TEENAGE MOTHERS EXPERIENCES OF PREGNANCY AND CHILD
REARING – A QUALITATIVE SURVEY IN TSHWANE DISTRICT,
GAUTENG IN SOUTH AFRICA

By

PAULINE BADANILE MATJENE

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Supervisor: Prof Mathildah Mpata Mokgatle

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DECLARATION

I, Badanile Pauline Matjene, hereby declare that the work on which this dissertation is based, is original (except where acknowledgements indicate otherwise), and that neither the whole work nor any part of it has been, is being, or shall be submitted for another degree at this or any other university, institution for tertiary education or examining body.

________________________________________  _________________________

Badanile Pauline Matjene                           Date
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ABSTRACT

Background
Teenage pregnancy and motherhood has been identified as one of the challenges facing teenagers in South Africa and most sub-Saharan countries. Teenage mothers experience many changes in life during pregnancy and during motherhood, and these changes may be positive for some but can also be detrimental for others. This study explored the experiences and challenges of teenage pregnancy and motherhood.

Study design and methods
A qualitative descriptive approach was used to investigate the experiences of teenage pregnancy among 25 teenage mothers aged between 16-12 years old and the mean age was 18.72 years old. The participants came from three townships in Tshwane district, Gauteng in South Africa, namely Soshanguve, Mabopane and Laudium. Participants were selected using a purposive sampling method and were interviewed using face-to-face in-depth interviews. Data was collected using an unstructured interview guide. The data was analysed using thematic content analysis with the NVIVO version 10 software followed by thematic presentation of the results.

Results
The findings of the study suggest that teenage mothers experience teenage pregnancy and motherhood as a negative effect in their lives. The results further suggest that teenage mothers experience disruptions in their lives as teenagers due to pregnancy and motherhood. These disruptions include taking on the role of parenthood while they are still teenagers, interruptions in schooling and difficulties in coping with the day-to-day demands of motherhood. Data further revealed that teenage mothers experience changes in their relationships with their significant others. Most teenage mothers interviewed reported to have separated from the father of their baby, whether after discovering they were pregnant or some after the birth of their child. In addition, they
reported that their families have expressed anger and disappointment towards them and that most friendships have been lost after they fell pregnant and have given birth to their babies.

Conclusion
This study revealed that teenage mothers had unplanned pregnancies as they only started using contraception after the first child. Experiences of being pregnant were difficult at the beginning, but over time the teenagers accepted the pregnancy and got used to raising their children. Some teenagers did not have support from their caregivers with caring for the child, and most of them did not have relationships with nor the support of the child’s father. These findings call for public health and health promotion programmes to introduce contraceptive uptake earlier in puberty so that teenagers can adopt pregnancy prevention methods when they become sexually active.

Keywords: teenage pregnancy, teenage motherhood, teenage mothers, social exclusion, school dropouts, support, South Africa
CHAPTER ONE
INTRODUCTION, BACKGROUND AND STUDY RATIONALE

1.1 Introduction
Teenage pregnancy and motherhood are major social problems affecting teenagers worldwide. This is a global concern that affects both developed and developing countries alike, with increasing numbers of teenagers falling pregnant and becoming mothers in the early stages of their life. In the past few decades South Africa (SA) has seen a decline in teenage fertility, yet rates still remain high with around 30% of 15-19-year-olds reporting having been pregnant, with the majority of these pregnancies being among 18- and 19-year-olds (Willan, 2013). With the increased rate of teenage pregnancy and motherhood, it is also expected that teenage mothers will undergo certain changes in their lives as they experience the transition and changing of roles into motherhood. Teenage mothers may have different experiences regarding pregnancy and motherhood, with some experiencing challenges as they take on the role and responsibility of being mothers.

Several studies have been conducted with regard to teenage pregnancy, but little has been reported about the effects of teenage pregnancy and motherhood on the teenager’s lives. According to Kaye (2008), adolescent relationships are characterised by gender power imbalances, irrational decision-making, poor communication, inadequate preparation for childbearing responsibilities and fear of rejection. Even though motherhood may be perceived and experienced differently by teenage mothers, to some extent it will affect their wellbeing as teenagers, whether positively or negatively.

The study explored the experiences of teenage pregnancy and motherhood by teenage mothers in clinics around Tshwane district of Gauteng Province in South Africa. This study was conducted to understand how teenage mothers are coping with the changing roles and challenges of being teenage mothers. Most teenage mothers are struggling with the changes they are faced with; hence some end up with depression, social exclusions by their own parents, partners and peers, schooling disruption and other negative effects. Studies have shown that early motherhood is associated with a range of adverse social and economic
consequences and with negative health outcomes for both mother and child (Nanchahal et al, 2005). It is therefore important to study this field in order to understand how teenage mothers are experiencing motherhood.

1.2 Background of Tshwane district clinics

Tshwane district is classified as a health district comprising of 67 (n = 67) clinics managed by the provincial and local government of SA. Inclusive in the 67 clinics are five satellites and five mobile clinics. The clinics of Tshwane render a comprehensive package of service delivery, which includes adolescent health services amongst others. Clinics in Tshwane operate six days a week from 07h30 to 16h00 and the community health care centres operate seven days a week for 24 hours a day. The clinics provide services for teenagers including pregnancy care and wellness clinics for mothers and babies. The clinics attend to approximately 150 teenagers seeking health care on a monthly basis, and it was based on this information that the young mothers who participated in this study were recruited in the wellness clinics of six clinics within this district.

1.3 Problem statement

Teenagers are becoming mothers at an early age, and this affects their life in many ways. Teenage pregnancy has been a global problem for decades, yet some countries are still struggling to deal with it. The proportion of teenage mothers in sub-Saharan African countries in particular is very high, ranging between 20%-40% (Gyesaw & Ankomah, 2013). In South Africa, the teenage pregnancy rate for 15-19-year-olds is currently sitting at 30% (Willan, 2013). However, a survey conducted in 2008 has shown that in the province of Gauteng alone, 19.4% of female teenagers reported having been pregnant and 16.0% reported having had a child or children (Reddy et al, 2010), this may be associated with factors such as peer pressure, gang activity, coercion, substance abuse and barriers to adolescent contraceptive use which are common in this big province of SA. Globally, teenage pregnancy is perceived to be associated with most health and social problems, but little is known about all the different types of challenges that the teenage mothers actually go through during their pregnancy. Teenage mothers have to adapt to raise their children and to cope with the daily demands and challenges of motherhood, hence this study seeks
to explore their experiences with regard to their roles as mothers as well as what they perceive to be their challenges during motherhood.

1.4 Study Aim

The aim of this study is to explore the experiences and challenges of teenage pregnancy and motherhood by teen mothers.

1.4.1 Research Questions
The research questions were:
- What are the experiences of teenage mothers with regard to their roles as mothers?
- What are the challenges experienced by teenage mothers during pregnancy and motherhood?

1.4.2 Study Objectives
The objectives of this study were:
- To investigate the experiences of teenage mothers with regard to their roles as mothers.
- To explore what challenges are experienced by teenage mothers during pregnancy and motherhood.

1.5 Study design and methodology
A qualitative descriptive approach was employed to gather data for the study.

1.5.1 Study setting
The study setting comprised clinics around Tshwane district and six clinics were selected. Based on the information received from randomly selected clinics monthly data reports, the number of teenage girls accessing services in these clinics is approximately 150 per month. Amongst those accessing services, about 15-30 are found to be pregnant every month.
1.5.2 Study population
Teenage mothers aged 15 to 19 years, in Tshwane district clinics.

1.5.3 Sampling and sample size
The teenage mothers were recruited in the Tshwane district clinics as they brought their babies for wellness baby and post-natal care clinics. Purposive sampling was ideal for this study as it enabled the researcher to select the specific group of participants with particular characteristics relevant to the study.

Face-to-face in-depth interviews were conducted to gather sufficient and qualitative data from the selected teenagers. Twenty-five (n = 25) teenage mothers participated in the study.

1.5.4 Inclusion and exclusion criteria
The teenagers were mothers of a child or children and were between the ages of 15-19 years. However, those young mothers between 20-22 years who had given birth to their babies between the ages of 15-19 years were also included in the study in order to explore how they have experienced raising their children as teenage mothers. Teenage mothers were recruited from those who brought their babies for wellness baby clinics and the mothers’ age for inclusion in the study was verified by asking her and also by checking in the child’s file.

Teenagers who were still pregnant and had not yet given birth to their babies were excluded from participation in the study. The teenage mothers who did not understand any of the languages that were used for the interviews, namely English, Setswana and isiZulu were also excluded.

1.5.5 Data collection method
Twenty-five in-depth interviews were conducted with teenage mothers and data was collected using an unstructured interview guide. The discussion guide was developed in English and translated into Setswana and isiZulu, as these are commonly used local
languages in the region. All the participants were provided with a questionnaire to complete for their demographic data at the end of each interview.

1.6 Ethical considerations

Ethical clearance and approval to conduct the study was obtained from Sefako Makgatho University’s Research Ethics Committee (SMUREC/H/216/2015: PG) (APPENDIX 4). Permission was granted by the Tshwane clinic managers and Tshwane district health. Sufficient information about the study was provided to the participants by the researcher. The aim and objectives of the study were explained to the participants and a written consent was obtained. The consent form was read and explained to the participants who could not read. The participants were informed that the study participation is voluntary and that they could withdraw from participation at any point without affecting in any way their access to health care services.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction to literature review
Teenage pregnancy and motherhood is viewed as a major challenge affecting our communities both locally and globally. Researchers have conducted studies around the topic of teenage pregnancy and motherhood, however the literature has revealed different findings regarding how teenage mothers experience this. There are many changes that take place when a young woman falls pregnant and becomes a mother at an early age of her life. Most literature on teenage pregnancy and motherhood has focused more on how the lives of the teenage mothers have changed after learning of their pregnancy and while raising their children. South Africa, just like any other sub-Saharan Africa country, experienced an increase in the prevalence of teenage pregnancy in the past, although there has been a decline in the previous two decades (Mchunu, 2012). In this chapter, literature on teenage mothers’ experiences of pregnancy and motherhood is explored.

2.2 The prevalence of teenage pregnancy and motherhood
The proportion of teenage girls who are mothers or who are currently pregnant in sub-Saharan African countries is staggeringly high, ranging between 20-40% every year, with most of the pregnancies being unplanned and amongst the 15-19-year-olds (Mchunu, 2012; Gyesaw & Ankohm, 2013). Teenage pregnancy is extremely common in South Africa, as it has been reported that approximately 30% of teenagers in South Africa admit to ‘having been pregnant’, the majority of which were unplanned or unwanted pregnancies. Although there has been a decline in childbearing over the last two decades, particularly in women giving birth before the age of 18, the figures are still unacceptably high (Jewkes et al, 2001; Mchunu, 2012; Willan, 2013).

The prevalence of teenage childbearing in contemporary South Africa is high by developed world standards; in 2008, for example, 25% of 25-year-old South African women had given birth to a child in their teens (Cuppies et al, 2000; Branson et al, 2013; Gyesaw & Ankohm, 2013). Recent studies conducted in South Africa have shown that by the age of
18, most teenagers have given birth or become pregnant at least once, and that the age at which these teenagers commence with sexual activity is falling (Chigona & Chetty, 2008; Mpanza & Nzimaa, 2010).

2.3 Experiences and attitudes towards teenage pregnancy and motherhood
Several studies have reported that it is not only negative experiences that teenage pregnancy and motherhood bring to teenage mothers. Studies conducted in Brazil and England have reported that some teenage mothers have expressed positive attitudes and experiences in this regard, as it is believed that women should bear children while they are still young and strong in order to command respect from society (Seamark & Lings, 2004; Dos Santos Fachinelli Soares & Lopes, 2011). In cases where teenagers are married, becoming a mother is a fulfilment of their roles as wives (Seamark & Lings, 2004; Dos Santos Fachinelli Soares & Lopes, 2011; Gyesaw & Ankoma, 2013).

Some pregnant teenagers experienced emotional turmoil caused by the experience of a positive relationship they sometimes had with their boyfriends, the reason being because they enjoyed the support given to them by their boyfriends during pregnancy and motherhood (Seamark & Lings, 2004; James et al, 2012). It is reported in several studies that the experience and perceptions of motherhood becomes more positive with less challenges for teenage mothers who receive support from their families, parents, partners and peers (Dos Santos Fachinelli Soares & Lopes, 2011; James et al, 2012; Toomey et al, 2013).

2.4 Socio-economic factors
South African researchers have documented that teenage pregnancy has emerged as a social problem and that it contributes to a lower socio-economic status for the teenage mother and her child. The researchers also reported that teenage mothers are far more likely to be subjected to these socio-economic disadvantages throughout their lives than those who delay childbearing until they are in their twenties (Macleod, 1999; Chigona & Chetty, 2008; Mpanza & Nzimaa, 2010).
Several studies have argued that the risk of adverse health and social outcomes for the pregnant teenager may be attributable to social and economic factors rather than to the mother’s age. Most teenage mothers have reported experiencing difficulty in accessing financial, moral and material support from their parents or partners (Cupples et al, 2000; Nanchahal et al, 2005; Kaye, 2008).

Studies have also shown that most teenage mothers experience relational problems after they have given birth, with fewer or even no relations with the families, peers and partners. The studies have revealed that pregnant adolescents and adolescent mothers faced domestic physical violence as well as psychological violation by parents, partners and the community within which they lived (Atuyambe et al, 2005; Dos Santos Fachinelli Soares, 2011; Mantovani & Thomas, 2014).

2.5 Education

Literature has shown that teenage mothers experience low educational attainment, as they feel that having a child during their teenage years alters their educational attainment. This in turn influences the quality of jobs they are qualified for, hence most studies have reported that teenage motherhood is associated with worsened or poor educational outcomes (Wellings et al, 1999; Seamark & Lings, 2004; Mollborn, 2007; Tailor, 2009; Minnis et al, 2013; Toomey et al, 2013). Teenage mothers are therefore more likely to live in poverty (Tailor, 2009; Toomey et al, 2013). The studies conducted in South Africa have shown that there is a disruption in schooling which limits the future careers of teenage mothers. These studies have also indicated that teenage pregnancies and schooling disturbances are inevitably associated with societal problems (Macleod, 1999; Chigona & Chetty, 2008).

Many of the teenage mothers return to school because they are determined to complete schooling for the sake of their babies. However, of all teenage girls who fall pregnant, only around a third stay in school during their pregnancy and return following childbirth, with the highest return rate among those in Grade 12. On returning to schools, the girls experience difficulties in coping with schooling, which is attributable to caring for the baby. Most teenage mothers are also financially unable to have people assist them to take
care of their babies while they go to school (Macleod, 1999; Chigona & Chetty, 2008; Grant & Hallman, 2008). Studies have also shown that teenage mothers are educationally disadvantaged because in some instances they have to leave their schooling and look for a job in order to take care of their babies (Wellings et al, 1999; Seamark & Lings, 2004; Mollborn, 2007; Minnis et al, 2013).

2.6 Coping mechanisms
According to some studies, social support for teenage mothers, particularly from mother figures, can buffer risks and promote their wellbeing. The current literature has documented that teenagers who are given social support are likely to cope with teenage pregnancy and motherhood, as are those who are able to accommodate challenges and who thrive in difficult situations (Kaye, 2007; Toomey et al, 2013).

2.7 Social exclusion
According to the findings of the studies conducted in South Africa, young mothers are judged and discriminated against because of falling pregnant during their teenage years. The studies show that young mothers are demonised and are blamed for arresting development in South Africa (Mkhwanazi, 2012; Ngabaza, 2011). Becoming pregnant as a teenager is depicted as being irresponsible and is ultimately seen as a sign of moral degeneration. Furthermore, it was mentioned that the only way to curb the rates of teenage pregnancy is to punish the offenders, namely the pregnant girls and teenage mothers and in that way teach them self-respect and responsibility. The studies also indicated that the young mothers worried about merging into their social world in their temporarily transformed bodies.

Other studies have reported that families excluded the teenagers for falling pregnant due to pressure received from the communities, with the mothers giving their daughters an ultimatum to either abort or move out of the home (Mkhwanazi, 2010; Mkhwanazi, 2014; Ngabaza, 2011). This indicates that having a pregnant daughter has certain implications for the girl’s mother as well. While the mother blames and admonishes her daughter for falling pregnant, the community holds the mother responsible for the daughter’s pregnancy.
Pregnancy was said to bring shame not only on the teenager but on her family too. In particular, the teenager’s mother was judged as having not taught her daughter how to behave.

2.8 Context of relationships during teenage pregnancy and motherhood
A study conducted in KwaZulu-Natal (KZN), South Africa revealed that the relationship between teenage mothers and their families changed once they discovered that they were pregnant. In this state of fear and confusion, participants described how they were confronted with the challenge of breaking the news to their families (Ngabaza, 2011). Most teenage mothers were concerned about the reaction of family, friends and even their partners. The majority opted to negotiate for peace and the acceptance of their pregnancy because they felt that they had done wrong and disrespected their parents by becoming pregnant. Some teenage mothers decided not to disclose their pregnancies and let the parents discover this on their own due to fear and confusion.

The relationships between the teenage mothers and the baby’s father were also disturbed once the boyfriend discovered that they were pregnant. For instance, when the boyfriends were told that their girlfriend is pregnant, they would respond by saying they are still in school themselves and there is hence nothing they can do. The boyfriends also never told their parents that they impregnated someone, which resulted in most teenage mothers having to raise their babies without the fathers being present in their lives to assist them (Ngabaza, 2011; Mkhwanazi, 2012; Dworsky & Meehan, 2012).

2.9 Support during teenage pregnancy and motherhood
The studies conducted in SA with respect to denial of paternity by the babies’ fathers noted that this was a major challenge for the young mothers, as it indicated that they did not receive sufficient support from them. Teenage mothers were left to care for their children without the help of the genitor and his family. This situation placed the burden of child rearing solely on the young mother, though for those who were fortunate, their families helped as well (Mkhwanazi, 2010; Mkhwanazi, 2014; Ngabaza, 2011).
2.10 Assuming new responsibilities

Literature shows that teenage mothers find parenting to be stressful and that this stress is associated with juggling the roles of parenthood while still a teenager. In addition, teenagers miss out on adolescence due to becoming parents and growing too fast, thereby making the transition from adolescence to adulthood much sooner than their peers. This also prevented them from engaging in the activities that teenagers typically enjoy (Dworsky & Meehan, 2012).

2.11 Reaction to pregnancy

Young mothers described shock and fear as the emotions that accompanied the news of their pregnancy. The fear was in relation to how the news would be received by their parents and the genitor. In the majority of cases, the genitor denied paternity and no damages were paid. Motherhood for these young women was described as difficult and many said they regretted becoming pregnant (Mkhwanazi, 2014; Mpanza & Nzimaa, 2010).
CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction
The study was conducted to explore the experiences and challenges of teenage pregnancy and motherhood by teenage mothers around Tshwane district. A qualitative descriptive approach was employed to gather data from 25 teenage mothers who were recruited in the area’s clinics. In this chapter, the research design, recruitment procedure and ethical considerations for the study are discussed. To ensure reliability and validity, the principles of trustworthiness were applied as described in this chapter.

3.2 The study design and methodology
Bogdan and Biklen (2007) mention that the study methods should be consistent with the logic contained in the design. In qualitative research, the researcher must get close to the people, talk to them and observe them in their day-to-day lives in order to understand the way they think about their world (Bogdan & Biklen, 2007). In this study, the aim of the researcher was to interview teenage mothers to gain an understanding of their experiences of pregnancy and motherhood. A qualitative descriptive approach was employed as a method of inquiry.

3.2.1. Study setting
The study setting comprised clinics around Tshwane district and six clinics were selected. The number of teenage girls accessing services in these clinics is approximately 150 per month. Amongst those, about 15-30 are found to be pregnant each month.

3.3. The population sample
Teenage mothers who were accessing health care services for themselves and their children were selected for the study population. The sample consisted of teenage mothers aged 15 to 19 years in Tshwane district clinics. However, mothers who were above 19 years were
included as they have experienced pregnancy during their teenagehood at ages of 15-19 years.

3.3.1 Sampling technique and sample size

Lester (2005) describes purposive sampling as “a non-probability sampling method in which the participants are selected for the study, based on personal judgment about suitability. Purposive sampling was regarded as a useful sampling technique because through this method the researcher can gather information from participants ‘typical’ of the study” (Strydom & Delport, 2005; Walliman, 2009). This implies that members of a sample were selected with a purpose because they had the necessary features that would bring about the understanding of the questions the researcher aimed to study (Ritchie et al., 2014). Therefore, participants who may be selected for any given study are those who have direct experience of the phenomenon under investigation (Hays & Wood, 2011). In this study, the researcher identified the primary health care clinics and from each clinic purposively selected teenage mothers. The purpose of this sampling was to investigate the in-depth knowledge of these teen mothers in order to acquire insight into the topic of teenage pregnancy and motherhood, hence their selection as the relevant responders to the phenomenon under study.

According to Creswell (2007), sampling is the act, process or technique of selecting a suitable sample, or a representative part of a population, for the purpose of determining the parameters or characteristics of the whole population (Creswell, 2007). According to Patton (2002), there are no rules for sample size in qualitative research but data is guided by saturation. The sample size for this study was twenty-five (n = 25) and was controlled by the rule of thumb for sample size of qualitative studies. In this study data reached saturation at a sample of n = 25 at the point where the researcher realized that there were no new ideas, concepts, categories or relevant themes emerging from the conversations with the participants (Krueger, 2000).
3.3.2. Inclusion and exclusion criteria

The teenagers were all mothers of a child or children and were between the ages of 15-19 years. However, those young mothers between 20-22 years who had given birth to their babies between the ages of 15-19 years were also included in the study in order to explore how they have experienced raising their children as teenage mothers. Teenage mothers were recruited from those mothers bringing their babies for wellness baby clinics and the mother’s age for inclusion was verified by asking the mother and also by checking the child’s file.

Teenagers who were still pregnant and those who had not yet given birth to their babies were excluded from participation in the study. The teenage mothers who did not understand any of the languages that were used for the interviews, namely English, Setswana and isiZulu were also excluded.

3.3.3. Participant recruitment

Teenage mothers were recruited in the wellness baby and PNC (Post-Natal Care) clinics of Tshwane district in Gauteng Province. Entry was gained by writing letters requesting permission to conduct the study to the clinic management, clinic’s sub-district management and the research committee of Tshwane district.

3.4. Data collection method

Interviewing is the principal method of data collection in qualitative research (Greeff, 2005). Interviewing entails a dialogue between the interviewer and the participant, where the interviewer asks questions to gather information about the participant’s experiences, ideas, opinions and behaviours on a given topic (Nieuwenhuis, 2007; Atkins & Wallace, 2012). The aim of conducting interviews is to assist the researcher to view the world through the eyes of the participants with the purpose of getting to understand the world from the participants’ perspective, and to acquire the meaning the participants attach to their experiences (Yeo et al, 2014).
In this study, 25 in-depth interviews were conducted with teenage mothers. The researcher and two trained field assistants collected the data, which was recorded on audio recording tapes after obtaining permission from the participants to do so. Data was collected on a weekly basis in one of the clinic rooms provided for that purpose by the relevant clinic manager, starting from September 2015 and ending in August 2016.

Data was collected using an unstructured interview guide. The interview guide (APPENDIX 1) was developed in English and translated into Setswana (APPENDIX 2) and isiZulu, as these are commonly used local languages. All the participants were provided with a questionnaire to complete for their demographic data at the end of each interview.

3.5. Data analysis
The researcher and field assistants conducted the interviews in English, isiZulu and Setswana and recorded them. A qualitative research produces large amounts of textual data in the form of transcripts and observational field notes, and the textual data is explored using some variant of content analysis (Pope et al, 2000). The recorded data was transcribed verbatim into English, isiZulu and Setswana transcripts. All isiZulu and Setswana transcripts were translated into English and the transcripts were read repeatedly by the researcher. A code list was developed for data coding into themes (APPENDIX 3). and the process of data analysis was done by the researcher. Thematic analysis was used to identify key themes by using the NVIVO 10 software. All 25 English versions of transcripts were imported onto the NVIVO 10 software for analysis. The researcher identified and examined the data for emerging themes and sub-themes, which were grouped into similar concepts and contexts for interpretation. The details of the results were then discussed in the form of coded themes and sub-themes as identified by the researcher and interpreted into their meanings. Proper analysis of collected data was done in the form of themes, which represented the experiences of teenage mothers with regard to pregnancy and motherhood.
3.6. Trustworthiness
The principles of trustworthiness were applied to ensure the validity and reliability of the entire study and the information thereby presented. The trustworthiness was applied as follows:

3.6.1. Credibility
The credibility of the study was ensured by awarding each participant an opportunity to refuse to participate or withdraw at any stage of the study. This was to ensure that the data was collected only from people who were genuinely willing to participate and give only honest responses. There was use of probes during the data collection process to verify and elicit detailed data in order to limit deliberate lies by the participants.

3.6.2. Dependability
Dependability was ensured by providing detailed descriptions of the methodologies used to collect data for the study. Choosing effective methods of data collection was ensured in order to allow for the study to be repeated at any point by future researchers with similar interest.

3.6.3. Transferability
Transferability was ensured by providing sufficient detailed information about the field and environment of the study site to enable other researchers to decide whether the findings of the current study can be applied to other situations.

3.6.4. Confirmability
Confirmability was ensured by conducting an audit trail of the study with the aim of documenting the whole research process including its highlights. The researcher recognised and recorded the shortcomings of the study and also ensured honest reporting of the study findings rather than own assumptions and opinions.
3.7. Ethical considerations

Seeking permission- Ethical clearance and approval to conduct the study was obtained from the Student Research Ethics Committee (SREC) and Sefako Makgatho University’s Research Ethics Committee (SMUREC/H/216/2015: PG) (APPENDIX 5). Permission to conduct the study was granted by Tshwane clinics and district health (APPENDIX 6).

Obtaining informed consent from participant- Sufficient information about the study was provided to the participants by the researcher. The information given to the participants explained the aim and objectives of the study. A written consent was obtained from the participants (APPENDIX 4) through signing consent forms to grant permission to participate in the study. For those participants who were unable to read, the content of the consent form was read and interpreted to them word by word and they were assisted in completing and signing the form. The participants were informed that the study participation was voluntary and that they could refuse to participate or withdraw from participation at any stage. The participants were informed that their participation and the findings of the study would be kept confidential and privacy was maintained. To ensure confidentiality and privacy, pseudo names were used for all participants and they were informed about it. Participants were informed that an audio recorder would be used to capture the interviews. The participants who were under 18 years of age were also given a written informed consent because in South Africa, the Children’s Act no 38 of 2008 states that the age of consenting to access reproductive health services by minors is provided for, as children are sexually active at the early age, before they are even 16 years old.

Minimisation of harm- Since the researched topic was very sensitive in nature, provision was made for participants who may have to seek counselling and support through referrals to social work and psychologist services.
CHAPTER FOUR
PRESENTATION OF STUDY FINDINGS

4.1. Introduction
This chapter presents the results of the data collected from the 25 adolescent young women who participated in this study and who were recruited at the primary health care clinics. The study sought to investigate the experiences of teenage mothers with regard to their roles as mothers and to explore the challenges experienced during pregnancy and motherhood. The data was collected from 25 teenage mothers residing in three townships of Tshwane, namely Soshanguve, Mabopane and Laudium. This chapter highlights the description of the data analysis process and development of themes, the participants’ demographics, and the themes including sub-themes emerging from the collected data with excerpts to elaborate upon.

4.2. Description of data analysis process and development of themes
Twenty-five unstructured, in-depth individual interviews were conducted, through which data saturation was obtained. These individual interviews were conducted face to face with participants by the researcher and research assistants. Recorded data was transcribed and transcripts in Setswana and isiZulu were translated into English. All 25 English versions of the transcripts were uploaded onto NVIVO 10 software for analysis by the researcher. Excerpts from the interview transcripts were coded into themes and sub-themes during the analysis of the data, and these themes and sub-themes were developed through repetitive reading of the transcripts and obtaining the meaning of what was said by the participants in the excerpts. The context and meaning of what was said in the excerpts was then coded into the relevant themes and sub-themes, and the details of the results were finally discussed and analysed by the researcher. Themes were developed to ensure that proper analysis of the collected data occurred. Several themes that emerged from the data represent both the positive and negative experiences of teenagers who became mothers between the ages of 15-19 years.
4.3. Demographics

Individual interviews were conducted with 25 teenage mothers aged between 15-19 years old, this being the target age. However, those young mothers between 20-22 years who had given birth to their babies between the ages of 15-19 years were also included in the study in order to explore how they have experienced raising their children as teenage mothers. Seventeen participants were between the ages of 15-19 years and eight participants were aged between 20-22 years, as illustrated in Table 4.1. All participants had one or more children and resided in areas around Tshwane. Table 4.1 shows the demographics of the teenage mothers. According to the demographic profile, all interviewed participants had one child with the exception of two participants aged 20 and 21 years who had two children from different fathers.

Table 4.1: Demographics of teenage mothers

<table>
<thead>
<tr>
<th>Age of participants</th>
<th>Frequency (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 years</td>
<td>3</td>
</tr>
<tr>
<td>17 years</td>
<td>4</td>
</tr>
<tr>
<td>18 years</td>
<td>3</td>
</tr>
<tr>
<td>19 years</td>
<td>6</td>
</tr>
<tr>
<td>20 years</td>
<td>6</td>
</tr>
<tr>
<td>21 years</td>
<td>2</td>
</tr>
<tr>
<td>22 years</td>
<td>1</td>
</tr>
</tbody>
</table>

Schooling status

| Number of teenage mothers still in school | 11 |
| Number of teenage mothers dropped out of school/ not pursuing schooling | 14 |

Teenage mother lived with:

<p>| Both parents | 10 |</p>
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother only</td>
<td>5</td>
</tr>
<tr>
<td>Grandparents</td>
<td>1</td>
</tr>
<tr>
<td>Older siblings</td>
<td>2</td>
</tr>
<tr>
<td>Aunt</td>
<td>3</td>
</tr>
<tr>
<td>Cousin</td>
<td>1</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>3</td>
</tr>
</tbody>
</table>

**Context of teenage pregnancy and teenage motherhood**

In this study the teenagers had unplanned pregnancies due to lack of access and/or awareness of contraception and the use thereof. Most of them only started using contraceptives after they had a child and some said they had missed taking their contraceptive and had had sex, which led to a pregnancy. Teenage mothers were also ignorant about their bodies’ physiological functions including the menstrual cycle, as most of them only realized they were pregnant in the second trimester. Others mentioned that based on their families or caregivers’ moral judgement due to their religious affiliations they were too embarrassed to use contraceptives.

**Presentation of themes**

**Accepting teenage pregnancy and motherhood**

Some participants expressed that being a teenage mother was not bad at all for them as it actually brought positive changes in their life, including happiness and fulfilment in becoming mothers. Participants verbalised that having children at an earlier age has changed the way they view children in general. The following are some of the excerpts raised by the participants to express the positive experience of teenage motherhood:

“I care more. I didn’t even love children but now I love kids because this child of mine has taught me. My child does not give me a problem; he is not making me struggle” (Lebo, a 20-year-old with a 1-year-and-3-months-old baby).

“I wanted to have this child, the father and I sat down and spoke about the way he wanted a child. I said I would give a child and I did… I feel very proud that I’m raising my child;
that I never thought about having an abortion or abandoning my child” (Clancina, a 17-year-old with a 2-year-old baby).

“I think having a child at my age is good because you cannot have a child at the latest age” (Maya, an 18-year-old with a 3-month-old baby).

“I would not say being a mother has changed my life because I was not a party animal. I was not going to taverns, I was always indoors. Even now I am always indoors with my child but not on weekends [when] they take my baby for a visit. My life has never changed; I never see any changes in my life because I grew up alone at home without any siblings” (Connie, a 17-year-old orphan with a 7-month-old baby and staying with her grandparents).

“I never experienced any challenges. Maybe when the time goes on, but now things are still smooth” (Connie a 17 years old with a 7 months old baby).

**Disruption in life plans**

Most participants have indicated that falling pregnant and becoming a mother while still a teenager was very difficult for them as it interfered with their normal life activities as teenagers. In most cases the presence of the child in their teenage years has disrupted life in many ways. The different aspects of the teenage mothers’ lifestyles were affected, as stated in the excerpts below. Amongst those who reported disruption in life were those who stated that school life was disturbed due to motherhood.

“I was planning to finish my matric but I fell pregnant. I felt so much pain because my intention was to finish matric and go to university to study law. Having a child has restricted me in achieving my dreams” (Kate, a 19-year-old with an 8-month-old baby and staying in a child-headed household).

“I can say that my life turned upside down; it is different, and my life is difficult now. I did not finish school, I am not working and on the other side the baby’s father’s family do
nothing for us” (Eve, a 21-year-old mother of 2, a 2-year-old and a 5-month-old baby, who dropped out of school).

“I cannot focus on my school work. I am always thinking about the baby, what if she is crying or they did not give her food” (Nomsa, a 16-year-old in Grade 10 with a 6-month-old baby).

“I wanted to finish Grade 12 at a record time then after that go to study at Cape Town... so all those things I told myself that I want to go and work as a make-up artist after Grade 12 are not possible” (Glenda, 18-year-old orphan with a 7-month-old baby).

“Being a mother ruined my life. I should have completed my matric, with matric certificate, but just because of the baby I could not; I do not have a future now” (Nomalanga, a 21-year-old with a 3-years-and-2-months-old baby, orphaned and staying with a cousin).

During the interviews there were those participants who said that their life was disrupted mostly when the child was sick. This was not easy for them because they had to interrupt some of their daily activities in order to get help and care more for their babies. The following statements raised by the participants are illustrative of how they felt when their babies were sick:

“I feel bad sometimes because at other times I cannot go to school, just like today I was supposed to bring the child to the clinic. But mostly when she is sick my boyfriend’s mother usually took her to the clinic, but today it was not possible for her to be absent at work” (Glenda, an 18-year-old orphan with a 7-month-old baby, staying with an aunt).

Those participants who were unable to continue with the lifestyle activities of teenagers as they did before having a child, such as partying and hanging out, have mentioned the following statements to explain how their life has changed due to having a baby:
“Since being a mother I’ve stopped going out, I’m always at home looking after my child and I wasn’t like that. I don’t go out anymore.... I only go out when I go to school.... I thought I’ll have kids after I finish school” (Amogelang, a 17-year-old with a 5-month-old baby).

“I was working but quit because my child was still young and I was supposed to look after her. My life has changed so much in a good way and bad way. I do enjoy being a mother but it has its own difficult challenges... at some stage you just wish to take the child to his/her father’s home.... Being a parent with no job it is difficult, bringing up a child is expensive because you have to buy nappies and food” (Kate, a 19-year-old with an 8-month-old baby).

“My life has changed a lot because now there are so many things that I cannot do, I have to think twice before I do something, there is someone in my life which is my child [and] it is not about me anymore. My plans were crushed after my child was born. I did not have a clue about [my] child’s needs.” (Nomfundo, a 19-year-old with a 2-years-and-6-months-old baby, who dropped out of school)

“Life was good. It was not about the baby; I was enjoying life going everywhere, so those things you were doing before, you leave them behind. After having a baby, life changes. You become a mother/parent [and] you change your lifestyle” (Linda, a 20-year-old mother of 2, a 3-year-old and a 7-month-old baby, who dropped out of a school and stays with her boyfriend).

Although some participants have indicated that teenage motherhood brought disruptions in their life, there are those who mentioned that having a child has not caused any disruptions in their lifestyle, as illustrated in the statement below:

“No, my life is still the same as before. My parents still treat me as a child. No, my plans haven’t changed; I’m still looking for work, so I can make my child happy” (Linah, a 20-
year-old with a 2-years-5-months-old baby, who dropped out of school and stays with both her parents).

**Feelings and acts of discrimination because of the child**

“After I had a baby I’ve never been like [I was] before. Now I don’t want to be around with people who do not have children because I won’t start a topic with them” (Motlatsi, a 22-year-old with a 3-years-and-8-months-old baby).

“My life has change because I am no longer going around with friends; I am taking care of my child…. I was enjoying my life before I had a child, but now I am not enjoying it. I was going out with my friends maybe to a party and at home I was well treated, but now they are not treating me well” (Nomsa, a 16-year-old with a 6-month-old baby, in Grade 10 and staying with both parents).

**Assuming new roles and responsibilities**

Participants indicated that having a child at such an early stage of life comes with changes in roles of the teenage mothers. It has emerged from the results during analysis that the teenagers change their roles as teens to instead being parents to their babies. This for most teenage mothers has come as a negative consequence as they are mostly unprepared for parenthood and how it changes all their lifestyle activities as well as their expectations. They are now expected to act as parents to their children whilst they themselves are still considered to be children. Teenage mothers have stated the changes in their roles and responsibilities in raising their young ones as expressed in the statements below:

“I didn’t know how to do the caring and bathing of the baby and I was scared that maybe I would drop him” (Amogelang, a 17-year-old orphan with a 5-month-old baby).

“It is not nice because a child has so many complications and needs, you have to buy clothes, food and grant money is not enough according to me, but nothing else can be done because the baby is there” (Nomalanga, a 21-year-old with a 3-year-and-2-month-old baby, orphaned and who stays with a cousin).
“I was not used to waking up early, having to wake up in the early hours of the morning. You don’t sleep enough. As a mother you will lose sleep, you find out the child is awake very early and you have to breastfeed. I go with him everywhere; he does not want to be left with someone and he does not want to be fed by bottle of milk, he only wants breastfeeding, so wherever I go I go with him” (Lebo, a 20-year-old with a 1-year-and-3-months-old baby, who dropped out of school and has both parents).

Feelings about being a mother and about the child

Having a sense of fulfilment

Participants have expressed different feelings about being teenage mothers. Some have reported the joy and fulfilment they feel when they look at their children, others have expressed that it feels good to be a mom despite all the challenges. The participants also mentioned how looking at their babies on a daily basis makes them feel proud to be moms. The following statements are what mothers said about how good it feels to be a mom:

“I feel proud especially when my baby calls me Mom. First day when she called me ‘Mom’ I felt so much love and happiness that I can also make [a] baby” (Connie, a 17-year-old with a 7-month-old baby).

“Yoh! My baby makes me happy to be honest. He made a big change in my life. I just enjoy being around him” (Kate, a 19-year-old with an 8-month-old baby).

“I feel good. I love my baby even though I did not plan her. I still love her, even if I cannot sleep well at night, but my love is for her (laughing)” (Nokuthula, a 19-year-old with a 2-month-old baby).

Non-acceptance of pregnancy and motherhood

Amongst teenage mothers who verbalised that they feel proud to be moms were also some who have experienced teenage pregnancy and motherhood as a horrific experience. They
expressed motherhood as a difficult event in the teenage mother’s life, as shown in the statements below:

“I think teenage motherhood is a bad experience for young children” ( Connie, a 17-year-old with a 7-month-old baby).

“I was not feeling ok (when she was still a baby)” (Nomfundo, a 19-year-old with a 2-year-and-6-month-old baby).

**Support received for caring for the baby**

Most participants have indicated that they had different support structures or people who looked after the child when they were not available, especially when they needed to go to school. These participants were assisted by their mothers, grandparents, aunts and their boyfriends’ family. Others had baby sitters or left their babies at day care centres.

**Availability of support in caring for the child**

“My mom she is on leave, so she looks after my baby” (Nomsa, a 16-year-old with a 6-month-old baby).

“I was helped by my mother and experienced so much. I asked my mom before I go so that she will be the one who is looking after the baby” (Neo, a 16-year-old with a 2-month-old baby).

“Then when I come back I fetch him at his father’s home... my baby’s father’s brother came to stay with me until the baby was a month old, so that I could be able to go back to school and my mother returned to work” (Connie, a 17-year-old orphan with a 7-month-old baby).

“The first three weeks [after giving birth] I never went home straight after being discharged at hospital. I went to my boyfriend’s home even though he was not assisting me
with the child but his parents supported me” (Eve, a 21-year-old mother of a 2-year-old and a 5-month-old baby).

“It is his grandmother, my boyfriend’s mother. When my child was sick his grandmother was helping me; she is a traditional healer” (Kate, a 19-year-old with an 8-month-old baby).

“Most of the time I was helped by my boyfriend’s mother since, well, I do not have parents and so my aunt she does not know anything about babies…. I actually won’t mention that much because they took my child while she was only 3 days. I did not breastfeed, she was sucking a bottle of baby formula, so I won’t say I have encountered challenges because she was staying with her grandma full time, then I was only taking her on Fridays” (Glenda, an 18-yearold with a 7-month-old baby).

Other relatives of the baby’s mothers have assisted in taking care of the babies when their mothers were not available while attending to other commitments, as stated by participants below:

“I left him with my grandma; even today I was standing in a queue at the clinic but I left him behind with my grandma, She said I must phone her to bring the child when I’m approaching the line…. She (grandmother) takes him to the clinic most of the times, I just came today because we do nothing at school” (Connie, a 17-year-old with a 7-month-old baby).

Amogelang, a 17-year-old with a 5-month-old baby mentioned, “My aunt looks after him [when I go somewhere]. It’s for when I go to school, if I need to go anywhere else I take him with me.”

Crèche and day care centres have also played a role in caring for the babies of some of the teenage mothers when they were unavailable, as mentioned below:
“During the week I stay with my baby, then when I go to school I take him to crèche, but they went to fetch him late because I came back late from school” (Connie, a 17-year-old with a 7-month-old baby).

“She was having a baby sitter when she was still a baby, but now I took her to day care because she has grown up” (Glenda, an 18-year-old with a 7-month-old baby).

**Non-availability of support in caring for the child**

Some participants have stated that they had no one to look after their child. They were therefore forced to stay home and raise their babies even though it was difficult, as it interfered with their teenage life such as going to school as well as with other teenage activities. For example:

“*My mother is working; I was the one who was looking after my baby*” (Nomsa, a 16-year-old with a 6-month-old baby).

“I had no one to help me, my father only comes home on weekends and my mother comes back from work late. There were times when he cried and I could not stop him from crying and I also felt like crying. I had to do everything alone mostly” (Gontse, an 18-year-old with a 3-month-old baby, who dropped out of school).

“I do not have someone who will look after my child while I am at school. My boyfriend’s mother was helping during the first weeks. I go with my child; there is no one to take care of the baby when I go somewhere” (Nomalanga, a 21-year-old with a 3-years-and-2-months-old baby).

**Reaction to pregnancy and motherhood**

**Initial reaction to pregnancy**

Teenage mothers expressed different reactions towards pregnancy and motherhood. To some, pregnancy came as a shock and to others it was difficult at first, but as the time went
on and the child grew it became better. Teenage mothers expressed the following regarding their initial reaction towards pregnancy:

“At first I couldn’t accept it [pregnancy], until my mom said to me that it’s a mistake I must accept. So, now I feel okay. I’m too young to have a child at my age” (Happy, a 19-year-old with a 5-month-old baby).

Puleng, a 16-year-old with a 3-month-old baby, mentioned, “I feel bad. (Yes) I have regrets. My baby was 3 days when I regretted that I won’t be able to go back to school anymore. The time my baby was still young, I had regrets. Yes, because she was still a baby and crying a lot.”

“Yoh, it is very hard, it’s not easy, it’s not simple, it is a lot of work. To be honest I was very bored (laughing), but since I gave birth I am good. So I had to keep the child even though I was afraid of what my family was going to say. Eish, you know at first, let me say on my first weeks I was feeling embarrassed then at school. Actually they did not notice me on my first week; people who saw me are the ones from home, but I did not have stress about that” (Lebo, a 20-year-old with a 1-year-and-3-months-old baby).

“I felt sad, I saw myself pregnant and I didn’t like it. I’m good now I’ve accepted that I am a mother” (Thokozani, a 20-year-old with an 8-month-old baby).

“I was hiding from my parents that I am pregnant, they saw me after 6 months that I am pregnant” (Nomfundo, a 19-year-old with a 2-years-and-6-months-old baby).

“Eish, to be honest it is difficult. You are not exposed to many things especially when it is the first time you have a child, you don’t have any experience about [how] to raise a child. You feel down, when the baby starts to cry you develop anger. Yoh! When you raise a child it is difficult, you don’t know what you are supposed to do. Like according to my culture a child needs to be healed (tlhohana) and I did not know such things I just sit there with the baby telling myself that the baby is fine. I had bumped into people on the street and saw
the birthmark (tlhohana) on my baby’s head and [they] told me that the baby will be badly sick, some would say he/she is going to die, such things I did not know” (Linda, a 20-year-old mother of 2, a 3-year-old and a 7-month-old baby).

“I’m disappointed in myself” (Ntombifuthi, an 18-year-old with a 3-month-old baby).
Some participants expressed that they were very excited to learn that they were pregnant, as indicated below:

“I was so happy and I couldn’t wait to see my child” (Pulane, a 19-year-old with a 7-month-old baby).

**Preparedness for motherhood**
Although their initial reaction to pregnancy and the early stages of their baby’s life was shocking for most teenage mothers, for some it became better as the child grew up. Others expressed that having a child at such an early stage was not an easy thing because you struggle with the demands of the child continually. Some participants expressed that they blamed themselves for having babies during their teenage years and some still regret it.
The excerpts below are indicative of the different reactions expressed by participants towards teenage motherhood:

“Looking after a child is difficult. I am not coping well; I am always thinking too much. Why my friends and boyfriend changed [thinking too much]” (Nokuthula, a 19-year-old with a 2-month-old baby).

“My heart is still paining because I have still not completed school and he [child’s father] completed his grades; he never showed us some love and care like introducing my child to his grandmother or aunts to take care of the child so I can go back to school. The fact that he does not have a father is painful. Being a teenage mother was very challenging because I never knew what to do when the child gets sick” (Nomfundo, a 19-year-old with a 2-years-and-6-months-old baby).
“Eish... sometimes I was stressing with pampers because I was running out them in the middle of month, finding that the month is still far to the end so I can’t get money to buy, sometimes I run out of ‘umuthi wenyoni’ and I don’t have money, or I would see something in the shop and I don’t have money to buy it” (Motlatsi, a 22-year-old with a 3-years-and-8-months-old baby).

“Eish being a teenage mother it is so difficult, it is not nice. It was only when she was sick like ‘tlhohana’ that was giving me stress, but I became ok eventually” (Nomalanga, a 21-year-old with a 3-years-and-2-months-old baby).

“Yoh! I think it is difficult, that is what I think. A child is a problem. He does not sleep at night and when he gets sick you cannot even go to school” (Puleng, a 16-year-old with a 3-month-old baby).

“I would say, why did the baby come?” (Lebo, a 20-year-old with a 1-year-and-3-month-old baby).

“It’s a bit better now that he is grown and able to talk” (Clancina, a 17-year-old with a 2-year-old baby).

“I blame myself for having a child” (Thokozani, a 20-year-old with an-8-month-old baby).

“Yes it is hard, but you just have to be strong and hold on. Sometimes it’s difficult, but then I forget and live with the fact that I have a child. The grant money is my pocket money; I was in pain alone; so the father must work for the child” (Linah, a 20-year-old with a 2-years-and-5-months-old baby).

“I think that they [teenage mothers] face a lot of challenges because raising a child while you’re still a child as well is very difficult, because you don’t know anything about raising a child. Especially if you don’t have an adult who can guide you, you don’t know what to do” (Gontse, an18-year-old with a 3-month-old baby).
Feelings of deprivation while prioritising the child

It is not only about the difficulties that the child brings to the lives of the teenage mothers, but also the changes that the presence of the babies has brought into the relations that the teenage mothers had with their families. Some teenage mothers have indicated that since the birth of their babies, the focus has shifted from them and has been placed on their young ones instead. Some would even express feelings of jealousy towards their babies because of all the attention they are receiving and their feelings that all the focus is now on the babies. The excerpts indicative of this are as follows:

“I had access to a lot of things before and what is different now is that I have a child. I was getting everything I wanted before from my parents, so now each and every cent I get I have to share it with my child. It is not about me anymore” (Kate, a 19-year-old with an 8-month-old baby).

“My life has changed in so many ways, at home they are no longer doing things for me, they do for my child and I am home I am not working” (Nokuthula, a 19-year-old with a 2-month-old baby).

“I was going out with my friends maybe to a party and at home I was well treated, but now they are not treating me well. Yes, they [at home] are now taking care of the baby. It [relationship with family] was good; they [parents] were taking care of me, but now they are not taking care of me, they are taking care of my baby” (Nomsa, a 16-year-old with a 6-month-old baby).

“I used to get whatever I wanted but now I am suffering a bit. When they [family] are supposed to buy me something they told me about the child” (Neo, a 16-year-old with a 2-month-old baby).
“Yes, focus was on me but all that changed even though sometimes they do things for all of us, but still things have changed. When I wanted something, he [baby’s father] was doing it for me, something like that, but since he saw that I am expecting he was usually telling me that the baby comes first. It was not like he is putting me aside, but we have to be realistic and put the baby first then we will follow after” (Buhle, a 20-year-old with a 1-year-and-6 months-old baby).

“Before yes, but now they [family] will tell me that they are looking after my child. As for me I am on my own; they tell me that they are looking after my child… they are not entertaining [me], they are just doing everything for my child. It makes me feel somehow, like I am being neglected. You will find my mother telling me that I am not the last born anymore, my child is the last born. They say she took my place so I have made peace with it” (Lebo, a 20-year-old with a 1-year-and-3-months-old baby).

“It was good, I used to get everything that I wanted; now because I have a child I have to limit what I want. The child yes, but I only get certain things now” (Gontse, an 18-year-old with a 3-month-old baby).

“Not like before [spending money on me] because my child has taken that space, she [mother] spends on my son and my sister spends on me” (Nhlanhla, a 17-year-old with a 10-month-old baby).

Others also reported feelings of self-deprivation as they were supposed to put their children first:

“Even when I only have R3, I don’t spend it by myself; I share it with my child. I don’t just think of me anymore. When I get R50 for hair, I make sure that my child gets at least R10 from that money. I get yogurt because they don’t get grants yet. The only change came with having to share any little money I had with my child. I can’t go shopping and only get myself things; I must get my child something as well. My child has been my number one since he was still in my womb. I would rather sacrifice myself so my child can have
everything they need. It’s just like the grant money that I get from my sister because she registered him; I just use it to spoil him” (Clancina, a 17-year-old with a 2-year-old baby).

“I’ve stopped hanging out with friends to focus on my child” (Linah, a 20-year-old with a 2-years-and-5 months-old baby, who dropped out of school and stays with her boyfriend).

“I think that they [teenage mothers] face a lot of challenges because raising a child while you’re still a child as well is very difficult, because you don’t know anything about raising a child. Especially if you don’t have an adult who can guide you, you don’t know what to do…….There were times when he [child] cried and I could not stop him from crying and I also felt like crying. I had to do everything alone mostly” (Gontse, an 18-year-old with a 3-month-old baby, who dropped out of school).

**Contexts of relationships with child’s father, family members and friends**

**Relationship with child’s father**

Although some participants have indicated that they still have relationships with the child’s father, most of them have expressed that they have no relationships with their child’s father. Some have verbalised that there is no communication between them since pregnancy or the birth of their babies, and as a result the teenage mothers have to struggle alone with the baby, as stated below:

“Currently he gives me problems because maybe I now have a child he even beats me up. I actually do not know, I think he is taking advantage that I have a child with him or… maybe that is why he beats me because he never laid his hand on me before” (Neo, a 16-year-old with a 2-month-old baby, in Grade 10).

“When he found out that I was pregnant, he already had another girlfriend. So, I decided to let him go. He came to see the child once” (Happy, a 19-year-old with a 3-month-old baby, in Grade 11).
“My boyfriend was good to me, our relationship was fine, [but] it all started to change now after I had a baby because since I had a child he is no longer calling me and he did not even check up on how the baby is doing. Our relationship was fine while there was no baby. We last saw each other when I was pregnant, but after having a child we never saw each other. I have last seen him in 2013” (Nomfundo, a 19-year-old with a 2-years-and-6-month old baby).

“Our relationship was good but we had complications after I got the child, we were fighting and sometimes he was beating me. By the time I was pregnant sometimes I was going with my mother to work because she was sick, so I was helping her at her work and when I come back he would start beating me without asking where I was.... I just decided to stay away from him because he always hurt me” (Pulane, a 19-year-old with a 7-month-old baby, who dropped out of school).

Relationship with family members
Although some participant have experienced changes with regard to family relations, for others their family relationships have continued unchanged, as reported in the experts below:

“Our relationship is still good. They advised me not to do abortion or commit suicide because it is not the end of the world. I am not the only one who did a mistake; as people we do mistakes and they also promised to support me” (Glenda, an 18-year-old with a 7-month-old baby).

Some participants experienced negative changes. The parents of the participants were reported to be the ones mostly disturbed by the news of their teenage children having fallen pregnant at such a young age. Participants verbalised the negative consequence in terms of family relationships as such:
“They [family] were so fed up that I am pregnant especially my grandfather, because he was not used to [the fact] that I am pregnant. But now as time goes on he is already used to me” (Connie, a 17-year-old with a 7-month-old baby).

“We have a good relationship, but not with my father like before, because sometimes it happens that we not talking to each other for 2 or 3 months. But before I was able to talk to my father; there was not this tendency of not talking to each other” (Kate, a 19-year-old with an 8-month-old baby).

“It [relationship with family] was good and they were providing each and everything I want and were listening to me when I have something to say, but now they are impatient with me, they shout at me even if it is unnecessary. It is not good anymore” (Nokuthula, a 19-year-old with a 2-month-old baby).

“Oh, our [family] relationship (laughing). I was staying with my brother, my mom passed on when I was 2 years old, and my father passed on when I was 17 years old, so I was remaining with my brother but he chased me out while I was 2 months pregnant” (Nomalanga, a 21-year-old with a 3-years-and-2-months-old baby).

“Before I had a child... Eish, how can I put it: we were a happy family and they were looking up to me to go to school and they were making sure they paid my school fees, then suddenly I was expecting so obviously... Eish. They [family] changed; they turned to be too serious [after the baby]. Eish, meaning they were so angry and do all weird things. They were shouting and torturing me and their reaction it was like they would say, ‘go and do abortion’, but they didn’t have that mind-set. They [have] never done the thing that I was expecting, but eventually they were okay they accepted that what has happened has happened. They cannot turn back things but otherwise now they are happy” (Buhle, a 20-year-old with a 1-year-6-month-old baby).

“We [with family] were good, but after I fell pregnant they were angry with me. They [family] asked why I fell pregnant knowing that I wasn’t finished with school; because
having a child would distract me from my studies” (Gontse, an 18-year-old with a 3-month-old baby).

“Things was fine, as a family when you go to school they were doing everything for me, but after I fell pregnant, they had anger because I was still young and I did not finish school, I was still at school, such things, but after time they were fine” (Linda, a 20-year-old mother of 2, a 3-year-old and a 7-month-old baby).

**Relationship with friends**

Most participants reported that their relationship with friends changed after they learnt that they were pregnant, and for some this happened only after they gave birth to their children. Those participants who reported changes in their relations with friends also mentioned that it changed from being good to bad, with some having lost those friendships completely. Participants expressed the changes experienced in their friendships in the excerpts below:

“I don’t have friends (laughing), they are around but they are no longer coming over that much; they have distanced themselves. I think it [the reason friends distance themselves] is because I have a child, I am a parent now” (Nokuthula, a 19-year-old with a 2-month-old baby).

“Our friendship was just good. It [relationship with friends] is no more the same. The difference is that we [participant and friends] all have children now and we do not have time for each other now as friends because everyone is focused on her own life” (Eve, a 21-year-old mother of 2, a 2-year-old and a 5-month-old baby).

“I had friends before. We [participant with friends] were good; we were going wherever we want. Ah… they [friends] [after the baby] started to distance themselves from me, saying I will cause them to have children too” (Motlatsi, a 22-year-old with a 3-year-8-month-old baby).
“I do not have ones [friends] who were supporting me but I have those [friends] who were laughing at me. It [relationship with friends] was fine, especially at school it was nice. Some [friends] were laughing at me and some [friends] of them they supported me” (Nomalanga, a 21-year-old with a 3-year-and-2-month-old baby).

“They [friends] used to be close to me, they always used to come visit me, but now there is only one that visits me (laughing) out of all friends. Didn’t you hear what I said; they (friends) are distance; only one of them is close. Yes they [friends] have changed, those friends at school they no longer come to check up on me” (Lebo, a 20-year-old with a 1-year-and-3-months-old baby).

“It [relationship with friends] was fine, but after falling pregnant, my list of friends shrunk. Only a few friends kept on with our friendship. I eventually ended up with no friends. I don’t have any friends. The thing is I don’t have time for friends anymore” (Gontse, an 18-year-old with a 3-month-old baby).

**Teenage motherhood and schooling**

**Pursuing schooling**

Some participants have indicated that even with all the challenges that have come with being teenage mothers, they still managed to pursue their schooling. Some never interrupted their schooling during early motherhood and for those who interrupted schooling, it was only for a short period. The participants indicated that even though they have babies they are still pursuing their schooling, as stated in the excerpts below:

“I never dropped out from school, I am still continuing with my studies. I am in Grade 11 now. I wanted to be a nurse but nothing has stopped that because after my child was born, I failed Grade 10 but I passed this year with flying colours and I am in Grade 11 now. Surely next year I am going to Grade 12. I want to go to university. I would not be stopped by a child. I am going to enrol in the course I wanted to do before” (Connie, a 17-year-old with a 7-month-old baby).
“I did not drop out at school, I continued until I finished matric and I was staying with my
mother, then after [that] I moved in with my boyfriend” (Linda, a 20-year-old mother of 2,
a 3-year-old and a 7-month-old baby).

“I leave my child at home... I tend to miss him while I’m at school. So, after school I come
straight home” (Happy, a 19-year-old with a 3-month-old baby).

Being challenged to attend school
Although some participants have managed to pursue their schooling, for others this was a
difficult thing to do. Some participants experienced disruption in schooling, varying from
temporary disruption to complete drop out. The participants mentioned how their plans of
schooling have been disrupted by their pregnancy and birth of their children.

“I was forced to drop out of school and go to look for a job. I could not return to school
after giving birth because my mother said who was going to look after the baby because
my baby’s father is not working, and by that time I had no money to take my child to day
care. I gave birth in September and January my child was still a baby, so I could not return
to school because of that” (Kate, a 19-year-old with an 8-month-old baby).

“You miss a lot of things like school; I never finished my studies as a result of having a
child at an early age. I had a child while I was still at school, by that time my mother was
looking for a job. She [mother] was not going to be able to look after my child while I was
at school. It hurts me in my soul emotionally because I should have been so far with life,
should have been completed at school and having a good job. My mother said she won’t
be able to look after my child while I am at school, I better stay and raise him” (Nomfundo,
a 19-year-old with a 2-year-and-6-month-old baby).

“I should have completed my matric with matric certificate, but just because of the baby I
could not; I do not have a future now” (Nomalanga, a 21-year-old with a 3-years-and-2-
months-old baby).
“I wanted to study medicine, but after I fell pregnant my marks started to drop, maths and science” (Puleng, a 16-year-old with a 3-month-old baby).

“I fell pregnant and had a child when I was 18 years old, so I was still in high school. At the school that I went to, they didn’t want pregnant girls coming to school, so I had to sit at home and fall behind with my studies. So if I wasn’t pregnant I could’ve finished school sooner” (Gontse, an 18-year-old with a 3-month-old baby).

Feelings of social exclusion and acts of discrimination because of the child
Participants who had experienced social exclusions or being judged by others due to having fallen pregnant as teenagers were few. However, what they experienced affected them, but they nevertheless had to live with it and accept that life still goes on. Some excerpts in this regard are as follows:

“…before I was not feeling ok thinking of people and what they would say [and that] maybe they will judge me. There were people who were judging me, but it ends and life goes on” (Connie, a 17-year-old with a 7-month-old baby).

“Maybe friends, peers and people I used to hang with see themselves as different from me because they don’t have children and I have a child” (Lebo, a 20-year-old with a 1-year-and-3 month-old baby).

“I never talked to her [biological mother]. I actually don’t know, I think that she [biological mother] will judge me” (Carol, a 19-year-old with a 1-year-and-6-month-old baby).

Support received during teenage pregnancy
It has been indicated by most participants that support is what is required by the teenage mothers in order to go through their life challenges. Support comes from different related people who are around them and can be given in various ways.
Connie, a 17-year-old with a 7-month-old baby mentioned: “My situation is better because my grandparents give me support and my baby’s father’s family help me with the baby. The problem is that my baby’s father had another child outside after mine, so they also support that child. I got all support from my parents though always heard other people saying their parents tortured them but I never experienced that. My mom [child’s grandmother] went with me to the clinic every day, each and every check-up she was there. My uncles and my aunt with my grandmother accompanied me to hospital during my labour, all of them. My mom took leave from work and stayed with me until the baby was 3 weeks. I get support from my baby’s father’s family and here at home.”

“He [father of the child] supports his child; but he also doesn’t work, he does part-time jobs. Everything I needed he got for me, he was very caring. He’s the one who took me to the hospital; he was there until I gave birth even. My child never needs anything even though he doesn’t work; he makes sure that the child and I have what we need” (Clancina, a 17-year-old with a 2-year-old baby).

“He [baby's father] was very supportive financially and emotionally, he was providing me with anything, he was so supportive to my siblings as well. Whenever I tell him that we run out of something he was doing by all means to make a plan. He looks after the child; by the time I was working he was the one who was looking after my baby while I was at work. He did not want the child to go to day care and he even buys things if my child needs one” (Kate, a 19-year-old with an 8-month-old baby).

Coping mechanisms
Teenage mothers reported that they had to use certain strategies that would help them to deal with the day-to-day challenges of being teenage mothers. Most of them expressed different strategies which they said really helped. For example: Kate, a 19-year-old with an 8-month-old baby, who said that, “We communicate in our relationship and he encourages me [by] telling me that things will be fine. My mom also encourages me. Talking to people about my situation helps me a lot.”
“I talk to my diary” Nomsa, a 16-year-old with a 6-month-old baby.

“I told myself that I’d ignore them [other adults at the clinic] and focus on what I need to do” (Happy, a 19-year-old with a 3-month-old baby).

“I tried to give my soul peace and I stopped thinking too much. Yes, it was going to end up giving me a heart attack. Yes, I have peace in my soul” (Nomfundo, a 19-year-old with a 2-year-and-6-month-old baby).

“Ah... what can I say to deal with challenges...? I was just praying. Yes prayer is powerful” (Nomalanga, a 21-year-old with a 3-year-and-2-month-old baby).

“I ended up taking him [child] to the church; he had this red thing on his head. They cut him and applied some cream on the cut; two days after that he was fine” (Gontse, an 18-year-old with a 3-month-old baby).

“My mom, after she told me what to do, I went to church for help, then after my baby was fine” (Linda, a 20-year-old mother of 2, a 3-year-old and a 7-month-old baby).

“There is no one that I’m talking to or telling my problems, it is the first time I share everything with you. I never talked to her [biological mother]. I actually don’t know, I think that she [biological mother] will judge me. I just keep quiet, it just kills me inside” (Carol, a 19-year-old with a 1-year-and-6-month-old baby).
CHAPTER FIVE
INTERPRETATION, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction
A qualitative research methodology was employed to explore the experiences of teenage pregnancy and motherhood. In the previous chapter the results of the data collected from the participants were presented as they emerged in the form of themes and sub-themes. Participants expressed their experiences with regard to raising their children and the challenges they experienced as teenage mothers. In this chapter, the results of the study are discussed in more detail and in relation to the other literature findings. The findings will address the posed study questions of what the experiences of teenage mothers regarding their roles as mothers happen to be, and also what challenges are experienced by the teenage mothers during pregnancy as well as during motherhood.

5.2. Discussion
This study did not focus on the prevalence of teenage pregnancy and motherhood in South Africa, but on the experiences and challenges thereof. Although the literature indicates a decline in teenage pregnancy, it is still important to explore the experiences of being a young mother and the implications on their wellbeing, as they are generally unprepared for the task of motherhood. Over the last two decades there has been a steady decline of births among girls under the age of 20 years, from 30% in 1984 to 23% in 2008 (Ardington et al, 2012). In South Africa, a pregnant teenager is likely to be poor and becoming a mother during her teenage years increases the probability that she will remain poor. She is also likely to have not attained the level of education that can sustain her economic needs (Mkhwanazi, 2012; Ikamari, Izugbara & Ochako, 2013).

Interpretation of the findings and the discussion thereof focuses on the themes that were outlined in Chapter four. Teenagers in this study were initially shocked when they found out they were pregnant, but finally accepted their pregnancy and the state of motherhood
as they could not reverse the situation. Despite their acceptance of their motherhood status, research shows that teenage pregnancy and motherhood are viewed negatively by communities and as a social and health concern (Ngabaza, 2011). Being ignorant about contraceptives and shocked by the pregnancy was also found in a study by Mturi (2016), Ikamari, Izugbara and Ochako (2013), and Owusu-Addo, Owusu-Addo and Morhe (2016). Teenage mothers in this study, as with other studies, reported unplanned pregnancy and that they only started using contraception after they gave birth (Bhana & Anderson, 2013; Mturi, 2016).

The findings of this study also indicate that not all teenage mothers experience pregnancy and motherhood as a negative effect. Some participants expressed their joy of being mothers at an early age, stating that it added a level of fulfilment in their life and caused them to love and care even more for children. The teenagers in this and other studies also perceived that having children at an early age is good (Ngabaza, 2011; Chohan & Langa 2011; Ngabaza & Shefer 2013; Mkhwanazi, 2014). The feelings and perceptions of the teenage mothers in this study are similar to those reported in another study in South Africa, where the teenagers acknowledged and celebrated their positions as mothers. They also revealed the pleasure they generated from their position and experience of being a mother, and shared positive responses to mothering and the relationship with their children (Ngabaza, 2011).

While some teenage mothers experienced pregnancy and motherhood as a positive experience (Awar & Stanistreet, 2015; Cater & Coleman, 2006), others in this study reported experiencing negative consequences of being mothers at such an early stage of their lives. These consequences included serious disruptions of their life activities as teenagers and interruptions in schooling, as most of them had to drop out of school due to taking on roles of mothering their babies. Disruption of their life course and/or loss of control over their life was also reported in other studies (Darvill, Skirton & Farrand 2010). Most of the teenage mothers had not completed secondary school and some of those who did complete this did not managed to pursue tertiary education; this phenomenon of school dropout due to teenage pregnancy has been reported in other studies in South Africa.
(Mkhwanazi & de Wet, 2014; Ntini & Sewpaul, 2017). Contrary to the reports of disruption of life activities and school dropout among the study participants, Anwar and Stanistreet (2014) found in a study in North West Province, South Africa that the disruption of life and school dropout occurred prior to teenagers becoming pregnant, since they disliked school and enjoyed being at home and going out with friends as opposed to doing homework.

Besides interruption of schooling due to having a child, teenage mothers also reported being challenged by caring for a sick child, having to miss school while taking the child to a clinic, the stress they experienced as they saw themselves losing control of their life, and missing out on friendships and going to parties like their counterparts. Studies by Maputle, Lebese, and Khoza, (2015) and Mbiza, Kazembe and Simwaka (2014) revealed similar findings. Disruption of life plans and activities experienced by teenage mothers include having to deal with sick babies, who caused some interruptions in their daily activities as they are supposed to care for their babies when they are sick by taking them to the doctors or clinics, which forces them to skip classes and is a stressful event for them. Lastly, the teenagers’ lives are disrupted as they now live like adults caring for their young ones and there is no more partying and time to be with friends anymore. These experiences of motherly roles are not what the teenage mothers had desired to experience in life as they are disruptive in nature.

The findings of this study suggest that most teenage mothers find it challenging to raise their young ones because it brings out new responsibilities and changes the roles they play in their communities and homes. These changes in roles and responsibilities to those of parenthood or adulthood are perceived by the teenage mothers as being unpleasant because it is challenging and difficult as they do not know anything about raising a child. The data from this study suggests that the majority of participants struggled to comprehend the responsibilities that came with being mothers and having to adjust to the demands of motherhood and taking care of their babies. The studies conducted by Ngum Chi Watts et al (2015) in Greater Melbourne, Australia supported the study findings as it revealed that despite the positive elements of motherhood, challenges emerged which affected various
aspects of the young woman’s life. Most often, these challenges stemmed from coping with the responsibilities of looking after a baby and young child, particularly when also attending school and/or seeking employment.

However, other studies have reported changes in roles and responsibilities of young mothers as a positive experience in contrast to this study’s results, as seen in the study by Ngum Chi Watts (2015), whereby some participants reported that motherhood brings increased responsibilities, social recognition and a sense of purpose for the young mothers, who began to regard themselves as adult and more mature at it meant they had to behave like responsible adults. The findings of the study conducted by Hoggart (2012) also reported that participants, who talked about having been rather ‘wild’ in the past, had turned their lives around through assuming the responsibility of parenthood. These young women held a vision of their own futures which involved creating a loving family.

In terms of their feelings about motherhood, the results show mixed reactions by the participants. The majority of teenage mothers feel happy about being mothers, as indicated in other studies cited above, but there are also those few who feel bad about the pregnancy. However, after family approval they then accept the pregnancy, which is in line with other studies conducted in Africa (Gyesaw & Ankomah 2013; Mkwanazi, 2012).

According to the results of this study, most participants indicate that there are people who help look after their babies while they attend to other activities. Having someone to mind their babies assisted them greatly, especially those who wanted to continue with school attendance. The results also show that participants utilise different structures to care for their babies while they are away, varying from having their mothers look after the baby to the parents of the baby’s father, relatives and also crèches including day care centres. Family support in assisting the teenagers to care for their children when they go to school has also been found in other studies (Mkwanazi, 2010; Mturi, 2016).

Although the results indicate that the majority of participants had childminders when they had to attend school, there are those who were also forced to drop out of school and stay at
home in order to care for their babies themselves. Some of them were orphaned or staying in a child-headed household while with others the parents were still working hence were forced to drop out of school and stay at home to care their babies, as per the study of Mkhwanazi (2012) and Sodi and Sodi (2012).

The data of this study suggests that teenage mothers react differently to the situation of falling pregnant and having a child. The initial reaction of most participants was to be shocked by their pregnancy as they expressed that they could not accept it and that it made them feel bad and regretful, with some participants being saddened and embarrassed for falling pregnant. The initial reactions to discovering their pregnancy were negative and some participants reacted to it with pessimism and feelings of depression and despair. However, the data also shows that as time went by and as the babies grew older the participants started reacting differently to the presence of the children in their lives, most of whom became used to the situation and started enjoying the idea of being mothers. The data also suggests that when the babies are still very young they are more troublesome as they cry a lot, they don’t sleep at night and they often get sick, including the need for “tlhohana” (to be healed), and all this makes it difficult for the teenagers to cope with the challenges of being mothers. As the babies get older though they become healthier and easier to deal with and the mothers get used to the idea of having them.

Most research findings support this notion; for instance, one study reported that when teenage girls realized they were pregnant, the first reactions in most cases were shock and disbelief; however, when the babies grew older the teenage mothers felt better about motherhood as their babies were not as troublesome compared to when they were still very small. Given the widespread negative perception of teenage pregnancy as abhorrent and despicable (Rowley, 2002), it is not surprising that the participants’ overall initial experience was that of uncertainty, fear and anxiety at sharing their pregnancy and resolving it. In this state of fear and confusion, participants described how they were faced with the challenge of breaking the news to their families, followed by the worry of merging into their social worlds in their temporarily ‘transformed bodies’. A number of participants narrated cases of severe agitation and a dilemma regarding the best way to communicate
their pregnancy (Ngabaza, 2011; Sodi & Sodi 2012). Upon discovering they were pregnant, the rest of the young women initially felt shocked and disappointed with themselves. However, following the birth of the baby the young women’s perspectives changed. They believed that becoming a mother offered them a symbolic identity and a valued role (Sodi & Sodi, 2012; Anwar & Stanistreet, 2014).

This study indicates that most teenage mothers have broken up with the baby’s father, and that this generally happened when they discovered they were pregnant; though with some this occurred just after the birth of their child. The findings furthermore reveal that most participants are forced to struggle alone with the baby after they have separated from the baby’s father, and that little to no communication exists between them. The result is that life became more difficult to handle, with literature showing similar findings (Mashala, Esterhuizen, Basson & Nel, 2012; Ntinda, Thwala & Dlamini, 2016).

However, the results also reveal that the relationship between most teenage mothers and their families changed as well after learning they are pregnant or even after the birth of their babies. The results indicate that some participants were chased out of their homes, with one participant stating that her brother chased her out of his house when she was two months pregnant, and for some their parents expressed anger and disappointment towards them. This was in contrast to a study which revealed that most of the teenage mothers who drew on a positive valuing of young motherhood enjoyed the support of their families and/or partners. This was an important element of the process and helped them feel positive about the decision they had made. Although the pregnancy may have been a shock or unwelcome surprise, families were often quick to adapt and embrace a newly imagined future that the teenage mother and her baby brought (Mashala, Esterhuizen, Basson & Nel, 2012; Hoggart, 2012; Sodi & Sodi 2012; Ntinda, Thwala & Dlamini, 2016).

Positive family reactions such as those mentioned above shifted focus in some instances from the teenage mothers to their babies, as the families started looking after the babies and neglected the teenage mothers because they now had a child. This resulted in some
teenage mothers feeling that they are left out, as stated by one participants who said it makes her feel somehow like she is being neglected. This was also reported in a study by Ntinda, Thwala and Dlamini (2016).

Relationships with friends also suffered a blow, as the results of this study show that most friendships were lost or changed after the participants became pregnant or gave birth to their babies. The results indicate that friends distance themselves once a teenager becomes a mother, with some stating that the teenage mother will cause them to have children too. Others mocked the teenage mothers, while for some losing friendships was merely due to not having time for friends anymore. All of this is in consensus with other studies (Mashala, Esterhuizen, Basson & Nel, 2012; Ntinda, Thwala & Dlamini, 2016).

The results of this study suggest that many teenagers are forced to drop out of school due to teenage pregnancy and motherhood. The disruption in schooling is viewed as a difficult event by the teenage mothers as it destroys their future and they are forced to look for jobs at an early age in order to take care of their children. This is supported by the study conducted in Nairobi, Kenya which revealed that in many instances pregnant females are forced to drop out of school, while for those who are able to continue schooling, the conflict between school and child care responsibilities, which women primarily bear, results in poor academic performance (Sodi & Sodi, 2012; Beguy et al, 2013; Ntinda, Thwala & Dlamini, 2016). These results were supported by a study which revealed that the disruption of schooling that potentially accompanies teenage pregnancy is seen as detrimental to the young mother as it limits her future prospects and therefore contributes to a lower socio-economic status for her and the child (Chevalier & Viitanen, 2003).

However, the findings from the data collected for this study have also revealed that some teenage mothers still managed to continue with schooling despite all the challenges they were faced with, as they did not drop out of school because they had people to look after their babies while they went to school. Bezuïdenhout (2004) states that teenagers who decide to rear their own babies and who return to school or to an educational institution to complete their studies may find such a lifestyle difficult. Nevertheless, for the teenage
mothers who do not drop out of school it becomes difficult for them to leave the child behind, because when they are in school they tend to think of their babies a lot. Some studies have shown that certain teenagers felt regret for having a baby while still at school, particularly when they were unable to complete their education, which then led to difficulties in finding work. This difficulty was noted particularly among those with limited social support networks, as they had no one to help at home or lend a hand in caring for the child (Sodi & Sodi 2012; Ngum Chi Watts et al, 2015; Ntinda, Thwala & Dlamini, 2016).

Some of the teenage mothers state that they will not be stopped from continuing with their studies by having a child. This is supported by the study of Anwar and Stanistreet (2014), which revealed that young mothers described how becoming a mother meant they had become more mature. They all expressed aspirations to return to education or employment and did not feel that having a baby was going to stop them from achieving this goal. In fact, it provided them with even more determination to succeed. These findings support the findings of this study, namely that motherhood led many of the young women to become more mature and responsible and altered their perspectives on the value of education and employment. All the young mothers in the study by Anwar and Stanistreet (2014) expressed future aspirations to return to education and employment in order to build a better future for themselves and their children.

The data from this study suggests that some participants have experienced being judged due to falling pregnant as teenagers, as they stated that there were people who judged them and caused them to feel shame or guilt. However, this study has shown that few teenage mothers were judged, as opposed to the study by Nkani (2012) and that of Mkhwanazi (2012), which revealed that pregnancy, for most young mothers, required that they develop a thick skin as their findings showed that most teenage mothers were teased and taunted when they ventured into public spaces, causing them to feel isolated as a consequence. The teenage mothers in this study were also disappointed by the child’s father who was not supportive and sometimes did not own up to the pregnancy (Mashala, Esterhuizen, Basson & Nel, 2012; Gilbert & Sewpaul 2015; Makofane, 2015; Ntini & Sewpaul, 2017).
The findings of teenage mothers being judged has also been supported by a study which stated that many of the young women had experienced negative reactions from others since becoming a mother. This was mostly in the form of derogatory looks from strangers, leading them to feel that they were being unfairly judged (Anwar & Stanistreet, 2014; Ntinda, Thwala & Dlamini 2016).

The data of this study suggests that teenage mothers receive support from different people who are around them, such as their own family, the family of the baby’s father and the father of the child. The study data furthermore suggests that the support received by the participants came in different ways, including financially, emotionally and materially, and taking them to the clinic or hospital during labour for delivery of their babies and when the child is sick or for check-ups. However, the study conducted by Ngum Chi Watts et al (2015) showed that the babies’ fathers rarely supported the teenage mothers, as the young mothers indicated they received good support from their mothers, siblings and close friends, but rarely from the father of their baby and the wider community. Participants felt that teenage mothers are frowned upon by their wider ethnic communities, which left them with feelings of shame and embarrassment despite the personal perceived benefits of achieving motherhood. In contrast to this study, none of the interviewed teenage mothers have mentioned anything about receiving any support from the community.

The findings of this study have revealed that most teenage mothers have received support from their families, with only one participant who verbalised that her father never spoke to her again. This is in contrast to the study which revealed that pregnant teenagers were punished for becoming pregnant, with punishment varying between having their mothers crying and shouting at them or simply not talking to them for the duration of their pregnancies (Mkhwanazi, 2012; Ntinda, Thwala & Dlamini 2016).

In this study the participants also mentioned to the researcher some of their needs as teenage mothers in order to be assisted in coping with the daily challenges that they face as mothers. Support and love from their families is one of the key things teenage mothers verbalised as needing as well as not to be judged. Some teenage mothers indicated that they
require counselling, where they can express their feelings about being mothers, receive information and advice about motherhood, and also acquire guidance into making right choices. In the research study by Mkhwanazi (2012), teenage mothers and pregnant teenagers reported that they had not received adequate information, particularly regarding how to prevent a pregnancy. On confirmation of the pregnancy, teenage mothers reported that they had an overwhelming feeling of fear and not happiness. They were afraid of how the news would be received by their family, and by the genitor and his family. They were aware that teenage pregnancy was perceived negatively and considered undesirable. They were also aware of the shame that becoming pregnant brought to their families (Mashala, Esterhuizen, Basson & Nel, 2012; Mkhwanazi, 2012).

Ngum Chi Watts et al (2015) proposed in their study that service providers and policy makers support the role of the young mothers’ own mother, sisters, grandmothers and aunts following early motherhood. Such support from significant females will help facilitate young mothers’ re-engagement with education, work and other aspects of life.

The results of this study suggest that teenage mothers have used different coping mechanisms in order to deal with the daily challenges they faced. Some of the coping strategies used include communications in relationships, talking to diaries (meaning recording everything in their personal diaries), prayer and church rituals, though some simply ignored what was stressing them and stopped thinking too much about their day-to-day challenges as teenage mothers. The study conducted by Anwar and Stanistreet (2014) reported that young mothers utilised organisations of sorts in other to support them in coping with the daily challenges of teenage motherhood, such as developing new support networks with other young mothers and trusted staff members through attending the drop-in clinics at the children’s centres. This provided them with significant emotional support as well as practical advice related to educational opportunities, benefits, housing and child care.

The young women relied heavily upon their families in order to pursue future aspirations. The support of trusted professionals was also vital in reducing social isolation and
providing information and advice in relation to health, benefits, housing, child care and educational opportunities (Anwar & Stanistreet, 2014; Mashala, Esterhuizen, Basson & Nel. 2012).

5.3. Conclusion
This chapter presented a discussion of the results of the study conducted with teenage mothers aged between 15-19 years. The findings suggest that teenage mothers tend to experience pregnancy and motherhood as a stressful and challenging life event which affects their personal lives physically, psychosocially and socially. The results in general indicate more negative than positive experiences of teenage pregnancy and motherhood by teenage mothers. The negative effects experienced by teenage mothers are those of disruption of their life activities as teenagers, which varied from disruptions in schooling, having to care for their babies when they are sick and being unable to attend to the activities which are expected of teenagers, such as partying and hanging out with friends.
Data also suggests that young mothers who receive support from family, friends and fathers of the babies managed to adjust better to the day-to-day demands of motherhood. According to the study data, teenage mothers experience many challenges when they have to change roles from those of teenagers to parenthood, as it comes with many demands that they struggle to cope with.

Data also suggests that teenage mothers manage to cope better with the challenges of motherhood with the assistance and support of families, and some have adopted different forms of activities as coping mechanisms such as improved communications in order to deal with their challenges. The study data also suggests that if the needs as raised by the young mothers are attended to, such as being counselled and provided with information on teenage pregnancy and mothering, this could potentially assist the teenage mothers in dealing with their situation.
5.4. Study limitations

Various limitations associated with the research design and the sampling of teenagers in this study were identified. The focus of this research was on participants giving their perspective of experiencing pregnancy and motherhood in their own words and in their familiar environment, thus a qualitative research approach was used. Due to the emotional nature of the information these teenagers had to impart, some information may have been deliberately left out or forgotten by the participants because of the several months’ difference between the questions and their pregnancy. Participants might also have left out some information that they thought was of little significance to the study.

Furthermore, conducting research on teenage mothers’ experiences might compel the participants to relive the situation that had caused them pain, such as separation from the child’s father or rejection by family. The researcher is a trained nurse with the necessary skill of identifying emotionally challenged teenagers and hence there was provision for referral for counselling at the clinics.

The researcher had her own assumptions when conceptualising this study. The main assumption was that the teenagers were struggling and not coping with their situation. These assumptions could have introduced an element of bias or prejudice during data analysis and interpretation. In order to overcome this limitation and ensure trustworthiness and credibility, the researcher digitally recorded and transcribed the interviews. To validate her personal involvement, the researcher involved her supervisor whose input brought immense and knowledgeable perspective.

Inherent to qualitative research is also the self-reported nature of the data. Participants may have over-reported their feelings, experiences and behaviours because they might have interpreted this to be more socially desirable.

The sample in this research included n = 25 teenage mothers. The small sample size, which is inherent in qualitative research poses another limitation in terms of the generalisability of the research findings to other populations. Nevertheless, through unstructured interviews, the researcher was able to acquire rich accounts of the teenagers’ pregnancy and motherhood experiences.
5.5. Implications for further study

Being a teenage mother generally comes unplanned and is not easy, and the challenges of lack of support by family and the children’s fathers calls for the adolescents to be afforded psychological and emotional support opportunities, whether in groups or individually. This is especially necessary in rural environments characterised by poverty and the shortage of professional psychologists or social workers with which to assist these girls.

Having a child while still at school is problematic as the teenage mother has to drop out of school to take care of the baby. There are many emotional and material needs involved with having a child. Interventions research and implementation should focus on addressing the depression, stress, frustrations, fears and concerns about their future, particularly for those who sometimes permanently drop out of school.

It is a fact that most teenage mothers, especially those who were orphaned, are faced with inadequate financial and material security, which poses a big problem for them. There should be research innovation into researching how best the vulnerable teenage mothers can be protected from poverty. Interventions for involving fathers with the teenage children should also be pursued.

5.6. Recommendations

Given that the majority of teenagers did not plan their pregnancies, the prevention of unwanted pregnancies remains a priority. Programmes that support new adolescent mothers, such as “teen-tots”, have been effective in preventing repeat pregnancies and improving maternal infant health (Akinbami, Cheng & Kornfeld, 2001; Omar, Fowler & McClanahan, 2008).

Longitudinal research is required to explore the implications of antenatal care of pregnant adolescents so that their health and the health of their children can be monitored, which is also crucial regarding the achievement of the 2016 Sustainable Development Goals. Research requires expansion into the role of the maternal mothers and their potential influence in breaking the cycle of adolescent pregnancy, as well as exploring more effective ways for promoting abstinence and/or contraception amongst young teenagers.
LIST OF REFERENCES


APPENDICES

APPENDIX 1: ENGLISH DATA COLLECTION TOOL QUESTIONNAIRE

In-depth Interview Guide

My name is Pauline Matjene, a second year master of public health student in Sefako Makgatho Health Sciences University. Conducting a research project is one of the requirements for completing the MPH course. The topic of the research study is “Teenage mothers’ experiences of pregnancy and child rearing- A qualitative survey in Tshwane district, Gauteng in South Africa”. The purpose of conducting this study is to explore experiences and challenges of teenage pregnancy and motherhood by teen mothers. The collection of data will be in the form of focus group discussions. Be informed that the information shared during this discussion will be kept confidential and it will not be shared with anyone else. The identity of all participants will be kept anonymous during the reporting of findings and publications.

All participants will receive a consent form to sign as a way of giving permission to participate in this study willingly. Participants are allowed to refuse or withdraw to participate in this study at any point during the research process should they wish to. Those participants, who are having difficulties in completing a consent form, please feel free to request assistance. As a researcher during this study I will be facilitating the process of this discussion by asking questions, thereafter all the participants will be awarded an opportunity to discuss the topic based on the questions asked. There are research assistants available, who will be assisting in capturing data. Please be informed that the discussion will be recorded using an audio tape recorder to ensure that all the information discussed is captured correctly as presented by the participants during the discussion.

SECTION 1: DISCUSSION GUIDE

1. What do you think about teenage motherhood in general?
2. How do you feel about being a teenage mother?
3. How has being a mother changed your life?
   Probes – How was it before you had a child compared to now?
4. How would you describe your relationship with your friends before becoming pregnant?
5. How would you describe your relationship with your friends after you had a baby?
   Probes - friend in school
6. How would you describe the relationship between you and the father of the child before you became pregnant?
   Probe & Note – If it was not a planned pregnancy or any of you were not ready for the child, how did it come about that you fell pregnant?
   Probes – What information did you have about contraceptives?
   Probes – What decisions have you made now about the use of contraceptives?

7. How would you describe your relationship with the father of the child after you became pregnant?
   Probes - How has he supported you through pregnancy?
   - How has he supported you through motherhood?

8. What role does the child’s father play in raising the child?

9. How would you describe your relationship with your family before you became pregnant?

10. How would you describe your relationship with your family after you had a baby?
    Probes - How did they support you through pregnancy?
    - How are they supporting you through motherhood?
    Probe – In the first few weeks after having your baby what were your experiences and who helped you?
    Probe - who is supporting you and the child materially?
    Probe - who do you talk to?
    Probe – what do you tell them about the child?
    Probe - who looks after the child when you want to go somewhere?

11. How does your day look like as a mother from when you wake up until you go to sleep?
    Probes – What happens when the child is sick?
    - Who helps you when the child is sick?

12. How do you feel about your child?
    Probe - How capable are you to raise this child?

13. What have you encountered to be the challenges of being a teenage mother?

14. How have you dealt with the challenges of pregnancy and motherhood?

15. What were your future plans before you became a mother?

16. What are your plans now that you are a mother?

17. What are you doing now?
    Probe:

18. In your opinion how can teenage mothers be supported.
Note – also in caring and raising a child.

**SECTION 2: DEMOGRAPHIC DATA**

Name of field worker: ____________________________

Date of interview: _______________________________

**Instructions:**

a. Please answer all questions

b. Please mark with (X) in an appropriate box

**Pseudo Name:** ________________________________

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<td>6. If in school, in which grade are you?</td>
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| 7. If not in school, what is your educational level | Primary school |
|            | High school |
|            | Tertiary |

<p>| 8. What are the reasons for not completing school? | |
| 9. Type of employment | |
| 10. How many children do you have? | |
| 11. How old are the children/child? | |
| 12. Are they from the same father? | |
| 13. Where do you live? | |
|            | Mother |
|            | Father |
|            | Grandparents |
|            | Older siblings |</p>
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<td><strong>16.</strong> Age of the father of the child</td>
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<td><strong>17.</strong> Is your mother alive</td>
<td>Yes</td>
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<td><strong>18.</strong> Is your father alive</td>
<td>Yes</td>
<td>No</td>
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<td><strong>19.</strong> Employment status of parents</td>
<td>Yes</td>
<td>No</td>
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<td><strong>20.</strong> In your household, is there any adult person who is employed?</td>
<td>Yes</td>
<td>No</td>
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<td>There is no adult person</td>
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<td><strong>21.</strong> If there is no one employed in your household, what is the source of income?</td>
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<td>Child support grant</td>
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<td><strong>22.</strong> What is your mother’s highest level of education?</td>
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<td><strong>23.</strong> What is your father’s highest level of education?</td>
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<td>Primary school</td>
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APPENDIX 2: SETSWANA DATA COLLECTION TOOL
SETSWANA QUESTIONNAIRE

PUISANO LE MAELE A LEBANENG BATSAYA KAROLO
Leina la me ke Pauline Matjene, ke moithuti wa ngwaga wa bobedi wa Master of Public Health ko Unibesiting ya Sefako Makgatho Health Sciences. Engwe ya dithlookego tsa gore ke falole dithuto tsa me, ke tshwanetse go dira dipatlisiso. Thuto patlisiso ya me e ka ga maikutlo le maitemogelo a bomme ba banyana a go ima lego godisa ngwana mo Tshwane, Gauteng. Maitlhomo a thuto patlisiso ke go kgobokanya bomme ba banyana go sekaseka gore go nna mme o sa le monnye go tlisitse diphetogo difeng mo maphelong a bona.

O kopiwa go tsaya karolo mo thuto patlisisong. Batsaya karolo botlhle ba kopiwa go tlatsa foromo ya go dumallana le go tsaya karolo. Go tsaya karolo ke boithaopo, ona le tetla ya go ikgogela morago ka nako enngwe le enngwe kwa ntle ga go neela mabaka. Se o ga se kitla se nna le seabe sepe mogo motsaya karolo. Maina a batsaya karolo ga a kitla a phatlalidiwa.

Jaaka motsayakarolo, o letleletswe go kopa thuso fa o e tlhoka go tlatsa foromo ya boithaopo. Dipuisano di tla tamaisa ke nna jaaka ke le mmatlisisi. Batsayakarolo botlhle ba neiwa monyetla wa go tsaya karolo go araba diposto ste di amanang le maikutli le maitemogelo a bona. Bathusi ba modiri dipatlisiso baba tla thusa go kgobokanya diphetolo tsatsatsa korolo. Gape lo itsisiwa le gore ditherisano di tla gatisiwa go netefatsa gore ke se se buileng ke batsaya karolo ka nako ya ditherisano.

KAROLO YA PELE: MAELE KA GA DIPUISANO

1. O nagana eng ka go nna mme o sale monnye?
2. Maikutlo a gago ke a feng ka go ima o sa le o monnye?
3. Go ima go tlisitse diphetogo dife mo botseleng jwa gago?
   Pele o nna mme, go ne go le jang fa go bapisiwa le jaanong?
4. Tlhalosa kamano ya gago le ditsala tsatsa gago pele o ima
5. Tlhalosa kamano ya gago le ditsala tsatsa gago morago ga go tshola ngwana
   - Kwa sekolong?
   - Kwa gae?
6. Re tlhalosetse ka kamano ya gago le rre wa ngwana pele o nna moimana?
   Lo le lo batla go nna batsadi bobedi ba lona? Go tlile jang gore ime?
7. Tlhalosa gore go ima go nnile le seabe se se jang mo kamanong ya gago le mokapelwa wago gago?
   - A o go tshegeditse morago ga gore o ime?
   - A o go thegeditse fa o sena go tshola ngwana?
8. Ke karolo efeng eo rre wa ngwana a e tsayang mo botseleng jwa ngwana?
9. Tlhalosa kamano ya gago le batsadi ba gago pele o ima
10. Tlhalosa gore go ima go nnile le seabe se se jang mo kamanong ya gago le batsadi ba gago?
    - A ba go tshegeditse fa o imile?
    - A ba go thegeditse fa o sena go tshola ngwana?
- O ne wa tshegediwa ke mang ka ditlhokego tsa ngwana?
- O ne wa tshegediwa ke mang mo kgodisong ya ngwana?
- Ngwana o tlhokomelwa ke mang fa o ile gongwe?

11. Go diragalang mo letasatsing la gago jaaka o le motsadi? Go tlogela mosong go fitlhela o ya go robala?
   O dira jang fa ngwana a lwala?
   O thusiwa ke mang fa ngwana a lwala?
12. O ikutlwa jang ka ngwana wag ago?
   - O kgona go mo tlhokomela?
13. Ke matshwenyego a feng a o kopaneng le ona ka go nna motsadi o monnye?
14. O fetile jang mo matshwenyegong oa?
15. Pele o ima, o ne o ikemiseditse eng ka botshelo jwa gago?
16. Maikemisetso a gago ka botshelo jaaka o le motswadi ke a feng?
17. Ke eng se o se dirang ka botshelo jwa gago ga jaana?
18. A ba ka tshegediwa jang batswadi ba banny'e?
   - Le ka ga tlhokomelo le kgodisong ya ngwana.

KAROLO YA BOBEDI: TSHEDIMOSETSO KA BOWENA

Leina la mothusa modira dipatlisiso: __________________________

Letlha la dipotsoloso: _______________________________________

Tshedimosetso:

c. Araba dipotso tsotlhe
d. Ngwala letshwayo (X) mo go tshwanetseng

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<td>5</td>
<td>O a dira kgotsa o tsena sekolo?</td>
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<td>6</td>
<td>Fa karabo ele eya, o mophatong ofeng?</td>
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<tr>
<td>7</td>
<td>Fa karabo le le nyaa, o feleditse</td>
</tr>
<tr>
<td></td>
<td>mophatong o feng?</td>
</tr>
<tr>
<td>8</td>
<td>O kgoreleditswe ke eng fo fetsa dithuto</td>
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<tr>
<td></td>
<td>tsa gago?</td>
</tr>
<tr>
<td>9</td>
<td>A o a dira?</td>
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<tr>
<td>10</td>
<td>O na le bana ba le bakae?</td>
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<tr>
<td>11</td>
<td>Bana ba di ngwaga di kae?</td>
</tr>
<tr>
<td>12</td>
<td>A ke ba rre o mong?</td>
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<tr>
<td>13</td>
<td>O dula kae?</td>
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<td>14</td>
<td>O dula le mang?</td>
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<td>15</td>
<td>Tshupo ya lenyalo</td>
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<td>16</td>
<td>Mengwaga ya rre ngwane?</td>
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<td>17</td>
<td>A mme wagago o a tshila?</td>
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<td>18</td>
<td>A rre wagago o a tshila?</td>
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<td>19</td>
<td>Boemo ba tiro ba batswadi</td>
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<td></td>
<td>Mo o dulang, a go na le mogolo yo a dirang?</td>
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<tr>
<td></td>
<td>Eya</td>
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<td>Nyaa</td>
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<td>Ga badire</td>
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<td>21.</td>
<td>Fa go sena yoo o dirang, tsaya kae madi?</td>
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<td>22.</td>
<td>Mme wagago o rute gile go fitlha kae?</td>
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<td>23.</td>
<td>Rre wagago o rute gile go fitlha kae?</td>
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APPENDIX 3: CODE LIST
Codebook

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
<th>Inclusion/exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuming new roles and responsibilities</td>
<td>This reference to any changes in activities performed and experienced by participants during pregnancy and motherhood.</td>
<td>This will include only activities performed by participant physically, financially and materially. This exclude activities performed by child’s father or by any other family member.</td>
</tr>
<tr>
<td>Support received for caring for the baby</td>
<td>This reference to availability or non-availability of caregiver taking care of the child when the mother is not available.</td>
<td>This include participant mother, relative, grandparent, nanny, child’s father and his family and the crèche or day care. Also include emotional, material and financial support.</td>
</tr>
<tr>
<td></td>
<td>This also references to assistance given to or not given to the participant by others in caring or looking after the child.</td>
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<tr>
<td>Disruption in life</td>
<td>References to any changes or difficulty in the life routine or growing up experienced by participant.</td>
<td>Include negative changes in life routine. Exclude positive experiences.</td>
</tr>
<tr>
<td>Teenage motherhood and schooling</td>
<td>References to participant ability to continue schooling or not able to pursue school as a consequence of falling pregnant or having a child</td>
<td>Include participants who were able to go back to school. Include participant who pursue school up to tertiary Include all schooling levels, primary, high school and tertiary This reference to any interruption and complete disruption of schooling by participant Include being motivated to going back to school by participant</td>
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<tr>
<td>• Pursuing schooling • Being challenged to schooling</td>
<td></td>
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<tr>
<td>Preparedness for motherhood</td>
<td>This references to any reaction experienced by participants during pregnancy and motherhood</td>
<td>Include both initial reaction and reaction after birth of the child and when the child is growing, positive and negative feelings such as happiness, sadness, disappointment</td>
</tr>
<tr>
<td>• Initial feelings about pregnancy • Reaction to motherhood</td>
<td></td>
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<tr>
<td>Feelings about being pregnancy and motherhood</td>
<td>References to any feelings about being a mother and about the baby experienced by the participant</td>
<td>Include good and bad feelings about being a mother and about the baby, crying, sadness, shame, blame, happiness, laughter, motivation, courage, strength, excitement</td>
</tr>
<tr>
<td>• Accepting teenage pregnancy and motherhood • Non-acceptance of pregnancy and motherhood</td>
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</tbody>
</table>
| **Feelings of deprivation while prioritizing the child** | References to feelings experienced by the participant that there is shifting of support and attention from mother of child to the child | Include feeling of jealousy experienced by the mother towards the child
Exclude feelings about the child |
|---|---|---|
| **Context of relationships with others** | References to the relationship that the participant has with other people, and with the child’s father, family members, and friends | Include good and bad relationship
Include child’s father availability in raising the child, and friends |
| **Feelings social exclusion and acts of discrimination because of the child** | References to the negative treatment the participant receives from others in the community due to falling pregnant or having a baby as a teenager | Include being neglected, isolated, discriminated against and judged by others |
| **Support** | References to support received by participant during pregnancy and in raising her child from parents, family, relatives, friends and father of the child | Include emotional, material and financial support |
| **Coping mechanisms** | This references to any strategy or mechanism used by the participant in dealing with the difficulties of pregnancy and teenage motherhood | Includes church, prayer, traditional healers, communications, diaries, ignorance |
| **Unplanned pregnancy** | Reference to any pregnancy which was not planned by the participant and partner | Includes pregnancy which was not planned
Exclude planned pregnancy, pregnancy as a result of rape or sexual assault |
| **Contraceptives** | This references to any perceptions, thoughts, knowledge and use of contraceptives by the participants prior or after having the baby | Includes consistent use of condoms, contraceptive pills, injectable and implants |
| **Events leading to teenage pregnancy** | References to anything that could lead to or influence teenage pregnancy for the participant as a circumstance | Includes peer pressure, sexual exploration, alcohol and substance influence
Exclude pregnancy as a result of rape or sexual assaults |
| **Needs of teenage mothers** | This reference to anything that is needed by the participants to assist them in dealing with the challenges and demands of raising their babies as teenage mothers. | Include support(financial, emotional and material), availability of caregivers, counselling, advices, information regarding pregnancy and motherhood, |
APPENDIX 4: CONSENT FORMS

Consent form

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY ENGLISH CONSENT FORM

Statement concerning participation in a Research Project
Name of Research Study

The title of the study: “Teenage mothers’ experiences of pregnancy and child rearing- A qualitative survey in Tshwane district, Gauteng in South Africa”.

The study aim: To explore experiences and challenges of teenage pregnancy and motherhood by teen mothers

The study objectives: 1) To investigate the experiences of teenage mothers with regard to their roles as mothers. 2) To explore what challenges are experienced by teenage mothers during pregnancy and motherhood

I have heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that sound recordings will be taken of me. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name and clinic number are not revealed.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition neither will it influence the care that I receive from my regular doctor.

I know that this study has been approved by the Sefako Makgatho University Research Ethics Committee (SMUREC), Sefako Makgatho Health Sciences University / Dr George Mukhari Hospital. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study.

..........................................................
Name of patient/volunteer

........................................................
Signature of patient or guardian.

....................................
Place.

....................................
Date

....................................
Witness

Statement by the Researcher
I provided verbal and written information regarding this study.
I agree to answer any future questions concerning the study as best as I am able.
I will adhere to the approved protocol.

........................................
Name of Researcher

........................................
Signature

........................................
Date

........................................
Place
Consent form

<table>
<thead>
<tr>
<th>SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY SETSWANA CONSENT FORM</th>
</tr>
</thead>
</table>

**Seteitemente se se ka ga go tsaya karolo mo Porojeke ya Patlisiso.**

Leina la Patlisiso  
**Leina la patlisiso:** Tlhaloso a bomme ba sa le bannye ka ga maikutlo a bone a gore go ba amele jwang go ithwala le go ba bomme ba sa le bannye .  
**Maithomo a Patlisiso:** Go batlisisa ka ga maikutlo a matshwenyego a bomme ba sa le bannye ba kopaneng le ona ka go ithwala e sale le bannye  
**Maikemesetso a patlisiso:** 1) Go batlisisa ka ga maikutlo a bomme ba sa le bannye ka ga maikarabelo a bone ka go ba bomme ba sa le bannye.  
2) Go batlisisa ka ga maikutlo a bomme ba sa le bannye ka ga matshwenyego a bone ka go ba bomme.

Ke utlwile maithomo le maikemisetso a patlisiso e e tshitshintsweng mme ke filwe tšhono ya go botsa dipotso le go fiwa nako e le kaneng ya go akanya gape ka ntlha e. Maithomo le maikemisetso a patlisiso e e thaloganyega sentle. Ga ke a patelediwa ke ope ka tsela epe go tsaya karolo.

Ke tlhaloganya gore go tsaya karolo mo patlisiso ke boithaopo le gore nka ikogela morago mo go yona ka nako ngwe le ngwe kwa ntle ga go neela mabaka. Se ga se kitla se nna le seabe sepe mo kalaflong ya me ya go le gale ya bolwetsi jo ke nang le jona e bile ga se kitla se nna le tlhokomelong epe mo tlhokomelong e ke e amogelang mo ngakeng ya me ya go le gale.

Ke a itse gore patlisiso e e rebotswe ke Patlisiso le Molao wa Maitsholo tsa Khampase ya Sefako Makgatho University Research Ethics Committee (SMUREC), Yunibesithi ya Sefako Makgatho Health Sciences / Bookelo jwa Ngaka George Mukhari. Ke itse ka botlalo gore dipholo tsatpatlisiso di tla dirisetswa mabaka a saentifiki e eile di ka nna tsa phasaladiwa. Ke dumelana le seno, fa fela go netefadiwa gore se e tla nna khupamarama.

Fano ke neela tumelelo ya go tsaya karolo mo Patlisiso e.

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<thead>
<tr>
<th>Leina ka molwetse/moithaopi</th>
<th>Tshaeno ya molwets e kgotsa motlamedi</th>
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<td></td>
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<tr>
<td>Lefelo.</td>
<td>Letlha.</td>
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**Seteitemente ka Mmatlisisi**

Ke tlamelese tschedimosetso ka molomo le kgotsa e e kwadilweng malebana le patlisiso e.  
Ke dumela go araba dipotso dingwe le dingwe mo nakong e e tlang tse di amanang le patlisiso ka moo nka kgonang ka teng.  
Ke tla tshegetsa porotokolo e e rebotswe.

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<tr>
<th>Leina la Mmatlisisi</th>
<th>Tshaeno</th>
<th>Letlha</th>
<th>Lefelo</th>
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</thead>
</table>
Consent form

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY ISIZULU CONSENT FORM

Isitatimende esimaqondana nokuhlanganyela kuPhrojekthi Yocwaningo

Igama loCwaningo

Ngizizwile izinhloso nezinjongo zocwaningo olulhlongoziwe futhi nghanikezwa nethuba lokubuza imibuzo nghanikezwa nesikhathi esanele sokuphinde ngicabange ngodaba. Inhloso nenjongo yocwaningo kucace ngokwanele kimi. Azange ngicindezelwe ukuthi ngihlanganyele nganoma iyiphi indlela.

Ngiyaqonda ukuthi ukuhlanganyela kulolu cwaningo ngokukuzithandela ngokuphelele nokuthi ngingahoxa kulo noma nini ngaphandle kokunikheza izizathu. Lokhu angeke kube nomthelela ekwelashweni okuvamile kwesimo sami futhi angeke kube nomthelela ekunakekelweni engikuthola kudokotela wami ovamile.

Ngiyazi ukuthi lolu cwaningo ligunyazwe yi-Sefako Makgatho University Research Ethics Committee (SMUREC), Sefako Makgatho Health Sciences University / Dr George Mukhari Hospital. Nginolwazi olugcwele lokuthi imiphumela yalolu cwaningo izosetshenziselwa izinhloso zesayensi futhi ingashicilelwa. Ngiyakuvuma lokhu, uma nje ingasese lami liqinisekisiwe

Lapha nginikeza imvume yokuhlanganyela kulolu cwaningo.

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Igama lesiguli/levolontiya Isignesha yesiguli noma yomgadi.

............................................................................................................................
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Indawo. Usuku. Ufakazi

Isitatimende somCwaningi

Nginiikezele ngolwazi ngomlomo Kanye nolubhaliwe maqondana nalolu cwaningo. Ngiyavuma ukuphendula nanoma yimiphi imibuzo yesikhathi esizayo maqondana nocwaningo kahle kakhle kangangoba ngikwazi. Ngizobambelela kusivumelwano senqubo esigunyaziwe

............................................................................................................................
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Igama loMcwaningi Isignesha Usuku Indawo
APPENDIX 5: ETHICAL CLEARANCE CERTIFICATE

Sefako Makgatho Health Sciences University
Research & Postgraduate Studies Directorate

Sefako Makgatho University Research Ethics Committee
(SMUREC)

Molotlegi Street, Ga-Rankuwa 0200
Tel: (012) 521 5617/3698 | fax: (012) 521 3745
Email: lorato.phiri@smu.ac.za
P.O. Box 163 Medunsa 0204

APPROVAL NOTICE - NEW APPLICATION

10 September 2015
Mrs BP Matjene
Department of Public Health
P.O Box 215
Medunsa, 0204

MEETING: 07122015

SMUREC Ethics Reference Number: SMURECIH1216/2015: PG

The New Application received on 4 August 2015, was reviewed by members of Sefako Makgatho University Research Ethics Committee on 10 September 2015 and was approved on 10 September 2015.

Title: Teenage mothers experiences of pregnancy and child rearing — a qualitative survey in Tshwane District, Gauteng in South Africa

Researcher: Mrs BP Matjene
Supervisor: Dr M Mokgatlhe
Department: Public Health
School: Health Care Science
Degree: MPH

Please note the following information about your approved research protocol:

Protocol Approval Period: 10 September 2015 - 10 September 2016
Please remember to use your protocol number (SMURECH/21612015: PG) on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modification, or monitor the conduct of your research and the consent process.

After Ethical Review: Please note a template of the progress report is obtainable in the Research Office and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit. Translation of the consent document in the language applicable to the study participants should be submitted.

International Organisation (IORG0004319), Institutional Review Board (IRB00005122), Federal Wide Assurance (FWA00009419) Expiry date: 11 October 2016 and NHREC No: REC 210408-003

Sincerely

SEFAKO MAKGATHO

HEALTH SCIENCES UNIVERSITY

Date:

PROF GA OGUNBANJO

CHAIRPERSON SMUREC

SMU Research Eth

ioq Committee Ch II person
APPENDIX 6: PERMISSION LETTERS

TSHWANE RESEARCH COMMITTEE
CLEARANCE CERTIFICATE

Meeting: N/A

PROJECT NUMBER: 57/2015

Title: Teenage mothers experiences of pregnancy and child rearing-A qualitative survey in Tshwane District, Gauteng in South Africa

Researcher: Pauline Badamile Matjane

Supervisor: Dr M Mokgatle

Department: National Department of Health

DECISION OF THE COMMITTEE

Approved

NB: THIS OFFICE REQUESTED A FULL REPORT ON THE OUTCOME OF THE RESEARCH DONE

Date: 23 11 2015

Dr. Molapane Chuenu-Shabangu
Chairperson Tshwane Research Committee
Tshwane Health District

Mr.法制 Mohalomeno
Chief Director Tshwane District Health
Tshwane District

NOTE: Resubmission of the protocol by researcher(s) is required if there is departure from the protocol procedures as approved by the committee.