explained in the Concise Oxford Dictionary of Current English (1995:1148) as creating harmony.

Further examination of the concept ‘reconcile’ by the researcher, revealed that in the New Oxford Dictionary of English (1998:453) the concept is referred to as restoring friendly relations between people so as to cause co-existence in harmony. Restoring aims at making something return to its former level or condition, making people or a group of people feel hopeful and confident again, having stopped fighting (the Longman Dictionary of Contemporary English, 1995:620).


Conciliate as explained in the Oxford Wordfinder (1993:295) means to pacify. The
concept pacify is further described as making a situation peaceful or calm (the Oxford School Dictionary, 1994:360)


Conciliation as noted from the above dictionary definitions could be said to be referring to bringing into harmony a situation between two or more individuals that under normal circumstances could have erupted into an explosive situation. Conciliation aims at promoting peacefulness, thus enhancing, confidence and friendliness between rivals. The following paragraphs will portray the meaning of “reconciliation” by means of extracts from dictionary definitions.

Dictionary definitions of “Reconciliation”

Reconciliation as explained in the Collins Dictionary (1998:453) refers to an act of bringing back into friendship by making someone to accept an unpleasant situation.

Reconciliation as defined in the Oxford Complete Wordfinder (1993:1280) also relates to compromise and resolving of differences.

Manser (1981:650 and 652) in the Thesaurus of English Words listed some concepts that related to reconciliation such as, ‘accord’ and ‘appeasement’, their meanings being the following:


Appeasement: Pacification, conciliation and calming (The Concise Oxford Thesaurus, 1995:29). In this same source ‘appease’ means to make peace with, quieten down, soothe or tranquillize.

According to the Concise Oxford Thesaurus (1995:664) reconciliation is understood as reuniting of the feuders, settling and resolving of differences, bringing about peace and harmony and ending of hostilities.

Following now will be the subject definition of the concept ‘reconciliation’.
Subject definition of reconciliation

Gibson (2004:17) defines a reconciled person as one who is tolerant of those with whom he or she disagrees. Reconciliation when described from the perspective of politics refers to a process of talking through, trusting and forgiving. Most of the literature does not explain reconciliation as a separate entity but connected with apology and forgiveness and for that reason the researcher noted that the Truth and Reconciliation Commission established in South Africa in 1994 were based on those principles. James and De Vilver (2001:62) assert that the aim of the Truth and Reconciliation commission in South Africa was for the people to speak directly and frankly about the past so that the mistakes of the past would never be made again. The authors complement the statement saying that reconciliation on such a collective and social scale has to work by means of an awe-inspiring power of example, a cleansing ritual loaded with the symbolism of atonement/forgiveness/reconciliation.

Bowen and Consedine (1999:18) though writing about reconciliation within the context of restorative justice, explain that restorative justice creates obligations to make things right by searching for solutions that promote repair, reconciliation and reassurance. In their study of restorative justice, these authors identified and referred to a need for a direct involvement through dialogue between the victim and the offender in airing the issues surrounding a conflict in the presence of a facilitator to promote reconciliation. Furthermore, as mentioned by Bowen and Consedine (1999:19), the objective of the meeting is to facilitate an exchange of experiences between the conflicting parties in an environment of healing. The facilitator’s role is to guide the process of dialogue and negotiation as it could at times become explosive (Bowen and Consedine, 1999:18). The process of restoration is significantly enhanced when the offender acknowledges responsibility in the presence of the facilitator. When the victim experiences the offender acknowledging willingness to take responsibility for the offence and accept the consequences, Bowen and Consedine (1999:19) state that the relationship between the parties change. The facilitation focuses on finding means of assisting the offender and seeking benefits for the victim.

Reconciliation, as explained by Gibson (2004:14), could be seen as a continuum describing the relationship between the aggrieved and the wrongdoer. Bowen and Consedine (1999:19) describe this relationship as being aimed at offender accountability, victim recognition and healing. Gibson (2004:14) further states that in reconciliation people communicate and interact with one another more, thus leading to greater
understanding and perhaps acceptance (Gibson, 2004:15). The view of this author matches that of Bowen and Consedine (1999:18) who state that through dialogue and negotiation those involved in a conflict are empowered to become central to the understanding of the conflict. In other words, insight brought about through dialogue becomes the foundation of reconciliation.

De Waal (1990:69) attest that there is no avoiding of confrontation for a true meeting between opponents as the dialogue may be fierce. The author also maintains that only under such conditions is there any possibility of reaching a degree of mutual respect and understanding, which may ultimately lead to genuine reconciliation. Thompson (2002:48) views reconciliation as making sense only if there is a wrongdoer able and willing to engage in an act of reconciliation. Bowen and Consedine (1999:23) refer to the willingness to engage as voluntary participation, and these authors acknowledge the importance of such a relationship in a restorative justice process (reconciliation). For the fact that reconciliation is referred to as a process, Thompson (2002:48) mentions that reconciliation cannot mean in all cases that the offence has been forgiven or that relations are henceforth harmonious and co-operative. Russell (2004:139) is seen by the researcher as in agreement with the statement by stating that healing takes time, and cannot be rushed or programmed. According to Russell (2004:139) “there is an element of grace in healing”. Bowen and Consedine (1999:19) also state that the outcome of the meeting cannot be predetermined but that through the process of healing the victim-offender relationship is transformed.

Omi (1998:15) approaches reconciliation from the perspective of spirituality and Christianity and mentions that for reconciliation to be complete there needs to be acceptance and participation on both sides, that is, by the wrongdoer and the aggrieved. The author asserts that both national and sacramental reconciliation look to similar goals for they seek the good of the individual, a way to deal with “sin” and division, broken or distorted relationships and a change in attitudes and ways of relating.

Chapman and Spong (2003:133) states that reconciliation is impossible outside of faith. Morgan as quoted by the latter-mentioned authors believes that reconciliation is also about repentant and forgiving hearts. Still on the subject of reconciliation and Christianity, Reverends Steele and Khoza of the Rhema Bible Church are also quoted in Chapman and Spong (2003:149) as stating that true reconciliation has to be between the man and God first. Reverend Khoza maintains that it is not in man to reconcile with
another man unless God has really become personalized in one’s life. Reverend Khoza is further quoted by Chapman and Spong (2003:149) as stating that true reconciliation requires the spiritual dimension and biblical approach.

Central to reconciliation is compromise (Maquet, 1972:76). According to this author compromise is a way of settling personal disputes and conflicts by trying to find a solution acceptable to both parties and is an essential factor in achieving co-operation in family negotiations. Kinship (family) reconciliation aims at reconciling and recreating the conditions which promote social co-operation. Importantly reconciliation aims at restoring social harmony by putting pressure on the adversaries to settle the matter rather than to see that each one gets his way (Maquet, 1972:77) and such an approach could necessitate compromise.

Mentioned previously in this discussion was the fact that restorative justice seeks a means to promote repair, reconciliation and reassurance. Thompson (2002:47) refers to reparation as one of the responses to wrongdoing. According to this author reparation is also concerned with apology, forgiveness, contrition, atonement and reconciliation. Explaining apology, Thompson (2004:49) states that it is an expression of regret for wrong done. Apology then, taking into consideration the above explanations, could be said to be central to reparation which in turn is central to reconciliation. The views of Thompson (2002:49) match this statement as the author states that the objective of reconciliation is achieved when the harm done by injustice to relationships of respect and trust that ought to exist between individuals or nations has been repaired.

Reparation as explained by Hayner (2002:171) encompasses a variety of types of redress which aim at the provision of an environment conducive to healing. The environment includes provision of an opportunity to disclose the truth so as to repair torn relationships between individuals or groups. Disclosure may at times reopen wounds that were healing but as stated in Hayner (2002:133) badly healed wounds of society and of individual victims may continue to fester long after the cessation of fighting. Disclosure enhances insight which is most needed as a background to reparation. Besides repairing torn relationships, disclosure benefits the individual psychologically otherwise repressing intense emotional pain can lead to psychological trouble (Hayner, 2002:134). Telling the story provides some sort of relief and contributes to the healing process as the offender may start realizing the extent of harm done and apologise. The victim, through beginning to understand the outrage may then, gain respect from the apology and be able to forgive
Forgiveness seems to be a characteristic of reconciliation as noted in some of the literature mentioned previously. Referring to forgiveness as a factor in reconciliation, Kaunda, as quoted in De Waal (1990:76) states that forgiveness is not a substitute for justice. To know the reality of forgiveness people need to turn their backs on the things they have done which required them to seek for forgiveness. According to Gibson (2004:13) reconciliation typically means acceptance of blame, apology and forgiveness. Bowen and Consendine (1999:17), when explaining the power of acceptance of blame, apology and forgiveness in reconciliation, give an example of three young men who robbed a boy of a jacket but only one of those offenders could be reconciled with the victim because he came forward, accepted blame for his actions and apologised. The victim and his family accepted the apology and reconciliation occurred without any sanction being imposed on the offender.

According to Russell (2004:4) theorists are still struggling to define ‘forgiveness’ owing to the far-reaching nature of the concept but the author positively states that forgiveness holds a powerful place in the human psyche. Central to forgiveness is a change of heart and for that reason it is associated with religion. Within the Christian community forgiveness originates from the redemption act of Christ in dying and thereby reconciling people with God and people with themselves (Chapman and Spong, 2003:40). The association between forgiveness and Christianity is compounded by the extent to which the Christian understanding of forgiveness was influenced by the sacrament of penance that shifted the power to forgive from victim to God. Russell (2004:4). The author further explains that most Christians as a result understand forgiveness offered by God as more important than that offered by the victim. De Gruchy (2002:172), a Professor of Christian studies at the University of Cape Town, argues that forgiveness from the perspective of the gospels only makes sense against the background of God’s demand that we change and begin to seek God’s justice in society. The author echoes the beliefs of Archbishop Tutu who as the facilitator in the Truth and Reconciliation Commission in South Africa in 1995, insisted that the victims of injustice and oppression be ready to forgive because that is a gospel imperative. Readiness as defined in the Oxford Advanced Learners’ Dictionary of Current English (1974:698) refers to a state of showing no hesitation or unwillingness but rather a state of acceptance.

Accept(ance) defined in The Oxford Thesaurus (1991:3) refers to a state of being
reconciled with oneself and reality. This action, in the researcher’s opinion, could be associated with reflection. The statement is based on the description of reflection as provided by Boud, Keogh and Walker (1985:141). These three authors portray reflection as a dialectical process which involves an inward look at our thoughts and thought processes and an outward look at the situation in which we find ourselves thus orientating us for further thought or action. Reflection allows us to pause and consider before we act because at times the situation we find ourselves in requires consideration and how we act on it is a matter of some significance (Boud, Keogh and Walker, 1985:142).

According to (Gibson 2004:13) reconciliation makes it possible for a person to be tolerant of those with whom he or she disagrees, possibly after reflection. People come into interaction with one another more and communicate more, acts that in turn lead to greater understanding and perhaps acceptance. This statement by Gibson marks the end of the definition and discussion of the concept ‘reconciliation’ which is the second major part of the major concept of this study. It is therefore important for the following discussion to be regarded as that of the entire major concept of this study. The identified concept in this research is ‘intergenerational reconciliation’ which will be defined. Definition will be from different dictionaries as well as from different books or subject literature.

→ Dictionary definition of ‘intergenerational reconciliation’
Intergenerational reconciliation is defined by the researcher as the process of frank communication between the family members which could lead to understanding, forgiveness and acceptance (Gibson, 2004:14; the Oxford Thesaurus, 1991:3).

→ Subject definition for ‘intergenerational reconciliation’
Intergenerational reconciliation as an idea describes the basic mechanisms by which persons of different generations purposely collaborate to nurture and support one another. In this collaboration the older adults, children and youth are each to assume a special role, designed to have a positive and mutually beneficial impact (Newman, 1997:3). The benefits in the long run empower the family by uniting it, therefore peace is a crucial element in intergenerational activities. The collaboration could be by means of reparation.

Hayner (2002:171) states that reparation encompasses a variety of types of redress which aim at the provision of an environment conducive to healing. The environment includes provision of an opportunity to disclose the truth so as to repair torn relationships between individuals or groups.
The major concepts of the study have been defined. The following step will be the
description of the evolvement of the proposed intergenerational reconciliation model which
is intended to be the basis for the family support to pregnant teenagers. Preceding this
step is the examination of the related attributes and essential attributes for
intergenerational and reconciliation.

4.3 REDUCTION PROCESS OF IDENTIFIED ATTRIBUTES

A list of defining attributes has been identified and will now be analysed and synthesized
to form a definition of the main concept which is intergenerational reconciliation. Listing
defining attributes assists with naming the occurrence of a specific phenomenon as
differentiated from a similar or related one (Chinn and Kramer, 1995:94). These authors
maintain that attributes change over time or when under the influence of a different context
from the one under study. Following now will be a table of attributes that were identified
for the purpose of this study through the process of concept definition and chosen
because they most suitably described the essence of the major concept. To be better
understood within the context of this study intergenerational reconciliation will consist of
the listed attributes and essential attributes in the following tables.

TABLE  4. 2 LIST OF ATTRIBUTES FOR THE CONCEPT "INTERGENERATIONAL"

| Kinship | Regarded collectively | Family relations bonding responsibility |
| Lineage | Between | Reciprocally nurturing |
| Heritage | Mutually Connectedness | Conflict |
| Ancestors | Relationships | Perceptions |
| Beliefs | Roots | Behaviours |
| Values | Unifying | |
| Birth | Emotional | |
| Tradition | Link | |
| Authority | |

The following table lists the essential and related attributes of “inter-generational”.
**TABLE 4.3** LIST OF ESSENTIAL AND RELATED ATTRIBUTES FOR THE CONCEPT "INTERGENERATIONAL"

<table>
<thead>
<tr>
<th>ESSENTIAL ATTRIBUTES</th>
<th>RELATED ATTRIBUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Unifying</td>
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<tr>
<td></td>
<td>Tradition</td>
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<tr>
<td></td>
<td>Birth</td>
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<tr>
<td></td>
<td>Responsibility</td>
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<tr>
<td></td>
<td>Authority</td>
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<tr>
<td></td>
<td>Offspring</td>
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<tr>
<td>Relations</td>
<td>Bonding</td>
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<td></td>
<td>Values</td>
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<td></td>
<td>Beliefs</td>
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<td></td>
<td>Behaviours</td>
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<td></td>
<td>Relationships</td>
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<td></td>
<td>Connectedness</td>
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<td></td>
<td>Reciprocity</td>
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<tr>
<td></td>
<td>Friendships</td>
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<tr>
<td></td>
<td>Speak</td>
</tr>
</tbody>
</table>

The following table is a table of a list of related attributes to the concept “reconciliation”.

**TABLE 4.4** RELATED ATTRIBUTES FOR THE CONCEPT "RECONCILIATION"

<table>
<thead>
<tr>
<th>Reuniting</th>
<th>Pacify</th>
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</thead>
<tbody>
<tr>
<td>Repairing</td>
<td>Peaceful</td>
</tr>
<tr>
<td>Meeting</td>
<td>Calm</td>
</tr>
<tr>
<td>Opponents</td>
<td>Soothe</td>
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<tr>
<td>Mutual respect</td>
<td>Apology</td>
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<td></td>
<td>Reflection</td>
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<td></td>
<td>Understanding</td>
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<td></td>
<td>Insight</td>
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<td></td>
<td>Acceptance</td>
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<tr>
<td>Forgiveness</td>
<td>Relationship</td>
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<tr>
<td>Harmonize</td>
<td>Transgression</td>
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<tr>
<td>Settle</td>
<td>Communication</td>
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<tr>
<td>Blame</td>
<td>Friendship</td>
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<tr>
<td>Shame</td>
<td>Amicable</td>
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<tr>
<td>Justice</td>
<td>Speak</td>
</tr>
<tr>
<td>Mistakes</td>
<td>Compromise</td>
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<tr>
<td>Responsibility</td>
<td>Thought</td>
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<tr>
<td>Facilitation</td>
<td>Consider</td>
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<td>Transforms</td>
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<tr>
<td>Participation</td>
<td></td>
</tr>
<tr>
<td>Disagreement</td>
<td>Make compatible</td>
</tr>
<tr>
<td>Atonement</td>
<td>Tolerant</td>
</tr>
<tr>
<td>Healing</td>
<td>Unpleasant</td>
</tr>
<tr>
<td>Repair</td>
<td>situation</td>
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<tr>
<td>Reconcile</td>
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<td>Introspection</td>
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TABLE 4.5 A LIST OF ESSENTIAL AND RELATED ATTRIBUTES OF THE CONCEPT RECONCILIATION

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<tr>
<th>ESSENTIAL ATTRIBUTES</th>
<th>RELATED ATTRIBUTES</th>
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<td>Reflection</td>
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<td>Healing</td>
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<td>Repairing</td>
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<td>Mutual respect</td>
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<td>Participation</td>
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Essential and related attributes to the central concept have been identified and following now will be the description of the model case in order to create a clear understanding of the central concept. A model case as defined by Walker and Avant (1995:42) is the development of a real life example of a scenario which the central concept and all its essential attributes are used.
4.4 DESCRIPTION OF A MODEL CASE

Construction of a model case starts with a description of an experience or an instance representing the concept according to one's best present understanding of that particular concept. Model cases may be created from personal experiences or described experiences either by certain individuals or from literature (Chinn and Kramer, 1995:83). Most importantly, as stated by Chinn and Kramer (1995:83; Walker and Avant, 1995:42), a description of the model case includes all the identified essential attributes of the central concept.

The scenario for the model case in this study comes from the narrated experiences of one of the pregnant teenagers.

4.4.1 THE MODEL CASE

I woke up that morning and as I got out of bed I felt like going back to bed. I felt funny and my head was pounding with pain. I sat there for a minute, and realising that I was going to be late for school, I immediately got up and started preparing for school. The next morning the same thing happened and only this time I felt nauseous but did not vomit. On my way to school I could feel that I was not well and felt dizzy. As the day went by I started feeling better. I felt like this almost every morning for four consecutive days and on the fifth day I told my mother that I would not go to school as I was not feeling well. I felt tired and therefore slept for most of the day.

Two of my friends came to see me after school and I told them what was happening to me. One of them asked if I did not want to go and do a pregnancy test as she thought that I was pregnant. We laughed at this idea but I ultimately went for a pregnancy test after feeling sick for ten days continuously. The test was positive and I was so shocked, I did not know what to say. I wanted to kill myself as I immediately thought of the possible disappointment of my mother. I was angry with myself for doing such a foolish thing which would ultimately hurt my mother.

I kept this information to myself and my friends for another three weeks as I was thinking of having an abortion but was afraid of dying. I could see the changes in my face and
breasts. My face was becoming full and my breasts were heavy and very dark on the tips. I gained weight and I could not walk for a long distance without being tired and I felt miserable amongst my friends. I decided that I could no longer hide the pregnancy from my mother but needed to know how to tell her. I believed that my mother would be disappointed in me but had the hope that she would **forgive** and support me during the pregnancy as I had decided against the abortion.

One day on my way to school I experienced the first kick of my baby and at that moment I knew this was the day for me to disclose my secret to my mother and I had all the confidence in my mother. When she came back from work I told her about my pregnancy, she was quiet for almost five minutes, got up and went to her bedroom. She did not **speak** to me until the next morning when before leaving for work, she, told me to pack and go so that when she came back from work she did not have to see me again. My friends did warn me in any case that teenage pregnancy at times causes a lot of conflict in the family because the parents like to chase the pregnant teenager out of the house. I did not want to believe that my mother meant what she said because I did not believe that she could turn her head away from me, and as a result I did not go away. My **belief** that she would not reject me and my action of not leaving when she told me to do so was a mistake.

When she came back from work and found me not to have left the house she was so angry and started shouting at me, throwing some of my clothes outside and telling me that I was not her child anymore. I stayed in the house and did not go anywhere but it was difficult. She would not **speak** to me or ask me about the progress of my pregnancy and I would also not ask anything from her as I was hurt. She ignored me to the extent that I decided to go to the clinic on my own, for she was not there for me. I was disappointed with my mother's response to my pregnancy and I was angry with her.

At the clinic I met the midwife who started to ask me a lot of questions about my pregnancy. I could not answer some of the questions as I was having difficulty with concentration and the midwife noticed that I was anxious. She asked me to tell her about my problem and I did. The midwife took me to a private room and offered me a comfortable chair to sit and relax, she told me she wanted to **speak** to me but would give me time to **calm** down as I was crying. She left the room and came back after a few minutes and she started explaining to me the disadvantages of not talking to my mother as a pregnant teenager. She asked me to go home, think about what she advised me (to sit
down and talk with my mother) and come back to her when I was ready to start restoring the relationship with my mother.

She phoned my mother to tell her that I would come home late as she had to talk to me about the conflict between us. She fixed an appointment with my mother to also discuss with her the conflict between me and my mother and my mother agreed. My mother was not pleased to hear that I spoke to the midwife at the antenatal clinic and told me that she was not going to change her decision to ignore me but would keep her appointment with the midwife. After her meeting with the midwife I went to see the midwife at least two times before I made the decision to sit down and talk with my mother but I was afraid as I did not know what her response would be when I told her how I felt about her now that I was pregnant. Through the meetings with the midwife I was able to go through a lot of introspection and reflection which provided me with insight into the situation thus being able to make a decision. Owing to some understanding emanating from the insight gained I was willing to compromise for the benefit of my relationship with my mother and my unborn child. It happened that my mother was also feeling as I was feeling about ending the conflict between us.

The midwife became the facilitator of the reconciliation between me and my mother. She allowed us to talk frankly to each other but managed to guide the meeting proceedings peacefully and with respect. It was interesting to notice that my mother tolerated my openness about my experiences of my pregnancy and the fact that I sometimes hated her. I was surprised to hear that she respected the fact that I managed to speak to her about my feelings and she told me that she now understood the situation better and was therefore considering the consequences of her actions. We both independently accepted our mistakes, me for being pregnant out of wedlock and that I had disappointed my mother, hence her anger. My mother admitted that her continued neglect of me was unacceptable and was not a good example of parenthood. We voluntarily agreed to forgive each other and participate in close communication sessions and learn to repair the broken relationship between us. Mutual respect and tolerance of each other’s opinion led to a harmonious facilitation of the meetings, progressing towards an ideal decision. Apology seemed to be the ideal decision as we both indicated to the midwife that we were committed to repairing the broken relationship. My mother and I were prepared to co-operate with the midwife in her guidance for us to settle the conflict between us.
Immediately after we had apologised to each other we further committed ourselves in the presence of the facilitator taking responsibility to transform the relationship in order to accommodate healing and enhance connectedness between us so that we could be reconciled. At this level of the healing process the midwife suggested that my grandmother be involved and monitor the progress of the process of restoration of friendship between me and my mother. The midwife told us that she was positive about our ability to re-unite and keep a close bond. The introduction of my grandmother to lead the healing process benefited the entire family as the conflict between me and my mother had affected the other members of the family, straining family relationships severely.

My grandmother brought with her to the process of healing the authority of traditional respect which enables her to unite the family when there is a crisis. My grandmother in consultation with the midwife guided us into nurturing the family values and beliefs. She told us that a positive change in behaviour would be appreciated and would serve as a sign to the neighbours that despite the teenage pregnancy, our family stood by its values of protection and loyalty to its members. Through her caring attitude we managed to acknowledge the importance of reciprocity in the efforts to be reconciled and to pave the way for a conducive environment for the birth of the child. She was instrumental in our changing our behaviour.

The relationship between me and my mother has since improved and the midwife told me that my unborn child is growing well and my general health is positive. I also feel more relaxed now and I sleep better at night than when I was in conflict with my mother.

### 4.5 ESSENTIAL AND RELATED ATTRIBUTES FOR THE CONCEPT OF FACILITATION OF INTERGENERATIONAL RECONCILIATION

A list of essential attributes for facilitation of intergenerational reconciliation as identified for the context of this study follows below.

<table>
<thead>
<tr>
<th>TABLE 4.6 A LIST OF ESSENTIAL ATTRIBUTES FOR THE CONCEPT FACILITATION OF INTERGENERATIONAL RECONCILIATION</th>
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</thead>
<tbody>
<tr>
<td><strong>ESSENTIAL ATTRIBUTES</strong></td>
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<tr>
<td>Reflection</td>
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</table>
meetings to gain insight. Showing mutual respect and understand one another’s actions.

Restoring family relationships
Communicating one’s own opinion, being tolerant of each other. Compromising, and showing change.

Readiness to forgive
Accepting responsibility. Showing readiness to restore relationships and re-unite the family.

Healing
Creating connectedness that is influenced by respect for traditional authority based on family values and beliefs.

4.6 ESSENTIAL CONCEPTS

→ **Reflection:** Refers to initiating introspection which leads to willingness to participate in meetings to gain insight. All role players (pregnant teenagers, parents, grandparents and midwife) show mutual respect and understanding.

→ **Restoring family relationships:** Entails the role players communicating their own opinion effectively and being tolerant of one another. Role players compromise and show a change in attitude.

→ **Readiness to forgive:** Refers to role players accepting responsibility, being ready to restore relationships and re-unite the family.

→ **Healing:** Entails creating connectedness that is influenced by respect for traditional authority based on family values and beliefs.

4.7 DEFINITION OF THE MAIN CONCEPT OF THE STUDY

Facilitation of intergenerational reconciliation is initiated by a process of **reflection** which entails introspection, insight and understanding. The midwife facilitates willingness and participation in the process. The effective communication between the pregnant teenager, her parents and grandparents will enable the **restoration of family relationships** and encourage **readiness to forgive** that is enhanced by their action of accepting responsibility to re-unite as a family. **Healing** concludes the process of facilitation of intergenerational reconciliation and provides a calm, supportive home environment for the
pregnant teenager.

4.8 PROCESS OF FACILITATION OF INTERGENERATIONAL RECONCILIATION

A schematic description of the process of facilitation of intergenerational reconciliation for the purpose of assisting with the clarification of the imaginary understanding of the proposed model follows below.

4.8.1 A DESCRIPTION OF THE PROCESS OF FACILITATION OF INTERGENERATIONAL RECONCILIATION

<table>
<thead>
<tr>
<th>AGENT</th>
<th>Midwife</th>
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<tbody>
<tr>
<td></td>
<td>Pregnant teenager</td>
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<td>Parents</td>
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<td>Grandparents</td>
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<table>
<thead>
<tr>
<th>RECIPIENT</th>
<th>Pregnant teenager</th>
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<td>Parents</td>
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<tr>
<td></td>
<td>Grandparents</td>
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<td></td>
<td>Midwife</td>
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PROCEDURE

Facilitation of intergenerational reconciliation as the means of repairing family relations consists of the following steps:

- **Reflection**: the pregnant teenager and the parents will do some introspection into their own actions through the assistance of the midwife through sharing of true experiences during the meetings scheduled with the midwife. Facilitated reflection will result in the pregnant teenagers/parents taking responsibility to re-unite with one another.

- **Restoring family relationships**: Restored friendships promote frequent communication amongst the pregnant teenagers and their parents.

- **Readiness to forgive**: The pregnant teenagers and the parents commit themselves to intergenerational reconciliation as they feel ready to forgive.

- **Healing**: Ultimate intergenerational reconciliation will be achieved through facilitated healing which embraces traditional family values and beliefs to provide a calm, supportive home environment for the pregnant teenager.
Chapter 4

DYNAMICS
The midwife who is the facilitator of the intergenerational reconciliation promotes engagement of the pregnant teenagers and their parents in peaceful meetings to encourage healing. The process of healing is preceded by readiness to forgive and commitment to restore the friendships. It is therefore the grandparents who with their experience of traditional values and beliefs will facilitate maintenance of the healing process which will culminate in a calm, supportive home environment.

CONTEXT
The antenatal clinic being attended by the pregnant teenager
The home of the pregnant teenager

TERMINUS
A calm, supportive home environment

4.9 CONCLUSION

Chapter four dealt with the description of the evolvement of a model for Facilitation of Intergenerational Reconciliation: a Xhosa perspective. Major concepts for the study were identified from the results of the data analysis in chapter three. Results of the data analysis revealed an extensive amount of hostility between the pregnant teenagers and their parents. The grandparents of these teenagers are also disappointed at the pregnancy of the teenage granddaughters. The grandparents are also aware of the negative consequences of a prolonged breakdown in the relationship between the pregnant teenagers and their parents and are therefore contemplating a means to end the conflict. The most important step to be taken as identified by the researcher in order to salvage the pregnant teenager/parent relationships is to create awareness of their own transgression in the pregnant teenagers and their parents, take responsibility for such transgressions and forgive one another. The grandparents will be the mediators for the process and the midwife will facilitate the entire process. The major concepts identified were, intergenerational reconciliation. Identification of the major concepts was done in consultation with the experts in the field of qualitative research. The concepts intergenerational and reconciliation were defined and a conceptual definition of intergenerational reconciliation provided.
CHAPTER FIVE

A MODEL FOR FACILITATION OF INTERGENERATIONAL RECONCILIATION: A XHOSA PERSPECTIVE

5.1 INTRODUCTION

Chapter four focussed on the development of a model for the facilitation of intergenerational reconciliation. The data collected from the interviews with pregnant teenagers, their parents and grandparents provided an opportunity for identifying concepts for the construction of the model. In chapter five a model for facilitation of intergenerational reconciliation will be described. This discussion will be structured according to the following sub-headings:

- Overview of the model
- Structure of the model
- Structural description of the model including the following
5.2 OVERVIEW OF THE MODEL

The conflict in the family resulting from the pregnancy of the teenager led to a breakdown in the relationship between the pregnant teenager and her parents. The pregnant teenagers, their parents and grandparents became isolated from one another thus limiting family interaction and parental support to the pregnant teenager. The grandparents were caught in the middle of the conflict between the pregnant teenager and her parents as they saw the importance of support to the pregnant teenager despite their disappointment at her being pregnant.

The subject of teenage pregnancy has been extensively investigated. In these studies ineffective teenage-motherhood, as well as the decision of the pregnant teenagers either to terminate the pregnancy or give the child up for adoption after delivery, seem to be associated with the conflict between the pregnant teenagers and their parents during the pregnancy period. The researcher could find neither existing guidelines nor effective measures that are in place to address the problem of conflict between the pregnant teenager and her parents. In order to satisfy the identified need, a model to facilitate intergenerational reconciliation has been developed. The conflict between the pregnant teenagers and their parents could only be resolved if an opportunity could be provided to both these participants to engage in an open discussion or meeting and disclose one another’s experiences related to the pregnancy.

Facilitation of intergenerational reconciliation will be initiated by the midwife at the antenatal clinic when she meets the pregnant teenager who acknowledges that she is experiencing
conflict at home that is related to her pregnancy. Emphasis will be on encouraging introspection directed at her own actions before considering those of her parents. Through introspection the teenager should be able to gain insight in her own mistakes and be willing to and engage in talks with her parents in a respectful manner. The midwife repeats the same process with the parents of the pregnant teenager. Engaging in open meetings or discussions will not only promote an opportunity to forgive willingly, but also devise means of restoring effective family relationships, thus initiating the healing aspect of the facilitation of the intergenerational reconciliation process. The initial meetings or discussions will take place at the clinic but, as the relationship between the pregnant teenagers and their parents improves, the meetings will continue at the home of the pregnant teenager with the assistance of the grandparents.

The meetings and consequent discussions will be held informally, all the participants will be present where possible and privacy and respect maintained at all times. During these meetings the pregnant teenagers, their parents and grandparents will be assisted through guided reflection to engage in a process of introspection and come to terms with the actions that have led to the existing family conflict. Reflection paves the way to commitment to restoring effective family relationships. The commitment is characterized by a change of attitude by all of the participants towards a readiness to forgive. Acceptance of responsibility is a vital step in readiness to forgive and promotes connectedness of the family that culminates in healing. The midwife will remain available to assist where necessary and the grandparents will then assume the role of maintaining the healing process using the influence of their experience as parents and from the authority vested in their traditional position in the family. The involvement of the grandparents will benefit the facilitation of the intergenerational reconciliation process by introducing the traditional values and beliefs that are to be embraced by the family to encourage cohesion within the family.

As the healing aspect of the process progresses, a closer relationship between the pregnant teenagers and their parents develops and communication and interaction improve towards becoming positive which promotes the confidence to rely on one another’s support. The environment at home will become conducive to the support needs of the pregnant teenager. She and her parents will be guided into accepting the pregnancy and its consequences. Through the support of the parents and the grandparents, the pregnant teenager will become equipped to cope positively with the physical and psychological
challenges of her pregnancy.

The process of the model progresses through four aspects as follows:

**Aspect 1:** This aspect refers to reflection that aims at introspection enabling insight to be gained into the conflict situation within the family, the extent of the disharmony within the family relationship and the need to engage in peaceful negotiations and meetings to initiate the facilitation of intergenerational reconciliation.

**Aspect 2:** This aspect includes effective communication processes, tolerance and compromise for the purpose of restoring family relationships.

**Aspect 3:** This aspect refers to readiness to forgive, which is an attitude that culminates in restored relationships. The family members accept responsibility for their part in the problem and show commitment towards re-uniting the family.

**Aspect 4:** The ultimate outcome of the model is a calm, supportive home environment brought about by the healing of the family through maintaining reconciliation.

The following discussion focuses on the structure of the model.
FIGURE 5.1 MODEL FOR FACILITATION OF INTERGENERATIONAL RECONCILIATION
5.3 STRUCTURE OF THE MODEL

The structure of the model will be discussed under the following sub-headings:
→ Purpose of the model
→ Assumptions of the model
→ Context of the model
→ Theoretical definition of concepts
→ Relationship statements

5.3.1 PURPOSE OF THE MODEL

The purpose of the facilitation of intergenerational reconciliation model is to provide a frame of reference for health and welfare professionals to promote family support to pregnant teenagers during the turbulence of the pregnancy period. The data collected in this study revealed inadequate family support to pregnant teenagers due to the conflict emanating from the experiences of the participants related to the pregnancy. The pregnant teenager evidenced ineffective coping mechanisms with the pregnancy as she was overwhelmed by the feeling of being rejected by the entire family because she was pregnant. The continued conflict between the pregnant teenager and her parents and the lack of parental support to the pregnant teenager posed a threat to the well-being of the unborn baby as, at times, the pregnant teenager considered committing suicide or having an abortion.

Facilitation of intergenerational reconciliation is suggested to assist in resolving the conflict between the pregnant teenager and her parents. The model seeks to satisfy the objective of healing and; therefore the assistance of the midwife as a facilitator and of the grandparents during the healing process are important. Healing through reconciliation is preceded by tolerance, acceptance and asking for forgiveness for one’s mistakes. Through the facilitation of intergenerational reconciliation, the pregnant teenager, her parents and grandparents will be provided with an opportunity to reflect on individual actions, identify areas of concern within the relationships and take responsibility for addressing those areas of concern. The latter actions of the participants will encourage the efforts to restore effective family relationships by forgiving and asking for forgiveness, thus enhancing healing and re-uniting of the family.
Professional training will be provided to the midwife in the form of in-service education and workshops to master the necessary skills to enhance her facilitative role. The professional training programme of the midwife will include effective communication skills and facilitation of reflection. The midwife, as a facilitator of intergenerational reconciliation, will also contribute his/her professional expertise and experience in the field of midwifery to protect the well-being of the pregnant teenager and that of the unborn child. The grandparents will assist with refocusing on traditional values and beliefs and in so doing promote healing. Family values encourage protection of the family and support to its members through the promotion of trust, thus providing a feeling of security.

The assumptions on which the model is based will now be discussed:

5.3.2 THE ASSUMPTIONS OF THE MODEL

The assumptions of the model for the facilitation of intergenerational reconciliation are in accordance with those identified in the metaparadigms of the theory of Kotzé (1998:4-13).

Kotze’s theory (1998:4-13) serves as the point of departure for the assumptions of the model. The family of the pregnant teenager needs assistance in the form of reconciliation. Facilitation of intergenerational reconciliation encompasses reflection, restoring family relationships, readiness to forgive and healing. In the context of this study, the assumptions of the model are as follows:

→ Man is a unitary being that is in **dynamic relationships** and should therefore be considered in totality, that is **body, psyche and spirit (man/human being/person)**. The pregnant teenager should, therefore, be considered **holistically**, including her involvement in relationships with her family as she experiences her pregnancy.

→ The world of **human existence** represents continuous expansion and reconstruction to fit the needs of the person. The pregnant teenager is exploring and striving to establish meaningful relationships and coming to terms with the role of being a mother. A relationship of being in harmony with her family, that is, **understanding**, **trust** and **acceptance** in a **calm, supportive home environment** is crucial to the restoration of the pregnant
teenager’s confidence in herself as well as in her family.

Facilitation of intergenerational reconciliation aims at maintaining optimal health and functioning of the family. This influence of the model is related to the assumption that man on the continuum of ill-well has the ability to maintain him/herself optimally in his/her relationships. The pregnant teenager, her parents and grandparents are constantly being challenged by experiences and consequences of the teenage pregnancy. In order for the pregnant teenager to be able to cope and reach independence and self-reliance in her parental role, she will need family support. On the other hand, for the family to be able to provide the pregnant teenager with the necessary support, they will need assistance in coming to terms with this challenge. Facilitation of intergenerational reconciliation model will serve as a reference for the family to promote wholeness in a calm, supportive home environment.

Central to the model are the activities that will facilitate the establishment of a calm, supportive environment for the pregnant teenager. Facilitation of intergenerational reconciliation empowers the family to achieve this objective. Effective support for the pregnant teenager will be accomplished through a process that includes reflection, restoring family relationships, readiness to forgive and healing. It is assumed that at the end of this process the family will be reconnected and be able to help the pregnant teenager gain self-reliance and cope with the pregnancy and its consequences, thus regaining personal wholeness in a meaningful existence/new life-style.

Basing her study on the preceding assumptions, the researcher will now proceed to describe the context in which the model will be applied.

5.3.3 THE CONTEXT OF THE MODEL

The context of the model for the facilitation of intergenerational reconciliation is the Xhosa culture of the pregnant teenager. The home of the pregnant teenager and the antenatal clinic where the pregnancy of the teenager is being monitored is also referred to as the
context of the model. Facilitation of intergenerational reconciliation is based on the influence of the culture of the participants. Grandparents in the Xhosa communities, by virtue of their experience in family issues and seniority, possess traditional authority over their families, be it their immediate children’s homes or extended family homes and are therefore traditionally respected within their communities. Facilitation of intergenerational reconciliation will be considered within such an environment.

The home of the pregnant teenager and the antenatal clinic being attended will be in the Nelson Mandela Metropole. The midwife, during her routine midwifery assessment of the pregnant teenager, will identify the problem and give information to enable her to solve her problem. If the problem persists the midwife will initiate facilitation of the intergenerational reconciliation process.

The home of the pregnant teenager is most suitable as the context for the facilitation of intergenerational reconciliation as it is where the pregnant teenager and her parents, through the assistance of the grandparents, will experience the healing of the family through embracing the traditional values and beliefs of the family. It is where the grandparents, who traditionally fill the role of instilling the tradition in their descendants, will have the opportunity to interact almost continuously with the pregnant teenager and her parents, thus maintaining the healing process of the family under the facilitative supervision of the midwife.

The following discussion will focus on the theoretical definitions of the concepts that comprise the larger concept of facilitation of intergenerational reconciliation.

5.3.4 THEORETICAL DEFINITIONS

The definition of intergenerational reconciliation will be done in relation to the context of the research study. The theoretical definitions of concepts are an important precursor to generating relationship or relational statements, as such definitions convey concisely the essential meaning of concepts (Chinn & Kramer, 1995:94). The theoretical definitions applicable to the model for intergenerational reconciliation will now be presented.
5.3.4.1 Definition of the major concept: Intergenerational Reconciliation

Facilitation of intergenerational reconciliation is initiated by a process of reflection which entails introspection, insight and understanding. The midwife facilitates participation in the process. Effective communication amongst the pregnant teenager, her parents and grandparents will enable the restoration of family relationships and encourage readiness to forgive that is enhanced by their action of accepting responsibility to re-unite as a family. Healing concludes the process of intergenerational reconciliation, thereby providing the pregnant teenager with a calm, supportive home environment.

5.3.4.2 Definitions of the essential and related concepts of the model

Theoretical definitions that will assist in the internalization of the model of facilitation of intergenerational reconciliation will now be presented.

Facilitated reflection

→ Facilitation of intergenerational reconciliation aims at guiding the process of restoring the broken family relations; but the reconciliation process is an involved process with extensive emotional dynamics. An attempt at facilitated intergenerational reconciliation could result in worse conflict and non-resolution of the relationship problem facing the family of the pregnant teenager. The facilitator advises and monitors the reflective process that culminates in reconciliation.

→ Reflection: Reflection entails the exploration of the participant’s thoughts, actions and feelings as well as those of other parties involved in the conflict so as to understand and be able to resolve the problem. Central to reflection is identification and consideration of their mistakes by the pregnant teenagers, their parents and grandparents, and a willingness to acknowledge the need for change in the family relations. The midwife will initiate the facilitative reflection process for intergenerational reconciliation and the grandparents will, under the guidance of the midwife, facilitate the healing process needed to complete the intergenerational reconciliation.

→ Peaceful meetings: The reflective process revolves around dialogue with self and others and internalisation of shared experiences. Much confrontation and discussion could take place as all participants need clarity regarding one another’s
perceptions of the teenage pregnancy. Confrontation of this nature will need to take place in a peaceful and safe environment in order for the meeting to serve the purpose of facilitation of intergenerational reconciliation. Peacefulness refers to a harmonious approach to talking about misconceptions and showing sensitivity to one another’s feelings. A peaceful meeting or discussion refers to talks directed at change between the pregnant teenagers, their parents and grandparents. These meetings will serve to establish a firm knowledge base for effective facilitation of intergenerational reconciliation.

→ **Communication of experiences**: Communication is a process that involves a message and a response or reaction to the message. The response depends on the nature of understanding of the message. Honest and calm communication of experiences will create clarity concerning the essence of the family conflict and enhance efforts of facilitated reflection towards renewed effective family relationships.

→ **Mutual respect and tolerance**: Uniqueness is a characteristic of individuality. Life experiences affect one’s uniqueness, depending on how one chooses to handle them. The individual either nurtures or disregards these life experiences in order to find meaning for himself/herself. Effective facilitation of intergenerational reconciliation will be based on mutual respect for one another’s uniqueness, authority and perceptions related to the teenage pregnancy in question. Mutual respect and tolerance lead to the making of mature decisions that are directed towards the intentions of reconciling the family.

→ **Understanding and compromise**: Communication of experiences enhances knowledge and thereby understanding of actions taken by the pregnant teenagers, their parents and grandparents related to the pregnancy. Through willingness, responsibility and holistic consideration of the situation, participants will compromise and come to a decision that will culminate in forgiveness.

→ **Willingness to restore relationships**: Each of the different generations involved in the reconciliation process should view himself/herself as a contributory factor in the breakdown as well as the re-building of the family relations. Willingness to restore relationships refers to the deliberate commitment of the participants to take action
That will re-unite them in a positive relationship.

- **Acceptance of own mistakes**: The pregnant teenagers and their parents need assistance to make their efforts towards re-create a renewed relationship work. These participants will have to identify from past experiences areas requiring improvement and implement those improvements to repair the broken relationship. Acceptance of own mistakes refers to reflection and disclosure of their own contribution towards the conflict without being defensive. Disclosure of their own mistakes by the pregnant teenagers, their parents and grandparents denotes willingness to move forward to reconciliation.

- **Improved family interactions**: Honest disclosures by the pregnant teenagers, their parents and grandparents, assisted by a facilitator to promote a change in the family relationships is referred to in this study as improved family interactions. The pregnant teenager admits to the midwife that she would like to have a meeting with her parents to clear up misconceptions. The parents and grandparents also acknowledge the need for such a meeting. Everyone should behave in a responsible manner during the entire facilitation of intergenerational reconciliation process until healing is achieved.

- **Trust relationships**: Individuality comes from the awareness of self. Increased communication between the pregnant teenagers and their parents, by revealing their inner worlds and vulnerabilities will lead to awareness of self, respect, empathy, trust and removal of uncertainties about one another’s intentions. Trust relationships imply support, encouragement and empathy that will facilitate and nurture internal discoveries in each other within the context of facilitation of intergenerational reconciliation.

- **Change in family relations and friendships**: Facilitation of intergenerational reconciliation brings about revelations of personal feelings of the pregnant teenagers and their parents and grandparents, thus providing understanding. The response to disclosure will promote a positive attitude that will assist in renewed effective relationships. A change in family relations in this study refers to transformation from ineffective relationships to effective relationships amongst the pregnant teenagers, their parents and grandparents.
Connectedness and healing: Connectedness of the family is encouraged by the sharing of the same values and beliefs about family cohesion and tradition. Shared experiences by the pregnant teenagers and their parents and grandparents related to the teenage pregnancy provide insight into the different worlds of the different generations in this conflict situation. The insight gained reveals how much hurt has been embedded in the family, but also how much they need one another to resolve the conflict and start rebuilding the family relations. Healing and connectedness are associated with improved family relationships.

Readiness to forgive: The decision to engage in necessary measures to rebuild the family relationships through facilitation of intergenerational reconciliation rests with the participants, that is the pregnant teenagers, their parents and grandparents. A mature decision such as this, which is voluntary, is driven by an internal commitment to forgive. Readiness to forgive implies the willingness to engage in facilitation of intergenerational reconciliation and to accept responsibility for the consequences thereof.

Authority vested through tradition: A tradition is a longstanding practice handed down from generation to generation that influences family interactions. Life experiences gained by the grandparents will influence connectedness in an intergenerational reconciliation process. Tradition refers to the values and beliefs which act as a background to the facilitation of intergenerational reconciliation and provide the necessary insight into the experiences of the pregnant teenagers and their parents related to the pregnancy. The traditional authority of the grandparents will be the main influence in the facilitation of intergenerational reconciliation.

Family values and beliefs: Family values and beliefs are taught qualities that provide direction to the family for optimal moral and psychological functioning. Through facilitation of intergenerational reconciliation, family principles are brought to the fore, indicating not only what the family is about but what it can be. The facilitator (grandparents) uses traditional authority to influence the nurturing of such family awareness. For the purpose of this study, family values and beliefs are the basis of family’s way of functioning.
A calm, supportive home environment: As the pregnant teenagers and their parents become reconciled with one another they will interact with the facilitators and other members of the family and community. Through continuous reflection they become aware of hurtful, embarrassing and threatening experiences that could increase their vulnerability during the healing process, thus prolonging facilitation of intergenerational reconciliation. For this reason, close facilitation through all the stages of reconciliation and continuous sensitive reciprocal support to one another are essential. A calm, supportive environment refers to encouraging, supportive and empathetic behaviour of all participants in the intergenerational reconciliation process.

5.3.5 RELATIONSHIP STATEMENTS

Relationship statements denote how the different concepts in a model are bonded (Chinn & Kramer, 1995:111). Relationship statements can either describe, explain or predict the manner of interactions between the concepts of a theory (Chinn & Kramer, 1995:96). The relationship statements of the model for the facilitation of intergenerational reconciliation will now be presented.

Statement 1
Insight gained through the facilitation of reflection will promote family commitment to participate in meetings or discussions for the purpose of promoting intergenerational reconciliation.

Introspection through facilitated reflection, initiated by the midwife, will provide an opportunity to the pregnant teenager and her parents and grandparents to gain insight into the existing family conflict. Moreover, the participants will willingly commit to participating in the facilitated process of intergenerational reconciliation.

Statement 2
Effective communication between the pregnant teenager and her parents and grandparents underpinned by tolerance, results in a change of attitude and compromise in order to benefit restoration of family relationships. Satisfactory communication amongst family members promotes tolerance, thus allowing an opportunity for the family members to
consider the value of their inputs towards rebuilding effective family relationships. Tolerance leads to compromise and a change in attitude that encourages the restoration of family relationships.

**Statement3**
Accepting responsibility and showing commitment to re-uniting the family indicate readiness to forgive and willingness to take part in the process of facilitation of intergenerational reconciliation.

Readiness to forgive is one of the integral aspects of the process of intergenerational reconciliation as it emanates from the sense of accepting responsibility to bring about the reconciliation of the family.

**Statement4**
The members of a family that are in conflict with one another will, through facilitation of intergenerational reconciliation, reflect, become ready to forgive and commit to change. As they gain insight into their problem influenced by the family values and beliefs, will become closer and trust one another, transforming their relationships and bringing about healing.

The process of facilitation of intergenerational reconciliation, based on the commitment of the family members to their traditions, family values and beliefs, will transform a family in conflict to a connected and healed family.

The description of the facilitation of intergenerational reconciliation as it is applied to the context of this study follows.

5.4 **STRUCTURAL DESCRIPTION OF THE MODEL FOR THE FACI-LITATION OF INTERGENERATIONAL RECONCILIATION**

The description of the structure of the model will now be presented.

5.4.1 **DESCRIPTION OF THE STRUCTURE OF THE MODEL**

In figure 5.1 a structural representation of the model for the facilitation of intergenerational
reconciliation is displayed. This is an overview of the structure, a description which will now be provided, is based on its development in chapter 4.

The focus of the model is the provision of a calm, supportive home environment for the family of the pregnant teenager that has been experiencing conflict brought about by her pregnancy. The model is bounded by a specific environment, that of disharmony, within a context of the home of the pregnant teenager and an antenatal clinic being attended by her. The pregnant teenager, her parents and grandparents are the role players.

The main feature of the model is that of a pyramid. The four triangular sides of the pyramid resemble the four aspects of the process of facilitation of intergenerational reconciliation happening simultaneously. The four aspects being intertwined, are of equal importance and therefore cannot be clearly separated from one another. The four aspects are:

- Reflection
- Restoring of family relationships
- Readiness to forgive
- Healing.

An extensive discussion of each of the four aspects of the model will follow at a later stage in the chapter.

The facilitator of the process (midwife in this study) is in the centre of the pyramid. He/she initiates the process of facilitation of intergenerational reconciliation when he/she becomes aware of the family problem through performing the midwifery assessment of the pregnant teenager and engaging with her at the antenatal clinic. The facilitator takes responsibility for meeting the family and promoting reflection through introspection. The goal is for the family and the facilitator to achieve understanding of the nature of the family problem through effective communication.

This is a difficult period for the entire family as well as the facilitator, as the pregnant teenager and the parents are still uncooperative and not talking freely to one another. As these participants are still very angry with one another there is a definite division of the family that results in aggression within the home environment. The facilitator enters the environment at this point. Accordingly it is necessary for the facilitator to meet the pregnant teenager, her parents and her grandparents separately to facilitate introspection related to individual input into the family in which hostility now exist.
The symbol resembling lightening at the base of the pyramid depicts the aggression and hostility engulfing the family of the pregnant teenager and the broken relationship between parents and pregnant teenager. The pregnant teenager is depicted on the right and the parents and grandparents on the left of the lightning to symbolise the non-engagement amongst these family members. The dark coloured base of the pyramid reflects the difficult period the family of the pregnant teenager is experiencing.

The darkness of the colours portrays the loss of hope, distrust, blame, disappointment and experiences of failure suffered by the participants. It is also characteristic of the strong personal emotions and the gloomy mood prevailing in the meetings since participants verbally attack one another as they disclose their own experiences of the teenage pregnancy and question one another’s actions related to those experiences.

The facilitator (Midwife) is depicted by a green pillar symbol in the centre of the pyramid since he/she is to guide (facilitate) the progress of all four aspects. The facilitator’s role is more extensive initially (base) but decreases as the process progresses, resulting in less direct involvement until he/she recedes from the forefront but remains available for consultation when needed.

The extensive reflection under the supervision of the facilitator progresses to understanding which ultimately culminates in commitment by the family members to restoring effective family relationships. In the model this action of the facilitator is depicted by the two arrows (one from the right side and one from the left side) originating from the lightning symbol that merge at the pinnacle of the small light green triangle at the base of the pillar in the middle (facilitator) of the pyramid. Further communication by the family, characterised by tolerance, takes place as the pregnant teenager and her parents and grandparents show readiness to compromise for the sake of restoring their family relationships. The outcome is a change evidenced as an attitude of readiness to forgive.

As stated previously in this study, the four aspects of the model occur simultaneously and the model is a non-linear process. Consequently, the researcher states categorically that readiness to forgive will be based on extensive re-reflection (introspection). The pregnant teenager and her parents and grandparents, through effective reflection, accept
responsibility to re-unite the family by being ready to forgive. The state of readiness to forgive progresses to healing, which will take time to peak and, therefore, much guidance by the grandparents is needed. At this stage (peaking), the facilitator will encourage the grandparents to take the leading role in maintaining healing while he/she remains in the background for consultation when the need arises. Most important is the promotion of family connectedness (strong bond) that will result in a calm, supportive home environment, requiring the facilitator to be less visible or prominent as shown in the picture.

The multi-coloured spiral encircling the facilitator (midwife) and the four sides of the pyramid depicts the deliberate facilitation of the progress of the model. The two different directions towards which the word “facilitation” is facing depicts the to and fro directions of the progress of the aspects of the model. The word “facilitation” starts in a larger font size and ends in a smaller one to symbolize the progression of, and extent of the involvement of, the facilitator in the entire process of the model. The four sides of the pyramid reach the pinnacle whereas the pillar in the middle does not, depicting the decreasing involvement of the facilitator as the family maintains healing through the assistance of the grandparents.

The terminus of the model is represented by two bright colours emerging from the pinnacle of the pyramid with two bi-coloured bold arrows that progress in two directions. The bright colours depict a high degree of reflection and restored relationships that led to the forgiveness and healing that has taken place between the pregnant teenager and her parents, leading to a calm, supportive home environment, necessary to the interdependent nature of the family relationships. The two arrows depict two strong, connected but independent individuals (pregnant teenager and parent) within a calm, supportive home environment. The pyramid is left open at the top to indicate that the strong family bond attained allows room for further improvement in the family relationships. It further depicts that the family bond is strong enough to face any future challenges that might threaten to destabilize the family and the shared experience has enriched its members with sustained confidence.

In the subsequent section, the researcher will build on the structural aspects of the model in order to describe the process of the model.
5.5 PROCESS OF THE MODEL

The facilitation of the process of intergenerational reconciliation is directed at settling the conflict between the pregnant teenagers and their parents. The resultant healing will promote a calm, supportive home environment which will be conducive to the well-being of a pregnant teenager and her child. A child in midwifery terms also refers to the unborn baby (South African Nursing Council, 1990:1) and will be referred to as such in this study.

The process of facilitation of intergenerational reconciliation consists of interrelated aspects that are not definite but determined by responses to one another. The aspects are:

- Reflection
- Restoring family relationships
- Readiness to forgive
- Healing

A discussion of each of the aspects of facilitation of the intergenerational reconciliation process follows below.

5.5.1 REFLECTION

The process of reflection is an integral aspect of the model of facilitation of intergenerational reconciliation and will be discussed separately. Figure 5.2 depicts this process and the discussion of the process of reflection will be based on this figure.
Johns (2002:9) describes reflection as a window through which a practitioner can view and focus self within the context of her lived experiences and be abled to gain insight and work towards resolving her mistakes to create a balance between the nursing outcomes and the actual practice. The author states further that the need and the ability to improve nursing actions by the nursing practitioner comes from the conflict of contradiction, motivated by the commitment to realise desirable working standards while understanding why things are as they are. The description by this author fits appropriately and will thus be applied in the context of this study. Johns and Freshwater (1998:141) describe reflection as the key to making sense of human existence. Human existence comes from accumulated lived experiences (Johns & Freshwater, 1998:141). In the opinion of the researcher, remembering and making sense of these lived experiences is brought about by sufficient reflection, hence the need for it in this study.

The conflict between the pregnant teenager, her parents and grandparents culminates in limited interaction with the pregnant teenager. The pregnant teenager, overwhelmed by emotions related to the family conflict, meets the midwife at the antenatal clinic. The antenatal assessment of the pregnant teenager reveals emotional stress which could be detrimental to the well-being of both the mother and the unborn child if not managed effectively. The family of the pregnant teenager needs assistance to address the tension surrounding it and provide the necessary family support to the pregnant teenager during her pregnancy, hence the suggestion of facilitation of intergenerational reconciliation.

The process of facilitation of intergenerational reconciliation is initiated by a facilitator (the midwife). The facilitator acts as a guide in the reflection process of the pregnant teenager, her parents and grandparents. Guided reflection, according to John (2002:3), is a process of self-enquiry that enables the practitioner (pregnant teenager, her parents and grandparents in this study) to realise acceptable and effective practice within a journey of being and becoming (intergenerational reconciliation). Guided reflection will benefit the pregnant teenager, her parents and grandparents concerning acknowledging their own part in the family conflict and the impact of that in limiting the family’s ability to reconcile (Compare Johns, 2002:20-21).
The midwife meets the pregnant teenager, parents and grandparents and discusses the problem in separate meetings initially, but meets later with all the participants together as the need arises. and discusses the problem with her. The initial meetings constitute an attempt by the midwife to gather background information regarding the nature and extent of the conflict between the pregnant teenager and her parents as gathering of rich baseline information will depend on the extent of reflection and introspection undertaken by each of the participants being consulted, separate meetings are encouraged at this stage of the process.

Johns (2003:29) states that the crux of guided reflection is the dialogue between the facilitator and the guided person. The author explains further that the importance within this dialogue is collaboration brought about by a harmonious relationship between the two people/parties involved in the guided reflection. The participants will reflect on and communicate their experiences to the facilitator and therefore will need guidance in effective communication of decisions (understanding) arising from those moments of reflection.

Reflection is a liberating and empowering process because it develops self-awareness and self-knowledge and requires practitioners (pregnant teenagers, parents and grandparents in this study) to develop critical thinking (Johns & Freshwater, 1998:152). Therefore, in the opinion of the researcher, deep thinking and sufficient understanding gained through guided reflection will be the basis of the effective decisions to be made. Consequently, as stated by Johns (2002:225), self-awareness is seen as being central to the process of successful self or guided reflection. The midwife will therefore have to be trained to facilitate meaningful reflection as well as effective communication. Moreover with regard to training of the midwife, Johns (2002:20) states that the deep learning that is needed in guided reflection is best done by a ‘suitably equipped person’.

The training of the midwife/facilitator will be provided by the researcher by means of in-service education and workshops. Specialists in the field of guided reflection and effective communication will be consulted regarding providing input into this training. The midwives will be trained to invoke the following principles of structured reflection as suggested by Johns (2002:10).

- Bring the mind home. No distractions are to be present in the environment.
- Write a description of a significant experience. This could be by means of
story-telling at each meeting session.

- Write surfacing feelings. The midwife can either explore the identified emotion by pulling it up to the surface (highlighting) at the end of the story-telling or probe and use questions like ‘why?’ and “how?”. Each pause is to be noted as coming from an emotion.

- What were you trying to achieve? This challenges the participant to consider the aim of the action/s.

- Ethical mapping. This challenges the action against the ethical values of the participant.

- Past experience. To what extent have previous experiences influenced the present action/s?

- Guarding against a prescriptive legacy. To what extent will this model be suitable and meaningful to the situation at hand?

- The struggle of keeping a reflective journal. Encourage the participants to write down the events as they occur until the next meeting session so as to go through the journal for reflection.

By virtue of her professional training as a midwife, the facilitator possesses the skill of conflict management and problem resolution. Owing to the additional specialised training received during the in-service and workshop sessions, the midwife becomes the best choice for the purpose of facilitation of intergenerational reconciliation in this study. It is also essential to nominate a Xhosa midwife to benefit the context and pace of the implementation of the model. The pregnant teenager, her parents and grandparents will, in the opinion of the researcher, benefit from the opportunity of speaking in their mother-tongue and will also open up more easily to someone with whom they can identify, in this case a person of the same culture. The more the pregnant teenager, her parents and grandparents open up, the more rich data can be retrieved to satisfy the objectives of the process.

Most importantly, to encourage opening up of the participants to the facilitator the establishment of a positive relationship between him/her and the participants is required (refer to Johns, 2003:29). Creation of an environment that will promote a relaxed atmosphere for sharing and explaining own experiences is also essential. It is suggested that the meetings with the participants take place in the antenatal clinic which is a neutral venue. It will be the responsibility of the facilitator/midwife to schedule appointments in such
a way that the pregnant teenager does not encounter either her parents or grandparents in
the antenatal clinic.

Reflection entails introspection and communication of experiences resulting from insight
gained. According to Boud, Koegh and Walker (1985:141), reflection is a response to a
situation. These authors state further that an individual reflects on either the action or an
experience. Therefore, in the opinion of the researcher, reflection is continuous as
decisions are made and based on meaning gained from those experiences or actions
taken.

The pregnant teenager, her parents and grandparents will be assisted through facilitation to
reflect on their experiences of the turbulent home environment. The reflection will also
guide the participants to make constructive choices regarding the future of the family
relationships. Choices made will, at times, necessitate confrontation in order to understand
the situation and to base permanent decisions related to the intended intergenerational
reconciliation. Participants must be made aware of this necessity beforehand as part of the
preparation process.

At this stage of the facilitation of intergenerational reconciliation process, each participant
will willingly make a decision and commit himself/herself to participate in meetings with the
rest of the participants for an extensive reflection of experiences related to the conflict at
home. These meetings will be in a confrontational manner. Confrontation will occur in the
form of direct dialogue, airing of experiences, asking of questions and explaining certain
actions (Bowen & Consedine, 1999:18) related to the teenage pregnancy. The meeting,
according to Bowen and Consedine (1999:18), could turn hostile, but the researcher
believes that with effective facilitation skills of the midwife, the confrontation could lead to
commitment and provide an opportunity for the participants to put fears aside and provide
themselves with a better future in their family relationships.

Central to the facilitation of reflection is commitment to achieve the objective of facilitation
of intergenerational reconciliation, which is a calm, supportive home environment.
Commitment, in the opinion of the researcher, enables control of the hostile situation and
directs it towards a positive outcome. The researcher believes, based on personal
experience, that the amount of honest reflection within the meetings will be an important
factor in averting hostile situations. Without commitment to resolve the conflict, participants
will not be able to effect truthful introspection.
According to Johns (2002:226), the self referred to in guided reflection is the ‘ego’. The author adds that the ego is the dominant mode of communication and connection with world. The ego is a mental aspect that is capable of planning, problem-solving and reasoning and corresponds to the ‘self’ (Huffman, Vernoy & Vernoy, 1997:451). As the ego is repressed through socialisation and maturation it becomes alienated, which is perceived as loss of control. This manifests in ineffective coping mechanisms (Johns, 2002:226) that could be a factor affecting the pregnant teenagers.

Guided reflection has the potential to expose the person to self-alienation as the person reconnects with his/her authentic -self in the presence of the other (Johns, 2002:227). The authentic -self in this exercise will be achieved when the participants accept responsibility to change and commit themselves to the processes for the facilitation of intergenerational reconciliation. Therefore, the midwife will also have to enhance commitment to participate in meetings through the process of guided reflection.

Reflection within the process of facilitation of intergenerational reconciliation is continuous as decisions are made. In the opinion of the researcher, reflection could also make the progress cumbersome as there is no definite direction for the process. Therefore, much patience is needed for optimal achievement of the objectives of the exercise. The midwife, by virtue of her expertise and special training to master the skill of facilitating the reconciliation process, has professional authority and should be respected by the participants. He/she should use that authority to instill mutual respect and patience in the participants. The participants should learn to be sensitive and respectful of one another’s experiences related to the pregnancy of the teenager. Respecting one another’s experiences, in the opinion of the researcher, denotes attaining the understanding intended through reflection and, therefore, being able to achieve the commitment needed to restore effective family relationships.

The latter argument leads to the discussion of the next aspect of the facilitation of the intergenerational reconciliation process which is restoring of family relationships.

5.5.2 RESTORING FAMILY RELATIONSHIPS

Figure 5.3 depicts another aspect of the model, which is restoring family relationships. This
important aspect of the model will now be extensively discussed. The discussion will refer to figure 5.3.
FIGURE 5.3  THE ASPECT OF RESTORING FAMILY RELATIONSHIPS

The Scriptures teach us that relationships are worth restoring and that God wants us to value relationships and to make an effort to maintain them instead of disbanding them whenever there is a rift, hurt or conflict. Furthermore, the Bible tells us that God has given us the ministry of restoring relationships, with a significant amount of teaching in the New Testament dedicated to instructing Christians regarding how to get along with one another (compare 2 Corinthians in Holy Bible, 1977:221).

The importance of restoring family relationships can never be overemphasised. Restoring of the family relationships will not only benefit the pregnant teenager but her parents and grandparents as well, that is, the entire family. Every individual is born and socialised within a family, his/her first relationship is that of a family and, therefore, the most valuable things to each family are the (restored) irreplaceable relationships within it (Carter & McGoldrick, 1999:1). Nevertheless, at times the relationships within the family become dramatically affected by life-cycle issues and tasks while trying to master the future. Life-cycle refers to the past and present history of a family (Carter & McGoldrick, 1999:5). Effects of the family efforts to adapt to the life-cycle usually cause family members strain as they go through the transitions (Carter & McGoldrick, 1999:1), hence the need for facilitation in this exercise to guide the family through the passages they must negotiate.

Carter and McGoldrick (1999:3), referred to in the above paragraph discuss the transition (passages) of the family life-cycle with respect to the key principles of emotional transition and second-order changes required in family status to proceed developmentally. For the purpose of this discussion, transitional phases referred to will be those of families with adolescents and the launching of children and moving on. The first principle is directed at families with adolescents and the emphasis is on the need to increase flexibility of family boundaries to permit the adolescent’s independence. This principle would be achieved by shifting of parent/child relationships to permit the adolescent to move into (adult) and out of (the child) family system.

In order to achieve the second principle, Carter and McGoldrick (1999:2) suggest the acceptance of a multitude of exits from and entries into the family system to develop an adult to-adult relationship between grown children and their parents. From the narrated
experiences of the pregnant teenagers, their parents and grandparents in this study it seemed as if this was not easy as the pregnant teenager was still perceived as a dependent child by herself, her parents and her grandparents. This behaviour of all the role players in this study is utilized by the researcher as justification to state that there is overwhelming stress in this family as the family members are coping with the conflict caused by experiences from the pregnancy of the teenager.

Carter and McGoldrick (1999:4) state that families experiencing a problem characteristically lack time perspective and that families tend to magnify the present moment or challenge as they are overwhelmed by their immediate feelings. This reaction makes the family lose awareness that life means continual motion of life-cycles with a continual transformation of family relationships (Carter & McGoldrick, 1999:4). Restoring of family relationships will serve that purpose in this process. The pregnant teenagers, their parents and grandparents, through the process of facilitated reflection, will be assisted to move away from the experience of anger and conflict towards accepting responsibility to re-unite the family.

Through restoring family relationships, in the opinion of the researcher, the pregnant teenager will benefit by receiving parental support, guidance and the encouragement needed during pregnancy. Support promotes trust and trust makes openness and communication possible between two parties (James, 2002:73) which is what is envisaged in this model. Resilience will be the deciding factor for the latter outcome of restoring family relationships, as stated by the researcher. According to Thames and Thomason (2005:2), family resilience affords the family the ability to cultivate strengths to meet challenges in life positively. The authors further explain that strong families provide non-critical support and a sense of togetherness to their members. Moreover, resiliency develops when a person (family) regains functioning after a challenge.

Furthermore, the entire family will also benefit from a renewed close relationship characterised by trust and respect for one another. Richmond (2005:10) states that rebuilding of trust happens over time. The facilitator will, during the meetings between the pregnant teenagers, their parents and grandparents, grant an opportunity for effective communication so as to allow clarity with regard to misunderstandings or misconceptions that might have led to the distrust between the pregnant teenagers and their family members. Lack of communication breeds lack of trust (James, 2002:57). It is therefore,
envisaged that

Effective communication will be promoted through active listening, which is vital to hearing and being heard in the family (Thames & Thomason, 2005:1). The pregnant teenagers, their parents and grandparents can learn together in these meetings that misunderstandings sometimes do occur and that they may all hold different perceptions of events and behaviours (compare Lewis, 2005:2). Family members (through effective communication) in these meetings also learn that differences in the way people perceive things can bring added enrichment and strength to the family relationships (compare Lewis, 2005:2).

Restoring of family relationships has been identified as a need for the family of the pregnant teenagers and is encouraged based on the understanding of the relationship self (man) maintains with others. Kreigh and Perko (1979:6) assert that the relationship of self with others:

- Establishes and maintains positive relationships.
- Assumes responsibility for terminating those relationships which may be harmful or detrimental.
- Validates feelings.
- Works collaboratively.
- Accepts compromises.
- Respects others.

These relationship traits of self with others will be the cornerstone of the proceedings of the peaceful meetings between the pregnant teenagers, their parents and grandparents. The most important aspect regarding facilitating these meetings is finding a solution rather than determining who and what went wrong. Therefore a compromise is most suitable for taking the family negotiations to another level, that of re-uniting the family (compare Maquet, 1972:76-77). A change of attitude to accepting blame and responsibility for the offence and consequences and searching for solutions to the problem enhances restoration of family relationships (compare Bowen & Consedine, 1999:19; Gibson, 2004:13).

Hanna (1995:251) states that effective relationships are characterized by specific attributes, which have been in this study as follows:

- **Self-love** - which allows the participants to reach out positively to one another.
• **Honesty** - that promotes a trust-relationship through openness of the participants to one another.

• **Warmth and unconditional positive regard** - towards one another, including regarding one another’s mistakes related to the teenage pregnancy.

• Empathy - which comes from sensitivity to one another’s feelings and perceptions surrounding the teenage pregnancy existing in the family.

• **Honest self-disclosure** - by the participants, of inward thoughts and mistakes that contributed to the family conflict.

→ **Encouragement and support** - to one another during the crisis period arising out of the pregnancy of the teenager in this family.

• **Fairness and dependability** - of the participants towards one another without the fear of being judged for mistakes made.

• Respect of traditional - **authority, competency and power** - is crucial as the intergenerational reconciliation is based on family values and beliefs. The grandparents will influence the reconciliation process utilising the firm base of traditional norms and beliefs.

• Energizing the feelings - within the family and leaving all the participants experiencing themselves as important factors in the reconciliation process and best members of the family.

• **Demonstration of mutual interest**, - that is, to repair the family relationships that have broken down.

As stated above, restoring the family relationship by application of these attributes will benefit all the participants as they will feel like important members of the facilitation of intergenerational reconciliation process thus committing themselves to the objectives of the process. Warren (1995:152), states that restoration of broken fellowships within the Biblical context includes the following:

→ *Talk to God before talking to the person:* The participants should tell God about their frustrations. He is never surprised or upset by the anger, hurt, insecurity or any other emotions of an individual.

→ *Always take the initiative:* It does not matter whether you are the offender or the offended. As the relations are strained, the participants should plan a face-to-face meeting. The meeting place should be neutral and be free of interruptions.

→ *Empathise with shared feelings:* The participants need to be facilitated:
listen more and speak less as the feelings are being shared; focus on the feelings and not the facts; begin with sympathy not solutions; not try to talk one another out of how they feel initially but let them unload emotionally without being defensive.

Confess your part of the conflict: Restoring a relationship begins with admitting your own mistakes. The facilitator is needed to guide the participant’s evaluation of own actions before meeting the other participants during the face to- face meetings. This is crucial as introspection could put the whole situation regarding own part in the conflict into perspective and thus clarify some other aspects of the conflict in a relaxed environment before the heated discussions begin. The disclosure should be honest and the participant should accept responsibility for her own mistakes and ask for forgiveness instead of making excuses or shifting the blame.

Complementing the preceding characteristics and effective relationship measures are the ten processes that support healthy family relationships as suggested by Peterson (2005:1).

- **Connectedness of all family members:** Supported by the process of ongoing commitment to the well-being of all members.
- **Equitable sharing, respect and support between family members:** Supported by the process of fairness.
- **Successful nurturance, protection and guidance of children:** Supported by the process of effective parental leadership.
- **Accepting differences:** Supported by the process of showing respect for individual family members’ differences and needs.
- **Effective organization and stability in family interactions:** Supported by the process of building and maintaining trust and predictability.
- **Adaptability:** Supported by the quality of flexibility in meeting internal and external demands of family life.
- **Open communication:** Supported by the process of understanding between family members.
- **Conflict resolution:** Supported by the skills and processes for effective problem-solving.
- **Shared belief system:** Supported through the process of teaching and passing on life values.
Adequate resources for economic security and psycho-social support: Carried out through the process of networking with kin, friendship, community and larger social systems.

It is envisaged that through restored family relationships the participants will move towards the next step in intergenerational reconciliation, that of readiness to forgive.

5.5.3 READINESS TO FORGIVE

In order for parents to model and teach forgiveness to their children, they must first learn to forgive themselves for being less than perfect. Parents cannot be expected to be completely consistent, to act lovingly always, to be totally accepting and tolerant, and to be unselfish and fair always. In turn, children cannot be expected always to meet the standard of perfection (Lewis, 2005:1).

The discussion of the third step of the model will now be presented. This discussion is based on the premise that the aspect of readiness to forgive occurs simultaneously with the other aspects of the model but needs to be achieved on its own for the progression of the process of intergenerational reconciliation. Figure 5.4 depicts the aspect of readiness to forgive as it happens within the context of the study and will, therefore, be discussed as such below.
FIGURE 5.4 THE ASPECT OF READINESS TO FORGIVE
Previously in this study it was mentioned that the process of facilitation of intergenerational reconciliation it is not linear in its direction but instead, all of the four aspects are intertwined and are simultaneous, thus delaying the process but enriching the outcome. Consequently readiness to forgive will depend on the extent of successful reflection and restoration of family relations that have taken place already. Boud, Keogh and Walker (1985:141) agree that reflection orientates us for further thought or action (in the case of this study, the action is to forgive).

At this stage of the process the pregnant teenager and her parents and grandparents are brought together in the presence of the midwife to facilitate talks aimed at achieving forgiveness. Forgiveness can be difficult for many people because they are unclear about what it entails. Lewis (2005:1) says that to forgive means to let go of resentment and blame. Richmond (2005:1) states that anyone who has ever been victimized or traumatized must decide whether or not to forgive the perpetrator. The author continues that there can be no middle ground to this decision, as one decides either to forgive the person who hurt one or hold on to bitterness and anger. Accordingly it means that the family members of the pregnant teenager need to consider forgiving one another or holding on to anger and bitterness, thus limiting the chances of efficient intergenerational reconciliation.

Forgiveness, because of its psychological effect on humans, is usually preferred to holding a grudge (Richmond, 1995:5). According to this author, the bitterness of a grudge works like a mental poison. Seeking revenge or wishing harm to another person will either deplete one’s strength and prevent healing or turn one into a victimizer (Richmond, 2005:5). Forgiveness needs to be complete before it can be effective otherwise it does not serve the purpose of reconciliation, hence the need for the assistance of the facilitator to guide reflection towards readiness to forgive.

The grandparents, despite accepting the pregnancy of the granddaughter, need to be assisted to forgive. This action is taken as a means of caution against premature forgiveness. Richmond (2005:7) cites premature forgiveness as a major psychological complication with regard to forgiveness. According to this author, premature forgiveness results when a person denies his/her unconscious anger or other emotions and resentment with regard to what has happened. It is often utilized by many people as a means of avoiding coping with all the unpleasant emotions they would rather not examine.
The grandparents stated that they had made peace regarding the pregnancy of the teenage granddaughter and wanted to encourage the parents to do likewise for the sake of the family re-union. In the opinion of the researcher, this statement revealed premature forgiveness as the grandparents seemed to be denying their disappointment about the teenage pregnancy. Richmond (2005:7) argues that premature forgiveness is frustrating because unconscious resentments are essentially invisible to logic and reason as they represent things a person would rather not see or confront.

From her own life experiences the researcher has learnt that forgiveness is not forgetting. Richmond (2005:8) states that forgetting in psychological terms refers to repression. As cited by this author, anything that is repressed just lingers in the subconscious, along with all the emotions with which it is associated; so, as long as that is happening, genuine forgiveness remains impossible. The grandparents will be assisted to reflect individually, as well as during the meetings with the pregnant teenagers and their parents, so as to base their acceptance of the pregnancy of their granddaughter on understanding and emotional readiness.

According to the Scriptures, forgiveness benefits us in many ways (Van der Walt, 1996:18). Some of those benefits (see Ephesians 4:32 in Holy Bible, 1977:242; Matthew 18:21 in Holy Bible, 1977:26) include:

- Relief from guilt of punishment (for being angry at one another).
- Re-uniting with God and people around one (as a family).
- Removal of sins (removal of anger within the family members).
- Provision of hope of a second chance (hope for re-uniting and connectedness as a family).

The researcher also relates readiness to forgive, as it is needed in this study, to the Biblical concept conversion. Van der Walt (1996:12) states that, in Biblical terms, conversion refers to a new relationship with God and one’s fellow-man (intergenerational reconciliation). According to Van der Walt (1996:12), conversion is an emotional experience that affects one’s deepest being and involves things that man cherishes most which, in this study, will be effective family relationships. The author continues that should one’s conversion not result in the reformation of life (re-uniting of the family) around one, then it means that it
was not true or complete. Readiness to forgive in this study will therefore be based on the principle of *conversion* which necessitates the midwife calling for meetings.

The aim of these meetings is provision of clarity regarding misdeeds by means of true confessions from the parties involved in the conflict, asking for apologies and offering of forgiveness. Van der Walt (1996:18) states that to ask for grant forgiveness remains a difficult task for humans as it is in their nature to repay goodwill with good and bad actions with evil, but the Lord does not allow that as He demands that we repay evil with good and therefore to forgive.

Through expert facilitation based on Christian values, the participants will be guided to observe God’s injunction as stated in Romans 12:21 in Holy Bible (1977:201) that we must not let evil defeat us but conquer it with good. The family of the pregnant teenager needs to learn to forgive one another as they continue reflecting. Kaunda (in De Waal, 1990:76) states that forgiveness is not a substitute for justice but to know the realities of forgiveness, people need to turn their backs (forget about) on their actions (misdemeanours) that prompted them to seek for forgiveness. The participants will, therefore, have to engage in further meetings for the purpose of introspection regarding their actions and feelings in order to clearly understand those realities.

In the opinion of the researcher, honest disclosures by the participants rather than defensiveness, together with guided reflection will promote the possibility of making informed decisions related to the future of family relationships and increase the possibility of readiness to forgive. In support of this statement the researcher refers the reader to the process of reconciliation as stated by Richmond (2005:2), that forgiveness is one part of reconciliation and involves penance, which includes true confessions and not blame.

Central to these meetings will be the opportunity provided to the pregnant teenagers and their parents and grandparents to participate fully and accept responsibility for their own actions or part in the conflict (compare Bowen & Consedine, 1999:18). Van der Walt (1996:5) agrees that, before one can confess to wrongdoing, it is essential to understand and accept responsibility for the wrong done to another person.

Understanding, which results from reflection, becomes the core component of forgiveness. According to Nelson-Jones (1993:12), thinking (reflection), feeling (understanding) and
action (forgiveness) influence one another. The author continues that thinking often accompanies, or results from, feelings at various levels of awareness. Conversely, people may choose to regulate their feelings by altering the way they think about themselves, others and the environment. The participants in this study should, after listening to one another’s disclosures and experiences, gain some understanding of the situation and learn to forgive one another.

Reflection and action are, therefore, assumed to be imperative and together constitute understanding/meaning; and informed understanding comes from clear communication. Readiness to forgive will depend on ‘meaning’ or sense made out of the communicated experiences. Frankl (1964:1-137), an existential philosopher and psychiatrist, through his model of ‘Logotherapy’ postulates that human beings have the capacity to accept and make sense of or meaning of life and experiences in a rational manner. The author, through the narratives of his personal and observed experiences as a prisoner that led him into specialization in psychiatry, portrays that meaning derives from mental acts (thoughts) human beings engage in to make sense of their world and that this occurs in the act of self-conscious reflection. It is hoped that facilitation of intergenerational reconciliation will provide ‘meaning’ to the experiences of the pregnant teenagers and their parents and grandparents that will lead to their taking of a meaningful decision with regard to forgiveness.

Participants will be guided to think positively and accept responsibility regarding re-uniting the family. According to Daye (2004:4), forgiveness is accompanied by a change of heart. The author continues that Christians believe, as influenced by the sacrament of penance, that the power to forgive lies in the hands of God. It is therefore, aimed in this study, to guide the participants to change their attitudes and seek for forgiveness. de Gruchy (2002:172) states that God demands a change of attitude before one can seek for justice (forgiveness) in society. Integral to the latter statement, is the factor of repentance. According to Van der Walt (1996:12), repentance presupposes the acknowledgement of an action being wrong. It is an experience that comes from one’s heart and culminates in reformation of life around one (which in this study is forgiveness) and ultimately propels the process of healing.

Effective reflection results in forgiving by all the participants, which should culminate in healing of the family. This statement relates well to the two facts about the psychology of
forgiveness. According to this, as stated by Richmond (2005:5), if a person cannot let go of the desire for vengeance, that person will never find true healing. The next discussion to take place is that of healing as an aspect of the facilitation of intergenerational reconciliation.

5.5.4 HEALING

Figure 5.5 depicts the final aspect of the model for facilitation of intergenerational reconciliation and the following discussion will be based on this.
FIGURE 5.5  THE ASPECT OF HEALING
“Since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed”


The terminus of the model for facilitation of intergenerational reconciliation is a calm, supportive home environment. Such an environment is, according to the researcher, a suitable home for a pregnant teenager and, therefore, family cohesion is crucial to achieve the terminus of this model.

The premise for family integration stems from the understanding that the ideal state in a family is harmony among its members. Hence the facilitator will, in his/her guidance of the healing proceedings, accommodate the need of the family ultimately to achieve connectedness by means of a renewed trust relationship. Assefa (in Mynard, 1999:126) describes peace (healing) as a genuine process characterised by respectful relationships among people engaged in mutual contemplation and co-operation. The essential aspect of this process of peace (healing) is the notion of interactive relationships as the pregnant teenager and her parents and grandparents explore root issues to the conflict. Integral to healing in this study is the need to help restore order and balance in the family of the pregnant teenager, the parents and the grandparents.

Intergenerational families are characterised by bonding and purposeful collaboration (connectedness) of the members and thus the ability to resolve critical issues (Covey, 1989:314). Purposeful collaboration in this model refers to the efforts of each participant involved in the family conflict resolution. Concerted efforts toward positive relationship building will offer a powerful experience that, in itself, can affect the efforts of the larger family (compare Mynard, 1999:130).

During the process of family healing it is important to look beyond the immediate experience and smaller issues. A broad perspective offers the opportunity to go beyond previous conditions and aims to reach larger objectives (Mynard, 1999:131). In the case of this study, it will be to reach lasting peace even with the next generation (the unborn child). The process of family healing also carries with it the potential for channelling the question of self-awareness towards a positive end (compare Mynard, 1999:130). The participants,
by exploring new forms of family identity, eliminating outdated ones and searching for creative avenues for co-operation, can conceivably contribute to a more stable family. The researcher wishes to add that, based on the influence of self-awareness, the family could have an internal cohesion and a solid structural framework upon which decisions can be made and existing problems solved (compare Mynard, 1999:131).

The process of healing of the family conflict existing in the home of the pregnant teenager can occur in five progressing steps. The steps are proposed by Mynard (1999:131) for defusing conflict in post-war countries. The researcher will apply four of these steps in the context of this study. The steps are:

→ Establishing safety.
→ Rebuilding trust and the capacity to trust.
→ Re-establishing personal and social morality.
→ Reintegration and restoration of democratic discourse.

In applying these steps the researcher will observe three important proposed considerations of healing as previously discussed in this study. The considerations are as follows:

→ The healing process requires time. Given the profound hurt left by the family conflict surrounding the pregnancy of the teenager, a recuperation or regrouping period for the entire family is critical.

→ The process must be based on the principle of participation. The more members involved in each aspect of the model, the greater the opportunity for healing. All of the participants will be included in the process of the model for intergenerational reconciliation to increase meaningful disclosure and reflection needed to optimize healing.

→ Each aspect builds on the other aspects. While there is a high degree of overlap, each step nevertheless requires a firm foundation in the previous aspect of the model. As the fundamentals of one are achieved, even before full completion, the next aspect may begin. The facilitator will encourage the participants to disclose honestly and assist in clarifying of statements made to promote understanding. Most importantly, respect will be the focus of healing in this model. Respect enhances tolerance, thus promoting meaningful family rebuilding through understood disclosures and experiences surrounding the pregnancy of the teenager.
The discussion of the application of the steps for defusing conflict, as proposed by Mynard (1999:132), will now be presented.

5.5.4.1 Establishing safety
Critical to any healing process is to remove danger and replace it with a foundation of security. All the participants come into the reconciliation process with pre-conceived thoughts, emotions and grudges emanating from the experiences of the teenage pregnancy. Such experiences result in participants distrusting the motives of reconciliation or being frightened to engage as they feel threatened about being in the same room with the people who abused them or whom they distrust.

As healing under such conditions can be extremely difficult, establishment of safety has to include sustainable commitment by all participants to restoring effective family relationships and a demonstration of readiness to forgive based on sincere reflection. The success of the healing will be enhanced by the commitment of the participants to end the family conflict.

5.5.4.2 Rebuilding trust and the capacity to trust
The next step in rebuilding family cohesion and reunification is establishment of mutual confidence among individuals and redeveloping reliance on one another. The endeavour to rebuild trust requires penetrating the participants’ sense of being. This includes re-establishing a relationship based on fundamental knowledge of the other, taking into consideration his or her cultural values, fears, hopes, perceptions, wounds and historical experience. The grandparents, by being involved and taking a lead in maintaining healing of the family, will serve this purpose.

The step of rebuilding trust relationships within the aspect of healing starts at an individual level before progressing to the level of the family. Improved individual input and contact with each member of the family can directly affect the will of individuals and the family at large to improve relationships and recognise the potential long-term benefits of positive relations. Saunders (1990:18), a pioneer in the concept of relationships, states that the
process of building relationships is a cumulative and generative process of continuous interactions at different levels that can progressively change perceptions and create opportunities for solutions that did not seem to exist before. Again, as was the case in the previous aspect of the model, communication becomes critical in rebuilding trust relationships.

The length and consistency of engagements, and the resulting perceptions, will ultimately affect the evolution of the much needed trust relationship between the pregnant teenager and the parents. It is, therefore, worth reiterating that the process of rebuilding a trust relationship between the pregnant teenager and her parents and grandparents will require an extended period of time. The process involves reconnecting the pregnant teenager, the parents and the grandparents and redeveloping their past mutuality and transforming the relationship.

5.5.4.3 Re-establishing personal and social morality

In this step of the healing process the family is defining and firmly asserting a moral order. Good family laws can help to get rid of the culture of impunity and re-establish intolerance of immoral conduct. By carefully advocating atonement, these laws can assist in the process of readiness to forgive. Coming from a genuine sense of remorse, the forgiveness achieved will culminate in an intergenerational reconciliation process that is sustainable.

In this step there is reconstruction of the concept of ‘what is right’ and re-establishment of guidelines for acceptable individual behaviour. The guidelines also include acceptable standards for appropriate communication between the pregnant teenager and her parents. Furthermore, they also include standards of honesty, forbidden ground, responsibilities to family, personal accountability and methods for handling emotions.

The last step in the process of rebuilding a sense of individual and family morality is maintaining the established family laws. A sense of responsibility for individual behaviour should be part of the family life and any deviance must be regarded seriously. The pregnant teenagers, during the data-gathering phase of the study, disclosed that they regretted not adhering to the rules of the family. The parents also voiced regret for being angry and shouting at the teenagers instead of allowing them the chance to talk about their
experiences related to the pregnancy. The grandparents were angry at the mothers of the pregnant teenagers for not taking their advice about introducing the teenagers to family planning instead of making feeble excuses. The grandparents saw this action of the parents as non-exemplary because they were not being honest, thus breaking the family rule of honesty. All of the participants were aware of these transgressions of the family rules and were prepared to work on the tarnished family image by restoring family morality.

5.5.4.4 Reintegration and restoration of family spirit

Family cohesion is about restoration of family spirit by systemisation of diverse contributions to family affairs. The diverse perspectives of the pregnant teenager and the parents related to the pregnancy will be systematised through the use of the influence of the grandparents as facilitators to rebuild traditional (cultural) values and beliefs. Leinneger (1991:334) an anthropologist and founder of the transcultural sub-field of nursing, in her study of nursing theories, defines culture as the learned, shared and transmitted values, beliefs, norms and life practices of a particular group that guides thinking, decisions and actions in patterned ways. George (1990:335) states that it is assumed that human beings are cultural beings, deriving their values which identify desirable ways of acting or knowing from the culture. Traditional values and beliefs are therefore assumed to help restore traditional custom and will be value factors in sustaining healing and intergenerational reconciliation in this study.

Reflecting on the progression of the discussions related to the description of the progress of the model for facilitation of intergenerational reconciliation, the researcher made the following observation: The principle for the facilitation of intergenerational reconciliation process is a renewal/healing process that empowers the move on an upward spiral of growth, change and of continuous improvement of family relations (see figure 5.6)
Central to the process of renewal is conscience. Moving along the upward spiral requires us to learn, commit and do on increasingly higher planes (Covey, 1989:306). Moving along the upward spiral of growth and change in the family relations, the pregnant teenagers and their parents and grandparents need to learn through reflection and understanding, commit to restoring family relationships through tolerance and commitment, and do through acceptance of responsibility, readiness to forgive and healing.

As the family is learning, committing and being reconciled, guided reflection diminishes so as to observe the principle of over-guidance. The pregnant teenager, her parents and grandparents need to find their own way of reconciliation rather than following a planned guide (compare Johns, 2002:26). According to this author, guides are necessary but can lead one astray or limit are in the experiences needed for development. Johns (2002:26) states that a good guide is the one that is neither directive nor judgmental but provides the person being guided with sufficient opportunities for exploration and remains in the background for support.

The discussion of the description of the model for the facilitation of intergenerational reconciliation proceeds now to development of guidelines for the model.
5.6 GUIDELINES FOR THE OPERATIONALIZATION OF THE MODEL FOR FACILITATION OF INTERGENERATIONAL RECONCILIATION

The focus of this section of the model is the proposal of guidelines for the operationalization of the model.

5.6.1 GUIDELINES FOR OPERATIONALIZATION OF ASPECTS

Guidelines proposed for the operationalization of the model of intergenerational reconciliation will be discussed in the following sequence:

→ Reflection
→ Restoring family relationships
→ Readiness to forgive
→ Healing.

5.6.1.1 Reflection

The following guidelines are offered to operationalize reflection towards accomplishing intergenerational reconciliation:

→ A Xhosa midwife should facilitate the process of intergenerational reconciliation in the Xhosa family.
→ Insight of the facilitator into the culture of the family of the pregnant teenager will enhance meaningful intergenerational reconciliation.
→ The midwife should recognize and acknowledge the importance of voluntary engagement in the intergenerational process.
→ The midwife, using the influence of the grandparents as co-facilitators should guide the process of intergenerational reconciliation through effective mediation.
→ The facilitator trained in effective communication skills should be able to maintain a peaceful atmosphere during the meetings and discussions by promoting understanding among the participants through the clarification of complicated statements made and rooting out of biases.
5.6.1.2 Restoring family relationships

Restoring family relations aims at transforming the negative relationships amongst the pregnant teenager, her parents and her grandparents and re-conciling them as a family. Guidelines offered for this purpose include:

- Facilitation of effective interactions between the pregnant teenagers and their parents.
- The facilitator should encourage openness and honest confessions by giving time to each participant to speak openly about his/her feelings and allowing questions from those who wish to ask anything of one another.
- The facilitator should be a respected person, able to instill respect in participants by encouraging respect and tolerance of one another and reprimanding those who step out of line during the meetings.
- The facilitator should be able to identify opportunities for compromise during the proceedings of the meetings by listening for possible cues.
- The facilitator can make use of true stories and, where possible, make use of a support group to motivate reconciliation within the family.

5.6.1.3 Readiness to forgive

Readiness to forgive refers to promotion of acceptance of responsibility to forgive. Guidelines directed at achieving readiness to forgive include:

- Facilitation of honest disclosures.
- Preceding the aforementioned guideline by separate meetings with the participants to establish readiness to disclose.
- Evaluating disclosures for honesty and relevance before they are made in public.
- Disclosing facts about one’s own part in the conflict.
- Publicly complimenting changes in the family relations, such as eagerness to hold meetings, signs of warmness towards one another or simple communications with one another.
- Participants asking for forgiveness.
5.6.1.4 Healing

Healing as an aspect of the model aims at affirming connectedness of the family of the pregnant teenager. Guidelines offered to achieve healing include:

- Making the participants state respectfully what the actions and responses were that hurt or angered them.
- Stating by the participants preferred options regarding those actions and responses that hurt them.
- Guiding participatory decision-making regarding the best options that could have worked, based on the traditional and family values and beliefs, if the situation could be reversed.
- Participants expressing and showing an attitude of forgiveness and interacting positively with one another.
- Parents being able to reprimand the pregnant teenagers without causing ill feelings.
- Pregnant teenagers being able to express their needs without being frightened of being shouted at.

This concludes the description of the model for intergenerational reconciliation and development of guidelines for its operationalization. Attention will now be focussed on the evaluation of the model.

5.7 EVALUATION OF THE MODEL FOR FACILITATION OF INTERGENERATIONAL RECONCILIATION

The following discussion focuses attention on the evaluation of the model for facilitation of intergenerational reconciliation, based on the criteria as offered by Chinn & Kramer (1995:134). Progression of the model was made through discussions with experts in the field of qualitative research. Two of the experts consulted were national research consultants with wide experience in qualitative research. The discussion of the evaluation of the model will now be presented.
5.7.1 CLARITY OF THE MODEL

In order to enhance clarity of the model, to promote easy reading and to create understanding of the model, the researcher defined the central concept as applied to the context of the study. Furthermore, the description of the structure and process of the model was based on these definitions.

5.7.2 SIMPLICITY OF THE MODEL

The researcher attempted to design a simple yet meaningful model to serve the purpose of the model. The central concept identified through its essential and related attributes guided the interrelationships between the concepts.

5.7.3 GENERALITY OF THE MODEL

According to Chinn and Kramer (1995:132), development of a model should be considered on more broad implications to make it applicable in different situations. The model has been developed around a home environment will suit the pregnant teenager. Such an environment should be calm and free from conflict but supportive to the pregnant teenager. In order to provide such an environment, there should be some reconciliation between the pregnant teenager and her family. Reconciliation will promote a trust relationship that will enhance a close bond between the parents and the pregnant teenager.

Moving away from the context of this study, the model could also be useful in conflict resolution in either a work or school situation or within the community. The model has the potential to empower facilitators within those conflicts or the parties involved in those conflicts to acknowledge the need for one another. Through this model, parties in conflict could be facilitated towards participatory decision-making.

5.7.4 EMPIRICAL APPLICABILITY OF THE MODEL

The discussions pertaining to the purpose and the development of the model, including the
clarity which was attained through the definition of the concepts, promote the empirical applicability of the model.

5.7.5 CONSEQUENCES OF THE MODEL

The consequence of the model is that it will contribute to reconciliation of a family in conflict, thus providing a calm, supportive environment to a pregnant teenager. Honest reflection increases the chances for family bonding and acknowledgement of the need for unity. It is, however, worth mentioning that the model is open to further recommendations that could directly result from its application in practice as well as from continued exploration.

5.7.6 MEANING AND LOGICAL ADEQUACY OF THE MODEL

Assumptions directing the objectives of this study are based on Kotzé's model, Nursing Accompaniment Theory (Kotzé, 1998:9). The researcher used this model as the framework to create meaning and logical adequacy for the model.

5.7.7 OPERATIONAL ADEQUACY OF THE MODEL

Concepts have been operationally defined in relation to the theoretical concepts to promote operational adequacy of the model.

5.7.8 PRAGMATIC ADEQUACY OF THE MODEL

The model is practice-oriented as it focuses on addressing the realities of important interventions to be undertaken by midwives in order to optimize pregnancy, labour and puerperium in teenagers. These interventions are aimed mainly at helping to limit complications related to teenage pregnancy by promoting a calm, supportive home environment for pregnant teenagers.

5.8 CONCLUSION

This chapter presented a description of the structure and process of the model for facilitation of intergenerational reconciliation. A visual representation of the model was also represented and discussed. The development of the model for facilitation of
intergenerational reconciliation evolved through four intertwined aspects namely:

- Reflection
- Restoring the family relationships
- Readiness to forgive
- Healing

These aspects were discussed extensively to create understanding of the application of the model. Effective facilitation as the core factor to the success of the model was explained, hence the facilitators (midwives in this study) will be trained by means of workshops. The following chapter will contain the conclusions, limitations and recommendations regarding this research study.
CHAPTER SIX

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

Chapter five dealt with a full description of the structure and process of the model for the facilitation of intergenerational reconciliation. Guidelines for the operationalization of the model were also developed and described in this chapter. The focus in chapter six will be on presenting the conclusions drawn from the study. The researcher will also identify limitations of the study and offer recommendations for the utilization of the model for facilitation of intergenerational reconciliation in nursing practice, research and education.

6.2 CONCLUSIONS

The goal of the study was to identify the extent and nature of family support to Xhosa pregnant teenagers to serve the purpose of giving support to these teenagers in their home environment. Data gathered in relation to this purpose were to assist in the development of a model for the facilitation of intergenerational reconciliation. Development of the model would assist in the creation of a calm, supportive home environment conducive to the provision of support to a pregnant teenager. Objectives to attain the purpose of the study were:

- To explore and describe the experiences of being a pregnant Xhosa teenager.
- To explore and describe the experiences of Xhosa parents and grandparents relating to their teenage daughter/granddaughter being pregnant.
- To explore and describe teenager, parents and grandparents’ perspectives relating to support given to the pregnant teenager.
- To develop a model to support pregnant teenagers in their home
To achieve the abovementioned objectives, a theory-generative design was applied. The design consists of four steps, which are, concept analysis, creation of relationship statements, development and description of a model and evaluation and operationalization of the model.

During the **first step** the focus was on the identification, classification and definition of the major concepts of the study. In step one a qualitative research strategy, which is explorative, descriptive and contextual was used to gain understanding of the experiences of the pregnant teenagers, their parents and grandparents related to the pregnancy of the teenager. Data was collected by means of individual interviews using a phenomenological approach. The results of the data analysis from the collected data from the participants were as follows:

Data analysis results for the pregnant teenagers revealed three main themes:

- Pregnant teenagers experience emotional turmoil as they strive to cope with their pregnancy.
- Pregnant teenagers experience a change in their relationship with significant others due to expectations not being met.
- Pregnant teenagers experience role confusion because they are pregnant which leads to a crisis.

Data analysis results for the parents of pregnant teenagers revealed two main themes:

- Parents of pregnant teenagers experience overwhelming emotions due to the unexpected pregnancy of their child.
- Parents of pregnant teenagers experience loss of control as the pregnancy cannot be reversed.

Data analysis results for the grandparents of the pregnant teenagers also revealed two main themes:

- Grandparents of pregnant teenagers experience the pregnancy as a family disturbance.
Grandparents of pregnant teenagers acknowledge that healing should take place in the family.

Extensive discussions of these experiences provided the researcher with the understanding that the entire family was overwhelmed with conflict due to the pregnancy of the teenager. There was a breakdown in the family trust relationship and as a result positive family interactions were limited. Owing to this observation the researcher concluded that the family of the pregnant teenager needed help to re-unite. Since the researcher had come to a conclusion that the family needed assistance to rebuild the broken relationships, the concept of intergenerational reconciliation was identified. Reconciling the family will increase trust of one another thus restoring the family connectedness. A well-connected family will be able to identify the need for assistance of its members and thus provide one another with support.

The identified major concept was analyzed by looking at the meanings using several dictionaries as well as subject literature. The concept intergenerational reconciliation was analyzed in order to identify its essential and related attributes and in doing so, arrive at a conceptual definition for the central concept of the study.

Step one was followed by step two, focusing on the creation of relationship statements. From the conceptual definition arrived at for the central concept of intergenerational reconciliation in step one, relationship statements were formulated in step two.

**Step three** dealt with a description of the structure and process of the model for facilitation of intergenerational reconciliation. During this discussion a visual representation of the structure of the model for facilitation of intergenerational reconciliation was presented with a full description of the process of the model. The evolvement of the model is based on four interrelated aspects which are:

- **Reflection.** Through the assistance of the facilitator the participants will undertake to do introspection which will provide insight into one another’s experiences, thus promoting understanding of the nature of the family conflict. Based on this re-newed understanding the participants will willingly undertake to participate in peaceful meetings and discussions aimed at
commencing the process of intergenerational reconciliation.

- **Restoring family relationships.** Most important during the discussions in the meetings is effective communication. The pregnant teenagers, their parents and grandparents will be assisted to respect and value one another’s opinion during the meetings, to be tolerant of one another and change their attitudes. Tolerance will instill willingness to compromise which will improve the chances of healing the rifts in the family relationships.

- **Readiness to forgive.** This fourth aspect focuses on the acceptance of responsibility. The pregnant teenagers, their parents and grandparents will embrace the responsibility to re-unite as a family as well as the consequences thereof. Re-building the family necessitates willingness to ask for forgiveness as well as taking responsibility to forgive others. Readiness to forgive implies that each participant is committed to reconciliation.

- **Healing.** The creation of effective family relationships becomes the focus of this aspect of the model. Traditionally authority that is based on family values and beliefs, influence connectedness of the family, thus, promoting an environment conducive to healing and respect for this authority enhances close family relationships. A family with a strong bond will provide a calm, supportive home for the pregnant teenager.

**Step four** which is the last step of the theory-generative design, dealt with the development and recommendations of guidelines for the operationalization of the model for the facilitation of intergenerational reconciliation. The five criteria suggested by Chinn and Kramer (1995:125) were utilized to evaluate the model for the facilitation of intergenerational reconciliation. The criteria are:

- **Clarity.** The model was evaluated as being clear in terms of its structure, structural description and process. The model was evaluated as being relevant to nursing/midwifery practice.

- **Simplicity.** The model is simple and valid for nursing practice and the
structural presentation is easy to understand. Colleagues that were asked to
be part of the panel of experts to evaluate the model found the model to be
simple and clear and, commented that the structure of the model was
meaningful despite some of them being from disciplines unrelated to
nursing.

→ **Generality.** The scope of the model was also evaluated as being broad
enough to ensure its transferability to a wider range of health care situation.

→ **Accessibility.** The clarity of the definitions constructed from the essential
attributes of the concepts were evaluated as contributing to the accessibility
of the model.

→ **Importance and significance.** The model is practical as it was developed
to address an identified need affecting the family which was threatening the
physical and emotional health status of the pregnant teenager. The model
has further been evaluated as integrating its constituent assumptions into a
coherent whole.

The researcher also provided a set of guidelines for the practical operationalization of the
model for the facilitation of intergenerational reconciliation. The contribution of the
research methods applied in this study also deserve to be mentioned. The implementation
of a qualitative research strategy that was explorative, descriptive and contextual was
concluded as having facilitated the quality of descriptions of the experiences of the
pregnant teenagers, their parents and grandparents in relation to the teenage pregnancy.

The choice of these methods was concluded as being appropriate to facilitate the data-
collection process by enabling the participants to engage with a sensitive topic in such a
way as to have them feel comfortable. The fact that the researcher gave them the
opportunity to participants to share their experiences was acknowledged by the
participants as an opportunity they had been waiting for. Most of the participants
expressed a feeling of relief as they have had to voice their concerns and experiences
related to the teenage pregnancy.
6.3 LIMITATIONS

During the course of the study, the researcher became aware of certain limitations of the study. These limitations were:

- As the criteria for inclusion was limited to include only Xhosa pregnant teenagers, their parents and grandparents the findings represent experiences only of Xhosa people.
- Only the parents and grandparents of the pregnant teenagers were interviewed which excluded the views and experiences of the broader spectrum of the cultural perspective.
- As the fathers and grandfathers were reluctant to speak to the researcher as a result, most of the experiences shared in this study are those of the mothers and grandmothers. Fewer fathers and grandfathers than mothers and grandmothers were willing to participate in the study.

6.4 RECOMMENDATIONS

Recommendations for the operationalization of the model will be for nursing practice, research and education. The recommendations are as follows:

6.4.1 Recommendations for nursing practice

The researcher recommends that:

- The model is utilized as an empowering measure for midwifery and nursing managers who need to learn or improve their skills in the facilitation of reconciliation amongst colleagues.
- The model is utilized by midwives and nurses to assist women and patients in their care, who are identified as coming from homes and families that are experiencing conflict, to promote a calm supportive family environment.
- The model is utilized in any nursing-practice or education situation to promote reconciliation.
- The model is utilized as reference by health care professionals for any health care related situation, for example, in social services.
6.4.2 Recommendations for nursing research

It is recommended that:

→ The experiences of the family of the boyfriend of the pregnant teenager including those of the boyfriends of the pregnant teenagers themselves, be researched and the results be compared. This recommendation is most important in the light that already in this study it was mentioned that there are limited sources available that describe such experiences.

→ The experiences of the teenager mothers be researched to evaluate how these mothers experience this new role and compare the results for resemblance to the results of this study.

→ It is also recommended to evaluate the possible effects of the results of this study on the teenage mother role. For example, how is the fact that pregnant teenagers were angry with themselves for being pregnant affecting them in taking care of the infant?

6.4.3 Recommendations for nursing education

The researcher recommends that:

→ The model of facilitation of intergenerational reconciliation be included in and utilized as a frame of reference for nursing practitioners in undergraduate and post-basic nursing education programmes.

→ A training programme be developed for nurse-managers or health care workers in managerial positions to be assisted through facilitated training to master the skill of facilitation of reconciliation among colleagues. This is of significance given the amount of aggression in the hospitals as reflected in recent studies.

6.5 CONCLUSION
Chapter six provided an overview of the overall research process and the main conclusions drawn from the actualisation of the purpose of the research study as guided by the objectives of the study. The researcher also reflected the limitations inherent in this research study. Recommendations about the operationalization of the model for the facilitation of intergenerational reconciliation in nursing practice, research and education were also proposed.

The conclusion of the research study confirms the fact that teenage pregnancy leads to the consequences of destabilisation of family. The results of this study also revealed that unclarified misconceptions amongst the family members related to the pregnancy of the teenager could lead to anger and conflict. It further bears testimony to the fact that families with respect for traditional values and beliefs, possess the ability to overcome their own problems.

The researcher believes that the model for the facilitation of intergenerational reconciliation could be implemented in antenatal clinics as a frame of reference to provide a clam, supportive home environment for pregnant teenagers. In turn the pregnant teenager will receive the necessary family support she needs during her pregnancy period and limit some of the teenage/pregnancy-related complications that may occur if this situation is not managed with great sensitivity and care by all concerned.


Southern Africa. Cape Town.


Brink, PJ and Wood, MJ. 2001. **Basic steps in planning nursing research.** Jones and
Bibliography


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Nicol


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Strongman, KT. 1996. The psychology of emotion. John Wiley and Sons Ltd.
England.


ANNEXURE A

LETTERS FOR PERMISSION TO CONDUCT STUDY
Director: Health and Welfare Department  
Regional office,  
Conyngham Street,  
Parsons Hill,  
Port Elizabeth

Dear Sir/Madam

PERMISSION REQUEST FOR CONDUCTING A RESEARCH STUDY

As a post graduate student at the University of Port Elizabeth I’m expected to do a research study as a requirement for fulfilment of the proposed degree (D Cur). I am therefore requesting for your permission to gain access into the antenatal records of the patients in the Port Elizabeth provincial hospitals. Records will be accessed to identify possible participants in my study. Interviews which will be the method of data collection in this study will be conducted away from the hospitals unless on request of the participant. I therefore ask for your permission to conduct those interviews in the hospital premises. Information about the study is as follows:

Topic:  A MODEL FOR INTERGENERATIONAL SUPPORT TO PREGNANT TEENAGERS: A XHOSA PERSPECTIVE

Objectives: To explore and describe the experiences of being a pregnant teenager  
To explore and describe the experiences of parents/grandparents of having a pregnant teenage daughter/granddaughter  
To explore and describe the extent of support given to the pregnant teenager from the teenager, parent and grandparent’s perspectives  
To develop a model for intergenerational support to pregnant teenagers  
To contribute to the knowledge base of midwifery

Site: Homes or residences of the pregnant teenagers, parents and grandparents in Port Elizabeth

Design of the study: Qualitative, Descriptive, Exploratory, Phenomenological and Contextual  
Method of data collection: One-to-one audio-taped interviews  
Ethical considerations: Maintenance of privacy, confidentiality, policy of informed consent and protection of harm

Study leader: Dr RM Van Rooyen (Senior lecturer at the Nursing Science Department, UPE)  
Co-study leader: Dr N Alpaslan (Senior lecturer at the Social Development and Youth Work Department, UPE).

I would appreciate your consideration of this request.  
Yours sincerely

MS S JAMES (Researcher)
TO : Ms. S. James

FROM : Mrs. N.G. Mtshake and Mrs. M.D. Morapedi

DATE : 16 August 2003

SUBJECT : Permission Request for a Research Study

This serves to inform you that permission has been granted for the above request.

Please note that ethical considerations are of vital importance. Find attached your letter of request.

Your professional cooperation will be highly appreciated.

Kind Regards

N.G. Mtshake

Assistant Manager - Training and Development - Nursing

Deputy Director - Nursing

Mrs. M.D. Morapedi

Batho Mile
Abantu Kqala, People First
Director Nursing  
Livingstone Hospital  
Private Bag  
Korstein  
Port Elizabeth.  

Dear Sir / Madam

PERMISSION REQUEST FOR CONDUCTING OF A RESEARCH STUDY

As a post graduate student at the University of Port Elizabeth I’m expected to do a research study as a requirement for fulfilment of the proposed degree (D Cur). I am therefore requesting permission to gain access into the antenatal records of the patients in all the provincial hospitals in the Nelson Mandela Bay. Records will be accessed to identify possible participants in the study. Interviews will be conducted away from hospitals but if needed some will be done at the antenatal clinics. Information about the study is as follows:

Topic: A MODEL FOR INTERGENERATIONAL SUPPORT TO PREGNANT TEENAGERS: A XHOSA PERSPECTIVE.
Objectives: To explore and describe the experiences of the pregnant teenagers related to intergenerational support
- To explore and describe the experiences of the parents and grandparents related to the teenage pregnancy
- To develop a model for intergenerational support to pregnant teenagers.

Site: Homes or residences of the pregnant teenagers the parents and grandparents in the Nelson Mandela Bay.

Period: August 2003 - September 2003

Design of the study: Qualitative, Descriptive, Exploratory, Phenomenological and Contextual research design

Data collection method: One to one audio-taped interviews

Ethical considerations: Maintenance of privacy, confidentiality, informed consent and protection of harm

Study leader: Dr RM Van Rooyen (Nursing Science Department UPE.)

I would sincerely appreciate your positive consideration of this request.

Yours sincerely

[Signature]

MS S JAMES
Researcher
Ms. S. James  
Researcher  
Dept. Nursing Science  
University of Port Elizabeth  
P.O. Box 1600  
PORT ELIZABETH  
6000

Dear Ms. James,

PERMISSION REQUEST FOR CONDUCTING OF A RESEARCH STUDY

Your fax of 4.8.2003 refers.

Permission is hereby granted to you to do your research as requested but patient confidentiality must be observed at all times.

Yours faithfully,

[Signature]

MRS E.D.V. THOMAS  
MIDDLE MANAGER (NURSING)  
FOR: CHIEF MEDICAL SUPERINTENDENT  
EDVT/ch
ANNEXURE B

CONSENT FORMS FROM INDIVIDUAL PARTICIPANTS
EXAMPLE OF:
INFORMATION AND INFORMED CONSENT FORM

TITLE OF THE RESEARCH PROJECT: INTERGENERATIONAL SUPPORT TO PREGNANT TEENAGERS: A XHOSA PROSPECTIVE

REFERENCE NUMBER: ..........................................................

PRINCIPAL INVESTIGATOR: ...SINDIWE JAMES ...........................................

ADDRESS: ...32 MONMOUTH ROUD, SHERWOOD, PORT ELIZABETH ......................

CONTACT TELEPHONE NO.: ...041-379 2586 (H)  041-504 2253 (W) ......................

DECLARATION BY PARTICIPANT:

I, THE UNDERSIGNED, ...........................................................(name)

[I.D. No: .....................] in my capacity as a participant
[I.D: .....................]
of ...........................................................
..................................................................
...................................................................(address).

A. HEREBY CONFIRM AS Follows:

1. I was invited to participate in the abovementioned research project which is being undertaken by (name)...SINDIWE JAMES ............... of the Department of ...NURSING SCIENCE .............. in the Faculty of ...HEALTH SCIENCES ... University of Port Elizabeth.

1. The following aspects have been explained to me:

2.1 Aim: The investigators are studying:...The extent and nature of family support to pregnant Xhosa teenagers..........................

The information will be used to/for ....Development of a model for intergenerational support to pregnant teenagers..................
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<td>2.2</td>
<td>Procedures: I understand that information will be collected by means of one-to-one interviews. The interviews will be audio-taped by means of a tape recorder. The interviews will take place at home or any other place of my choice.</td>
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<td>2.3</td>
<td>Risks: There are no risks involved, as the project does not require invasive procedures.</td>
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<td>Possible benefits: As a result of my participation in this study ... There is no remuneration for participating in the study.</td>
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<td>Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators.</td>
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<td>Access to findings: Any new information / or benefit that develop during the course of the study will be shared with me.</td>
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<td>Voluntary participation / refusal / discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect my present or future medical care / employment / lifestyle.</td>
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<td>3.</td>
<td>The information above was explained to me / the participant by ..........SINDIWE JAMES ................. (name of relevant person) In Afrikaans / English / Xhosa / Other ................................. And I am in command of this language / it was satisfactorily translated to me by ..................................................(name of translator) I was given the opportunity to ask questions and all these questions were answered satisfactorily.</td>
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<td>4.</td>
<td>No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalization.</td>
<td>Initial</td>
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<td>5.</td>
<td>Participation in this study will not result in any additional cost to myself.</td>
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<td>Signature or right thumb print of participant  Signature of witness</td>
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**Example of Statements and Declarations:**

**STATEMENT BY INVESTIGATOR:**

I, .......... SINDIWE JAMES ................................................................., declare that

I have explained the information given in this document to ...........................
(name of the participant) and/or his/her representative ...........................
(name of the representative);
he/she was encouraged and given ample time to ask me any questions;
this conversation was conducted in Afrikaans/English/Xhosa/Other............
and no translator was used / this conversation was translated into ..................
(language) by...............................................................
(name).

Signed at ........................................... on ................................ 20......
(place) (date)

.................................................. .................................
Signature of investigator / representative Signature of witness

**DECLARATION BY TRANSLATOR:**

................................................................. (name), confirm that I

translated the contents of this document from English into .......................  
(indicate the relevant language) to the patient/the patient’s representative/participant;
explained the contents of this document to the patient/participant/patient’s  
representative;
also translated the questions posed by ........................................... (name), as  
well as the answers given by the investigator/representative; and
conveyed a factually correct version of what was related to me.

Signed at ........................................... On ..........................20 ....
(place) (date)

.................................................. .................................
Signature of translator Signature of witness
IMPORTANT MESSAGE TO PATIENT / REPRESENTATIVE OF PATIENT / PARTICIPANT:

Dear patient/representative of the patient/participant,

Thank you for your/the patient's participation in this study. Should, at any time during the study,

an emergency arise as a result of the research, or
you require any further information with regard to the study, or
the following occur

……………………………………………………………………………………………

…………………………………………………………………………………………

(indicate any circumstances which should be reported to the investigator) kindly contact ……………………………

(name) at telephone number …… 041 379 2586 (H) ……..041 504 2253 (W) ……

OR 082 497 6614……………………………………………………………………………

(it must be a number where help will be available on a 24 hour basis).
EXAMPLE OF:
INFORMATION AND INFORMED CONSENT FORM

TITLE OF THE RESEARCH PROJECT: INTERGENERATIONAL SUPPORT TO PREGNANT TEENAGERS : A XHOSA PROSPECTIVE

REFERENCE NUMBER: 

PRINCIPAL INVESTIGATOR: SINDIWE JAMES

ADDRESS: 32 MONMOUTH ROUD, SHERWOOD, PORT ELIZABETH

CONTACT TELEPHONE NO.: 041-379 2586 (H) 041-504 2253 (W)

DECLARATION BY PARTICIPANT:

I, THE UNDERSIGNED, _____________________________(name)

[I.D. No: __________________ participant in my capacity as
parent/grandparent ___________________ of participant
[I.D. ___________________]
of ________________________________________________
______________________________________________________(address).

A. HEREBY CONFIRM AS FOLLOWS:

2. I was invited to participate in the abovementioned research project
which is being undertaken by (name) SINDIWE JAMES of
the Department of NURSING SCIENCE in the Faculty of
HEALTH SCIENCES University of Port Elizabeth.

2. The following aspects have been explained to me:
2.1 Aim: The investigators are studying: The extent and nature of family
support to pregnant Xhosa teenagers. The information will be used to/for
Development of a model for intergenerational support to pregnant teenagers.
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<td><strong>2.2</strong> Procedures: I understand that information will be collected by means of one-to-one interviews. The interviews will be audio-taped by means of a tape recorder. The interviews will take place at home or any other place of my choice.</td>
<td><strong>Initial</strong></td>
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<tr>
<td><strong>2.3</strong> Risks: There are no risks involved, as the project does not require invasive procedures.</td>
<td><strong>Initial</strong></td>
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<tr>
<td>Possible benefits: As a result of my participation in this study … There is no remuneration for participating in the study.</td>
<td><strong>Initial</strong></td>
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<tr>
<td>Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators.</td>
<td><strong>Initial</strong></td>
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<tr>
<td>Access to findings: Any new information / or benefit that develop during the course of the study will be shared with me.</td>
<td><strong>Initial</strong></td>
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<tr>
<td>Voluntary participation / refusal / discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect my present or future medical care/ employment / lifestyle.</td>
<td><strong>Initial</strong></td>
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<tr>
<td>3. The information above was explained to me / the participant by ……..SINDIWE JAMES…………………….(name of relevant person) In Afrikaans / English / Xhosa / Other ………………………………………… And I am in command of this language / it was satisfactorily translated to me by …………………………………..(name of translator) I was given the opportunity to ask questions and all these questions were answered satisfactorily.</td>
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<td>4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalization.</td>
<td><strong>Initial</strong></td>
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<td>5. Participation in this study will not result in any additional cost to myself.</td>
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</table>
B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE
ABOVEMENTIONED PROJECT.

Signed / confirmed at ....................... on ......................... 20...

(place) (date)

.............................................. ..............................
Signature or right thumb print of participant Signature of witness
Example of Statements and Declarations:

**STATEMENT BY INVESTIGATOR:**

I, ...........SINDIWE JAMES.............................................................., declare that

I have explained the information given in this document to .........................
(name of the parent/grandparent) and/or his/her representative ......................
(name of the representative);
he/she was encouraged and given ample time to ask me any questions;
this conversation was conducted in Afrikaans/English/Xhosa/Other.............
and no translator was used / this conversation was translated into ..................
(language) by................................................................. (name).

Signed at ........................................ on ......................... 20.....
(place) (date)

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conveyed a factually correct version of what was related to me.

Signed at ........................................ On .........................20 ...
(place) (date)

............................................................... ..............................
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IMPORTANT MESSAGE TO PATIENT / REPRESENTATIVE OF PATIENT / PARTICIPANT:

Dear patient/representative of the patient/participant,

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(name) at telephone number …… 041 379 2586 (H) ……041 504 2253 (W) ……
OR 082 497 6614……………………………………………………………………………

(it must be a number where help will be available on a 24 hour basis).
ANNEXURE C

RESEARCH PROTOCOL
INTERGENERATIONAL SUPPORT TO PREGNANT TEENAGERS: A XHOSA PERSPECTIVE

by

SINDIWE JAMES

PROPOSAL

Submitted in fulfilment of the requirements for the degree of

DOCTOR CURATIONIS

in the Department of Nursing Science in the

FACULTY OF HEALTH SCIENCES

at the

UNIVERSITY OF PORT ELIZABETH

Supervisor: Dr RM van Rooyen
Co-Supervisor: Dr AH Alpaslan

October 2003
1 INTRODUCTION

Teenage pregnancy is an international phenomenon with girls falling pregnant from as early as 14 years of age. Research by Hughes and Sutton (1996:1) in Ohio attests to this, indicating that in 1993, out of 1000 pregnancies, 28% were from teenage mothers and 500 of the babies born in that year were from mothers who were 14 years of age. Describing the scope of teenage pregnancy in the USA, Mc Whiter, Mc Whiter and Mc Whiter (1998:135) state that, between 1986 -1991, teenage pregnancy rose by 24% and that this figure represented 50-62 births by teenage mothers per 1000 births.

In South Africa, similarly to other countries, teenage pregnancies are on the increase. In a study conducted by Kaiser (2000:18), 14% from a sample of 2000 teenagers have been pregnant or have made someone pregnant. Pick and Cooper (1997:1), in their study on Urbanisation and Women’s Health in South Africa conducted in Khayelitsha, Cape Town, also found that 53% of 659 female participants had been pregnant as teenagers. The magnitude of this phenomenon in South Africa is further reflected in the statistics emanating from a national survey undertaken by the Department for Social Development nationally in 2001 (South African Survey 2001/2002:39) which revealed that more than 17 000 babies born in the period 1999 to 2000 were from teenage mothers (South African Survey 2001/2002:39).

The aforementioned statistics demonstrate the extent of the phenomenon and stimulate thought regarding the causes and effects of this high incidence of teenage pregnancy. Research studies point to poverty as one of the contributing factors in the rise of teenage pregnancies (Kaiser, 2000:18; South African Survey 2001/2002:39). Sixteen percent of a sample of 2000 teenagers confessed to having had sex for money and 20% of teenage boys from the same sample indicated that they had given their girlfriends money in exchange for sex (Kaiser, 2000:18).

Poverty has been indicated as a contributing factor in promoting teenage pregnancy in other African countries as well (Oppong, 1987:155). Parents in these African countries, due to financial constraints, place a higher priority on the education of their sons than on that of their daughters. This attitude is partly attributed to fears of wasting money on daughters who may become pregnant before completing their school careers (Oppong,
1987:155). This unwillingness of parents to contribute to the education of their daughters results in teenage girls resorting to sexual relationships with older, financially secure men in order to pay for their education costs which, on the other hand, also contributes to the rise in teenage pregnancies (Oppong, 1987:160; Population Reference Bureau, 2001:13).

Drug abuse has also been cited as a contributing factor to teenage pregnancy (Kaiser, 2000:20). Meschke and Bartholomae (1998:3) explain that drug abuse has the effect of lowering teenage inhibitions. It also decreases the likelihood of contraceptive use and thereby results in unprotected sexual intercourse that leads to pregnancy. Andrews (1996:1) found that drug abuse leads to impulsiveness and lack of self-restraint by teenagers, resulting in unsafe sexual practices. These unsafe sexual practices lead to teenage pregnancy as well as the occurrence of sexually transmitted infections.

Thus certain teenage sexuality behaviours can also be cited as causes of teenage pregnancy. The following question is therefore posed: What are the effects of teenage pregnancy on the teenage mother, the family and society?

Teenage pregnancy negatively impacts on the education and future career possibilities of the teenager (Nxumalo, 1997:21). In this regard, Mc Whiter et al. (1998:140) state that most of the teenagers that fall pregnant are at a greater risk of not finishing school, thus cutting their educational career short and leaving it incomplete. Macleod (1999:1) and Davies (2002:1), while agreeing with the aforementioned, argue that a respectable number of these teenagers were already out of school when they became pregnant and therefore chances of their going back to school or engaging in distance learning programmes become further limited. In support of the observation that teenage pregnancy impacts negatively on the teenager’s education, Boult and Cunningham (1996:693) noted in their study comprising a sample of 145 pregnant Black teenagers that 50% of that sample were unlikely to return to school. Negative attitudes of friends towards pregnant teenagers has also been cited as one of the reasons for them dropping out of school and not fulfilling their educational goals (Mlangeni, 1991:16). Nxumalo (1997:21) further states that the lack of financial support from either the parents or the boyfriend and welfare problems are some of the reasons that influence the decision of the pregnant teenager to ultimately drop out of school.
Teenage mothers, at times, also struggle to take care of their babies because the boyfriends are sometimes either not able to help financially, because they may still be at school themselves (Boult and Cunningham, 1991:26), or do not want to accept responsibility for financial support (Visser, 1990:27). The teenage mother has to drop out of school and look for a job in order to earn money and take care of the baby (Mlangeni, 1991:16). Meschke and Bartholomae (1998:2) point out that early school-leaving by the teenage mother means earning a lower income as she is relegated to lower-paying and less skilled occupations, which contributes to her struggle to raise the baby. Nxumalo (1997:20) states that the struggle of the teenage mother to raise the baby leads to a situation where her parents ultimately accept responsibility for raising the baby, in spite of the fact that they are sometimes earning a low income, or have no income at all, as they are often unemployed, pensioners or sickly themselves. This situation, in which the teenage mother and her family struggle to raise the baby, results in the reality that this baby will ultimately become the Government’s responsibility.

In relation to the latter, Meschke and Bartholomae (1998:2) contend: “...Adolescent mothers are likely to experience unemployment and poverty as an adult, and to be financially dependent on government and welfare programs...”. Hughes and Sutton (1996:1) confirm that a substantial amount of Government support goes to families begun by adolescent mothers and postulate “…adolescent mothers are at increased risk of dropping out of school, being unemployed and developing long-term dependency on welfare”. Mfono (1995:22) relates the need for Government support for these teenage mothers to the fact that teenage mothers have not yet “reached a respectable degree of psychological maturity and economic independence” to raise their babies. Based on the latter, it therefore seems logical to the researcher to assume that Government will have to provide financial support to teenage mothers, as well as social services for counselling and supervision for the rearing of the babies.

Considering the statement by Mfono (1995:22) concerning the psychologically immature status of the teenage mother, the next effect of teenage pregnancy is the poor parenting abilities of these teenage mothers. Davies (2002:2) remarks that young persons who are not yet mature, encounter parenting difficulties when they become mothers.
Both Mkize (1995) and Rubensztein (1992, in Macleod, 1999:3) noted the mothering skill inadequacy and parenting difficulties of teenagers in their studies that focused on the social needs of teenage mothers in the rural communities of Ongoye and Enseleni districts (Mkize, 1995) and births outside marriage among Whites in Cape Town (Rubensztein, 1992). The teenage mothers’ unwillingness to mention their children during the interviews became evident and could be proof of teenage parenting difficulties. In severe cases of parenting difficulties by the teenage mothers, child abuse and child neglect is evident (Boult and Cunningham, 1996:694; Macleod, 1999:3 and Davies, 2002:3). This phenomenon is directly related to relationships of the teenage mother and persons close to her (Davies, 2002:3). The effect of pregnancy on relationships of the teenage mother with people close to her will be discussed using the following three subheadings: relationship within the family of origin, relationship with the partner and relationship with peers.

- **Relationship within the family of origin**
  
  Davies (2002:3) postulates that, at times, either the subsequent partner or the family of the teenage mother is reluctant to accept the child and may ill treat the teenage mother herself. This action by her family sometimes contributes to the abuse and neglect of her baby by the teenage mother (Davies, 2002:3).

  The effect of teenage pregnancy on the family seems to be that of family destabilisation. This view is supported by O’Mahoney (1987:771) who discloses that the unplanned and unwanted pregnancies are not only disruptive to the school girls but to their parents as well. Preston-White and Zondi (1989:64) postulate: “When girls become pregnant their parents are upset and often are outraged...”. This reaction is confirmed by Davies (2002:4) and state that parents of the pregnant teenagers react negatively and express anger and disappointment to the news of the pregnancy that has occurred. In some families the parents of the pregnant teenager put pressure on her to keep the child or even force her into early marriage with the father of the child (Boult and Cunningham, 1991:37; Mc Whiter et al, 1998:138) so as to save dishonouring the name of the family.

  Among the Black families in South Africa mothers are blamed for an out of wedlock teenage pregnancy that occurs (Mfono, 1995:6; Nxumalo, 1997:13). The Xhosa people tend to identify with other cultures in not accepting illegitimacy easily and are inclined to
criticise the family concerned severely (Pauw, 1994:10). This statement confirms responses made by some participants in the study by Boult and Cunningham (1991:36) who described the reaction of their parents to the news of their teenage pregnancy as follows: “... they were very worried”; “Father blamed mother”; “…Father was very cross. He reprimanded me bitterly”. The anger of the father of the pregnant teenager and other family members puts pressure on her mother and, as a result of this, family relations become strained (Mfono, 1995:6). One teenage respondent in the study by Boult and Cunningham (1991:36) explained the effect of pressure and anger projected on the mother by the family in the following words: “...mother said she didn’t care and wished me dead…”

The extent of anger in the family is at times so severe that pregnant teenagers are rejected and chased away from home or “… are thrown out of the house by their angry and disappointed parents”. They are thus are deprived of the necessary parental support needed during pregnancy (Boult and Cunningham, 1991:37 and Nxumalo, 1997:16). Parental support is lacking because the parents are not willing to help their daughter due to anger and also because the teenager is away from home. A participant in the study by Nxumalo (1997:16) supports this statement with the response: “…My parents were cross with me and gave no help...I got myself a job and my own lodging on my employer’s ground…”.

• **Relationship with the partner**

The researcher could not find literature in which the partners of the pregnant teenagers personally expressed their views and feelings about the pregnancy of their teenage girlfriends. Information that was found by the researcher regarding the experiences of the male partners relating to the pregnancy of their teenage girlfriends was reflected as statements made by the latter while being interviewed by researchers collecting data on the topic of teenage pregnancy (Boult and Cunningham, 1991:38; Macleod, 1999:4; Davies, 2002:4).

The researcher deduced from the aforementioned statements that the male partners experience mixed feelings. The statements indicate that responses by their male partners are not as negative as those of the parents but do tend to reveal their unhappiness about the pregnancy (Boult and Cunningham, 1991:38; Macleod, 1999:4; Davies, 2002:4).
The interaction between the pregnant teenager and her partner, in the Xhosa communities, focuses on the issue of payment of reparation that will increase the chances of acceptance of the baby within both families (Macleod, 1999:4; Davies, 2002:4). Boult (March, 2003) explained to the researcher that the cultural use of reparation (uhaulwulo) includes a payment made by the partner of the pregnant teenager to her parents as a means of accepting paternity. This payment is made either in the form of cattle or cash and will help to prevent disgrace coming upon the pregnant teenager’s family. The pregnant teenager’s father, or any respectable elderly male from her family, will indicate either the number of cattle or the price of each cow required. Reparation payment also contributes towards the financial needs of the unborn baby and further maintenance of the child (Boult, March 2003). Boult emphasised that, when reparation has been paid and marriage is not possible between the teenager and her partner, traditionally the parents of the teenager will allow their daughter to be a second wife to an older man as her chances of getting married and having her own husband are limited. This was confirmed by an elderly Xhosa woman (Msauli, March 2003). In spite of this Xhosa tradition, urban teenagers seem to ignore it and remain with their boyfriends whether reparation has been paid in full or not (Boult and Cunningham, 1991:36).

Other partners denied paternity and therefore ended the relationship with the teenager (Boult and Cunningham, 1991:40) thus leaving her with a fatherless child. This action by the boyfriend of the pregnant teenager could have a negative impact on her future marriage opportunities as she may not meet another man who is willing to accept responsibility for her child.

• **Relationship with peers**

The pregnant teenager becomes isolated from her peers because their interests now differ. This reaction by the peers may cause resentment and jealousy in the pregnant teenager (Davies, 2002:4; Macleod, 1991:5). Some of these teenagers verbalised missing their friends and experiencing a sense of loss with respect to their social life (Davies, 2002:4).

Apart from the negative effects of pregnancy on the education, future career possibilities, economic circumstances and family and social relationships of the teenager, the latter is also subject to health-associated risks. Research studies show that adolescent mothers, especially those who are under the age of 15 years, have higher incidences of birth
complications such as toxaemia, anaemia, hypertension, low-birth weight babies, prolonged and premature deliveries (Macleod, 1999:2 and Davies, 2002:2). Health problems of the baby, such as low-birth weight and prematurity, expose this infant to the risk of infection, respiratory and vision problems. This increases the risk of the infant dying either at birth or within the first year of life (Boult and Cunningham, 1991:54; Boult and Cunningham, 1996:692). During a visit to a premature baby unit at a local state hospital in the Nelson Mandela Metropole (11.09.02), the researcher encountered thirteen babies, five of whom belonged to teenage mothers and three of whom were critically ill.

Health problems affecting the baby of the teenage mother may be further aggravated by risky behaviours of the latter including poor eating habits, smoking or drug and alcohol abuse (Andrews, 1996:1; Meschke and Barthlomae, 1998:3). The risky behaviour may continue throughout the pregnancy and, if it is coupled with a lack of sufficient antenatal care supervision, it may become the major predisposing factor to all of the potential health problems of this baby of the teenager (Andrews, 1996:1). Non-attendance of antenatal clinic by the pregnant teenager is assumed to be directly related to the stigma attached to illegitimacy and, within the Xhosa communities, it is also thought to be due to the harsh response of the family to the news of the pregnancy.

The relationship difficulties that the pregnant teenager experiences with her significant others may sometimes prompt guilt feelings about her pregnancy within the teenage and thereby make her vulnerable to irrational decision-making that may be detrimental to the social life and health of the child (Special Assignment, April 2003). Some of these teenagers consider killing the unborn baby, either by drinking chemicals or brandy or by suffocating the baby by wearing tight clothing (Special Assignment, April 2003). Boult and Cunningham (1996:693) cite child abuse and abandonment of the baby by the teenage mother, which is contributing to the growing number of ‘street children’, as some of the negative effects of teenage pregnancy.

The above discussion confirms that teenage pregnancy destabilises families and poses a health risk to both the mother and the baby. It also shortens the education exposure of the teenager and limits her career opportunities. She and her baby thus become an economic burden to the family, Government and society in general.
2 PROBLEM STATEMENT

Teenage pregnancies are on the increase both nationally and internationally (Pick and Cooper, 1997:1 and Mc Whiter, Mc Whiter and Mc Whiter, 1998:135). From the previous discussion it is evident that teenage pregnancy has negative effects for the teenager in that it forces her to drop out of school prematurely, shortens her educational career, (Hughes and Sutton, 1996:1 and Mc Whiter et al., 1998:140) and thus limits future career possibilities. It causes economic constraints and burdens Government structures with the necessity of providing support (Mfono, 1995:22; Hughes and Sutton, 1996:1; and Nxumalo, 1997:20). It also predisposes both the mother and the child to health risks (Boult and Cunningham, 1996:692; Meschke and Bartholomae, 1998:1). Finally it is evident that teenage pregnancy leads to family destabilisation (Mc Whiter et al, 1998:139). Within the Xhosa communities, family destabilisation effects become even more severe as they are culturally and traditionally related (Pauw, 1994:10).

The family suffer from embarrassment and disappointment and the effects of these experiences in this Xhosa family could manifest in outrage by the parents towards the pregnant teenager, rejection of the pregnant teenager or non-communication with the pregnant teenager by the parents (Boult and Cunningham, 1991:36). This results in no, or minimal, support from the family (Nxumalo, 1997:16). Anger is not only directed at the pregnant teenager but also at the mother and older women within the family for failing in their traditional responsibility of preventing the occurrence of this teenage pregnancy (Mfono, 1995:6 and Nxumalo, 1997:13). The consequences of this anger and blame projected onto the mother and rejection of the pregnant teenager by the family, culminate in loss of support and guidance to the pregnant teenager (Mfono, 1995:6 and Nxumalo, 1997:16). Support of the pregnant teenager will assist her in coping with the pregnancy, especially if there are problems between her and her partner such as denial of paternity and refusal of financial responsibility (Boult and Cunningham, 1991:37 and Visser, 1990:27).

The pregnant teenager, when provided with support from her family, may learn and improve upon her parental abilities. Poor parenting abilities is one of the critical abilities upon which teenage mothers need to improve (Davies, 2002:2). According to the
researcher, support of the pregnant teenager in a Xhosa family is a situation that needs to be addressed. The researcher will, therefore, explore and describe the nature and extent of intergenerational support provided to the pregnant teenager within Xhosa families.

3 PURPOSE OF THE STUDY

The overall purpose of the study is thus to explore and describe the nature and extent of intergenerational support to pregnant teenagers in the Xhosa community and to develop a model for intergenerational support to this group of youth at risk.

4 SIGNIFICANCE OF THE STUDY

The information gathered from this study could be used as a motivation for effective family support to pregnant teenagers of all culture groups. The mode for intergenerational support to pregnant teenagers to be proposed in this study will contribute to the knowledge base of Health Care professionals as well as highlight the importance of family support to pregnant teenagers.

5 RESEARCH QUESTION

The question that delineates the focus of this study is as follows:

“What is the extent of intergenerational support that Xhosa girls experience during teenage pregnancy and how should their support needs be met?”

6 RESEARCH OBJECTIVES

The objectives of the study are to:

Explore and describe the experience of being a pregnant teenager.

Explore and describe the experiences of parents and grandparents relating to a
pregnant teenage daughter/granddaughter.

Explore and describe the extent of support given to the pregnant teenager from the teenager, parent and grandparent’s perspectives.

Develop a model for intergenerational support to pregnant teenagers.

Contribute to the knowledge base of midwifery.

7 CONCEPT EXPLANATIONS

A brief explanation of key concepts that are used in this study follows:

➢ Teenager

A teenager is a person aged from 13 to 19 years of age (Collins English Dictionary, 1998:557). In literature reviewed for this study, a problem was experienced in finding a suitable definition for the term “teenager”. There is no mention of the word "teenager" without referring also to the words "teen", "youth", "adolescent" and "young adult" (Dictionary of Sociology in Oxford Reference, 2003:1). In the latter source, "youth" is described as the term that could be used in three ways, that is, to cover a set of phases in the life cycle from early infancy to young adulthood, in preference to the term "adolescence" and to denote theory as well as research on teenagers.

According to the World Health Organization an adolescent is a person from 10 to 19 years of age (Adolescent Health and Development, 1998:2). In taking cognizance of the above information, and for the purpose of this study, the term "teenager" will refer to the Xhosa pregnant females within the age range of 13 and 19 years.

➢ Model

According to Chinn and Jacobs (1987:83), a model is a small scale representation of reality and takes the form of either words, diagrams or numbers. These words and diagrams are systematically constructed in order to give meaning to a situation or phenomenon. McFarlane in McKenna (1997:12) describes a model as a representation of reality. Chinn and Kramer (1995:75) explain this description by stating that a model is not the real thing but an attempt to objectify the concept represented. A model can therefore be defined as a tool which provides meaning about a situation, event or phenomenon through the use of concepts.
Inter-generational
Generation, as defined in Oxford Complete Wordfinder (1993:622), relates to "... all the people born at a particular time, regarded collectively ...". Carter and McGoldrick (1999:280), when discussing the changes in the family structure within the middle-class families in the USA, mention that it is common to find up to three generations, namely child, parents and grandparents, living in the same house. The authors further state that the greater the generation gap the more explicit are the intergenerational boundaries and authority of the parents and grandparents.
Inter-generational in this study will refer to the relatedness and resulting activities/communication between the child (pregnant teenager), her parents and her grandparents.

Support
According to Collins English Dictionary (1998:1184), support is "... to give aid or courage".
Support involves two-way communication, listening to and providing courage (Hellriegel, Jackson and Slocum, 1999:514). According to Rothery and George (2001), support provides stability and protects vulnerability. They emphasize that support is characterised by understanding and safety, that is an open relationship enhances sharing of feelings and experiences as there is sufficient emotional support. The researcher views pregnant teenagers as a vulnerable group of people who need protection and support.
In this study support will refer to communication with, and provision of aid, safety, understanding and encouragement to, the pregnant teenager.

8. PARADIGMATIC PERSPECTIVE

A paradigm implies a world view, a medium within which the model, knowledge and processes for knowing find meaning and coherence and are expressed (Chinn and Kramer, 1995:76). A paradigm suggests standards and criteria for assigning value or worth to both the processes and products of a discipline, as well as for the methods of
knowledge development within a discipline (Chinn and Kramer, 1995:76).
The theory on Nursing Accompaniment by W J Kotze incorporates the guidance and
support of a person in need (accompanee) by a person with the necessary knowledge
and skills (accompanier) from a state of dependence to that of independence. Both the
accompanee (pregnant teenager) and the accompanier (the parents and grandparents
of the pregnant teenager) are actively involved in the relationship and process (Kotze,
1998:21). The structures and processes of accompaniment are the main focus of this
theory. The researcher will therefore use this theory as the foundation for the study and
will apply it to the accompaniment of the pregnant teenager by her parents.

8.1 Metatheoretical assumptions
Metatheoretical assumptions to be used in this study are in line with those identified by
Kotze as metaparadigms in her theory (Kotze, 1998:4-9). These metatheoretical
assumptions will be discussed and applied to the study in order to provide meaning to the experiences of
the pregnant teenagers regarding their support by their parents and grandparents.

8.1.1 Man/human being/person
Man is a unitary being that is in an inextricable dynamic relationship with world, time,
fellow beings and God and should be considered in totality, that is body- psyche- spirit.
In applying this concept to the subject of this study, the pregnant teenager as a human
being should, therefore, be considered holistically including her involvement in
relationships in her home environment as she finds her way through the day-to-day
experiences of her pregnancy and her emotional experiences (compare Kotze, 1998:4).

8.1.2 World/family world
This is the world of human existence that consists of the personal world of relationships
with self, time, others and God. It represents a world that continuously expands as
areas of the surrounding world are entered and explored and become familiarworld with
which a relationship is established. It is a reconstructed world to fit into/suit the needs of
the person.
The objective world which refers to the surrounding world that a person is aware of but
not familiar with, which falls outside his or her personal knowledge and experiences. The subjective or life-world which refers to the world that a person has made his/her own personal integrated world, with which and in which the person feels comfortable and secure (Kotze, 1998:6).

The world of pregnancy to the young maturing person belongs to the unknown objective/surrounding world that has to be explored and which gradually has to become part of the teenager’s personal world that she gets to know. She strives to establish a meaningful relationship with this world and to feel secure and find a home in it. In order to get a grip on and cope with her new life of being pregnant she must come to terms with the demands of becoming a mother with all of the physical/physiological, emotional and spiritual changes involved and yet maintain meaningful relationships with self, partner, siblings, friends and her parents.

A relationship of fellowship, ie understanding, trust and acceptance in a supportive environment (in this study the parents and grandparents) is a prerequisite for the regaining of a sense of security and the assurance that help and guidance will be available when needed.

- **Health/ Optimal functioning**

Kotze (1998:7) describes health as a dynamic concept related to the ability of a person on the continuum of ill-well to maintain him/herself optimally in his/her relationships. In this study illness will be equated with brokenness; wellness with wholeness and health with optimal functioning, ie. referring to the dynamic status of the pregnant teenager on the continuum between these extremes. The pregnant teenager is constantly challenged to cope with her pregnancy and personal environment, reconstruct/create safe world and socialize into a future world of motherhood/parent in order to maintain and achieve her parental and family in which she will be able to cope, reach independence and self-reliance. To enable her to develop into a responsible, self-reliant future parent and family member that functions optimally she needs the support and guidance of parents and family.

- **Nursing**

Kotze (1998:29) explains management by the nurse as those activities that facilitate the establishment of a milieu and climate in which adequate and safe nursing can take
place. The professional nurse plays an empowering role by means of accompaniment. The central theme of this study will be the need to empower/educate parents to address the accompaniment needs of their pregnant teenage daughter and, through effective supportive guidance assist her to gain self-reliance and cope with the responsibility of motherhood and regain personal wholeness in a meaningful existence/new life-style.

8.1.3 Theoretical statements
Theoretical statements drawn from the paradigm used in this study are as follows:

- People caring for the pregnant teenager must be aware that she is a person who is being challenged to cope with the demands of pregnancy physically, psychologically and spiritually.
- The pregnant teenager needs to interact and establish a relationship with the contents of the unfamiliar world of pregnancy (external world) to enable her to regain wholeness as a unitary being.
- The pregnant teenager who succeeds in regaining wholeness will be able to assist her family in regaining wholeness in their coping with her pregnancy.

8.1.4 Methodological framework
According to Botes (1994:8) methodological assumptions reflect the researcher's views of the nature and structure of science in the discipline. These assumptions are stated in terms of the aim and methods of research including the criteria for validity. Botes (1994:8) states that the purpose of nursing research is functional and seeks to improve current health problems as well as current nursing practice.

Methodological assumptions give structure to the objective and context of the research thus serving as determinants for the research conclusions (Botes, 1994:10). The author further states that, because of the functional nature of nursing research, the research problem and objectives direct the research design and methods using usefulness as a criterion for validity. Validity implies the recognition of values (Brink, 1996:124).

According to Botes (1994:10), no research is free of values and for that reason the assumptions of the researcher are to be clearly stated in his/her research as they direct the conclusions of that research. Assumptions to be taken cognisance of in this study
are as follows:

Methodological assumptions: Science is viewed as functional and therefore scientific methods will be implemented during the data gathering and data analysis stages of this study. The aim of the study is to explore and describe the nature and extent of intergenerational support to pregnant teenagers in the Xhosa community as well as to develop a model for intergenerational support to these young people who are at risk. This aim and objectives of this study will be achieved by means of a qualitative, exploratory and descriptive research approach.

Theory generation will be the research design of this study, utilising a combination of the steps as suggested by Walker and Avant (1995:39), Chinn and Kramer (1995:106) and Dickhoff, James and Wiedenbach (1968:423). The steps are:

- Concept analysis.
- Construction of relationship statements.
- Description of the model.
- Operationalization of the model.

In view of the above mentioned assumptions the researcher is able to state the central statement for this study.

9 CENTRAL THEORETICAL STATEMENT

Information gained from the exploration and description of the experiences of the pregnant teenagers related to being a pregnant teenager, extent of family support provided during the pregnancy and the perspective of the pregnant teenager related to support for pregnant teenagers will provide foundation for the development of a model. This model could be used to empower the midwife with the skill to facilitate the promotion of regaining of self-reliance and acceptance of responsibility for wellness by the pregnant teenager during her pregnancy.

Gaining of self-reliance by the pregnant teenager will be promoted by encouraging provision of support by her parents and grandparents as well as acceptance of support
provided to her by her parents and grandparents.

10   RESEARCH DESIGN AND METHOD

A brief description of the research design and research method will be provided in this next section of the proposal.

10.1   RESEARCH DESIGN

A theory-generative design based on qualitative, phenomenological, explorative, descriptive and contextual research approach will be implemented in this study. These approaches will be utilized to gain information regarding the experience of being a pregnant teenager and the support provided by parents and grandparents during the pregnancy period. Furthermore, the experiences of the parents and grandparents will be explored and described in terms of having a pregnant teenage daughter or granddaughter as well as the extent and nature of support given to the latter in order to gain a holistic picture of the nature and extent of support.

This theory-generated design will then be utilized to develop a model for intergenerational support to pregnant teenagers. Chinn and Kramer (1995:71) and Silverman (2001:4) state that, to put an unknown phenomenon into perspective, one needs to generate information that will serve as a frame of reference and illuminate that given phenomenon. Theory generation can therefore be said to be the process of gathering and producing of information through the process of exploration and description of concepts, definition and clarification of those concepts and choosing from those concepts those that best describe the phenomenon being discussed.

A description of each of the research approaches to be utilized will now be explained and applied to the study.

10.1.1 Qualitative

A qualitative research approach seeks to uncover more about an unknown phenomenon from an emic perspective (Field and Morse, 1996:21). This research approach is most useful in nursing research as nursing studies are approached mainly
from the perspective of the patient, nurse and patient's relatives (Field and Morse, 1996:21).

Qualitative research is defined by Tutty, Rothney and Grinnell (1996:4) as the studying of people in their natural environments, as it tries to understand how they live, how they talk and behave, and what captivates and distresses them. Polit and Hungler (1993:19) state that qualitative research attempts to capture the dynamic, holistic and individual aspects of the human experiences in their entirety and context of those experiences.

In view of the fact that a qualitative approach is concerned with uncovering an unknown phenomenon from an insider perspective, this approach will be useful in achieving the objectives of this study. According to Holloway and Wheeler (1996:4), qualitative studies allow participants to describe situations and experiences in their own words. Kvale (1996:32) points out that qualitative research works with words as it aims at obtaining meaning from descriptions of the participant's life world which in this case is the life world of the pregnant teenager.

The researcher, by means of the qualitative approach, intends to obtain an in-depth understanding of the experience of being a pregnant teenager and the nature and extent of support received from parents and grandparents. Information about the experiences of the parents and grandparents of having a teenage daughter or granddaughter who is pregnant will also be gained, as well as the nature and extent of support provided by them to the pregnant teenager.

10.1.2 Phenomenological
According to Creswell (1998:51), a phenomenological research approach seeks to describe the meaning of lived experiences for several individuals about a certain phenomenon. This description of these lived experiences will take the form of exploring the structures of consciousness in the individual's human experiences. Crabtree and Miller (1999:28) state that phenomenology seeks to understand the lived experiences of people and their intentions within their lives.

The phenomenological research approach, as explained by Cohen (1987:31), intends to provide answers to questions and human concerns by clarifying the nature and
meaning of concepts about the given phenomena. For this reason the researcher will explore, describe and explain the experience of the teenager of being a pregnant teenager as well as the nature and extent of support by parents and grandparents. Cohen (1987:31) further explains that the phenomenological research approach studies the phenomena and not the theories about the phenomena. Pregnant teenagers will therefore be allowed to explain and describe their own experiences of being a pregnant teenager. The type of phenomenology to be implemented in this study will be transcendental, which will allow protection from bias by placing emphasis on bracketing (Crabtree and Miller, 1999:29).

10.1.3 Explorative
The aim of an exploratory research approach is to gain new insight and ideas about an unknown phenomenon. This approach focusses directly on the discovery of the phenomenon of interest, and by pursuing the question, trying to find a richer understanding of the phenomenon of interest (Polit and Hungler, 1991:19).

An exploratory research approach will therefore be useful in this study as little information is available about the experiences relating to support provided by the parents and grandparents to the pregnant teenage daughter or teenage granddaughter respectively. Literature available mainly reiterates statements made by the teenagers regarding the experiences of their parents related to their pregnancy (Boult and Cunningham, 1995:100).

The research approach to be implemented in this study will provide insight for the development of a model for intergenerational support to pregnant teenagers.

10.1.4 Descriptive
The descriptive research approach provides an accurate portrayal or account of the characteristics of a particular individual, a situation or group (Burns and Grove, 1993:38). Wilson (1993:11) points out that descriptive research proposes to obtain complete and accurate data about the phenomenon and not the cause-effect relationship. The above statement complements the argument by Cohen (1987:35) that lived experiences need to be described first before they can be organized into a meaningful explanation. A descriptive research approach will be suitable for this study as accurate information regarding the experiences of the pregnant teenagers relating to the nature and extent of
the intergenerational support offered to them by parents and grandparents during pregnancy is vital for the development of a model for intergenerational support.

An account of the process, meaning and understanding of the experiences of the pregnant teenagers gained through the interviews will be described (Creswell, 1994:45). Based on these descriptions, concepts will be identified, analysed, clarified, defined and a conceptual framework developed. This conceptual framework will guide the development and description of a model for intergenerational support to pregnant teenagers.

10.1.5 Contextual
The contextual research approach is utilised when the problem under investigation has to be understood within it's entire context. Context plays an important role in qualitative research and is characterised by a variety of factors including the environment, people, time and historical background (Holloway and Wheeler, 1996:192).

As the design of this study warrants exploration and description of lived experiences by the participants, interviews will be conducted. The interviews will be conducted in the home of the pregnant teenager, antenatal clinics or any other site preferred by the participants within the urban area of Port Elizabeth. Antenatal clinics are considered as alternative sites for the interviews as some of the teenagers may have been expelled from their homes by their parents. The experiences of being pregnant as a teenager and the nature of support offered by the parents and grandparents will be explored and described within the context of the Xhosa culture.

Furthermore, the experience of having a pregnant daughter or granddaughter and the support provided to her by the parents or grandparents, will be discussed from their perspectives.

10.2 THE RESEARCH METHOD
Theory generation in this study will be done according to the integration of the steps of theory generation as proposed by Walker and Avanti (1995:39), Dickhoff, James and Wiedenbachs (1968:423) and Chinn and Kramer (1995:106). These steps are as follows:

- Concept analysis.
• Construction of relationship statements.
• Description of the model.
• Operationalization of the model.

Each of these steps will now be explained and applied to the study.

10.2.1 STEP ONE: Concept analysis

Concept analysis can be reviewed as the reference point in the process of theory generation. In order to get to a stage where a central concept can be identified and clarified, a process of data collection must be employed. The data collection process that will result in concept analysis entails the following:

• Defining the population.
• Drawing a sample.
• Method of data-collection.

10.2.1.1 Defining the population

A population encompasses the entire aggregation of cases that meet the designated set of criteria and this definition does not limit population to humans only (Mouton, 1996:134). The population for this study will be pregnant Xhosa teenagers and their parents and/or grandparents residing in Port Elizabeth.

10.2.1.2 Drawing a sample

The sampling method to be implemented will be purposive and criterion-based (Compare Holloway and Wheeler, 1996:74 and Creswell, 1998:118). Purposive sampling is judgmental sampling that involves the researcher’s conscious selection of certain subjects to include in a study (Burns and Grove, 1999:233). Criterion-based sampling enables the identification of specific criteria for inclusion in the sample (Polit and Hungler, 1993:252). Choosing participants that share the same characteristics and the same experiences makes it possible for the gathering of in-depth information about the phenomenon being investigated (Holloway and Wheeler, 1996:75). The criteria for inclusion in this study will therefore be:

The pregnant teenager must:

- Be a Xhosa residing in Port Elizabeth.
Between 13 and 19 years of age.
Have informed consent to participate from parents or relevant person if under the age of 18 years.

Be able to communicate in Xhosa or English and be able to express herself clearly
so as to avoid misinterpretations by the researcher.
Be a voluntary participant.

The parent of pregnant teenager must:
- Be a Xhosa person residing in Port Elizabeth.
- Be a parent to a pregnant teenager either by birth or adoption.
- Have been a parent to the pregnant teenager for not less than six years if the Teenager is an adopted child.
- Be able to communicate well in Xhosa or English and express himself/herself clearly so as to avoid misinterpretations by the researcher.
- Be a voluntary participant.

Grandparent of the teenager must:
- Be a Xhosa person residing in Port Elizabeth.
- Be a grandparent to a pregnant teenager either by birth or adoption.
- Have been a grandparent to the pregnant teenager for not less than six years if the pregnant teenager is an adopted child.
- Be able to communicate well in Xhosa or English and be able to express himself/herself well so as to avoid misinterpretations by the researcher.
- Be a voluntary participant.

The sample size will be determined by data saturation from the interviews which will be evidenced by repetition of themes (Strauss and Cobin, 1990:188).

10.2.1.3 Entry to site
Successful fieldwork depends on the accessibility of the field and the ability of the researcher to build and maintain relationships with the gatekeepers. The use of gatekeepers assists the researcher with the establishment of relationships with
participants as well as with the introduction of the researcher to the relevant participants (Creswell, 1998:117).

Relevant health authorities in Port Elizabeth will be approached for permission to gain access to antenatal records. These records will be used to identify potential participants and to obtain addresses. Staff members in the antenatal clinics will be utilized as gatekeepers to introduce the researcher to the pregnant teenagers and to confirm her credibility as a professional person. The objectives of the study will be shared with the pregnant teenagers and their families where possible.

An appointment for an interview will be arranged with the participant as soon as the right of entry to the site has been achieved.

10.2.1.4 Method of data collection
The data collection method will be face-to-face individual interviews that will be audio-taped. The use of an audio-tape is one of the methods recommended for data capturing during an interview as it allows the researcher to focus attention on the interviewee and thus identify nonverbal communication (Tutty; Rothery and Grinnell, 1996:67). Examples of non-verbal communication to be observed are gestures, frowning and other facial expressions that may indicate unexpressed words about the experiences of the participants. Field notes will be taken as a means of complementing collected information (Creswell, 1998:121). The data collection method to be utilized in this study will be communicated to the participants as well as to the relevant persons at the site of research.

The focus of the study during data collection will be maintained through the utilization of exploration and description as approaches for theory generation, using a research schedule guide containing specific questions that are important to this study (Brink, 1996:158).

Participants to be interviewed in this study are from three different groups namely:

- Pregnant teenagers.
- Parents of the pregnant teenagers.
- Grandparents of the pregnant teenager.
Questions to be asked from each group are as follows:

**The pregnant teenager**

“Tell me about your experiences as a pregnant teenager.”

“Ndixe lele ngamava akho ngokukhulelwa useyintombazanana.”

“How do you experience the support of your parents and grandparents during your pregnancy?”

“Uyiva njani inxhaso yabazali bakho, utatomkhulu kunye nomakhulu wakho ngeli xesha unzima?”

“In your opinion how should pregnant teenagers be supported by their parents and grandparents?”

“Ngoko lwakho uluvo kufuneka ibeluhlobo luni inxhaso yabazali, utatomkhulu kunye nomakhulu abayinika amantombazanana anzima? ”

**The parents**

“Tell me about your experiences relating to the pregnancy of your teenage daughter.”

“Ndixe lele ngamava akho ngokunxulumene nokubanzima kwentombazana yenu.”

“Tell me about the support you are providing to your pregnant teenage daughter and in, your opinion, how should parents support their pregnant teenagers!”

“Ngoko lwakho uluvo kufuneka ibeluhlobo luni inxhaso yabazali kwintombazanana yabo ethe yanzima.”

**The grandparents**

“Tell me about your experiences relating to the pregnancy of your teenage grand daughter.”

“Ndixe lele ngamava akho ngokunxulumene nokubanzima komzukulwana wakho.”

“What support are you providing to your pregnant teenage granddaughter?”

“Luhlobo luni lwenkxaso olunika lomzukulwana wakho unzima?”

“In your opinion, how should grandparents support their pregnant teenage
Interviews will be continued until data saturation is evident. This will be highlighted when no new themes emerge from the interview (Strauss and Cobin, 1990:188). Lincoln and Cuba (in Tutty, et al, 1996:82) advise the importance of determining adequacy of gained information before discontinuing the interview and, in order to do this, guidelines suggested by these authors will be implemented as follows:

- Check if all categories have been covered.
- Check if the information collected is consistent with the main focus of the study.
- Check if the emergence of regularities, possible patterns, overlaps and duplication of data collected is being repeated continuously.

All of the audio-taped interviews will be transcribed verbatim (Burns and Grove, 1993:578) which, according to Kvale (1996:167), is the first step into the analysis phase of the study. Interviews, to be successful, depend on the ability of the researcher to maximise the flow of the interview (Holstein and Gubrium in De Vos, 1998:297). It is for this reason that the researcher's role during the interview will now be discussed.

### 10.2.1.5 Role of the researcher

A qualitative researcher is the primary instrument of data collection (Creswell, 1994:145; Kvale, 1996:117) and, as such, the researcher will be functioning in this capacity. In order to assist the process of the interview the researcher will adhere to the following guidelines (Creswell, 1998:131):

- Speak minimally during the interview.
- Have audiotapes that will work in the transcribing machine.
- Use an appropriate level of questioning at the beginning of the interview.
- Ask appropriate questions.
- Handle emotional bursts professionally.
- Ask focussed questions.

Communication skills to be used during the interview in this study will include...
paraphrasing which will assist with the exclusion of misinterpretations, clarification of vague responses by the participant which may mask experiences, sensitivity as a means of avoiding harm to the participant and also to protect privacy (Wilson, 1993:149). The researcher will keep verbal responses to a minimum to limit destructions and allow the free flowing of the interview (Wilson, 1993:149; Kvale, 1996:134).

In order for the participant to explore his/her experiences sufficiently, probing will be utilized (Okun, 1992:70). The researcher will not use known information about experiences of pregnant teenagers related to their support by their families in order to influence responses and questions to be asked from the participants. In so doing, the researcher will decrease attempts to reach conclusions about the extent and nature of support to pregnant teenagers by their families before they are made sense of (Beech, 1999:36).

Intuition will also be implemented by means of probing for in-depth responses from the pregnant teenagers, their parents and grandparents regarding their experiences related to the aim of the study. The interviews will be audio taped in order to allow the researcher the opportunity to listen carefully to responses provided by the participants. During the interview field notes, non-verbal communication and cues by the participants will be written down to create better understanding. Non-verbal communication of the participant will be taken into account when making sense of what is said by the participant during the interview (Schurink in De Vos, 1998:337).

10.2.1.6 Data analysis

The data collected will be processed by means of reduction, analysis and synthesis to explain the experiences of the pregnant teenagers and their parents and grandparents (Mouton, 1996:67).

The data analysis method to be used in this study will be the framework for analysing qualitative data according to Tesch (in Creswell 1994:154). The method consist of the following steps:

- Get a sense of the whole. Read through all the transcriptions carefully and make short notes.
- Pick one document at a time, go through it and try to make meaning of its contents, writing notes in the margin as this is done.
- When this action has been completed for several documents, make a list of all the
topics. Cluster similar topics together and form them into columns that can be arranged as major topics, unique topics and leftovers.

- Take the list and go back to the data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text to see whether new categories and codes emerge.
- Find the most descriptive wording for the topics and turn them into categories. Reduce the total list of categories by grouping topics that relate to each other. Perhaps draw lines between the categories to show interrelationships.
- Make a final decision on the abbreviation for each category and arrange these categories alphabetically.
- Assemble the data material belonging to each category in one place and perform a preliminary analysis.
- If necessary, re-code existing data.

Transcripts of audio taped interviews will be sent to an independent coder with a data analysis guide to be used by him/her. The independent coder will use the data analysis guide provided to him/her to analyse data from transcribed interviews. This action by the independent coder will assist in excluding biases by the researcher and also to control haphazardness with data analysis (Kvale, 1996:208). A discussion between the researcher and the independent coder will follow to finalise findings of the study. Results of data analysis will assist with the development of the proposed model, therefore verification of data is important and will be done through a literature review.

10.3 PILOT STUDY
A pilot study is a small-scale version of the major study that tests a part or parts of the study before the actual study begins (Brink, 1996:60). It is a technique utilized to assess research technique and if questions elicit the required response. The pilot study will be executed in the same manner as the main study.

10.4 ETHICAL CONSIDERATIONS
Ethics is primarily concerned with the evaluation and justification of norms and standards of personal and interpersonal behaviour. It also encompasses values and morality in the regulation of human behaviour (Homan, 1991:1). Owing to the nature of nursing research which involves humans, nurse researchers have a responsibility to observe an ethical code of conduct when conducting research (Brink, 1996:38).
After identifying probable participants with the help of gatekeepers, permission to take part in the study will be negotiated with those participants. Each participant who meets the criteria for inclusion will be provided with information related to the objectives, purpose, significance and data collection method of the study to enable him/her to make an informed decision regarding participation.

Informed decision by the participants is important as it will assist with the preparation of the participants for the exploration and description of the experiences of the pregnant teenagers related to their family support which is the main objective of this study. The ethical principles to be observed in this research project will be included in the information to be provided to the participants.

Each participant will also be provided with a letter in which the objectives and purpose of the study, as well as the research ethical principles to be observed in this study, will be stated. These ethical principles include the right to voluntary participation in this research project, privacy, confidentiality and protection from harm during the process of the study (Holloway and Jefferson, 2000:83). The ethical principles to be applied in this study will now be discussed.

10.4.1 Informed consent

Informed consent will be required from legally authorised and psychologically competent participants (Brink, 1996:45). Emotional and psychological status of all the participants will be considered in order to avoid imposing on the participant.

Complete information regarding the objectives, as well as the research ethical principles to be observed in this research project, will be explained to the participant (Cormack, 2000:54). It will be explained to the participants that permission to take part in the study is voluntary and that refusal to participate will not prejudice them in any way (Brink, 1996:44).

Voluntary participation will be achieved by firstly allowing the participants to clarify any doubts related to the research project at hand and information provided to them either verbally or in writing. This action by the researcher is to enhance informed consent. Following the step of clarification of doubts will be the signing and handing in of the...
informed consent that will serve as proof that the participant was given full information, that he/she understands fully the objectives and the process of the study and that consent was given voluntarily (Brink, 1996:42).

Illiterate participants will also be given the necessary information and given a chance to clarify doubts related to the research project or information given in the presence of the gatekeeper, or any person chosen by them as a witness or as a representative, before signing the consent form (inDeVos, 1998:25).

10.4.2 Confidentiality and anonymity
All data gained is considered to be privileged information and therefore will be handled with utmost care and respect (Cormack, 2000:57). Guidelines regarding privacy and confidentiality will be adhered to and emphasis will be on preserving anonymity to ensure confidentiality. No names of persons, hospitals or residential areas will be mentioned in the study and the researcher will also use the following guide as depicted from Brink (1996:45) to ensure anonymity:

- Provision of a code name for each participant.
- Keeping of the master copy of participant names and matching code names in a separate storage place.
- Destroying the list of names after use.
- Using only the code names when discussing data collected.
- Having participants choose their own identification codes.

All the tapes will be locked away until the results of the study have been reported and published.

10.4.3 Protection from harm
Measures for ensuring anonymity, when adopted and implemented, will also help with the protection of the participants from harm. The study does not require conduction of invasive procedures that could physically harm the participants. The participants will be given the right to refuse to divulge any information perceived by them to be confidential/personal and private (Brink, 1996:40). This is done to protect and limit psychological harm to the
participant. A debriefing session will be provided for the participant at the end of the interview so as to provide a chance for the participant to ask questions regarding any uncertainties about the interview. This is to enhance protection of the participant from psychological harm (Polit and Hungler, 1993:130).

10.4.4 Deception of participants
Deception of participants is a deliberate misrepresentation of facts about the research process in order to make participants believe what is not true as the truth (Corey, Corey and Callanan, 1993:230).

At the interview site, before commencing with the interview, the participant will be reminded about the objectives of the study, his/her right regarding voluntary participation in the study regardless of the consent that has already been signed, privacy and confidentiality as well as protection from harm during the process of the study. This is a measure to exclude deception as well as enhancing voluntary participation.

10.5 LITERATURE CONTROL
Literature control will assist in maintaining objectivity of the research and, by so doing, ensuring validity of the research (Keringer in De Vos, 1996:115). Conclusions made regarding the experiences of the pregnant teenagers related to their support by their parents will be supported by literature to ensure research validity.

Sources for the literature control will be carefully selected for the purpose of either confirming or opposing the present study results and to determine whether data analysis results are accurate and correct (Creswell, 1998:193). Data verification will ensure trustworthiness of the study.

10.6 MEASURES TO ENSURE TRUSTWORTHINESS OF THE STUDY
For the purpose of establishing the trustworthiness of the study the researcher will apply Guba's Model of Trustworthiness for Qualitative Research, as written by Krefting (1991:214). The model identifies four criteria, namely:

- Truth value, which will be achieved by: exploring and describing the
experiences of the teenagers of being a pregnant teenager and the nature of support by the parents during the pregnancy period; the experiences of the parents regarding the pregnancy of their teenage daughter and the nature of support to her during the pregnancy period; the experiences of the grandparents of the pregnancy of their teenage granddaughter and the nature of the support to the pregnant teenage daughter. Truth value is based on credibility which will be the correct interpretation of the lived experiences of the participants.

- **Applicability**, which will be the degree into which the findings of this research project could be applied to other settings. Transferability is the criterion for applicability. The method of using a purposive criterion sample will enable applicability.

- **Consistency** considers consistency of data to enhance consistent results. In this research project this criterion will be ensured by the application of phenomenology, exploration and description of the experiences of the participants and the nature of support to pregnant teenagers during their pregnancy period.

- **Neutrality**, which is described as the degree to which the findings of the research project are a function of the informants and conditions of the research and not of other biases, perspective and motivations. The use of an independent coder and a panel of experts will be the means of enhancing neutrality in this study.
Table 1.1  MEASURES TO ENSURE TRUSTWORTHINESS OF THE STUDY

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>STRATEGY</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truth Value</td>
<td>Credibility</td>
<td>Prolonged and varied field experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflexivity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member checking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interview technique</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishment of authority of the researcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Structural coherence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referential adequacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Triangulation</td>
</tr>
<tr>
<td>Applicability</td>
<td>Tranferability</td>
<td>Nominate sample</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comparison of sample to demographic data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dense description</td>
</tr>
<tr>
<td>Consistency</td>
<td>Dependability</td>
<td>Dependability audit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dense description of methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Triangulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code-recode procedure</td>
</tr>
<tr>
<td>Neutrality</td>
<td>Confirmability</td>
<td>Confirmability audit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Triangulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflexivity</td>
</tr>
</tbody>
</table>

Strategies for the criteria to be implemented will be presented in the following manner:
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged and varied field experience</td>
<td>Qualified midwife and possessed knowledge of the field to be used.</td>
</tr>
<tr>
<td>Reflexivity</td>
<td>Will make use of field notes/journal</td>
</tr>
<tr>
<td></td>
<td>There will be frequent consultation with participants to exclude misinterpretations in data transcription and analysis. Concept definition and relationships between concepts will be determined. Constant consultations with the study leaders to enhance description of the model. Use of an independent coder.</td>
</tr>
<tr>
<td>Peer examination</td>
<td>Use of an independent coder. Interviews will be transcribed verbatim. Use of literature control. The study will be challenged through the use of experts and an external examiner.</td>
</tr>
<tr>
<td>Interview technique</td>
<td>A pilot interview will be done. Guidance by experienced qualitative researchers. Constant consultation with the study supervisors. Reading of relevant literature. Use of an independent coder.</td>
</tr>
<tr>
<td>Establishment of researcher authority</td>
<td>Use of experience from previous research project done. Reading extensively about qualitative research to enhance the skill of being a qualitative researcher. Having experts in qualitative research as my study leaders and consultants.</td>
</tr>
<tr>
<td>Structural coherence</td>
<td>Use of study objectives as a guide to focus on the process on the research project</td>
</tr>
<tr>
<td>Referential adequacy</td>
<td>Previous research done.</td>
</tr>
</tbody>
</table>
Table 1.3: STRATEGIES FOR TRANSFERABILITY

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominate sample</td>
<td>A purposive sample will be utilized</td>
</tr>
<tr>
<td>Comparison of sample to demographic data</td>
<td>A purposive sample will be utilized and the sample will be from the Xhosa participants who meet the criterion for inclusion and are within the Port Elizabeth urban area.</td>
</tr>
<tr>
<td>Dense description of methods</td>
<td>A theory generative design which will be achieved through the use of qualitative, phenomenological, explorative, descriptive and contextual research approaches. Use of clear objectives and data analysis method.</td>
</tr>
</tbody>
</table>

Table 1.4: STRATEGIES FOR DEPENDABILITY

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependability audit</td>
<td>Use of extensive literature review. A well representable sample. Use of bracketing when conducting the interviews. Interviews to be transcribed verbatim. Use of member checking and literature control.</td>
</tr>
<tr>
<td>Dense description of methods</td>
<td>As for applicability</td>
</tr>
<tr>
<td>Triangulation</td>
<td>Use of a purposive sample. Use of a theory generative method by applying the approach of qualitative, phenomenological, explorative descriptive and contextual research design. Consultation with study leaders and experts in qualitative research. Results and</td>
</tr>
</tbody>
</table>
process of the study will be in accordance with the research objectives.

<table>
<thead>
<tr>
<th>Method</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer examination</td>
<td>As for credibility</td>
</tr>
<tr>
<td>Code-recode procedures</td>
<td>An independent coder will be appointed, made use of, provided with transcripts of interviews and a consensus between him/her and the researcher will enhance the results of the study.</td>
</tr>
</tbody>
</table>

Table 1.4: STRATEGIES FOR CONFIRMABILITY

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmability audit</td>
<td>Use of a panel of experts in qualitative research to evaluate the standard of this study related to qualitative research as well as the findings as related to the objectives of this study.</td>
</tr>
<tr>
<td>Triangulation</td>
<td>As for dependability</td>
</tr>
<tr>
<td>Reflexivity</td>
<td>As for credibility</td>
</tr>
</tbody>
</table>

Each of these strategies will be discussed extensively in chapter two of this study. The remaining three steps of theory generation in this study will now be discussed.

10.7 STEP TWO: Construction of relationship statements

Chinn and Kramer (1995:96) state that relationship statements describe, explain or predict the nature of the interactions between concepts of theories. This interaction between concepts of a theory provide a link among and between these concepts (Chinn and Kramer, 1995:111) therefore implying that a relationship exists between two or more concepts of the theory.

The theoretical relationships are considered within the context on which the theory is based (Chinn and Kramer, 1995:111). The context of this study is the home or residence of the pregnant Xhosa teenagers in Port Elizabeth. The families should have been residing in Port Elizabeth for a minimum of six years and all three generations should be living in the same house or within close range of each other.

10.8 STEP THREE: Model description

In order to be able to describe a theory an understanding is needed of how that theory
functions and certain questions need to be asked to enhance this understanding of the theory (Chinn and Kramer, 1995:105). In this study for the purposes of description of the model, questions to be asked are as follows:

- What is the purpose of this model?
- What are the concepts of this model?
- How were the concepts defined?
- What was the nature of the relationships?
- What is the structure of the model?
- On what assumption does the model build?

Responses to these questions will provide a clear picture related to the nature of the model. These responses will be dealt with at a later stage in this study. Once the model has been thoughtfully described in relation to the objectives of the study, critical evaluation of the model will be done. The method for the critical evaluation of the model will be discussed fully at a later stage.

10.9 STEP FOUR: Model operationalization

The model to be developed is to be utilized by health and health associated professionals to enhance family relationships between teenagers, especially the pregnant teenagers with their parents and grandparents. An attempt will be made to enhance the intergenerational relationships by promoting support of pregnant teenagers by their parents and grandparents. After describing the model it will be applied in practice so as to test its relevance to the projected purpose.

Health and health associated professional fields in which this model will be tested include nursing, social work, health and family counsellors. Testing the model in these clinical and professional fields will determine the applicability of the model to the intended purpose and also facilitate gathering evidence regarding the value of the model in relation to the goals of the professional fields (Chinn and Kramer, 1995:101). It is therefore important, for the operationalization of the model, to consider the three sub-components of the model namely:

- *Selecting the clinical setting:* This could be any clinical setting where nursing caretakes place or where the model is perceived to be useful.
- *Determining outcome variables for practice:* The process of determining
outcomes is said to move beyond the domain of the model to explore how the model, when applied in practice, affects the practice of nursing.

- **Implementing a method of study:** Methods utilized for this process draw on traditional research methods as well as evaluation methods and quality-assurance research. Application of these methods seeks to provide evidence of the effect on patients, nursing care and practice setting (Chinn and Kramer, 1995:102).

In this study guidelines for the application of the model in practice will be deducted from the model. As this study is limited from evaluation of the results of its application, proposals will be made about the application of the model in practice.

### 11 CHAPTER DIVISION

The proposed study will comprise chapter divisions as indicated below:

- **Chapter One:** Introduction and orientation to the study
- **Chapter Two:** Research design and method
- **Chapter Three:** Discussion of results, interviews and literature control
- **Chapter Four:** Development of the framework for intergenerational support to pregnant teenagers
- **Chapter Five:** Description of the developed framework for intergenerational support to pregnant teenagers
- **Chapter Six:** Limitations, recommendations and conclusions.

### 12 WORK PLAN

13

The researcher plans to undertake this study between January 2003 and November 2004. The provisional work plan is as follows:

- **January - November 2003:** Writing and completion of the research proposal
- **December - February 2004:** Implementation of Pilot Study
- **March - April 2004:** Data collection
- **May - July 2004:** Data Analysis
- **August - September 2004:** Interpretation and discussion of results
- **October - November 2004:** Writing of results
December 2004: Development of model
January 2005: Editing and binding of report
February 2005: Presenting the report for evaluation
April 2005 Reporting of results of the study.

14 BUDGET

The proposed budget to facilitate the attainment of the objectives of this study is as follows

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stationery</td>
<td>R 500</td>
</tr>
<tr>
<td>Interlibrary loans</td>
<td>R 500</td>
</tr>
<tr>
<td>Telephone and e-mail</td>
<td>R 500</td>
</tr>
<tr>
<td>Internet</td>
<td>R 300</td>
</tr>
<tr>
<td>Photocopying</td>
<td>R 300</td>
</tr>
<tr>
<td>Tape recorder and tapes</td>
<td>R 700</td>
</tr>
<tr>
<td>Batteries</td>
<td>R 50</td>
</tr>
<tr>
<td>Remuneration (participants)</td>
<td>R 500</td>
</tr>
<tr>
<td>Transport</td>
<td>R 2500</td>
</tr>
<tr>
<td>Transcribing of tapes</td>
<td>R 1000</td>
</tr>
<tr>
<td>Independent coder</td>
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</tr>
<tr>
<td>Typing</td>
<td>R 3000</td>
</tr>
<tr>
<td>Editing</td>
<td>R 2000</td>
</tr>
<tr>
<td>Printing and binding</td>
<td>R 2000</td>
</tr>
</tbody>
</table>

**TOTAL** R14850

14 CONCLUSION

Pregnant teenagers go through an overwhelming amount of emotional stress, especially those teenagers who come from the traditional Xhosa families. Teenagers from Xhosa families are mostly affected by their pregnancies as they are sometimes forced by their parents to keep the babies against their will. They are sometimes expelled from their homes and lose parental support and supervision during pregnancy. At times their pregnancies become a cause of conflict between their parents. This circle of events
ultimately contributes to the poor parental abilities of the teenagers which poses a health and social risk to their babies. Parental support provided to the teenager during pregnancy probably could enable the teenager to cope better with the pregnancy and also be able to assume the expected parental responsibility with some confidence.

ANNEXURE D

EXTRACTS FROM INDIVIDUAL INTERVIEWS CONDUCTED WITH PARTICIPANTS
INTERVIEW

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Communicated experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Good morning X</td>
</tr>
<tr>
<td>P</td>
<td>Good morning <em>sisi</em> (big sister)</td>
</tr>
<tr>
<td>I</td>
<td><em>X khaundixelele</em> (please tell me) how do you experience your pregnancy?</td>
</tr>
<tr>
<td>P</td>
<td>Zininzi izinto ozi-experiencayayo eyona nto yi (There is a lot of things that you experience and the main thing is) disappointment to the parents. Abazali babe (Parents become) disappointed kuba bebengalindelanga bebesalinde lukhulu kuwe and ngaphezu koko uyashiyeka ngoku because akusakwazi kwenza ezizinto ubuqhele ukuzenza. Akusakwazi kuhamba kakhulu kuba usoloko uhleli endlwini and ngaphezu koko apha ekhaya akusa tritwa as umntwana imeko iyatshintsha utritwa njengomntu umkhulu kuba kaloku ngoku une responsibility. Mhlawumbi uqhele ukucela imali, ngoku uyaxelelewa ukuba kufuneka ujonge umntwana, zonke ezo zinto zinjal. Awukwazi kwenza nto iyi like into le ye job ubunokukwazi ukungena akukwazi kungena kuba kaloku u-pregnant. Nakwizinto zesikolo iyalibazisa (because they were not expecting they were still expecting a lot from you and on top of that you are being left behind now because you are no longer able to do the things that you are used to do. You can not move around too much because you are always staying at home and on top of that here at home you are no longer being treated as a child the situation changes you are being treated as an adult because now you have a responsibility. Maybe you are used to asking for some money now you are being told that you need to look after the baby all those</td>
</tr>
</tbody>
</table>
things like those. You cannot do something like a job you could be able to enter because you are pregnant. With the school things also you are being left behind).

I Mhm..Mhm. Uthi imeko apha endlwini iyatshintsha. Ndicela ukhe undicacisele (You say the situation here in the house changes. Please explain to me).

P Iyatshintsha ngoba..mandithi ububonwa as umntwana, njengomntwana. Ubusazi ukuba umama wakho uyapeya ngolwesiHlanu uyayazi ukuba umama wakho uqhele ukukunikiza izinto ezithile ngoku akasakuniki ngolwahlolo aqhele ukukunika ngalo ngo baloku uyabudgete e budgetela nomntwana lona wakho lo ungekabikho. Uyakuxelela ukuba kufuneka uhoye umntwana. So ubritwa as i adult akusatritwa ngolwahlolo ubutritwa ngalo kuqala (It changes because..let me say you were looked at as a child, like a child. You knew that your mother is getting paid on Friday you know that your mother is used into giving you certain things now she does not give you the usual way because she is budgeting and budgeting for your own child as well this one who is not yet there. She tells you that you need to take note of the child. So you are being treated as an adult you are no longer treated the way you were being treated before).

I Uve njani ke wena yilonto? (How does that make you feel?)

P It’s painful kuba kaloku ngoku uyafana ngathi uyandigweba). Kaloku nam ndisengumntwana yiyo lento ndingayekhayo ukubawela ezazinto ebeqhele ukundenzela zona. Ewe (because now she is like she is judging me. You know even me I’m still a child that is why I do not stop feeling like having those things that she’s used to do for me. Yes) I’m going to be having a child but andiyekanga ukuba ngumntwana (I haven’t stopped being a child).

I (The) disappointment kuba zali (to the parents).
Ewe i (Yes the) disappointment kumzali kuba ebesalindele lukhulu, ebengekacingi phofu ukuba unga pregnant kuba kaloku ngaba bahlala besixelela ukuba kufuneka uhlali xa ungekaggibi ukufunda.. (to the parent because she was still expecting a lot she did not think that you could be pregnant because you know they are these people who always tell us that we need to stay when we are not yet finished schooling..)

Mhm..

I

Yhaa ..so ke ndamdisappoinata umama wam. Waya wandibona ndingekaziboni wathi masihambe siyokwenza i (I then disappointed my mother. She saw me before I could see myself she we should go and do) a pregnancy test sahamba sayokuyenza kwafumaniseka ukuba nyhani ndipregnant. Wandixelela ukuba ndimdisappointile, ngela xesha ke phofu ngalamini. Umntu o (we went to do the pregnancy test it was found that I’m really pregnant. She told me that I’ve disappointed her, that time in that day anyway. A person who is ) disappointed uyambona nje i (you see her just from the) reaction kwanendlela aphetheke ngayo..but owam umzali wandi xelela ukuba ndim disappointile (and the way she is experiencing it..but my own mother told me that I’ve disappointed her).

How did that made you feel?

Sisi (Big sister) it’s a wake up call. Kungona ufumanisa ukuba kuthethe ntoni ukuba ngumntwana kumzali wakhe (that is then that you find out what it means to be a child to the parent). I choked aphela amazwi emqaleni and ndeva intliziyo ebuhlungu kakhulu. Azange ndikwazi ukuthetha nomama ngela xesha kuba kwakunzima nokuba ndimjonge (I could not speak out and I felt a big pain in my heart) . It makes you feel very guilty and angry to yourself. Ndabona nje ukuba umama wam ndimonile (I just saw that I’ve wronged my mother) and it hurts but looking straight into my eyes.
as ba iksesha lihamba nje iyaphela yonke lonto leyo uthetha kakhule ngoku...uthetha nokuba kufundeka ndiphindele esikolweni. Wayengenamsindo (the time goes by all that disappears she speaks well to me now...speaks about me needing to go back to school. She was not very angry) as such qha equmbele (but was angry) . Umbona ukuba umoya uhile umhlawumi ngelakhe wayethanda ukuba i (You could see that her spirit was down maybe on her own mind she like that the )pregnancy test ibe (to be) negative but ke ya (unfortunately it was positive, wehla umoya (the spirit went down).

<table>
<thead>
<tr>
<th>I</th>
<th>Uyekile esikolweni ngoku? (Have you stopped schooling now?)</th>
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<tbody>
<tr>
<td>P</td>
<td>Ewe sisi. (Yes big sister)</td>
</tr>
<tr>
<td>I</td>
<td>Why?</td>
</tr>
<tr>
<td>P</td>
<td>Ndabane ntloni zokuya esikolweni ndinesisu esikhulu. So ndiyeke ukubonakala kwaso. Kaloku xa uhamba abantu bayakujonga (I became embarrassed to go to school having a big tummy. So I stopped when it started showing. You know when you walk in the street people are looking at you) as if now you are somebody else and akufiti kubo (you do not fit with them). Ndandicingela nomama kuba abantu bebemana besothuka kuye ngalepregnancy yam and amane ekhala kuba esithi uyintlekisa ngenxa yam. Zezozinto ke sisi ezindenza ndibe hurt kakhulu ngalentso ndiyenzileyo ngoba ngoku umama wam uya sufferish ngenxa yam abantu bayamhleka (I was also thinking about my mother because people kept on commenting in shock to her about my pregnancy and she would cry because she said she is a laughing matter because of me. Those are the things then big sister that make me to be very hurt about what I've done because now my mother is suffering because of me the people are laughing at her) . So I decided naye ndamcela ukuba ndingayi esikolweni (and I also asked her to allow</td>
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<tr>
<td></td>
<td>Eyes becoming red and the voice hoarse.</td>
</tr>
<tr>
<td></td>
<td>The face is flushed and eyes are red and shiny.</td>
</tr>
</tbody>
</table>
me not to go to school).

I  
Zithini ifriends zakho? (What are your friends saying?).

P  
Erh..i friends..azisezi ngolwahlolo beziqhele ukuza ngalo ngoba ziyayazi ukuba Oh! Sizakufika u X ngoku engafuni kuhamba. Oh! Kufuneka engahambanga ebusuku izinto ezijnalo. Kufumaniseke ngoku ukuba akusafumani eza visits ziqheleikileyo njengakuqala. Ukuba zifikile ziyahlala sincokole, mhlawumbi kuthiwe Hey! Kukho into ethile mhlawumbi kulo ndawo, ndicinge ukuba akufunekanga ndihambe kuba umama akasafuni ukuba ndihambe ebusuku and nazo kufumaniseke ukuba sezityhafile kuba ziyayazi akufunekanga ndihambe gqitha phandle (they do not come the usual way because they know that Oh! We are going to get there and X not will to come with us. Oh! She is not supposed to go out at night things like those. Then you find out that she is no longer getting those visits that she is used to like before. If they come they sit and we have a conversation, maybe it is said Hey! There is something at a certain place and I think that by the way I’m not supposed to be going there because my mother does not want me to be outside for a longer period).

I  
When i (your) friends zakho zingasavisiti njengesiqhelo yenza ntoni lonto apha kuwe? ( do not visit as usual what does that mean to you?)

P  
Ndiyazilibazisa and azi copi nam. Kaloku ngoku andisakwazi ukubetha ngalapace yesiqhelo so ndiyalibazisa (I’m keeping them and that they are not coping with me). Another thing it makes me fill as if ndingumntu ongasafunekiy o kuzo kuba kaloku ngoku mna ndinezinto endingenakuzenza nabo. Ndiba nomsindo ( I’m a person who is not wanted anymore to them because you know now there are things that I cannot do with them. I become angry) to me ukuba kutheni ndizifake kulento ngoba nyhani ngelinye ixesha nam ndiyabawela ukuhamba like ndiye e patini ( that why did I put myself in this thing because really at times I also feel
like going to a party) but I know *ukuba* (that) I’m an embarrassment so *kufuneka ndizifihle ebantwini* (I need to hide myself away from the people). It makes me feel lonely but *ke izakudlula* (ok. it is going to pass) and this is a lesson. *Umama uyandixelela ukuba ubomi bam bujikile ngoku ngoba xa umntwana ekhona* (My mother tells me that my life has now changed because when the child is here) more trouble is coming. Sometimes *uyazibona ukuba ezitshomi zam nazo* *(you can see that these friends of mine also) they feel that I deserve to be alone?*

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<tbody>
<tr>
<td><strong>I</strong></td>
<td><strong>What makes you to say so?</strong></td>
</tr>
<tr>
<td><strong>P</strong></td>
<td><strong>Bayabuza ukuba bekutheni zendinga yuzi i</strong> <em>(They ask me why didn’t I use)</em> contraceptives and they want to know <em>ukuba</em> andina AIDS na? *(if I do not have AIDS?) and it hurts.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td><strong>Uphi utata womntwana?</strong> <em>(Where is the father of the child?)</em></td>
</tr>
<tr>
<td><strong>P</strong></td>
<td><strong>Ukhona</strong> <em>(He is here).</em></td>
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<td></td>
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<tr>
<td><strong>I</strong></td>
<td><strong>Tell me about him?</strong></td>
</tr>
<tr>
<td><strong>P</strong></td>
<td><strong>Well naye ibingeyonto ayilindileyo kodwa ke uyi acceptile uyayazi ukuba yi</strong> *(him also this was not something he was expecting but he has accepted he knows that this is his) responsibility yakhe. Umntwana uzakuba notata...<em>and i bhelele kuba yi boyfriend umamawam ayaziyo and iyaphangela</em> <em>(The child is going to have a father..and it is better because it is the boyfriend that my mother knows and he is employed).</em></td>
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<tr>
<td><strong>I</strong></td>
<td><strong>Ok. Now X based on these experiences of your pregnancy, how would you like</strong></td>
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She folds her hands and look aside.

Eyes shiny

Looks relieved but the eyes are still shiny.
the parent of a 19yr old daughter to respond to the pregnancy of this daughter?

<table>
<thead>
<tr>
<th>P</th>
<th>Well if <em>ndingumzali ndiyasokola nanku umntwana wam e pregnant. Ndizakumbuza umntwana wam ukuba ufuna ntoni. Ndimbonise nendlele ezizakuba wrongo nezizakuba right, nobunzima obulindelekileyo but i choice izakuba kuye but if ndiyabona ukuba ethubeni ukuba uya funa ukuzikhulisela umntwana wakhe...well ndizakum supporta kuyo yonke lonto leyo</em> (I’m a parent, I’m struggling here is my child being pregnant. I will ask my child what does she want. Guide her about ways that would go wrong and those that would be right and the difficulty to be expected but the choice is her’s. But if I see that later on that she wants to up bring her own child..well I would support her in all that thing).</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>What kind of support would you offer to her?</td>
</tr>
<tr>
<td>P</td>
<td>*Ewe.. <em>ube umbonisa ukuba nguye ozakuba</em> (Yes..you show her that she will be the one who will be) responsible <em>umbonise nezinto ezizakufika. Umntwana umxelele ukuba umntu onzima kufuneka enze ntoni. Umnike nemali yokuya e clinic</em> (show her about things that my come and affect her. Tell the child that a pregnant person need to eat what. You must also give her some money to go to the clinic).</td>
</tr>
<tr>
<td>I</td>
<td>Why is the parent’s support important in pregnancy?</td>
</tr>
<tr>
<td>P</td>
<td><em>I bonisa ukuba umzali uyakhathala ngawe.</em> (It shows that the parent cares about you).</td>
</tr>
<tr>
<td>I</td>
<td>Zenzekile ezi zinto apha kuwe? (Did you experience these things?)</td>
</tr>
<tr>
<td>P</td>
<td>Mhm..Ewe (Yes)at least <em>ziyenzeka ngoku. Uyakwazi ukundinika izinto ezinje nge</em> (they do happen now. She can give me things like ) bus fare and <em>undijongile ukuba ndingahambi ebusuku, kufuneka nditye ntoni, kufuneka ndinxibe njani at</em></td>
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</table>

She speaks with a soft deep voice.

She looks to me.

She has a sigh.
least (she is watching that I do not go out at night, what to eat how to wear).

<table>
<thead>
<tr>
<th></th>
<th>Otherwise <em>kuqala</em>?.. (before?..)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I</strong></td>
<td>At least <em>kuqala i</em> (before our) relationship <em>yethu kukhe kwakho</em> (there were some) i complications <em>i</em> (the) communication <em>yophuka noko</em> (broke a bit) but <em>ngoku noko siyathetha</em> and <em>uyandicebisa</em> (now we do speak to each other a bit and she is advising me).</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td>She is nodding as she is talking.</td>
</tr>
</tbody>
</table>

|     | (the) communication *yophuka noko* (broke a bit) but *ngoku noko siyathetha* and *uyandicebisa* (now we do speak to each other a bit and she is advising me). |

| **I** | *Mh.. Yintoni enye obawela ukundixelela yona nge pregnancy yakho? Sifikelela esiphelweni se interview ngoku* (What else do you feel like telling me about your pregnancy? We are reaching the end of our interview now). |
| **P** | She starts to knock on the table as if to emphasize her facts. |

| **I** | *Mh.. Le ye* (This one about the) relationship *kufuneka itshitshe ngohlobo lokuba ngoku ndine* (need to change in the sense that I’ve got a) responsibility *ebendikade ndingenayo. Nomntu o* (that I did not have. And the person who is) pregnant *kubakho i* (there are) moods *nezinye nje izinto ezikwenza ngathi akuphilanga* like *ukuba nari ne* headaches *yonke lonto ngoku uhleli nje uba* (and just other things that make you as if you are not well like to be nauseous and headaches all those things now you sit and all the time you are) stressed. |
| **P** | Eyes red and shiny. Holding |

| **I** | *Ok.. so uba* (you become) stressed?..How do you handle your stress? |
| **P** | *Eyes red and shiny.* |

|     | *Eyes red and shiny.* |

| **I** | *Ok.. so uba* (you become) stressed?..How do you handle your stress? |
| **P** | *Eyes red and shiny.* |

| **I** | *Ok.. so uba* (you become) stressed?..How do you handle your stress? |
| **P** | *Eyes red and shiny.* |
somebody who is fed up then she starts from the beginning about shouting about my pregnancy because she says I did it to myself) . So I would advise parents ukuba i (that the) choice nge (about the) outcome ye (of the) pregnancy ibe yeyomntwana and bazi understande i moods because nawe ngelaxesha akuzenzi qha uphethwe ngumvandedwa ne (to be of the child and they should understand the moods because even you at that time you are not making it purposely the only thing you are suffering from sub-consciousness and the) feeling of guilt yalemeko ukuyo (of the situation you are in). You are asking yourself a lot of questions but akukho zimpendulo. Ngamanye amaxesha (there are no answers. Sometimes) you even think ngokuzibulala (about killing yourself) to free yourself from this frustration and that makes you even more guilty because ngoku (now) you look like a murderer. I (The) situation becomes so difficult and uphelelewe ngamandla (you loose strength) and power...There are so many things that you as a pregnant teenager you deal with on your own so parents need to understand that...

<table>
<thead>
<tr>
<th>I</th>
<th>Ok. Thank you for your time.</th>
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<tbody>
<tr>
<td>P</td>
<td>Thank you for talking to me.</td>
</tr>
<tr>
<td>Speaker</td>
<td>Communicated experiences</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I</td>
<td><em>Molo Mr Z. Unjani?</em> (Good day Mr Z. How are you?)</td>
</tr>
<tr>
<td>P</td>
<td><em>Molo Mrs James. Ndiyaphila. Unjani wena?</em> (Good day Mrs James. I'm well. How are you?)</td>
</tr>
<tr>
<td>I</td>
<td><em>Ndiphilile enkosi. Ndicela ukuba undixelele ukuba uva njani na ngokuba unomntwanana onzima nje?</em> (I'm well thank you. Will you please tell me how do you feel now that you have a teenage child who is pregnant?)</td>
</tr>
<tr>
<td>P</td>
<td><em>Mama kunzima kakhulu. Into eyenzekayo apha lomntwana uyasiyeka sikhuphe imali yokuthenga izinto zesikolo kanti ngalo lonke elo xesha uyayazi ukuba simosha ngemali yethu. Umuntu xa enze into umelwe kukuba uyayazi nje ngaye uye wayokulala nendoda so umelwe kukuyazi ukuba kuzakwenzeka ntoni emveni koko. Siyaziskoolela apha sisenzela bona yena ngoku yolwa lo mali udlala ngayo ulibele ngabanye aba buncinci. Mna kudala ndathi umuntu ongevayo apha endlwini yam makahambe ngoba ngoku lonto yakhe ngeyenzele phaya kude kuthi. Akeva lomntwana ngoba ndamxelela ukuba akanaku mixer iincwadi nesitrato. Umntwana ekuhleliwe nje kufuneka eye phaya waya phaya netshomi, ude uzibuze ukuba umsebenzi wesikolo weniwa nini? ngoku xa exakiwile yilento yakhe ubuyela apha kuthi, uzokugulela apha kuthi. Iyandicaphukisa nyhani lento yakhe (Mother it is very difficult). What happens here this child let us take out money to buy school things in all that time she knows</em></td>
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</table>
that we are wasting with our money. A person when he has done something is supposed to know like her she went to sleep with a man so she is supposed to know what is going to happen after that. We are struggling here on our own for them she now plays with all that money she has forgotten about the little one’s. Me I said it long ago that a person who does not want to listen here in my house must leave because now that thing of hers could have happened there away from us. This child is not listening because I told her that she can not mix books and street. A child who is always supposed to go there and there with friends, you even ask yourself that when is the school work being done? Now when she is having problems with this thing of her's she is coming back here to us, she comes and be sick here with us. Really this thing of her’s it makes me fed up).

<table>
<thead>
<tr>
<th>I</th>
<th>Kutheni ucaphuka nje? (Why do you become fed up?)</th>
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<tbody>
<tr>
<td>P</td>
<td><em>Iyacaphukisa lento yakhe ngoba ngoku simoshe imali ezinkulu ngaye. Phaya esikolweni ngoku sicingelwa ukuba akukho mthetho kulendlu yam. Yena sizakumthini ngoku ngoba, ngoba kaloku ngoku kuzakufuneka sindle lomntwana wakhe naye ngoba ngubani owaziyo ukuba uzakuhlalulwa na. Zonke ezo zinto zindenza ndibeyindlobongela kodwa ndizicenge. Kaloku ukuba akukho ntlawulo ivenayo wonke lomthwalo ngowam. Yena uzakuphelela eyintoni ngoba mna andisoze ndifundise umfazi omdala osele enomntwana wakhe. Ngako ke ndihlala ndicaphuka nje ndifune nokumbetha qha umama uyanganda...</em> (This thing of her’s it makes one fed up because we wasted big money on her. There at school now they think that there is no order in this house)</td>
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</table>

Looking at me angrily.
of mine. Her, what are we going to do with her now because, because now we are going to be expected to support this child of her’s and her also because who knows wherether she is going to be payed for damages. All those things they make me to be aggressive but I calm myself down. You must know that if there is no payment for damages all this baggage is mine. What is going to happen about her because I will not take an old woman who has her own child to school. Therefore I’m always fed up wanting to beat her up but my mother does not allow me to do so...).

Mhm..mhm..Umama wakho uyanqanda.. (Your mother does not allow you..)

Ewe uyanqanda kodwa uyayibona lento ndiyeniwa ngulomntwana ukuba mbi kwayo qha akafuni ndimbethe. Yhaz mama James oko ndathi ndeza ngalento yalomntwana azange ndiphinde ndithethe naye. Ndisuka ndoyiswe ngumndo. Kwaye andifuni nokumazi lomntu umenze lento ngoba ndakumbulala. Akukho nento ayenzayo kwelakhe icala ukubonisa ukuba uyazi kwaye uyavuma , nxa!. Uthe cwaka and lonto indenza ndibe ngathi ndishiya zingqondo (Yes she would not allow me but she can see how ugly is this thing tha is being done by this child to me. You know Ms James since I heard about this thing of this child I never spoke to her again. I become overpowered by anger. Yet I do not even want to know this person who did this thing to her because I will kill him. There is nothing that he is doing from his side to show that he knows and that he is accepting, Damn him!. He is quiet and that thing makes me to be as if I'm losing my
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<tbody>
<tr>
<td>I</td>
<td><em>Uthini umntwana yena ngalomntu umenze lento?</em> (What is the child saying about the person who did this thing to her?)</td>
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<tr>
<td>P</td>
<td><em>Akukho mntu umbuzileyo naye akaxeli ukuba ngubani. Ndiyakrokra ukuba umama uyanazi ngoba uyamva apha ekuthetheni kwakhe ukuba ikhona into ayaziyo</em> (there is nobody who has asked her and she also does not tell who is the person. I'm suspicious that my mother knows him because you can hear in her talks that there is something that she knows).</td>
<td>He speaks with a straight face.</td>
</tr>
<tr>
<td>I</td>
<td><em>Uthini xa ethetha?</em> (What is she saying when she talks?)</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td><em>Uyatsho ukuba lomfo ingathi uyaphangelana okanye wenza i jobs ezithile kuba ikhona nento enesikolo phakathi. Mna indenza ndiphelelewe ngamandla lonto leyo kuba ngoku xa ndimamele ingathi ikhona into yokungabikho sure ukuba kanye kanye ityala eli lelikabani. Uyabona ke zezo zinto ezenza umntu afune ukubetha ngoba ngoku siyafunisa. Unqandiwe ngethuba kodwa akamamela ngoku umelwe ngumqa esendleni. Kunzima kum nokuba ndibulise abamelwane ngoba andiyazi ukuba bathini ngalento yenzekileyo kwelikhaya</em> (She is saying that as if this man is working or is doing some certain jobs because there is something to do with school also. Me it makes to lose some strength this thing because when I'm listening it is as if there is some indication of not being sure of wherether who is really responsible for the damage. You see now those are the things that make a person to want to beat up a person because we are Looking down on the floor.</td>
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</table>
just looking now. She was told not to in good time but she did not
listen now she is in trouble. It is difficult for me to even greet the
neighbors because I do not know what are they saying about this
thing that has happened in this home).

| I  | **Xa ungazi ukuba abamelwane ukuba bathini, ikwenza lonto uve
njani?** (When you do not know what are the neighbors saying how
does that make you feel?) |
| P  | **Ndiva buhlungu, ndibenentloni kodwa ke akukho nto endinokuba
sayenza ngoku mna ndifana nesidenge and yilonto kanye le
indenza ndibenomsindo** (I feel hurt and become embarrassed but
there is nothing that I could do now I'm like a fool and that is what
is making me to be angry) . |

I  | **Yeyiphi?** (Which one?) |

P  | **Yinto yokuba akukho nto ndinokuyenza ngoku ngoba lomntwana
sele enzima. Thina simelwe kukuba sihlale nelo hlazo lakhe de
abeleke** (It is the thing that there is nothing that I could do
because this child is pregnant already. We are supposed to stay
with that embarrassment until she delivers). |

I  | **Uthetha ukuthini xa usithi iihlazo?** (What do you mean when you
say it’s an embarrassment?) |

P  | **Kaloku mama umzi ucaca ngezinto ezinje ukuba kwenzeka ntoni
pha ngaphakathi. Iihlazo into yokuba umntwana azalele ekhaya
ku worse ongaka yena. Umntwana wesikolo umelwe kukuba
aziphathe ohluke kwabanye nje abantwana not amithe. Imbi ggitha** |
<table>
<thead>
<tr>
<th><strong>I</strong></th>
<th><em>Lonto ke ikwenza uzive njani?</em> (How does that thing makes you to feel?)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P</strong></td>
<td><em>Ihlazo kaloku lenza ukuba ungafuni kuba jonga abantu. Itsho kabuhlungu ngaphakathi entliziyweni. Ebusuku andilali kukucinga into engenasiphelo. Ndiba nomsindo ombi gqitha kodwa ke andithethi naye</em> (An embarrassment makes you not to want to look at the people. It hurts inside the heart. At night I do not sleep because I think non-stop. I become aggressive but I do not speak to her).</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Ok.</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td><em>Akukho nto ndinokuyithetha naye kuba andifuni nokumjonga. Mna ukuba umama ebengekho ngendamgxotha kudala kulendlu yam. Umntu ongevayo uyabethwa abekwe endleleni kodwa yena</em></td>
</tr>
</tbody>
</table>

Shaking his head. |
unzima andikwazi ke ukumbetha. So makahambe endlwini yam ngoba kaloku andinakondla usapho lwenye indoda. Yhaz ngoku ithetha ukuba kukho omnye umntu ozakondliwa apha kwaye kunzima ukukhulisa usana. Lomntwana uzakufuna ukusiwa kogqira, simtyise nempahlanya yonke lonto. Ooh! Mama lento yalomntwana iyandicaphukisa gqitha ndiba nomsindo ongumangaliso qha umama undixelela ukuba ndimelwe ndixole ngoba ngumntwana wam so ungiumthwalo wam negxaki wam. **Andiyazi mandithini** (There is nothing I could say to her because I do not want to even look at her. Me, if my mother was not around I would have chased her away from my house long ago. A person who does not want to listen should be beaten up and put on the correct direction but with her it is difficult because she is pregnant I can not beat her up. So she must leave my house because I cannot feed another man’s family. You know now it means that there is an additional person to be fed here and it is difficult to bring up a baby. This child is going to need to be taken to the doctor, we feed him and clothes all that thing. ooh! Lady this thing of this child makes me to be too angry, I become aggressive but my mother tells me that I should forgive because this is my child so she is my responsibility and my problem. I do not know what to do).

<p>| | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>I</td>
<td><em>Xa umama wakho esithi yingxaki yakho uthini wena?</em> (When your mother says it is your problem, what do you say?)</td>
</tr>
<tr>
<td>P</td>
<td><em>Ndiyavuma kodwa kubuhlungu ngoba kaloku ngoku ithetha ukuba nam ndinetyala lokungaseqeshi. Into eyenza kubuhlungu kukuba ndiske ndingazi ukuba ngesitheni kuba simile lomntwana</em></td>
</tr>
</tbody>
</table>
esikolweni. Umama wakhe uzamile ukuthetha naye qha akeva. Uyabona ke ngoku lento ndiyithethayo, lento yakhe ngoku ibuyela kuthi. Ngoku thina kufuneka sihlale sizibuza ukuba yintoni enye ngesiyenzile. Sifane nabantu abanetyala nabo. Haybo! Mna andinatayala, ngumntwana osileyo qha. Uyandiva mama? (I accept but it is painful because now it means that I'm also guilty of not disciplining. What makes it to be painful is the fact that I just do not know of what we could have done because we took her to school. Her mother tried to speak to her but she would not listen. You see now what I'm saying, this thing of her's now is coming back to us. Now we need to sit and ask ourselves wherether what else we should have done and look like people who are also guilty. No never! Me, I'm not guilty , it is the child who is naughty that's all. Are you listening to me lady?).

Looking straight into my eyes and shaking his head.

| I | Ewe tata ndimamele (Yes sir I'm listening). |
| P | Ndibuhlungu ggitha yilento yalomntwana ( I'm really hrting from this thing of this child). |
| I | Kutheni ngoku ume ngenyawo nje? (Why are you on your feet now?) |
| P | Ndiyacaphuka kakhulu ngoku. Ikhona enye into ekufuneka ndiyithethile ngoba ndanele kukuthetha ngelihlazo lalomntwana mna ngoku (I'm becoming angry now. Is there anything that I still need to say because now I've had enough talking about this embarrassment of this child). |

Umzali ofumanise ukuba umntwana wakhe ongangalo wakho

Looking away from me.
<table>
<thead>
<tr>
<th>I</th>
<th><em>ukuba unzima ungathi makathinina?</em> (A parent who finds out that his child of the same age as your’s is pregnant what would you advise him?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td><em>Andinakuyazi komnye umntu kodwa mna linye, mgxotha aye kule ndawo enziwe nzima kuyo or azifunele enye indawo yokuhlala</em> (I would not know from the other person but to me there is only one answer, chase her out of your house to the place where she was made to be pregnant or she must look for another place to stay).</td>
</tr>
<tr>
<td>I</td>
<td><em>Ndiyabulela ngexesa lakho. Enkosi</em> (I thank you for your time. Thank you)</td>
</tr>
<tr>
<td>P</td>
<td><em>Kulungile mama</em> (It is fine lady).</td>
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</tbody>
</table>

**INTERVIEW**
<table>
<thead>
<tr>
<th>Speaker</th>
<th>Communicated experiences</th>
<th>Non-verbal communication</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td><em>Molo mama. Kunjani</em> (Good day mother. How are you?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td><em>Molo nurse. Ndiphilile. Kunjani kuwe?</em> (Good day nurse. I'm fine. How are you?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td><em>Ndiphilile enkosi. Ndiva ukuba ungumakhulu ka X.</em> (I'm fine thank you. I hear that you are X's grand mother?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td><em>Ewe mama akusaboni?</em> (Yes mother don't you see?)</td>
<td><em>Removing a corner of her head scalf to show the white hair.</em></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td><em>Indlela omhle ngayo akukho nto ithi ungumakhulu womntu.</em> (The way you look beautiful nobody can say you are someone's granny.)</td>
<td><em>We both laugh.</em></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td><em>Hayke xa usitsho, ndiyavuya mna.</em> (Ok if you say so I'm happy)</td>
<td><em>Still laughing.</em></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td><em>Ndicela ke njengoko bendichazile ukuba ndizele ntoni apha, unixelele ukuba kunjani ukuba ube nomzukulwana oselula kangaka onzima.</em> (Will you, as I've explained why am I here, tell me how does it feel to have a grand daughter who is so young and is pregnant?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td><em>Hayi mama akukho nto ngoba ke sekunjalo. Ndinqanda manzi</em></td>
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</tbody>
</table>
engenendlwini apha kuba umntwana uyagxothwa. Ewe ibuhlungu into yokuba umntwana ngakumbi omncinane kanje abe unzima esekhaya. Zizinto ezo eziwudubadubayo umzi ngoba kudla ngokutyholwana. phakathi kotata nomama. ndabanomnqa ukuyifumanisa kwam imeko yalomntwana. Uthe xa emana ebika intlonko ebulungu nokutyhafa ndaqala ndakrokra mna ke. ndimjongile ndingabhekisi nto mntwini phofu. Ndiqaphele ukuba uyatyebra ngakumbi apha esinqeni kodwa ndabe ndaziphikisa kuba ndingafuni kukholelwa. Enye into abantwana bangoku sebanxiba ezimpahla zibabambayo aphi ke umntu anokuphazama athi impahlazincinane kukutyeba. Uthe xa sengasafuni nokutya oku ndakhe ndamba ndambuza ukuba uyakuhle na exesheni wathi ewe akakhange aphose nyanga. Njengamntu mkhulu ke nam ndithe cwaka ndakholwa xa esitsho kum kanti uyandiphosifela kuba ke nanku uggira esitsho esithi unzima. (No mother there is nothing because it is like that already. I'm having a crisis in my hands because the child is being chased away from home. yes it is painful for the child especially a small child like this one to be pregnant when she is still at home. those are the things that make a home upside down because it usually becomes a situation where the mother and father start pointing fingers at each other. I was stunned when I found out about the situation of this child. When she started complaining of headaches and weakness I started being suspicious, I looked at her saying nothing to anybody in any case. I noticed that she is gaining weight especially around the waist but I then dismissed that because I did not want to believe it. Another thing, children of today wear tight clothes where a
person may make a mistake and say the clothes are small because of being fat. When she did not want even food to eat I called her and I asked her without anybody knowing and if she having a normal menstrual cycle and she said yes, she didn’t miss a month. As an adult I kept quiet and I believed when she said so to me only to find that she is telling lies to me because here is the doctor saying she is pregnant.)

<table>
<thead>
<tr>
<th>I</th>
<th><em>Uve njani ke wena njengamntu othe waphosiselwa.</em> (How do you feel as a person who has been lied to?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td><em>Andikwazi kutsho kuphele ukuba wayephosisa ngoba kusenokwenze ka wayenyanisile qha into eyandivisa ubuhlunlu kukuba ndingamxelel uama wakhe into endiyibonayo kodwa ke sekunjalo.</em> (I can not say that all together that she told lies because it could happen that she was telling the truth the only thing that caused me some pain was the fact that I did not tell her mother what I see but in any case it is already like that.)</td>
</tr>
<tr>
<td>I</td>
<td><em>Bekutheni uze ungamxelel uama wakhe?</em> (Why didn’t you tell her mother?)</td>
</tr>
</tbody>
</table>
| P | *Kaloku mama yinto eyoyikekayo le. Usenokothuka kakubi agule kanti akukho nto injalo. Okanye umntwana andibone njengomzali omenqwenelile ububi xa enokuthi egula ze mna ndimcingele ngokumitha.* (You must know that this is something fearful. She may be very shocked and get sick and yet there is no such thing. or the child may see me as a parent who is wishing bad things for her if when she is ill then I think that she
Ok. *Ndiyaqonda.* (I understand)

<table>
<thead>
<tr>
<th><strong>I</strong></th>
<th><strong>P</strong></th>
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<tbody>
<tr>
<td>Xa ke nogqira esitsho ukuba nene unzima kwakubi ke ngoku kum. Ndothuka kodwa ndibe ndisithi bendikhe ndatsho. Umntwana onabazali abasokola kangaka uthini ukwenza into enje? Ndihlutshwa kukubona indlela umama wakhe akhubeke ngayo kuba engazi ukuba uzakuqala phi ayeke phi. Waske lomntwana wamcinci mpela ngoku kum ndaye ndiqonda ukuba nomama wakhe wothuswa yilonto naye. Yhazi abantwana bayazenza izinto kuba kaloku bona bacinga apha phambi kwenyawo zabo thina ke bantu bakhulu sighungiya kukwazi xa sithi kubo fundani kuqala. (When the doctor is also saying that really she is pregnant it was now bad to me. I was shocked but saying that, I said so. A child with parents who are struggling so much how can she do such a thing? I was also hurt when I see her mother the way she is disturbed because she did not know where to start and where to end. This child became even more young to me now and I knew that her mother has been shocked by the same thing. You know children do things because they think here in front of their feet we as adults we are motivated by knowledge when we say to them go to school first.)</td>
<td></td>
</tr>
<tr>
<td>Xa usiva ke ngoku ukuba umzukulwana unzima, weva njani ke? (When you heard that the grand daughter is pregnant how did you feel then?)</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>Njengokukuba senditshilo, ndothuka, ndaphathwa sisazela sokuba ndingakhange ndithethe ndixele into endiyibonileyo. Intliziyo yam yababuhlungu ndivelana nabazali balomntwana. Kaloku ngoku iyabachaphazela nathi sonke siqukene. Umntwana obanzima ekhaya uyalihlazisa ikhaya lakhe. Abamelwane abasoze baphinde babeyilanto babeyiyo kwaye lonto yenza kube kubi. Ndaba nentloni kodwa okukhulu ndandinentliziyo ebuhlungu yilento yenziwe ngulomntwana. Xandicinga ukuba kuzakufunekaalahle esikolweni kwaye kuzakubanzima ukuba aphinde abuyele. Ndakhala ndindedwa ndicinga indlela utata wakhe asokola ngayo kuba efuna efundile. Kodwa ke njengoko benditshilo ekuggqibeleni sekunjalo kwaye kufuneka samnkele. (As I’ve said already I was shocked, I had a guilty conscience for not talking and tell what I’ve seen. It was painful and I felt for the parents of this child. You must know that this affects them and all of us together. A child who becomes pregnant at home puts her home in a shame. The neighbors will never be the same as they were before and that makes things to be bad. I was embarrassed but mainly I felt a heartache from this thing that has been done by this child. When I think that she will have to leave school and that it is gong to be difficult for her to go back. I cried on my own thinking about the way her father is struggling because he wants her to be educated. But as I’ve said, at the end it is like that now and we need to accept.)</td>
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<tr>
<td>I</td>
<td>Ithetha ntoni kuwe lonto? (What does that mean to you?)</td>
</tr>
<tr>
<td></td>
<td>Kunzima mama. Kunzima ngoku kufuneka umntwana encediwe</td>
</tr>
</tbody>
</table>
P  aze aphumelele kule meko akuyo, ndizakuqala phi ke. Abona bantu ekufuneka beyamnkele lento ngabazali bakhe nto ke leyo endingayaziyo ukuba izakwenzeka njani na. (It is difficult. It is difficult now the child has to be assisted to go through this situation she is in, where do I start then. The main people who are to accept this thing are her parents and that is something which I do not know how will it happen.)

P  Twisting her fingers and lifting her shoulders.

I  Ok. Mhmhm...mhmhm

P  Ndizamile ke ukuthetha nabazali bomntwana bekhabalaza benjalo ndacacisa ukuba akuko nto sinokuphinda siyenze qha masamnkele. Bayala kodwa ke akuko nto bayithethayo emntwaneni. Uyise wakhe yena usatsho de kube ngoku ukuba akamfuni endlwini yakhe kwaye kazokumondla nalo mntwana. Itsho kube buhlungu kum kuba ndiyayiqonda into ebangelo ukuba atsho kodwa naxa ndicinga ngalo unzima ndiske ndibethwe yinto yokuba emncinci kangaka engenakho ukuba ayokuzimela. (I tried to speak to the parents of the child as kicking as they were, I explained that there is nothing that we could do but we need to accept. They are refusing but they are saying nothing to the child. Her father is still saying up to now that he does not want her in his house and that he will not support the baby. It becomes painful to me because I understand why he is saying that but when I think about this one who is pregnant I become affected by the fact that she is so young and can not be on her own.)

I  Uphi utata wosana? (Where is the baby’s father?)
<table>
<thead>
<tr>
<th>P</th>
<th>Yenye into ke leyo endenza ndimelwe yinqondo ngoba lomntwana akolathi mntu mnye. Andazi nokuba yinto yokuba emncinane kuba uthetha ngabantu ababini kodwa umnye athe walala naye kwakanye. Ngoku ke kunzima ke ngoku ukuthi kwenzeka ntoni kodwa ke lo athi ulele naye uyaphangelanga engakhangane aze ngaphambili. (That is another thing that makes my mind not to function because this child does not point at one person. I do not know whether it is because she is young because she speaks of two people but she slept with only one once. Now it becomes difficult to say what is happening but the one she says she slept with, is working though he did not come forward.)</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>Uyayazi ukuba kwenzeke ntoni? (Is he aware of what has happened?)</td>
</tr>
<tr>
<td>P</td>
<td>Ewe. Uthi u X umxelele kodwa akakhange athethe nto. (Yes. X says that she told him but he said nothing.)</td>
</tr>
<tr>
<td>I</td>
<td>Uthini ke unyana wakho? (What is your son saying then?)</td>
</tr>
<tr>
<td>P</td>
<td>Yho! Ndingabasamxelela. Kaloku ndathi ndisayiqala into yokuba kufuneka kusiwe ityala kwafuneka ndiyeka kuba wandixelela phandle ukuba yena ukuba unokumazi lomntu angambulala kwaye xa ndijongile uyabonakala ukuba angayenza lonto. Akafuni kuthetha nto ngale meko yalo mntwana kwaye nomntwana uyoyika. (Can I still tell him? When I started talking and saying that it is needed that we go and report damages to this man’s family I had to stop because he told me out that he</td>
</tr>
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</table>
himself if he could know this person he would kill him and when I look at him he looks that he could do that thing. He does not want to talk about this situation of this child and the child is also afraid.)

<table>
<thead>
<tr>
<th>I</th>
<th>Oh!</th>
</tr>
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P  
Ewe. Kaloku akukho mntu uthetha naye apha endlwini. Se indim omana ethethisa ndisithi makacele uxolo kubazali bakhe. Ngamanye amaxeshla uyakumbona ukuba ikhona into ayivayo kodwa akukho mntu ubuza nto. Kuba kubi kum ngoba ngoku lomntwana ufana nothaliweyo. Into yokuthwala inzima inokuba ku meer kuye njengokuba eselula kahaka nje ngoku akukho mntu anokuthetha naye. Iyenza intliziyo yam ubebulungu kakhulu lonto kaloku andifuni kuba ngathi ndithatha icala lomzukulwana kwaye ndiyamkhuthaza kule meko yakhe. Kwelinye icala naye ndiyamvela kuba kuyafuneka ukuba kubeko umntu omkhulu ozakuba apha ecaleni kwakhe ngakumbi unina wakhe. (Yes. You must know there is nobody who speaks to her here in the house. It is only me who at times speak to her saying that she must apologize to her parents. At times you will see that there is something that she is feeling but nobody asks anything. It becomes ugly to me because now this child looks like an unwanted person. To be pregnant is difficult and it should be worse with her as she is so young now there is nobody that she could speak to. It makes my heart to be very painful because I do not want to look like somebody who is taking the side of the grand daughter and that I'm encouraging her in this situation of her's. On the other side even her I feel for
her because it is necessary that there is an adult person who is going to be on her side especially her mother.)

<table>
<thead>
<tr>
<th>I</th>
<th><em>Ngoba? (Why?)</em></th>
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<tbody>
<tr>
<td>P</td>
<td><em>Zininzi izinto ekufuneka eziboniswe naxa umtwana sele ekhona. Kuzakufuneka ancediswe aboniswe ukuba kuthiwani na xa kukhuliswa umtwana. Indivisa ubuhlungu nyhani into yokuba kucace ukuba akukho mntu ufuna kuthetha naye ngoku. Yhazi ngelinye ixesha ndikhe ndicinge ukuba lomntwana sisezakuvuka engekho nganye imini emnkile. Okanye amshiye esibhedlela umtwana abhabhe. Ndiyabacenga abazali bakhe ukuba bavaxolele. (There is a lot of things that she needs to be shown even when the baby is the there. It is going to be necessary that she is shown what is done when bringing up a baby. It hurts me really when it becomes clear that there is nobody who wants to speak to her now. You know at other times I sometimes think this child we may wake up and find her nowhere one day, had left. Or she leaves the child at the hospital and run away. I'm begging her parents to forgive her.)</em></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>I</th>
<th><em>Bathini ke kwesiscelo sakho? (What are they saying then to your request?)</em></th>
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<tbody>
<tr>
<td>P</td>
<td><em>Akukho nto bayithethayo kodwa uyabona nje ukuba abaxolanga kwaphela. Ewe umama uyambona ngelinye ixesha ethetha naye ngendlela yokunxiba okanye abuze xa evela e clinic ukuba kuthiwani na. Mna ndibawela ukuba ambuze ukuba uva njani na mhlawumbi lonto iyakuvula inyoba yokuba bakwazi ukuthetha</em></td>
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</table>
ngale meko yabo. Nje nokuba abatsho kuye ukuba ‘sikuxolele kodwa’ ibekho into ethi noko siyekile ukuqumba. Kaloku nokuba Sithinina akukho nto sinokuphindla siyenze ngoku kwaye ke asinakumahlala ndawo qha masixole. Enye into ekufuneka siyazi kukuba izinto apha phandle zitshintshile. Kaloku ngoku se ifuna ukuvama into yokubona abantwana abancinci bephetho intsana zabo. Iyoyikeka ke lonto ngoba akumelwe ukuba kunjalo kodwa ke iyenzeka. Nditshukuthi ke ezinye zezizinto sizakuncama sizamnkele. (There is nothing they are saying but you can see that they are not happy at all. Yes you can see the mother at times talking to her about how she must dress or when she comes back from the clinic she asks what are they saying. Me I wish she could ask her how does she feel maybe that thing will open the way so that they could speak about their situation. Even if they do not say to her ‘we have forgiven you’ just something that will say at least we are no longer angry. You must know that what ever we say now there is nothing else that we could do and also we can not throw her anywhere the only thing we must forgive. Another thing we need to know is that things here outside have changed. Now it is becoming a reality to see small children holding their babies. That is frightening because it is not supposed to be like that but it is happening. I say and mean then that some of these things we will ultimately have to accept them.)

Pointing towards the door.

I

Uyabaxelela abazali bomntwana ezizinto uzithethayo ngoku?
(Are you telling to the child’s parents these things that you are saying now?)
<table>
<thead>
<tr>
<th></th>
<th>Njengokuba besenditshilo ukuba yonke lemeko inzima kum kodwa ke ndiyazama nokuba andisebenzisile mazwi ndiwatshoyo kuwe ngu. Ewe ndiyazama. (As I've already said to you that this whole situation is difficult for me but I do try even I do not use the same words I'm saying to you now. Yes I do try.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Bathini ke? (What are they saying then?)</td>
</tr>
<tr>
<td>P</td>
<td>Utata womntwana umi kwelokuba yena akazokondla usapho lwennye indoda so intombi mayihambe. Umama yena uyambona ukuba ikhona indawo youkuxola noko ngoku kwaye ndiyayivuyela lonto. (The father of the child insist that he will support the family of another man so his daughter must go. The mother you can see that there is some forgiving at least now and I'm happy for that.)</td>
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<tr>
<td>I</td>
<td>Ungacebisa uthini kwabanye abantu abanabazukulwana abanzima belingana nalo wakho? (What can you advise to other people who have pregnant teenage grand daughters?)</td>
</tr>
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</table>
(Me because I've felt its difficulty I would advise to sit down with the child and speak to her sternly. Who ever wants to be angry may be angry because really it makes you fed up at times this thing. Others become angry because of heartache and disappointment from what has happened. But what is important at the end people should be at peace with what has happened and look at ways to assist the child. People from outside will talk and stop especially when they see that the child is protected.)

I

*Uthetha ukuthini xa usithi ukhuselekile?* (What do you mean when you say she is protected?)

P

*Xa bebona ukuba umntwana ufakwe emgaqweni kodwa ngoku uyancediswa de ayokubeleka.* (When they see that the child has been punished but now is being assisted until she delivers.)

I

*Inanto iyithethayo kuwe lonto?* (Does that say anything to you?)

P

*Ewe kakhulu kuba ngoku lo mntwana uzakukwazi ukuzinzisa ingqondo yakhe kulento yokuba enzima. Impilo yakhe izakuhoyeka kwaye kwaye nalo mntwana ukhulayo apha kuye naye uzakuva ukuba umama usempilweni. Engamandla kum kukuba oxolo likhona phakathi kwekhaya.* (Yes a lot because now this child is going to be able to concentrate on the pregnancy. Her health is going to be looked after at and even the child who is growing here inside her she is also going to feel that her mother is healthy. What is most important is that there
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<tr>
<td><strong>I</strong></td>
<td><em>Ikhona enye into ofuna ukuyithetha?</em> (Is there anything that you want to say?)</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td><em>Hayi mama qha andazi ukuba ndingenza njani na ze abazali balomntwana baxole. Nam indichanile imeko yalomntwana kodwa ke njengoko besenditshilo kuyafuneka ukuba side sixole samnkele oko kuthe kewnzenza.</em> (No mother the only thing is that I do not know what can I do so that the parents pf this child could be at peace. Me also this situation of this child has affected me but as I've already said it is necessary that we forgive and accept that which has happened.)</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td><em>Enkosi sigqibile.</em> (Thank you we are finished.)</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td><em>Enkosi.</em> (Thank you)</td>
</tr>
</tbody>
</table>
ANNEXURE E

LETTER TO INDEPENDENT CODER
Dear Colleague,

RE - STEPS TO FOLLOW FOR INDEPENDENT CODING OF TRANSCRIPTED RESEARCH INTERVIEWS

Analysis of data should be according to Tesch in Creswell (1994:154). When the data analysis process has been completed we will sit together and discuss the findings. You are going to follow the steps for data analysis as follows:

1.1 Type the transcripts of the interviews and attach related field notes.

1.2 Obtain a holistic view of all the transcripts by closely reading through them.

1.3 Choose the most interesting transcript to analyse first. Read through the transcript and make notes of thoughts as they occur.

1.4 Read all the transcripts and make short notes of thoughts as they occur, in the margins of the transcripts and make a list of all the theme that you become aware of.

1.5 Pay close attention and read each one of the transcripts individually.

1.6 Collate themes that are similar.

1.7 Organize the themes into three categories according to their occurrence and characteristics.

1.8 Place similar themes together on a single list and give each one of them a code.

1.9 Take the list to the raw data and code the raw information according to the identified codes. The code to be reflected next to the sentence in the raw information.

1.10 Test the proposed organization of data to see if any new themes emerge and whether the codes cover the total spectrum of the data.

1.11 Conceptualise the themes in words that describe it best. Each theme is now called a category with a specific name.

1.12 Peruse the categories again to whether some categories can be combined to form one category. Group similar categories together.

1.13 Determine relationships between categories.

1.14 Make a final decision on the name of each category.
1.15 List categories in alphabetical order.

1.16 Put all the categories together and make a provisional analysis and comparison between the categories as applied to the different transcripts.

At the end of this process make an appointment with me, bring your documentation of the whole process, then we will compare your findings with my findings.

Thank you for your valued assistance
Yours sincerely

MS. S JAMES

(Researcher)