THE SOCIAL SUPPORT NETWORK OF TEENAGE MOTHERS IN BOTSHABELO

by

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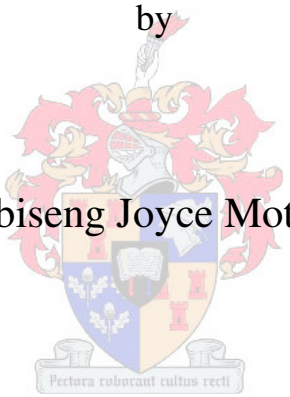

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DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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Signature Date

SUMMARY

A qualitative and quantitative approach was chosen together with an exploratory and descriptive design in order to obtain knowledge, insight and understanding regarding the utilization of social support network of teenage mothers in Botshabelo. It is necessary for social workers to identify the social support systems that exist in a social support network of teenage mothers in order to select those systems which would be relevant to meet the needs of teenage mothers. The aim of this study is to present guidelines for social workers to empower teenage mothers to utilize social support networks to fulfil their roles as parents.

A sample of ten teenage mothers (14 years to 19 years of age) who are from the service area at the J clinic in Botshabelo was involved in the study. A qualitative investigation was carried out by means of conducting interviews with the aid of a semi-structured interview guide.

The responses of the participants and the findings of the study were analyzed and compared with the findings of previous studies. The results of the investigation confirmed that the findings of the literature study namely that teenage parenting severely impacts daily functioning of teenage mothers. These challenges include aspects related to financial problems, responding to the baby's needs, attending classes or seeking for a job, while expected to play a mother's role at the same time.

The results of the study gave an indication of the nature of social work intervention that is needed for this target group: talking to someone, distributing information regarding teenage parenting, distributing information regarding available services, participating in a support group and learning to cope with daily activities. The findings of the research can be used as guidelines by social workers who need to empower teenage mothers to utilize their social support network.

OPSOMMING

‘n Kwalitatiewe en kwantitatiewe benadering tesame met ’n verkennende en beskrywende ontwerp is gekies om kennis, insig en begrip rakende die maatskaplike ondersteunings-netwerke wat tienermoeders in Botshabelo gebruik te ontwikkel. Dit is noodsaaklik dat maatskaplike ondersteuningsisteme wat deel is van die ondersteuningsnetwerke van tienermoeders sal identifiseer ten einde die sisteme wat relevant is om in die behoeftes van die tienermoeder te voorsien, te kies. Die doel van die studie is om riglyne daar te stel vir maatskaplike werkers om tienermoeders te bemagtig om maatskaplike ondersteuningsnetwerke te gebruik om hul rol as ouers te vervul.

’n Monster van tien tienermoeders (14 jaar tot 19 jaar oud) wat van blok J in Botshabelo se diensarea afkomstig is, is by die ondersoek betrek. ’n Kwalitatiewe ondersoek is onderneem deur onderhoude met behulp van ’n semi-gestruktureerde onderhoudskedule te voer.

Die response van die deelnemers en die resultate van die studie is ontleed en vergelyk met die bevindinge van vorige studies. Die resultate van die ondersoek het tot ’n groot mate die bevindinge van die literatuurstudie bevestig naamlik dat tienerouerskap ’n beduidende invloed op die daaglikse funksionering van tienermoeders het. Hierdie uitdagings sluit aspekte in wat verband hou met finansiële probleme, om in die baba se behoeftes te voorsien, klas by te woon, of om werk te soek, terwyl verwag word om terselfdertyd die rol van moeder te vervul.

Die resultate van die studie het ‘n aanduiding gegee van die aard van intervensieprogramme wat nodig is vir hierdie teikengroep soos byvoorbeeld om met iemand te praat, inligting rakende tienerouerskap te versprei, om inligting rakende beskikbare dienste te versprei, om ondersteuningsgroepe aan te bied en om tienermoeders te leer hoe om daaglikse aktiwiteite makliker uit te voer. Die bevindinge van die studie kan deur maatskaplike werkers benut word wanneer hulle tienermoeders moet bemagtig om hulle maatskaplike steunstelsel te benut.

DEDICATION

This thesis is dedicated to the greatest woman I have ever known, my late mother Tinini Makadiseng Motjelebe, for being the most constant person in my life. My love for you is deeper than words. Thank you for your unconditional everything.

I also dedicate this work to my late brother Sonko Motjelebe, for treasuring my education.

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CHAPTER 1

INTRODUCTION

1.1 MOTIVATION FOR THE STUDY

Unwed teen mothers and illegitimate children are current issues of debate amongst politicians, some of whom sound like moralistic Victorian leaders of the 20th century. Teen parenting is not only a moral problem but a social and economic one (Phillips & Straunars, 1991:93). Teenage parent families are labelled by society itself as inadequate**,** flawed and broken. This mindset in turn serves to compound the problems faced by teenage mothers.

Teenage parenthood when it occurs early in adolescence often creates a dilemma for the young mother and her child, however Whittaker and Garbarino (1983:3) have listed various ways in which teenage mothers, amongst others**,** can find support.

To whom do most people turn when they experience problems? Nurses? Counsellors? Therapists? These professionals are part of the picture, but they are not usually the primary or first line sources of assistance. Research by community psychologist**s** and others has shown that most people usually turn for help to friends, relatives, neighbours, co-workers and even acquaintances.

People who experience problems in their daily lives look for support wherever they can find it. It is important to understand that specialist support and assistance is needed for specific problems and needs, yet not all people know where to go for help, which in turn creates even more stress. Teenage mothers often do not have the resources to seek professional help.

It is through family oriented policies (Faber, 1991:715) that teenagers should be encouraged to involve their families openly in their decision making processes whenever this is feasible. It is through family programmes that family life should be strengthened, which will ensure the best upbringing for children. Child rearing techniques are of great importance, as they impact greatly on children's development and their future (Waterlow, 1994:67).

Teenage parenthood has become common in recent years, creating an even greater need for assistance in childcare and upbringing. Teenage parenthood is still viewed largely as unacceptable by the general public, which still adheres to the concept of the nuclear family (Jungi, 1996:548). The infrastructure to support teenage mothers in childcare still does not exist everywhere. According to Hudson and Ineichen (1991:9) studies have shown that an increasing number of children residing in teenage parent households are linked to most social problems such as delinquency, teenage pregnancy, substance abuse and welfare dependency. Teenage parent families are also regarded as a risk factor for both the parent and children's development.

Teenage parenthood is especially difficult for the black teenage mother in South Africa. In the apartheid era services such as medical aid and social welfare were not always located in underprivileged communities and were therefore inaccessible to members of the black, coloured and Asian communities (Department of Social Welfare, 1997:3). Although lot has been done since 1994 by the South African government through the Reconstruction and Development Programme and the new Constitution, Botshabelo remains one of the most disadvantaged communities in the Free State area, due to high incidence of poverty, illiteracy and widespread ignorance about existing support networks and what does exist is still not used effectively by teenage mothers. It is important to be able to identify and make optimal use of the support networks in the area, as this will help the teenagers to cope and will make life less stressful for teenage mothers.

The other source of stress for teenage mothers is the lack of support from their families. Hofmeyer (1996:364) states that teenage parent's families in which mothers have to fend for themselves and their children on both the emotional and functional level characterized family life in communities such as Botshabelo. It is necessary that teenage mothers be supported within the community, in order for the children to grow in a stable environment protected from risks such as leaving school early and being dislodged from family life.

Children of teenage mothers are in need of good parenting. For good parenting to take place, it is important to assist teenage mothers. Phillips and Straunars (1991:107) stress that teenage mothers need to be encouraged to stay in school and to address the special educational needs of parenting. Teenage mothers need to be educated on how to use the social welfare services

that will help them identify other support networks in order to preserve family life and make the parenting task less stressful.

People who choose to work with teenage mothers like **s**ocial workers need to resolve their own issues regarding teenage parenthood. Phillip and Straunars (1991:103) state that workers who visit homes of their most troubled teens often find no family available to help. Mothers and grandmothers of the teen parents are often as needy as and helpless as the young people. Social workers need to have a good understanding of the needs and problems of teenage mothers, in order to help them identify effective social support network for themselves and for their children, so that their needs and problems can be solved.

1.2 AIM AND OBJECTIVES

The aim of the study is to present guidelines for social workers to support Sotho teenage mothers who need social support networks to play their roles as parents properly**.**

The **objectives** of the study:

- To describe the needs and parenting responsibilities of teenage mothers.
- To explain the nature of social support networks needed by teenage mothers and the role of social networks.
- To investigate the nature of the social support networks of the Sotho teenage mothers in Botshabelo.

1.3 RESEARCH AREA

The research entails a community study focusing on the lives of teenage mothers and their children in Botshabelo. It investigates their everyday lives**,** family lives, social networks and strategies for survival. The goal of the study is to utilize the knowledge gained towards assisting these women.

Botshabelo is a Sotho area settlement. A clinic in Section J has been identified as a suitable location from which the sample of teenage was drawn. The researcher has discussed this with the area manager and was given permission.

1.4 LITERATURE REVIEW

A review of literature dealing with teenage parents and social support networks was undertaken. Study material was obtained from the J.S. Gericke Library and the Erica Theron Room at the University of Stellenbosch. There have been previous studies of teenage pregnancy**.** The tool designed by (Hudson & Ineichen, 1991:103; Sharpe, 1997) to identify and assess the social support network and intervention was used as a guideline to identify the support mechanisms of teenage Sotho mothers.

The literature review contributed to a greater understanding of the field of research and the part of the researcher.

1.4.1 Research method

An exploratory design was used for the purpose of this study. According to Babbie and Mouton (2001:80) one of the purposes of an exploratory study is to satisfy the researcher's curiosity and desire for better understanding of the research topic. In this case the researcher wanted to understand the teenage mother's everyday problems, feelings and goals.

Both qualitative and quantitative methods was applied, the differences between the two being the way in which the findings will be reported. Qualitative research entails observations made by the researcher during interviews, while quantitative data is obtained by means of questionnaires presented as tables and figures illustrating the findings of the study. Babbie (1998:98) noted that by combining different procedures in a research design the researcher is able to draw on the strengths of each method, which adds credibility to his research. The reason for using a combination of qualitative and quantitative methods is that¸ although tables and figures are used emphasis is also placed on the client's personal perspective in order to understand social actions (Babbie & Mouton, 2001:270).

1.4.2 Sampling and data

The study population targeted the teenage mothers at the J section clinic at Botshabelo. Purposive sampling was used, that means the sample targeted the first ten teenage mothers who meet the criteria for inclusion. The sample is composed of elements that contain the most characteristics, representative of the typical attributes of the population. The study targeted

Sotho teenage mothers who were from 14 to 19 years old and the mother of one to two children.

Personal interviews were done at the J section clinic to obtain the appropriate information from the respondents. The research will be conducted in Sotho as both the interviewer and the interviewee are Sotho speaking.

1.5 LIMITATIONS OF THE STUDY

The literature review makes it clear that the number of teenage mothers is increasing but no statistics could be found on the teenage mothers in J section.

1.6 THE CONTENT

The study is divided into five chapters:

In CHAPTER 2 an overview of teenage parenthood will be given with the emphasis on the needs of teenage mothers

In CHAPTER 3 there will be a description of what social support entails with reference to teenage mothers.

CHAPTER 4 will contain the result of the empirical study.

CHAPTER 5 will consist of the conclusion and recommendations.

CHAPTER 2

ASPECTS OF TEENAGE PARENTHOOD, WITH SPECIAL EMPHASIS ON TEENAGE MOTHERS

2.1 INTRODUCTION

Teenage pregnancy and parenthood have become increasingly important public policy issues in recent years for many reasons including concerns about their prevalence and the economic and social problems faced by young mothers and their children.

In order to understand the forces leading to teenage parenthood, it is important to differentiate between puberty and adolescence. Puberty is a biological process of maturation which involves hormonal transformation resulting in higher levels of androgens, estrogens and testosterone (Graig, 1996:409). On the average, girls experience the growth spurt and the biological changes of pubescence about two years before boys. There is a great variation in the rate of development among members of the same sex. Adolescence, as differentiated from puberty, is a developmental process which interacts with the biological changes, but it is subject to psychological, social and cultural forces (Phillips & Straunars, 1991:99). The teenage years are a time of changes, because the adolescent experiences a period of transition between childhood and adulthood.

Due to the impact of the changes converging on teenagers, they may be described as being in a state of crisis. This is a state in which they are in search of self-definition and when they attempt to find a place in society. They also develop psychologically and intellectually when they begin to assert an autonomous identity (Louw, 1991:379). Adolescence is characterized as a period during which teenagers face numerous conflicting pressures from parents and peers (Jaccard & Dittus, 1993:329) and are faced with many changes, such as roles, values and behaviour, to which they need to adapt during this new phase in life. As a result of these changes teenagers who have children cut short their childhood and enter a world of commitment that has traditionally been reserved for adults (Phillips & Straunars, 1991:111). An adolescent who becomes pregnant, experiences more problems than an adult who has an

unplanned pregnancy. This is one of the reasons why it is important for children to learn to behave according to social expectations and standards.

In this chapter the focus will be on teenage sexuality, teenage pregnancy, teenage parenthood and factors influencing parenthood, education and finance of teenage mothers, day care for the baby and functions of social workers. The following section will focus on teenage sexuality.

2.1.1 Teenage sexuality

Archer (1994:45) found that gender identity incorporates a sense of one's maleness or femaleness. Acceptance of one's gender as a social, psychological construction shows acceptance of one's biological sex. The basic sense of female identity and development is based on self in the world and self in relationships. Males push for independence and separation, defining themselves in terms of what they do, while females define themselves by what they are, and in their relationships to others. Females are therefore more influenced by relationships, support and approval than men are.

During adolescence, the biological changes of physical maturation bring a new interest in members of the opposite sex and there is a need to integrate sexual awareness with other aspects of personality (Graig, 1996:415). Teenagers need to learn how to satisfy their sexual needs in a socially acceptable way so as to contribute positively to the development of their identity. The heterosexual relationships that begin during adolescence, offer the adolescent an opportunity to achieve a certain amount of sexual satisfaction and also the opportunity to develop their identity as sexual beings. Once an adolescent begins to date and develop steady relationships, their sexual identity as well as their self-identity and emotional vulnerability begins. These needs involving love, sharing and continued close relationships, are strongly linked to sex, pregnancy and childbirth.

Phillips and Straunars (1991:100) found that twelve year old girls were sexually active. Sexual intercourse is associated with being grown up and traditionally, with being married. Sexual behaviour is also linked to other factors such as wanting to conform to the behaviour of peers, especially the expectations of the girl's boyfriend. It was found that many girls who engage in sexual intercourse, are either unaware of the likely outcome of this behaviour, or choose to ignore the consequences of their behaviour (Hudson & Ineichen, 1991:29), and that

teenagers rely more on peers and printed material for information on sex and birth control, than on any other source. If there is no open and honest communication at home, school or community, teenagers have only their peers and the media to turn to for information (Jaccard & Dittus, 1993:34). The risk of pregnancy therefore increases, and teenagers are at risk of experiencing an unplanned pregnancy. Parents and teachers need to hold open discussions about things that affect their children, in order for the children to possess knowledge leading to positive development.

2.1.2 Adolescents at risk of becoming pregnant

All sexually active teenagers are at risk of becoming pregnant. Hudson and Ineichen (1991:107) found that adolescents who become pregnant were more likely to be school drop-outs and that adolescents who are underachievers are likely to become pregnant. Adolescents who become pregnant also appear more likely to have been illegitimate or to come from large families. Girls in these situations will often be more vulnerable to sexual advances in an attempt to have their needs for affection and security fulfilled (Van der Berg, 1996:81).

Adolescents, who are vulnerable and emotionally unstable are the most prone to engage in irresponsible sexual behaviour, because they feel themselves inadequate and inferior. They often feel compelled to prove something to themselves or their peers through sex. Teenagers who fall into this trap are often those with lower socio-economic status (Faber, 1991:698). An adolescent girl who is not doing well at school, and who is aware that her poor academic record is likely to restrict her occupational choices may consciously elect to become pregnant out of wedlock (Suri, 1994:34). This may be due to parents who do not encourage their children to obtain further education since they themselves have not completed secondary education and see no need for further education. Teenage pregnancy is also linked to other problematic adolescent behaviour such as alcohol and drug use. All these issues affect the teenager's ability to behave responsibly with regard to sexual behaviour, and this can lead to pregnancy.

Teenage girls who fall pregnant also run a greater risk contracting HIV and AIDS than their friends of the same age, and this helps to drive the explosion of HIV and AIDS. In order to make a baby, one must have unprotected sex, and that means inviting HIV in, and asking it to stay. Teenage pregnancy and contraceptive use will be discussed in the following section.

2.1.3 Teenagers' use of contraceptives

There are many factors that may influence teenagers' use of contraceptives. Investigators such as Hudson and Ineichen (1991:109), and Handy (1982:35) have reported that the majority of sexually active adolescents do not regularly use contraceptives. In America, 62% of sexually active teenagers who have never used contraceptives experienced a premarital pregnancy, 30% of those who use contraceptives inconsistently become pregnant and only 7% of those who always use contraceptives become pregnant (Lachance, 1997). This implies that most adolescents do not admit to themselves that they are sexually active. Teenagers who seek contraceptive advice, are not praised or condoned by society, their family or their group (Hudson & Ineichen, 1991:108). Some of the reasons why teenagers do not use contraceptives could be inconvenient clinic hours, like for instance at the J Clinic in Botshabelo where contraception is accessible from 13:00 pm to 14:00 pm, which clashes with school hours. The risk of pregnancy therefore increases, and this can lead to a teenager being faced with difficult decisions with regard to her pregnancy.

Early pregnancy creates severe stress, threatens the adolescent's need for privacy and inhibits identity formation. The adolescent may experience anxiety due to her conflicting need for independence and her forced dependence on the adult world (Black & De Blussie, 1985:286). Teenagers need support in order to handle stressors more successfully at this stage.

2.1.4 Teenage pregnancy and emotional effects

More than one million adolescent girls in America now become pregnant each year, over 65% of which are not married, about 40% of these pregnancies end in abortion, and 10% end in miscarriage. The other 50% of these girls complete their pregnancies (Brooks-Gunn & Furstenberg, 1980:16).

The different age groups react differently to being pregnant and the younger girls are less likely to consider the financial and emotional commitment of motherhood. Older adolescents are more likely to consult an outside professional for advices and they tend to be more concerned about the economic implications of their pregnancy and its effects in their own lives, than about the effect on their parents and other family members Griffin-Carlson and Mackin (1993:3). It is therefore important for teachers, social workers and parents to teach

learners about sex, and its results at an early stage, in order to prevent unwanted pregnancy and sexually transmitted diseases, which can affect teenagers negatively in future.

Teenage pregnancy is often followed by many conflicting emotions, but not every pregnant adolescent experiences all of the following emotions listed by Hudson and Ineichen (1991:74) as given below. The majority of teenage mothers do however experience most of these emotions at some stage.

Fear is one of the first emotions experienced by the pregnant adolescent. The fear might be related to a variety of factors such as how to tell her parents about the pregnancy, and how her boyfriend will react. The fear could be due to the fact that she knows that the truth of her sexual activity has been revealed.

Anger may be experienced by the adolescent either at herself, her boyfriend or her parents. She may feel that she does not have the inner strength to cope with this pregnancy and the daily responsibilities and pressures may begin to overwhelm her. This is related to her failed expectations of herself as well as of her parents, and of her career.

Depression is one of the most common of all the emotional reactions. The overwhelming sense of hopelessness, despair and a strong feeling that there is no solution could lead to depression. The adolescent may feel a failure and completely worthless as a result of the pregnancy.

Often adolescents who become pregnant encounter strong disapproval at home or they may already be in conflict with their parents. Yet if they do marry, they may have no choice, but to continue living at home in a dependent situation during and after their pregnancy (Graig, 1996:423). A pregnant teenager faces a number of choices, such as whether to carry her pregnancy to term or to terminate the pregnancy. If she carries the baby to term she must decide whether she will raise the child as single parent, or place the child up for adoption (Plotnick, 1993:324). The pregnant teenager must be viewed in the environment of her particular family and her wider social environment. The role that adults and peers play in influencing the teenager's decision must also be considered.

Often teenagers who choose to keep their babies do not do so out of the desire or intention to have a baby, but rather because they consider this to be the most ethical, responsible decision. The decision must be congruent with personal or familial values, and beliefs about abortion and adoption, the sanctity of life and family (Faber, 1991:706). Many adolescents prefer to keep the baby, and this has an impact on the teenager's family and on herself.

2.1.5 Impact of pregnancy on the teenager's family

The most significant person in the pregnant adolescent's life is not always the baby's father. It is usually her mother, whatever the overt nature of the mother-daughter relationship and the younger the girl, the more dependent on her mother she will be (Hudson & Ineichen, 1991:74). When asked about her initial feelings on hearing the news of the pregnancy, an adolescent will frequently say that she is worried about what her mother will say (Ineichen, 1986; McQuire, 1981; Sharpe, 1987). The pregnancy of teenage girls may affect most of the parents negatively.

Most parents react negatively, expressing anger and disappointment, when they hear the news that their teenage daughter is pregnant. Parents experience embarrassment and shame and worry that there will now be another mouth to feed. It is important to recognize that, with each unplanned, out-of-wedlock pregnancy, there may be two families going through varying degrees of trauma, guilt, upset and confusion.

Most parents, whatever their race or ethnic background, are disappointed by pregnancy involving either their son or their daughter. Fathers, if they live at home, are usually less accepting at first and more upset than other family members. The initial anger usually wears off, but there have been cases where a father stopped talking to his pregnant daughter from the moment the pregnancy was announced to long after the baby's birth (Hudson & Ineichen, 1991:75). However parents of teenage girls who oppose abortion or whose children oppose abortion, may be willing to accept and even eventually welcome the birth of an unplanned grandchild, and make preparations for the coming baby.

2.2 TEENAGE PARENTHOOD

Parenthood requires new roles and responsibilities on the part of the mother and father, and it also makes demands on the grandparents and creates a new social status for them. According to Graig (1996:516) the actual birth brings an onslaught of physical and emotional strains,

disruption of sleep, financial drain, increased tension and conflict over responsibilities, possessiveness and discipline.

Every family undergoes changes, which quickly turn into crises should the family not have access to resources which can support the family members. Parenthood develops into a crisis situation when the teenage mother perceives her motherhood to be a threat to her emotional and physical well-being. The threat might be the result of the attitude or behaviour of the people in her life, or the result of the circumstances and pressures bearing down upon her (Van der Berg, 1996:71). An unplanned parenthood is generally a crisis for most unmarried teenage girls, the father of the baby, her parents, and his parents if he is also an adolescent. Professionals should therefore treat it as a crisis for all, of those concerned. In the following section various aspects of parenthood will be discussed.

2.2.1 Transition to parenthood

The transition to pregnancy and parenthood represents a major developmental period with important implications for the parents as individuals, for the early parent-infant relationship and for the infant's development. Pregnancy and new parenthood have at times been described as a crisis, especially for the mother (Osofsky & Osofsky, 1970). During pregnancy and new parenthood, expectant and new parents are required to make major adjustments like for instance day care arrangements, if the mother has to go to work or school.

The family and child are put at further risk in cases where there is additional stress, such as stress relating to adolescent parenting, or parenting a handicapped or premature baby. The disequilibrium and new responsibilities that exist during this time can significantly affect the individual's level of functioning, the relationship patterns and adequacy of interaction with the new child. Changes in everyday life affect parenthood.

Osofsky and Osofsky (1970:825-830) noted that adolescence historically has been viewed as a crisis of development. The physiological, emotional and cognitive changes that occur during adolescence are nearly matched by the experience of pregnancy. The adolescent who is also pregnant is thus responding to, and must cope with development challenges, the crisis of adolescence and the crisis of pregnancy and parenthood. According to Cowan (1992) the transition to parenthood is marked by the following events.

2.2.1.1 Change in identity and inner life

This involves changes in the teenager's sense of self and the addition of different roles, like for instance daughter, older sister, friend, student or flute player. Being a mother while a teenager, means more responsibility for example looking after the baby and being committed to someone.

2.2.1.2 Shifts in the roles and relationships within the family

This is one of the most challenging problems the teenage mother experiences. Changes will be necessary in the division of labour and this will occur at a time when there is a lack of sleep because of the baby, and there are decisions to be made about practical matters like labour and delivery. The family must share the new responsibilities associated with raising a baby.

2.2.1.3 Changing roles and relationships outside the family

These changes affect the mother most, as she puts her education on hold, at least temporarily, to care for her child and has less time to socialize with friends.

Not being able to cope with these new challenges can be harmful to the parent and the child, and can also lead to a dysfunctional family. For a teenage mother, parenthood itself changes when she lacks a partner to help her to cope with changes. Social workers should help their clients realise their skills and identify support available, in order to render effective parenting.

2.2.2 Parenting style

Studies done by Baumrinds (1980) on three different parenting styles have helped explain why children behave the way they do. Parents use a variety of children-rearing techniques, depending on the situation, the child and the child's behaviour at the moment and based on the parent's culture. There are various parenting styles.

The first style that will be discussed is an **authoritarian parenting style**. Parents are in control and adhere rigidly to rules. These parents tend to be low on warmth, although this is not always the case. In the situation just described, the parents will probably refuse their child's request with statement like "A rule is a rule" and if the child continues to argue or begins to cry, the parents will become angry and might impose a punishment. Authoritarian parents issue commands and expect them to be obeyed by their children, and they avoid lengthy verbal exchanges with them.

The second style is a **permissive parenting style**. Permissive parents are at the other extreme to an authoritarian parenting style. Their parenting style is characterized by few or no restraints placed on the child's behaviour. For instance, there are no curfews in the house, no fixed times for going to bed, no rules that the child must always keep his or her parents informed of his/her whereabouts, and instead of asking permission from parents, a child will tell about his or her plans. Children have plenty of freedom, but very little guidance.

The last parenting style is that of **authoritative parenting**. Authoritative parents combine a high degree of control with warmth, acceptance and encouragement of the growing autonomy of their children. Although these parents set limits on behaviour, they also explain the reasoning behind these limits. Their actions do not seem unfair, and as a result, their children are willing to accept these actions. Parents are also willing to listen to their children's objections and to be flexible when it is appropriate.

Baumrinds (1980) found that the authoritative parenting style, being warm and responsive, appears to be the most effective. It provides the child with an emotionally secure relationship, impacting on the confidence and self-efficacy he or she needs to explore unfamiliar social environments, and seek out emotional ties with others including peers. It is important for teenage parents to choose one of the parenting styles, in order to be able to raise their children in an appropriate way.

2.2.3 Teenage parent families

It is important for social workers to understand not only the various aspects of parenthood, but also the nature and needs of teenage parent families.

One of the effects of early parenthood is that teenage mothers, usually drop out of school prematurely. On the average, they work at lower paying jobs, and experience less job satisfaction. These young parents also spend more of their parenting years as single mothers than do women who delay childbearing, and they also experience a higher divorce rate (Hoffman, 1998; Rubenstein, Panzarine & Lanning, 1990:136).

The effect of parenthood on the lives of teenage boys may also be negative and long lasting. Some fathers are initially delighted at the prospect of a baby, but totally unprepared for the

reality, and unable to cope with the responsibility. Such men have not matured and are still at the self-centred age, when they expect to come and go as they please (Hudson & Ineichen, 1991:130). Young fathers may have had only a passing emotional involvement in the relationship. Due to pressure, they may feel that is their duty to support their new families. Teenage fathers tend to leave school and generally acquire less education so that they have to take lower paying jobs. If they get married to the mothers of their children, as years pass, they are more like to have marital problems which often lead to divorce (Hudson & Ineichen, 1991:74). Young couples in this sad situation need much support and counselling as their situation also disadvantages their children.

Children must be raised in a responsive social environment if they are to show optimal development outcomes (Graig, 1996:204). In a study done by Bowlby (1973) it was found that teenage girls often have a reasonable idea of how to take care of a baby physically, but they are less able to meet the emotional needs of a baby, and less willing to accept parental responsibility. They show mixed feelings towards their babies, and increased vulnerability to parental stress. Graig (1996:216) found that teenage mothers vocalize and talk less to their babies, than older mothers. This then provides fewer stimulating experiences, which may disadvantage the child's development.

Pleasurable environmental events such as physical closeness of the mother and child, and the reduction of hunger and discomfort may stimulate attachment which is important for the child's development. According to Bowlby (1973), an infant's attachment to the primary caregiver becomes internalised as internal working model by the end of the first year, and the infant uses the model to predict and interpret the mother's behaviour and plan his or her own responses. Because young parents are stressed and frustrated, they are more likely to neglect or abuse their children. These children more often exhibit slow behavioural, development and cognitive growth Brooks-Gunn and Furstenberg (1986:56). If poverty, marital discord and poor education exist simultaneously in the family, the child's chances of developing these problems increase.

Some teenage parents however, do an excellent job of nurturing their young ones, while continuing to grow toward adulthood themselves. To do this they almost always need assistance. Helping young parents and their offspring thrive and become productive, remains an overriding social concern and challenge.

To conclude, it is clear that economic and social problems and disruption of sleep, increase tension and that conflict over responsibilities, possessiveness and discipline strains play an important role in family life. The social worker's role in this respect will be to help these teenage parents find means of providing for their families, and to assist them to continue with their studies as most of them are still too young to find good secure jobs.

2.3 EDUCATION AND FINANCES OF TEENAGE MOTHERS

For most teenage mothers it is most important to remain in school and should be encouraged to remain at school as long as possible, and to return to school after the birth of their children. However according to Hudson and Ineichen (1991:119), this is problematic at the basic level, as there are side issues, like morning sickness and clinic attendance. However provision should be made for all categories of teenage mothers who are unable, for whatever reason, to attend school for any period of time. This is because all children should have the chance to obtain some meaningful qualifications, as without these they have very few chances of employment. Mothers with education and skills will have fewer problems securing employment than those who are in need of further education.

Teenage mothers will need a strong support network and organisational skills to be able to make decisions regarding further education, as it is clear that economic strains and the child play an important role in their lives. Day care will be discussed in the following section.

2.4 DAY CARE FOR THE BABY

One of the most difficult decisions a teenage mother has to make when she wants to study further or look for a job is which move to make first, to look for day care for her baby or to further her studies. If mothers do have an immediate aim like looking for a job or furthering their studies, they need a regular childminder. They will then have the chance to look outward and to extend their abilities. According to Phillips and Straunars (1991:107) school or community day care, is one way of reducing school drop out rates for young mothers, and increasing positive outcomes for their children. Parents seemed to express satisfaction with different types of care for different reasons. Whittaker and Garbarino (1983:94) found that parents with children in family care felt that it met their children's needs for emotional attachment and discipline as well as being convenient and flexible for themselves. Parents who chose centre- based care, such as a pre-school facility, mentioned that their choice was

related to the advantages of an educational programme and the assurance that the care was of high quality because the centre was licensed.

For the teenage mother this can be possible, if she is resourceful and has family to back her up, and even someone to mind her child while she makes her choices. However there are many mothers without these assets. It is therefore important for social workers to know the part they will have to play to empower the teenage mothers. Functions of social workers will be discussed in the following section.

2.5 FUNCTIONS OF SOCIAL WORKERS

Teen parenting is a complex health, social and economic problem. Working with teen parents requires a particularly keen sense of self and personal boundaries (Phillips & Straunars, 1991:109) because any person who chooses to work with teenage parents must have resolved his or her own issues regarding teenage parenting. It is thus important for social workers to know the part they will have to play to empower these teenage parents.

Social workers who visit the homes of their troubled teens often find no family member available to help. Mothers and grandmothers of teen parents are often as needy and helpless as the young people. Often the best way to help a young teen parent is to work as intensively as possible with her family to keep them from sabotaging her progress. Working with various family members, provides families with the opportunity to pool resources and overcome deficits. Social workers also have to be able to empower their clients. The fundamental premise is that individuals will do better in the long run if they are helped to identify, recognise and use the strengths and resources available in themselves and their environment (Saleeby, 2002). Social workers should help clients realise their skills and facilitate their support networks to manage their lives, thus giving them equal status, fostering self-reliance and emphasising strengths.

Social workers must also understand and recognise the responsibility of young fathers. The confusion and rejection that young fathers feel when faced with their partner's pregnancy and motherhood are not taken sufficiently into account (Hudson & Ineichen, 1991:213). These young parents need to be involved in supporting their new families, for the benefit of their children.

Young parents will need guidance, assistance, and a strong support network with organisational skills to be able to adapt to parenting. The assistance of social workers towards extra support and understanding plays an important role in good parenting and helps to reduce the strains a teenage parent experiences.

2.6 CONCLUSION

It is clear from the literature reviewed in this chapter, that teenage pregnancy and parenthood have increasingly become an important public policy issue. A variety of individual, family, and social factors are associated with sexual behaviour and decision making. Some of these factors directly affect decisions to initiate sexual activity, to use contraception or to have a child while unmarried. Others affect decisions indirectly by influencing other relevant factors.

Among the most important factors are the adolescent's attitudes to sexual behaviour, contraception and single parenthood. Attitudes are inevitably tied to the specific social and economic circumstances of a person's life, as well as to a person's overall development as a masculine or feminine human being. Attitudes are related in a complex way to the development of interests and abilities to form intimate interpersonal relationships, and the transition from dependence on families of origin to independence and parenthood.

Teenagers, especially girls with a strong achievement orientation and clear future goals are less likely to become sexually involved at an early age. They are more likely to be regular and effective contraceptors, if they are sexually active, and less likely to bear a child if they experience an unintended pregnancy. In contrast, girls who lack a strong achievement orientation and who have low educational expectations are more likely to become sexually involved at a young age, and to be less regular and effective contraceptors.

Many teenagers do not perceive the risk of pregnancy as great enough to deter them from indulging in sexual activity without contraception. They are therefore at higher risk of pregnancy and child bearing. Teenage pregnancy is also linked to other problematic adolescent behaviour such as alcohol and drug use. All these issues affect the teenager's ability to behave responsibly with regard to sexual behaviour, which leads to pregnancy. Teenage girls who fall pregnant run a higher risk of contracting HIV and AIDS than their friends of the same age, and this helps to drive the explosion of HIV and AIDS. Researchers

have found that fear, guilt, anger and depression are often the result of pregnancy in teenage girls. Most parents are also affected negatively by their daughter's pregnancy.

Research shows that there are variety of family background characteristics, psychological factors and environmental conditions that influence the teenager's self-perceptions and that in turn, influence their perception of the risk of pregnancy and childbearing. Socioeconomic status, family size and parent's education are strongly associated with attitudes about sexual and fertility behaviour.

Parenthood requires new roles and responsibility on the part of the mother and father. The birth of a child brings physical and emotional strains, disruption of sleep, financial drain, increased tension and conflict over responsibilities and discipline. An unplanned parenthood is generally a crisis for most unmarried teenage girls, the father of the baby, her parents, and his parents if he is also an adolescent.

Parenthood in itself is not an easy task for any parent to handle. Every family undergoes changes, which quickly turn into a crisis should the family not have access to resources which can support the family members. There are three parenting styles that teenage parents can choose from, for the discipline of their children. They are Permissive parenting, Authoritative parenting and Authoritarian parenting. It is therefore important to understand that teenage mothers need to acquire skills to cope with all other parental issues and changes. The role of the social worker is of great importance to the teenage mother, because she has to be able to identify and use the support system in the community in order to preserve family life. Social support networks will be discussed in the following chapter.

CHAPTER 3

A SOCIAL SUPPORT NETWORK FOR TEENAGE MOTHERS

3.1 INTRODUCTION

Young women leaving school because they are pregnant need a great deal of support. Traditionally the adults were the support of the family in periods of transition or crisis adults as they become parents, as in other periods of transition. If the immediate family could not meet the needs of members the church or the community would lend the necessary support. In today's societies, social support networks can be used to give essential assistance to individuals.

The aim of the chapter is to present guidelines for social workers to empower teenage mothers who need to utilize social support networks in order to fulfil their roles as parents. The social support systems in the network of teenage mothers will be discussed in the next section.

3.1.1 The definition of a social support network

It is important that before the relationship between social support and a social network can be explained, the concept of social support should be defined. In this study two definitions will be given.

Ell (1984:135) defines social support as a "multidimensional construct that includes cognitions and functions as well as supporting-mobilizing and support-giving behaviours and the cognitive content of social support includes information leading to a person's believing that he or she is (a) cared for and loved, (b) esteemed and valued and (c) belongs to a network of mutual obligation in which others can be counted on should the need arise".

The Oxford Dictionary (1975:850) defines social support "as to support in part, as to keep from failing or giving away, give courage, confidence or power of endurance, to supply with necessities and assistance or countenance".

The degree to which a social support network is available to a person is influenced by several factors which serve to buffer an individual from stress producing situations. A social support

network involves the availability of specific individuals who are willing to provide aid in mobilizing resources and assistance with coping mechanisms at the individual's disposal. Whittaker and Garbarino (1985:5) are of the opinion that a social support network is a set of interconnected relationships among a group of people that provides enduring patterns of nurturance in any or all forms and provide contingent reinforcement for efforts to cope with life on a day to day basis.

Caplan (1974) and Maquire (1991) identify three major forms of assistance operating in social support networks. First, the significant others like family help the individual to use his or her own psychological resources to overcome difficulties, empowering the person to deal with the causes of the stress. Secondly, the networks share their task such as paying the bill, to limit the amount of stress on the overburdened individual and clearly show concern and caring. Thirdly, a social support network supplies extra resources, such as guidance, money or skills to help the individual handle difficult situations better.

The disruption of social ties in the community context is a significant source of stress for many individuals and families. The disruption occurs for a variety of reasons which may be both positive and negative. For example moving to a new home may result in disruption. However, such experiences are often associated with intense emotional reactions. The availability of ready support, help and guidance can be diminished to a great extent for many individuals.

In all aspects of coping with emotional tasks posed by life stress, the availability and quantity of a social support network is of critical importance. Emotional support from family and friends is an important source of strength. For example, during times of high anxiety, many persons actively seek reassurance and comfort and acceptance from significant others. In the next section the use of a social support networks will be discussed.

3.1.2 The use of a social support network

A social support network provided by caring individuals has a significant impact on enhancing a person's social functioning and community living.

Social network theorists**,** Mitchel and Trickett (1980:29-41) contend that networking can be seen as a conceptual or analytical tool which helps to advance the investigation of social

relations. The basic elements from their exposition concur that there are several ways in which the network functions and their roles can be discerned by:

- Providing a more complete view of the social environment of the individual, since it can encompass relationships with people drawn from any number of structural categories such as kin, neighbours and co-workers.
- Providing the assumptions involved in labelling this set of persons with whom the individual has contact as a group.
- Providing a structure for the set of persons who have been selected from various structural categories, for particular dyadic relationships, and
- Allowing the structural aspects of the network to be related to characteristics of the relationships comprising the network.

A network analysis of a community takes as its starting point the search for the social linkages and flow of resources. It thus makes possible a discovery of network based communities which are neither linked to a particular neighbourhood nor to a set of solitary sentiment. A network analysis might also reveal that strong ties remain abundant and important. An assessment of the position of ties within the context of overall structures of social relationship can be undertaken. It is essential for social workers to be able to identify social support networks. These workers can help ease the workload of teenage mothers and help them obtain the appropriate help they need, thus making the aiding process fast and effective for all parties involved. The following section will focus on categories of social support systems.

3.1.3 The category of social support systems

The literature (Froland, 1980; Litwak, 1978) on social support systems delineates two major categories, the formal social support system and the informal support systems. A discussion of each category is presented.

(a) **Formal social support systems** are those falling under the auspices of welfare organizations. These are sponsored services rendered by professionals. In this category, the systems operate under formal rules and procedures. Services rendered are usually referred to as personal social services. These services include child and family welfare services and counselling services (Biegel & Naparstek, 1982:78-79).

The major task of the professionals rendering this type of service revolves around the social functioning of families in community life. Their services contribute to the socialization of the whole family. Therefore dissemination of information, providing, help, counselling and guidance as well supervising the deviant persons, become important in this category. The social network theorist Froland (1980), accepts that there are some tasks that can be best undertaken by professionals. However these are not exclusive in that they complement the functions and services provided by the informal support systems.

(b) **Informal social support systems**, is the second category. The service is provided by individuals, families, friends, relatives or groups of individuals. These various groups are concerned and willing to participate in the process of helping within the community. Help is provided to those in need, especially without the protocol of formal rules and procedures as applicable in the social service delivery system.

Each type of informal social support system has its unique manner of providing help to those in need. There are basic principles which are flexible and provide room for spontaneity in the process of helping. At the heart of this, is the dynamism of mutual exchange, and a belief that the helper will reciprocate. The informal social support system, identifiable in this category are the family, kin, friends, neighbours, the church, social groups and voluntary groups. At this stage a discussion of each of the informal social support systems is appropriate.

3.1.3.1 Family as a social support

The first social support network is the family. Although the family is undergoing major changes, its role is still viable in society. It is the major social institution, which has an investment of emotions and can plan for the future. Both the nuclear and extended type of family has played roles in this regard. These functions fall within the major strands of social support (Biegel & Naparstek, 1982:122; Johnson, 1981:123).

The family frequently facilitates social change by adapting its structures and activities in order to fit the changing needs of society. The family has a sponge-like responsibility to absorb the challenges and simultaneously adapt accordingly in order to survive. This function elevates the family to be the prime source of social support in the survival of society.

Social scientists Chinkada (1987:186-190) and Goldenberg and Goldenberg (1998), agree that the family is the most stable and useful social institution. As the family is regarded as a key institution in all societies, it is also an important social unit for the realization of community life. As the most basic social institution, the family is mainly responsible for facilitating the process of growth. Other major responsibilities include provision of social and psychological services, imparting social ethics as well as providing material welfare to its members. The family is thus viewed as the basic unit of society, and hence the issues of survival and nurturing become crucial to the family. Social scientists and family theorists (Duvall, 1971:5-7; Duvall & Miller, 1985:8) have identified the functions of a family to include amongst others the following:

- Provision of the basic amenities, such as shelter, food and security.
- Generating affection between husband and wife, between parents and children, among members of different generations.
- Provision of personal security and acceptance in order to live in dignity and with a sense of worth.
- Giving satisfaction and a sense of purpose in life to individuals.
- Ensuring continuity of companionship in communities and society.
- Providing social placement and socialization within and between the communities.
- Creation of a social environment for social control and stable response to most intense human experiences, such as birth, marriage and death.
- Training in basic human motivation, which include humanitarianism and reciprocity through role model and cultural transmission, and
- Procreation in order to ensure continuity of the human species.

The social aspects of the family as an institution focus on the structure and relationships which come into existence. It is these relationships and interactions within and between families that are of importance in the survival of the individuals. In a new environment, especially where resources are limited, heavy reliance of members of families on each other for security, and for basic necessities are vital and inevitable. Family members provide means for supporting each other throughout the life cycle. In some societies, the structure of the society provides more scope, which in others is restrictive.

The family is viewed functionally as a system which plays a central role in the social, psychological and biological development and maintenance of family members. Three sets of tasks have to be dealt with by families in their functioning (Will & Wrate, 1985:13-23). These are:

- The basic tasks which are primarily instrumental in nature, the provision of food and shelter for family members.
- Developmental tasks which are usually associated with the individual developmental stages that involve structural changes in the life cycle.
- Hazardous events which are crises that occur in a person's life such as unemployment, migration, accident and illness.

The social support system within the family is clearly demonstrated by the family members' functions, especially during the periods of transition. It is acknowledged that the whole family is affected to a great extent by events in the life cycle. This is usually heightened by the fact that ceremonies bring family members together, funerals and marriages are noted to be the major rites of passage. This illustrates the important supporting role played by the family, which is necessary for the basic functioning of an individual.

Families the world over are expected to perform major functions. It is within a family that the expression of mutual respect, human dignity and freedom of expression and affirmation of one's person takes place (Chinkada, 1994:186-190).

In view of the functions of the family and the support provided in the proceeding sections, a complete picture of the family as a major support system emerges. Several researchers, (Biegel & Naperstek, 1982:122-124; Caplan, 1976:31) have provided the leadership in the discussion of how the family plays the role of social support. Families are responsible care-giving agents which provide substantial, physical, emotional, social and economic support to their members. In this regard it is clear that families are effective resources and are responsive to the critical needs of their members. Social workers should try to involve significant family members when dealing with teenage mothers. Involving significant family members in treatment, including extended family members and non- custodial parents can be important. Working with various family members provides families with the opportunity to pool resources, reduce stress, and overcome deficits.

Family and friends sometimes need to be reminded that occasional words of support or encouragement or simply their willingness to listen can be of immeasurable help to others. They might also have to be reminded that the success of many social support endeavours really depends on some very simple humane behaviour, such as showing the same level of caring, encouragement and support that any good friend would offer. The best way for those in the social support network to help in this regard could be to do nothing but listen. People dealing with less severe emotional problems feel that they are best helped by talking to friends or relatives about their problems or needs. Not only is the teenage mother dependent on family and friends to relieve stress, but by helping her she also empower themselves.

The extended family and kinship will be discussed within the context of the family. These are the institutions which strengthen and perpetuate the social bond reciprocities of family members. They are the cornerstones of the supportive strands of the family in its communal orientation.

3.1.3.2 The extended family

Another social support system is the extended family, including siblings, uncles, aunts and grandparents. The structure of the extended family links a wider circle of people. These people are related by blood or marriage with a network of relatives, who normally identify and bond together. In many societies the extended family structure acts as an effective social welfare system by providing care and support to its members for a variety of needs. However Chinkada (1994:18) states that not all families provide support for their members. Some families can actually be a major source of stress for individual members, who might benefit more from severing ties with them.

Odetola and Ademola (1985:106-109) state that the extended family is based on the rules governing the kinship structure in a society. These rules make it possible for certain categories of people to live together and regard one another as family members. Family structures in this category might either be vertical, which means in a multi- generational link up or horizontal. The latter applies when a married brother of a senior joins their family in order to live in the household.

Close family members could provide an outside-the-household reserve resource. The children's grandmother might be willing to baby-sit or to make her house available to the

children for the hours between the end of school and the time the mother arrives from work. It is therefore important for teenage mothers to realize the potential support of family to assist with the caring of the child.

With the help of the family, teenage mothers can be able to adjust and develop themselves. An important dimension is a family's ability to provide advice regarding a specific problem and to assist a family member on how to find external sources of care, while actually helping in making the necessary arrangements. The family is an agent of change for its members. Various strategies and tactics to fulfil this function are developed within the family.

3.1.3.3 Friends

Another type of support is provided by friends and neighbours. Arosi (1992:23) states that friends who generally live in the neighbourhood, are an important source of primary social support. They can provide important socialisation and undertake support tasks. For example they can be approached when there are personal problems. Whatever the cause, the interaction with others can enhance self-worth, and in addition to providing the type of specific help described above, it also breaks the cycle of isolation. Interaction allows an individual with poor social skills to become involved in relationships rather than continuing to be cut off from other people. Attending a church service, athletic event or bingo game, preferably accompanied by a friend, can be that significant first step in the right direction. The habit of severing social contacts needs to be counteracted with encouragement to meet new friends and to re-establish old relationships.

Paterson (2001:65) quotes teenage mothers as feeling helpless, experiencing a loss of identity, being overwhelmed by the demands of full parenting and economic survival, feeling increasingly socially isolated, cut off from the outside world because of time constraints, and feeling locked into the world of their children. It is thus important for teenage mothers to be given the skills to make use of social support networks to combat these negative experiences.

3.1.3.4 Neighbours

A neighbour is one whom a person approaches because of proximity and not because of intimacy or his or her resources for dealing with real trouble. In a community there may be some transitional and emerging problems with which friends may assist by providing help as

part of the rules for good neighbourliness. The type of support exchanges occurring within the community should be viewed against the strands of social support. Neighbours are usually able to provide both instrumental, as well as affective support. Exchange of help between those living in close proximity is regarded as an important function.

Several issues such as interpersonal influence, informal advising, and exchange can be included in the discussion of neighbours. A noteworthy issue emerging from the discussion of neighbours, is the view regarding the perception of the neighbourhood in which a person lives. If for example the individuals feel good about the neighbourhood, then there are great chances of establishing a good circle of friends within the neighbourhood. Neighbours are gate keepers to the outside world in two ways. In the first instance they can make referrals to organizations and non- neighbour experts and helpers, and secondly they pass on the information gained from the knowledge and experience of other neighbours.

There is an ongoing debate about the relationship between formal social service and social support systems. Although several researchers are positive about the relationship, it is a complex one (Froland, 1980:166-173). Efforts have been put into the adoption of "networking" as the concept used to encourage organisations to work together in social work practice. The existence of a relationship raises the possibility of forming a partnership between the informal and formal social welfare services. Social workers can use this approach when trying to assist teenage mothers, by engaging neighbours as part of "networking".

3.1.3.5 The church

The church as an organization is usually classified as a type of voluntary association. The church is basically an institution which deals with the religious belief system of individuals in society, hence the church is a major social support system. It is sometimes possible that the whole family become members of a church, and experience the communal protection that is provided in a similar manner as is the case within the traditional family. In this way the church is a vital institution in a society.

According to Chalfant (1987:32-33) there are six basic functions of these religious institutions in a society and they are:

(a) Support, consolidation and reconciliation

Religion provides society with a point of reference that transcends the everyday work, which is unique and also provides individuals and groups with a sense of meaning in life, for example, when there is tragedy in the family the parents are provided with consolidation and support.

(b) New security and firmer identity

In this regard the priestly functions of religion which contribute to stabilization and order, are the provision of a feeling of security and a sense of worth.

(c) Socialization of norms and valued

Socialization of norms and values, one of the roles of religion, adds emphasis and assists to maintain the norms and values of society in the lives of individuals.

(d) A prophetic function

Religion provides standards and values against which existing norms can be examined critically and called into question.

(e) Identify functions

Religion assists the individuals to establish identity in society. It provides the individuals with answers to questions about who, why and where in terms of relationships.

(f) Facilitation of growth and maturation

Religion provides symbols and ceremonies that effectively mark the growth and maturation processes in a society.

According to Maquire (1991:110) the family that is involved with the neighbourhood church, girl scouts or boy scouts, soccer, swimming, dancing and other such activities within a community has healthy social and physical outlets, and is usually provided with social support. It is thus important for the teenage mother to involve herself in such activities for they can play a major role in stress relief and support. Social workers can also assist teenage mothers who are not aware of such activities in the community. Social workers not only need to know what types of social support networks exist, they also need to know the practice

framework that is relevant to the need or problem of teenage mothers. In the following section two relevant perspectives will be discussed.

3.2 RELEVANT PRACTICE PERSPECTIVES

3.2.1 Ecological perspective

According to Sheafor, Horejsi and Horejsi (2000:91) an ecosystems perspective is "to maintain the social worker's focus on the concept of person-in-environment in a practice situation". For this study the ecosystem perspective was important, for teenage mothers need to adapt and develop through transition with all the many environments of which they are part. These adaptive processes, the human being and the environment, reciprocally shape each other (Germain & Gitterman, 1980:22).

Today social workers cannot focus on individuals only, they have to focus on the environment that the person finds him/herself in order to give appropriate help. A social worker who operates with this ecological system view in mind, is aware of the physical environment as well as the impact of social, economic and political forces on the lives of their clients (Germain & Gitterman, 1980:22). The focus of the social worker is not only on changing teenage mothers, or changing the environment, but on both and promoting a better "fit" between people and environment. Social workers must be able to help teenage mothers to access resources. Many teenage parent families lack means to adapt effectively to their new family structure, therefore social workers need to assist them in acquiring the essential resources to help them adapt to their new situation. As resource allocators, social workers might need to be involved in planning, outreach or community networking to empower teenage mothers.

Social workers must help teenage mothers to be self-efficient. Teenage mothers often feel insecure, incompetent and helpless. Talking about self-esteem and how they feel might be supportive. There is a need to talk about self-efficacy, accomplishment, taking action, fostering positive energy band the need to focus on strengths (Lee, 1994:12-13). Becoming efficacious will make teenage mothers feel empowered and in control of their lives and therefore they will naturally feel good about themselves.

3.2.2 Strength perspective

Sheafor *et al.* (2000:93) describe the strength perspective as resting on the observation that it is much easier to help a client achieve positive lasting change by focusing on, and building on the client's strength. Teenage parents have to be able to cope on their own after they have been to see a social worker. It is therefore important that the social worker focuses on teenage parents' strengths, enabling them to rely on their strengths when needs or problem arise in future.

Social workers should not only focus on the teenage mother's problems and short comings, but on realising the potential they have, and recognising, realising and utilising the potential resource which they possess. This can be achieved by acknowledging that people have the ability, with appropriate facilitation, to develop and use inherent strengths that may have been suppressed by past experience of failure and hopelessness. Social workers can also assist teenage mothers by identifying the interventions for parenting teenagers and their children. The following section will discuss interventions for parenting teenagers.

3.3 INTERVENTIONS FOR PARENTING TEENAGERS

Teenage girls facing pregnancy, often without supportive partners or positive family role models, need love, instruction and support to rebuild their own lives and assure the well-being of their children (www.practicenotes.org/vol1). There are a number and variety of interventions to assist parenting teenagers and their children. Programmes designed to overcome the negative health, social and economic results of early child-bearing have been initiated by government, localities and by private foundations. This section describes interventions of four general types:

- those that provide Prenatal and Perinatal health care services;
- those that provide economic support;
- those that improve the social, emotional, and cognitive development of the children of teenage mothers, and
- those that enhance the life options of teenage parents.

The first three categories provide services to pregnant and parenting teenagers to meet their immediate health and subsistence needs and to improve the development of their children. They are intended to improve the health and well- being of young mothers (and to a limited

extent young fathers) and their children directly. Programmes in the last category are aimed at enhancing the teenage parent's motivation to become mature and economically self-sufficient individuals and sensitive, responsible parents. They are intended to improve the health and social and economic well-being of young mothers, fathers, and their children indirectly by helping them want to help themselves.

Among the numerous programmes that are in operation, many provide specialized services to meet short term health, financial and social services needs for example income support. Others are more comprehensive providing a mix of needs support and services. In addition while some interventions directly affect health and economic well-being, others influence factors such as educational attainment and employability that in turn affect these outcomes.

3.3.1 Programmes that provide health care services

The health care needs of young mothers and their babies are numerous. A variety of specialized services to fill those needs exist, including family planning and reproductive health care, education and hygiene. Given current knowledge and technology it is possible to prevent many of the most burdensome maternal and child health problems**.** Health promotion activities are available in most communities through a variety of public and private organizations.

3.3.2 Prenatal care and delivery

Prenatal care plays an important role in preventing problems such as pre-maturity and low birth-weight, especially among low-income, minority and adolescent girls, who are regarded as high- risk (Shadish & Reis, 1984:34). Complications of pregnancy are more likely to occur among women who receive no prenatal care at all. Another important factor affecting the timeliness of teenagers' initiating prenatal care is delay in obtaining pregnancy testing and counselling. Because many adolescent girls fail to recognize the early signs of pregnancy or choose to ignore them, they do not initiate prenatal care during the first trimester. Programmes that make pregnancy testing easily accessible, confidential and free or at very low cost to teenagers, that have been shown to help in getting young expectant mothers into prenatal care (www.marchofdimes.com). During the prenatal visit, the health care provider:

- teaches the woman about pregnancy;
- monitors any medical conditions she may have;

- tests for health problems in the baby;
- tests for health problems in the woman (such as gestational diabetes);
- refers the woman to services such as support or child-birth education classes.

It is important for teenage mothers to receive prenatal care, in order to make the necessary arrangements, and prevent unnecessary diseases, before the child is born.

3.3.3 Family planning

A major concern among health, education and social service professionals dealing with pregnant and parenting teenagers is their high rate of repeated pregnancies. Among teenagers interviewed in 1979, 17,5% of those who experienced a premarital pregnancy conceived again within a year. Within two years, more than 31% had a repeat pregnancy. Among those adolescent girls whose first pregnancy ended in a live birth, 30% had a subsequent pregnancy within two years, compared with 25% of those whose pregnancy was terminated by abortion (Koenig & Zelnick, 1982; Mott & Maxwell, 1981).

Contraceptive services are available to adolescents through a variety of programmes and organizations regardless of whether they have already given birth or not. Teenage mothers need to realise that family planning is important. Parents with fewer children will be better equipped to care for their children more effectively. The more children, the harder it is to supply them with the necessities (Swanepoel & De Beer, 1997:111). It is therefore important for social workers to encourage teenage mothers to use contraceptives after birth, in order to prevent repeated pregnancy.

Because young women who experience repeat pregnancies are especially at risk of social and economic disadvantage, providing contraceptive services and identifying ways to motivate teenage mothers effectively to be independent is important.

3.3.4 Programmes that provide economic support

Some teenager mothers receive economic support from their male partners. While many teenage mothers are able to remain at home with their parents, some may not, either for reasons of overcrowding in the home, abuse and neglect or financial difficulty. They may not

have family, friends or other resources available that enable them to meet the basic needs for themselves or their children (http://aspe.hhs/2ndchancehomes00/index.htm).

Teenage parents can use family and community support, social services and child care support in order to be able to provide for their children's basic needs.

3.3.5 Programmes that enhance the development of the children of teenage mothers

In addition to the numerous health risks that children of teenage parents face, they are also at risk of social, emotional and cognitive deficits. Research indicates that children of teenage mothers are more likely to be born prematurely and to be of low birth weight than children born to women who are older. It has also been indicated that these children in general do not do well in school, have higher reported incidences of abuse and neglect, have higher rates of foster placement, and are more apt to run away from home. As these children get older, the boys are 2,7 times more likely to be involved in criminal behaviour, and girls are 33% more likely to become teenage mothers themselves, increasing the likelihood that they will rely on public assistance (http://aspe.hhs/2ndchancehomes00/index.htm). In response to these conditions, several types of interventions have been initiated to enhance the development of the children of teenagers, including child care programmes, parenting education programmes, and special programmes for the fathers.

3.3.6 Child care programmes

Among those services that have consistently been shown to be essential to young mother's completion of school, job training and employment status is child care (Furstenberg, 1980). For adolescent parents who remain in their family of origin, child care is often provided by grandmothers and extended family members. However in a household in which grandmothers themselves are employed outside the home and for adolescent parents living independently, infant- and preschool child care that is convenient and available at low cost may be the only solution if they are to complete their education and enter the job market. Because many adolescents are inexperienced in their parenting roles, they require special help with observing problems, coordinating child care routines with home care routines, and obtaining special services, for instance health care, social and developmental services when those are required (Klerman & McGee, 1982:13).

Child care services to meet the needs of young mothers can be provided in some organisational contexts, including high schools and alternative schools, youth serving agencies and neighbourhood social service centres, local churches' free-standing for profit and non profit child care facilities, and family day care homes. Although there have been few studies of child care services for adolescents, many project directors and child care providers have highlighted the need to assist teenage mothers in using child care appropriately (McGee, 1982).

3.3.7 Parenting education

Parenting is a difficult and demanding task. For teenage mothers it can be even more difficult and demanding. Some teenage mothers who decide to keep their children do so from a position of psychological strength, which means that they embark on the teenage-parent journey with certain inner resources and advantages. Teenage mothers who are thrown into the situation do not have these resources and advantages, at least initially, and find themselves unprepared either psychologically or financially. Arosi (1992:17) and Kissman (1995:151) suggest that mothers who raise children alone often internalise low expectations about their ability to raise and subsequently develop "worried well" syndrome. That is they might attribute conflicts to their inability to parent their children. It can therefore be concluded that as married couples need extra support from outside the family when it comes to parenthood, teenage mothers need this even more.

Current research stresses the importance of physical contact, verbalization, visual stimulation, play and many other aspects of parent-infant interaction for children's social, emotional, and cognitive development (http://www.wested.org/ppfy/decrtpp.htm). Finding suggests that in general, differences exist in the quality of parenting provided by teen mothers, when compared to older child-bearers. Teen mothers:

- engage in less smiling and give less positive eye and physical contact, talk less, and give more commands to their children;
- are found to be less committed, satisfied, and skilled;
- are perceived as less sensitive and responsive, but more restrictive**,** physically intrusive, and punitive in their childrearing practices;
- are more likely to be depressed and emotionally unavailable, and less knowledgeable about child development.

Teenage mothers need intervention to teach them about crucial aspects of infants, for instance child development and child care and to help them develop good parenting skills. In particular, professionals frequently point to the need to help young parents learn to talk to their babies, in order to stimulate the infant's verbal development. Social workers dealing with teenage mothers need to encourage them to use the parenting programmes, in order to get information, training and support to become effective parents.

Parenting programmes for high risk-parents often begin during pregnancy and continue after birth. Some have a specialized focus on pregnancy and child birth preparation or on infant care, development and parenting skills. Parenting programmes are provided by hospitals and family clinics, general social service and youth-serving agencies and privately organized parent education or support organisations (Nickel & Delaney, 1985; McAnarney, 1977). It is important for teenage mothers who are at high risk to take part in such programmes, as this will enable them to handle their situation effectively.

3.3.8 Parenthood programmes for young men

Attempts to address the problems of teenage pregnancy have focused almost exclusively on the female, often leaving her partner with a feeling of guilt, anxiety, confusion and fear. However there are programmes for assisting young fathers in improving their parenting skills, and enhancing their ability to provide for and take an active role in their children's lives. Male involvement programmes help young men to set goals like getting a high school diploma, beginning a college education, and preparing for a career. Young fathers are also offered information about developing financial literacy skills, healthy relationships, comprehensive sexual education, and parenting skills (http://plannedparenthoodosbc.org/education/mip.asp). Florence Crittenton's programme offers assistance to young fathers while they are still attending school or to those who are no longer in school. In the programme for school age fathers and those who are no longer at school, fathers receive services that include:

- parenting and child development education;
- fatherhood development;
- career planning, life skills and job readiness training;
- education support services;
- case management services;

- young fathers' support group;
- individual counselling (referrals and financial assistance);
- assistance with paternity establishment and child support orders;
- vocational/job training referrals;
- work experience opportunities;
- referrals for other services;
- support services (baby supplies and equipment transportation assistance) (**Error! Hyperlink reference not valid.**).

3.3.9 Employment programmes for teenage parents

Employment serves as a twofold support for teenage parents, financially as well as emotionally, as it can temporarily take their minds off the problems at home. Whittaker and Garbarino (1983:22) state that where the environment was supportive, creative adaptation and growth occurred. Where the environment was non-protective or depriving, stress was created and growth and adaptive functioning might be impeded. Teenage parents, especially the mother, need to be protected against the stresses of everyday life.

Pregnant and parenting teenagers especially 18-19 years olds, and those who are approaching high school graduation, are in greater need of career counselling, job training and job placement services. Teenage parents should be encouraged to explore career options and find out about programmes that provide part time and summer employment opportunities. This can be encouraged by teaching teenage parents skills, for instance how to complete a job applications and how to act during an interview.

3.4 CONCLUSION

Social support networks can be used as a resource of support, advice, guidance and empowerment of teenage mothers. Social workers should involve significant family members, including extended family members, and in social services, professionals can build protective buffers against stress by making family, friends and other members of the network fully aware of their importance to the teenage mothers. This can be done by pointing out various ways in which they could be of help. Family and friends who at first might only be peripherally involved with the teenage mother can become a vital part of the process by receiving this kind of positive feedback. Their sense of altruism and of being caring people can be encouraged so

that a stronger involvement with the client is developed. Family and friends sometimes need to be reminded that occasional words of support or encouragement or simply their willingness to listen can be of immeasurable help to others. Working with various family members provides families with the opportunity to pool resources, to reduce stress and overcome deficits.

For social workers who are assisting teenage mothers to realise their full potential it is important to have a practice framework that is relevant to a need or problem. The practice framework helps social workers to become more effective and more professional. The ecological and ethnic perspectives can be used as a guideline in order to help teenage mothers to cope, survive and compete for needed resources.

Interventions for parenting teenagers can also be a resource when it relates to helping with specific problems, by providing useful information. There are programmes designed to improve the health and well being of young mothers (and to a limited extent young fathers) and their children. These programmes provide prenatal and perinatal health care services, economic support, improve the social, emotional and cognitive development of the children of teenage mothers, and enhance the life options of teenage parents.

These programmes are intended to improve the health and well-being of young mothers and to a limited extend young fathers and their children directly. These programmes can help teenage mothers to become mature and economically self-sufficient individuals, and sensitive responsible parents.

The empirical study will be discussed in the following chapter.

CHAPTER 4

THE FINDINGS ABOUT THE UTILIZATION OF SOCIAL SUPPORT NETWORK OF TEENAGE MOTHERS

4.2 INTRODUCTION

Social workers must not only begin to accept that teenage parenthood is a social problem, but should also begin confronting it by utilizing a collectivizing intervention method. Teenage parenthood does not only affect individual but also those who care for, and about the teenage mother. This is not an isolated event, but one that concerns family, support systems and social structures. When teenage pregnancy is detected, many other aspects of life, such as the financial situation of the family and relationships, also become important. There is a need for social workers to render multi-dimensional services to teenage mothers and their families in order to ensure optimal social functioning and to facilitate the adjustment process.

Social workers in any community need guideline to enable them to identify resources that exist in a certain community which can help teenage mothers with specific needs or problems. For the teenage mother it is important to learn how to identify and use her own social support systems. Empowered poor teenage mothers must be helped to escape the risk of remaining in poverty and must be helped to make their lives easier and less stressful.

The objectives of the study were to describe the needs and parenting responsibilities, with an emphasis on teenage mothers, to explain the nature of social support network needed by teenage mother, the role of social networks, and also to investigate the support that teenage mothers receive in Botshabelo. This chapter is also an attempt to present guideline for social workers to empower teenage mothers to develop social support networks to fulfil their roles as parents.

In the previous chapters some relevant definitions as well as the role of the social worker were discussed. This chapter sets out the results of the study undertaken with teenagers in Botshabelo and will be discussed in the following section.

4.2 DELIMINATION OF THE INVESTIGATION

Following a literature review and an interview with the Head of the clinic, Department of Health at section J, the need for updated research in this field was identified and permission to conduct this study was granted. Due to difficulty of identifying participants, the researcher limited the investigation to teenage mothers attending immunisation for their babies at the Winnie Mandela clinic at Botshabelo.

The population for the study consisted of all the teenage mothers, 14 years to 19 years old, from Winnie Mandela clinic at Botshabelo. The sample consisted of ten participants selected by means of a purposive sampling method (De Vos, 2002:334) the teenage mothers who visited the clinic at the department of Health during the month of July 2008.

4.3 GATHERING AND ANALYSING

Data was collected by means of an interview with the aid of a semi-structured guide. All the interviews were conducted in the home language of the participant (Sesotho) with the consent of participants (De Vos, 2002:302-303).

The researcher began the process of data collection by making contact with the potential participants while they awaited immunisation. During this contact, the researcher introduced herself to the potential participants and explained the purpose and procedures of the research study. The researcher established their readiness to participate in the study. Permission was obtained from willing participants to complete questionnaires. Participants were informed about the confidential nature of the questionnaires and the interview. The researcher then explained that if they decided voluntarily to participate in the study, they would be requested to sign a consent form, when they were ready, the researcher proceed with interview and participants completed questionnaires. Participants had the opportunity to ask questions at the end of interview and after completing questionnaires, regarding any uncertainties or expressing any feelings caused by interview, at the end of interview the researcher motivated and encouraged teenage mothers not to give up and to look forward with their lives.

Qualitative and quantitative methods were applied. The difference between the two lies in the way in the empirical study is executed, and in the way in which the findings are reported. Qualitative research entails observations made by the researcher during interviews, while quantitative research entails data collected by means questionnaires and presented as tables

and figures reporting the findings of the study. In the empirical study a questionnaire (Appendix A) and interviews based on the purpose of this study and the literature study were used. Babbie (1998:98) states that by employing different procedures in a research design, the researcher is able to draw on the strengths of each of the qualitative and quantitative methods, which adds to the credibility of the research.

4.4 RESULTS OF THE INVESTIGATION

The following section contains the results of the empirical research undertaken. The research was designed in a way that allowed the findings to be analysed according to six section of the questionnaire, and they are:

- Identifying personal information of teenage mothers.
- Knowledge of contraceptives.
- Issues of sex and sexuality.
- Teenage pregnancy.
- Social support network of teenage mothers.
- Social work intervention.

4.4.1 Identifying personal information

Personal information was organised into ten categories and will be discussed.

4.4.1.1 Age of respondents

Firstly the age of the participants had to be determined in order to ensure that the participants qualified to take part in the study, as the study focuses on teenage mothers. All ten (100%) participants have children and are girls under age of twenty.

Table 4.1 Age of respondents

Age of respondents	f	%
13-14	1	10%
15-16	0	0
17-18	5	50%
19-20	4	40%
Total	10	100%

n = 10

The table above indicates that one (10%) participant fall in the 13 to 14 years age brackets, five (50%) participants fall in the 17 to 18 years age brackets, and four (40%) participants fall in the 19 to 20 years age brackets, therefore qualified for the study.

These findings agree with the findings of Heaton, (1989) and Garenne, Tollman and Kathleen, (2000) who concluded that teenage pregnancy and birth is perceived as an urban problem, and rural women in America start sex at the same early age as big-city women, though sooner than suburbanities. But they marry younger, which may be why their sexual behaviour is not considered so much of a problem. Today young black women further their studies or seek for employment, and delaying marriage but continue to remain sexually active.

4.4.1.2 Age distribution of the children of respondents

The ages of the children of the participants were requested. Most children (90%) were under the age of one, the remaining one (10%) was three years of age. Table 4.2 illustrates the ages of the children of the respondents:

Table 4.2 Ages of children

Age of children	f	%
0-1	9	90%
2-3	1	10%
Total	10	100%

n =10

(a) Age at sexual initiation and age when gave birth

Participants were required to respond to two questions regarding their age at sexual initiation and age when they gave birth:

- How old were you, when you first had sex?
- How old were you, when you gave birth?

The responses of the participants to these questions will now be discussed.

(b) Age at sexual initiation

In response to the first question, one (10%) of the participants reported starting to engage in sexual activities at age of 11-12. Of the remaining participants, two (20%) started at age of 13-14, and seven (70%) started engaging in sexual activities at age of 15-16. The Basotho girls attend initiation school to mark the passage from childhood to adult status. Instructors taught them the requirements and duties of adulthood, including sexual issues. It is important to note here that participants started engaging in sexual activities without getting proper guidance.

(c) Age when gave birth

When asked their age when they gave birth, one (10%) of the participants age ranged from 11-12 years, two (20%) of participants ranged from 15-16, and most (70%) of the participants age ranged from 17-18 years when they gave birth.

These findings agree with the findings of Hudson and Ineichen (1991:6) and Skinner, (1986:31) that girls who become teenage mothers may be especially early starters, and over a third of the mothers and girls who abort their babies start their periods by the age of 11. These authors report that some very young teenagers conceive without having started menstruating, and others conceive so soon after their first period that they could not possibly be pregnant and simply too you.

In this study seven (70%) of participants were Sesotho-speaking, two (20%) were Setswana-speaking, only one (10%) participant was Xhosa-speaking, Given that the study used volunteer sample of teenage mothers where in the group differs from home languages, this finding should be treated with caution since the majority of inhabitants in Botshabelo are Sesotho-speaking.

4.4.1.3 Educational status

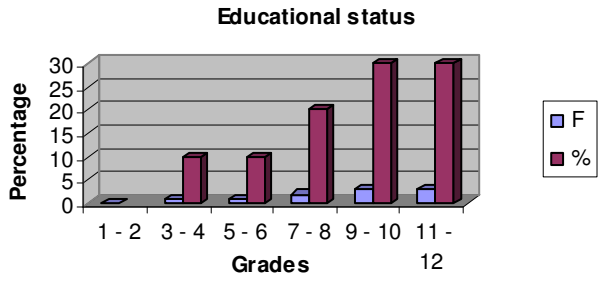

Figure 4.1 Educational status of participants

The figure above indicates that of ten participants interviewed, one (10%) participant fall in the 3 to 4 grade level of education, one (10%) participant fall in the 5 to 6 grade level, while two (20%) participants fall in the 7 to 8 grade level, three (30%) participants fall in the 9 to 10 grade level, and the last three (30%) while participants fall in the 11 to 12 grade level of education. Most of the participants (60%) were not attending school, while four (40%) were currently attending school. When asked the reason for not being at school, all five (50%) participants said they were looking for the job, only one participant was employed at the factory and said the following:

Respondent 7: "I'm employed at the factory, but the money is not enough, I can't afford to cover for my needs and the child . I'm working hard. I'm leaving in the morning and arrive home **late** at night, but my salary is embarrassing." ("Ke sebetsa difemeng empa tjhelete ya teng e nyane ha ke kgone ho fihlella ditlhoko tsaka, ke tsamaya hoseng ke kgutla bosiu, empa moputso waka wa swabisa.")

It must also be mentioned that the higher the level of education of the teenage mother, the more she can insist on better pay. If figure 4.1 is considered it does not seem likely that the participants could insist on a better paying jobs.

4.4.1.4 Monthly income

Figure 4.2 summarises the monthly income of participants. One (10%) of the participants have a monthly income of between R400 and R500, the other one (10%) of the participants have a monthly income of between R600 and R700. More than half (80%) of participants have monthly income of between R200 and R300, because they receive only R220 monthly, being the child support grant.

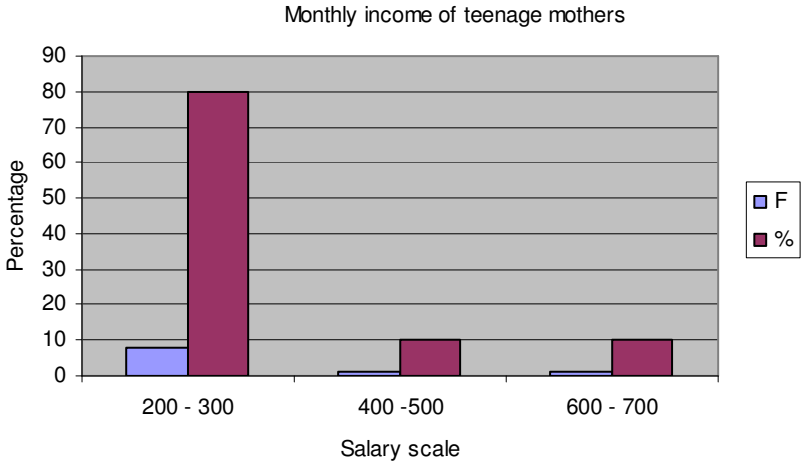

Figure 4.2 Monthly income of teenage mothers

When asked if the money was enough for them and their children to live on, some of teenage mothers gave the following responses:

- "I buy food, clothes, soap is not enough." ("Ke reka dijo, diaparo, sesepa ha e lekane").

- "I'm still attending school. I don't get all my school needs, is too little". ("ke kena sekolo, ha ke fihlelle ditlhoko tsaka kaofel")

It is therefore clear that these teenage mothers are not coping with their financial situation due to the fact that their income is insufficient to cover their needs and their children for food and clothing.

4.4.1.5 Relationship status

Five (50%) of the participants were still romantically involved with the father of their child. However only two (20%) participants said their boyfriends were offering support for their babies. Four (40%) participants who were no longer involved with the father of their child, said they simply separated, they claimed that family members had interfered in their relationships, and that their boyfriends had found another partners, therefore they decided to be single.

Only one (10%) participant reported that she is having two boyfriends, she is having another one as the reserve in case the other relationship ends:

- "I have two boyfriends, the father of the child refused the child, I want if the other relationship end, then I know I got somebody who can console me." ("Kena le boyfriend tse pedi, ntate wa ngwana o hanne ngwana, ke batla ha e mong a mphoqa ke tsebe kena le motho ya tla ntshedisa.")

4.4.1.6 Type of household

Seven (70%) participants live in the standard terrace (brick houses), while three (30%) participants live in poorly designed and inadequate housing (shacks). Housing should be one of the basic necessities in life, providing shelter and enabling the family to perform the expected functions of society. Adequate housing should allow enough space for parents to have some privacy and elements of human dignity.

These findings correspond with the one of Vundule, Maforah, Jewkes and Jordan (2001), that overcrowded accommodation may lead to increase rate of teenage pregnancy, resulting in lack of privacy during sexual activity. This may lead to observation of sexual activity by younger children and adolescents who may consider engaging in sexual activity as the norm and model their own behaviour after those of other members of the family.

(a) Household heads

Participants were asked about the heads of their families to ascertain whether head of families was important as a family value. Of the ten participants interviewed, three (30%) participants were from homes where their homes were headed by their fathers, while five (50%) participant's homes were headed by their mothers, two (20%) participants' homes were headed by their Grandparents. Figure 4.3 illustrates the teenage mother's household heads.

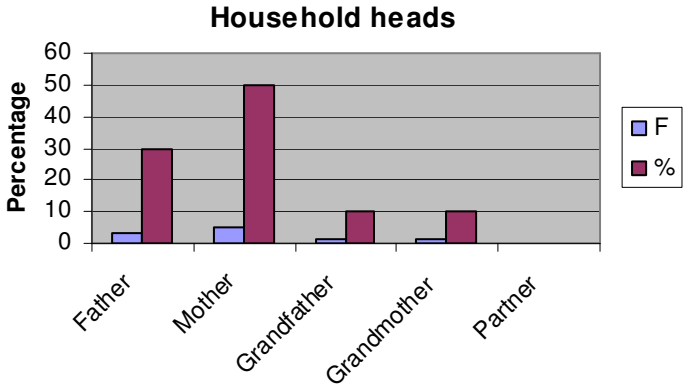

Figure 4.3 Household heads

The findings by Brown (2002) indicated that families with both parents married are said to be more stable, serving as role models. However several studies have shown that girls in female headed families are more likely to become sexually experienced at an early stage than those in two parent families (Fox & Inazu, 1980; Moore, 1993; Zelnik & Kantner, 1981). In addition it was found in these studies that the stress resulting from parental separation, or divorce and the presence of several siblings may cause teenage children to perceive a lack of attention and affection from their mothers, and that this may lead them to seek such attention in sexual relationship. and that the inevitable stress of such circumstances may make it more difficult for parents to supervise their teenagers adequately. However this was not the finding in this study.

4.5 CONTRACEPTIVE USE

4.5.1 Past use of contraceptive method

Few participants reported having used contraceptive than those who had never used them. The figure below depicts the participants responses regarding the use of contraceptives before they fell pregnant.

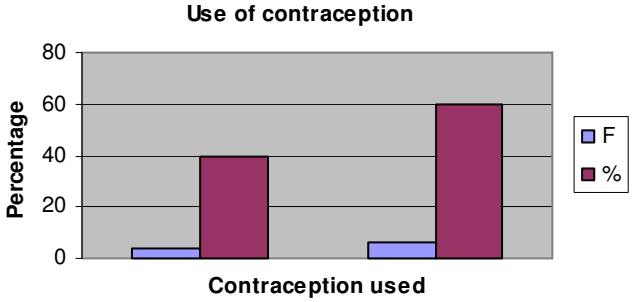

Figure 4.4 Use of contraceptives before pregnancy

Four (40%) of the participants used contraception before they fell pregnant, while six (60%) participants reported not using any contraception. Participants said they used injectable method, oral contraceptive pill, condom and traditional methods. The reasons for non-use of contraception ranged from a lack of knowledge about contraceptives, partner disapproval, difficulties in accessing services and fear of side effects. Below are some of their responses:

Participant 1: “I didn’t use any contraceptive method because I didn’t want my body to shake like jelly. When people see you fat, your body shaking, they think you sleep around with all these men.” (“Ke ne ke sa sebedise dithibelapelehi hobane ke sa batle mmele waka o thothomele jwaloka jelly. Batho ha ba bona o nonne o thothomela ba nahana hore o robala hohle le banna bana kaofela”)

Participant 2: “I was afraid that when I use contraceptives, it will lead to infertility.” (“Ke ne ke tshaba hore ha ke sebedisa dithibelapelehi ha ke no ba le bana.”)

Participant 3: “My partner didn’t want me to use contraceptives, he said I’ll be wet, again he said condom hurts and is not nice.” (“Motho waka o ne a sa batle dithibelapelehi, are ke tla ba metsi, hape are condomo e mo utlwisa bohloko ha e monate.”)

According to Coombe (2000), reasons for agreeing to unsafe sex included fear of abandonment or violence. Brown and Minichiello (1994) state that men are seen as the aggressors and feel entitled to pressure women into sex.

These comments demonstrate a poor understanding of reproduction and the conception that contraception was the partner’s responsibility. For the female this places control outside of herself (Gueye, Castle & Konate, 2001; Perkel & Strebel, 1991). Gueye *et al*. (2001) point out that many teenage mothers had low self-esteem and confidence. Participants in the present study lacked confidence and had low self-esteem. This was expressed in the fear of losing partners, and in some instances not wanting to dominate in the relationship. The findings in the study point to a need for the empowerment of teenage mothers to build their confidence and help them take charge of their sexual health and relationships.

One (10%) participant offered the following reason for poor use of the contraceptive pill:

- “I used to use a pill but stopped because I was afraid my mother will see it and scold at me, because she use to say she does not understand why girls should use pills, because they are children, pills are meant for people who have men (married) who sleep with men”. (“Ke ne ne ke sebedisa pilisi empa ka e tlohela hobane ke tshaba mme waka o tla e bona, ke ne ke tshaba hore otla nkomanya, one a hlola a bua are ha a tsebe banana ba etsang ka dipilisi, ka ha ke bana ha bana banna, dipilisi di etseditswe batho ba nang la banna, ba robalang le banna.”)

Parents find it difficult to discuss sexual matters with their children and leave the responsibility to others, however Hudson and Ineichen (1991:29) indicated that where there is no satisfactory sex information forthcoming from parents or from school, the relied sources are friends and hearsay. It is therefore important for parents to teach their daughters about sex, contraceptives and sexual risk taking before they try and find it for themselves, and destroy their future.

4.5.1.1 Type of contraceptive currently being used

Seven (70%) participants were using contraceptives at the time of the study. Three (30%) were not using any method of contraceptives. The injectable method remaining the most popular method of contraception. The proportion currently using contraceptive had increased.

The finding correspond with that of (Lindemann, 1974) that regular and effective contraceptive used among adolescent girls to be strongly associated with acceptance of their own sexual behaviour, and that girls who acknowledge that they are sexually active are more likely to obtain and use contraceptive. It seems like teenage mothers accepted their own sexual behaviour and seek contraceptives. However three (30%) participants said they were not using any method of contraception, and their responses ranged from, lack of knowledge, fear of side effects and dislike about contraceptives.

When asked about emergency contraception or “morning after pill”, most participants, nine (90%) indicated not having knowledge about the pill, while only one (10%) participants reported to have knowledge of an emergency pill, although she never used it before. Teenage mothers need to be educated more about the emergency pill so that they can use it during crises situations. This will help them to prevent repeated pregnancies.

4.6 SEXUAL AND SEXUALITY ISSUES

Participants identified teenage pregnancy, HIV and AIDS, and sexual abuse as the main sexual and reproductive health problems they face. Homelessness, drugs financial problems and crime were not identified as significant social issues for teenage mothers. Sexually transmitted infections and rape were not regarded as significant problems by participants.

4.6.1 Incidence on sexual transmitted infections and knowledge of HIV and AIDS

In the study, more than half (90%) participants mentioned that they never had sexual transmitted infection, only one (10%) participant indicated that she once had sexual transmitted infection, she indicated that she received treatment at the clinic.

When asked about knowing someone who is HIV positive, more than half (60%) of participants agreed that they know someone in the community who had HIV or AIDS, only four (40%) participants said they do not know of someone who had HIV or AIDS. Participants were adamant in their responses and did not want to elaborate further.

Majority (90%) of participants claimed that the knowledge they have, has led them to change their sexual behaviours. Three (30%) participants were using condoms regularly when they have sex, two (20%) participants said they decided to remain faithful to one partner, and four (40%) participants said they decided to abstain from sex, and only one (10%) participants still having more than one partner.

4.6.1.1 Sources of information on sexual transmitted infections, HIV and AIDS

Teenage mothers were asked about the sources of the information regarding sexual transmitted infection and HIV/AIDS. Teenage mothers identified partner, doctor, clinic, radio or television, parent, teacher, and love life or youth centre as the sources of their information regarding sexual transmitted infections and HIV or AIDS, the community health worker, newspaper or magazine and friends were not regarded as source of information regarding sexual transmitted infections and HIV or AIDS.

4.7 PREGNANCY

Most of the participants (90%) fell pregnant once, only one (10%) participants fell pregnant twice, before the age of twenty. The participants fell pregnant when her first child was three months old. Below is the participants responses:

Participant 8: “I stay with my two siblings who are younger than me. My mother is working at Johannesburg, she come home once after two months. My boyfriend stay with us at my mother’s house because we are afraid to sleep alone. I have two children and the other one was born, when the first one was one year old. My mother took the elder one because I’m

struggling with them." ("Ke dula le bana ba hae ba babedi, ba banyane honna. Mme wa rona o sebetsa Gauteng, o tla hae hanngwe kamora kgwedi tse pedi. Motho waka o robala hae ka hobane re tshaba ho robala re le bang. Kena le bana ba ba bedi, ke bile le ngwana e mong ha wa pele a ba le selemo. Mme waka o tsamaile le ngwana e mong hobane keya sokola.")

The study agrees with those of Graig and Richter-Strydom (1983), Vundule *et al*. (2001) and Mbizo, Bundule, Chadzuka, Lindmark and Nystrum, (1997) that the presence of pregnancy increased in the absence of either or both parents. In Botshabelo most parents leave homes with children, while they work outside the town and only come home at month ends, this give the children a freedom to be involved in sexual activities, which lead to pregnancy.

4.7.1 Unplanned pregnancies

All (100%) of the participants said they did not plan to have a child. The findings agrees with one of Hayes (1987:52) Hudson and Ineichen (1991:39) that the younger the teenager, the more likely that her pregnancy was unintended. It is possible that participants in this study were not using contraceptives or used it incorrectly pointing to poor sex education or incorrect condom use.

When asked how they fell pregnant, three (30%) participants said they did not use any contraceptive method, two (20%) participants indicated that it was sexual abuse, and four (40%) participants said they were under the influence of substances, and only one (10%) participants said she fell pregnant because of peer pressure.

4.7.2 Emotional effects due to pregnancy

Hudson and Ineichen (1991:74) point out that teenage pregnancy is often followed by many conflicting emotions. In the study half (50%) of the participants indicated that they felt guilty when they realised they were pregnant, four (40%) participants said they were embarrassed, and only one (10%) participant said she was angry when she found out that she was going to have a baby.

According to Hudson and Ineichen (1991:74) the conflicting emotions might be related to a variety of factors such as how to tell her parents, about the pregnancy, and how her boyfriend

will react to news of pregnancy. The fear could be due to the fact that she knows that the truth of her sexual activity has been revealed.

When asked who did they tell about their pregnancy, two (20%) participants said they were told by their mothers, that they were pregnant, three (30%) participants said they told their boyfriends, and only one (10%) participant said that her neighbour told her that she was pregnant.

4.7.3 The respond of the first person to know about pregnancy

Three (30%) participants said their boyfriends were happy to hear they were going to be fathers, however the majority (70%) of participants indicated that their mothers were disappointed to news of their daughter's pregnancy, since in African culture it is not considered acceptable for unmarried female to fall pregnant. This is especially true when it happens at teenage stage, as parents are expecting their daughter to get educated.

However, most parents had not taught their daughters about sex and the risk of pregnancy (Fox & Inazu, 1980). Most parents in the study accepted pregnancy, and advice their daughter's to take pregnancy to term, and they offered support to their daughters.

4.7.4 Partner's reaction to pregnancy

When asked about the boyfriend's reaction towards pregnancy two (20%) participants said their boyfriends were happy, another two (20%) participants said their boyfriends were happy and promised to give support for the baby, however they disappeared after a few months. More than half (60%) participants said their boyfriends did not accept their babies and suggested termination of the pregnancy.

This finding was confusing as support generally surpasses advice only. Interviews shed some light on this, where partners appeared willing to offer support provided that there was financial security and family assistance for pregnancy. Moore and Rosenthal (1993) too noted that abortion should not be seen as indicating a lack of interest or support for the pregnancy, but rather as helplessness to provide for the child.

4.8 SOCIAL SUPPORT NETWORK

4.8.1 Services utilised as teenage

Participants identified life and motivational skills, career guidance or educational opportunities, psychological needs, awareness on substance abuse, pregnancy related issues, community awareness campaigns, advice on financial assistance as the main issues to be addresses. Human development and physical changes, healthy relationships between girls and boys were not identified as significant issues to be addressed for teenage mothers.

Participants were requested to give their opinion, if services should be combined or be separated to teenagers who does not have children and to those who already have children, and nine (90%) participants agreed that facilities should be combined:

- "I want those who does not have children to know how to protect themselves, so yes." ("Ke batla ba senang bana ba tsebe hore ba ka etsang ho itshereletsa.")
- "I think they should be combined so that they should also know how to protect themselves, they should not fall into trap, while they are still young. Is hard to be a child and the mother at the same time." ("Ke nahana hore ba kopanngwe hore le bona batle ba tsebe ho itshireletsa hore ba seke ba wela le bona basa le banyane. Ho boima ho ba ngwana le mme ka nako e le nngwe.")
- "Because they should both know about pregnancy and how it affect you and your family members and financially."
- "So that they can protect themselves, and have children at the right time, a child delay a person, you can't study well, you keep thinking about the child, more especially when is sick, you loaf, and your progress delay at school." ("Hore ba tsebe ho itshireletsa, ba etse bana ka nako e loketseng, ngwana o kgutlisetsa motho morao, ha o kgone ho bala hantle ha o le sekolong o nahana ka ngwana, haholo ha a kula o dula o lofa o salla morao.")

One (10%) participant indicated that she does not think it will be a good idea to combine facilities for teenager parents and teenagers who does not have children and said:

- "Those who does not have children will gossip about those who have children." ("Ba senang bana batla bua ba nang le bana hampe.")

She was very adamant in her response and did not want to elaborate further. The response was negative and indicated disapproval.

4.8.1.1 Services to be included in a dedicated service for teenage mothers

Participants identified prenatal care and delivery, family planning, programmes that provide economic support, child care programmes, parenting education, programmes for young men and employment programmes for teenage parents as some of the services to be included in a dedicated service for them.

(a) Prenatal care and delivery

In the study four (40%) of the participants mentioned that they need prenatal care to be included in a dedicated service for them and below are their responses:

- "Is important to receive the service so that one can protect the child before birth." ("Ho bohlokwa ho fumana tshebeletso eo hore o tsebe ho sireletsa ngwana pele a hlaha.")
- "It helps to eat healthy food for the child." ("E thusa hore motho a tsebe ho ja dijo tse loketseng ngwana.")

They felt that prenatal care and delivery services will help girls facing pregnancy to prepare for the child before is born, by eating healthy food and getting required medication in time.

This finding agrees with the study of Shadish and Reis (1984:747) that prenatal care plays an important role in preventing problems such as pre-maturity and low birth weight among low-income, minority and adolescent girls who are regarded as high risk.

(b) Child care programmes

Four (40%) participants indicated that child care programmes can be important for them in order to complete their studies, or seek for employment, and their responses were as follows:

- "When I'm at school, I'll know there is someone taking care for the child." ("Ha ke le sekolong ke tla be ke tseba hore hona le motho ya setseng le ngwana.")
- "It help me to seek for the job." ("E tla nthusa ho batla mosebetsi.")

The findings agree with the one of Burst (1984) and Furstenberg (1980) that child care services have consistently been shown to be essential to young mothers' completion of school, job training and employment status.

(c) Programmes that provide economic support

Only one (10%) participant indicated that she needs a programme that can assist her with economic support, and said the following:

- "I need financial assistance the child support grant that I'm receiving is little." ("Ke hloka tshietso ka tjhelete, eo ke e fumanang ya letheka e nyane, ke batla mosebetsi ha ke o fumane.")

This teenage mother mentioned that she depends on the child support grant, there is no other support from family or a partner. In chapter three it has become evident that family is an important system for teenage mothers.

(d) Parenting education

Only one (10%) participant indicated that parenting education is an essential programme for teenage parents and said:

- "We are children too, we need to be taught about babies, so that we can give enough parenting." ("Re bana, re hloka ho rutwa ka bana, re tsebe ho ba hodisa hantle.")

The participant need the programme in order to learn more about the child and the role she can play as the best mother.

(e) Programmes for young men

Only one (10%) participant explained that she need a programme for young men:

- "This child I brought him, with his father, he must be taught to take responsibility to raise his child." ("Ngwana enwa ke mo entse le ntatae, o tshwanetse a rutwe ho nka karolo ho hodiseng ngwana hae.")

The respondent indicated the need of the contribution of the father in child-rearing, for they both contributed to bring the child to the world.

(f) Employment programmes for teenage parents

Four (40%) participants indicated that they need programmes for teenage parents as dedicated programmes and they said the following:

- "We need job that can assist us provide for our children." ("Re hloka mosebetsi o kare phedisang le bana ba rona.")
- "Our needs have increased, we need job." ("Dithloko tsa rona di eketsehile re hloka mosebetsi.")

The findings agree with the one of Whittaker and Garbarino, (1983:22) that employment serves as a two fold support for teenage parents, financially as well as emotionally, as it can temporarily take their mind off the problems at home. Teenage parents need career counselling, job training and job placement in order to make better life for themselves and their children.

(g) Services utilised as teenage parents

When asked about the services they receive as teenage mothers the following categories were mentioned: family planning, nutrition and child support grant and they will now be discussed:

(i) Family planning

In the study six (60%) participants mentioned that they receive family planning service and here are their responses:

- "We receive contraceptives, so that we can prevent having many children." ("Re fumana family planning hore re seke ra ba le bana ba bangata.")
- "Nurses teach us about contraceptives, and we receive them after delivery." ("Bo-Nurse ba re ruta ka dithibela-pelehi mme re e fumana hang ha re qeta ho fumana bana.")
- "I'll only have another child when I'm older than here, when I'm married and employed." ("Nna tjhe, ke tla etsa ngwana e mong ha ke se ke le moholo, ke nyetswe and ke sebetsa.")

The participants responded positively to this question, indicating that family planning service would assist them prevent repeated pregnancy while they are still young, and prepare them to have children when they are old enough.

(ii) Nutrition services

Three participants (30%) said that they received nutritional advices from the clinic. Below are some of their responses in this regard:

- "This service have assisted me, it helped me to know measurements of formula for the child, and right food when the child is sick. It really helped me." ("Tshebeletso ena e nthusitse ho tseba hore ke fa ngwana lebese le lekae, le dijo difeng ha a ntse a hola. E nthusitse haholo.")
- "It has helped me a lot, with medicines, when the child is sick, I don't pay at the clinic." ("E nthusitse haholo ka dijo tsa ngwana le meriana eo nka e sebedisang ha a tsholla kapa a na le sefuba hape ha ke lefe ha ke mo isa tliniking.")

Participants also responded positively with the services they receive from the clinic, they indicated that formula for children, and medication they receive, have help to improve their lives.

(iii) Child support grant

In the study three (30%) participants mentioned that they receive a child support grant. The interviewer perceived that teenage mothers were uncertain about the topic, because the findings in figure 4.1 disagree with answers participants have provided.

Again, teenage mother's lack of knowledge regarding available services, limit their ability to access the resources in the environment that can possibly help address their needs.

4.8.1.2 People approached to discuss personal problems

Asking for assistance is acceptable without stigma in African communities. Eight (80%) of the participants approach their mothers, one (10%) participant approach her grandmother and one (10%) respondent approach her grandfather to talk about personal problems.

These findings should be interpreted in the light of a statement by Barrera (1981), that teenage mothers rely on support to raise their babies. A good relationship with families could be important for teenage mothers, for they could turn to them for emotional or functional support. Young women who have a good relationship with their families find their transition

to teenage motherhood much easier. It is therefore important for teenage mothers to strengthen their relationship with their families in order to get extra support when needed.

(a) The nature of help requested

During the interview participants were requested to give the nature of help they requested. Advice as one of the social support strands has been requested by (90%) of the participants and they made the following statements:

Participant 3: "I ask advice when the child is sick, maybe when the child is hot, is crying even when I give him food, when the child is vomiting or the stomach is running. My grand-mother assist me with cultural issues (phuwana) children's headache.") ("Ke kopa keletso ha ngwana a kula, mohlomong a tjhesa, a lla le ha ke mo file dijo, a hlatsa kapa a tsholla, Nkgono wa nthusa ka maseko, ho beeletsa phuwana ya ngwana."

Participant 5: "My Mother had to do ritual for my child, in order to prevent evil spirit (kgwetsa, and ditrantrala), rituals for the children, (Kgwetsa) is a necklace for the baby, and there are medicine inside to prevent evil spirit, and (ditrantrala are white and grey beads which are put on the waist or around the neck of the baby) they also prevent evil spirits". ("Hore ngwana ka a tlwaele hae o ne a dula a kula, mme o ile a mo etsetsa meetlo ya mona, ho rwala kgwetsa le ditrantrala ho mo sirelleditse meyeng e mebe.")

Participant 7: "I ask advice because as the new mother, in Sotho culture, one should stay in the house for about a month, (only family members are allowed to see you), and there is a ritual (pitiki) where a child is taken out formally, and again with relevant food for the child." ("Ke kopa keletso ka hore ha o le motswetswe o tshwanetse o dule ka tlung kgwedi pele o tswela ka ntle, ngwana a etsetswe mokete o bitswang pitiki ha a tswela kantle. Hape le ka dijo tseo ngwana a tshwanelang ho di ja ha a hola tse mo loketseng.")

Arrangements for child care were requested from family by nine (90%) participants, while ten (100%) participants requested cash. Finding work was requested by one (10%) of the participant and only one (10%) of the participant requested assistance from their relatives in the form of chores.

Participants requested advices from families when their children were sick, with rituals, child care, cash and chores.

This finding is not surprising in the modern and changing economic environment more especially to teenage mothers who are exposed to new challenges. Help will always be requested from those that are known and trusted. Teenage mothers require alternative child care as they try to find job or continue with their studies.

It is also important for helping professionals who deal with African clients to know the beliefs that characterise African culture, so that they can be able to begin where the African client are, psychologically, and realise that what African clients believe informs both their behaviour and the rituals they engage in to address life challenges (Thabede, 2008:239).

4.9 SOCIAL WORK INTERVENTION

According to Germain and Gitterman (1980:28-30) the purpose of social work is to enhance adaptive capacities of individuals and groups (teenage mothers) and to manipulate environment in such a way that is possible and easy to satisfy their needs, solve their problems, or develop their potential. In the following section, participants expressed their opinions regarding social work intervention.

It must however be noted that during this part of the discussion the researcher noticed a change in the participants responses. Most of them responded with yes or no answer and when asked to elaborate they did not know what to say. The researcher is of the opinion that it could be that these teenage mothers were afraid that they would participate in further intervention with social workers or that they wanted to get rid of the interview.

4.9.1 Counselling

When clients enter into counselling relationship, they know that they are going to have to reveal personal facts and intimate feelings and problems to a stranger (Mucchielli, 1983). therefore confidentiality is an important foundation for the development of trust to be considered by social workers. Confidentiality in any therapeutic session whether it be with adult or children is important.

In accordance with this, some of the participants (50%) did think talking to someone would help. Below are their responses:

- "Yes sometimes I feel lonely, I have questions which I don't know, who to ask." ("Eya ka nako e nngwe ke jewa ke bodutu, ke ba le dipotso tseo ke sa tsebeng nka di botsa mang.")
- "Yes, because if you talk to someone you trust will find advice and you will be free to talk anything that hurt you."

Clients communicate with social workers because they think it is indispensable to their need and in exchange they need to be assured of confidentiality. According to (Muchielli, (1983), it is therefore important to have mutual trust and respect and a relationship in which clients feel safe to disclose and explore their concerns.

Only one (10%) of the participants disagreed and did not think talking to someone would help, and here follows her respond:

- "What does it help to talk to someone, because the child is here." ("Ho thusang ho bua, hobane ngwana o teng, o teng.")

In contrast to the affirmative response the participant who disagree was very certain of her response. She was convinced that it would not help to talk to someone about teenage parenting. The researcher sensed that the participant feared that she might be asked to talk to someone and she clearly did not want to.

4.9.1.1 Access to information

Eight (80%) of the participants indicated that having more information regarding the condition would make a difference in the experience of teenage parenting, below is their responses:

Participant 6: "It can help a lot, starting with pregnant girls, I had stress and wanted to commit suicide. If there can be social workers, who can assist, it can be better." ("Eka thusa haholo, e qala ka banana ba pregnant, nna ke ne kena le stress Ke batla ho ipolaya. Ha di-social workers tse thusang di ka ba teng ho ka thusa.")

Participant 10: “Sometimes, I need someone I can talk to, about me and the child, things have changed, I can’t manage to do some of the things as before.” (“Ka nako tse ding ke hloka motho eo nka buang le yena, kanna le ngwana, maemo a fetohile ha ke sa kgona ho etsa dintho tse ding jwaleka pele.”)

Participant 4: “I need someone who can advice me, I do have stress. I think social workers can assist but I have not been to their offices.” (“Ke hloka motho ya ka nkeletsang, ke na le stress ke nahana hore disocial worker di ka thusa empa ha ke soye ho bona.”)

Participant 1: “To find out and to learn about things that affect us.” (“Ho batlisisa le ho ithuta malebana le dintho tse tobaneng le rona.”)

Participant 2: “Yes, information is important because when you have more information you will never going to suffer.” (“Eya”)

Participant 4: “I need it, to be the best mother.” (“Ke a e hloka hore ke be mme wa makgonthe.”)

The researcher perceived that participants were very certain that having more information regarding the condition would make a difference in the parenting experience. However most of the responses were not convincing as they did not made efforts to seek for information or did not have access to the information.

4.9.1.2 Information regarding services

In the study more than half (70%) of the participants mentioned that it would help to have more information regarding available services. Below is their responses:

Participant 2: “Yes, but I’m afraid to talk to social workers.” (“Eya, empa ke tswafa ho bua le disocial worker”)

Participant 1: “Yes, to know where one suppose to get required services, and to follow right channels can help.” (“Ho tseba moo o tlamehang ho fumana ditshebeletso di le teng le hore o latele metjha e lokileng kapa ditsela tse lebisang dinthong tse ka nthusang ho ka thusa.”)

Participant 3: “To have knowledge about services can also help a lot.” (“Ho ba le tsebo ka ditshebeletso le hona ho ka thusa haholo.”)

Only one (10%) teenage mother responded with a “no” response, and did not elaborate any further regarding the topic. The interviewer tried to explore this topic in more detail, but the respond remain vague. The researcher realise that the participant did not want to talk about the topic.

4.9.1.3 Support groups

Self help groups are particularly appropriate to address the need for services for teenage mothers because they provide help for their problems and emphasise mutual support and the importance of personal experience and strength. Nine participants (90%) agreed that participation in a group would make a difference in the experience of teenage motherhood:

- “I need that service, but we don’t have it here, I need to know how other mothers solve their problems.” (“Ke hloka tshebeletso eo, empa ha eyo mona, ke kgone ho utlwa hore bomme ba nang le bana ba bang mathata a bona ba a rarolla jwang.”)
- “To be part of support group can help a lot, to share ideas as members of the group.” (“Ho ba setho sa sehlopha se tshehetsanang ho ka thusa haholo ho arolelana maikutlo re le ditho.”)
- “Yes, for being part of support group to find the advice and stop being stressed.”

Participants felt that support group will give them an opportunity to share the being in the same boat experience, by generating ideas and joint solutions to their problems, like for instance breast-feeding, the changing of nappies, the feeding and washing the baby.

It was noted that participants were enthusiastic about commencing support groups in the community as soon as possible. However they felt that continued training was essential on various topics that were of concern to community. These included training in HIV/AIDS, substance abuse among young people, teenage pregnancy with focus on contraception use, abuse of children, unemployment and involvement of biological fathers to maintenance of their children.

However one (10%) participant indicated that she does not need support, and below is the response she gave:

- "No I don't have time to listen to other girl's nonsense." ("No, ha ke na nako ya ho mamela masawana a banana ba bang.")

The response was negative and indicated disapproval. The researcher realised that this teenage mother was still angry and need a counselling, however she denied that she is not angry when she was asked.

4.9.1.4 Coping strategies

Garvin (1997:234) explains that the skill attainment purpose of groups is to help members fulfil their requirements of roles that they aspire to or are already in. Hudson and Ineichen (1991:81) define these activities as breastfeeding, the changing of nappies, the feeding, recognising the different cries, learning to respond to the baby's different needs, and learning above all to feel confident in handling such a tiny human being without doing any damage and without fear.

The participants responded positively to this question indicating that they thought it would help them to learn how to cope with daily activities like the feeding, changing nappies, breastfeeding, learning to respond to the baby's different needs and recognise the different cries. They thought it will improve their daily lives and reduce stress.

Participants were required to explain how they thought social workers could help people to adjust easier to teenage motherhood. The responses were vague and general:

Participant 2: "By putting me next to him/her and talk to me as his/her child and give me the advice".

Participant 8: "Yes it will help me to balance life." ("E ya, e tla nthusa ho lekanya bophelo.")

Participant 9: "My Grandmother assist me, but sometimes she scold at me, a social worker will guide me without scolding at me." ("Nkgono wa nthusa, empa ka nako tse ding wa nkomanya, social worker e tla ntataisa a sa nkomanye.")

Participant 4: “By giving advice, support, and lead us to places where we can get help.” (“Ka hore eletsa, tshehetsa le ho re isa tulong tseo re ka fumanang thuso ho tsona.”)

Participant 5: “When you have a baby, you start a new life, you care for another person, you don’t sleep at night. My mother assist me but get fed up, sometimes I feel like staying at my own place.” (“Ha o ba le ngwana o qala bophelo bo botjha, o hlokomela motho e mong, ha o robale bosiu. Mme wa nthusa wa mo jesa le yena wa tenehaka nako tse ding ekare nka itulela haka.”)

Participant 7: “By guiding us to go back to school, so that we can get a better job.” (“Ka hore tataisa hore re kgutlele sekolong, hore re tsebe ho fumana mosebetsi o betere.”)

Participant 10: “By giving advice, not to shut myself out when I cannot go out with my friends. Is difficult to look after a child, sometimes he cries and I don’t know what he want, it hurts me.” (“Ka ho nkeletsa hore ke seke ka dula ke ikwalletse ha ke sa kgone ho intsha le bakgotsi baka, ho disa ngwana ho boima, ka nako tse ding wa lla and be ke sa tsebe o batlang. O nkutlwisa bohloko.”)

Participants felt that social work intervention will help them to adjust to their daily activities. They suggested that social workers could talk to teenage mothers and find out what they need as support.

4.9.2 General comments

Participants were offered an opportunity to make comments after the interview and their responses were as follows:

Participant 1: “I felt like committing suicide when I noticed that I was going to have a child, I felt that life was difficult for me, and I would like to encourage other young girls to listen to their parents when they advice them, because as young, as they are, they don’t know what they are doing.” (“Nna ke ikutwile eka nka ipolaya ha kena le ngwana, ka ikutlwa hore bophelo bo thata for nna, ene ke kgothaletsa bana ba senang bana hore ba mamele batswadi ba bona ha ba bua le bona, bona ha ba tsebe seo ba se etsang jwaloka bana.”)

Participant 3: “I’m so embarrassed for having a child at early age, is difficult to raise a child being a child yourself. I encourage other girls who are not having children, not to have children at young age.” (“Ke swabile haholo ka ke bile le ngwana pele ho nako ya ka, ho thata ho hodisa ngwana le wena o le dilemong tse tlase, ke kgothaletsa banana ba senang bana hore ba seke ba etsa bana ba le dilemong tse tlase.”)

Participant 10: “I would like to say to teenage mothers, they should not give up, is true we fell, we are hurt, but we have learnt, we should go back to school, education is the key”. (“Ke kopa hore banana ba nang le bana le bona ba seke ba itlohella, ba kgothale, ke nnete re wele ra utlwa bohloko, empa re ithutile ba kgutlele sekolong. Thuto ke senotlolo sa mamati ohle.”)

Participant 6: “Girls should stop running after friends who mislead them.” (“Banana ba tlohele metswalle ya dihela.”)

Participant 9: “Is better to have a child at the right time, to prevent problems before they start. If I had known, I would have protected myself, but I have learnt and I will never have another baby soon.” (“Ho molemo ho etsa ngwana ka nako e loketseng ho thibela mathata pele a qala, ha nkabe ke tsebile nkabe ke itshirelеditse, empa ke nahana hore ha ke no etsa ngwana hape.”)

Participant 2: “Don’t fall pregnant before you finish school because it could affect your future and it ruins the rest of your dream and ambition in your life.”

Participants seemed to have learned a lesson and planning to rectify their mistakes by changing their behaviour. The researcher further explored whether any participants felt a need for debriefing, but all the participants indicated that they were fine. The researcher thanked teenage mothers for their contribution.

4.10 CONCLUSION

The aim of the study was to explore the utilization of social support network of teenage mothers. This chapter outlined the results of the study.

First a general profile (age of respondents, age of participants’ children, qualifications, monthly income of participants was given. A large proportion of the participants were out of

school, were either employed, unemployed or raising their children. Few of respondents were at school at the time of study. Eight of teenage mothers received an income of R220 per month from the child support grant. Most household were headed by their mothers, and to a lesser extent by their fathers. A small proportion of the households were headed by grandparents.

Most of participants were using contraceptives at the time of study. The most common contraceptive method was injectable pill. Participants who did not use contraceptives expressed a fear of side effects and lack of knowledge. Most participants did not know about emergency contraceptives. Teenage pregnancy, HIV and AIDS, sexual abuse were identified as the main sexual and reproductive health problems as some of the problems facing participants at the time of the study. Only one participant reported having sexual transmitted infection, and said that she received treatment at clinic. Participants reported knowing someone in their community who had HIV or AIDS. This has had a positive impact on sexual behaviours, and many reported adopting safer sexual behaviours including sexual monogamy and consisted condom use. Participants highlighted the importance of sexual abstinence in preventing repeated pregnancy and HIV infection and AIDS.

Most of participants had had one child, and only one respondent had two children at the time of the study. In the study none of the participants planned the pregnancy, and they said they had kept their babies. Participants reported method failure, sexual abuse, substance abuse, peer pressure and not using contraceptives as the primary reason for falling pregnant. Partners were generally the first one to be told about pregnancy, while fewer participants were told by their mothers.

Participants claimed that the physical, psychological social support structures in their communities were adequate. They sought support from their own family, and communities. Clinics or health centres, radio or television, newspaper or magazine, parents or partners and love life were identified as the primary sources of information and support.

With regard to services for young people, participants reported that they would like the following issues to be addressed, life and motivational skills, career guidance or educational opportunities, pregnancy related issues, community awareness campaigns, psychological issues, substance abuse and advice on financial assistance.

Teen parents on the other had identified services specific to their circumstances, child care skills, prenatal care and delivery, programmes that provide economic support, parenting education and employment programmes for them.

Finally teenage mother's knowledge regarding social work interventions (counselling, access to information, information regarding services, support groups, coping strategies) was explored.

All the participants agreed that their lives had changed since having their babies. But from the empirical study, they seemed to be struggling to adjust to motherhood.

Knowledge on how to use social support network efficiently was not evident in the study, and is a matter of concern. The greatest need of these participants was for another source of income or employment.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of this study was to present guidelines for social workers to empower teenage mothers who need social support networks to fulfil their roles as parents. The aim was achieved because the objective which required a description of the needs and parenting responsibilities of teenage mothers was covered. The second objective requiring an explanation of social support networks needed by teenage mothers, the role of social networks and the support that teenage mothers receive in Botshabelo was also covered. This was done by means of literature study and empirical study. Conclusions will now be drawn which can be used to present guidelines for social work regarding how social support networks can be used by teenage mothers.

5.2 CONCLUSIONS

The following conclusions are based on the findings from the empirical investigations.

5.2.1 Identifying personal information

All participants who took part in the study were teenage mothers in the Botshabelo area. Participants' ages ranged from fourteen to nineteen years. The ages of the participants' children ranged from zero to three years, only one of the participants had two children, none of the respondents had finished high school at the time of the study. Most household were headed by their mothers, and to a lesser extent by their fathers. A small proportion of the households were headed by grandparents. Eight teenage mothers received an income of R220 per month from the child support grant.

From the above it can be concluded that these teenage mothers were unable to find viable employment for they did not have sufficient education. Also they could not provide sufficient for their children because they were unemployed.

5.2.2 Knowledge of contraceptives

Issues around contraceptive use by teenage mothers were investigated, these issues ranging from previous use, current use of contraceptive, reasons for or not using them, type of contraceptives used and knowledge of emergency pill were also investigated. Six of respondents said they did not use any contraceptive method before they fell pregnant. The reason for this however was highlighted as negative side effects respondents has experience with contraceptives, such as weight gain, partner disapproval, parents were also criticized for not allowing their children to use contraceptives, and fear of infertility. The side effects were a cause for concern for some respondents and led to discontinuation. Seven respondents claimed that they were using contraception at the time of study, and indicated that they started soon after they gave birth. The injectable method remained the most popular method of contraception. Nine of the respondents admitted that they did not know about an emergency pill.

From above it can be concluded that most respondents demonstrated poor understanding of reproduction and contraception use before they fell pregnant, however most respondents perception about contraception changed, as the number using contraception change after the delivery of their babies.

5.2.3 Sexual and sexuality issues

Only one respondent indicated that she once had sexual transmitted infection, and that she received treatment at the clinic. Nine respondents said they never had sexual transmitted infection, however the point should be treated with caution, the respond could however be ascribed to several reasons:

- Teenage mothers not wanting to appear bad;
- Teenage mothers not feeling comfortable sharing their sexual experiences with the researcher; or
- Teenage mothers who really did not experience any sexual transmitted infections.

Six respondents said they did know of someone who is HIV positive , and nine respondents claimed that the knowledge they have, has led them to change their sexual behaviour, by using condom regularly when they have sex, remain faithful to one partner and others said they decided to abstain from sex.

It can be concluded that knowledge of Sexual transmitted infections and HIV and AIDS did generally have a positive influence on teenage mother's sexual behaviour.

5.3 SOURCES OF INFORMATION

Respondents identified Partner, Doctor, Clinic, radio or television, Parent, teacher and youth centre as their sources of the information regarding sexual transmitted infections and HIV/AIDS. Only a few respondents indicated that they receive support from the identified sources of information. It can thus be concluded that generally, teenage mothers do not rely on their sources of information for support.

5.4 PREGNANCY

Nine respondents had one child, only one respondent had two children at the time of study. All ten respondents said they did not plan to have a child, and they said they have kept their babies. Teenage mothers reported method failure, peer pressure, substance abuse and not using contraceptives as the primary reasons for falling pregnant. Most of the respondents said they told their partners first about their pregnancy, while fewer were told by their parent, only one respondent, said she was told by her neighbour.

The participants expressed their feelings associated with the onset of pregnancy as follows: guilty, embarrassed and angry. Three respondents said their boyfriends were happy to hear that they were going to be fathers, however seven respondents said their mothers were disappointed to news of their daughter's pregnancy. The conclusion thus is that falling pregnant while still young affect both teenage girl and her parents negatively.

5.5 SOCIAL SUPPORT NETWORK

Respondents identified life and motivational skills, career guidance or educational opportunities, psychological needs, awareness on substance abuse, pregnancy related issues, community awareness campaigns, advice on financial assistance as the main issues to be addressed for teenagers in general. Teenage mothers on the other hand identified services specific to their circumstances: prenatal care and delivery, child care programmes; programmes that provide economic support, parenting education; programmes for young men

and employment programmes for teenage parents. Thus it can be concluded that respondents thinks the identified programmes can bring positive changes in their lives.

5.5.1 Prenatal care and delivery

Four respondents said that they need prenatal care to be included in a dedicated service for them, in order to protect the child before birth and helps one to eat healthy food. It can be concluded that having prenatal care for teenage mothers can reduce the likelihood of pregnancy complications, labour and delivery complications and maternal morbidity. It can also reduce the likelihood that young mothers will deliver premature and low birth weighing babies.

5.5.2 Child care programme

Four respondents said they need child care programme, so that they can be able to complete their studies and for those who are looking for job, to be able to seek for the job. It can be concluded that child care programme can help respondents to look for the job or finish their studies while there is someone looking after the child.

5.5.3 Programmes that provide economic support

Only one participant said she need programme that can assist with economic support because the child support she is receiving is not enough, as there is no support from family or partner. It can be concluded that the participant is not coping with the income she is receiving, and that becoming a teenage mother has a negative influence on financial circumstances.

5.5.4 Parenting education

Only one participant indicated that she need parenting education. However this point need to be looked with caution as seven participants indicated that they do not cope with their daily activities, including parenting roles at 4.9.1.4. It can thus be concluded that participants need parenting education in order to improve their knowledge of children's patterns of growth and development , and also appropriate child care, as well as to help them learn techniques for stimulating infants response and development.

5.5.5 Programmes for young men

One respondent said she needs a programme for young men, so that they can learn to participate in their child rearing. It can be concluded that involvement of young men to their children-rearing can reduce the stress of teenage mothers by sharing responsibilities.

5.5.6 Employment programmes for teenage parents

Four participants indicated that they need employment programmes for teenage parents, so that they can be able to provide for their children's needs, they indicated that their need job as their needs have increased. It can thus be concluded that regardless of availability of child support, teenage parents need employment services that provide job training and assist in services that provide job training and assist in job placement.

5.5.7 Services utilized as teenage parents

Participants were asked about the services they receive as teenage mothers and the following categories were mentioned, nutrition, family planning, child support grant and medication at clinic.

5.5.7.1 Family planning

Six respondents said that they receive family planning services and said it will help them not to have many children and prepare themselves to have children when they are old enough. It can be concluded that participants have accepted that they are sexual active and take responsibility for their sexual behaviour.

5.5.7.2 Nutrition

Three respondents said that they receive nutritional advices from the clinic and that it assisted them with advices on how much formula to give to their babies, they also indicated that they receive free services. It can be concluded that the service teenage mothers receive from clinic assist them to prevent malnutrition to their children.

5.5.7.3 Child support grant

Three respondents said that they receive child support grant. This point should also be treated with caution as it disagree with the findings at 4.4.1.4. It can be concluded that respondents were not aware about available resources at there area.

5.5.7.4 People approached to discuss personal problems

It was found during the study that the support systems of the teenage mothers was existing although it was only from family members. No support systems from community or organizations was found. The conclusions regarding the nature of the social support systems of the teenage mother will be discussed below.

Eight respondents said they approach their mothers to discuss about their personal problems, and two respondents said they approach their grand parents. They said they ask advices, in regard with cultural issues. Nine respondents said they ask financial assistance, and child care assistance from their family. It can thus be concluded that family support is essential for teenage mothers to cope with parenthood and everyday living experiences.

5.6 SOCIAL WORK INTERVENTION

5.6.1 Counselling

Several conclusions can be drawn from this section. Half of the participants noted that talking to someone would help. Teenage mothers indicated that it will enable them to answer their unanswered questions, which they do not know who to ask, they also indicated that it will help them with advices. However even though these responses were affirmative, participants were somewhat uncertain in their responses. Other participant disagreed and did not think talking to someone would help and felt that damage is already done. The researcher sensed that the participant feared that she might be asked to talk someone and she clearly did not want to.

5.6.2 Access to information

Eight participants indicated that having information would make a difference in the experience of teenage parenting, however the responses were not convincing as participants did not make any efforts to seek for information. It can be concluded that participants did not have accesses to information regarding their condition.

5.6.3 Information regarding services

Seven participants indicated that having information regarding available services can help them access help when is required. However the researcher perceived that participants feared

to talk to social workers. In the study only one participant responded with a 'no' answer, and did not elaborate any further regarding this topic. The researcher tried to elaborate this topic in more detail, but the participant remain vague.

5.6.4 Support group

Nine participants agreed that participation in a support group would made a difference in the experience of teenage motherhood. The researcher noted that participants were enthusiastic about commencing support group in the community as soon as possible. However they felt that continued training was essential on various topics that were of concern to the community. These included training in HIV/ AIDS, substance abuse among young people , teenage pregnancy with focus on contraception use, abuse of children, unemployment and involvement of the biological fathers in the maintenance of their children.

Only one participant indicated that she does not think it will help to be part of a support group. The response was negative and indicated disapproval.

5.6.5 Coping strategies

All participants indicated that they thought it would help to learn how to cope with daily activities like changing nappies, feeding, breastfeeding, learning to respond to the baby's different needs and recognising the different cries of their babies. They thought it will make their life less stressful.

Therefore it can be concluded that teenage mothers need the following interventions: talking to someone, access to information regarding teenage motherhood, information regarding available services, participating in a support group and learning to cope with daily activities.

5.7 COMMENTS

Participants were given an opportunity to comment. Teenage mothers indicated how they felt when they realized they were pregnant, and said they felt embarrassed, angry and guilty. One of the participants indicated that she wanted to commit suicide because she thought it was the end of her life. Some of the participants advised other teenagers who are still attending school to wait and have babies when time is right for them. Participants realized the opportunity and

time they have wasted. However they indicated that they have learned a lesson and said they were prepared to take responsibilities.

5.8 RECOMMENDATIONS

The following section contains recommendations based on the findings and conclusions drawn from the research.

The primary purpose of this study was to identify physical, physical, social, psychological and financial needs of teenage mothers, the available support structures , and what support is required , with the aim of guiding social workers to identify resources exist in Botshabelo which can help teenage mothers with specific needs or problems.

Teenage mothers were found to possess limited reliable information on sex, reproduction, contraception and negotiating contraceptive use in relationships causing stress when pregnancy resulted. Education goals were put on hold to some of participants, as parenting was demanded.

5.8.1 The role of the social worker

It is recommended that the social worker should consider that the more sufficient the teenage mother's social support networks, is the better parent she would become. To achieve this is it is recommended that social workers should take the following actions to enlarge the social support network of teenage mothers. Teenage mothers should be empowered by social workers, by offering workshops for them to improve their self-esteem, and to enable them to utilize their social support systems.

5.8.1.1 Education

It is recommended that social workers help teenage mothers to communicate effectively with the school, so that they understand the teenage mother's conditions. This way the school can understand the teenage mothers situation and be tolerable.

5.8.1.2 Education on sexuality, reproduction and contraceptives

- The social workers with the help of nurses will have to educate teenage mothers on sex, reproduction, and contraception use. Male contraception, as well as male support

is essential in order to establish the most effective intervention for unintended pregnancies.

- Both social workers and nurses could embark on a campaign to encourage more use of different contraceptives correctly, as some methods were not being fully used because of their perceived side effects, so it is necessary to explore how body image and health may still be ensured during contraceptive use. Some of these methods could be promoted to help females take responsibility for their own sexual health, as the study revealed that they had handed this over to their partners.
- Schools should also educate learners about sexuality, contraception and female empowerment, social workers should be employed to coordinate educative campaigns and supportive campaigns and supportive services in this regard.
- Cultural and religious leaders in the community with the help of social workers should play a more active part in highlighting the roles and responsibilities of males in preventing unwanted pregnancies and the spread of HIV and AIDS and also sexual transmitted infections.

5.8.1.3 Pregnancy

- It is recommended that social workers determine the impact of pregnancy on teenage girl, her family and her boyfriend.
- Alternatives should be provided to teenage girls who does not intend to continue with pregnancy, like for instance abortion, and to those who intend to take pregnancy to term, alternatives like adoption and fostering the child can be offered.
- The feelings of pregnant teenagers should be identified by social workers in order to deal with these emotions in a realistic manner.

5.8.1.4 Social support network

(a) Services utilized as teenagers

Social worker will need to establish which community organizations, clubs or churches exist in a community which provide life and motivational skills, career guidance or educational opportunities, awareness on substance, Psychological needs, financial assistance, child care programmes, programmes for young men, and inform teenage mothers about them. In accordance with their special circumstances, the teenage mother can decide which ones they want to be part of.

- The social worker should identify the concerns of teenage mothers regarding their situation in order to provide assistance in addressing these concerns.
- The social worker should recognize and develop supportive networks in order to encourage independence on the part of teenage mothers and this can be achieved by:
  - Development of strategies to support teen parents, particularly those who are out of school;
  - Facilitation of community support structures for teen parents. Support could be important and make teenage mothers feel accepted;
  - HIV/AIDS counselling and awareness services;
  - Establishment of job creation and skill development particularly for teen parents who drop out of school;
  - Establishment of entrepreneurial programmes to allow teen parents to generate income to provide for their children;
  - Development of programmes to involve male teen parents in parenting;
  - Services to be included in a dedicated service for teenage mothers;
  - The social worker has to inform teenage mother about formal services existing in their area. This will help teenage mothers to get professional help and support that she may need;
  - The social worker should identify teenage mothers awareness of available services;
  - Social worker should encourage teenage mothers to become aware of different services for teenage mothers, like for instance, prenatal care, child support grant, nutrition service for the babies at clinics

(b) People approached to discuss personal problems

The social worker will have to help the teenage mother to communicate with her family, in order for the family to understand that she needs emotional and concrete support from them.

(c) Social work intervention

Aspects related to social work interventions:

- The social worker should be aware of personal feelings and experiences regarding teenage mothers, and address these fully before engaging in intervention with teenage mothers.

- The social worker must possess the needed knowledge and skills regarding basic assessment and intervention skills from an ecological perspective.
- The social worker must understand the current functioning of the teenage mother and identify specific problems or needs.
- The social worker must possess the needed knowledge regarding available and suitable resources and support in the community of teenage mothers and be able to implement the mediator role in order to ensure the individual gains access to the resources.
- The communities' lack of knowledge regarding teenage parenting must be addressed by making more information regarding this occurrence available in community.

This can be achieved by:

- Placing information regarding teenage parenting on posters and hang on entrance, reception rooms, at schools, clinics, community halls and on open areas at communities, where they can be seen by community members.

Possible social work interventions could include:

- Individual/family counselling services.
- Support groups.
- Learning coping strategies.
- Informative services.

5.9 AREAS FOR FUTURE RESEARCH

It is recommended that the following areas need more research:

- The reason teenagers choose to fell pregnant while there is contraception.
- Why do teenagers choose to keep the baby while there are other alternatives, like abortion, adoption or fostering the child.
- What happens to the teenage mother when the child reaches the age where he or she is not eligible for the child grant, and the unemployed teenage mother loses the financial income of R220.
- Is child support grant useful and beneficial in alleviating poverty within the poor households or is it a luxury to the mothers.

- Investigate the role of family stability in raising of children, like for instance, the rate of teenage pregnancies where there are both parents as compared to rate of pregnancies from single parents families.
- Investigate whether teenagers growing up under the care and supervision of single parents end up being single, or end up being married at the later stages.

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APPENDIX A

UNIVERSITY OF STELLENBOSCH/
UNIVESITHI YA STELLENBOSCH

DEPARTMENT OF SOCIAL WORK/
LEFAPHA LA BOSEBELETSI BA SETJHABA

INTERVIEW SCHEDULE/
PUISANO E HLOPHISITWENG

THE SOCIAL SUPPORT NETWORK FOR TEENAGE MOTHERS IN BOTSHABELO/ TSHIETSO LE KGOKAHANO YA SETJHABA BAKENG SA BOMME BA KA TLASA DILEMO TSE MASHOME A MABEDI

QUESTIONAIRE FOR TEENAGE MOTHERS/LETHATHAMA LA DIPOTSO BAKENG SA BOMME BA KA TLASA DILEMO TSE MASHOME A MABEDI

1. GENERAL INFORMATION/LESEDI KA KAKARETSO

Name of interviewer/Lebitso la mofuputsi	
Date of interview/Mohla	
Town or Location/Sebaka	

2. IDENTIFYING SOCIO-DEMOGRAPHIC CHARACTERISTICS/DINTLHA KA BODULO LE SEBOPEHO

2.1 How old are you?/Dilemo tsa hao di kae? _____

2.2 How old is your child?/Ngwana hao o dilemo di kae? _____

2.3 How old were you, when you had a child? O ne o le dilemo di kae, hao fumana ngwana? _____

2.4 How old were you, when you first have sex?/O ne o le dilemo di kae hao qala ho etsa thobalano? _____

2.5 What is your home language?/Puo ya lapeng? _____

2.6 Are you currently at school?/Na o ntse o kena sekolo (1=Yes, 2= No) (1=Eya, 2=Tjhe)

2.7 What is your highest educational level?/O badile ho fihlela kae? _____

2.8 If not at school, please state your reason/Haeba ha o kene sekolo fana ka lebaka ka kopo.

1= Employed/Sebetsa	
2= Unemployed (looking for work)/Ha ke sebetse/ke batla mosebetsi	
3=Unemployed (not looking for work)/Hake sebetse, ha ke batle mosebetsi	
4= Dropped out of school/Ke tswile hara nako	
5= Student (University, College, Technikon)/Morutwana thupellong	
6= Other, please specify/Tse ding, hlalosa	

2.9 If employed, please tell the kind of job you are doing/Ha o sebetsa, hlalosa mosebetsi oo etsang?_____

2.10 What is you monthly income, please indicate/lekeno la kqwedi ke bokae?

200-300	
400-500	
600-700	
800-900	
1000-1500	
Other, please specify/Tse ding hlalosa	

2.11 Where do you get money from?/O fumana tjhelete kae?

1= Father/Ntate	
2= Mother/Mme	
3= Father of the child/Ntate wa ngwana	
4= Boyfriend/Mohlankana	
5= Relative/Wa leloko	
6= Other, please specify/E mong hlalosa	

2.12 Is the money you receive adequate for your needs and the child? (1= Yes, 2=No)/Ana tjhelete eo, o e fumanang e lekane bakeng sa hao le ditlhoko tsa ngwana? (1=Eya, 2= Tjhe)

2.13 If not please indicate/Haeba ho se jwalo ka kopo hlalosa

_____

_____

_____

2.14 What is your relationship status?/Maemo a hao a lerato ke afe?

1= Single (no current partner)/Ha hona motho	
2= Married (traditional or legal)/Nyetswe (Setso/ka molao)	
3= Regular boyfriend, not cohabiting/Mohlankana wa mehleng, ha re dule mmoho	
4= Regular boyfriend, cohabiting/Mohlankana wa mehleng re dula mmoho	
5= Casual relationship/Ke ithatanela feela	
6= Other, please, specify/Ho hong, hlalosa	

2.15 What type of accommodation do you live in?/O dula ntlong e jwang?

1= Shack/Mokhukhu	
2= Brick House/Ntlo ya majwe	
3= Flat/Folete	
4= Backroom on the property in the yard/ntlo e ka morao jareteng	
5= Hostel/Hostele	
6= Traditional house/Ntlo ya setso	
7= Others/Tse ding	

2.16 Who is the head of your family? Hloho ya lelapa leno ke mang?

1= Father/Ntate	
2= Mother/Mme	
3= Grand-mother/Nkgono	
4= Partner/Motswalle	
5= others, please specify/Ba bang, hlalosa ka kopo	

3. CONTRACEPTIONS/DITHIBELA PELEHI

3.1 Have you ever used a method of contraception? (1=Yes, 2= No) Na o kile wa sebedisa dithibela pelehi (1=Eya, 2= Tjhe)

3.2 If yes, which method/s have you ever used (enter all that apply)/Haeba karabo ele eya/fana ka mofuta (Kenya eo/tseo o di sebedisitseng)

1= Injectable contraceptive/Nale	
2= Oral contraceptive pill/Pilisi	
3= Intrauterine device/Lupu	
4= Condom/Khohlopo	
5= Rhythm (Calendar) method/Ho latela matsatsi	
6= Traditional methods (herbal, medicine, etc.)/Setso (ditlamatlama le meriana)	
7= Sex between thighs/Motabo pakeng tsa dirope	
8= Other, please specify/Tse ding, hlalosa	

3.3 If no, would you mind telling me your reason for not using a method of contraception/Haeba ho se jwalo/ka kopo fana ka lebaka la ho se sebedise dithibela pelehi

1= Lack of knowledge/Ho se be le tsebo	
2= Partner disapproves/Motswalle a sa batle	
3= Fear of infertility/tshaba ho se be le ngwana	
4= Against religion/kgahlano le tumelo	
5= Difficult to access service/Thata ho fihlela ditshebeletso	
6= Fear of side effects/Tshaba ditlamorao	
7= Others, please specify/Tse ding, hlalosa	

3.4 Are you currently using any method of contraception?/Ana ho na le mofuta o o, o o sebedisang (1=Yes, 2= No) (1= Eya, 2=Tjhe)

3.5 If yes, which method/s are you currently using (tick all that is applicable)/Haeba e le eya, o sebedisa mofuta o feng honajwale(tshwaya eo, o e sebedisang)

1= Injectable contraceptive/Nale	
2= Oral contraceptive pill/pilisi	
3= Intrauterine device/Lupu	
4= Condom/Khohlopo	
5= Rhythm (Calendar method)/Ho latela matsatsi	
6= traditional methods (herbal medicine,etc)/Meriana ya setso (ditlamatlama, le tse ding)	
7= Withdrawal (Coitus interaptus)/Ho monyola	
8= Sex between thighs/Motabo pakeng tsa dirope	
9= Other, please, specify/Tse ding hlalosa	

3.6 If no, please give reason for not using any method/Haeba ho se jwalo, fana ka lebaka.

Responses/Karabo	
1= Lack of knowledge/Ho se be le tsebo	
2= Partner disapproves/Motswalle a sa batle	
3= Fear infertility/Tshaba ho se be le bana	
4= Against culture/Kgahlano le setso	
5= Against religion/Kgahlano le tumelo	
6= Fear side effects/Tshaba ditlamorao	
7= Difficult to access service/Thata ho fihlela ditshebeletso	
8= Other, please specify/Tse ding, hlalosa	

3.7 Do you know about emergency contraceptives (morning after pill) (1= Yes, 2= No)/Na o tseba pilisi ya tlokotsi (1= Eya, 2= Tjhe)

3.8 Have you ever used emergency contraceptive/(1=Yes, 2= No)/Ana o kile wa sebedisa mofuta ona wa pilisi (1= Eya, 2= Tjhe)

3.9 If yes, please indicate, where did you get an emergency contraceptive?/Ka kopo hlalosa o ne o e fumana kae?

1= Clinic/Tliniki	
2= Department of Health/Lefapha la bophelo bo botle	
3= Private Doctor/Ngakeng	
4= Hospital/Sepetlele	
5= Other, please specify/tse ding hlalosa	

4. SEXUAL AND SEXUALITY ISSUES/THOBALANO LE TSE AMANANG LE YONA

4.1 What do you think are the most significant sexual and reproductive health problems teenagers are facing in your community? (enter all that apply)/Ke dintlha difeng tse amanang le tsa thobalano le tswala tseo onahanang batjha ba kopana le tsona tikolohong ya heno?

1= Teen pregnancy/Ho ima ha banana ba tlase ho dilemo tse 20	
2= Sexually transmitted infections/Mafu a thobalano a tshwaetsanang	
3=HIV and AIDS/Lefu la bosollatlhapi	
4= Sexual abuse/Tlhekefetso ka tsa thobalano	
5= Rape/Peto	
6= Crime/Bokebekwa	
7= Homelessness/Ho hloka malapa	
8= Drugs/Dithethefatsi	
9= Financial problems/Mathata ditjhelete	
10= Other, please specify/Tse ding, hlalosa	

5. PREGNANCY/HO IMA

5.1 How many times have you been pregnant? O imme ka makgetlo a makae?_____

5.2 How many children do you have?/O na le bana ba bakae? _____

5.3 Did you plan to have a child? (1= Yes, 2= No)/Ana o bile le ngwana ka sepheo? (1= Eya, 2= Tjhe)

5.4 If yes, why did you plan to have a child?/Haeba karabo e le eya, hobaneng o entse ngwana ka morero?

1= Wanted to commit partner/Ke batla ho tlama motswalle	
2= Partner wanted a child/Motswalle o ne a batla ngwana	
3= Wanted to receive child support grant/Kene ke batla tjhelete ya sapot grant	
4= Wanted to prove fertility/Ke batla ho bontsha bokgoni ba ho ba le ngwana	
5= Other, please specify, Tse ding hlalosa	

5.5 What are current plans about the caring of your child?/O ikemiseditse eng ka tlhokomelo ya ngwana?

1= Keep the child/Ho ipolokela ngwana	
2= Give away for adoption/Fana ka yena a adoptuwe	
3= Foster parenting/Fana ka yena a fostaruwe	
4= Give him/her to biological father/Ke fane ka yena ho ntate wa hae	
5= Other, please specify/Tse ding hlalosa	

5.6 How did you come to fall pregnant? Ho tlile jwang o ime?

1= Sexual abuse/Tlhekefetso ka thobalano	
2= Substance abuse/Tlasa kgatello ya dithethefatsi	
3= Date rape/Peto	
4= Peer pressure/Tlasa kgatello ya dithaka	
5= Rape of sexual abuse/Peto le tlhekefetso ka thobalano	
6= Incest/Thobalano le wa leloko	
7= Other, please specify/Tse ding hlalosa	

5.7 How did you feel, when you realize you were pregnant?/O ile wa ikutlwa jwang ha o elellwa hore o imile?

1= Guilty/Itshola	
2= Embarassed/Swabile	
3= Angry/Kgenne	
4= Other, please specify/Tse ding hlalosa	

5.8 Did you tell anyone about you pregnancy? (1= Yes, 2= No)/Na o ile wa bolella e mong (1=Eya,2=Tjhe) _____

5.9 If yes, who did you tell?/Haeba ele eya, o bolelletse mang?

1= Mother/Mme	
2= Father/Ntate	
3= Partner/Motswalle	
4= Sister/Ausi	
5= Others, please specify/E mong, hlalosa	

5.10 What was the response of the person you told about your pregnancy? Motho eo o mo bolelletseng o ile aba jwang?

_____

_____

_____

_____

5.11 How did your boyfriend respond when you told him about pregnancy? (skip if the answer to 5.10 is your boyfriend).Mohlankana o ile aba jwang ha o mo jwetsa ka ho ima, tlola haeba ele yena eo o mmolelletseng ho 5.10?

_____

_____

_____

6. SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS/MAFU A THOBALANO A TSHWAETSANANG LE LEFU LA QWATSI YA BOSOLLATLHAPI

6.1 Have you ever had sexual transmitted infection (STI)? (1=Yes, 2= No)/Na o kile wa ba le lefu la thobalano le tswaetsanang?

6.2 If answer is yes, when you had STI, did you seek treatment? (1==Yes, 2= No)/Haeba karabo ele eya, ha one ona le tshwaetso, na o ile wa batla pheko? (1=Eya, 2=The)

6.3 Where did you receive treatment?/O fumane pheko kae?

1= Private Doctor/Ngakeng	
2= Clinic/Tliniki	
3= Hospital/Sepetlele	
4= Traditional Healer/Ngaka ya setso	
5=Others, please specify/Tse ding, hlalosa	

6.4 If not please give reason, why you didn't seek treatment./Haeba karabo ele tjhe, hlalosa hobaneng o sa batla pheko.

_____

_____

_____

_____

6.5 Do you know of anyone who has HIV or AIDS in your area? (1= Yes, 2= No)/Na ho na le motho eo omo tsebang anang le lefu la qwatsi ya bosolla tlhapi (1=Eya, 2= Tjhe)

6.6 Has the knowledge you have about STI and HIV/AIDS changed your sexual behavior? (1=Yes, 2=No)/Na tsebo eo o nang le yona ka qwatsi ya bosollatlhapi le mafu a tshwaetsang a thobalano a fetotse maitshwaro a hao? _____

6.7 If yes, how has your behavior changed?/Haeba e le eya, boitshwaro ba ha obo fetohile jwang?

1= Use a condom all the time/Sebedisa khohlopo	
2= Stick to a single partner/Itshwarella mothong a le mong	
3= Abstinence/Ho se etse thobalano	
4= Stopped casual relationships/Emisa ho ithatanela feela	
5= Other, please specify Tse ding hlalosa	

6.8 What are your sources of information on STI and HIV/AIDS?/O fumana lesedinyana ka tsa mafu a thobalano a tshwaetsanang ho kae?

1= Partner/Mohlankana	
2= Doctor/Ngaka	
3= Clinic/Tliliniki	
4= Community health worker/Mosebeletsi wa setjhaba	
5= Radio or television/Seyalemoya kapa thelevishini	
6= Newspaper or magazine/Koranta kapa makasine	
7= Friends/Metswalle	
8= Parent or guardian/Motswadi kapa mohlokomedi	
9= School teacher/Titjhere	
10= Religious leaders or church/Moruti kappa kereke	
11= Love life or youth centre/Love life kapa Sentara ya batjha	
12= Others, please specify/Tse ding hlalosa	

7. TYPE, QUALITY AND FREQUENCY OF SERVICE THAT TEENAGERS WOULD LIKE TO GET IN THEIR AREA/MEFUTA EO BATJHA BA KA RATANG HO E FUMANA TIKOLOHONG YA BONA

- For teenagers in general with, or without children/Bakeng sa batjha ka kakaretso

7.1 What issues pertaining to adolescents should be addressed? (Tick all that apply)/Ke dintho difeng tse amang batjha tseo ho ka shebanwang le tsona? (Diqolle)

Issues/Dintlha	
1= Life and motivational skills/Bophelo le malebaleba a kgothatso	
2= Human development and physical changes/Ho hola ha motho le diphetoho tsa mmele	
3= Career guidance/educational opportunities/Menyetla ya mesebetsi e ka ithutelwang le menyetla ya thuto	
4= Psychological needs/Ditlhoko tsa kelello	
5= Substance abuse/Dithethefatsi	
6= Pregnancy related issues/Ntlha tse amanang le ho ima	
7= Community awareness campaigns/Matsholo a hlhang setjhaba leseding	
8= Advice on financial assistance/Dikeletso ho tsa ditjhelete	
9= Healthy relationship between girls and boys/Setswalle se matlafetseng pakeng tsa banana le bashemane	
10= Others, please specify/Tse ding hlalosa	

7.2 Do you think there should be separate facilities for adolescent and teen parents (1= Yes, 2= No)/Na o nahana hore dibaka tsa batjha ba nang le bana, di arohanngwe? (1= Eya, 2=Tjhe)

7.3 Please give your reason./Ka kopo fana ka lebaka.

_____

_____

_____

- Teen parents services/Batjha ba nang le bana ba le ka tlasa dilemo tse 20

7.4 What issues pertaining to teen parents should be addressed? (Tick all that apply)/Ke dintlha difeng tse amang batswadi ba ka tlasa dilemo tse 20, tse lokelang ho lekolwa?

Prenatal and Peri-natal health care services	Economic support	Improve social emotional, cognitive development of the children	Enhance life options of teenage parents
Prenatal care and delivery Family planning	Programs that provide economic support	Programs that enhance the development of the children Child care programs	Parenting education Parenthood programs for young men Employment programs for teenage parents

7.5 What services do you receive as teenage parent?/Ke ditshebeletso dife tseo o di fumanang jwaloka motswadi ya dilemo di ka tlase ho tse 20?

_____

_____

_____

_____

_____

7.6 How do you experience using these services? O fumana ditshebeletso tse, di le jwang?

_____

_____

_____

_____

_____

8. SOCIAL SUPPORT NETWORK/DITSHEBELETSO TSA TSHIETSANO

8.1 People approached to discuss personal problems?/Batho bao o yang ho bona ho buisana ka ditaba tsa hao?

Person approached/Batho bao oyang ho bona	
1= Mother/Mme	
2= Father/Ntate	
3= Aunt/Mmangwane, Rakgadi	
4= Friend/Mokgotsi	
5= Neighbour/Moahisane	
6= Extended family/Wa leloko	
7= Church/Kereke	
Others, please specify/Ba bang	

8.2 Nature of help requested?/Mofuta wa thuso?

Nature of help/Mofuta wa thuso	
1= Child care/Tlhokomelo ya ngwana	
2= Advice/Keletso	
3= Cash/Tjhelete	
4= Finding work/Ho fumana mosebetsi	
5= Food/Dijo	
6= accommodation/Madulo	
7= Chores/Mesebetsi ya nakwana	
Other, please specify/Tse ding ka kopo hlalosa	

9. SOCIAL WORK INTERVENTION/HO KENELLA HA MOSEBELETSI WA SETJHABA

9.1 Which of the following do you think could make a difference in your experience as teenage parent./Ke dife dintho tseo o nahanang di ka etsa phapang jwaloka motswadi ya dilemo tse ka tlase ho tse 20.

9.1.1 Having someone to talk to. Ho ba le motho eo o buang le yena.

_____

_____

9.1.2 Having more information regarding the condition/Ho ba le lesedi malebana le maemo ana.

_____

_____

_____

_____

9.1.3 Having more information regarding available services/Ho ba le lesedi ka ditshebeletso tse fumanehang.

_____

_____

_____

_____

9.1.4 Being part of a support group/Ho ba setho sa sehlopha se tshietsanang.

_____

_____

_____

_____

9.1.5 How can social workers help people to adjust easier to teenage parenting?/Mosebeletsi wa setjhaba a ka o thusa jwang hore o tlwaele habobebe maemo a hao?

_____

_____

_____

_____

9.2 Comments that you would like to make/O ka tshwaela ka ho reng

_____

_____

_____

_____

_____

_____

THANK YOU SO MUCH FOR ANSWERING THESE QUESTIONS. THANK YOU/

KE LEBOHA HAHOLO KA HO ARABA DIPOTSO.

KE YA LEBOHA

APPENDIX B

FORM OF CONSENT – ENGLISH

University of Stellenbosch

Department of Social Work

Enquiries: N. Motjelebe

2008

THE SOCIAL SUPPORT NETWORK OF TEENAGE MOTHERS IN BOTSHABELO

DECLARATION OF THE RESPONDENT

A I confirm that

1. I, the respondent was invited to take part in the social support network of teenage mothers' project which is to be undertaken through the Department of Social work of the University of Stellenbosch, directed by Ms N. Motjelebe.

2. It has been explained to me that :
   The information will be collected through the completion of questionnaires by the researcher during an interview conducted with me.
   The procedure will take place in a semi-structures interview that will not exceed one hour.
   Ten teenage mothers will be included in the study and that only one interview will be necessary.

3. I have been informed that the information that is gathered during the interview will be treated confidentially, but will be applied to the findings as contained in chapter 4, of the study.

4. The information above has been given to me in Sotho and English, and that I'm fluent in the language. I was also allowed to ask questions where I don't understand

B I hereby agree to participate voluntarily in the above-mentioned study.

Signed by _____ on _____ 2008

_____
Signature of respondent

STATEMENT BY RESEARCHER

I, _____, declare that I have :

1. Explain the information contained in this document to _____
2. Requested her to ask questions, if anything was unclear.
3. Conducted this discussion in Sesotho.

Signed by _____ on _____ 2008

_____
Signature of researcher

APPENDIX C

FOROMO YA BOIKANO – SOUTHERN SESOTHO

Univesithi ya Stellenbosch

Lefapha la bosebeletsi ba setjhaba

Dipotso di lebiswe ho: N. Motjelebe

2008

TSHIETSO LE KGOKAHANO YA SETJHABA BAKENG SA BOMME BA NANG LE BANA BA KA TLASA DILEMO TSE MASHOME A MABEDI BOIKANO BAKENG SA HO NKA KAROLO

A Ke itlama hore

1. Nna _____ Monki -karolo ke mennqwe ho nka karolo porojekeng ya tshietsanong le kgokahanong ya bomme ba nang le bana ba le ka tlasa dilemo tse mashome a mabedi, e hoketsweng ho tswa lefapheng la Bosebeletsi ba setjhaba ho tswa Univesithing ya Stellenbosch, e eteletswe pele ke Mofumahatsana N. Motjelebe.

2. Ke hlaloseditswe hore :
   2.1 Lesedinyana le tla nkuwa ka ho tlatsa dipotso nakong eo mofuputsi a tla beng a mpotsa dipotso
   2.2 Motjha ona o tla latelwa ka mokgwa o hlophisitsweng mme o keke wa nka hora.
   2.3 Bomme ba ka tlase ho dilemo tse mashome a mabedi, ba leshome batla kenyeletswa letsholong lena, mme batla botswa ka lekgetlo le le leng

3. Ke hlaloseditswe hore lesedi le tla fumaneha hotswa honna e tla ba sephiri , empa le tla sebediswa kgaolong ya bone ya diphuphutso.

4. Lesedinyana le ka hodimo ke le fuwe ka leleme la Sesotho le Senyesemane, ke botsitswe ka puo eo ke e utlwisisang. Ke ile ka fuwa monyetla wa ho botsa dipotso moo ke sa utlwisiseng.

B Ke dumela ho ithaopa ho nka karolo letsholong lena.

Saenetswe ke _____ ka la _____ 2008

_____

Signature ya Moithaupi

BOITLAMO KA MOFUPUTSI

Nna _____, Ke dumela hore ke :

1. Hlalositse ditaba tse mona tokomaneng ena ho_____
2. Ke mo kopile hore a botse dipotso , ha hona le ntho eo a sa e utlwisiseng
3. Dipotso di butsitswe ka Sesotho

Saenetswe ke _____ ka la _____ 2008

_____
Signature ya Mofuputsi