PREGNANT TEENAGERS' READINESS FOR MOTHERHOOD: A QUANTITATIVE INVESTIGATION IN NKONKOBE MUNICIPALITY, EASTERN CAPE

DISSERTATION BY:

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IN FULFILLMENT FOR THE MASTERS OF SOCIAL -SCIENCES

(PSYCHOLOGY)

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JANUARY 2013

DECLARATION

I honestly declare that this study is my original work except where I have indicated. I make this guarantee that there is nowhere that this work has been duplicated or copied, either from universities', any institutions' or individual's work.

……

Mr. T.J. PITSO

DEDICATION

I would like to dedicate this manuscript to my beloved father Mr. Teboho Pitso who played a gigantic task of performing both paternal and maternal roles since our mother past-away in our early years of childhood. If it was not because of him my life and that of the whole family would have been a serious challenge. I therefore make this solemn promise that I will take this relay to the pinnacles of success for the betterment of our family.

ACKNOWLEDGEMENT

I would like to cast my vote of thanks to the Almighty God for offering me an unconditional protection and wisdom to complete this piece of manuscript. I strongly believe beyond doubt that the orderliness that the temporal activities are happening is not due to voluntary cases, but that they are thoroughly controlled by The Supernatural Being, God.

I would like to extend my thanks to the manager of War Memorial Clinic in Alice, Eastern Cape Mrs. Maboza, who humanely gave me the mandate to collect data from the pregnant teenagers who visited the clinic in question. It would be unfair not to include Sister Madolo for coordinating my proposal to the management of this clinic. My overall thanks dearly go to the workers of the War Memorial clinic for their philanthropic effort and creating a palatable atmosphere for me to successfully collect data.

With utmost sincerity, I would like to thank Mr. Jabulani Kheswa (My Supervisor) and Dr Fhulu Nekhwevha (My Co-Supervisor) for not doubting my academic ability and accepting me under their creative and humane supervision that made my long cherished dream to be reality. I wish them all the best in all the ventures and the adventures that they will take in life.

The Department of Psychology specifically Mrs. Sandlana, and Ms. Hoho, deserve my vote of thanks for grooming me to this height and their unconditional motivation and support. May prosperity follow this department and its people.

I would like to thank my family (Tsepo, Motla, Seloma, Boomo, Dorcas, Mita, Pully and Malehlohonolo Asigcine) for being there for me in the thick and thin of life. In memories of my late nephew Mahloko (Tumelo) Pitso and my niece ‘Mapesi Pitso who recently passed-away, I do belief that their living spirits are with us in this joyous celebration.

I would like to thank my father’s friends and my beloved mothers from Germany and Canada ‘M’e Felia and ‘M’e Penelope for their eternal support and May the Almighty God shower their families with everlasting success. I would to cast my vote of thanks to my friend who has shown unconditional support to my academic venture, Leigh Marrero from USA and Melusi Sibanda.

ABSTRACT

The issue of teenage motherhood has been a concern, globally, continentally and locally. The quantitative study assessed whether the pregnant teenagers were ready for motherhood. This report analysed the current positions of women whose first child was to be born when they were teenagers in the rural Eastern Cape setting. The structured questionnaires were given to 106 pregnant teenagers who visited the War Memorial clinic for pregnancy check-up and convenient sampling was used to select these respondents. The items of the questionnaire were divided into the following sub-topics: prenatal and postnatal challenges and roles and responsibilities of motherhood. The study found that most of the pregnant teenagers were aware of the prenatal and postnatal challenges but they were not ready to perform the roles and responsibilities associated with motherhood. The analysis of data was divided in terms of descriptive and inferential statistics. The binary regression model was used to assess the factors affecting the pregnant teenagers' readiness for motherhood. The finding of this study indicated that most (about 79%) of the pregnant teenagers were not aware of the roles and responsibilities of motherhood In addition to being not ready to face the psycho-social challenges of motherhood. Hence they indicated low level of readiness to motherhood. The psycho-social theory of Erikson posited that children who had strong and intact psycho-social relationships with the caregivers might have a high possibility of acquiring their identity during adolescent stage and this will help them to interact both effectively and efficiently with their peers and the society at large. While those do had negative psycho-social development have a high chance of facing identity

crisis/confusion. As a result, they might lead them to being victims of psycho-social interaction such as early pregnancy.

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(Addressed to)

The manager War Memorial Clinic

Nkonkobe Municipality

Eastern Cape Province

Alice, 5700

South Africa

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(A letter from)

The Manager War Memorial Clinic

Nkonkobe Municipality

Eastern Cape Province

Alice, 5700

South Africa

Annexure C Consent form:

English form

Annexure D Questionnaire:

English questionnaire

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 Introduction and background to the study

Teenage motherhood is very high in South Africa and in 2001, 55 per thousand were Black South African women and 82 per thousand Coloured South African women were teenage mothers as compared to 8 among Indian South Africans and 3 among White South African women (Gustafson and Worku, 2007). Hetherington, Parke, Gauvain and Locke (2006) are of the view that early sexual activity leads not just to unplanned pregnancies but also to declining school achievement and interest. As a result, this makes performing the roles and responsibilities of motherhood difficult. In essence, this brings a big concern about their readiness to motherhood. The issue of teenage readiness to motherhood entails the ability to perform the roles and responsibilities of parenthood. The planned parenthood simply means taking care of the offspring unconditionally and application of the effective and efficient mothering skills to nurture these progenies.

According to Clemmens (2002) teenage motherhood continues to present multifaceted problems for young mothers, their offspring and the society. Becoming a parent while in one's teens has the potential of creating a distinct set of multifaceted problems which many adolescents are ill-equipped to handle. Early childbearing has a greater detrimental effect on educational attainment, parent's socio-economic status, poor academic aptitude or expectations. As a result, lacking educational and vocational skills needed to support themselves and their offspring, and burdened with the problems of childcare, teen mothers

find themselves in an economically disadvantaged position and the readiness to motherhood becomes doubtful. In addition, the prevailing issue of teenage motherhood is a worldwide problem and South Africa as focal country for this study is not an exception.

Macleod (2000) posited that teenage mothers who are ambivalent towards and covertly rejecting to their children, are lacking in parenting skills as well as knowledge concerning the emotional needs of the child and have negative 'irrational' thoughts and feelings concerning their children. According to Kelly (1998), there are many reasons for becoming a parent. Some teenagers desire to give their parents grandchildren, or to give a child to their sibling. Some do it in order to save or refresh their shaky relationships. Sometimes a teenager is anxious to have a baby in order to have something to love or posses. But this may be reflective of other issues in the person's life that need resolution. In essence, this shows that teenage mothers are lacking both educational and vocational skills.

In the next section, this chapter will highlight the challenges or problems that are faced by teenage mothers.

1.2 The research problem

Burns and Grove (2005) define a research problem as a situation in need of a solution, improvement or alteration, a discrepancy between the way things are and the way they ought to be. South African research has described teenage mothers as being ambivalent towards and covertly rejecting their children as lacking parenting skills as well as knowledge concerning the emotional needs of the child and as having negative irrational thoughts and feelings concerning their children (Macleod, 2000).Teenage mothers are less knowledgeable about the prenatal and post-natal challenges of parenthood. As a

result, failure could emerge in performing the roles and responsibilities of motherhood. Teenage mothers are less educated than non-teenage mothers and there is a conflict between the desirability of increasing human capital among the population and the high propensity of teenage births in South Africa (Department of Education, 2001). School drop-out , illegal abortion , medical problems such as vaginal or rectal fistula resulting in social ostracism , child neglect and child abandonment, are but some of the problems associated with non-readiness to motherhood (Cunningham and Boult,1996).The combination of permissive attitudes, sexual experimentation and lack of accurate information from parents to support their daughter who has (a) child/children poses a threat to the sexual health of adolescent teenage mothers and exposes them to risky sexual behaviours and their consequences (Bee and Boyd, 2003). Comparatively, Suleman (1999), in a review of empirical research regarding adolescent sexuality in the Piet Retief District, Mpumalanga in South Africa, found that a small proportion of African teenage females who reported secure attachment with parents and high quality friendship had completed their matric and maintained their singlehood than their lower friendship counterparts.

1.3 Preliminary Literature Review

Teenage-motherhood could bring a myriad of problems which could be psychological, physiological and socio-economical. Teenage mothers are unaware of some consequences of early motherhood, namely, *poverty, reduced job opportunities and low self-esteem*. Teenage –mothers believe that children are important for the security and continuation of the family, family possessions and family name, hence cultural values

contribute to non-utilization of condoms when engaging in sexual activities (Ziyane and Ehlers, 2006).

Teenage-motherhood is more likely to result in pregnancy complications that can lead to the death(s) of the young mother and/or her baby. Other associated factors include increased risk of infant morbidity, and a range of adverse social, psychological and economic effects on the young mother. According to Macleod (2000) and Hayhurst (2005), the nascent developmental status of the adolescent caregiver is seen as increasing the probability of a maladaptive relationship between the mother and the child and a link has been made between adolescent parenthood and child abuse because the purported patterns of adolescent parenting are akin to those described amongst abusive mothers. In addition, teenage motherhood is a social, economic, and biological problem. Some teenagers become mothers before they complete their education and before they are matured. The rate of STI among teenage mothers shows that they are highly involved in unsafe sexual activities. In addition, some do not bother using available contraceptive methods; rather they go back for abortion whenever they fall pregnant. In many Black societies in South Africa, parents continue to avoid topics which involve sexuality with their teenage daughters (Mturi, 2001). They believe that talking about sexuality would lead their adolescents to promiscuity. This leads to lack of informed decision-making by the teenage daughters and poor parental guidance by their parents. As a result, a vicious cycle emerges and this might be an inter-generational chain.

According to Macleod (2000) teenage motherhood is likely to result in pregnancy complications that can lead to both maternal and infant mortality and a range of adverse social, psychological and economic effects to the young mother. Furthermore,

Hetherington et al. (2006) indicated that early motherhood leads not just to unplanned pregnancy but also to declining school achievement and interest and sexually transmitted infections and this behaviour is normally associated with poverty, social and economic disadvantages. As a result, this makes performing the roles and responsibilities of motherhood challenging and difficult.

According to Chevalier and Viitanem (2001), subsequently early motherhood results in lower education, reduced labour market-participation and poverty, because no preparation was made as parents might have displayed hostility towards their teenage daughters. Furthermore, teenage motherhood display higher levels of parenting stress, less responsiveness and sensitivity in interactions with their infants than adults (Macleod, 2000). When teenage mothers live in with their sexual partners in cohabitating families, where there are urbanisation related challenges such as poor quality housing conditions, inadequate and limited access to health care, and education, greater is the likelihood of child-neglect and more unplanned pregnancies which could be exacerbated by substance use, domestic violence and lower self-esteem caused by unemployment (Leiononnen, Solantaus and Punamaki, 2003). In this regard, it could be said that the emotional distress associated with inadequate parenting skills would tend to cause a variety of physiological deformities such as deafness, cardiac abnormalities and/or mental retardation to the infants (Shaffer, 1999).

Consequently, an insecure attachment between parents and teenage mothers could result in teenagers exhibiting low levels of morality, negative self-concept and decreased personality in group settings (Iriyama, Nakahara, Ichikawa and Wakai, 2007). For fear of being rejected by peers , teenagers who are uninformed about sex and sexuality by their

parents end up practising sex without condoms (De Villiers and Kekesi,2004), and this results in unwanted pregnancy and sexually transmitted infections, such as, gonorrhoea, syphilis, chlamydia.

1.4 Hypotheses

According to Dryburgh (2002), a hypothesis is a logical supposition, a reasonable guess, an educated conjecture. It provides a tentative explanation for a phenomenon under investigation. The main hypothesis in this study is that pregnant *teenagers are not ready for motherhood.*

The hypotheses of this study could be highlighted as follows:

H1: Pregnant Teenagers display higher levels of parenting stress and are less responsive and sensitive in interactions with their infants than are adult mothers.

H2: Pregnant Teenagers do not provide opportunities for affectional exchange, or else share emotions inconsistently, leading to increased risk of psychopathology in the child than non-teenage mothers.

H3: Pregnant Teenagers vocalise less often to their young children and provide fewer stimulating experiences than non-teenage mothers, thus contributing to later academic difficulties.

1.5 The Research Questions

Prompted by the above exposition, the research questions were formulated:

- What is the psycho-social wellbeing of pregnant teenagers?

- What is the level of readiness of the pregnant teenagers?
- What is their level of awareness in performing the roles and responsibilities of motherhood?

1.6 Research aim and objectives

The main aim of this study is to determine pregnant teenagers' readiness for motherhood in the Nkonkobe municipality. The objectives of this study are as follow:

- To determine the psycho-social wellbeing of pregnant teenagers.

- To determine the level of readiness of pregnant teenagers.

- To determine their level of awareness in performing the roles and responsibilities of motherhood.

1.7 Theoretical or conceptual framework

A theoretical framework is defined as a statement of the assumptions brought to the research task and reflected in the methodology as it is understood and employed. It thus serves as the basis of the method used to answer the research question (Leedy and Ormrod, 2012). Theoretical assumptions are testable and offer epistemic pronouncements of the research. They reflect the researcher's view about what is considered as true or valid knowledge in an existing theoretical framework (Babbie and Mouton, 2001).

The study will focus on Erikson's theory of psychosocial development and specifically dwell on the identity versus identity confusion developmental stage, which addresses the

psychosocial development of the youth/ teenagers. This stage is between childhood and adulthood and normally, this is the school-going stage. The teenagers experience puberty and the uncertainty of the adult roles ahead. Teenagers are sometimes preoccupied with other people's perceptions about them. This stage is characterized by teenagers exploration and being resourceful in order to acquire identity (Weiten, 2011). Identity refers to a stable sense of knowing who one is and what one's values and ideals are. In contrast, identity confusion occurs when the individual fails to develop a coherent and enduring sense of self and has difficulty committing to roles, values, people, or occupational choices. In this regard, pregnant teenagers are more inclined to experience identity-confusion, which may be exacerbated by substance use, domestic violence and lower self-esteem caused by unemployment and this brings a concern to their readiness for motherhood (Leiononnen et al., 2003).

1.8 Research methods

1.8.1 Research methodology

According to Coon and Mitterer (2007), research methodology refers to a systematic approach to answering scientific questions. According to Nicholas (2007), in general two types of research are distinguished, which correspond to respective research methods: (a) explanatory research, which is conducted by using experimental studies and (b) descriptive research which is conducted by applying either survey or a case study.

1.8.1.1. The survey method

Surveys are mainly conducted by using questionnaires. The ultimate aim of using surveys is to identify and to describe correlative relationships among variables within a sample of people who represent the population of interest and within an environment where these variables occur (Nicholas, 2007).

1.8.1.2 Quantitative research

A quantitative research design will be employed to reach the aims of this study. It is a procedure for collecting, analyzing and interpreting data obtained using validated psychological measuring instruments from a relatively large group of participants (Creswell, 2005). The pregnant teenagers who attend pre-natal and post-natal check-up from the local clinics in Nkonkobe Municipality, Eastern Cape province will be approached for participation, selected on the basis of convenience and availability. The measuring instruments will include self-constructed questionnaires. A five point Lickert scale will be used.

1.9 Sampling, Population and Setting

The target population will include pregnant teenagers from Alice in Nkonkobe municipality in Eastern Cape Province of South Africa who attend pre-natal and post-natal check-up from the local clinics. The setting for the completion of the questionnaires will be at these local clinics. With the help of the nursing sisters from these local clinics the pregnant teenagers will be selected on a purposive and convenience basis. Convenience/accidental sampling will be employed on the basis of the availability of the respondents. A purposive sample is defined by Leedy and Ormrod (2012) as a selection process in which members

of the population are selected for a specific assignment. In this study female participants have to meet the following criteria for selection:

- They give voluntary assent to participate in this study.
- They are pregnant teenagers.
- The local mangers of the clinics have given written consent.
- They have language proficiency in English in order to answer the questionnaires.

1.9.1 Sample size

The size of the sample of this study should approximately be 150 female teenagers (teenage mothers) who are willing to participate voluntarily and complete the questionnaires.

1.10 Data analyses

Statistical analysis will be utilised to provide descriptive statistics by means of which the psycho-social wellbeing of teenage motherhood can be interpreted and their academic performance and their self- esteem will be determined.

Descriptive statistics (means, standard deviations, range of scores), reliability indices, validity of scales, correlations and regression analyses will be used to analyse the data obtained through use of the measuring instruments mentioned above. The use of tables and percentages will be relied upon (Leedy *et al*., 2012).

1.11 Definition of terms

Motherhood: The state of having a child and looking after those children responsibly. It is also the kinship relation between an offspring and the mother. Mothering is defined as the social practices of nurturing and caring for people, and thus it is not the exclusive domain of women. A mother is a biological and/or social female parent of an offspring (Louw and Louw, 2007).

Teenagers: Teenagers are people between the ages of early childhood and adulthood. It is normally begins at the age between 11-14 years to 18-19 years depending on the cultural background (Bee and Boyd, 2003). Teenage years are characterized by rapid physical changes, emotional maturation, sexual awakening, and a heightened sensitivity to peer relationships. During this period, girls experience their first menstruation, that is, menarche and boys experience their “wet dreams” or nocturnal emission (Papalia, Olds and Feldman, 2009). In this study, the teenagers refer to those female learners still at high school even after they have given birth to children.

Readiness: the state of being effective and efficient in performing the role and responsibility of motherhood. This entails nurturing, role-modeling, providing unconditional support continuously. It can only be acquired through proper knowledge, skills and combating the daily challenges without giving-up (Clemmens, 2002).

1.12 Significance of the study

The study is meant to bring innovation to the sexual and reproductive health education campaigns to the in and out of school teenager girls by the government departments and

non-governmental organizations which are involved in teenage mothers issues. The findings of the study can be used for publication and can also contribute to policy making. The health professionals such as social workers, nurses and psychologists could also benefit from this study by understanding the challenges that teenage mothers are facing such as health issues, alcohol and drugs, their new roles and responsibilities. Finally, acquisition of effective parenting styles for pregnant teenagers could be learnt.

1.13 Ethical considerations

Ethical principles were complied with as they serve to safeguard the dignity, rights, safety and well-being of all the participants in the research study (Miller, 2007). The researcher ensured that the ethical principles adhered to meet the national and international standards governing research of this nature with human participants (Leedy and Ormrod, 2012).

Permission for the participation of learners in this research was obtained from the Department of Health as well as the clinics managers and their parents. Participation was voluntary and non-discriminatory. Permission was also be obtained from the Ethical Committee of the Fort Hare University.

The following ethical measures were adhered to during the research:

1.13.1 Informed consent

By informed consent, Marks and Yardley (2004) state that the participants must be told prior to the research what the nature thereof will be and what the procedure will entail and furthermore they may cease participation in the study at any time without penalty as the

study is voluntary. The Health Department was requested to allow the research to be conducted in their venues.

1.13.2 Confidentiality and anonymity of the participants

The general principle here is that the information is going to be collected by means of questionnaires that ensure confidentiality and anonymity (Creswell, 2005).The research participants' right to privacy was respected and under no circumstances will the research report be presented in such a way that the participants are identified or any personal data of the research group is revealed (Leedy *et al*., 2012). All data obtained will be treated in the highest ethical and confidential regard. Only survey-type information was gathered and the identity of the respondents was not required at all.

1.13.3 Protection from harm

Research participants were not exposed to undue physical or psychological harm. The researcher ensured that reasonable efforts were made to minimize the discomfort and loss of self-esteem, as suggested by Miller (2007).

1.13.4 Honesty with professional colleagues

Research findings will be reported in a complete and honest fashion without fabricated data to support a particular conclusion. Full acknowledgement of all material belonging to another person is mandatory to avoid plagiarism and documentary theft (Leedy *et al*., 2012).

1.14 Structure of the dissertation

Chapter 1: Orientation to the study. Provided a background, statement of the problem statement, objectives, research questions, significance of the study and the limitations.

Chapter 2: Theoretical Framework.

Chapter 3: Factors and consequences contributing to teenage motherhood. This presented the issues and factors which may contribute to teenage motherhood and the consequences that may befall.

Chapter 4: Research design and methodology. This chapter discussed the methodology and sampling procedure that would have been used in the research.

Chapter 5: Descriptive data analysis and interpretation. Data was descriptively analysed and interpreted.

Chapter 6: Analysis of empirical and findings concerning pregnant teenagers' readiness for motherhood. The hypothesis of the study had been tested and addressed pertaining to the pregnant teenagers' readiness for motherhood.

Chapter 7: Conclusion and recommendations. In this chapter conclusions and recommendations were given and were based on the results.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 Introduction

Several studies that researched about the issues of teenage motherhood suggested that this phenomenon present developmental challenges that could have some negative physiological, psychological and social effects on the developing teenager (Mba, 2003; De Jong, 2001).Along with the theoretical framework of this study which is the Psychosocial Theory, this chapter will therefore discuss the concept of teenage motherhood with due consideration of the insights of the following theories : the Social Learning Theory, the Classical Learning Theory, the Social Exchange Theory, the Psycho-Sexual Theory, the Problem Behaviour Theory, the Cognitive Development Theory, the Cognitive Behavioural Theory, the Attachment Theory, the Bronfenbrenner's Bio-ecological Theory, the Biological Theory and the Multicultural Theory.

2.2 Psychosocial Theory

According to Papalia et al., (2009) Erikson identified the eight psychosocial stages in his theory, the focus of this study will be on the fifth one, identity/identity confusion, which is characterised by the crossroad between childhood and adulthood. The adolescents grapple with the question, "Who am I?". In addition, adolescents are expected to establish basic social and occupational identities or they will remain confused about the roles they should play as adults. The key social agent is the society of peers.

Kipp and Shaffer (2010) are of the view that for a child to reach the adolescent stage (Identity vs. identity confusion) effectively and efficiently, he or she should undergo the first four psychosocial stages successfully. As a result, the formation of identity will emerge. According to Macleod (2000) the theory shows that the absence of experiences and skills leading to the development of trust, autonomy, skills provision, initiative, encouragement and industry motivation in the early childhood stages by the caregiver to the child may lead to identity confusion to this offspring during adolescence. As a result, the adolescent is more likely to have a low self-worth, low self-esteem, lash out and be defiant towards parent, teachers or any other authority figure.

The theory gives a deep perspective into the psychological effects that can affect a child at different stages of life and the high probability of inter-generational crisis of teenage motherhood. As a result, this paves way to difficulty in playing the roles and responsibility of motherhood. The following sub-topic will address the social learning theory of development.

2.3 Social Learning Theory

The social learning theory links with the psychosocial theory in that, it focuses on what these adolescents learn in their social environment while the latter talks about the implementation of such learning in a form of social-interaction, being it good or bad depending on what they learned. The theory of social learning pioneered by Albert Bandura and Julian Rotter posit that people learn appropriate and inappropriate social behaviour chiefly by observing and imitating models, that is to say, watching other people acting and then imitate that. This is a process called observational learning (Dacey and

Travers, 2006). Watching countless television programmes and movies that glamorize sexual behaviour may force teenagers to fit social expectations by practicing unsafe sex which in turn result in teenage pregnancy (Sigelman and Rider, 2009). In essence, the negative social learning according to this theory can lead intergenerational vicious cycle. In the same vein, Papalia et al., (2009) show that imitation of models is the most important element in how children learn social roles, responsibilities and the acquisition of such skills. This simply implies that caregivers or parents and the society play a major role in determining the kind nature of their offs-springs that they will have. The classical theory of human development will be addressed in the next sub-topic.

2.4 Classical Learning Theory

The classical learning theory of human development closely links with the psychosocial theory in that it focuses on the conditioning of the adolescents in terms of how they should behave and such conditioned behaviours are translated in practice through social interaction which is the bases of the theoretical framework of this study. According to Santrock (1996), the classical theory by Ivan Pavlov posits that learning based on associating a stimulus that does not ordinarily elicit a particular response with another stimulus that ordinarily does elicit the response. In addition, Shaffer (1999) posit that stimulus-response theories have proved that people can be developed or molded in any way. For example, Louw and Louw (2007) found that in social settings characterised by permissive attitudes towards sex, teenagers have tendencies to develop habits leading to unsafe sex. According to Mash and Kanku (2010) girls who are exposed to emotional, physical and sexual abuse, domestic violence, and family dysfunction are more likely to

become pregnant prematurely. The subtopic to follow will discuss the social exchange theory of human development.

2.5 Social Exchange Theory

The social learning theory is related to the psychosocial theory in that it addresses the issue of the adolescents' behaviours as subject to exchange process which comes as reward after a certain favour has been rendered and this in a way influences their psychosocial interaction and behaviour. Kipp and Shaffer (2010) are of the view that the Social exchange theory of human development proposes that social behaviour is the result of an exchange process. A basic premise of social exchange theory is that interactions of individuals are based on rewards they value to maximize benefits and minimize costs. These costs often involve things that are seen as negatives to the individual such as having to put money, time and effort into a relationship in exchange for authority and single-minded decision-making. The benefits are things that the individual get out the relationship such as fun, friendship, sex, companionship and social support. These benefits are often acquired through the provider's instructions and convenience. For example, with regard to teenage girls, they may have difficulty focusing on long-term goals such as education and career and may have difficulty understanding that remaining non-pregnant may result in rewards later in life. This behaviour may emanate from the economic status of the family of teenagers who find themselves in the wrong hands of those who provide the means of livelihood for them such as "sugar daddies" (Oke, 2010). The psychosexual theory of human development will be discussed in the following subtopic concerning the pregnant teenagers' readiness for motherhood.

2.6 Psychosexual Theory

The psychosexual theory relates to the psychosocial theory in that it addresses the psychosexual orientation of the adolescents taking into consideration their sexual lives which might lead them to early motherhood or late motherhood provided they got the proper psychosexual orientation. According to Dryburgh (2002), the psychosexual theory by Sigmund Freud has shown that teenage-hood triggers the reawakening of sexual urges in genital stage of psychosexual development. In this stage, which is the final phase of the psychosexual development begins at the start of puberty when sexual urges are once again awakened and adolescents direct their sexual urges onto opposite sex peers, with the primary focus of pleasure being the genitals. It is the time of adolescent sexual experimentation and the success of this stage is determined by the successful development of the previous one with no fixation lagging behind.

Teenagers learn to express these urges in socially acceptable ways and this depends on their up-bringing. Kipp and Shaffer (2010) opined that in genital stage, which ranges between the ages of 11 to 21 the sexual urges that were repressed during the latency stage are surfaced to flow socially approved/disapproved channels depending of the upraising of the child and are defined as heterosexual relations with persons outside the family.

In essence, teenage motherhood is one of the socially unacceptable transitions to adulthood. If development has been healthy, the mature sex instinct will be satisfied by marriage and raising children. Failing which, the opposite will emerge. In addition, the weakening of the ego can lead to low self-esteem which could lead one to be a victim of

peer pressure especially in teenage years as is characterized by peers playing a role of advising and impressing their fellow peers. The subtopic to follow addresses the problem behaviour theory in terms of teenage motherhood.

2.7 Problem Behaviour Theory

The problem behaviour theory links with the psychosocial theory in that it addresses the origins of the negative or misfortunate psychosocial interaction back from the social structural variables which determine the probable future of these progenies. According to Problem Behaviour Theory (PBT) by Jessor, teenage motherhood is considered as problem behaviour that results in significant levels of psychological distress(Boyer, 2006), which may be caused by unforeseen and traumatic event (Louw and Louw,2007). This theory asserts that adolescent problem behaviours are developmentally anteceded by social structural variables and these social structural variables may include the parent's education, occupation, religion, ideology, family structure, home climate, and peer and media involvement (Boyer, 2006). According to Caplan (1964), teenage motherhood crisis arises out of some change in a girl's life space that produces a modification of her relationship with others and/or perceptions of the self. Furthermore, Caplan (1964) outlined four phases of teenage motherhood crisis and how it takes place:

Phase 1: There is a rise in tension as a result of the problem stimulus which generates anxiety and perceptions of threat to the self. In the case of teenage mothers, it can therefore be postulated that the teenager will become anxious as soon as she realises that she has fallen pregnant (the problem stimulus). This will then trigger some of the habitual problem-solving responses that the teenager is accustomed to.

Phase 2: The individual experiencing the crisis will fail to reduce the anxiety in the period of time expected. This perceived failure to apply the usual coping mechanisms will lead to feelings of helplessness and hopelessness.

Phase 3: Trial and error behaviour may be contemplated, both in thinking and in overt act, to change or remove the problem stimulus. The teenage mother may, during this stage, try to maintain her ego integrity by associating the experience with her other previous experiences, such abortion, seeking advices from friends or even seeking refuge from people who can provide for her immediate basic needs. If the experience is perceived as acceptable, the teenager could become more positive about the pregnancy and thus develop new and positive ways of dealing with it.

Phase 4: If the problem fails to be resolved during the third phase, the tension produced by the anxiety is likely to take the individual beyond the threshold of rational responding. Failure by a teenage mother to accept and cope with the new experience, could lead to various forms of psychological distress. The cognitive development theory of human development will address the issue of teenage motherhood in the following subtopic.

2.8 Cognitive Development Theory

The cognitive development theory closely links with the psychosocial theory in that it outlines that the proper intellectual growth and development of the teenagers is determined by the proper psychosocial orientation by the caregivers. Gustafsson and Worku (2007) opined that the cognitive development theory of Piaget shows that teenage mothers are characterized by formal operational stage of development and their cognitive operations are reorganized in a way that permits them to operate on abstract thinking and

this is also influenced by physiological, social and economic maturity. This stage starts from puberty until late adulthood. The opposite of the abstract thinking can be thought in terms of detrimental thinking which leaves one in both socially, physiologically, psychologically and economically dangerous situation because of the irrational thinking and the improper decision-making. For example, Garenne, Tollman, Kahn, Collins and Ngwenya (2001) found that teenage girls engage themselves into a romantic relationship with adult men out of desperation, resulting in unwanted pregnancy because of uninformed choices. The cognitive behavioural theory of development will address the issue of teenage motherhood in the next subtopic.

2.9 Cognitive Behavioural Theory

The cognitive behavioural theory discusses how and why the adolescents think and at the end of the day behave in a certain psychosocial way. This is a highly structured and evident-based theory which advocates that the people's day to day interaction is determined by the thinking process. This simply means that the human behaviour is largely instructed by the cognition (Kinsella and Garland, 2008). In accordance with the Aaron Beck's theory (Kinsella and Garland, 2008) there are three levels of pessimistic thinking namely:negative automatic thoughts, the rule of living and core beliefs.

The negative automatic thoughts at this level entail what people think and how they think. The theory is of the opinion that proper growth and development is the key aspect to positive thinking later in life. In essence, teenagers who did not get the proper life orientation from parents will have challenges in thinking and decision-making in the future (Kinsella and Garland, 2008).

The second level of thinking is the rule of living which refers to the various dysfunctional assumptions. People who are in a bad situation of life often catch up with any available alternatives in order to fill the gap of life disadvantages. In the context of teenagers, lack of opportunities from the family push them to live another parasitic life which might be detrimental to them and their future (Kinsella and Garland, 2008).

The third level of thinking is called core beliefs which come as a self-fulfilling prophesy emanating from the negative irrational thoughts and the rule of leaving. This is then translated into a core belief and life style and as a result, the vicious cycle of irrational thoughts and decision-making will perpetuate (Kinsella and Garland, 2008). The attachment theory of human development will be discussed in the following subtopic.

2.10 Attachment Theory

The attachment theory links with the psychosocial theory in that it discusses the nature of the psychosocial relationship between the adolescents and other people. Drawing from Bowlby's theory on attachment/ bonding, motherhood should entail ripe skills (e.g. nurturing) and experiences between the mother and the child in order to achieve optimal emotional growth and development of the child. Failure to that, attachment problems will emerge (e.g. emotional emptiness and the sense of no belonging) (Herington et al., 2006). Bronfenbrenner's bio-ecological theory of human development will address the issue of teenage motherhood in the next subtopic.

2.11 Bronfenbrenner's Bio-ecological Theory

This theory closely links with the psychosocial theory in that it outlines the psychosocial development of adolescents which is within the context of ecological systems. Hence their behaviour follow suit. Bronfenbrenner (1979) outlined that every biological organism develops within the context of ecological systems that support or stifle its growth. Shaffer and Kipp (2010) posited that according to Bronfenbrenner, development occurs through increasingly complex processes of regular, active, two-way interaction between a developing child and the immediate, everyday environment processes that are affected by more remote contexts of which the child may not even be aware of. Furthermore, Papalia, Olds and Feldman (2009) advocated that these processes begin at home, classroom, and neighbor-hood connect outward to societal institutions, such as educational and transportational systems and finally encompass cultural and historical patterns that affect the family, the school, and virtually everything else in a person's life. Dacey and Travers (2006) outlined that by highlighting the interrelated contexts of, and influences on, development, Bronfenbrenner provides the following five interlocking contextual systems:

Microsystem: a setting in which a child interacts with others on an everyday, face to face basis. This is a pattern for the provision of family roles and responsibilities, relationships. It is through micro-system that more distant influences, such as social institutions and cultural values reach the developing child.

Mesosystem: this is the interaction of two or more Microsystems that contain the developing child. It may include linkages between home and school (such as parent teacher references) or the family and the peer group.

Exosystem: this consists of contexts that children and adolescents are not a part of but that may nevertheless influence their development. For example, parents' work environments are an exosystem influence. Children emotional relationships at home may be influenced considerably by whether or not their parents enjoy their work.

Macrosystem: this is a cultural, subcultural or social class context in which microsystems, mesosystems and exosystems are embedded. The macrosystem is really a broad, overarching ideology that dictates how children should be raised, what they should be taught, and the goals for which they should strive. The biological theory of human development will address the issue of teenage motherhood in the following subtopic.

2.12 Biological Theory

This theory links with the psychosocial theory in that it addresses the physiological growth and development of the adolescents as determining factor of the psychosocial interaction of these adolescents in that, a healthy adolescent physiologically will have a healthy psychosocial interaction vice versa. According to Sue, Sue and Sue (2006), puberty starts with a surge in hormone production, which in turn causes a number of physical changes. It is also the stage of life in which a child develops secondary sex characteristics (for example, development of breasts and more curved and prominent hips in girls) as his or her hormonal balance shifts strongly towards an adult state. This is triggered by the pituitary gland, which secretes a surge of hormonal agents into the blood stream, initiating a chain reaction. The male and female gonads are subsequently activated, which puts them into a state of rapid growth and development; the triggered gonads now commence the mass production of the necessary chemicals. The ovaries predominantly dispense

estrogen. The production of these hormones increases gradually until sexual maturation is met. This implies that if a girl can have unprotected sex with a man, she can fall pregnant irrespective of being ready or not. The multicultural theory of human development will address the issue of teenage motherhood in the following subtopic.

2.13 Multicultural Theory

The multicultural theory links with the psychosocial theory in that it addresses culture as one of the determining factors to psychosocial interaction of the adolescents and this goes as far as when to give birth. According to Sue et al., (2006), there are many cultural and socio-economic differences which influence how adolescents' sexuality develops. The first menstrual period of a female-bodied person's life in many cultures is considered the defining point for the beginning of a transition into adulthood. The age of menarche differs from culture to culture. Girls from countries where menarche/menstruation is seen as an important event, or where there is ambivalence towards it, tend to have more negative opinions about it. An adolescent's sexual socialization is highly dependent upon the society they live in and how restrictive or permissive that society is when it comes to sexual activity.

Restrictive societies pressure youngsters to refrain from sexual activity until they either have undergone a formal rite of passage or have married. Therefore the sexual transition of adolescence is highly discontinuous because there is little preparation for an adult sexuality. The culture either controls adolescence by separating the males and females throughout their development, or they restrict sexual activity through public shaming and physical punishment (Sue *et al*., 2006).

2.14 Conclusion

From the theories discussed above, the consensus was that teenage motherhood is a problem which can be understood in different dimensions namely: socially, biologically, cognitively, behaviourally, attachment-wise, bio-ecologically and multi-culturally. On the other hand, each theory addresses the aetiology of teenage motherhood basically on its premises which do not contradict with the main theoretical framework, the psychosocial theory. In essence, they supplement each other in order to reach the different ramifications of teenage motherhood.

The following chapter will address the factors contributing to teenage motherhood and the consequences of teenage motherhood.

CHAPTER 3

FACTORS CONTRIBUTING TO TEENAGE PREGNANCY AND THE CONSEQUENCES OF TEENAGE MOTHERHOOD

3.1 Introduction

Drawing from the theoretical framework, the theories have outlined that teenage motherhood could emerge from a myriad of negative factors whose consequences can lead to misfortune or disastrous kind of life. As a result, an intergenerational vicious-cycle of teenage motherhood could be experienced.

Lilaroja (2010) posited that teenage mothers face many of the same obstetrics issues as women in their 20s and 30s. However, there are additional medical concerns for younger mothers, particularly those under fifteen and those living in developing countries. Teenage motherhood is associated with many social issues, including lower educational levels, higher rates of poverty, and other poorer "life outcomes. According to National Campaign to Prevent Teen and Unplanned Pregnancy (2008), Feminist theory posits that most of teenage motherhood is unintended. Teenage mothers do not have easy lives after pregnancy. In essence, teenage mothers are more likely to have low family income due to their early school drop-out, and also likely to be poor because of the few jobs opportunities. As result, their welfare may be negatively affected. The poorer the teenager the more likely she is to become pregnant. Adolescent mothers may be less educated than those who wait to have baby/ies until they are in early adulthood, they are less likely to be married and their children are more likely to have developmental problems. According to Coley and Chase-Lansdale (2009) girls who give birth during their adolescent

years tend to function less effectively in numerous realms than their peers who delay childbearing. Recent research by Holborn and Eddie (2011) indicates that many of the negative outcomes of adolescent motherhoods, such as low educational achievement and poverty, precede rather than stem from early parenthood. Nevertheless, teenage childbearing also adds to the limited prospects of already disadvantaged adolescents. These outcomes include poorer psychological wellbeing, lower rates of school completion, lower levels of marital stability and additional non-marital births, less stable employment, greater welfare use, and higher rates of poverty, and slightly greater rates of health problems for both mother and child as compared to peers who postpone childbearing. The model by Adam, Benzer, and Steinhardt (1997) as illustrated below in figure 3.1, shows that many personality elements of teenage mothers would have been robbed in psychological (e.g. self-esteem), social (e.g. interaction with significant peers at school), emotional (e.g. sound relationships characterized by unconditional support) and spiritual (morality) realms.

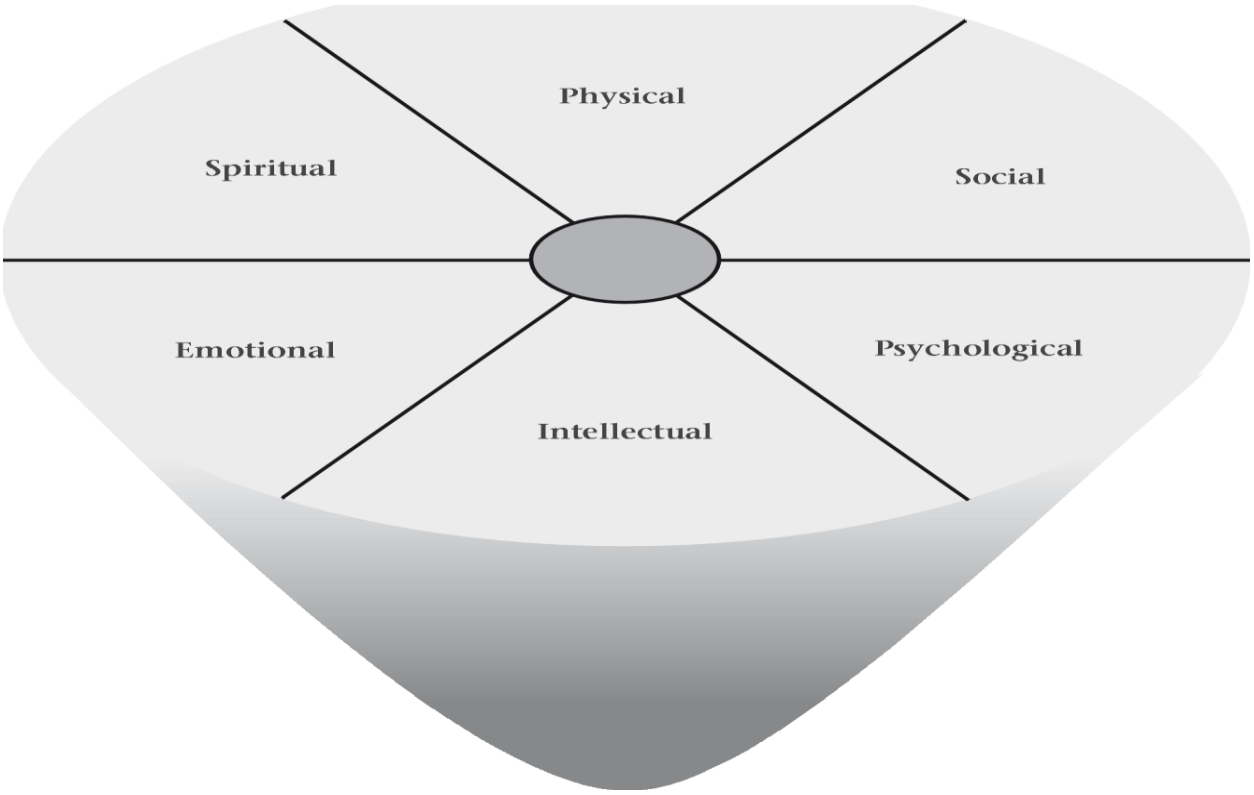


Figure 3.1: The perceived wellness model Adam, Benzer, and Steinhardt (1997)

The psychosocial theory of Erikson outlined that identity confusion might spring out from many factors and consequences contributing to teenage motherhood and the following will be discussed in-depth: Teenage Motherhood, Psychological and psycho-social well-being of teenage mothers, self-acceptance, positive relationships, autonomy, environment mastery, purpose of life personal growth, and prevalence of teenage motherhood. Furthermore, the discussion will focus on the factors contributing to teenage motherhood, socio-economic status, parenting styles, peer pressure, education, lack of access and knowledge of reproductive health, lack of knowledge on contraception, academic challenge of teenage mothers , negative peer influence by teenage mothers, negative treatment by some teachers and students, school, health, communication and mass

media, absence of fathers, maternal and siblings influences, single parent house-holds and child-headed family, treatment by parents, parenting skills , dysfunctional family, self-esteem, age of desperate relationships, cohabitation and partner violence, physical abuse , sexual abuse and rape, culture, alcohol and drug abuse reaction to pregnancy, nutrition, the impact of teenage motherhood on the child and the vicious-cycle of teenage motherhood.

3.2 Teenage Motherhood

According to Lilaroja (2010), motherhood is formally defined as a pregnancy in a young woman who has not reached her 20th birthday when the pregnancy ends, regardless of whether the woman is married or is legally an adult (age 14 to 21, depending on the country). In everyday speech, the speaker is usually referring to unmarried minors who become pregnant unintentionally. Holborn and Eddy (2011) found out that the rate of teenage motherhood is high in South Africa, with the fertility rate half that of the average Sub-Saharan Africa. This simply means that fertility rate in South Africa is three times higher than the average rate in East Asia and four times higher than the average European rate.

Early motherhood is commonly associated with lower education, reduced labour market participation and poverty. The lower income of teenage mothers possibly affects both their own and their children's economic well-being (Chevalier and Viitanem, 2001).The transition to motherhood is a major event in the lifespan of any individual, but takes on special significance when it precedes the transition to education, work, citizenship and marriage that collectively offer the skills, resources and social stock necessary for individuals to succeed as parents (Panday, Makiwane, Ranchod, and Letswalo, 2009).

Teenage fertility establishes the pace and level of fertility over a woman's entire reproductive life span. Furthermore, teenage mothers are often unprepared or too immature to care for a child. Their choices in all aspects of life are restricted. Finally, the suicide rate for pregnant teenagers is ten times than that of the general population (Weiten, Dunn and Hammer, 2012).

For mothers between 15 and 19, additional risks may be associated with socio-economic factors. According to Planned Parenthood Association of South Africa (1998), there could be a higher risk of medical complications if the pregnancy is unsupervised. The following risk could emerge: Difficult labour, a greater chance of caesarian section, premature labour, and birth complications. There could be secondary and tertiary educational deprivation for the pregnant teenager and approximately one half of the girls who give birth before the age of eighteen do not complete schools. As a result, life plans and career goals are disrupted. The girl experiences isolation from her peers.

In addition, due to difficulty in pregnancy, emotional experience could lead to: disappointment, anger, depression, feelings of being trapped, loneliness, anxiety and insecurity.

Chevalier and Viitanem (2001) showed that motherhood is also taken to be a skill which strictly needs effective and efficient mothering skills. Macleod (2000) advocated that mothering as a skill involves: Nurturing and unconditional raising of children from prenatal stage up to the late adolescence. The majority of teenage mothers have difficulty in performing mothering role and this is an indication that they did not receive lessons during their prenatal period. The teenage mothers' dependency on adults for norms of parenting

and preparation for child care exacerbates difficulties associated with the transition to motherhood.

Furthermore, there has to be a proper awareness that motherhood is a twenty four hour service per day, seven days a week and three hundred and sixty five and quarter days a year. The role and responsibility of motherhood starts from conception until eighteen years at minimum. The teenage mother's total inability to cope may result in high incidence of child abuse, neglect and possible abandonment to the child.

The psychological and psycho-social well-being of teenage mothers will be addressed in the next subtopic.

3.3 Psychological and Psycho-social Well-being of Teenage Mothers

According to Ryff and Keyes (1995), the Ryff Scales of Psychological Well-Being is defined as a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviours. Furthermore, it is an instrument that is theoretically grounded and specifically focuses on measuring the following facets of multiple psychological well-being:

3.3.1Self-acceptance

This denotes resilience and the state of being congruent to what one has and one can do without being a victim of prejudice and discrimination. Furthermore, this means that one is in possession of self-acknowledgement towards ones good and bad qualities and acceptance of one's past experience (Compton and Hoffman, 2013). According to Markway and Markway (2011) most of the teenage mothers are faced with a challenge of accepting themselves due to their negative upbringing which had an impact on their

acknowledgement self-value and self-acceptance. As a result, they become victims of exploitation, premature sexual intercourse and unwanted pregnancy.

3.3.2 Positive relationships

This is the possession of a conducive interpersonal relationship with others without any opportunistic mentality. It allows the element of trust, loyalty, and empathy to reign. A lack of emotional attachment and bonding between educators and teenage mothers as their loco-parentis, may result in projecting anger towards their children (Papalia *et al*., 2009).

3.3.3 Autonomy

This means that one has to set goals, and have the way to achieve them with a sound decision-making irrespective of negative pressures from the peers and the people around. However, research by Holborn and Eddie (2011) found that the poor socio-economic background and lack of necessary skills of the teenage mothers impede them to be autonomous and gain a sense of independence in order to face everyday challenges.

3.3.4 Environmental mastery

Being resilient and having a stalwart backbone to adapt to a multitude of pressures without losing focus and turning those pressures into opportunities for the acquisition of one's goals and aspirations (Compton and Hoffman, 2013).Teenage mothers lack necessary skills in turning the so-called crisis or personal mistakes into a life learned experience which might impede the prognosis of intergenerational vicious-cycle of teenage motherhood (Compton and Hoffman, 2013).

3.3.5 Purpose in life

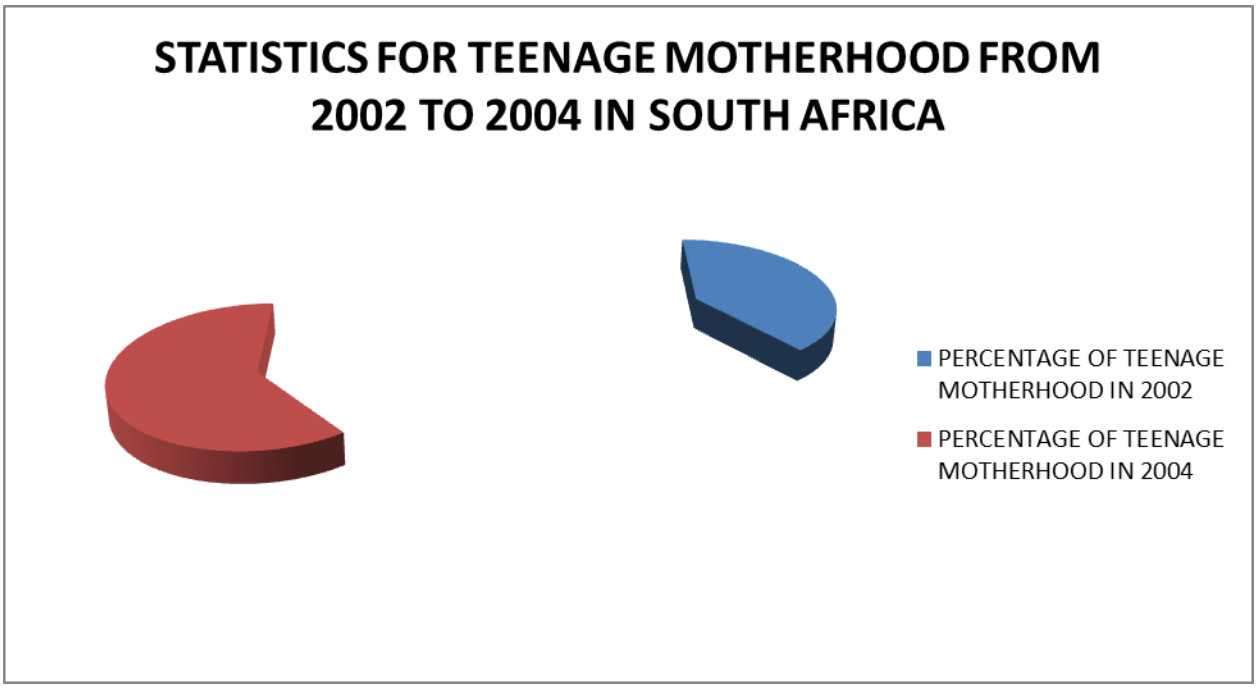
The state of personal knowledge and acceptance bring about a clear sense of self, in terms of the needs, wants, goals and aspirations (Compton and Hoffman, 2013). This calls for teenage mothers to be aware of who they are so that they can understand their goals and their significance in life but in most cases their lack of proper education and appropriate life skills forbids them to live their expected life (Compton and Hoffman, 2013).

3.3.6 Personal growth

The proper self- management with a clear meaningful goals and a sense of purpose in life will bring about intrapersonal and interpersonal growth and development (Compton and Hoffman, 2013). For teenage mothers to grow and develop, they need proper mentoring, and basic education which will open the doors to their acquisition of their dream and goals. Growth and development are life-long journey (Compton and Hoffman, 2013). The prevalence of teenage motherhood will be discussed in the following subtopic.

3.4 Prevalence of teenage motherhood

Figure 3.2 STATISTICS FOR TEENAGE MOTHERHOOD IN SOUTH AFRICA FROM 2002-2004



Source: Statistics South Africa (2007)

According to Statistics South Africa (2007) the percentage of teenage motherhood was at 11.2 percent (66000) in 2002 while in 2004 it escalated to17.4 percent. Furthermore, to show that teenage motherhood increases, Sosibo (2007) articulated that the media reports of 2006 indicates that in South Africa, over 72 000 girls aged between 13 and 19 years were pregnant. A Human Sciences Research Council (HSRC) study showed that even though total fertility rates in South Africa have been declining over the past few decades, teenage fertility has, in contrast, increased in all race groups except in the case of Indians

(Makiwane and Udjo, 2006). One suggestion here is that overall fertility has been accompanied by a shift in childbearing towards younger women.

Research by Lilaroja (2010) found that, annually, 13 million children are born to women under age 20 worldwide, more than 90% in developing countries. This has an impact not only on women's health, but on the socio-economic status and general well-being of the population. Furthermore, Panday, Makiwane, Ranchod and Letswalo (2009) posited that teenage motherhood has grown in significance as a social construct and come to represent one of several indicators of burgeoning adolescent delinquency, sexual permissiveness and moral decay.

In the next sub-topics, the discussion will be on the contributing factors to teenage motherhood/pregnancy.

3.5 Factors Contributing to Teenage Motherhood

There could be multiple factors which contribute to teenage pregnancy and ultimately teenage motherhood, however, this study will focus on the following;

3.5.1 Socio-Economic Status

According to Russel (2002), poverty, homelessness and unemployment are strongly linked to teenage motherhood. Whitley and Kirmayer (2008) teenage mothers are most likely to originate from poor families and younger mothers are more likely to have been brought up and currently live in deprived areas than older counterparts (Wood, France, Hunt, Eades and Slack-Smith, 2008). For example, Mothiba and Maputle (2012) on factors contributing to teenage motherhood in Limpopo Province in South Africa found out that majority of girls

who become pregnant come from households whose parents are unemployed and are unable to further the studies of their children. Consequently, such teenagers develop poor expectations with regard to education and job market.

Macleod (2003) opined that many teen mothers come from financially challenged families and the parent(s) cannot afford babysitting for the grand-child. Adolescents who give birth to low birth weight infants to be need skilled nursing and are at risk for hospitalization as compared to their infants with normal birth weight owing to the mother's lack of skills and poor socio-economic background. The lack of support from the fathers of the children multiplies the challenges experienced by the teen mothers. When none of the relatives is available to look after the baby, the teen mother would be absent from school or would not be able to complete homework. Looking from a different lens, Nzouankeu (2010) is of the opinion that the child support grant by the South African government of R250 given to unmarried women mothers a monthly may drive young girls to early pregnancy and unprepared motherhood. In some instances, the young mother's cash in the money, but leave their babies in the care of their own mothers. In essence, the money for grant can in a way promote these poor teenage mothers to have many kids so as to get more than one of these grants. Van Eijk (2007) indicated that teenagers from lower income families are more likely to report having sexual intercourse regardless of the family structure or race. It is further pointed out that teenagers who come from single parent families are more likely to report having sexual intercourse regardless of the income of the family. Poverty increases the impact of family breakdown on children. This in turn increases the chances of the vicious cycle of teenage parenthood.

3.5.2 Parenting styles

The nature of the family and the parenting styles contribute to the issue of teenage motherhood and this can lead to communication problems.

According to Papalia et al.,(2009) Baumrind shows that parenting and family styles play an important role for the proper growth and development of the offspring and the interpersonal relationship between the parent/ guardian and their children. The following are the parenting styles as outlined by Baumrind.

Authoritarian parenthood entails the parents' value control and unquestioning obedience. They try to make children conform to a set standard of conduct and punish them arbitrarily and forcefully for breaking them. As a result, children tend to be more discontented, withdrawing and distrustful .Poor family-child relationships can be a leading factor for the teenage girls to leave her home and cohabitate with older men or someone who provides them with the means of livelihood.

Permissive parents value self –expression, they make few demands and allow children to monitor their own activities as much as possible. Children in this setting are free and parents involve them in some decision-making. According to Pastorino and Doyle-Portillo (2011) permissive parents tend to leave their teenage girls unsupervised and not knowing about their whereabouts. As a result, these girls may engage themselves in risky taking behaviours and eventually get unwanted pregnancy.

Authoritative parents value their children's individuality and also provide guidance in risk behaviours. In turn, such children develop responsibility, autonomy and an internal locus

control. In essence they delay to get involved sexual activities as they know how to prioritise.

3.5.3 Peer Pressure

Peer pressure entails the conformity to other people's demands irrespective of whether one is comfortable with such demands or not and this could be influenced by an individual's educational level. Peer pressure could be positive or negative. Having friends or peers who practice unprotected sex can strongly influence one's own behaviour. As a result, this can come in a form of negative peer pressure which will influence one to fit-in with the friends or peers by subscribing to their influences, thus conformity. Conformity refers to the state of complying and showing loyalty to a person or a group of people or the setting (Kanku, 2010). Gustafsson and Worku (2007) opined that older teenagers may feel the need to prove that they are able to have children before marriage. Having a child may also be a way of attaining adult status.

In addition, Nzouankeu (2010) showed that during the focus group for non-pregnant teenagers a young girl admitted that pregnant friends influenced her behaviour. Girls tend to be pressurized by their friends, telling them if they stay virgins they will get sick, so they end up having unprotected sex. This simply means that they become involved in sex without the use of condoms. As a result, pregnancy and STI infections become the high probable occurrences. According to Papalia et al.,(2009) research indicates that the girls who often find themselves under pressure to engage in activities which they do not feel ready for, is attributable to family patterns of unstable relationships of parents, parental neglect and history of sexual abuse. Berry and Hall (2007) posited that some teenagers

are unable to imagine creating a better future for themselves by staying at school, so they think why not have children now. The negative peer pressure can negatively affect the health conditions of teenage mothers because of inclining in dangerously uninformed decisions.

3.5.4 Education

It entails the process of enriching and equipping oneself with learning from the formal setting, informal setting and from the society at large (Bee and Boyd, 2003). This study will discuss the following educational consequences to teenage motherhood:

3.5.4.1 Lack of access and knowledge of reproductive health

When adolescents lack knowledge of, or access to conventional methods of preventing pregnancy, they may be too embarrassed or frightened to seek such information from parents and educators at school (Oke, 2010). The poor basic understanding of reproductive health can contribute to teenagers' ignorance not take enough precautions to avoid pregnancy or practice safe sex (Klerman, 2004). Owing to cultural barriers, majority of teenage girls do not discuss sex openly with their parents and for those who use contraceptives inconsistently may skip or forget their date and become pregnant if their sexual partners do not use condoms (Oke, 2010).

3.5.4.2 Lack of knowledge on contraception

In a review of South African research, Eaton, Flisher and Aaro (2003), found that 50% to 60% of sexually active teenagers do not use condoms and 75% experienced sexually transmitted infections. Furthermore, in another South African study, between 2000 and

2004, Psychological Services Centre of Fort Hare University found that 75% of teenagers from the rural areas of Eastern Cape are sexually active and do not practice safe sex (Louw et al., 2007).

Nzouankeu (2010) posited that young women often think of contraception either as 'the pill' or condoms and have little knowledge about other methods. They are heavily influenced by negative, second-hand stories about methods of contraception from their friends and the media. Prejudices are extremely difficult to overcome. Over concern about side-effects, for example weight gain and acne, often affect choice. Missing up to three pills a month is common, and in this age group the figure is likely to be higher. Restarting after the pill-free week, having to hide pills, drug interactions and difficulty getting repeat prescriptions can all lead to method failure.

3.5.4.3 Academic Challenges/Performance of the Teenage Mothers

According to Chigona and Chetty (2007), teenage motherhood has militated against the educational success of girls in South Africa and the statistics show that four out of ten girls become pregnant overall at least once before age 20. According to Nzouankeu (2010) low educational expectations have been pinpointed as a risk factor for teenage motherhood. Education is important for these girls in order to break the poverty cycle in which most of them are trapped. Chevalier and Viitanem (2001) advocated that most studies have found that early motherhood has negative effects on educational achievement. The simultaneity of childbearing and schooling decisions may reflect common preferences underlying both actions. Children of teenage mothers are found to have more behavioral problems than other teenagers of teen childbearing on schooling.

3.5.4.4 Negative peer influence by the teenage mothers

Although the Bill of Rights as contained in the Constitution of the Republic of South Africa (RSA), Act 108 of 1996, Section 29 promotes the right to basic education but the majority of teenage mothers tend to contaminate other girls by sharing with them how to conceive and the benefits of being in relationship with older men (Chigona and Chetty, 2007). According to IRIN Africa (2011) teenage mothers are faced with enormous pressure; to do school work, nurture their babies and be self-reliant. When the child falls sick the teen mother has to take the baby to hospital; and if the child has to be admitted in the hospital for a period of time, the teen mother has to miss classes.

In a qualitative research study conducted in Cape Town among high school teenage mothers in Black-township, Chigona and Chetty (2007), found that all 10 girls who participated voluntarily in the study during the focus group expressed that they do not have enough time to complete their homework and to study at home. When they return from school, their relatives who take care of the children want to be free of the child-care chores and the babies also want the attention from their mother when they return from school.

3.5.4.5 Negative treatment by Some Teachers and Students

According to Chigona and Chetty (2007) teenage mothers feel teachers do not understand their situation and they are expected to perform and behave just like any other student in their respective classes. For instance, teen mothers are sometimes ridiculed in front of classmates whenever they have not satisfied the class requirements. And when a teen

mother quarrels with another student, the other students usually pick on the teen mother's situation. In a research study by Bee and Boyd (2003) it was reported that the school atmosphere becomes less palatable to the teenage mothers due to prejudice and lack of emotional acceptance by some of the teachers and students. This stands as a self-fulfilling prophecy which leaves the teenage mothers dropping-out due to lack of comfort and propels them to be alienated from other vital social activities such as education and being left with the option of carrying on with the socially unwanted behaviours (Markway and Markway, 2011). Berry and Hall (2007) opined that insufficient support (physically and emotionally) and the consequence is that many quit school or do not succeed with schooling.

3.5.4.6 School

An alarming number of the teenage mothers return to school without going through any counseling on how they can be prepared to deal with the stigma, issues around parenting and meeting the demands of the school. The consequence is that teen mothers get overwhelmed with their situation in school and many fail to cope resulting in school dropout (Chigona and Chetty, 2007). Lilaroja (2010) posited that negative peer pressure due to lack of the acquisition of vital education, the teenage mothers become vulnerable to all forms of influences which might lead them to another uninformed pregnancy in a narrow space of time and this reinforces the vicious cycle of teenage motherhood. According to Chigona et al (2007) one-fourth of adolescent mothers will have a second child within 24 months of the first. Education is one of the factors that determine which mothers are more likely to have a closely-spaced repeat birth: the likelihood decreases with the level of education of the young woman – or her parents or the family situation.

Lack of proper education to make informed decisions can lead the teenage mothers to be susceptible to factors such as negative peer-pressure, poor health conditions and so on.

3.5.5 Health

The term health can best be defined as a state of physical, psychological, emotional and social coherence. This factor could also be influenced by educational level that the teenage mothers have (WHO, 2006). The study by Kotchick, Miller Shaffer and Forehand (2001) found that adolescents are at high risk of a numerous negative results associated with practicing early unsafe sexual activities, including infection with HIV/AIDS and other sexually transmitted diseases and pregnancy that is not intended. On the other hand, Greathead, Forbes and Effect (2002) advocated that there is a higher risk of medical complications if the teenage pregnancy is unsupervised and the following could be the consequences: difficult labour, premature labour, birth complications and a great chance of caesarean section.

These data included demographic variables, available medical records, and complications anemia, preterm delivery, and low birth weight. Anemia was defined as a hemoglobin level below 10 % during the last trimester of pregnancy, preterm delivery was defined as occurring within 37 weeks of gestation, and low birth weight was defined as babies weighing less than 2500 grams at birth. The results of teenage pregnancy comprised 24.17% of total pregnancies occurring in the hospital during the study period. Physiological and psychological growth and development of the teenage mothers are negatively challenged by the health hazards and environment.

The incidence of premature birth and low birth weight is higher worldwide among adolescent mothers (Dryburgh,2002). In a study that focused on live births in Mitchells Plain (Cape Town) during the first 8 months of 1985, Rip, Keen and Woods (1986) found that 11, 9% of infants were born before the expected date. In addition, teenagers delivered a high proportion of low birth neonates, and the average birth weight of the children was very low (Dryburgh, 2002).

According to Dryburgh (2002) maternal and prenatal health is of particular concern among teenagers that are pregnant or parenting. Worldwide the incidence of premature birth and low birth weight is higher among adolescent mothers as during pregnancy majority of teenagers seek prenatal care, and access to high quality medical care as that could be attributable to lack of medical aids compared to older women. Eaton et al (2003) found that unprotected sex during pregnancy leads to sexually transmitted infections and could result in offspring contracting Rubella (German measles) which could lead to a variety of physiological deformities such as blindness, deafness, cardiac abnormalities and mental retardation. In addition, teratogens such as diseases, drugs, alcohol and environmental agents can harm a developing embryo or fetus by causing physical deformities, severely retarded growth, blindness, brain damage and even death.

Furthermore, Kelly (1998) opined that the virus that causes genital herpes (herpes simplex) can also cross the placenta barrier, although most infections occur at birth as the newborn comes in contact with lesions on mother's genitals. Unfortunately, there is no cure for genital herpes.

The Sexually Transmitted Infections are of greatest concern today (HIV/AIDS), which attacks the immune system and makes victims susceptible to a host of other opportunistic infections. This puts the life of the child in danger of high probabilities of infection.

3.5.6 Communication and Mass Media

According Falk, Ostlund, Magnuson, Schollin and Nilsson (2006), a healthy parent – adolescent relationship has features of reciprocal caring and commitment, open and honest communication, clear and congruent expectations and emotional security and expressiveness. Based on these premises, teenage girls tend to keep family values and become responsible and committed to their studies by delay sexual encounters. Also, they tend to resist peer manipulation, substance abuse and dating (Oke,2010). However, in many black communities in South Africa, parent- adolescent relationships lack these relational features. Hence, parenting styles are to be reckoned with when trying to understand the sexual behaviour of teenage girls. Dinkelman, Lam and Leibbrandt (2008), in their research study they found that a majority of adolescent pregnancy is largely attributable to a breakdown of communication between parents and child and also to inadequate parental supervision.

Drawing from the social learning theory, another powerful factor which contributes to teenage motherhood is the role played by the mass media. For example, Pastorino and Doyle-Portillo (2011) posited that when teenage girls are exposed to more sexual content on television they may be more likely to engage in sexual intercourse earlier than those who watch less of the sexual content on television.

3.5.7 Absence of Fathers

According to Govender (2007) the proportion of children with absent fathers run thus: Blacks went up from 46% (1996) to 52% (2009), Coloured up from 34% (1996) to 41% (2009), Indian down from 17% (1996) to 12% (2009), White up from 13% (1996) to 15% (2009). The statistics above show that Blacks and Coloureds have a highest number of children who do not live with their fathers as compared to other races such as Indians, and Whites. These statistics is prevalent among teenage parenthood that has a poor socio-economic background. According to Holborn and Eddy (2011) most of the Black South African children are living their lives without their fathers. Oke (2010) has shown that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and adolescent pregnancy. Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood. Furthermore, Holborn et al., (2011) found that girls who grow up in absent father households are more likely to display low self-esteem, easily being subjects to negative peer pressure and face the state of vulnerability.

Fergusson and Woodward (2000) found that studies have found that girls whose fathers left the family early in their lives had the highest rates on early sexual activity and adolescent pregnancy. Oke (2010) added that, the early pregnancy in girls whose fathers have not been present when they grow up may be a result of lack of paternal security and the feeling of isolation. As a result, identity crisis would emerge as already explained in attachment and psychosocial theories.

3.5.8 Maternal and Sibling Influence

Dinkelman, Lam and Leibbrandt (2008) are of the opinion that a girl is also more likely to become a teenage parent if her mother or older sister gave birth in her teens and this may lead to the vicious cycle of teenage motherhood. According to Oke (2010) motherhood can influence younger siblings in terms of their career and future lives. The younger sisters of teen mothers are less likely to emphasize the importance of education and employment and more likely to accept human sexual behaviour, parenting, and marriage at younger ages; younger brothers, too, were found to be more tolerant of non-marital and early births, in addition to being more susceptible to high-risk behaviors. If the younger sisters of teenage parents babysit the children, they might have an increased risk of getting pregnant themselves due to lack of parental guidance. In essence, this situation leaves the family in question in inter-generational turmoil of dysfunctionalism, high criminal record among members, low level of education and socio-economic crisis to the family members.

For example, in a study conducted in rural setting of KwaZulu- Natal, South Africa by SALDRU UCT (2009) found that the prevalence of teen childbearing in rural KwaZulu-Natal was higher (46%) than the national average (25%). In addition, there were no differences between teenage mothers and their peers in terms of household characteristics or educational performance before the births. In essence, teenage childbearing had a significant impact of educational outcomes. Teenage mothers were: 2/3 of a grade behind their peers, 20 percentage points less likely to matriculate, and 25 percentage points more likely to drop out of school.

3.5.9 Single-Parent Households and Child-headed Family

According to Holborn et al (2011) research on fractured families reveals that most of the children stay with their mothers. The implication being that the greatest number of children does not get enough parental comfort because of the single parenthood which does not address their problems holistically. Only 35% of children were living with both their biological parents in 2008. Some 40% were living with their mother only and 2.8% with their father only, which leaves 22.6% of children who were living with neither of their biological parents.

The study by Holborn and Eddy (2011) also emphasises that the effect of the HIV/AIDS pandemic is mostly caused by risky sexual behavioural practice by parents and results in the increasing numbers of orphans and child-headed households. When girls grow up in a single parenthood household, it creates parental imbalance of nurturing the child fully.

3.5.10 Treatment by parents

According to Gustaffson and Worku (2007) in some cases, parents' anger about the pregnancy status of the teenage girlswould even lead to the fathers threatening to chase their teenage daughters out of the house. In a study by Kaplan (1996), some teenage mothers indicated that mothers were resentful toward them. Some of the teenage mothers even contemplated moving out of the house as a way to resolve the problems that they had with their mothers.

According to Gustaffson and Worku (2007) sometimes parents favoured the siblings of a teen mother as a way of punishing her; and this usually resulted in a communication

breakdown between the parents and the teen mother. This implied that there may have been nobody at home with whom to share her experiences at school or in the social world. As a result, they end up falling into the trap of myths and misconceptions of hazardous sexual practices. Tan and Quinlivan (2003) reported that in the setting of teenage motherhood, girls described the relationship between their parents as violent and factors such as low income, drug- abuse and no support from parents were the apparent reasons for them to be in a vulnerable state of no confidence. Consequently, the parental separation caused them to stay with boyfriends over weekends hence they become teenage mothers.

3.5.11 Parental Skills

According to Furey (2003), teenage mothers lack effective parenting skills such as proper breast-feeding. A research by Sikorski and Renfrew (1999) indicated that teenage mothers are likely to neglect their babies and wish to go back to school without making arrangements with regard to who shall look after their babies. This results in the baby losing weight, missing necessary vaccines for polio and measles.

Furthermore, owing to enormity of social challenges, teenage mothers become susceptible to drinking alcohol, smoking dagga and using drugs (Easterbrooks, Chaudhuri, Bartlett and Copeman, 2010).

According to Macleod (2000) it is argued those adolescent mothers:

* vocalise less often to their young children and provide fewer stimulating experiences than do older mothers, thus contributing to later academic difficulties.

* do not provide opportunities for affectional exchange, or else share emotions inconsistently, leading to increased risk of psychopathology in the child.

* display higher levels of parenting stress and are less responsive and sensitive in interactions with their infants than are adult mothers.

Their inability to provide warmth, care and love to their babies results in their children contaminated milk following (which lack nutrients): Mental retardation, Poor eye- hand coordination, Cerebral epilepsy, Deafness, Autism, Deficiency of the B complex vitamins, resulting in skin lesions and convulsion, Blindness due to lack of vitamin A and Excessive weight loss because of lacking nutritional food (Mental Health Information Centre, 2004).

3.5.12 Dysfunctional Family

Lack of parental figures especially the father leaves the teenage girls with delinquent behaviours, psychological disturbance, low self-esteem, early home leaving, poor self-restraint and social adjustment among teenagers East and Shi,1997) In addition, this situation of a dysfunctional family leaves the girl teenage girl in a vulnerable position with no one to provide a shoulder to cry on. Macleod (2003) posited that sometimes teen mothers have fear participating in class discussions for instance during “Life Orientation” programmes. For example, when topics like ‘teenage pregnancy’ arose, the teen mothers become particularly uncomfortable that everybody was talking about their situation.

3.5.13 Self Esteem

Self-esteem refers to the negative or positive evaluation of oneself. This can be emotionally, intellectually and socially. An individual with a positive self-esteem have a tendency to accept themselves as they are, acknowledge their strengths and they are

satisfied with themselves (Kipp and Shaffer,2010). According to Papalia et.al (2009), adolescents with positive self-esteem are sociable, easy-going, have good intellectual functioning, have self-efficacy and self-confident. Furthermore, they attend school on regular basis, have high expectation and formed close relationships with the significant others. Meade, Kershaw, and Ickovics (2008) added that the self-esteemed teenage girls tend to fulfill their potential as postulated by Maslow's hierarchy of needs, they lead meaningful life and such individuals transcend themselves. Kipp and Shaffer (2010) advocated that these high self-esteemed girls are spiritually fulfilled and pro-social (i.e. helpful to the needs of others). Drawing from self-determination theory, they are competent, autonomous and master their environment.

According to Papalia et.al (2009), teenage girls who have positive self-esteem are resilient as compared to their counterparts who may be vulnerable to peer-pressure and other risk-taking behaviour (substance-abuse, sexual encounters). Easterbrooks, Chaudhuri, Bartlett and Copeman (2010) define resilience as the ability to be competent, focused, and thrive despite adverse circumstances. Easterbrooks and her colleagues in their research on resilience in parenting among young mothers depict those teenage mothers who show less resilience functioning exhibited less empathy to their children as they would leave their children experiencing maltreatment because of poor parenting skills.

3.5.14 Age desperate relationships

The age-gap and experience of the teenage mothers' partners play a major role in terms of influencing the nature of their relationship. Old men are commonly in control of such a relationship with teenage girls and they are the one to determine whether to use a condom

when having sex or not, even the issue of moving in together (cohabitation) since they are the basic needs providers and at times they become violent if the teenage mothers are not complying. Mature adult people can easily manipulate young teenagers who are still struggling to discover their own personality by dominating them to an extent that they are unable to negotiate safe sex (IRIN Africa, 2011). Such teenagers may find themselves trapped in abusive sexual relationships because they are being showered with gifts. From this type of sexual practice, Meade et al., (2008) found that majority of girls end up in transactional sex (prostitution) especially when they come from poverty- stricken families. According to Nzouankeu (2010) the study on teenage motherhood found that, compared with non-abused mothers, adolescent mothers initiated sex earlier, had sex with much older partners, and engaged in riskier, more frequent, and promiscuous sex. In addition, Garenne et.al., (2001) posited that teenage mothers are also more likely to carry the baby for nine months rather than have an abortion. In addition, men older than high school age fathered 77 percent of all births to high school-aged girls (ages 16-18), and 51 percent of births to girls (15 and younger). Men over 25 years of age fathered twice as many children of teenage mothers than boys under the age of 18, and men over age 20 fathered five times as many children of teenage girls under 15.

3.5.15 Cohabitation and Partner Violence

Due to the lack of resources to meet the basic needs and the absence of parental figures, homelessness and peer pressure, teenage girls find themselves cohabitating and ending up in violent relationships where they have less say on the decision-making process (Nzouankeu, 2010). Drawing from resilience theory and the self-determination theory, once teenage girls have moved in with their sexual partners, their future aspiration

diminish. Such teenagers may ignore going to school, and involve themselves in unsafe sex, which in turn may lead to unintended pregnancies Nzouankeu (2010). When these girls try to negotiate safe sex, owing to their vulnerability and desperation, they may be sexually coerced because of their financial dependency and this situation leads to exploitation and unreported sexual abuse by the teenage girls due to their level of dependence. As explained by the Kavinoky Law Firm (2012), power imbalance may cause teenage girls to be subservient to men, resulting in them being the victims of sexual, emotional and physical abuse.

3.5.16 Physical Abuse, Sexual Abuse and Rape

The state of psychological, emotional and social incoherence can lead teenage girls into a detrimental situation such as rape and exploitation. Abuse is defined as the deliberate use of power or authority for the wrong purpose (Sadock and Sadock, 2003). According to Sue et al.,(2006) rape can best be defined as sexual intercourse without consent or sexual intercourse with a minor. Both abuse and rape can be taken as Siamese twins because they are mostly found hand and cloth.

3.5.16.1 Physical and Sexual Abuse

In the official rape statistics released for 2000 – 2005 in South Africa reported rape cases to have increased from 52,891 to 65,939 and the Eastern Cape was one of the provinces with a high statistics of physical, sexual abuse and rape, specifically, to young girls (Masimanyane Women's Support Centre, 2008).

Swartz, de la Rey, Duncan and Townsend (2011) defines physical abuse as the infliction of physical injury or physical brutality as a result of punching, kicking, biting, burning, shaking, punishing or otherwise harming an adolescent, carried out by a person responsible for the adolescent's welfare.

According to Koen (2009), growing up in a family which is characterised by a lack of warmth and emotional security from the caregivers could lead girls seek comfort from outside, which could have adverse consequences, including HIV/AIDS. Furthermore,Panday, Banergee, Dutt, Sengupa , Mondal and Deb (2009) found that teenage girls may be prone to peer manipulation due to family problems and their sense of self -worth is more likely to be negatively impacted upon and thus, engaging in unsafe sex because they are overwhelmed with anxiety.

Panday et al., (2009) found that girls who were raised in homes with a battered mother, or who experienced physical violence directly, were significantly more likely to be impregnated and be victims of physically, sexual and emotional abuse. In addition, Kanku (2010) views that the girls who come from battered families often seek refuge from their male partners. As a result, these male partners may have different expectations in the relationship, especially if they are providing any kind of financial support, and they might feel that it justifies coerced sexual activity.

Drawing from social exchange theory which states that individuals, who have the tendency to enter into a romantic relationship, which provide gifts, money and other benefits(Swartz et al., 2008). They are entitled to demand sex in return be it out of consent or violently.

3.5.16.2 Rape

According Sexual Act No.32 of 2007, rape has different connotation as sexual assault, sexual harassment and sexual abuse embody the concept, ‘’rape’’. Rape refers to unwelcome and forceful vaginal or anal penetration which involves threats to obtain sex (Doyle-Portillo, 2009). According to Govender (2007) studies show that between 11 and 20 percent of pregnancies in teenagers are direct results of rape, while about 60 percent of teenage mothers had unwanted sexual experiences preceding their pregnancy. In a research study by Oke (2010), a majority of first-intercourse experienced by female participants showed that they became pregnant before age 15 and was not negotiated, meaning that it was non-consensual. Nzouankeu (2010) found that between 11 and 20 percent of pregnancies in teenagers is a direct result of rape, while about 60 percent of teenage mothers had an unwanted sexual experience preceding their pregnancy. According to Kanku (2010) some teenagers are physically forced by their partners to have sex even if they are not yet ready or not prepared in term of contraceptive precautions, which in turn contributes to unprepared motherhood because they are cognitively and emotionally immature.

According to Chigona and Chetty (2007) many girls before going past their teens have either been defiled by a teacher, father, uncle, an outsider, or sometimes a fellow age mate. The extent to which this even has been happening is not always recorded, due to the fact that the majority of the families involved prefer to settle the issue at home, to prevent the victim from suffering the stigma of humiliation.

In many countries including South Africa, sexual intercourse between a minor and an adult is not considered consensual under the law because a minor is believed to lack the maturity and competence to make an informed decision to engage in fully consensual sex with an adult. In these countries, sex with a minor is therefore considered statutory rape (Oke, 2010). The Guttmacher Institute (2009) found that 60 percent of girls who had sex before age 15 was coerced by males who on average were six years their senior andone in five teenage fathers admitted to have forced girls to have sex with them.

3.5.17 Culture

According to IRIN Africa (2011) teenage girls are sometimes put in a difficult position in the relationship because they feel that they have to please their boyfriend to maintain the relationship, which may imply having unprotected sex if requested to do so especially in communities embracing culture. Teenage girls often do not negotiate and think that saying no to sexual intercourse will end the relationship (Kanku, 2010).

3.5.18 Alcohol and Drugs Abuse

According to Louw et al., (2007), when teenage girls conform excessively to peers, they may find themselves experimenting with substance abuse, especially after their first menstruation (menarche), which in turn, may contribute to unintended pregnancies.

Lilaroja (2010) found-out that Inhibition-reducing drugs and alcohol may possibly encourage unintended sexual activity. According to Bee and Boyd (2003) lack of knowledge and skills of motherhood of the pregnant teenager can lead to alcohol consumption during pregnancy and after which could lead to Fetal Alcohol Syndrome

(FAS) and such babies who are born with FAS have defects such as microcephaly (small head) and malformations of the heart, limbs, joints and face.

3.5.19 Reaction to Pregnancy

According to Mash, McFarland, McElhaney, Land, and Jodi (2010) teenage motherhood most cases is unplanned; and as a result, teenagers react to the experience differently. The teenager has to come to terms with the unexpected demands of being an adult, and in some cases, she may also have to deal with disapproval and dissatisfaction shown by significant others like parents and relatives. In several studies, teenage mothers reported having felt sad, disappointed, shocked and depressed after their pregnancies were confirmed (De Visser and Le Roux, 1996).Furthermore, most teenagers started by denying the pregnancy at first, before they could inform their parents who, in most cases received the news with anger and disappointment.

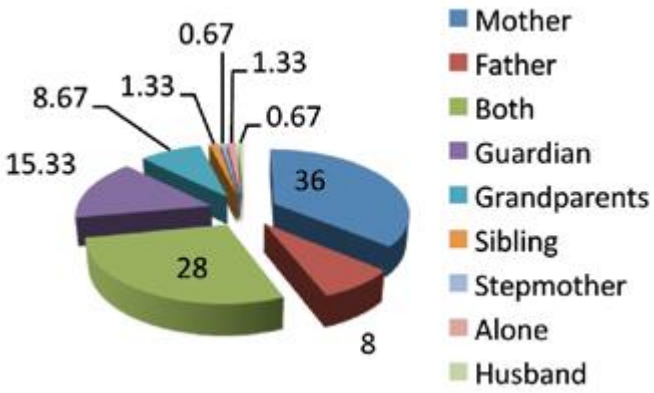
3.5.20 Nutrition

Kelly (1998) outlined that majority pregnant teens are subject to nutritional deficiencies from poor eating habits, including attempts to lose weight through dieting, skipping meals, food faddism snacking, and consumption of fast food. Owing to lack of nutritional food such as B complex vitamins, Selenium folic acid and proteins. Mental Health Information Centre (2004) advocate that the risk of giving birth to a child with Intelligence Quotient below 70, deficits in motor development, increased impulsivity and anti-social personality is high. On the other hand, Mash et al., (2010) found out that due to contaminated milk which lacks nutrients , children may have conditions such as cerebral epilepsy, poor eye – hand coordination , deafness and autism.

3.5.21 The Impact of Teenage Motherhood on the Child

Teenage motherhood is a psychosocial problem which could result in a myriad of problems to the youth, their guardians and the society at large. The impact of teenage motherhood will be addressed in this sub-topic.

Figure 3.3 Statistics of the guardians looking after their children



Statistics South Africa (2007)

Figure 3.3 shows the statistics for the guardians who are looking after their children in Eastern Cape, South Africa and indicating that women having the highest statistics of looking after their children.

According to Lilaroja (2010) early motherhood can affect the psychosocial development of the infant. The occurrence of developmental disabilities and behavioral issues is increased in children born to teen mothers. One study suggested that adolescent mothers are less likely to stimulate their infant through affectionate behaviors such as touch, smiling, and verbal communication, or to be sensitive and accepting toward his or her needs. Another found that those who had more social support were less likely to show anger toward their children or to rely upon punishment.

Oke (2010) found that poor academic performance in the children of teenage mothers has also been noted, with many of them being more likely than average to fail to graduate from secondary school, be held back a grade level, or score lower on standardized tests. Oke (2010) posited that lack of proper parental guidance may lead daughters born to adolescent parents are more likely to become teen mothers themselves. A son born to a young woman in her teens is three times more likely to serve time in prison because of lack of morals and values which should have been acquired from the parents.

Govender (2007) showed that babies who are born from teenage mothers are generally small. Secondly, there is a higher frequency of congenitally abnormal infants as compared to the general population. There is a higher frequency of more than one baby. Thirdly, the baby is subject to the problems related to a single parent family as well as insecure, young parent. Fourthly, the child will have fewer opportunities due to the lower income of its parent/s and behaviour disorders.

Fifthly, the baby is frequently abused because of parental discontent, as the anger is focused on the child. Lastly, according to Planned Parenthood Association of South Africa (1998) the baby may suffer social or legal discrimination, neglect or abandonment.

3.5.22 Vicious Cycle of Teenage Motherhood

Lilaroja (2010) found that family dysfunction has enduring and unfavorable health consequences for women during the adolescent years, the childbearing years, and beyond. Furthermore, when the family environment does not include adverse childhood experiences, becoming pregnant as an adolescent does not appear to raise the likelihood of long-term, negative psychosocial consequences. In addition to that, Oke (2010) found

that a girl is also more likely to become a teenage parent if her mother or older sister gave birth in her teens and the cycle will follow the trend of one generation to the other. As a result, the vicious cycle of teenage motherhood is formed.

3.6 Conclusion

Drawing from the discussion of the factors contributing to teenage motherhood and the consequences of teenage motherhood, this links to the theoretical framework of the study that negative psychosocial upbringing could lead to a disastrous adolescence. In turn, this could lead to a chain of teenage motherhood or intergenerational vicious cycle of teenage motherhood which could be caused by the problem of identity confusion. As a result, it proves the main hypothesis of this study that pregnant teenagers' are not ready plays the roles and responsibilities of motherhood and therefore, they are not ready for motherhood.

This chapter addressed issues of pregnant teenagers under the following sub-topics: Definition of teenage motherhood ,socio-economic ,education, peer pressure, health, physical, sexual abuse and rape, age-gap, family-child relationship and influence, child-society relationship, parental skills, self-esteem, alcohol and drugs abuse, the impact of teenage motherhood on the child, reaction to pregnancy, vicious cycle of teenage motherhood and definition of terms.

The forthcoming chapter will address the research methodology. This included research design, participants, research instrument, procedure, ethical considerations, and data analysis.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

The aim of this study was to determine the pregnant teenagers' readiness for motherhood in Alice, Nkonkobe Municipality. The hypotheses of this study were as follow.

H1: Pregnant teenagers display higher levels of parenting stress and are less responsive and sensitive in interactions with their infants than adult mothers.

H2: Pregnant teenagers do not provide opportunities for affectional exchange, or else share emotions inconsistently, leading to increased risk of psychopathology in the child than non-teenage mothers.

H3: Pregnant teenagers vocalise less often to their young children and provide fewer stimulating experiences than non-teenage mothers, thus contributing to later academic difficulties.

This chapter discusses the research design and methodology, including the population, sampling and data collection.

4.2 Research Design

Burns and Grove (2005) describe the research design as a blueprint, or outline, for conducting the study in such a way that maximum control will be exercised over factors that could interfere with the validity of the research results. The research design is the researcher's overall plan for obtaining answers to the research questions guiding the study. According to Burns and Grove (2005), research design helps researchers to plan

and implement the study in a way that will help him/her to obtain the intended results, thus increasing the chances of obtaining information that could be associated with the real situation. A quantitative research design allows a large number of respondents to participate in a research within a short space of time and allows freedom of privacy to both extroverts and introverts. The topic in question was sensitive and involved minors and this design made it easy for the respondents to answer the questions without doubt or embarrassment. In addition, the researcher assumed that would have been another approach (e.g. qualitative) which is characterised by face to face interaction, the participants might have experienced embarrassment talking about sexuality openly to a male.

The researcher chose a quantitative research design to assess Pregnant Teenagers' Readiness For Motherhood and described it as a procedure for collecting, analyzing and interpreting data obtained using validated psychological measuring instruments from a relatively large group of participants (Creswell, 2011). This study attempted to quantify the pregnant teenagers' level of readiness to motherhood in Nkonkobe Municipality, Eastern Cape. Quantitative data can be transposed into numbers, in a formal, objective, systematic process to obtain information and describe variables and their relationships (Brink 2006). Quantitative research has the following characteristics (Burns and Grove 2005; Brink 2006). There is a single reality that can be defined by careful measurement. It is usually concise. It describes and examines relationships, and determines causality among variables, where possible. Statistical analysis is conducted to reduce and organise data, determine significant relationships and identify differences and/or similarities within

and between different categories of data. The sample should be representative of a large population. Reliability and validity of the instruments are crucial and provided an accurate account of characteristics of particular individuals, situations or groups (marital status, age, level of education, socio-economic status, and description of the participants' caregivers, thus biographical information.

4.3 Descriptive and inferential statistics

This study was descriptive and explorative in that the researcher collected detailed descriptions of the factors that contributed to the teenage pregnancy rate and the level of these teenagers' readiness to motherhood. The factors identified were described accurately. According to Burns and Grove (2005) the purpose of descriptive research is to provide the opinions of respondents regarding the phenomenon being studied. Descriptive research provides an accurate portrayal or account of the characteristics of a particular individual event, or group in real-life situations for the purpose of discovering new meaning, describing what exists, determining the frequency with which something occurs, and categorising information (Burns and Grove, 2005). Descriptive studies provide valuable baseline information. The method is also flexible and can be used to collect information from a large group of respondents (Brink, 2006). In this study, the researcher attempted to identify and describe factors that contributed to the high pregnancy rate among adolescents and their level of readiness to motherhood in Nkonkobe Municipality, Eastern Cape. According to Brink (2006), an exploratory descriptive research design has the following characteristics: It is a flexible research design that provides an opportunity to examine all aspects of the problem being studied. It strives to develop new knowledge. The data may lead to suggestions or a hypothesis for future studies.

4.4 Binary Regression Model

According to Joseph (2010), the binary logistic regression model can be utilised when the dependent variable is not continuous but instead has only two possible outcomes, 1 or 0. This model is normally used when predicting an event which has two possible outcomes, for example, ready for motherhood vs. not ready for motherhood.

In this study the dependent variable was pregnant teenagers' readiness for motherhood. In this case, 0 represented pregnant teenagers' readiness for motherhood versus 1 which represented pregnant teenagers non- readiness for motherhood. This model was adapted from Desriani (2011) who did a similar study on the analysis of Factors which determine Teenage Motherhood in Indonesia.

4.5 Research Setting

The research setting is the environment in which the research study takes place and can be a natural or controlled environment. Natural settings are real-life study environments without any changes made for the purpose of the study (Burns and Grove, 2005). The study was conducted in the clinics in Alice, Eastern Cape. There was no manipulation; no changes were made to the clinic, and no special treatment was given to the respondents, which could have affected the results. The data was collected from 106 pregnant teenagers during normal working hours, Monday to Thursday. The doors were closed during data collection with the respondents to provide privacy.

4.6 Population

Babbie (2005) defines a population as the aggregate of all members who are eligible for selection to participate in the study and from which the sample derives. According to Babbie and Mouton (2001) population refers to the totality of all subjects that conform to a set of specifications, comprising the entire group of persons that is of interest to the researcher and to whom the research results can be generalized. In this study, the population comprised pregnant teenagers in Alice, Nkonkobe Municipality in Eastern Cape Province of the Republic of South Africa.

Eligibility criteria specify the characteristics that people in the population must possess in order to be included in the study (Babbie and Mouton, 2001). To be included in this study, the respondents had to:

- Be pregnant teenager between 11 and 21 years old.
- Be willing to participate in the study.
- Give informed consent.

4.7 Sampling techniques

A sample is described as a portion or a subset of the research population selected to participate in a study, representing the research population as suggested by Babbie (2005). A non-probability sampling was used for this study. In non-probability sampling, the population is not known and the researcher does not know the population size Walliman (2005). Pregnant teenagers between the ages 11-21 were purposively and conveniently selected in this study. Convenience/accidental sampling was employed on

the basis of the availability of the respondents. A purposive sample is defined by Leedy and Ormrod (2012) as a selection process in which members of the population are selected for a specific assignment. Furthermore, with purposive sampling the researcher is likely to get the opinions of the target population, but the researcher is also likely to overweight subgroups in his / her population that is more readily accessible (Trochim, 2006). The expected size of the population of this study was 150 female teenagers (pregnant teenagers) attending prenatal check up at the clinics in Alice and who are willing to participate voluntarily and complete the questionnaires. A group of 106 pregnant teenagers represented the population and were available for participating in this study.

4.8 Research instrument

According to Brink (2006), data-collection instruments refer to devices used to collect data such as questionnaires, tests, structured interview schedules and checklists. Trochim (2006) define a questionnaire as a method of gathering information from respondents about attitudes, knowledge, beliefs and feelings. The questionnaire was designed to gather information about the factors contributing to teenage pregnancy and the pregnant teenagers' readiness for motherhood. After an in-depth literature review, the researcher designed the questionnaire with the supervisor and co- supervisor for face and content validity. The choice of the research instrument (questionnaire) was opted for this study owing to non-direct involvement of the researcher considering the sensitivity of the topic.

4.8.1 Characteristics of a questionnaire

Brink (2006) states that the following aspects are the advantages of a closed-ended questionnaire: Each participant enters his/her responses on the questionnaire, saving the researcher's time, compared to the time required to conduct personal interviews.

It is less expensive than conducting personal interviews. Respondents were guaranteed anonymity and felt confident to express themselves by choosing statements which were appropriate to their situations. Data on a broad range of topics may be collected in a limited period.

4.8.2 Development of the questionnaire

The questions were derived from the literature (see chapter two and three). The questionnaire was typed and set in English as the respondents were literate in knowledgeable with the language. The questionnaire consisted of four sections: Section A: Demographic information, Section B: Pregnant teenagers' level of performing the roles and responsibility of motherhood, Section C: Pregnant teenagers' level of readiness to motherhood and Section D: The psycho-social wellbeing of pregnant teenagers.

4.8.3 Administration of the questionnaire

The researcher was given the permission to conduct a research by the Higher Research Committee from the University of Fort Hare. The researcher made appointments with the Head Nurse in charge clinics in Alice in Nkonkobe Municipality, Eastern Cape. The

researcher explained the nature and purpose of the study to the potential respondents, informed them that participation was voluntary. Every respondent willing to participate received a consent form with information about the study to sign. After giving informed consent, the respondents were taken to a private room and given writing materials. The researcher was assisted by the nurses of the War Memorial clinic and handed out the questionnaires on the specific data-collection days in November 2011. Pregnant teenagers completed and returned questionnaires. The completed questionnaires were then collected and sent to the University handed to a statistician for data capturing and statistical analysis.

4.9 Reliability and validity

4.9.1 Reliability

Babbie (2005) describe the reliability of a tool as the consistency with which the tool measures the attribute it is supposed to measure. If a study and its results are reliable, other researchers using the same method will obtain the same results. A pre-test was conducted with respondents similar to the study sample, but excluded from the actual study, to determine the clarity of the items and consistency of the responses (Babbie and Mouton, 2001).

4.9.2 Validity

According to Babbie (2005) validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. Validity can be sub-categorised as external and internal validity. Burns and Grove (2005) describe

external validity as the extent to which the results can be generalized beyond the sample used in the study. This usually depends on the degree to which the sample represents the population Internal validity is the extent to which factors influencing adolescent pregnancy are a true reflection of reality rather than the result of the effects of extraneous or chance variables, not necessarily related to factors influencing pregnancy.

4.9.3 Pre-Testing the Research Instrument (Pilot study)

A pre-test or pilot study is a small-scale trial of the data collection instrument to determine clarity of questions and whether the instrument elicits the desired information (Babbie and Mouton, 2001). In order to ensure reliability and validity, the questionnaire was pre-tested on thirty pregnant teenagers who attended prenatal and post natal checkup at War Memorial clinic in Alice, in Nkonkobe municipality to check the clarity of questions and identify vague or non-acceptable questions. Adjustments were made based on the outcome of the pre-test results. The data collected during the pre- test was not part of the study. All the participants completed the questionnaire within 30 minutes and understood the questions.

4.10 Ethical Considerations

To safeguard the human dignity of the participants, the research committee of the University of Fort Hare gave the researcher a mandate to carry-out a study after successfully defending the research proposal in September, 2011, as suggested by Brink (2006). Then, the researcher obtained written permission to conduct the study from Alice clinic in Eastern Cape (please see annexures A and B). In this study, the researcher was

guided by the following ethical principles of respect for confidentiality of the respondents, informed consent, and fair selection of the respondents.

4.10.1 Confidentiality

Confidentiality was maintained because no names were disclosed in the research Project as suggested by (Babbie, 2005).

4.10.2 Informed consent

The researcher explained the nature and purpose of the study and the type of information required to the respondents. The respondents all clearly understood and then gave informed consent (Burns and Grove 2005).

4.10.3 Fair selection

In this study all the respondents were fairly treated, the researcher selected the respondents according to the research problem of adolescent pregnancies.

4.11 Conclusion

This chapter discussed the research design and methodology of the study. The researcher used a quantitative, descriptive design and a questionnaire as data-collection instrument. Chapter 5 will discuss descriptive the data analysis and interpretation for the pregnant teenagers' readiness for motherhood.

CHAPTER 5

DESCRIPTIVE DATA ANALYSIS AND INTERPRETATION

5.1 Introduction

The main hypothesis in this study is that pregnant *teenagers are not ready for motherhood.*

The hypothesis of this study is highlighted as follow:

H1: Pregnant Teenagers display higher levels of parenting stress and are less responsive and sensitive in interactions with their infants than are adult mothers.

H2: Pregnant Teenagers do not provide opportunities for affectional exchange, or else share emotions inconsistently, leading to increased risk of psychopathology in the child than non-teenage mothers.

H3: Pregnant Teenagers vocalise less often to their young children and provide fewer stimulating experiences than non-teenage mothers, thus contributing to later academic difficulties.

Hence this chapter is directed at data presentation, analysis and/or interpretation. The statistical analysis of the data was performed through the utilization of the Statistical Package for Social Sciences (SPSS) V18.0. The statistics are presented in frequencies, tables and percentages. Relationships between variables were identified using frequencies and percentages. The researcher collected data from the respondents using structured questionnaires, which had four sections:

Section A5.2: Biographical Information

Section B5.3: The level of awareness in performing the roles and responsibilities of motherhood.

Section C5.4: The level of readiness to motherhood.

Section D 5.5: The psycho-social well-being of the pregnant teenagers.

A total of 106 respondents participated in this study on voluntary basis. They were informed about the aim of the study, the details in the consent forms and why it was important to participate. They signed the consent forms, and the consent forms were collected before the distribution of the questionnaires and were kept separate from the completed questionnaires to ensure anonymity. This made impossible to link the two.

The findings were discussed in numerical sequence, according to the format of the questionnaire.

SECTION A

5.2 Biographical information

The biographical information included race; age; ethnic group; marital status; number of children; level of education of pregnant teenager; number of siblings; age group of the father of the child; educational level of the father of the child; marital status of the biological parents of the pregnant teenager; the educational level of the parents of the pregnant teenager; who does the pregnant teenager live/s with. Though this Information was not central to the study, the personal data helped to contextualise the findings and the formulation of prenatal and post natal heath programmes to meet the needs of adolescent girls.

5.2.1 Item 1: Respondents' racial group

The respondents' race was within the category of Black, White, Coloured and Indian. Table 5.1 depicts the respondents' race.

Table 5.1 Respondents' Race (n=106)

Race	Frequency	Percentage
Black	104	98.1
White	-	-
Coloured	2	1.9
Indian	-	-
Total	106	100

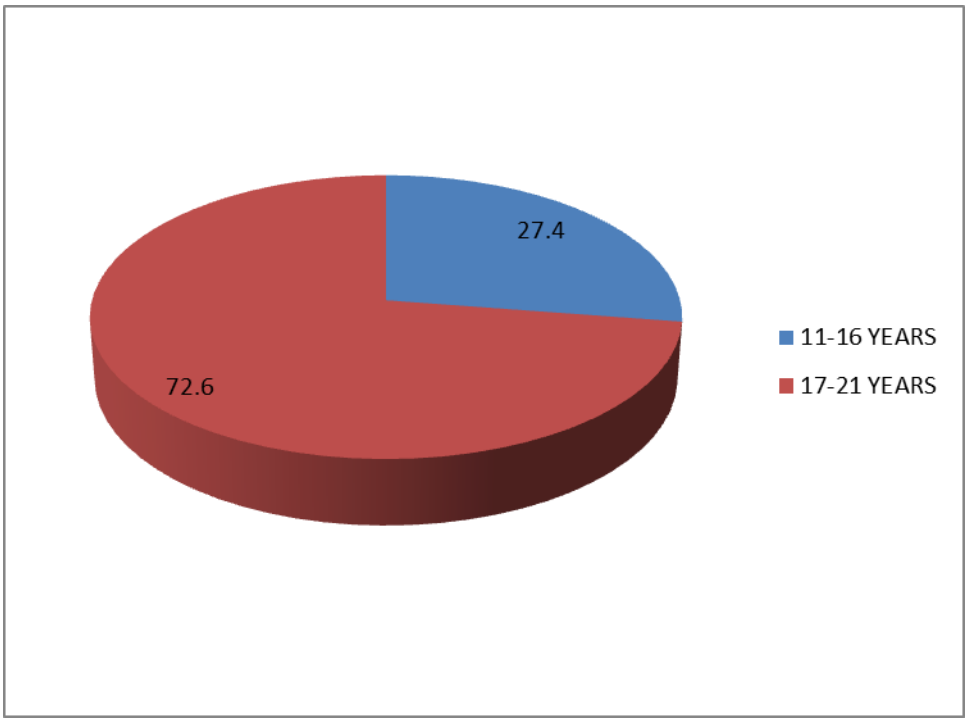
Source: Computer printout of a table derived from the data and the findings of this study

Of the respondents, 98.1% (n=104) were Blacks, 1.9 %(n=57) were Coloureds, and 0% (n=0) indicated neither Whites nor Indians. Table 5.1 showed that Black pregnant teenagers had a larger number of attendance as compared to other races. This means that large population where the study was conducted were Blacks.

5.2.2 Item 2: Respondents' Age

Figure 5.1 below depicts the age group of the respondents. The age groups were between 11-16 and 17- 21 years.

Figure 5.1: Respondents' age (n=106)



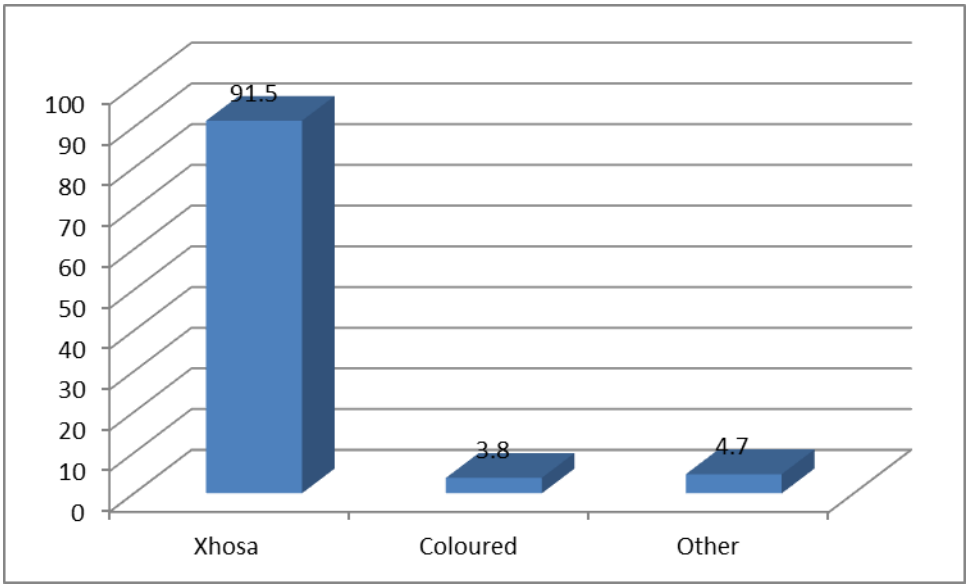
Source: Computer printout of a pie chart derived from the data and finding of this study

According to figure 5.1, the respondents were between 11-21 years old, which is within the World Health Organization's definition of adolescence. The age range of 10 to 21 years is characterised by profound biological, psychological, and social-change (Sadock and Sadock, 2003).

Figure 5.1 indicates that, of the 106 respondents, 27.4 % (n=29) were 11 to 16 years old (early adolescence); while 72.6% (n=77) were 17 to 21 years old (late adolescence). The majority of the respondents were in late adolescence.

5.2.3 Item 3: Respondents' Ethnic group

Figure 5.2: Respondents' Ethnic Group (n=106)

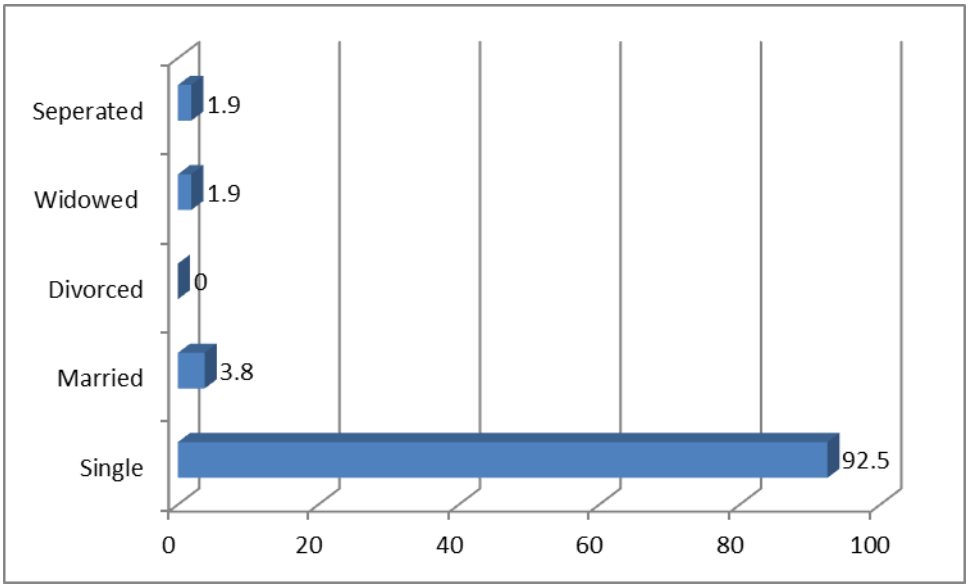


Source: Computer printout of a graph derived from the data and the finding of this study

Figure 5.2 depicts that 91.5% (n=97) were Xhosas, 3.8 %(n=4) were Coloured, and 4.7% (n=5) were other Black ethnic groups living in Nkonkobe area. This means that the area where the study was done comprises mainly Xhosa, which is the typical area in this country.

5.2.4 Item 4: Respondents' Marital status

Figure 5.3: Respondents' Marital Status (n=106)



The marital statuses of the respondents were established, as it would indicate the level of early marriage in the society. Of the 106 respondents, 92.5% (n=98) indicated that they were single; 3.8% (n=4) stated that they were married; 0 %(n=0) were divorced; 1.9% (n=2) were widowed while 1.9% (n=2) confirmed to have been separated. The implication of this finding could be that the respondents who were married had been deprived of their education. Marriage at this age is a risk factor to adolescents since their bodies are still developing, and they have to depend on the partner for the rest of their lives to meet the challenges of being mothers and wives unless they go to school again. Nasoro (2003) maintains that parents should be educated on the importance of striving for the education of their female children and postpone their marriage until they are older and responsible.

5.2.5 Item 5: Respondents' Number of children (n=106)

Of the 106 respondents, 79.2% (n=84) confirmed to be having one child; 14.2% (n=15) had two children, and 6.6% (n=7) were having three children. In essence, most of the pregnant teenagers were on their first pregnancy experience. According to Nasoro (2003), the level of education plays a major role in determining the number of children that the teenage mothers will have. Furthermore, this can also be influenced by the level of education of the parents of the teenage mothers and their educational level.

5.2.6 Item 6: Respondent's level of education

The respondents' level of education will be discussed in table 5.2

Table 5.2 Respondents' Level of Education (n=106)

	Frequency	Percentage
Pre school	4	3.8
primary	11	10.4
High school	51	48.1
tertiary	40	37.7
Total	106	100

It was important for the researcher to determine the respondents' level of education, as education influences individuals' decisions regarding reproductive issues (3.5.4 Education). Table 5.2 above shows that of the 106 respondents, 3.8% (n=4) had only pre-school level of education; 10.4% (n=11) had had a primary school education, 48.1 %

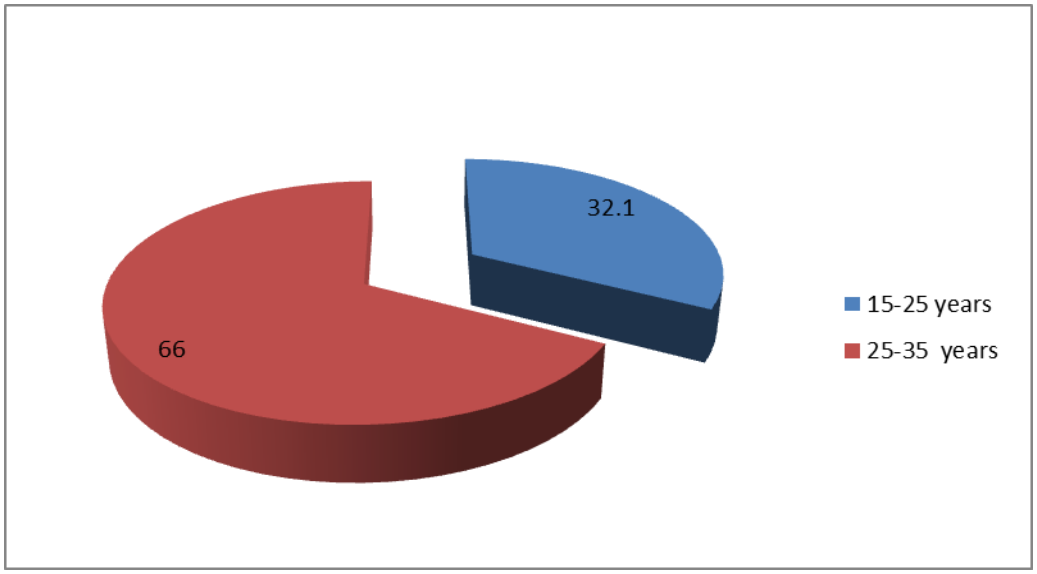
(n=51) were attending/had high school education and 37.7% (n=40) had or are having tertiary education. Table 5.2 indicates that out of 106 pregnant teenagers only 40 which is 37.7% were in tertiary level while the rest had preschool, primary school and high school education. Muchuruza (2000) found out that teenage motherhood is highly associated with the low level of education and poor socio-economic situation which has a higher chance of intergenerational vicious cycle.

5.2.7 Item 7: Respondent's Number of siblings (n=106)

In question 7, the respondents were asked to indicate the number of siblings in the same house/ dwelling. Of the106 respondents, 22.6% (n=24) stated that they had one sibling; 17% (n=18) confirmed to have two siblings; 23.6% (n=25) had three siblings; 7.5 % (n=8) stated that they have 4; 9.4% (n=10) had 5 siblings; 13.2 % (n=14) were having 6 siblings; and 6.6% (n=7) had seven siblings.

5.2.8 Item 8: Age group of the father of the respondents' child

Figure 5.4: Age group of the father of respondents' child (n=106)



Source: Computer printout of the pie chart derived from the data and the findings of this study

According to Figure 5.4, 32.1% (n=34) it is depicted that the fathers of the child were between the ages of 15-25 years; and 66% (n=70) were between the ages of 25-35 years. The results above show that most of the pregnant teenagers are sexually involved with people who are far older than their age group. This could be an indication of sexual abuse to the ignorant teenagers by older men, or exchange of favours or even rape (statutory rape). The research by National Bureau of Statistics of Tanzania (2000) found that about 15% of women aged between 15 and 19 had sexual intercourse with older men by the age of 15 and by the age of 18, 65% of women were already sexually active and some engaging in risky sexual behaviour such as unprotected sex, contracting sexually transmitted infections and HIV/AIDS.

5.2.9 Item 9: Level of education of the father of the respondent's child

Table 5.3 (n=106)

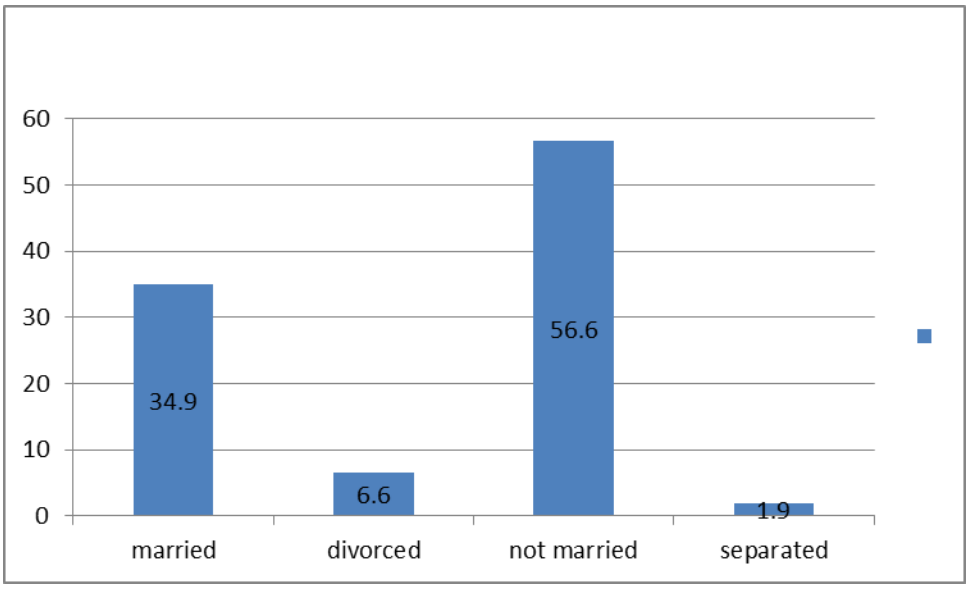
	Frequency	Percentage
Pre school	2	1.9
primary	8	7.5
High school	33	31.1
tertiary	63	59.4
Total	106	100

In question 9, the respondents were asked to indicate the child's father's level of education, to predict the level of their socio-economic status. From Table 5.3, 1.9%

(n=2) of the fathers who have gone as far as preschool; 7.5% (n=8) have only gone as far as primary school; 31.1% (n=33) have high school education; and 59.4 % (n=63) have tertiary education. The depiction of the results above is that most of the pregnant teenagers have / had sexual relationship with people who are/ had tertiary education and are economically sound which put them in an exploitive situation whereby they provide means of livelihood for the teenage girls in return for sex.

5.2.10 Item 10: Marital status of the respondents' biological parents

Figure 5.5: Respondents' marital status of the biological parents (n=106)



In question 10, the respondents were asked to indicate their biological parents' marital status, as it would indicate the nature of family that the respondents originate from and the influences that such a family can have on the respondents in terms of identity and readiness for motherhood. Figure 5.5 above shows that 34.9 %(n=37) of the respondents parents are married; 6.6% (n=7) are divorced; 56.6% (n=60) are not married at all; and 1.9 %(n=2) are separated. The information displayed in figure 5.5 confirms that most of the

pregnant teenagers are coming from parents who are not married. According to Hetherington et al., (2006) the attachment theory by Bowlby showed that a family with a single parent can bring imbalance in terms of attachment and upbringing of the off-springs. As a result, children may not develop full psycho-social skills to combat the daily challenges of life.

5.2.1.1 Item 11: Education level of the respondents' parents

Table 5.4 Education level of the respondents' parents (n=106)

	Frequency	Percentage
Pre school	7	6.6
primary	16	15.1
High school	62	58.5
tertiary	21	19.8
Total	106	100

According to tables 5.4 of the respondents' parents, 6.6% (n=7) had Pre-school education; 15.1% (n=16) had primary school education; 58.5% (n=62) had high education, and 19.8% (n=21) had tertiary education. The information provided by the table above shows that (n=85) which make 80.2% of the parents of the respondents went as far as high school in terms of education and only (n=21) which is 19.8% managed to get tertiary education. The research by Philemon (2007) found out that the level of education of the parents has an influence on the upbringing of the children and low education means few opportunities for the offspring to survive and vice versa.

5.2.12 Item 12: Respondents' live with

Table 5.5 (n=106)

LIVING WITH …	FREQUENCY	PERCENT
Single parent	44	41.5%
Both parents	28	26.4
Mother and step-father	9	8.5%
Father and step-mother	11	10.4%
Other (aunt, uncle etc)	10	9.4%
Boyfriend	4	3.8%
Total	106	100%

From the table 5.5, of the 106 respondents, 41.5% (n=44) indicated that they live with a single parent; while 26.4% (n=28) live with both parents; and 8.5% (n=9) lived with their mothers and the step-fathers. Furthermore, 10.4% (n=11) indicated that they live with their fathers and the step-mothers; 9.4% (n=10) lived with their aunts or uncles; and 3.8% (n=4) confirmed that they lived with their boyfriends. The finding of this research is that most of the respondents were living with their single parents, followed by those with both parents. This indicated that most of the families were not "intact" because the respondents did not have both parents to nurture them from paternity and maternity levels. As a result, the vicious–cycle of teenage motherhood could emerge.

In addition, the difference between the number of respondents who live with both parents and the one who live with one parent and step-parents was low. Section A of this chapter addressed the biographical information pertaining to the respondents. The findings of this section show that most of the pregnant teenagers originate from the single parent house-

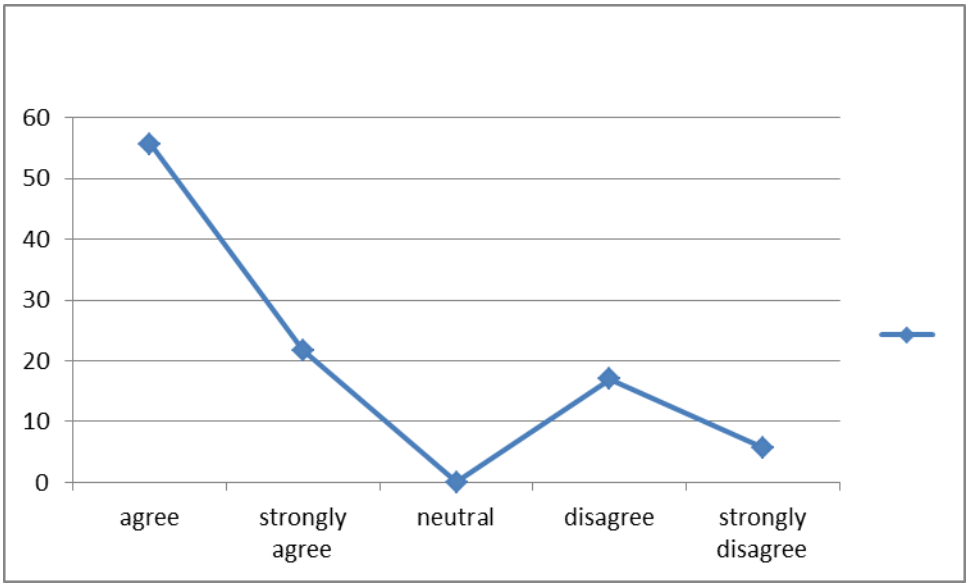
hold whereby mothers are mostly the breadwinners. Most of the caregivers of the respondents went as far as high school and this is a clear indication that they cannot get the high paying jobs in order to look after the off-springs properly. The level of education of the respondents ranges from primary and high school and this poses a concern as to whether they will be able to get opportunities and properly look after their children. The level of education of the partners of the respondents ranges from high school to university. The implication here is that most of these pregnant teenagers are having relationships with older people who are financially stable. The findings of this section approved the psychosocial theory proposition that teenage motherhood is characterised by dysfunctional families and poor socio-economic background and this is an indication of their none-readiness for motherhood.

SECTION B

5.3 The level of awareness in performing the roles and responsibilities of motherhood

5.3.1 Item 13: Respondent's attend clinical check-up

Figure 5.6: Respondents attendance of clinical check-up (n=106)



From figure 5.6 it is clear that out of the 106 respondents, 55.7% (n=59) agreed that they attend clinical check-up; 21.7% (n=23) strongly agree that they attend the clinical check-up; 0% (n=0) were neutral; 17% (n=18) disagreed that they attend clinical check-up and 5.7 %(n=6) strongly disagreed that they attend clinical check-up.

5.3.2 Item 14: Respondent's taking medication from the doctor

Figure 5.7: Respondents taking medication from the doctor (n=106)

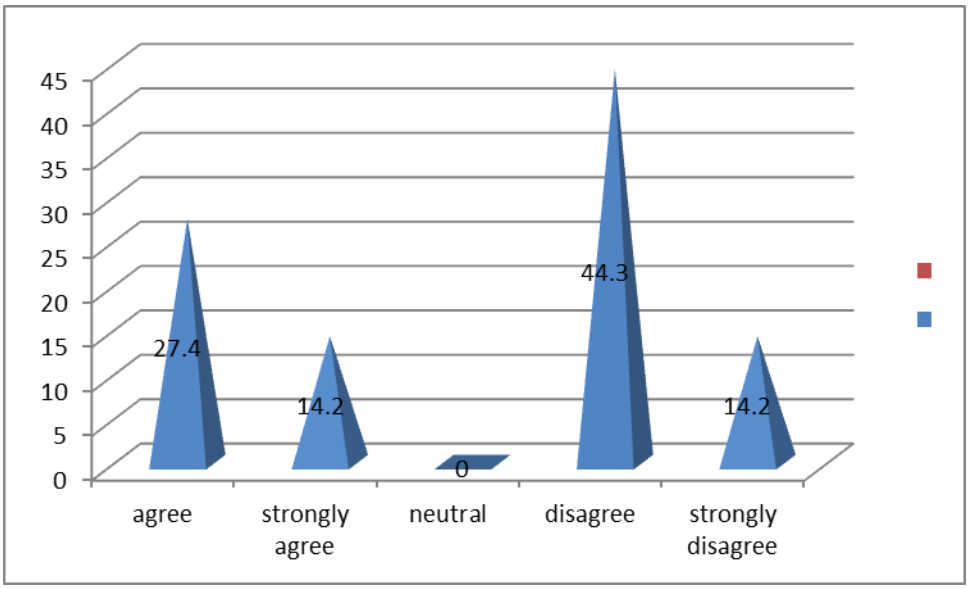


Figure 5.7 posited that out of 106 respondents, 27.4% (n=29) agreed to take medication from the professional doctors; 14.2% (n=15) strongly agreed that they take medication only from the professional doctors; 0% (n=0) showed that they were neutral; 44.3%(n=47) disagreed that they only take medication from the doctor and 14.2%(n=15) strongly disagreed that they take only medication from the doctor. The implication of the results is that most of the respondents do not rely only on the prescribed medication from the doctors while pregnant. In essence, it becomes a great concern when this study reveals that most respondents take medication which can be teratogenic from a variety of sources. Kipp and Shaffer (2010) reveal that "the thalidomide tragedy" came in the same way where a West Germany company began to market a mild tranquilizer sold over the counter and was said to alleviate the periodic nausea and vomiting (commonly known as morning sickness) that many women experience during trimester of pregnancy. But the

results were that thousands of women who had used thalidomide gave birth to the babies with horrible birth defects.

5.3.3 Item 15: Respondent's nutrition (n=106)

The respondents' awareness to good nutrition was established in order to determine the proper growth and development of the offspring as this is but one of the roles and responsibilities of the parent to the child.

Of the 106 respondents, 60.4% (n=64) agreed that their nutrition is good for the proper growth and development of the child; 25.5% (n=27) strongly agreed that it is their nutrition is good; 0%(n=0) were neutral; 12.3%(n=13) disagreed that their nutrition is good for the proper growth and development of the child; and 1.9% (n=2) strongly disagreed that their nutrition is good. Baucum (1999) found that nutrition plays a pivotal role during the prenatal stages of the child as the baby can be born with malformation (still born, premature, etc) if the mother did not have proper nutrition during pregnancy.

5.3.4 Item 16: Respondent's readiness to take the child for clinical check-up after birth (n=106)

Out of 106 respondents , 34% (n=36) agreed that they were ready to take their children for clinical check-up after birth; 20.8% (n=22) strongly agreed that they were ready to take their children for clinical check-up after birth; 0% (n=0) were neutral; 39.6% (n=42) disagreed that they were ready to take their children for clinical check-up ; and 5.7% (n=6) strongly disagreed that they were ready to take their children for clinical check-up after birth.

5.3.5 Item 17: Respondent's readiness to pay child's school fees (n=106)

Of the 106 respondents, 14.2% (n=15) agreed that they were ready to pay for the school fees of their children; 14.2% (n=15) strongly agreed; 0% (n=0) were neutral; 62.3% (n=66) disagreed that they were ready for to pay for the school fees of the children; and 9.4%(n=10) strongly disagreed that they were ready to pay for the school fees of the children. The results from this item reveal that most of the respondents display none-readiness to pay the school fees for their children. Baucum (1999) displayed that Erikson's theory of psycho-social development is of the opinion that adolescence is normally a school-going age and most of the teenagers are at the verge of finishing their high school education. In essence, it becomes impossible for one to perform the roles and responsibilities of motherhood such as paying the school fees for their kids while one is still financially dependent on the parents, guardians or anyone for that matter.

5.3.6 Item 18: Respondent's readiness to provide child basic need

Figure 5.8: Respondents provide child's basic need (n=106)

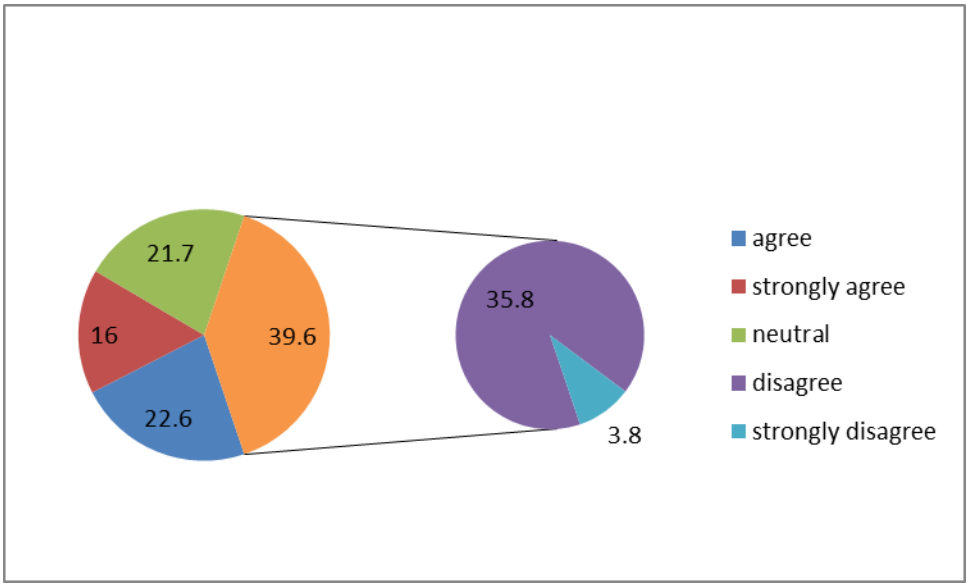
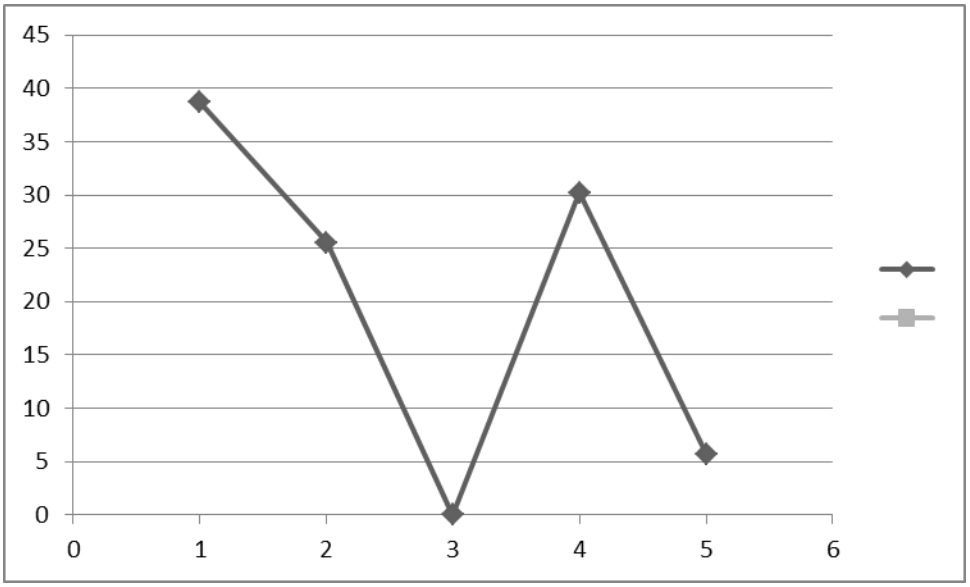


Figure 5.8 above showed that 22.6% (n=24) respondents agreed that they were ready to provide the basic needs of their children; 16% (n=17) strongly agreed that they were ready; while 21.7% (n= 23) were neutral. Furthermore, 35.8% (n=38) disagreed that they were ready to provide the basic needs for their babies; and 3.8% (n=4) strongly disagreed that they were ready to provide the basic needs for their babies. The essence of the results is that most of the respondents showed that they were not ready to provide the basic needs for the babies. This might be due to lack of experience and necessary academic qualifications. Philemon (2007) showed that most of the teenage mothers cannot provide the basic needs for their babies because they are dependent on their parents and their occupation should be attending school for the betterment of their brighter future and the future of the countries.

5.3.7 Item 19: Respondent's child is her responsibility

Figure 5.9: Respondents' child is her responsibility (n=106)



Here the respondents' awareness about the baby as her own responsibility was established. Out of 106 respondents 38.7% (n=41) agreed that their babies were their responsibility; 25.5% strongly agreed that their babies were their responsibility; 0% (n=0) were neutral; 30. 2 % (n=32) disagreed that their babies were their responsibility; and 5.7% (n=6) strongly disagreed that their babies were their responsibility.

This section discussed the pregnant teenagers' level of awareness in performing the roles and responsibilities of motherhood. The findings of the literature showed that teenage motherhood is a social, physiological, emotional, intellectual, socio-economic academic and health problem. Furthermore, it showed that teenage mothers displayed higher level of parenting stress and are less responsive and sensitive in interaction with their infants than adult mothers. These relate to the findings of this section which proved that teenage mothers displayed a low level of awareness in performing the roles and responsibilities of motherhood.

SECTION C

5.4 The level of respondents' readiness to motherhood

5.4.1 Item 20: Alcohol use by pregnant teenagers

The researcher wished to establish the respondents' awareness about alcohol consumption during pregnancy. Of the 106 respondents 19.8% (n=21) agreed that they drink alcohol; 5.7% (n=6) strongly agreed that they drink alcohol, 0% (n=0) were neutral;

36.8% (n=39) disagreed that they drink alcohol; and 37.7% (n=40) strongly disagreed that they drink alcohol. Santrock (2000) found out that drinking alcohol by a mother during pregnancy can lead not only to growth and developmental complications to the unborn baby but also it can lead to fetal alcohol syndrome and malformation of development during the prenatal stage.

5.4.2 Item 21: Respondents knowledge of contraception (n=106)

The data showed that 46.2% (n=49) agreed that they have been taught about the contraceptives; 10.4 % (n=11) strongly agreed; 0% (n=0) were neutral; 37.7% (n=40) disagreed that they have been taught about contraceptives; and 5.7 % (n=5) strongly disagreed that they were taught about contraceptives.Eaton et al (2003) found out that about 50% of the youth do not use condoms when having sex. This indicates that they might be unaware of the consequences of unprotected sex and HIV/AIDS.

5.4.3 Item 22: Respondents have been taught to deal with maternal challenges (n=106)

On this item the awareness about respondents' readiness for maternal challenges was meant to be established. 32.1% (n=34) agreed that they have taught on how to deal with maternal challenges; 20.8% (n= 22) strongly agreed; 0% (n=0) were neutral; 41.5 % (n=44) disagree of been taught on how to deal with maternal challenges; and 5.7 % (n=6) strongly disagreed to have been taught on how to deal with maternal challenges. The finding of this research is that 47.2 % were not taught on how to deal with maternal challenges. Oke (2010) found out that teenage motherhood is associated with lack of skills and knowledge on how to deal with maternal issues since most these teenagers are at the high school education level and they are still dependent to their caregivers.

5.4.4 Item 23: Respondent's feel insecure to be a mother

Figure 5.10: Respondent's insecure to be a mother (n=106)

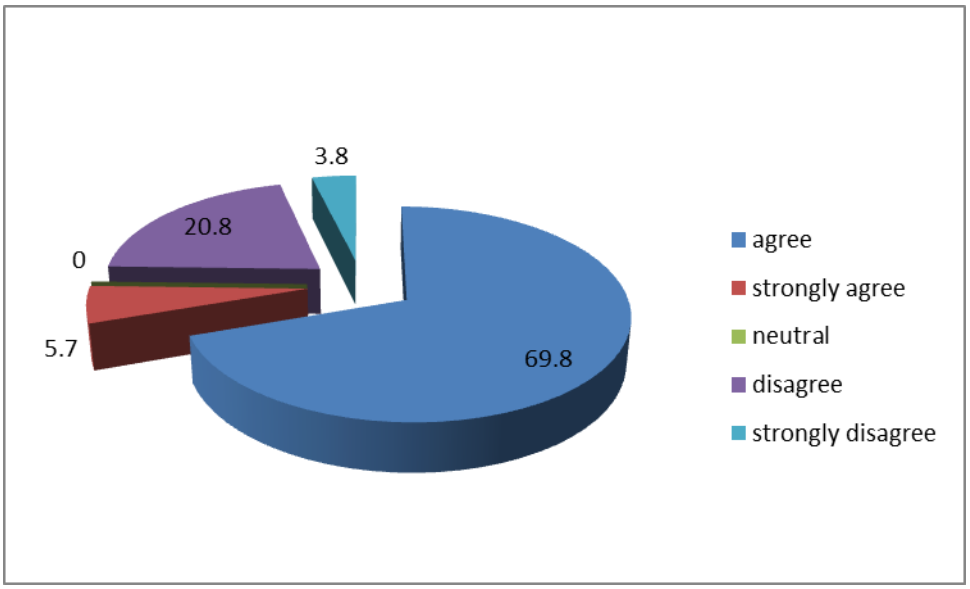
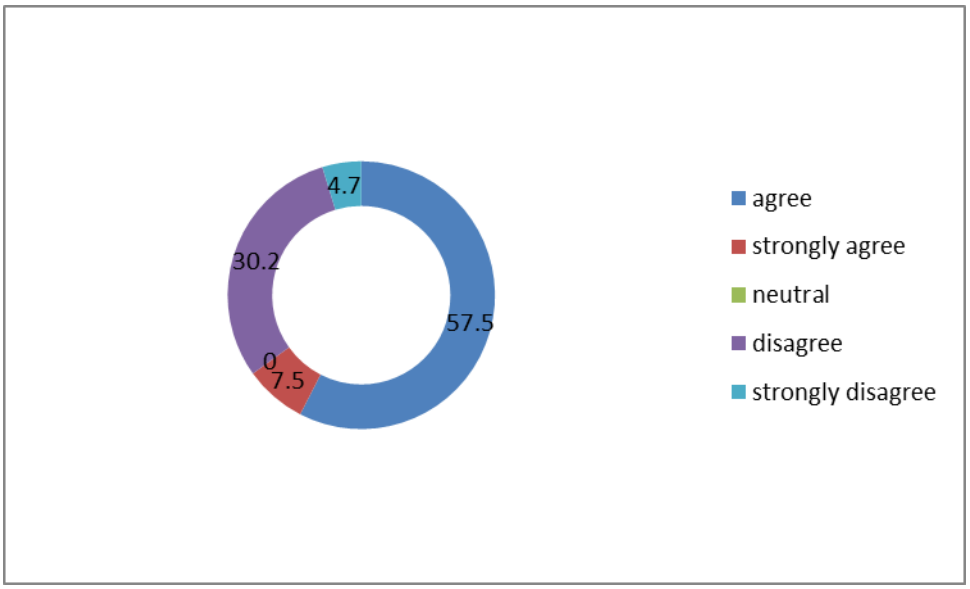


Figure 5.10 shows that out of 106 respondents, 69.8% (n=74) agreed that they feel insecure to be mothers; 5.7% (n=6) strongly agreed ; 0% (n=0) showed neutrality ; 20.8% (n=22) disagreed that they felt insecure to be mothers ; and 3.8% (n=4) strongly disagreed about feeling insecure to being mothers. 75.5 % of the respondents indicated their insecurity to be mothers while only 24.6 % indicated that they were not insecure to be mothers. Drawing from the literature (3.5.13 Self-Esteem), girls who cannot be resilient to challenges become victims of such challenges portray a low self-esteem and as a result, they will always feel insecure to their status such as being mothers.

5.4.5 Item 24: Respondent's depressed to be a mother

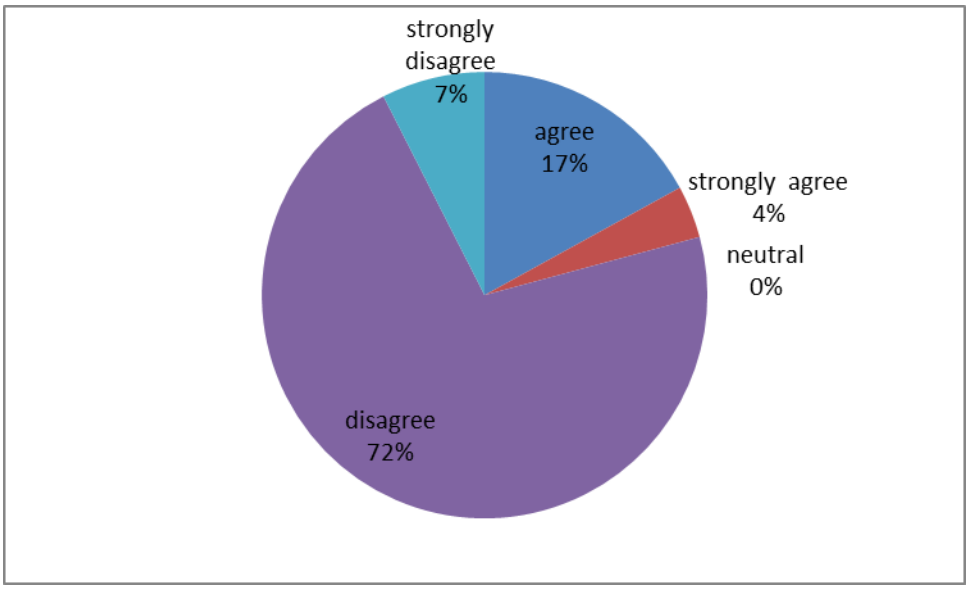
Figure 5.11: Respondent's depressed to be a mother (n=106)



According to figure 5.11 57.5% (n=61) agreed that they were depressed to be mothers ; 7.5% (n=8) strongly agreed ; 0%(n=0) were neutral; 30.2% (n=32) disagreed that they were depressed to be mothers; and 4.7 % (n=5) strongly disagreed. Dryburgh (2002) indicates that teenage motherhood is always accompanied by role confusion, depression and stress. This is brought by the pregnant teenagers' immaturity in dealing with motherhood issues.

5.4.6 Item 25: Respondent's readiness to be a mother

Figure 5.12: Respondent's readiness to be a mother (n=106)



The level of respondents' readiness to motherhood was established. Of the of 106 respondents, 17 %(n=18) agreed that they were ready for motherhood; 3.8% (n=4) strongly agreed that they were ready for motherhood; 0% (n=0) were neutral; 71.1 % (n=76) disagreed that they were ready for motherhood; and 7.5% (n=8) strongly disagreed that they were ready for motherhood. From this research finding, 79% (n=84) have proven not to be ready for motherhood.

5.4.7 Item 26: Respondents inclined to identity confusion after birth (n=106)

Of the 106 respondents, 67% (n=71) agreed that they were inclined to experience identity confusion after the birth of their baby; 3.8% (n=4) strongly agreed; 0 %(n=0) were neutral; 15.1 % (n=16) disagreed that they were inclined to experience identity confusion after birth of their baby; and 14.2 (n=15) strongly disagreed. The findings of this research are that 75

pregnant teenagers were inclined to identity confusion after delivery. Dryburgh (2002) posited that teenage mothers are bound to confusion in playing the roles and responsibilities of motherhood as they lack necessary skills to do so. Hence identity confusion will emerge.

5.4.8 Item 27: Respondents find the challenges for motherhood heavy

Figure 5.13: Respondents find challenges for motherhood heavy (n=106)

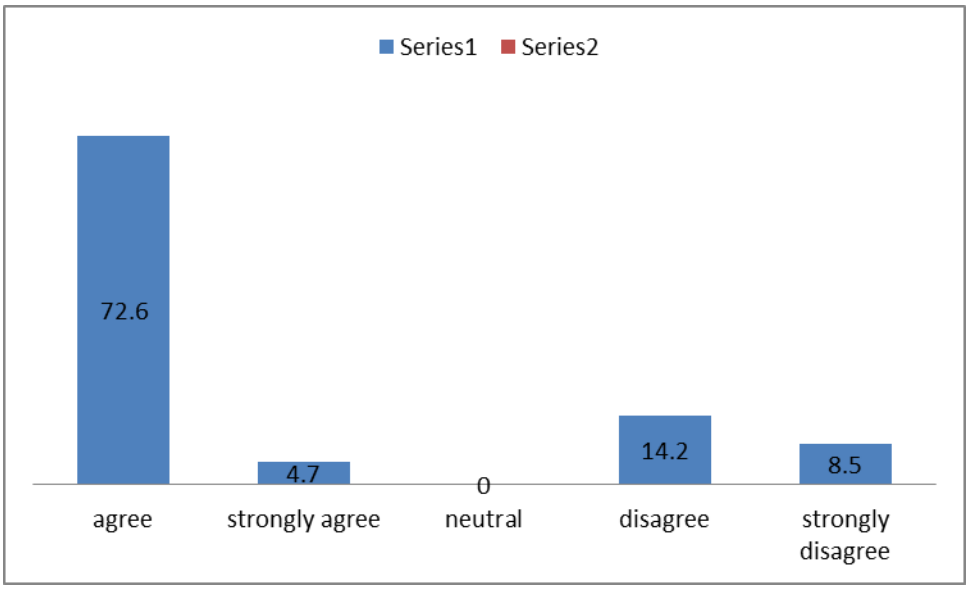


Figure 5.13 above depicts that 72.6% (n=77) agreed that challenges for motherhood were heavy for them; 4.7% (n=5) strongly agreed; 0 %(n=0) were neutral; 14.2% (n=15) disagreed that challenges for motherhood were heavy for them; while 8.5% (n=9) strongly disagreed. Drawing from the literature (3.5.14 Age desperate relationships) teenage mothers find themselves being in relationships with older men so that they can combat their heavy challenges of motherhood such as providing their children needs.

5.4.9 Item 28: Respondents inclined to experience stress after giving birth (n=106)

Of the 106 respondents, 67 %(n=71) agreed that they were inclined to experience stress after giving birth ; 11.3% (n=12) strongly agreed ; 0% (n=0) were neutral ; 16% (n=17) disagreed that they were inclined to experience stress after giving birth; and 5.7% (n=6) strongly disagreed. From the literature (3.5.5 Health) it has been indicated that a healthy mother is one who is physically, psychologically emotionally and socially coherent. The maternal pressure of the teenage mothers forbids them that state of mental emancipation to relax and think of their brighter future. Hence, stress is one of the characteristics of teenage mothers.

5.4.10 Item 29: Respondents plan to raise the child with the father of the child (n=106).

Of the 106 respondents, 28.3% (n=30) agreed that they planned to raise their child with the child's father; 19.8% (n=21) strongly agreed; 0% (n=0) were neutral; 46.2% (n=49) disagreed that they were going to raise their child with the child's fathers; while 5.7 % (n=6) strongly disagreed. Drawing from the literature (3.5.7 Absence of fathers) some of the teenage mothers do not raise their children together with their partners. As a result, this brings the statistics of absence of the paternal parenthood high.

5.4.11 Item 30: Respondent plan to keep the baby (n=106)

Out of 106 respondents, 59.4% (n=63) agreed that they plan to keep their babies; 15.1% (n=16) strongly agreed; 0 %(n=0) were neutral; 17.9% (n= 19) disagreed that they plan to keep their babies; and 7.5 % (n=5) strongly disagreed.

From the literature (3.5.19 reaction to pregnancy), even though their pregnancy could be unplanned and they could deny it in the first stage but abortion is their last resort than keeping their babies whom they are not ready to raise.

5.4.12 Item 31: Respondent's consideration to adopt the child to other people (n=106).

Of the 106 respondents, 27.4% (n=29) agreed that they considered their babies being adopted by to some people; 12.3% (n=13) strongly agreed; 13.2 % (n=14) were neutral; 37.7 %(n=40) disagreed that they considered their babies to be adopted by other people. This research found out that 39.7% (n=42) considered to their babies to be adopted by other people and this is an indication of their non-readiness to motherhood. The literature (3.5.2 Parenting styles) indicated that teenage mothers seldom send their babies off for adoption but their parenting styles poses a big challenge to the grow and the development of the offspring.

5.4.13 Item 32: Respondents smoke cigarette (n=106)

Of the 106 respondents, 27.3 % (n=29) agreed that they were smoking cigarettes; 0% (n=0) were neutral; 52.8% (n=56) disagreed that they smoked cigarettes; and 19.8% (n=21) strongly disagreed. The issue of smoking cigarettes during pregnancy was proven to be at 27.3% (n=29) which poses a question about the proper growth and development of the babies carried by the teenage mothers. In contrast 72.6% (n=85) indicated to be aware of the dangers involved when smoking cigarettes during pregnancy. Drawing from the literature (3.5.18 alcohol and drugs abuse), some of the teenage mothers smoke cigarettes and abuse drugs during pregnancy and this could be due to negative peer

pressure. This serves as an indication that they do not understand the prenatal challenges which could bring the lives of the unborn babies in jeopardy.

5.4.14 Item 33: Respondents plan to look for a job after delivery (n=106)

Of the 106 respondents, 47.2% (n=50) agreed that they planned to look for a job after delivery; 17.9 % (n=19) strongly agreed; 0 % (n=0) were neutral; 29.2% (n=31) disagreed that they planned to look for a job after delivery; and 5.7 %(n=6) strongly disagreed. The findings of this research are that 69 (65.1%) teenage mothers have indicated that they will look for a job immediately after delivery. In essence, this means that they will not go back to school or stay at home to be attached to their babies. The findings of the literature (3.5.9 Single-parent house-hold and child-headed family) most of the teenage mothers are from the broken families whereby their pregnancy influences them to drop-out of school and to go and look for jobs with very low academic qualifications. As a result, they might be subject to exploitation or find underpaying jobs.

SECTION D

5.5 PSYCHO-SOCIAL WELL-BEING OF THE TEENAGE MOTHER

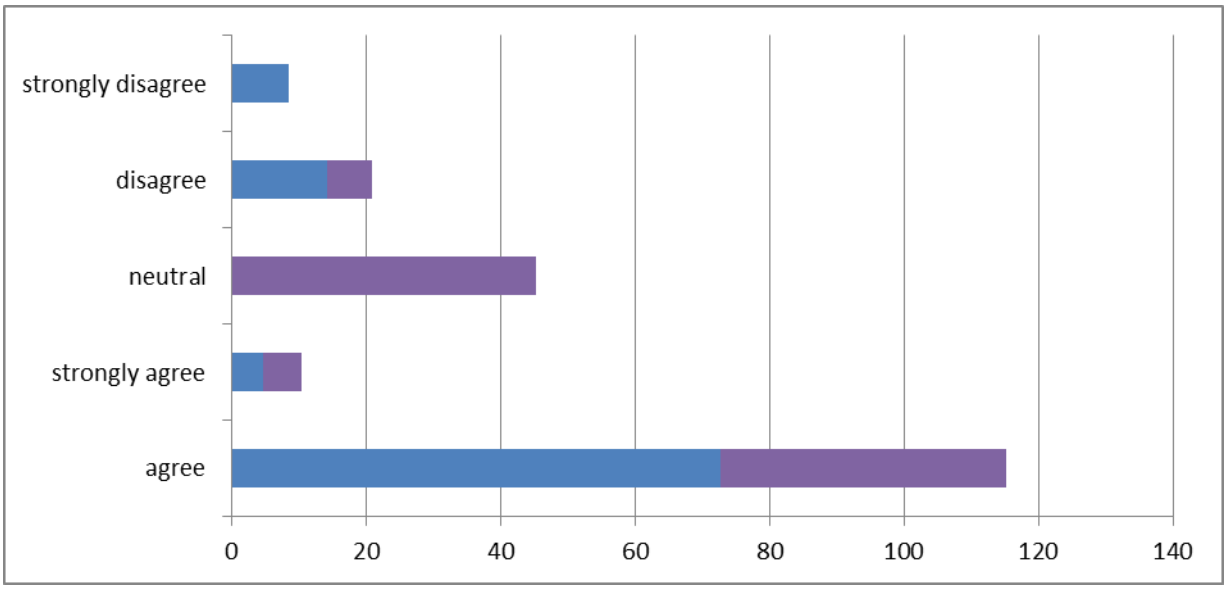
5.5.1 Item 37: Physical abuse of pregnant teenager by the caregiver (n= 106)

In question 37, the respondents were asked to indicate if their caregivers physically abuse them. Of the 106 respondents, 33% (n=35) agreed that the caregiver abused them physically; 1.9% (n=2) strongly agreed; 0 %(n=0) were neutral; 50.9% (n=54) disagreed that caregiver abused them physically; and 14.4% (n=15) strongly disagreed.

Considering the basic human rights as enshrined in the constitution of the Republic of South Africa (2009), a staggering 34.9 % (n=37) indicated to have been physically abused by their caregivers. Also, drawing from typology of parenting styles by Baumrind, when parents do not monitor the whereabouts of their daughters, the results might become unplanned pregnancy (Papalia et al., 2009).

5.5.2 Item 38: Alcohol Abuse by the caregiver

Figure 5.14: Respondents' caregivers drinks alcohol (n=106)



From figure 5.14 it follows that 70% (n=72) of the pregnant teenagers agreed that the caregivers drink alcohol; while 3% (n=5) strongly agreed. Furthermore, 0% (n=0) indicated to be neutral; as compared to 17% (n=19) who disagreed that their caregivers drink alcohol; and 8% (n=10) strongly disagreed. Figure 5.5.1 showed that 73% of the pregnant teenagers have confirmed that their caregivers drink alcohol. The implication of this finding could be that parents or caregivers who drink alcohol are not always there to provide emotional support or form a necessary bond with their offspring as compared to those who do not drink alcohol. Drawing from the work by Koen (2009), when caregivers drink alcohol and are aloof from their daughters that lack of warmth could result in these daughters falling pregnant easily.

5.5.3 Item 39: Physical abuse of the pregnant teenager by the partner (n=106)

Out of 106 respondents, 43.4% (n=46) agreed that the father of their children abused them physically; 5.7 %(n=6) strongly agreed; 0 %(n=0) were neutral; as compared to 36.8% (n=39) who disagreed that the father of their children abused them physically; and 14.2% (n=15) strongly disagreed. The implication of this finding could be that these pregnant teenagers may come from negative socio-economic background, hence they stay in sexually abusive relationships. It could also be due to financial dependence, hence they are stuck in such relationships. The literature (3.5.16.1 physical and sexual abuse) indicated that the relationship between teenage mothers and their partners is mostly characterised by both physical and sexual abuse whereby the teenage mothers become the victims.

5.5.4 Item 40: Alcohol abuse by the baby's father (n=106)

Of the 106 respondents, 62.3 %(n=66) agreed that they drink alcohol; while 5.7% (n=6); strongly agreed; Furthermore, 0% (n=0) indicated to be neutral; 30.2% (n=32) disagreed that the father of the child do not drink alcohol; and 1.9% (n=2) were definitely sure that their baby's father do not drink alcohol. This research has found out that 72 out of 106 respondents have confirmed that the fathers of their babies drink alcohol. From this finding, the implication could be that partners who drink alcohol are more abusive and non-caring to their partners as compared to those who do not drink alcohol. A research by Pastorino and Doyle-Portillo (2009) found that sexually aggressive relationship between the pregnant teenagers and their partners is linked with alcohol abuse. Drawing from the

literature (3.5.18 alcohol and drugs abuse) most of the partners of the teenage mothers do drinks alcohol and then become violent to their partners.

5.5.5 Item 41: Relationship between the pregnant teenager and the partner (n=106)

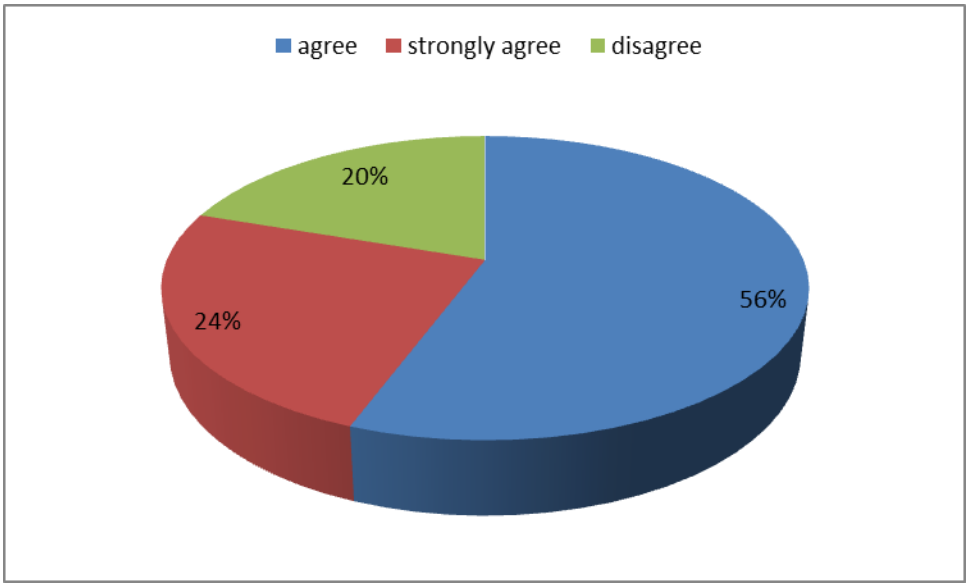
Of the 106 respondents 32.1% (n=34) agreed that they were in good terms with the father of the child; 17.9% (n=19) strongly agreed; 0 %(n=0) were neutral; 48.1% (n=51) disagreed that they were in good terms with the father of the child; and 1.9% (n=2) strongly disagreed. Drawing from the literature (3.5.15 cohabitation and partner violence), most of the teenage mothers have a negative relationships with their partner and this could go as far as violence or even rape.

5.5.6 Item 42: Use of force to have unprotected sex (n=106)

In this question, the respondent's nature of sexual relationship with the father of the child was assessed Out of 106 respondents, an alarming 42.5% (n=45) indicated that the father of their babies force them to have unprotected sex; while 19.8% (n=21) strongly expressed agreement. 0% (n=0) were neutral; 25.5 % (n=27) disagreed that the father of their children forced them to have unprotected sex; and 12.3% (n=13) strongly disagreed. This item has confirmed that most of the respondents have agreed to have been forced to have unprotected sex by their babies' fathers. In essence, this poses a question mark as to whether their pregnancy was not due to force and whether they were ready for motherhood. The findings of the literature (3.5.16 physical abuse, sexual abuse and rape), the relationship of most of the teenage mothers is based on exchange of favours between these young mothers and the older men. The result, in most cases is sexual abuse and rape.

5.5.7 Item 43: Respondents friends have children

Figure 5.15: Respondents friends have children (n=106)



In this question, the respondent's nature of friends was assessed. Figure 5.15 displays that out of 106 respondents, 56% (n=59) agreed that their friends had children ; 24% (n=26) strongly agreed ; 0%(n=0) were neutral; 20%(n=21) disagreed that their friends had children ; and 0%(n=0) strongly disagreed. The implication of this finding is that, since 80% (n=75) of the pregnant teenagers indicated that their friends have children, it is clear that peer pressure is the contributory factor. Gustafsson and Worku (2007) found that peer pressure can also play a major role in deciding when and with whom should the teenage girl have a child. This situation becomes easy when the teenagers are not well mentored by the immediate guardians.

5.5.8 Item 44: Financial support by the baby's father (n=106)

Of the 106 respondents, 30.2% (n=32) agreed that the father of their babies supported them financially; 13.2 %(n=14) strongly agreed; 0% (n=0) were neutral; 49.1% (n=52) indicated that the father of their baby do not support them financially; and 7.5% (n=8) also strongly disagreed. This finding is congruent with the study by Wang (2004) who found that teenage mothers who do not have intact emotional relationship with their babies' fathers do not get their financial support.

5.5.9 Item 45: Financial support by the caregiver (n=106)

Of the 106 respondents, 50% (n=53) agreed that the caregiver supported them financially; 21.7% (n=23) strongly agreed; 0% (n=0) were neutral. 17.9% (n=19) of the pregnant teenagers indicated that their caregiver do not support them financially; and 10.4 % (n=11) also strongly disagreed. The study by Wang (2004) shows that most of the pregnant teenagers come from economically challenged families and the survival of the offspring is fully dependent on the caregivers who are not fully prepared to give such a support.

5.5.10 Item 46: Emotional support by the pregnant teenager's caregiver (n=106)

Of the 106 respondents, 22.3% (n=24) agreed that the caregivers supported them emotionally; 21.7% (n=23) strongly agreed; 0% (n=0) were neutral. 50% (n=53) indicated that the caregivers do not support them emotionally; and also 5.7% (n=6) strongly disagreed. The results of this study show that 59 of the respondents which are 55.7% confirmed that caregivers do not support them emotionally. This might be due to lack of attachment and bonding between the parents and their daughters. The study by Henshaw

(2003) found that teenage motherhood is associated with lack of emotional support from the caregiver to the offspring and this might be caused by lack of necessary skills to nurture and up-bring the children. As a result, the offspring my might end up been vulnerable to psycho-social challenges such as early pregnancy which my lead to vicious cycle of teenage motherhood.

5.5.11 Item 47: Information on post natal challenges by the caregiver (n=106)

Of the 106 respondents, 25.5 % (n=27) agreed that the caregiver gave them information on post-natal challenges; and 15.1% (n=16) strongly agreed; 51.9% (n=55) of the pregnant teenagers indicated that the caregiver did not provide them with any information on post-natal challenges; and 7.5% (n=8) also strongly disagreed. This research found that 80.2% of the caregivers have gone as far as high school in terms of education. It is clear that pregnant teenagers know little about sexual and reproductive health and are likely to experience challenges with regard to nurturing their babies. Drawing from the literature (3.5.6 communication and mass media), teenage mother are less attached to their caregivers and spend most of their time with their friends who are also young and facing the situation of early motherhood. As a result, the information shared will be part of the myths and misconceptions.

5.5.12 Item 48: Respondents Caregiver will babysit the child

Figure 5.16: Respondents caregiver will babysit the child (n=106)

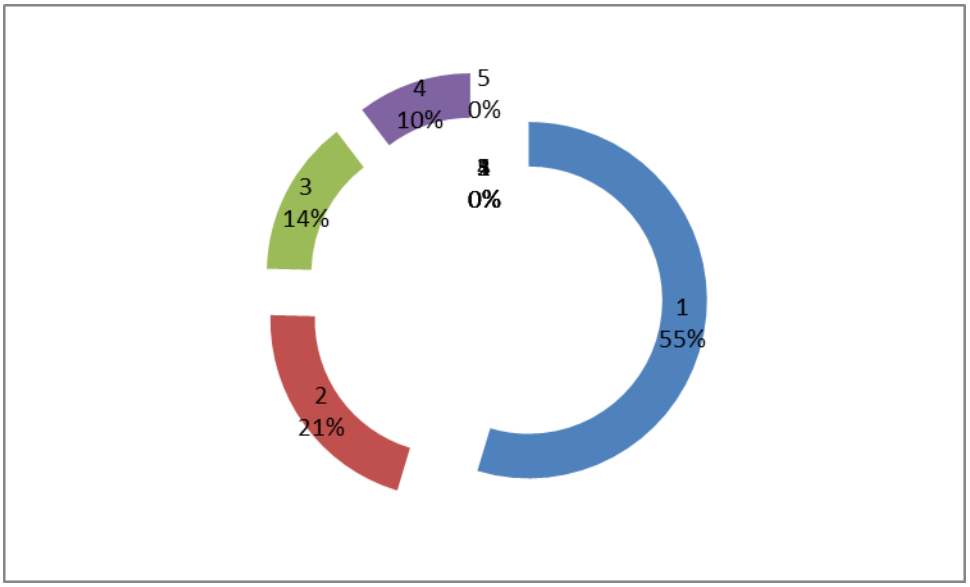


Figure 5.16 showed that out of 106 respondents, 54.7% (n=58) agreed that the caregiver will babysit their children; while 20.8% (n=22) strongly agreed; Furthermore, 14.2 % (n=15) indicated that their caregivers will not babysit their children; and another 10.4% (n=11) strongly disagreed. The findings of this research reveal that majority of teenage mothers are not ready to babysit their own children, hence they expect their parents to look after their babies. This can have a negative impact on the proper growth and development of her baby (Henshaw, 2003).

5.5.13 Item 49: Emotional support by the father of the baby (n=106)

Of the 106respondents, 24.5% (n=26) pregnant teenagers indicated that the father of their child support them emotionally; and 18.9% (n=20) strongly agreed. In contrast, 50.9% (n=54) disagreed that the father of their children supported them emotionally; while 5.7% (n=6) strongly disagreed. The results of the study reveal that as 56.6 (n=60) pregnant

teenagers do not get emotional support from their partners. As a result, teenage mothers may find themselves fill the gap relationships that are characterised by abuse and provision of basic needs by their partners in return for sexual satisfaction. According to Letourneau, Stewart, and Barnfather (2004) majority of the teenage mothers are vulnerable and experience depression because their partners are emotionally unavailable and only provide them with gifts in return for sexual gratification.

5.5.14 Item 50: Respondent self-confidence (n=106)

In this question, the respondent's level of confidence was assessed. Of the 106 respondents, 25.5% (n=27) agreed that they were self-confident; and 19.8% (n=21) strongly agreed. Furthermore, 52.8% (n=56) indicated that they are not self-confident; and 1.9% (n=2) also strongly disagreed. Easterbrooks et al., (2010) found that most of the teenage mothers are lacking resilience which is defined as the ability to adapt well in the face of adversity, misfortune, tragedy, threats, or even significant sources of stress and are unable to reach the aspired goals. As a result, their self –confidence becomes questionable.

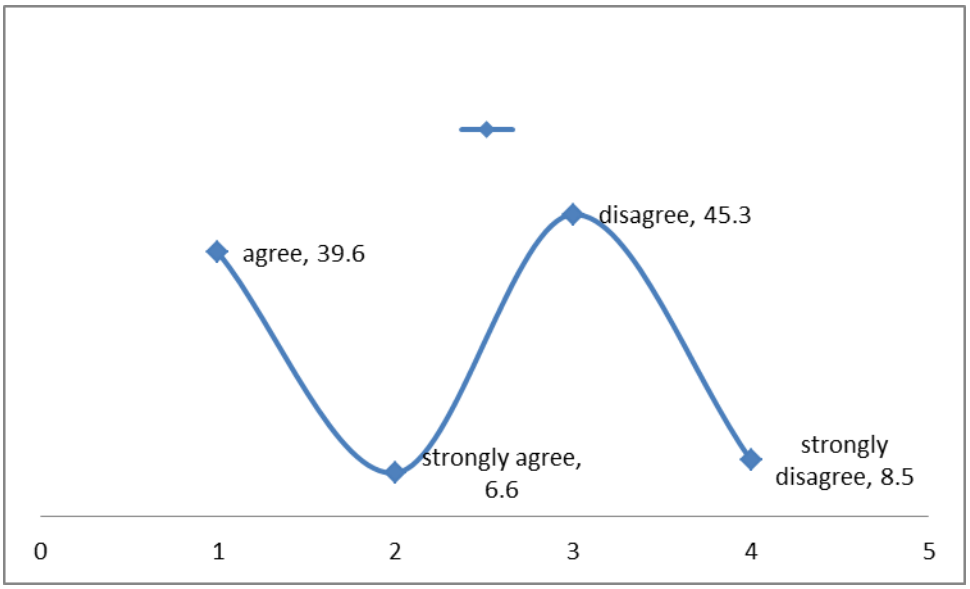
5.5.15 Item 51: Caregiver-pregnant teenager's communication (n=106)

Of the 106 respondents, 29.2% (n=31) agreed that they talk to the caregiver about their problems; and 14.2 % (n=15) strongly agreed. Furthermore, 50.9% (n=54) revealed that they do not talk to the caregivers about their problems; and 5.7% (n=6) indicated strongly that they do not talk to their caregivers about their problems. The implication of this finding might be the lack of attachment between the caregivers and the pregnant teenager is due to socio-economic status. According to Baucum (1999) when there is family cohesion,

teenagers might be susceptible to some of the negative psycho-social problems such as sustaining relationships.

5.5.16 Item 52: Practice of unsafe sex by pregnant teenagers because of peer influence

Figure 5.17: The friends of the respondent encouraged her to have sex without a condom (n=106)

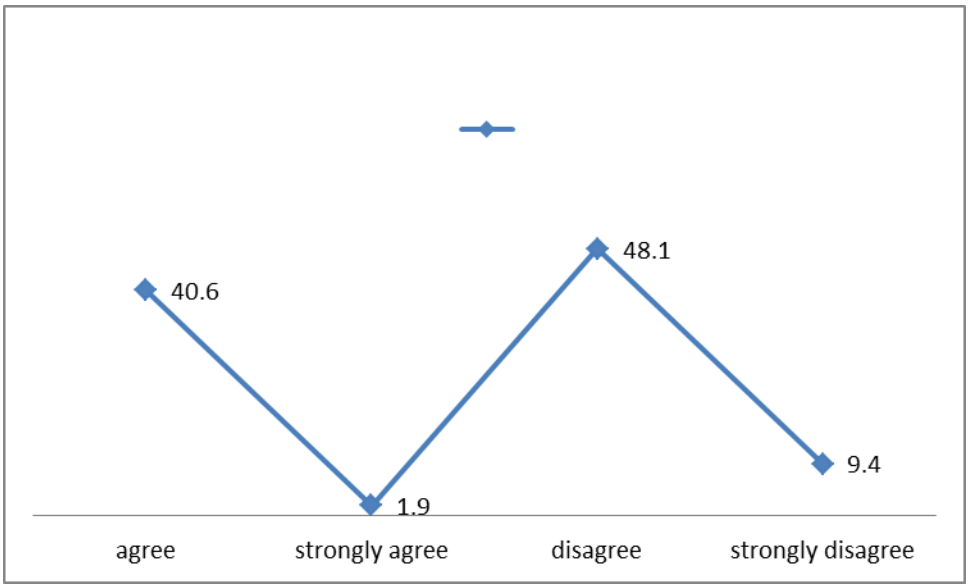


In this question, the respondents' reason for unprotected sex was determined in order to identify the factors leading to teenage motherhood. Figure 5.17 unveils that out of 106 respondents 39.6% (n=42) agreed that the friends encouraged them to have sex without a condom; 6.6 % (n=7) strongly agreed to the fact the friends persuaded them to have unprotected sex; 0% (n=0) were neutral; 45.3% (n=48) disagreed that friends encouraged them to have unprotected sex and 8.5% (n=9) strongly disagreed that friends encouraged them to have unprotected sex. Nzouankeu (2010) found out that the main reason for teenagers sexual debut (be it safe or unsafe) might be due to pressure that they get from their peers. On the other hand, Ehlers (2003) found that most teenagers get involved in

unsafe sexual intercourse without a clear prognosis of the long term results.

5.5.17 Item 53: The friends of the respondent pressurised her to be pregnant

Figure 5.18: The friends of the respondent pressurised her to be pregnant (n=106)



On this question, the assessment was on whether the respondents were pressurised by friends to be pregnant. Of the 106 respondents, 40.6% (n=43) agreed that friends pressurised them to be pregnant; 1.9% strongly agreed; 0 % (n=0) were neutral; 48.1% (n=51) disagreed that friends pressurised to be pregnant; and 9.4% (n=10) strongly disagreed. The findings by Desriani (2011) was teenage motherhood may also occur as the unintended consequence of the decision to have sexual intercourse accompanied by a dislike of or disregard for contraception and abortion due to the advises from peers.

5.6 CONCLUSION

Drawing from the section A, teenage mothers originate from the socio-economically challenged families whereby the caregivers did not provide enough resources for the survival of the offspring due to their low income and level of education. These families have been found to be headed by single parents. Section B has outlined that pregnant teenagers have shown a low level of awareness in performing the roles and responsibilities of motherhood due to their high level of dependency and poor academic orientation. According to Section C, pregnant teenagers' level of readiness for motherhood was found to be low with an indication that pregnant teenagers do not understand the roles and responsibilities of motherhood. As a result, playing the role of motherhood will be impossible. Section D, found that teenage mothers' psycho-social wellbeing is negative. The findings of this chapter go along with the literature in that, according to the literature, teenage motherhood is characterised by socio-economic challenges, low level of education, dysfunctional families, physical abuse, sexual abuse, rape, low self-esteem, physical and psychological imbalances. According to Santrock (2000) the psychosocial theory of Erikson found that teenagers who were raised from broken families, dysfunctional families, low educational attainment and poor socio-economic background are bound to be subjects of exploitation and are susceptible to psychosocial challenges such as early maternity owing to their identity crisis.

The following, Chapter 6, will address the issue of the analysis of the empirical data and the findings concerning pregnant teenagers' readiness for motherhood in Alice, Nkonkobe Municipality.

CHAPTER 6

THE ANALYSIS OF THE EMPIRICAL DATA AND THE FINDINGS CONCERNING PREGNANT TEENAGERS' READINESS FOR MOTHERHOOD IN ALICE, NKONKOBE MUNICIPALITY

6.1 Introduction

The main aim of this study is to determine pregnant teenagers' readiness for motherhood in the Nkonkobe Municipality. The major findings of this study are that pregnant teenagers' are not ready for motherhood. They showed low levels of performing the roles and responsibilities of motherhood. They displayed negative psychosocial well-being. These findings relate with Erikson's psychosocial theory as the theoretical framework of this study in that , most of the teenage mothers displayed higher levels of parenting stress and less responsive and sensitive in terms of their children's needs. In essence, this is an indication of identity crisis from these teenage mothers.

This chapter focuses on the determinants of pregnant teenagers readiness for motherhood based on empirical analysis from the data collected in 2011 at the clinics in Eastern Cape, South Africa.

6.2 Binary Logistic Results

A binary logistic regression was used to assess the factors that affect pregnant teenagers' readiness for motherhood.The binary logistic regression model represents choices between two mutually exclusive options; whether pregnant teenagers readiness for motherhood or whether they are not ready for motherhood. In this case, 0 represented

pregnant teenagers' readiness for motherhood and 1 which represented pregnant teenagers non- readiness for motherhood.

In the model, decisions were on the basis of the dichotomous criterion variable and predictor variables. In equation 1, $\hat{Y}$ represents the probability of being ready for motherhood (coded 0), and 1-$\hat{Y}$ represents the probability of not being ready for motherhood (coded 1). This model was adapted from Desriani (2011) who did a similar study on the analysis of factors which determine Teenage Motherhood in Indonesia.

Equation 1 below represents a general binary logistic regression as follows:

$$ln\ (ODDS) = ln\left(\hat{Y}/1 - \hat{Y}\right) = \alpha + \beta_1 X_1 + \ldots + \beta_n X_n \quad (1)$$

When the variables are fitted into the model, this will be presented as shown in equation 2 below.

$$ln\left(\hat{Y}/1 - \hat{Y}\right) = \beta_{0+}\ \beta_1 Race + \beta_2 AgeGroup + \beta_3 EthinicGroup + \beta_4 MaritalStatus + \beta_5 No.ofChild + \beta_6 Highetseducation + \beta_7 No.ofSiblings + \beta_8 AgeGroupofFatherschild + \beta_9 HeducationofFatheChild + \beta_{10} MaritalStatusofBioParents + \beta_{11} HeducaofParents + \beta_{12} ILivewith + \beta_{13} AttendClinicalCheckup + \beta_{14} TakeMedicationfromDoc + \beta_{15} NutritionforChild + \beta ChildClinicalChekupa5Birth + \beta PayChildsSchoolfees + \beta Providechildbasicneeds + \beta_{16} Mychildmyresponsibility + \beta_{17} Drinkalcohol + \beta_{18} Taughtcontraception + \beta_{19} Taught2dealmartenalchallenges + \beta_{20} Insecure2bMother + \beta_{21} Depressedtobmother + \beta_{22} Inclind2idconfusiona5birth + \beta_{23} Challenges4motherhoodheavy + \beta_{24} Inclnd2expstressa5birth + \beta_{25} Incl2resp2childsnids + \beta_{26} Plan2raisechldwithhsfather + \beta_{27} Plantokipbaby + \beta_{28} Consideradoptingchildtoothers + \beta_{29}\ Plan2tkchild4clinicalchkups$$

$+\beta_{30}Plan2raiseownchild+\beta_{31}Smokeciggarrettes+\beta_{32}Plan2luk4joba5birth+\beta_{33}Caregiverabuse+\beta_{34}Caregiverdrinksalcohol+\beta_{35}Childoffatherabuse+\beta_{36}Fatherofchilddrinksalcohol+\beta_{37}FatherofchildIgudterms+\beta_{38}Fatherofchildforcesunprotectedsex+\beta_{39}Friendshavechildren+\beta_{40}Fatherofchildssupportsfinancially+\beta_{41}Caregiversupportsfinancially+\beta_{42}Caregiversupportsemotionally+\beta_{43}Caregivergivesinfoonpostnatal+\beta_{44}Caregivertobabysitchild+\beta_{45}Fatherofchildsupportsemotionally+\beta_{46}Goodrelationswithfatherofchild+\beta_{47}Selfconfident+\beta_{48}Talktocaregiver+\beta_{49}Negotiatesafesex+\beta_{50}Friendsencouragesexwithoutcondom+\beta_{51}Friendspressurizetobepregnant$……(equation 2)

Table 6.1: Binary logistic results on factors which determine pregnant teenagers' readiness for motherhood in Alice, Nkonkobe Municipality

VARIABLE	COEFFICIENT	SIGNIFICANCE P-VALUE
Race (pregnant teenager)	0.597	0.440
Age group (pregnant teenager)	1.785	0.182
Ethnic group (pregnant teenager)	0.353	0.553
Marital status (pregnant teenager)	0.096	0.757
No of children (pregnant teenager)	0.335	0.653
Educational level (pregnant teenager)	4.769**	0.029

No of siblings	15.208***	0.000
Age of her child's father	0.667	0.414
Educational level of her child's father	0.027	0.883
Marital status of your parents	0.046	0.831
Educational level of her parents	2.253	0.133
I live with..	0.145	0.703
I attend clinical check up	0.023	0.879
I take only medication from the doctor	2.355	0.125
My nutrition is good	6.885***	0.009
Ready to take my child to clinical check-up after birth	2.602	0.107
Ready to pay for my child school fees	1.365	0.243
Ready to provide my child's basic needs	23.047***	0.000
My child is my responsibility	0.769	0.380
I drink alcohol	1.134	0.287
I have taught about contraceptives	1.965	0.161

I have been taught about maternal challenges	15.676***	0.000
I feel insecure to be a mother	0.451	0.502
I feel depressed to be a mother	0.913	0.339
Inclined to experience identity confusion after birth	0.608	0.436
Challenges of motherhood will be heavy for me	0.170	0.680
Inclined to experience stress after birth	2.075	0.150
Inclined to respond to my child's needs	6.485**	0.011
I Plan to raise my child together with the father of my baby	16.264***	0.000
I Plan to keep me baby	4.045	0.044
I consider adopting my child to another person	1.164	0.281
I plan to raise my child on my own	0.755	0.385
I smoke cigarette	2.135	.144

I plan to look for a job after giving birth	2.205	0.138
My caregiver abuses me physically	0.626	0.429
My caregiver drinks alcohol	1.347	0.246
The father of my child abuses me physically	0.240	0.625
The father of my child Drinks alcohol	4.621**	0.032
The father of my child and I are in good terms	0.925	0.336
The father of my child forces me to have unprotected sex with him	0.189	0.664
My friends have children	0.001	0.976
The father of my child supports me financially	14.292***	0.000
My caregiver supports me financially	0.000	0.990
My caregiver supports me emotionally	2.179	0.0140
My caregiver gives me information about post natal	2.830	0.093

skills		
My caregiver will babysit my child	1.630	0.202
The father of my child supports me emotionally	15.824***	0.000
I am self-confident	10.352***	0.001
I talk to my caregiver about	8.109***	0.004
my problems		
I negotiate safe sex with the father of my child	6.546**	0.011
My friends encourage me to have sex without a condom	0.062	0.803
My friends pressurized me to be pregnant	0.101	0.751

Table 6.1 shows the estimated coefficients (β values), and significance values of the predictor or independent variables obtained from use of the binomial logistic regression model. Some predictor variables such aseducational level (of the pregnant teenager), number of siblings, ‘readiness to provide my child’s basic needs’, ‘I have been taught about maternal challenges, inclined to respond to my child’s needs’, ‘I plan to raise my child together with the father of my baby’,’ the father of my child drinks alcohol’, ‘the father of my child supports me financially’, ‘the father of my child supports me emotionally’,’i am

self-confident', 'I talk to my caregiver about my problems' and 'I negotiate safe sex with the father of my childinfluenced teenage readiness of motherhood.'

6.2.1 Education of the pregnant teenager

The education of the pregnant teenager was found to be significant for the potential of readiness for motherhood, with a significance value of 0.029. This indicated that the level of education of the pregnant teenager is most likely to influence teenage motherhood and its readiness to motherhood. This study is aligned with the findings by Desriani (2011) who found out that the level of education of the pregnant teenagers was negatively correlated with teenage motherhood. According to Desriani (2011), the level of education of women is a socio-economic indicator which is frequently found to be negatively related to fertility. This is due to a fact that educated women tend to marry and use contraception later as compared to women who have a low level of education who most often face challenges with regard to birth control.

6.2.2 The number of siblings

The number of siblings was a significant factor for the pregnant teenagers' readiness for motherhood with a significant value of 0.000. According to the National Campaign to Prevent Teenage Pregnancy (2008), the siblings play an influential part of either positively or negatively influencing their fellow siblings on when to have a baby and with whom depending on the situation of the family. The family intergenerational vicious cycle can best be witnessed from the offspring through observation and imitation. In addition, these teenagers are likely to become sexually active in early adolescence, have more

permissive attitudes towards early sex and have lower educational aspirations, consequently they are likely to become teenage mothers themselves.

6.2.3 The proper nutrition of the pregnant teenager

The proper nutrition of the pregnant teenager is significantly high at 1% (p= 0.000) and this has an influence on pregnant teenagers' readiness for motherhood. The findings of this study are aligned with those of the study by Weiss (2009) who found out that 7.2% of pregnant teenagers in America received no prenatal care at all in America and lack of prenatal care usually delays pregnancy testing and it also perpetuates denial or even fear of telling others about the pregnancy . As a result, the proper nutrition will be forbidden or ignored by the pregnant teenagers. This could lead to problems like anemia (low iron), and low birth-weight.

6.2.4 Pregnant teenagers' readiness to provide for the basic needs of the baby

Based on table 6.1, the pregnant teenagers' readiness to provide for the basic needs of the baby was a significant factor (0.000) which highly influences the pregnant teenagers' readiness for motherhood. The study by Easterbrooks et al., (2010) showed that teenage motherhood are susceptible to poverty, low level of education, and lack of necessary skills for the up-bringing of their off-springs. This implies that dealing with teenage pregnancy in South Africa often means dealing with poverty.

6.2.5 Pregnant teenagers' taught about maternal challenges

The variable pregnant teenagers' taught about maternal challenges has a significant P-value of 0.000 which simply means that this factor highly influences pregnant teenagers'

readiness for motherhood. This study's findings are aligned to those by findings by Wood, France, Eades and Slack-Smith (2008) who found out that teenage mothers are more likely than older mothers to live in socio-economic deprivation, to be benefit-dependent, and to have lower education and literacy. Furthermore, they are less likely to receive social support from friends, family or their children's fathers, and more likely to have mental health and substance abuse problems. In another similar South African study, Louw and Louw (2007), found that children of teenage parents experience a wide range of educational and psycho-social risks compared to children of older mothers, including a greater likelihood of behavioural and emotional problems, major illnesses, criminal offending, substance abuse and mental health problems.

6.2.6 Pregnant teenagers' inclination to respond to the baby's needs

The pregnant teenagers' inclination to respond to the baby's needs significantly influences pregnant teenagers' readiness for motherhood with the P-value of 0.011 and 5% level of significance. The study by Wood et al., (2008), which aligns with this study found that 67 percent of families begun by a teen mother live in poverty, and 52 percent of all mothers currently on welfare had their first child as a teenager. Perhaps this is because teen mothers are less likely to complete high school, making it difficult for them to obtain higher-paying jobs. Due to the fact that teenage mothers often do not practice optimum prenatal care, babies born to teen mothers are more likely to be born prematurely and at low birth weight. They are also more likely to suffer abuse and neglect than children born to mothers older than 20, thus entrenching poverty and crime.

6.2.7 Pregnant teenagers' plan to raise the baby with the baby's father

Pregnant teenagers' plan to raise the baby with the baby's father was also found to be significant on the potential of readiness for motherhood, with a P-value value of 0.000. and the level of significance = 1%. The study by Meade et al., (2008) found out that 80 percent of teenage mothers are also single mothers. They are usually not ready to raise their babies together with the fathers of their babies due to abuse and assault that they get from some of them. Cohabitation becomes a refuge for them to feel accommodated.

6.2.8 The father of the baby drinks alcohol

According to table 6.1, the variable ' the father of the baby drinks alcohol was found to be significant to the pregnant teenagers' readiness for motherhood with the P-value value of 0.032 and the level of significance =5%. The study by Lilaroja (2010) showed that the level of alcohol and drug use by the fathers was found to be high and at times pregnant teenagers were forced by their state of dependence to join the drug intake. This results in the unborn babies having developmental disorders such as fetal alcohol syndrome, or premature birth and even stillbirth.

6.2.9 The father of my child supports me financially

Table 6.1 showed the variable 'the father of my child supports me financially' as a significant factor (P-value= 0.000 and level of significance =1%) which highly influences the pregnant teenagers' readiness for motherhood.

The findings by Wang (2004) showed that most pregnant teenagers are characterized by economic disadvantage, lack of proper skills and opportunities to find the jobs. Men

capitalise on that situation by providing their needs in exchange for sex, authority and leadership. As a result, the teenage mothers become fully dependent and less disagreeable to the men's demands.

The variable 'the father of my baby supports me emotionally'was also a significant factor on the pregnant teenagers' readiness for motherhood with a P-value of 0.000 and the level of significance = 1%. According Koen (2009), most of the relationships that teenage mothers had were based on exchange of favours, hence, the issue of emotional bond or support becomes the last resort or not at all.

6.2.10 I am self-confident

The variable 'I am self-confident' was found to be significant on the potential of readiness for motherhood, with a P-value of 0.001 and the level of significance = 1%. The research findings by Meade, Kershaw and Ickovics (2008) showed that the poor family relationship and negative social environment of the pregnant teenagers impede their own decision-making with regard to their healthy lifestyle. Low self-esteem was found to be a risk factor for teenage mothers to become involved in risky sexual behaviour which may lead to pregnancy. In other cases, low self-esteem comes as a result of early pregnancy.

6.2.11 I talk to my caregiver about my problems

Table 6.1 showed that the variable 'I talk to my caregiver about my problems' has a P-value of 0.004, and this indicates the high influences to pregnant teenagers' readiness for motherhood. The findings by Mothiba and Maputle (2012) showed that adolescent mothers are usually victims of abuse in their own families, which often starts before they even become pregnant. In addition, these young teenagers are emotionally impoverished

at home, consequently they seek attachment, bonding and nurturance in extra familial relationships.

6.2.12 I negotiate safe sex

The variable 'I negotiate safe sex' was found to be significant on the potential of readiness for motherhood, with a P-value value of 0.011. The study by De Viliers and Kekesi (2004), which aligns with this study, found that most of these girls do not want to become pregnant but, however, find themselves victims of sexual exploitation and coerced sex. In addition, Elstein and Davis (1997) found that pregnant teenagers were often exposed to traumatic experiences like rape or transactional in sex in return for money or favours and this increased the risk of becoming pregnant at an early age.

6.3 Relationship between Demographic Variables and Teenage Motherhood

The 12 variables that were significant in the binary logistic regression will be examined in this section: the respondents' education level, proper nutrition ,readiness to provide for their babies basic needs, knowledge about maternal challenges, readiness to respond to the child/ren needs, the father of my baby drinks alcohol, I am self-confident, talk to my caregiver about my problems, negotiate safe sex with the father of my child, child is her responsibility, plan to raise the child together with the father of my baby and caregiver supports her financially. Based on the Chi Square Test, it is revealed that the variables that have a strong and statistically significantly correlation with teenage motherhood with p-value < 0.05. Thus, as can be seen in Table 6.2, most variables except the father of my child drinks alcohol, have a strong relationship with motherhood during teenage years.

The significant relationship of each demographic variable and teenage motherhood is reflected by p-value of less than 0.05.

Table 6.2 Bivariate Analysis of Relationship between Variables and Motherhood Among Teenagers

Variable	Readiness for Motherhood		Chi square test	
	Yes	No	Value	p-value
Pregnant teenagers' Education level	22	84	17.94	0.036
The nutrition of the pregnant teenager	22	84	25.625	*0.002
Pregnant teenagers' readiness to provide their babies basic needs	22	84	45.301	*0.000
Pregnant teenagers' knowledge about maternal challenges	22	84	31.736	*0.000
Pregnant teenagers' readiness to respond to the child/ren needs	22	84	61.304	*0.000
The father of my baby drinks alcohol	22	84	15.702	0.073
I am self-confident	22	84	40.235	*0.000
I talk to my caregiver about my problems	22	84	38.409	*0.000
I negotiate safe sex with the father of my child	22	84	46.906	*0.000
My child is my responsibility	22	84	27.546	*0.001
I plan to raise the child together with	22	84	40.403	*0.000

the father of my baby				
My caregiver supports me financially	22	84	19.751	0.020

The association between level of education of teenagers and motherhood among teenagers was found to be significant with p-value of 0.036. In most societies in South Africa, teenage motherhood usually occurs before marriage. All can be observed from table 6.2 the proper nutrition of the pregnant teenagers is highly significant with the p-value of 0.002. This indicates that out of 106 pregnant teenagers, only 22 have proper nutrition for the proper growth and development of their babies.

The findings of this study also showed that pregnant teenagers' readiness to provide their babies' basic needs is highly significantly correlated with teenage motherhood and it is reflected by a p-value of 0.000. This means that out of 106 pregnant teenagers, only 22 are ready to provide their babies basic needs. Drawing from the literature (3.5.1 Socio-economic status), the findings are that teenage motherhood is characterised by poor socio-economic background. In essence, providing the basic needs for their mothers will be difficult.

The relationship between the pregnant teenagers' knowledge about maternal challenges and teenage motherhood is significant with the p-value of 0.000. Bivariate Analysis of Relationship Between Variables and Motherhood Among Teenagers found that out of 106 pregnant teenagers only 20.75% (N= 22) had knowledge about maternal challenges contrary to 79. 5 % (N=84) did not. The findings of the literature (3.5.11 parental skills),

showed that most of the teenage mothers are less aware of the maternal challenges and they fall pregnant out of no plan.

The association between pregnant teenagers' readiness to respond to the child/ren needs and motherhood among teenagers was found to be extremely significant with p-value of 0.000. Drawing from the findings of the literature (3.5.11 parental skills), teenage mothers are fully dependent on their caregivers for support to meet their basic needs. This simply means that they cannot afford to provide the means of livelihood for their off-springs.

The relationship between the pregnant teenagers' self-confidence and teenage motherhood is significantly high with the p-value of 0.000.Table 6.2 showed that out of 106 pregnant teenagers only 22 were self-confident for motherhood and 82 were not. The findings of this study showed that pregnant teenagers talk to their caregivers about their problems is highly significantly correlated with teenage motherhood and it is reflected by a p-value of 0.000. This means that out of 106 pregnant teenagers, only 22 talked to their caregivers about their problems. Drawing from the literature (3.3 psychological and psychosocial well-being), it has been found that teenage motherhood is characterised by stress and poor psycho-social interaction with the significant people due to the pressures of being mothers as a result, this is an indication of the low self-confidence of mothers by these teenage mothers.

The associations between pregnant teenagers negotiate safe sex with the father of my child/ren and motherhood among teenagers was found to be extremely significant with p-value of 0.000. Out the 106 pregnant teenagers, 84 showed that they negotiate safe sex

with the father of my child while 22 showed that they are. The findings of the literature are that (3.5.14 age desperate relationships), due financial constraints that teenage mothers face, they resort to enter into relationships with older people who are often violent and show less respect to these teenagers and sex is seldom negotiated.

The findings of this study showed that pregnant teenagers' responsibility to their children is highly significantly correlated with teenage motherhood and it is reflected by a p-value of 0.001. This means that out of 106 pregnant teenagers, only 22 showed responsible to their baby/ies and 84 did not. Drawing from the literature (3.5.9 single-parent house-holds and child-headed family), most of the teenage mothers live a single parenthood life which is characterised by less opportunities to play their maternal parenthood effectively and efficiently.

The relationship between the pregnant teenagers' plan to raise the child together with the father of my baby and teenage motherhood is significantly high with the p-value of 0.000.Table 6.2 showed that out of 106 pregnant teenagers only 22 were ready to raise their baby/ies with the father of their baby/ies and 82 were not. The findings of the literature ((3.5.9 single parent house-holds and child-headed family), are that most of the teenage mothers live a single life as single parent and they are not bound to stay with their partners because of the nature of their so-called relationship of benefits whereby partner exchange the favours.

The association between pregnant teenagers' caregiver supports her financially and motherhood among teenagers was found to be significant with p-value of 0.020. The literature has found (3.5.10 treatment by parents), the relationship between teenage mothers and their parents/ caregivers has been found to be less intact. Hence, they are less attached to each other. In essence, the support that they get from the parents/ caregivers is enough to cater for them and their babies.

6.4 Findings

The binary logistic results showed that the following variables / factors: educational level (pregnant teenager), number of siblings, readiness to provide my child's basic needs, I have been taught about maternal challenges, inclined to respond to my child's needs, I plan to raise my child together with the father of my baby, the father of my child drinks alcohol, the father of my child supports me financially, the father of my child supports me emotionally, I am self-confident, I talk to my caregiver about my problems and I negotiate safe sex with the father of my child influenced pregnant teenagers' readiness for motherhood. This implied that pregnant teenagers' were not ready for motherhood because their level of awareness for performing the roles and responsibilities for motherhood was very low hence their psycho-social wellbeing was very low as well.

Based on the Chi Square Test, it is revealed that the variables have a strong and statistically significantly correlation with teenage motherhood with p-value < 0.05. Thus, as can be seen in Table 6.2 on the Bivariate Analysis of Relationship Between Variables and Motherhood Among Teenagers, most variables except the father of my child drinks alcohol have a strong relationship with motherhood. The significant relationship of each

demographic variables and teenage motherhood is reflected by p-value of less than 0.05. Of the 106 pregnant teenagers 22 showed their readiness for motherhood while 84 of them confirmed that they were not ready for motherhood.

Drawing from the literature of this study, teenage mothers are characterised by low education level, their siblings have been negatively influential for them to get pregnant since they had the babies before, their level of readiness to provide their babies' needs was found to be low, and they have be found to be less confident to be mothers as they are characterised by consistent stress and there are less responsive to their children's needs. These in away, portray that these teenage mothers are not ready for motherhood. According to the psychosocial theory of Erikson (Baucum,1999), teenage motherhood is result of identity confusion which is brought by poor psychosocial orientation. These draw back from the upbringing of the child, whereby the parents failed to properly up-bring the offspring. As a result, the challenges of adolescence overwhelm them to the level of finding themselves in maternity.

6.5 Conclusion

This chapter discussed the empirical data analysis, interpretation, and the findings. Chapter 7 brings the conclusion and presents recommendations for pregnant teenagers' readiness for motherhood.

CHAPTER 7

SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

The purpose of the study was to assess whether pregnant teenagers are ready for Motherhood in Alice, Nkonkobe Municipality, in Eastern Cape Province, Republic of South Africa. This chapter discusses the conclusions, recommendations and the suggestion for further reading.

7.2 Conclusions

Literature utilised in this study strongly suggest that teenage pregnancy /motherhood is common among people who are from the poor socio-economic background, where the single and less educated parents are the bread winners. The children from such families are often neglected by the parent or guardians and become subject to negative emotional attachment with their caregivers. As a result, they become vulnerable and susceptible to negative psycho-social challenges such as early parenthood which is brought by early pregnancy and they even contract the HIV/AIDS pandemic because of practicing the unprotected sex. In essence, this creates the possibility of the vicious cycle of teenage motherhood.

The findings of the descriptive analysis indicate that, of the 106 pregnant teenagers, 40 were in the tertiary level of education (37.7%) while 66 (62.3%) were in high school and below. This positively proves the hypothesis of this study that pregnant teenagers are not

ready for motherhood. Drawing from the literature of this study (3.5.4.6 school), most of the pregnant teenagers drop-out of school because of the insurmountable psychosocial challenges that they face. Hence their academic qualification is below par.

Of the 106 pregnant teenagers, 66% (n=70) indicated that the age of their child's father was between the ages of 25-35 years while only 32.1% (n=34) displayed that their partners were between 15-25 years old. The implication of this finding is that most of the teenage mothers originate from the broken families whereby no one is there to nurture them to the right path of life. In essence, these teenagers are not ready for motherhood. According to the findings of the literature (3.5.14 age desperate relationships), most of the teenage mothers find themselves in the relationships with older men and the nature of their relationship is not attachment based but is based on exchange and rewards.

Out of 106 respondents, 56.6% (n=60) indicated that their biological parents were not married, while only 34.9% (n=37) of them displayed that their parents were married. Only 6.6% (n=7) of the pregnant teenagers indicated that their parents were divorced while 1.9% (n=2)showed that they were separated. The implication of the finding is that the parents are there but not playing the roles and responsibility for parenthood. As a result, these teenagers failed to acquire the necessary skills and knowledge on how to nurture their offspring from their caregivers. According to the literature (3.5.10 treatment by parents), the relationship between teenage mothers and their caregivers is less effective and there is less attachment between them.

The finding of the research is that, out of 106 respondents 19.8% (n=21) indicated that their parents had tertiary education while 80.2% (n=85) showed that they had high school

education . This implies that teenage mothers were raised in an atmosphere of fewer opportunities whereby parents were less informed due their poor academic qualification. As a result, the teenage mothers were not equipped enough with the basic information from parents on how to combat the daily psychosocial challenges which then found in early maternity. Drawing from the literature (3.5.4 education), the findings are that most of the teenage mothers are less knowledgeable in sexual and reproductive health information and that they lack knowledge on the significance of conception specifically, condoms. This is a clear indication of their none readiness for motherhood.

This research found that of the 106 respondents, 26.4% (n=28) indicated that they stayed with both parents, while 73.6% displayed that they stayed with single parent, mother and step-father, father and step mother , aunt or uncle or boyfriend. The implication of this finding is that teenage motherhood is characterised by single parenthood and less opportunity to exercise their right to acquire their future aspirations. The findings of the literature (3.5.7 absence of fathers) are that, most of the teenage mothers face a tough life of being raised by their fathers. As a result, they find themselves in relationships with older men because they lack proper paternal guidance to combat the daily psychosocial challenges.

Out of 106 pregnant teenagers, 75.5% (n=80) agreed that they were insecure to be mothers while 24.6% (n=26) indicated that they were not. The implication of this finding is that most of the teenage mothers are facing insecurity to becoming parents. Drawing from the psychosocial theory of Erikson (Baucum,1999), the loss of security might be brought by lack of self-esteem which in turn will lead to identity crisis. In essence, this shows less readiness of these teenagers for motherhood.

65% (n=69) of the pregnant teenagers indicated that they felt depressed to be mothers while 34.9% (n=37) showed that they were not depressed. Drawing from the literature (3.3 psychological and psychosocial well-being), teenage mothers are characterised by psychological and psychosocial problems such as depression, stress and poor psychosocial relations with other people. According to the psychosocial theory of Erikson, the issue of identity crisis leaves teenage mothers in situation of wondering and facing a lot of problems than solutions. As result, this proves the hypothesis that pregnant is not ready for motherhood.

Of the 106 respondents, 70.8% (n=75) displayed that they were inclined to identity confusion after giving birth and only 29.3% (n=31) showed that they were not. Drawing from Erikson's psychosocial theory, the issue of identity confusion is a symbol of lack of self-esteem, and self-concept. As a result, this proves a hypothesis of this study that pregnant teenagers are not ready for motherhood.

The finding of this research is that, of the 106 pregnant teenagers, 77.3% (n=82) indicated that the challenges for motherhood were heavy while only 22.7% (n=24) showed that they were not. Drawing from the literature (3.5.2 parenting styles), teenage mothers do not have proper skills and experience to nurture and up-bring the off-springs. Hence they find challenges for motherhood to be heavy and this is an indication that pregnant teenagers are not ready for motherhood.

Out of 106 pregnant teenagers, 49.1% displayed that their partners abuse them physically and only 50.9% indicated that their partners do not abuse them physically. Drawing from the literature (3.5.16.1physical, and sexual abuse), most of the teenage mothers spent

their time with their older men who provide some means of livelihood in return for sexual favour. In essence, the level of the dependence of these teenage mothers lives them vulnerable to situation such as partner abuse and most.

Based on Binary Logistic Results, some predictor variables such as educational level (pregnant teenager), number of siblings, readiness to provide my child's basic needs, I have been taught about maternal challenges, inclined to respond to my child's needs, I plan to raise my child together with the father of my baby, the father of my child drinks alcohol, the father of my child supports me financially, the father of my child supports me emotionally, I am self-confident, I talk to my caregiver about my problems and I negotiate safe sex with the father of my child influenced teenagers readiness for motherhood.
According to the Chi Square Test, it is revealed that the variables have a strong and statistically significantly correlation with teenage motherhood with p-value < 0.05.

Based on Bivariate Analysis of Relationship Between Variables and Motherhood Among Teenagers most variables except the father of my child drinks alcohol had a strong relationship with motherhood during teenage years. The significant relationship of each demographic variable and teenage motherhood is reflected by p-value of less than 0.05. Out of 106 pregnant teenagers 22 showed their readiness for motherhood while 84 of them confirmed that they were not ready for motherhood. The overall findings of this study are that pregnant teenagers are not ready for motherhood.

7.3 Recommendations

There is a need for special attention in South Africa to be given to teenage motherhood issues because from the findings of the study, most of these pregnant teenagers come from families with low education standards, low income earning, single parenthood, negative peer-pressure, some have been victims of both physical and sexual abuse. Hence, they did not go far in terms of their educational achievement which negatively impacted on their acquisition of proper skills, knowledge and job opportunities for the proper motherhood. The general findings show that the pregnant were not ready for motherhood. Based on the findings of this study, the researcher makes the following recommendations for practice and for further research. The government should come up with additional strategies to combat the problem of intergenerational vicious cycle of teenage pregnancy among the most disadvantaged communities. There has to be an additional sexual and reproductive health courses which will be provided in both school and communities by skillfully trained professionals such as nurses, psychiatrists, psychologists and community based workers. Skill training on sexual and reproductive health education is needed to the in and out of school teenagers in order to help them to acquire necessary skills to combat the daily psycho-social problems and equip them with self-awareness, self-acceptance and self –esteem. The provision of antenatal and post natal health information should be provided by professionals which would reach the level of the pregnant teenagers and who understand their situation in-depth.

7.4 Limitation of the study

Most of the respondents were Xhosa speaking and the findings might not be generalised to other races due to cultural differences. The topic of this research is very sensitive as it involved respondents who are both the minors and the legally matured youth, as a result, extra-sensitive approach of handling were the research process needed for the purpose of establishing rapport.

7.5 Further research

The findings of this study will bring a new set of information about the crucial topic of teenage motherhood. This study will influence the decision-makers to take the issues of mothers and girls seriously in order to combat high level of female exploitation and dehumanization. This research concentrated on the pregnant teenagers' readiness for motherhood. Further research could be on teenage fathers' readiness for parenthood.

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ANNEXURE A

University Of Fort Hare

Department Of Psychology

Private Bag X1314

Alice

5700

12 October 2011

The Manager

War Memorial Clinic

Alice

5700

Dear Sir/ Madam.

RE: REQUEST TO CONDUCT TO A STUDY ON TEENAGE MOTHERHOOD

I am Mr. Tsolo Pitso (200506218), a Masters student in Psychology, from the above-mentioned University. I humbly request your clinic to allow me to conduct a research study entitled "*PREGNANT TEENAGERS' READINESS FOR MOTHERHOOD: A QUANTITATIVE INVESTIGATION IN NKONKOBE REGION, EASTERN CAPE.*"

The aims of the study are:

- To determine the psycho-social wellbeing of pregnant teenagers.

- To determine the level of readiness of pregnant teenagers.

- To determine their level of awareness in performing the roles and responsibilities of motherhood.

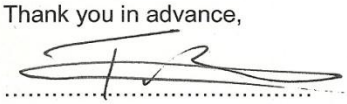
The validated questionnaires will be distributed to the pregnant teenagers who attend the pre-natal check-up. The study in question guarantees each and every participant an Informed consent, confidentiality and anonymity, protection from harm and honesty with professional colleagues.

The permission for this research will be obtained from the Ethical Committee of the University of Fort Hare in Alice before the research is undertaken.

My research is supervised by Mr. Jabulani Kheswa and co-supervised by Dr. F. Nekhwevha. For clarity or query purposes, please feel free to contact them on this number 040 602 2170 or email jkheswa@ufh.ac.za or fnekhwevha@ufh.ac.za

My contact details are: tsoloz2002@yahoo.co.uk cell number: 0764654166

Thank you in advance,



Mr. Tsolo Pitso (Researcher)

B. Soc Sc (UFH), B. Soc Sc Hons Psych (UFH), Dip. Adult- Education (NUL)

ANNEXURE B

PROVINCE OF THE EASTERN CAPE
IPHONDO LEMPUMA KOLONI
DEPARTMENT OF HEALTH

NKONKOBE LOCAL SERVICE AREA
VICTORIA EAST PHC

War Memorial Clinic
Temlett Street
Alice
5700

Ireferensi:
Ref. No.
Imibuzo : Mrs F.N. Maboza-Ntlukwana
Enquiries

21 October 2011

Tel. No. 040 653 2454
Fax No. :040 653 2454

The Campus Head
Victoria Campus
Alice

RE: RESPONSE TO A REQUEST TO CONDUCT A STUDY ON TEENAGE PREGNANCY

This communiqué is responding to your request for the study at the above mentioned clinic. There is absolutely no objection as this study will also help our manager in identification ~~of~~ all the challenges that our community is facing pertaining to teenage pregnancy.

You are welcomed to conduct your study at War Memorial Clinic.

Kind Regards

.....
Mrs NF Maboza-Ntlukwana
Operational Manager
War Memorial Clinic

ANNEXURE C

CONSENT FORM

I …….agree to participate on the research entitled *"***PREGNANT TEENAGERS' READINESS FOR MOTHERHOOD: A QUANTITATIVE INVESTIGATION IN NKONKOBE REGION,EASTERN CAPE."**

The research in question will be carried-out by Mr. Tsolo Pitso (200506218), a Masters student in Psychology from the University of Fort Hare, Alice.

The researcher guarantees the participants freedom from harm, anonymity, confidentiality and the freedom to withdraw from this research whenever they feel like or uncomfortable with.

Participant's signature……

Date……

Researcher's signature……

Date……

Thank you in advance in advance…

ANNEXURE D

QUESTIONNAIRE

University of Fort Hare

Together in Excellence

FACULTY OF SOCIAL SCIENCES AND HUMANITITES

DEPARTMENT OF PSYCHOLOGY

Topic

PREGNANT TEENAGERS' READINESS FOR MOTHERHOOD: A QUANTITATIVE INVESTIGATION IN NKONKOBE REGION, EASTERN CAPE.

BIOGRAPHICAL INFORMATION

I am Mr. Tsolo Pitso (200506218), currently registered with the University of Fort Hare for Masters in Psychology. The study in question will provide a fulfillment for my completion of the Masters in Psychology.

INSTRUCTIONS

Answer each statement carefully and honestly to decide as to what extend do you "*agree*" or "*disagree*", "*true*" or "*false*" , "*yes*" or "*no*" with each statement. It is your fundamental right to tick the answer that you feel is right in this study.

Most importantly, be informed that all the information that you have given will be highly confidential and will be used for the purpose of this study only.

Contact Details

Name: Mr. Tsolo Pitso

Email:tsoloz2002@yahoo.co.uk

Cell Number: 0027-764654166

SECTION A: Demographic Information

Instructions: Tick the correct answer by making an X in the box of your choice.

1. Race

Black		White		Coloured		Indian	

2. Your Age Group

11-16	
17-21	

3. Ethnic Group

Xhosa		Coloured		Other	

4. Marital Status

Single		Married		Divorced		Widowed		Separated	

5. How many children do you have?

6. My highest educational achievement is…

PRE-SCHOOL	PRIMARYSCHOOL	HIGH SCHOOL	TERTIARY

7. How many siblings do you have?

8. . The age group of my child's father is

15-25	
25-35	

9. What is the educational level of the father of your baby?

Pre-School	Primary School	High School	Tertiary

10. What is the marital status of your biological parents?

Married		Divorced		Not married	

11. . What is the educational level of your parents?

Pre-School	Primary School	High School	Tertiary

12. I live with my

Single parent		Both parents		Mother and stepfather		Father and stepmother	Other (e.g. aunt, uncle)		Boyfriend	

SECTION B

This section relates to thelevel of awareness in performing the roles and responsibilities of motherhood. Carefully read each statement and indicate to which extent do you agree or disagree. Please mark with an X in the appropriate box.

AGREE 1	STRONGLY AGREE 2	NEUTRAL3	DISAGREE 4	STRONGLY DISAGREE 5

	LEVEL OF AGREEMENT OR DISAGREEMENT	1	2	3	4	5
13	I attend clinical check-up.					
14	I take only the medication that I got from the doctor.					
15	My nutrition is good for the proper growth of my child.					
16	I am ready to take my child for clinical check -up even after birth.					
17	I am ready to pay for my child's school fees					
18	I am ready to provide my child with the basic needs.					
19	My child is my responsibility.					

SECTION C

This section relates to the level of readiness to motherhood. Carefully read each statement and indicate to which extent do you agree or disagree. Please mark with an X in the appropriate box.

AGREE 1	STRONGLY AGREE 2	NEUTRAL 3	DISAGREE 4	STRONGLY DISAGREE5

	LEVEL OF AGREEMENT OR DISAGREEMENT	1	2	3	4	5
20	I drink alcohol.					
21	I have been taught about the methods of contraceptives.					
22	I have been taught how to deal with maternal challenges.					
23	I feel insecure to be a mother.					
24	I feel depressed to be a mother.					
25	I am ready to be a mother.					
26	I am inclined to experience identity confusion after giving birth.					
27	Challenges of motherhood will be heavy for me.					
28	I am inclined to experience stress after giving birth.					
29	I am inclined to respond to my child's needs					
30	I plan to raise the child together with the father of my child.					
31	I plan to keep the baby.					
32	I consider adopting my child to another person					
33	I plan to take my own child for clinical check-ups.					

34	I plan to raise my own child.					
35	I smoke cigarettes.					
36	I plan to look for a job immediately after giving birth.					

SECTION D

This section relates to the psycho-social well-being of teenage mother. Carefully read each statement and indicate to which extent do you agree or disagree. Please mark with an X in the appropriate box.

AGREE 1	STRONGLY AGREE 2	NEUTRAL 3	DISAGREE 4	STRONGLY DISAGREE 5

	LEVEL OF AGREEMENT OR DISAGREEMENT	1	2	3	4	5
37	My caregiver abuses me physically					
38	My caregiver drinks alcohol.					
39	The father of my child abuses me physically					
40	The father of my child drinks alcohol					
41	The father of my child and I are on good terms (e.g. communication).					
42	The father of my child forces me to have unprotected sex with him (even when I am pregnant)					
43	My friends have children.					

44	The father of my child supports me financially.					
45	My caregiver supports me financially.					
46	My caregiver supports me emotionally.					
47	My caregiver gives me information about post-natal skills.					
48	My caregiver will babysit my child.					
49	The father of my child supports me emotionally.					
50	I am in good relationship with the father of my child.					
51	I am self- confident					
52	I talk to my caregiver (e.g. mother, father, aunt, uncle) about your problems.					
53	I negotiate safe sex (condoms) with the father of my child (during pregnancy).					
54	My friends encourage me to have sex without condom.					
55	My friends pressurize (d) me to be pregnant.					

THANK YOU VERY MUCH FOR YOUR COOPERATION