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Research Paper

UNPLANNED PREGNANCY AND MOTHERHOOD AMONG ADOLESCENTS- REPORTS BY ADOLESCENT MOTHERS IN A PERIURBAN AREA OF TSHWANE DISTRICT, GAUTENG PROVINCE, SOUTH AFRICA

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ABSTRACT **Adolescent pregnancy and motherhood-related challenges are major social problems affecting teenagers worldwide. It is a concern that affects both developed and developing countries ies alike. In the past few decades, South Africa has seen a decline in teenage fertility, yet rates of teenage pregnancy remain high at 30% among teenagers aged 15 to 19 years old. This study sought to explore the experiences and challenges of adolescent pregnancy and motherhood among female youth in Tshwane District, Gauteng Province. A qualitative descriptive approach was used to investigate the experiences of teenage pregnancy among 25 teenage mothers aged between 15-19 years old. Participants were selected using a purposive sampling method and were interviewed using face-to-face in-depth interviews. The study sample consisted of Seventeen (N =17) participants were between the ages of 15-19 years and Eight (N=*8) participants were aged between 20-22 years. According to the data, all interviewed participants had one child with the exception of two participants aged 20 and 21 years who had two children and for both of them the children were from different men. The themes that emerged from the data on experiencing unplanned pregnancy and motherhood included assuming new roles and responsibilities, disruption in life plans, being an adolescent mother, schooling, support received during pregnancy and motherhood. Frequent responses on experiences of adolescent pregnancy and motherhood in this study showed that being a young mother had negative consequences. The findings suggest that adolescent mothers tend to experience pregnancy and motherhood as a stressful and challenging life event, which affects their personal lives physically, psychosocially and socially. The study concludes that the experiences of adolescent pregnancy and motherhood by adolescent mothers in the context of this study are unpleasant and unprotective for their wellbeing.*

KEYWORDS :Adolescent pregnancy, motherhood, teenage mothers, school dropouts,

INTRODUCTION

The proportion of adolescent and/or teenage girls who are mothers or who are currently pregnant in subSaharan 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 et al, 2012; Gyesaw & Ankomah, 2013). Adolescent 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 adolescents getting pregnant and becoming mothers. In the past few decades, South Africa has seen a decline in teenage fertility, yet rates of teenage pregnancy remain high with around 30% of 15-19-year-olds (Willan, 2013). Eearly 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). 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. Teenager mothers also miss out on their adolescence activities as child rearing responsibilities prevent them from engaging in activities that other adolescents typically enjoy (Dworsky & Meehan, 2012). Findings from studies conducted in South Africa have shown that once the child is born, there is disruption in schooling especially in instances where teenagers have to dropout from school because of the unavailability of a child minder (Seamark & Lings, 2004; Mollborn, 2007; Minnis et al, 2013). Some adolescents who go back to school have erratic patterns of attending school when the child is sick and this results in poor educational attainment, limited access their future careers, and poor job prospects. (Macleod, 1999; Chigona & Chetty, 2008; Seamark & Lings, 2004; Mollborn, 2007; Tailor, 2009; Minnis et al, 2013; Toomey et al, 2013). Adolescent mothers are therefore more likely to live in poverty (Tailor, 2009; Toomey et al, 2013). Availing social support for adolescent mothers, particularly from parents or adult caregivers, can buffer the risks of struggling, dropping out of school, and poor educational outcomes (Kaye, 2008; Toomey et al,2013).

The qualitative study aimed at exploring the experiences of adolescent pregnancy and motherhood by adolescent mothers in primary health clinics around Tshwane district of Gauteng Province in South Africa. Even though studies have been conducted on adolescent pregnancy, we envisaged to further explore the effects of adolescent pregnancy and motherhood. According to Kaye (2008), adolescent relationships are characterized by gender power imbalances, irrational decision-making, poor communication, inadequate preparation for childbearing responsibilities and fear of rejection. Understanding the lived experiences and effects would clarify if there is a difference in how adolescents perceive and experience pregnancy and motherhood, and to assess how the phenomenon of motherhood affects their wellbeing.

Study materials and methods

The study employed a qualitative descriptive approach to explore the experiences on adolescent pregnancy and motherhood. The study setting comprised of six clinics around the Tshwane district in Gauteng province of South Africa. The number of adolescent girls accessing services in these clinics is approximately 150 per month with the adolescent pregnancy incidence rate of 15 to 30 each month.

Adolescent mothers who were accessing health care services for themselves and their children were selected for the study population. Purposive sampling was used to select (n =25) adolescents mothers and the sample was controlled by data saturation (Creswell; 2007; Patton;2002; Krueger, 2000),

Inclusion and exclusion criteria

The adolescents were all mothers of a child or children and were between the ages of 15 and 22 years old. Adolescent 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.

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

Data collection method

In this study, twenty-five (N=25) in-depth interviews were conducted with adolescent mothers. The researcher (second author) and two trained fieldworkers collected the data, which were recorded on audio recording tapes after obtaining permission from the participants. Interviews were conducted in English, isiZulu and

Setswana using a digital audio-recorder. Data were collected on a weekly basis in one of the clinic rooms designated by the Clinic Manager to provide privacy during the interviews. Data were collected among teenage mother using an interview guide for a period of eleven months from September 2015 and to August 2016.

Ethical considerations

The study served in the Sefako Makgatho University's Research Ethics Committee for ethical clearance. Permission to conduct the study was granted by the Tshwane clinics and district health. To seek informed consent, information about the study was provided to the participants and written consent was obtained from the participants. The participants were reassured about voluntary participation and confidentiality of the interviews. Participants were informed that an audio recorder would be used to capture the interviews. The participants who were below 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.

Data analysis

All the audio-recordings of the data were transcribed verbatim. The isiZulu and Setswana transcripts were then translated into English. After reading the translated transcripts initial coding was performed and a code list was developed from the raw data. Thereafter, a thematic content analysis was used to identify key themes by using the NVIVO 10 software. The codes were sorted and organized to under the theme that emerged from the data.

Study Findings

Findings from the data show that the adolescents in this study had unplanned pregnancies due to lack of access and/or awareness of contraception. 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. Adolescent mothers were also ignorant about their bodies' physiological functions including the menstrual cycle, as most of them reported that they only realized they were pregnant in the second trimester. Others mentioned they were too embarrassed to use contraceptives because of their religious and family moral values.

Socio-demographic characteristics of adolescent mothers

The study sample consisted of adolescent mothers aged between 15 and 22 years old. Those between 20 and 22 years had given birth to their babies between the ages of 15-19 years and were included in the study in order to explore how they have experienced raising their children as adolescent mothers. Seventeen participants were between the ages of 15-19 years and eight participants were aged between 20-22 years. According to the data, all interviewed participants had one child with the exception of two participants aged 20 and 21 years who had two children and for both of them the children were from different men.

The themes that emerged from the data on experiencing unplanned pregnancy and motherhood included, Assuming new roles and responsibilities, Disruption in life plans, Adolescent motherhood and schooling and Support received during pregnancy and motherhood.

Assuming new roles and responsibilities

Adolescent mothers indicated that having a child at an early stage of life comes with a sudden change of roles. Data show that the adolescents change their roles to become parents to their babies. This was reported by the adolescent mothers as having negative consequence as they were mostly unprepared for parenthood; the changes introduced in their daily activities as well as their expectations from life. They felt that they were expected to act as parents to their children whilst they themselves were still children. Adolescent mothers expressed the changes in their roles and responsibilities 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 the Child Support 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).

Disruption in life plans

Adolescent mothers indicated that falling pregnant and becoming a mother while still a adolescent was very difficult as it interfered with their normal life activities. In most cases the presence of the child in their years disrupted their lives in many ways. The different aspects of the adolescent mothers' lifestyles were affected, as stated in the excerpts below. Amongst those who reported disruption in life plans 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 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." (Glenda, an 18-year-old orphan with a 7-month-old baby, staying with an aunt).

Adolescent motherhood and schooling

Some participants indicated that even with all the challenges they have, 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 were 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 "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).

Support received for caring for the baby

Findings show that there participants who received support whiles other did not. Different support was available when they were not at home, especially when they needed to go to school. Some adolescent mothers were assisted by their mothers, grandparents, aunts and

family members of their boyfriends. Others had child minders or left their babies at day care centres. Excerpts for availability of support in caring for the child are presented below:*"… 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).

Maternal relatives also assisted in taking care of the babies when the teenage mothers has to attend to other commitments, as stated by participants below: Amogelang, a 17-year-old with a 5-month-old baby mentioned, *"My aunt looks after him when I go to school, but 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 adolescent 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 fetch him because I come back late from school" (Connie, a 17-year-old with a 7-month-old baby).

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

"My mother is working; I am 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).

DISCUSSION

Frequent responses on experiences of adolescent pregnancy and motherhood in this study showed that being a young mother had negative consequences. Cited negative consequences were reported as disruptions of life plans, interruptions in schooling, as most had to dropped out of school due to taking on roles of mothering their babies. The disruption of the courses of their lives and/or the loss of control over their lives were also reported in other studies (Darvill, Skirton & Farrand 2010). Some of the adolescent mothers had not completed secondary school and some of those who did complete secondary school did not managed to pursue tertiary education. This phenomenon of school dropout due to adolescent pregnancy has been reported in other studies in South Africa (Mkhwanazi & de Wet, 2014; Ntini & Sewpaul, 2017). Anwar and Stanistreet (2014) reported incidents of voluntary school dropout which occurred prior to teenagers becoming pregnant as some teenagers disliked school, enjoyed being at home and going out with friends. In our study adolescent mothers reported that the dropped out of school due having to assume motherly roles and this finding is in line with other studies (Sodi & Sodi, 2012; Beguy et al, 2013; Ntinda, Thwala & Dlamini, 2016).

Findings from for our study have also revealed that some adolescent 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. However, studies show that adolescents who decide to raise their own babies and who return to school to complete their studies may find such a lifestyle difficult. Attending school becomes difficult for them to leave the child behind, because when they are in school they tend to think of their babies a lot and results in poor concentration in school work and poor educational out comes (Chevalier& Viitanen, 2003). Some studies have shown that certain adolescents 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). Besides interruption of schooling due to having a child, adolescent 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.

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 utilize 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 adolescents to care for their children when they go to school has also been found in other studies (Mkwanazi, 2010; Mturi, 2016).

However, the results also reveal that the **relationship** between most adolescent 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. In some instance, although the pregnancy may have been a shock or unwelcome surprise, some families were often quick to adapt and embrace a newly imagined future that the adolescent mother and her baby brought (Mashala, Esterhuizen, Basson & Nel, 2012; Hoggart, 2012; Sodi & Sodi 2012; Ntinda, Thwala & Dlamini, 2016).

The data from our study suggests that some participants have experienced being judged, teased and isolated due to falling pregnant during adolescense, as they stated that there were people who judged them and caused them to feel shame or guilt and this is in line with findingsfrom several studies (Nkani 2012; Mkhwanazi 2012; Mashala, Esterhuizen, Basson & Nel, 2012; Gilbert & Sewpaul 2015; Ntini & Sewpaul, 2017).

The data of our study suggests that adolescent 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 adolescent 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 adolescent 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 adolescent mothers have mentioned anything about receiving any support from the community.

The findings of this study have revealed that most adolescent 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 adolescents 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 (Mkwanazi, 2012; Ntinda, Thwala & Dlamini 2016).

In this study the participants also mentioned that some of their needs as adolescent 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 adolescent mothers verbalised as needing as well as not to be judged. Some adolescent 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), adolescent mothers and pregnant adolescents reported that they had not received adequate information, particularly regarding how to prevent a pregnancy. On confirmation of the pregnancy, adolescent 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 members, and by the genitor and his family. They were aware that adolescent 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 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).

The above findings must be interpreted considering some limitations as explained below. Since this is a qualitative study and data is of a self-reported nature, participants may have over- reported their feelings, experiences and behaviors because they might have interpreted this to be socially desirable. The study sites, which were clinics might have an influence on the characteristics of the sampled adolescents, since their context could be different from the adolescent who do not bring their babies to the clinic because they are supported and relieved from child care responsibilities.

CONCLUSION

The findings suggest that adolescent 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 that the experiences of adolescent pregnancy and motherhood by adolescent mothers in the context of this study are unpleasant and unprotective. The unpleasant experiences include disruption of life activities, which varied from disruptions in schooling, having to care for their sick babies and being unable to attend to the activities which are normally done by their peers, such as going to parties and hanging out with friends.

Data also suggests that young mothers who receive support from family, friends and the child's father managed to adjust better to the day-to-day demands of motherhood. According to the data, adolescent mothers experience many challenges when they have to change roles from adolescent to parenthood, as it comes with many demands that they struggle to cope with. Given the fact that the majority of adolescents did not plan their pregnancies, the implementation of interventions geared at preventing unwanted pregnancies remains a priority. Moreover, programs that support new adolescent mothers, such as "teen-tots", have been shown to be effective in preventing repeat pregnancies and improving maternal infant health; hence, such interventions should be encouraged (Akinbami, Cheng & Kornfeld, 2001; Omar, Fowler & McClanahan,2008). Finally, longitudinal research is required to explore the implications of antenatal and postnatal 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 is also required to explore the 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 adolescents.

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