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AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THE EXPERIENCES OF TEENAGE MOTHERS IN A SOUTH AFRICAN HOSPITAL SCHOOL

by

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MINOR DISSERTATION
Submitted in partial fulfilment of the requirements for the degree MAGISTER EDUCATIONIS in EDUCATIONAL PSYCHOLOGY

in the FACULTY OF EDUCATION

at the UNIVERSITY OF JOHANNESBURG

SUPERVISOR: MRS J.V.FOURIE

May 2015
Dedication

To my parents,

Without your constant and unconditional love, support, and guidance, none of this would be possible. No words can adequately express my gratitude for everything that you have both taught and given me throughout my life. You are the driving force in my being and in my career. Thank you for encouraging and supporting me in my determination to realize and find my potential. I love you both.

This is dedicated to you.
Acknowledgements

To Jean Fourie, thank you for your supervision throughout this process. Your guidance, kindness and patience is greatly appreciated.

A very big thank you goes to the research site and all those involved for allowing me the permission and time to conduct this study. Most importantly, thank you to the participants of this study for not only sharing your stories with me, but your enthusiasm in supporting the aims of this study.

TA, words cannot describe how grateful I am for all your contributions and advice. Thank you for sharing your knowledge with me, and for the continuous tolerance and support. We did it!

To my granny and my siblings Simone, Leigh, Ian and Shai thank you for rooting for me! Your encouragement and constant care guided me throughout. I cannot thank you enough for your unconditional love and support.

And, finally, thank you to all those who contributed to putting this study together, both academically and personally. My family, friends and colleagues, I appreciate all you have done for me. You know who you are.
AFFIDAVIT: MASTER’S AND DOCTORAL STUDENTS

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February 2001 as amended.
Abstract

This descriptive study explored the experiences of teenage mothers in a South African hospital school in order to identify the critical success factors that support their reintegration into mainstream schools and encourage them to complete their basic education.

Globally, the available literature, which considers the problem and its accompanying challenges from an ecosystemic perspective, indicates that a lack of support to such mothers constitutes the most important challenge to their school reintegration. Investigating the experiences of these teenagers may enable not only all associated caregivers and teachers, but also the mothers themselves and their peers, to arrive at solutions that may enhance the positive aspects of such experiences and consequently induce these mothers to be reintegrated into the school system. South African research reflects worldwide findings that teenage pregnancy and motherhood are two of the main causes for school dropout and learner failure, which can be viewed as a multigenerational, widespread, and detrimental social phenomenon.

A qualitative approach, using semi-structured interviews and personal informational letters, was selected for data collection. Six participants—two black African, two Coloured and two white adolescent mothers—contributed their personal experiences, which were thematically analysed according to the guidelines of interpretative phenomenological analysis in terms of coding and theme identification. The IPA approach will allow persons in the teenagers' family, community, and educational social ecosystems to engage with the participants' reported experiences and to reconsider their own attitudes to teenage motherhood.

Data analysis revealed three distinct experience themes. Firstly, teenage mothers regarded their education as a priority. Secondly, despite their high regard for the value of education, they experienced difficulties with their schoolwork. Finally, they relied strongly on support from their teachers in the hospital school. These findings are consistent with the literature in that many teenage mothers have a desire to be reintegrated into the schooling system and to complete their secondary education.
This research provided insight into the perceptions and motivations of teenage mothers, thus enabling researchers and policy-makers to improve support strategies for reintegrating such mothers into the mainstream schooling system. This study may aid positive socio-economic, health sector, and educational sector initiatives to counter the adverse effects of teenage motherhood as discussed in international and national literature.

**Keywords**

Childbearing  
Dropping out  
Ecosystemic  
Experiences  
Hospital school  
Inclusive education  
Interpretative phenomenological analysis  
Pregnancy  
Reflexivity  
Teenage mothers
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List of abbreviations and acronyms

APA: American Psychological Association

CSG: Child Support Grant

DoBE: Department of Basic Education

DoE: Department of Education

EFA: Education for all

IPA: Interpretative phenomenological analysis

OECD: Organisation for Economic Co-operation and Development

SASA: South African Schools Act

SCAA: Schuyler Centre for Analysis and Advocacy

SMG: State Maintenance Grant

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UN: United Nations
Chapter 1: Overview and rationale

“Education holds the key to combat pregnancy.”

Anonymous (Luttrell, 2014, p. xii)

1.1 INTRODUCTION

The purpose of this study is to explore and describe the experiences of secondary-school adolescents who have become pregnant or have already given birth (referred to as “teenage mothers”), with a view to gaining deeper insight into strategies that may encourage them to complete their schooling to the level of Grade 12. The environment in which these teenage mothers were interviewed was that of a hospital school that they attended in Gauteng Province. In this chapter, the research study is introduced, explored, and described. Background will be provided about the scope of this study, which will be restricted to the relationship between teenage motherhood and education. Numerous other challenges and consequences of teenage motherhood, such as the association between teenage motherhood and the economy (Chevalier & Viitanen, 2003; Gibb, Fergusson, Horwood, & Boden, 2014; Lemos, 2009), fall beyond the scope of this investigation and will not be considered.

Since this study was guided by interpretative phenomenological analysis (IPA), it entails explorations of the personal views and perceptions of participants, in which reflexivity by the researcher plays a crucial role. The activity of reflexivity undertaken during the thematic analysis of the research findings (Pringle, Drummond, McLafferty, & Hendry, 2011; Smith, 2004) will be explained in Chapter 3, section 3.3.1.

1.2 BACKGROUND AND ORIENTATION

1.2.1 Teenage motherhood as international and national phenomenon

South Africa is no different from numerous other countries worldwide in facing challenges with regard to social difficulties entailed by teenage motherhood (Jewkes, Morrell, & Christofides, 2009; Mesatywa, Chikungwa, & Kabasa, 2013; Paranjothy, Broughton, & Fone, 2009; Willan, 2013; Schuyler Center for Analysis and Advocacy [SCAA], 2008). It is not exceptional to encounter phrases such as “children having
children” and “teenage pregnancy is a worldwide concern” in past and present academic discourse not only locally (Bhana, Clowes, Morrell, Shefer, & Ngabaza, 2010; Luttrell, 2014; Macleod, 2003), but also globally (Ventura, Abma, Mosher, & Henshaw, 2006; Widom & Kuhns, 1996). The phenomenon of teenage motherhood is also a much-discussed concern in a variety of more general contexts such as in the media, public debates, and governmental departments (Lemos, 2009; Vincent & Thompson, 2010).

Despite statistical evidence of a decline in teenage pregnancies and childbirth in recent years, these numbers are still too high to ignore (Chevalier & Viitanen, 2003; Panday, Makiwane, Ranchod, & Letsoalo, 2009; Willan, 2013). The reason for such disquietude is that the phenomenon of teenage motherhood exerts a significant detrimental effect on a variety of socio-economic systems and domains, aside from entailing numerous societal challenges as summarised in Table 1.1.

As can be seen from the information in the table, adverse consequences and challenges are not limited to teenage mothers themselves, but have a ripple effect on a variety of individuals and systems that such mothers engage with directly and/or indirectly—even to the point of a generational impact. As indicated in the table, the most important systems outside the mother’s development are those of child nurturing, families, community, and society. Attendant adverse challenges and consequences can be evident within a variety of domains, such as education, economy, health, social milieu, and industry (Adamson, Brown, Micklewright, & Wright, 2001; Mkhwanazi, 2010; Paranjothy et al., 2009).

Table 1.1: Consequences of teenage motherhood in societal systems and domains

<table>
<thead>
<tr>
<th>Societal domains</th>
<th>Societal systems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother’s adolescent development</strong></td>
<td><strong>Baby and child nurturing</strong></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td><strong>Community</strong></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Interruption of schooling</td>
</tr>
<tr>
<td><strong>Economy</strong></td>
<td>Financial challenges</td>
</tr>
</tbody>
</table>

Table 1.1: Consequences of teenage motherhood in societal systems and domains
Possibly the most important overarching effect for the babies and children of teenage mothers is that of being raised in an environment of impoverishment and poor health care. This problem is all the more significant, as Olausson, Haglund, Weitoff & Chattinguys. (2001) note, in that socio-economic disadvantages due to teenage pregnancy are observable even among adolescents who come from moderately comfortable socio-economic backgrounds. The crucially important factor that determines the divide between a thriving and a deprived childhood environment is education: “Research undertaken by the World Bank (2004) indicates that a child born to an educated mother is more than twice as likely to survive to the age of five than a child born to an uneducated mother. Educated mothers are also 50% more likely than mothers with no schooling to immunise their children against diseases” (World Bank, as cited in Department of Basic Education [DoBE], 2013, p.4). The generational link between teenage motherhood, education, and later deprived circumstances for the babies of such mothers is underscored by a study conducted
in Adamson et al. (2001) across 13 countries of the European Union that indicated a high association between being born to a teenage mother and living in poverty later in life.

The seriousness of the ripple effect that teenage motherhood has had, and is continuing to have, on different aspects and levels of society and social policy should not be underestimated (McQuestion, Silverman, & Glassman, 2012; SCAA, 2008; United Nations Educational, Scientific, and Cultural Organisation [UNESCO], 2014). This phenomenon serves as a good example of one element in a system exerting an effect on other components, which should consequently be viewed in a systemic perspective if it is to be understood better. Since such a perspective complements the theoretical framework of the present study, it will be discussed in further detail in Chapter 2.

1.2.2 Causes and consequences of teenage motherhood

Luttrell (2014) and Dunkel Schetter (2011) describe the social stereotype believed by many that adolescent girls who fall pregnant invariably come from a lower socio-economic background and can also be associated with certain ethnic groupings. However, the academic literature on adolescent pregnancy and motherhood, based on both international and national research, provides evidence that despite culture, race or ethnicity, and varying socio-economic conditions, teenage pregnancies are evident across the board in most communities worldwide (Adamson et al., 2001; Isa & Gani, 2012; Olausson et al., 2001). The causes and consequences of teenage motherhood appear to be a worldwide phenomenon that follows a circular pattern within all types of societies (Atuyambe, Mirembe, Johansson, Kirumira, & Faxelid, 2007; Lemos, 2009; Macleod& Tracey, 2010; UNESCO, 2014) as depicted in Figure 1.1.

The pattern is described as circular because the causes and consequences seem not only to influence each other, but can in fact at times function as the same thing (i.e., as cause and as consequence). Cause and consequence as factors in the phenomenon of teenage motherhood are described to be systemic, interrelated, and belonging to various domains, such as the social, psychological, educational, physical, financial, and cultural spheres (Imamura, Tucker, Hannaford, Da Silva, Astin, Wyness, Bloemenkamp, Jahn, Karro, Olsen & Temmerman, 2007; Minnis,
Marchi, Ralph, Biggs, Combellick, Arons, Brindis & Braveman, 2013). For example, Gyan (2013) reported on a study of 55 participants from Chorkora, a village in Ghana, which indicated that socio-economic disadvantage could be considered a major contributory cause of teenage motherhood. Similarly, studies on participants in Sweden (Olausson et al., 2001), New Zealand (Gibb et al., 2014), and Britain (Chevalier & Viitanen, 2003) found socio-economic disadvantage to be a highly significant factor in teenage motherhood.

Figure 1.1: Cyclical pattern of cause and consequence in some aspects of teenage motherhood as a problematic social phenomenon
Figure 1.1 depicts how some elements such as financial constraints and socio-economic disadvantage may serve as both a cause and a consequence of teenage motherhood in an interrelated cycle, as noted in research worldwide (Gouws, Kruger,& Burger, 2008; Isa & Gani, 2012; SCAA, 2008). For example, financial constraints as a cause often give rise to socio-economic disadvantage as a consequence for teenage mothers. Being socially disadvantaged, with accompanying forms of social discrimination, may close avenues to these mothers in finding means such as employment to combat financial constraints. Not being able to gain access to financial resources, the mothers find themselves increasingly disadvantaged, and so the cycle continues in such way that cause and consequence may become difficult to distinguish from one another. Other causes of teenage motherhood include, for example, peer pressure; adolescent risk behaviours; emotional needs such attachment and relationships; material gain through illicit means; the need to prove fertility; lack of knowledge about contraception; and inadequate sexual education (Lemos, 2009; Macleod & Tracey, 2010; Willan, 2013).

Bray, Gooskens, Moses, Kahn, and Seekings (2010) suggest that causes specific to the South African context include a lack of resources and education, the culture of silence, urgency for attaining adulthood, material gain, overcrowded living conditions, and a lack of adult supervision such as in child-headed households. Consequences include, for example, health risks, psychological deficits such as isolation and discrimination, educational and emotional challenges and constraints, and skewed gender parity in education (in view of more males than females completing their education) (Molosiwa & Moswela, 2012; Kaufman, De Wet, & Stadler, 2000; Wilson-Mitchell, Bennett, & Stennett, 2014).

Owing to biological development, teenage girls who are sexually active, with or without their consent, are at risk of becoming pregnant (Benson, 2004; Isa & Gani, 2012; McDonald, Conrad, Fairtlough, Fletcher, Green, Moore, & Lepps, 2009). Adamson et al.(2001) report that about 1.25 million teenage girls living in countries associated to the Organisation for Economic Cooperation and Development (OECD) become pregnant each year, and it is significant that many of these countries are among the world’s most advanced (Bassanini, Scarpetta,& Visco, 2000). Chigona and Chetty (2007) indicate that about 30% of teenage girls give birth at least once
before age 18, and that 40% of teenage girls become pregnant at least once before age 20. In South Africa, according to statistics provided by the Department of Basic Education (DoBE, personal communication, June, 6, 2014), at the time of writing this dissertation, the most recent South African statistics of teenage pregnancy per province are found in Table 1.2 below. These statistics are significant as they highlight the disquieting numbers of learners who have become pregnant in South Africa within the years of 2010 and 2012.

Table 1.2:  Number of learner pregnancies per province, 2010–2012

<table>
<thead>
<tr>
<th>Province</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>8420</td>
<td>6516</td>
<td>5126</td>
</tr>
<tr>
<td>Free State</td>
<td>798</td>
<td>809</td>
<td>672</td>
</tr>
<tr>
<td>Gauteng</td>
<td>5272</td>
<td>4013</td>
<td>4217</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>12954</td>
<td>14340</td>
<td>10577</td>
</tr>
<tr>
<td>Limpopo</td>
<td>10323</td>
<td>2310</td>
<td>1508</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>5794</td>
<td>5280</td>
<td>4719</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>232</td>
<td>929</td>
<td>869</td>
</tr>
<tr>
<td>Western Cape</td>
<td>1212</td>
<td>2133</td>
<td>2095</td>
</tr>
<tr>
<td>Grand total:</td>
<td>45276</td>
<td>36702</td>
<td>30005</td>
</tr>
</tbody>
</table>

1.2.3 Selection of the hospital school as research site

The participants in this study were enrolled as learners in a hospital school in Gauteng, which served as the research site. For ethical reasons and anonymity concerns, no details can be published or revealed to unauthorised parties. For the purposes of this research, however, it can be mentioned that the hospital school is an institution for the teaching and learning of vulnerable learners such as teenage mothers who are unable to attend mainstream schools. According to the principal of the hospital school, the teenage mothers may enrol at the institution with the onset of pregnancy, and are encouraged to return to their schools of origin the year after delivering their babies (Principal, personal communication, June 2, 2014).

An important function of the hospital school in question is to assist teenage mothers in their reintegration into their original mainstream schools and communities.
Hospital schools as institutional establishments appear to be rare nationally and internationally, but it was possible to identify similar learning establishments like McAlister High School in the United States of America and Louis Dean School in Canada that are specifically intended for learners who are pregnant or mothers. The research for this study originated from personal experience as a therapist in the South African hospital school, which stimulated an interest in a poorly researched field, namely the experiences of teenage mothers in a hospital school that encourages and promotes reintegration into mainstream schooling.

Adolescence is a critical stage of life for all teenagers, but even more so for teenage mothers since their education, emotional support, and guidance contribute to both their present and future well-being (Chigona & Chetty, 2008; Hurley, 2010; Runhare & Vandeyar, 2011). When school-going girls become pregnant, assistance is necessary not only for these learners but also for those who support them (Cornelius, Goldschmidt, Willford, Leech, Larkby, & Day, 2009; McDonald et al., 2009). Teenagers who are sexually active often struggle to communicate with parents and other adults about topics related to sexual activity (Annang, Lian, Fletcher, & Jackson, 2014; Olakunbi & Akinjide, 2010). Teenage motherhood can lead to many unnecessary obstacles in learners' lives because of biological, emotional, and psychological immaturity (Bhana et al., 2010; Chigona & Chetty, 2008), whereas these girls are expected to make "adult" decisions beyond the scope of their years (Macleod, 2003; Visser & Roux, 1996). Furthermore, they experience challenges such as economic constraints and limited social support (Cornelius et al., 2009; Nkani & Bhana, 2010). Therefore it becomes evident that teenage mothers need support from individuals and institutions such as a hospital school in order to support the above-mentioned challenges.

Despite the overwhelming volume of literature available about the phenomenon of teenage motherhood, global research describes a lack of literature regarding the impacts and associations between teenage motherhood and schoolgirl education (Chigona & Chetty, 2007; Eloundou-Enyegue, 2004; Grant & Hallman, 2006; Mensch, Clarck, Lloyd, & Eruklar, 2001; Pillow, 2006). As noted in the problem statement below, many learners fail to return to school after pregnancy-related dropout. In South Africa, this occurs despite current law and policy that not only support
but also advocate a holistic assistance programme for these learners in terms of school completion (DoBE, 2013; Panday & Mabunda, 2009; Runhare & Vandeyar, 2012). Several investigations in current literature have confirmed that many teenage mothers do indeed wish to complete their basic education,¹ but are unable to do so because of a myriad of challenges and limitations (Chigona & Chetty, 2008; Theron & Dunn, 2006). A hospital school as a research site therefore can provide research opportunities to consider teenage motherhood in association with educational and accompanying challenges.

1.3 RESEARCH QUESTION

In view of the educational needs of adolescents who are pregnant or have given birth, the following research question was formulated:

“What are the experiences of teenage mothers in a hospital school in order to support reintegration into mainstream schools?”

1.4 RESEARCH AIM

The primary aim of this study was to explore and describe the experiences of teenage mothers in a South African hospital school in order to support their reintegration into mainstream schools.

1.5 PROBLEM STATEMENT

Teenage mothers experience difficulty with reintegration into mainstream schools after giving birth (Runhare & Vandeyar, 2011; Theron & Dunn, 2006), maintaining inter alia that they receive inadequate support from family, school, and society (Chigona & Chetty, 2008; Cornelius et al., 2009; Panday & Mabunda, 2009). Efforts to resolve this problem may assume many forms, one of which is the establishment of a “hospital school” that can assist teenage mothers in the completion of their basic education (compare subsection 1.8.4). However, it is significant that even in the hospital school used as research site for this study, it was still found that many teenage mothers failed to complete their education as evidenced by the low percentage of them returning to school (see section 1.5). At national level it is also

¹ It should be noted that the term “basic education” in South Africa covers schooling from Grade R to Grade 12 under the control of the Department of Basic Education (DoBE, n.d.).
found that even though the Department of Education (DoE) does provide support and does advocate holistic assistance, the number of teenage mothers not integrating back into school is still too high (Panday & Mabunda, 2009; Panday et al., 2009).

1.6 ANALYSIS OF THE PROBLEM

For the focus of this study, the primary concern about teenage motherhood is that giving birth occurs before learners complete their schooling (Fergusson & Woodward, 2000; Grant & Hallman, 2006; Panday et al., 2009). Section 54 of the South African Education Affairs Act (House of Assembly), Act No. 70 of 1988, stipulated that compulsory school attendance was the right of all learners from the first school day in which the child turned seven years old. This was complemented by the South African Schools Act of 1996, and, in 2007, by the most recent policy by the DoE (2007), “Measures for the prevention and management of learner pregnancy”, which specifies that all pregnant learners should remain in school during their pregnancy, return after the child’s birth, and that schools should avoid unfair discrimination towards mother teenagers. However, despite national and international advancements in laws and policies regarding the subject of teenage motherhood, it is still considered a problem worldwide (Bhana et al., 2010; Runhare & Vandeyar, 2011) because of the negative outcomes associated with it, for example disruption in schooling, dropping out from school, and poor academic achievement (DoE, 2007; Hosi & Dawson, 2005; Mesatywa et al., 2013).

A significant challenge is that many teenage mother learners do not integrate back into school. The following South African statistics highlight the issue:

- Grant and Hallman (2006) report that only 29% of teenage mothers (aged between 14 and 19 years) who had left school, returned to finish their education by the age of 20. In addition, only 34% of the returning teenage mothers completed their Grade 12 education, compared to the 52% that never reintegrated into school.

- Panday and Mabunda (2009) note that only about a third of learners who dropped out of school in South Africa due to pregnancy actually returned.
- The KwaZulu-Natal Transitions Study (as cited in Bhana et al., 2010, p. 5) state that out of the 74% of teenage mothers (aged between 14 and 19) who reported dropping out of school, 24% had returned to it.

- A study by Natal and Karabo (2014) reports that 28.1% of out of 306 black women who had dropped out of school due to pregnancy had returned.

Studies by Chigona and Chetty (2007), Theron and Dunn (2006), and Grant and Hallman (2006) have found that disruption in schooling and dropping out on account of teenage pregnancy are influenced by the teenage mother herself, familial factors, and school support factors. Regarding the teenage mother, influencing factors include:

- personal motivation in education completion, and balancing a new role within expectations of teenage motherhood;
- prior attendance of and performance at school;
- health and physical challenges;
- psychological challenges associated with self-esteem, depression, anxiety, and anger;
- social factors such as stigmatisation and discrimination by others; and
- cognitive challenges associated with possible learning difficulties (Chigona & Chetty, 2007; Grant & Hallman, 2006; Theron & Dunn, 2006).

Influencing factors involving family include:

- family support (care and supervision of the baby);
- socio-economic factors;
- lack of personal educational aspirations and external support;
- dysfunctional families;
- child-headed households; and
new role expectations of the teenage mother (Chigona & Chetty, 2007; Grant & Hallman, 2006; Theron & Dunn, 2006).

Factors relating to school support include:

- teacher support, attitude, and understanding (physical and psychological);
- the possibility of expulsion from school (even though unlawful); and
- stigmatisation and discrimination by peers and school staff (Chigona & Chetty, 2007; Grant & Hallman, 2006; Theron & Dunn, 2006).

The multifaceted nature of problems associated with teenage motherhood and education cannot be seen in isolation either as only a societal challenge or as only a teenage mother challenge (Panday et al., 2009). The cyclical pattern of cause and consequence observable in several aspects of teenage motherhood as a problematic social phenomenon requires an integrated assessment of individual and societal needs if one is to arrive at a better understanding of it (compare section 2.3).

1.7 RESEARCH DESIGN AND METHODS

A qualitative approach, using semi-structured interviews as well as informational letters, was chosen as the primary method for data collection. To reflect the composition of South African society to some extent, two participants from each of the black African, Coloured and white population groups were interviewed to obtain a view on their personal experiences, which were then thematically analysed, coded, and identified according to the guidelines of interpretative phenomenological analysis (IPA). This process, as aligned to the research question, led to the recognition of three separate types of experiences as recognised through extensive analysis of the data. The research design and methods will be discussed in further detail in Chapter 3.

1.8 CONCEPT CLARIFICATION

1.8.1 Adolescent

The stage of adolescence is defined differently within different cultures, but is universally accepted as being the transition period between childhood and
adulthood. However, for the purpose of this investigation, adolescent development will follow the WHO (2003, 2014) definition that considers adolescence to be the stage between the ages of 10 and 19 years. Adolescence is further characterised by the developmental changes that take place on a social, emotional, physical, and cognitive level. As defined in the *Cambridge Dictionary of Psychology* (Matsumoto, 2009), “adolescent development” is the

set of physical, mental, social, and cultural changes that mark the period of transition from childhood to adulthood. It includes maturation of the sexual organs and secondary sexual characteristics, the development of behavioral sexual interaction patterns, the incorporation of sexuality into self-concepts and alterations in role expectations, and enaction as well as identity formation. (p. 18)

An important related outcome of this process is “adolescent identity formation”, which the same dictionary (Matsumoto, 2009), defines as the

process of forming a relatively stable sense of self including commitment to social and sexual roles and beliefs about the purpose and meaning of life. This usually takes place primarily in late adolescence after a period of personal and philosophical questioning and trying out of a variety of different roles and perspectives, which results in the moodiness, changeability, and sometimes rebellious social behavior of persons during their teenage years. (p. 18)

The roles that teenage mothers have to fulfil are an important theme in this study.

**1.8.2 Teenage motherhood**

The concept of teenage motherhood encompasses various aspects of pregnancy and childbirth among teenage adolescents. For the purpose of this investigation, the concept will be considered to include teenage fertility, teenage pregnancy, and teenage motherhood. As put forward by Panday et al. (2009) in a DoE document, teenage fertility refers to pregnancies resulting in birth, whereas teenage pregnancy refers to pregnancies that have been either terminated or resulted in birth. As noted earlier, for ease of reference, the participants in this study will be referred to as teenage mothers.
1.8.3 Support

The *Oxford Dictionaries* online define “support” (Support, 2015) in its verbal sense as *inter alia* giving assistance, or giving approval or encouragement, or being concerned for the success of somebody or something. In this study, support is defined as any actions taken by the individuals, by their families, schools, or by society for the betterment of the teenage mother and child. The main broad categories of support relevant in this investigation were financial, psychological (e.g. emotional, attitudinal), and institutional.

1.8.4 Hospital school

In this study, the term “hospital school” refers to an institution whose primary aim is to support learners in their academic studies during periods that they are unable to attend their customary schools because of:

- having been admitted to a hospital or rehabilitation institution, in which case the hospital school ensures that learning takes place in the specific hospital or institution; or

- not being enrolled in mainstream, inclusive, or special-needs schooling because of special health reasons or personal choice, such as autistic and pregnant learners, in which case the hospital school caters for their learning within a special “school” or “unit”.

Thus, it can be said that a hospital school assists vulnerable learners in their academic progression (Principal, personal communication, June 2, 2014).

1.8.5 Systems

The word “system” (system, 2015) as defined in the *Oxford Dictionaries* online may refer *inter alia* to a set of things that functions together as parts of a mechanism, as an interconnected network, or as a complex whole; or it may refer to a set of principles or procedures used for doing something; or it may mean an organised scheme or method. Although a system can primarily be defined as a self-regulated unit or entity—in other words, any independent entity—it may function in a mutual relationship in which it is subject to influence from other entities while also exerting an impact on such entities. Systems can therefore coexist in overlap with or exist
within other systems to form a network of entities that affect each other. For example, the economic, social, geographical, and familial environments in which an individual functions are typical systems in which reciprocal influences are at work (Naidoo, Van Wyk, & Carolissen, 2004; Visser, 2007a, 2007b).

The *Cambridge Dictionary of Psychology* (Matsumoto, 2009) defines “systems theory” as an approach to industrial psychology, family therapy, and group dynamics in which the functions and patterns of interaction of the parts are the focus of analysis and intervention. (p. 535)

Consideration of interaction patterns between teenage mothers and the systems in which they functioned was key to this study.

### 1.9 STUDY OUTLINE

Chapter 1 presents a background to the study and orients the reader about the research topic before providing a brief description of the rationale for the research.

Chapter 2 situates the research study in the context of an ecosystemic framework and the current literature.

Chapter 3 considers the methodology and study design used for formulating a response to the research question, as well as adherence to the relevant quality and ethical considerations.

Chapter 4 is aimed at presenting an answer to the research question in the form of three findings. The chapter also contains a discussion on the relevance of the findings of this study to the available literature.

The final chapter provides a brief summary of the study, and outlines its strengths and limitations. The potential contribution of the research is considered, as well as possible avenues for further research.

### 1.10 CHAPTER SUMMARY

This chapter began with an overview of the phenomenon of teenage pregnancy, followed by an explanation of the problem statement, which is that many learners
who become pregnant do not complete their schooling after giving birth to their babies, for example as reported in a South African study (Natal & Karabo, 2014) and a New Zealand study (Fergusson & Woodward, 2000). The aim of this study is to explore and describe the experiences of teenage mothers in a South African hospital school in order to support their reintegration into mainstream schools. The experiences of the participants were used as guidelines to support the formulation of the problem statement. To conclude, the focus of the research, namely the reintegration of teenage mothers into the mainstream education system, was outlined, as well as the necessity for all systemic domains to support these mothers in completing their education.
Chapter 2: Theoretical framework and literature review

2.1 INTRODUCTION

This chapter aims to explain, contextualise, and conceptualise within the framework of the ecosystemic theory the information and concepts that relate to the research question of this study. The ecosystemic theory was applied as a framework to gain a holistic perspective on the research problem, and to guide the attempt to focus this study in the context of the relevant academic literature nationally and internationally.

In order to explore and understand the experiences of the participants in this study, the experiences of teenage motherhood in other studies were investigated especially with reference to factors that influence either the reintegration of adolescent mothers into mainstream schools or their dropping out of the education system.

2.2 THEORETICAL FRAMEWORK: ECOSYSTEMIC THEORY

The ecosystemic theory, which served as a theoretical framework for collating insights into the experiences of teenage mothers and their reintegration into mainstream schools, is briefly described and explored below.

2.2.1 The ecosystem in overview

According to Donald, Lazarus, and Løwana (1997, 2002), the ecosystemic theory is based on a combined approach of Von Bertalanffy’s (1950a, 1950b, 1972) systems theory and Bronfenbrenner’s (1979) ecological theory. Since the ecosystemic theory considers both theoretical frameworks, it is necessary to identify contributions from each theory for understanding its role in guiding this research study.

Von Bertalanffy’s (1950a, 1950b, 1972) systems theory assumes that each individual and system exist within a greater system or one of its subsystems. Bronfenbrenner’s ecological theory (1979) considers the various systems that influence the relationship between individuals and their environment (Bronfenbrenner, 1979, 1986; Donald et al., 1997, 2002; Moore, 2003; Von Bertalanffy, 1950a, 1950b, 1972). Visser (2007a) states that the ecological approach “focuses on people in interaction with their social and physical environments. People live in a multitude of systems
and in physical settings, and behaviour can be understood only in terms of these interactions” (p. 5).

The ecosystemic theory not only introduces the concept of differentiating between various systems and realities of life, but also provides a structure for understanding how each system can influence the others. This theory additionally explains how systems and individuals can have interrelated effects on, or from, contributing systems (Dalton, Elias, & Wandersman, 2001; Moore, 2003; Sigelman & Rider, 2006). Figure 2.1 represents a broad outline of the ecosystemic theory and illustrates how each system or subsystem can be influenced by reciprocal effects.

**Figure 2.1:** *Diagram of the ecosystemic theory*

(Adapted from sources: Bronfenbrenner, 1979; Dalton et al., 2001; Donald et al., 2002; Moore 1997, 2003; Swick & Williams, 2006; Visser, 2007a, 2007b).
As mentioned below, individuals do not exist in isolation, and, in order to understand them, it is necessary to consider context as well as direct and indirect interactions within the various levels of society such as family, peers, schools, and communities (Becvar & Becvar, 2000; Bitter, 2009; Brooks, 2008; Moore, 2003).

As can be seen in Figure 2.1, the overarching ecosystem encompasses five systems, namely the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The arrows indicate the interrelationship between the systems and the mutual influence that they exert on one another; in other words, they have a reciprocal relationship as they bring direct and indirect influences to bear on one another (Bitter, 2009; Moore, 1997, 2003; Visser, 2007b). In addition, it needs to be noted that in spite of reciprocity, systems can be described as either open or closed. An open system is characterised by ease of transparency and communication in relation to other systems, whereas a closed system is typified by limited or even completely absent transparency and communication. An example of the former is the ease of communication that may exist between siblings, and an example of the latter may be the difficulty of communication that an ordinary individual could experience in attempting to effect a change in policy at the macro-level (Bitter, 2009; Shefer, 2004; Visser, 2007a, 2007b).

As depicted in Figure 2.1, each system can be viewed on its own, but it also needs to be considered as part of a synergetic whole. Thus no system can be viewed in isolation, as no system can function in isolation (Becvar & Becvar, 2000; Dalton et al., 2001). The various systems as individual components can be described as follows.

2.2.2 The microsystem

The microsystem considers the persons, groups, and institutions that are regarded as the most immediate and influential environment in which an individual lives and functions (Donald et al., 2002; Visser, 2007b), which, as in this study, would be the individual teenage mother, her family, school, and peers. The interpersonal relationships within this type of system are highly significant and have a major influence on how participants, in this case teenage mothers, experience certain events (Lekes, Joussemet, Koestner, Hope, & Gingras, 2011; Willan, 2013).
2.2.3 The mesosystem

The mesosystem can be described as the link between microsystems. The mesosystem considers the relationships within the various microsystems (Moore, 2003; Visser, 2007b), such as the interconnectedness between parents and school-teachers (Swick & Williams, 2006).

2.2.4 The exosystem

The exosystem considers indirect influences and relationships affecting the individual. The individual does not live directly within the exosystem, which is the contexts and settings of the individual's microsystem (Donald et al., 2002; Visser, 2007b). Regarding this study, for example, an adolescent may lack supervision at home because of both parents staying at the office late.

2.2.5 The macrosystem

The macrosystem is a larger system that provides the cultural context which influences the other systems. This context entails the cultural beliefs and practices that exert an effect on other systems, for instance those in which policy discourse and policy-making occur (Dalton et al., 1997; Engelbrecht, 1999; Visser, 2007b).

2.2.6 The chronosystem

The chronosystem considers changes in individuals within a variety of settings. As the prefix “chrono-” signifies, the chronosystem involves the consideration of effects over a period of time; for example, changes in legislation and policy on teenage motherhood over a certain time span (Engelbrecht, 1999; Moore, 2003; Swart, 2004).

2.3 ECOSYSTEMIC THEORY AND TEENAGE MOTHERHOOD

The ecosystemic theory could be considered a highly suitable framework for this study since research and literature relating to the phenomenon of teenage pregnancy are elucidated from a multitude of interrelated topics (Adamson et al., 2001; Brooks, 2008; UNESCO, 2014). As already discussed in the problem statement, extensive research provides evidence of direct and indirect consequences of school incompletion, and this phenomenon can be viewed as multigenerational, widespread, and detrimental (Chevalier & Viitanen, 2003; Grant &
Hallman, 2006; Mkhwanazi, 2010; Paranjothy et al., 2009). Because teenage motherhood has adverse effects not only for the mothers themselves, but also for communities as a result of a negative social ripple effect (for example, the perpetuation of the poverty cycle), it is essential that society should invest in initiatives to decrease teenage motherhood rates and promote the reintegration of mothers into the basic education system (Brooks, 2008; Ministry of Education, 2013; Morna & Dube, 2014). Policies aimed at achieving these objectives will be discussed in subsection 2.5.2.2.

Effective measures for reducing the rate of teenage motherhood require an all-encompassing approach to every system in which an individual resides, which includes considering the influences, complexities, and interrelatedness of social processes and relationships (Moore, 2003; Sigelman & Rider, 2006; Swick & Williams, 2006). Teenage motherhood is deemed to be one of the major threats to the success of the education sector in most countries. Education fulfils a pivotal function in all domains of an individual’s life, and its benefits in each sphere of society cannot be overemphasised. It is for this reason that legislators and policy-makers prioritise inclusive education in an attempt to support the educational achievement of all learners (Panday et al., 2009; Gouws et al., 2008; Ministry of Education, 2013; SCAA 2008; Willan, 2013). For example, global initiatives such as Education for All [EFA] include 155 countries and about 150 organisations in an agreement to support the needs of basic education for all learners (DoBE, 2013). Additionally, the United Nations’ Millennium Development Goals, adopted in 2000, advocate international support and the allocation of resources for improving health and education, and combating poverty worldwide (United Nations [UN], 2000; DoBE 2013).

The significance of the ecosystemic theory becomes more apparent when, for example, considering the holistic stance endorsed by the DoE (2009) towards teenage pregnancy interventions, prevention, and recommendations (Panday et al., 2009). The rights and responsibilities of schools, the various departments of education, health and social services, communities, community organisations, parents, and even the media must all be taken into account. No sole individual, institution or system should carry the burden, blame, or responsibility for this
phenomenon (Chigona & Chetty, 2008; Panday et al., 2009; DoBE, 2013; SmithBattle, 2007), and this could be considered both an advantage and a disadvantage of the ecosystemic theory (Brooks, 2008; Donald et al., 2002; Visser, 2007a, 2007b). Considering the focus of this study, assisting reintegration into schools after disruption in schooling and dropping out because of pregnancy should be approached from a holistic stance in order to deal adequately with the multidimensionality of causes and consequences. The theoretical framework of this study is therefore aimed not only at describing and explaining the problem statement from an ecosystemic perspective, but also at providing information on the various types of support available for reintegration. This approach is relevant to cause and consequence, as well as experience, support, and interventions (Becvar & Becvar, 2000; Dalton et al., 2001; Donald et al., 2002; Moore, 1997), as depicted in Figure 2.2.

Figure 2.2 illustrates that systemic components influence the phenomenon of teenage motherhood but are also subject to its consequences. Paradoxically, systems may on the one hand hinder educational achievement for teenage mothers, but could on the other hand provide support to ensure that all learners achieve educational success (Ministry of Education, 2013; Natal & Karabo, 2014; SmithBattle, 2007).

As noted in subsection 1.2.1, teenage motherhood has an impact on the lives of many people at various levels in numerous domains of society regarding inter alia educational, health, social, financial, and industrial consequences and risks. Simultaneously, and inversely, society and the different domains within that environment can influence the causes of teenage motherhood. Therefore, teenage motherhood is a concern accounted for by a variety of individuals, organisations, and service providers. These include the teenage mother herself, her family, health services, and social services (Adamson et al., 2001; Benson, 2004; Hanna, 2001).
Teenage motherhood needs to be understood in the context of social systems if appropriate support is to be provided to meet social needs such as educational equality for all (Adamson et al., 2001; Donald et al., 2002; Swart & Pettipher, 2005). An ecosystemic perspective helps to clarify the influences that may be at work in dropping out from the educational system or reintegrating with it. One such example is that of educational “status”, as explained by Grant and Hallman (2006): the closer teenage mothers are to entering or completing Grade 12, the more likely they are to reintegrate into the system and to finish their basic education. On the other hand, an educational status of consistently poor scholastic achievement (that is to say, experiencing trouble in approaching Grade 12), is indicative of dropping out from the system even if pregnancy plays no role. It may therefore be expected that poor
achievers who become pregnant will be more reluctant to reintegrate into the educational system (Eloundo-Enegue, 2004).

2.4 LITERATURE ON TEENAGE MOTHERS’ PERCEPTIONS

As reported in the literature, the most important causes of teenage mothers’ failure to return to school and complete their education are:

- the psychological effect of their perceptions about experiences,
- difficulties in the balancing of various roles,
- absenteeism because of health and financial demands,
- family experiences,
- experiences of social shame and exclusion, and
- fear of discrimination, expulsion, and suspension in school context.

2.4.1 Experiences of teenage motherhood

The term “experience” is central to this study and needs to be clarified. Its importance as a word and idea is reflected in its featuring as one of the top 1000 frequently used words in the English language as noted by Oxford Dictionaries online (Experience, 2015). As the most authoritative resource on the English language, the Oxford Dictionary provides the following main definitions for “experience” used as a noun:

- “practical contact with and observation of facts or events”, more specifically involving “[t]he knowledge or skill acquired by a period of practical experience of something, especially that gained in a particular profession”, and
- “an event or occurrence which leaves an impression on someone” (n.p.).

As a verb, the word is defined as follows (Experience, 2015):

- “encounter or undergo (an event or occurrence)”, more specifically to “feel (an emotion or sensation)” (n.p.).
It is the second noun definition and the verb definition that have most relevance to this investigation. These definitions indicate that experiences are subjective by nature, and it can consequently be assumed in psychological terms that they are perceived uniquely by each individual. They can be shaped by context, culture, and societal stigma and discourse, which can influence the individual’s development, and present and future well-being (Bray et al., 2010; Dallas, 2004; Donald et al., 2002).

Societal discourse and perceptions can influence the way that different systems and individuals perceive and react to teenage motherhood. At the same time, such discourse can affect the way that a teenage mother internalises negative discourses and assumes how others perceive her (Ngabaza, 2011; Nkani & Bhana, 2010). The experiences of teenage mothers may be largely determined by culture and community, which stem from the exosystem in which these teenagers they originate (Annang et al., 2014; Gouws et al., 2008). The significance of support in a teenage mother’s life is emphasised by the detrimental influence that limited or no support can have on her perception of an experience (Dallas, 2004; Lekes et al., 2011). Experiences may be restricted to one system only or be subject to influences from other systems. As already mentioned, the reciprocal relationship between systems may cause an experience to be propagated or carried over from one system to another (Swick & Williams, 2006). For example, a teenage mother perceiving negative attitudes towards her from people at school (one system) may come to believe or assume without justification that other persons within the community (another and larger system) feel the same way (Donald et al., 2002; Swick & Williams, 2006).

2.4.2 Difficulty to balance roles

Some teenage mothers report experiencing difficulty in balancing the roles of being a teenager, learner, and mother (Benson, 2004; Clowes, D’Amant, & Nkani, 2012; SCAA, 2008; Shefer, Bhana, Morrell, Manzini, & Masuku, 2012; SmithBattle, 2007; UNESCO, 2014), and this is associated with lower school attendance and educational achievement (Barnet, Arroyo, Devoe, & Duggan, 2004; Chigona & Chetty, 2007; Morna & Dube, 2014; Theron & Dunn, 2006; Wilson-Mitchell et al., 2014). These roles can be described as significant and life-changing, being characterised by heightened experiences of emotions and challenges brought about
by physical and psychological maturation and social change (Chigona & Chetty, 2008; Chohan & Langa, 2011; Jansen, Moletsane, Neves, Soudien, Stroud, Swartz, & Wild, 2012; Mash & Wolfe, 2002; Salazer-Pousada, Arroyo, Hidalgo, Perez-Lopez, & Chedraui, 2010). Furthermore, such role challenges, when considered separately from ordinary contexts such as age or socio-economic situation and status, are problematic enough for any person to deal with (Karmaliani, Bann, Pirani, Akhtar, Bender, Goldenberg, & Moss, 2007; Paranjothy et al., 2009; Thompson & Fox, 2010). Panday et al. (2009) explain that the “transition to parenthood can be a major event in the lifespan of any individual, but takes on special significance when it precedes the transition to education, work, citizenship and marriage that offer the skills, resources and social stock necessary to succeed as parents” (p. 9). It is therefore not surprising that adolescent girls will begin to experience intense confusion in role interpretations when becoming pregnant.

Teenage years are typically a time of complexity, stress, exploration, and rebelliousness (Jansen et al., 2012; Louw, Louw, & Ferns, 2007; Mash & Wolfe, 2002; Shefer et al., 2012; Wilson-Mitchell et al., 2014), which can only be complicated further by motherhood. Even for mature women with stable lives and planned pregnancies, motherhood can be a time of socio-economic, physical, and psychological stress and challenge (Dunkel Schetter, 2011; Karmalini et al., 2007; Thomson & Fox, 2010). It is all the more challenging for a teenager to transit into motherhood while attempting to achieve a balance between various roles and responsibilities (Dallas, 2004; Dunkel Schetter, 2011; Panday et al., 2009).

Macleod (2001) describes adolescents to be in a “binary position” (p. 15) as they are no longer considered children but are, however, not yet adults. Developmental psychologists agree that adolescents should achieve certain task-competency levels in order to attain functional adulthood, involving, for example, emotional independence and autonomy, and selection and preparation for the world of work (Havighurst, 1956; Louw et al, 2007). Teenage mothers are therefore expected to transit into motherhood precisely at a time when they may not yet have individuated from their families or reached independence, thus making this passage into adulthood as a phase more complicated (Gouws et al., 2008; Hanna, 2001). For example, teenage mothers are expected to provide physically, financially, and
emotionally for their babies while balancing the roles and responsibilities of “teenagehood”, and this can result in a variety of challenges and concerns (SCAA, 2008; Shefer et al., 2012; Theron & Dunn, 2006) such as discussed in the next section.

2.4.3 Absenteeism because of health and financial demands

In terms of balancing roles, teenage mothers report experiencing withdrawal from and disruption in schooling due to the responsibilities associated with having to care and provide for their babies at home (Bhana et al., 2010; Grant & Hallman, 2006; Jewkes et al., 2009; Kaufman, De Wet, & Stadler, 2001; Lloyd & Mensch, 2008). As discussed in Chapter 1, early pregnancy often gives rise to health challenges for both teenage mothers and their babies, with the result that the mothers are frequently absent from school because of feeling unwell or having to seek medical assistance at clinics for themselves or their babies (Barnet et al., 2004; Clowes et al., 2012; Chohan & Langa, 2011; Cornelius et al., 2009; Wilson, Samandari, Koo, & Tucker, 2011).

In addition, teenagers have not yet entered the employment sector, but many of them have to leave school in order to earn money to provide for their babies (Chevalier & Viitanen, 2003; Moore et al., 2003; SCAA, 2008). Some of them simply cannot afford to attend school due to the added financial constraints of motherhood (Goldblatt, 2003; Rai, Singh, Kumar, & Parasuraman, 2013; Willan, 2013). The experience of the additional role of breadwinner can have a deleterious impact on mothers’ development and functioning in the psychological, social, and scholastic domains, thus increasing the challenges that they experience in terms of school reintegration (Chigona & Chetty, 2007, 2008; Nkani & Bhana, 2010; SCAA, 2008).

2.4.4 Family experiences

Familial influences may have a secondary role to play in teenage motherhood in the first instance because of a lack of parental guidance and supervision, but all members of the family are affected by the many primary challenges brought about by teenage motherhood, for example household tension, stress and financial burdens (Benson, 2004; Bray et al., 2010; Paranjothy et al., 2009). Moreover, a lack of or limited family support appears to exert a major influence on school withdrawal
Teenage mothers report that their families may fail to support them in tangible ways (for example, by providing financial help or assisting with baby care) (Bray et al., 2010; Nkani & Bhana, 2010), or in more abstract ways (for example, by motivating their children to return to school) (Harden, Brunton, Fletcher, & Oakley, 2009; Krahn & Taylor, 2005). Minnis et al. (2013) and Olausson et al. (2001) associate parental lower expectation of future orientation and educational aspiration with teenage pregnancy and school drop-out. This future aspiration (however inspired) is vital for school reintegration (Mcabe & Barnet, 2000; Morna & Dube, 2014; Willan, 2013).

2.4.5 Experiences of social shame and exclusion

Experiencing feelings of shame and isolation on becoming pregnant is a common phenomenon among teenage mothers (Atuyambe et al., 2007; Paranjothy et al., 2009). If such feelings are considered in an ecosystemic context, research indicates that this experience is strongly influenced by the discourses on teenage motherhood that take place in the individual’s family and community environments (Mkhwanazi, 2010; Ngabaza, 2011; Paranjothy et al., 2009). These discourses are often marked by moral outrage and criticism, frequently being more focused on the negative than being helpful. This is mostly due to the challenges and risks that teenage motherhood poses in the various systems. The teenage mothers may consequently internalise negative social discourse, which may result in their experiencing feelings of shame, humiliation, and being “othered” (Donald et al., 2002; Harden et al., 2009; Ngabaza, 2011). Perceptions of social exclusion and isolation exacerbate feelings of disempowerment among these mothers and may strengthen their reasons for avoiding to attend school or return to it (Bray et al., 2010; Chigona & Chetty, 2008; Devey & Morrell, 2012).

An ecosystemic perspective also reveals another potential hazard for teenage mothers. Even if others such as teachers and community members would like to be more supportive, they may still approach teenage mothers in a negative way because of the pressures of generally critical societal discourse (Bhana et al., 2010; Nkani & Bhana, 2010). Social opprobrium, even in subtle forms, may have far-reaching effects on young mothers, since Makiwane, Udjo, Richer, and Desmond
(2006) note that social exclusion can have a detrimental effect on both mental and physical well-being.

### 2.4.6 Fear of discrimination, expulsion, and suspension in school context

Bray et al. (2010) state that interactions at school can have a strong influence on whether a learner wishes to stay at school or not. Schools are not merely places for learning, but also function as important forums for the development of social interactions, community relationships, and identity formation (Gouws et al., 2008; UNESCO, 2014). Schools are encouraged to promote a safe place with equal learning opportunities for all learners despite age, gender, race, and needs (DoBE, 2013; Eloundou-Enyegue, 2004). Contrary to this ideal, however, in reality even learners who are not subject to circumstances that render them vulnerable—such as being pregnant—may experience schools to be unsafe places (Lazarus, Daniels, & Engelbrecht, 1999; Morna & Dube, 2014; Runhare & Vandeyar, 2011; 2012). Teenage mothers report experiencing a lack of support from their teachers (Chigona & Chetty, 2008; Van den Berg & Mamhute, 2013), and such lack can impede school reintegration and learning (Bhana et al., 2010; Donald et al., 2002; Jewkes et al., 2009; Willan, 2013).

Since schools function as a wider system and not in an isolated manner, a lack of school support can exert a decisive influence both on teenage mothers’ experiences of the school environment and on reintegration into school (Bhana et al., 2010; Donald et al., 2002; Harden et al., 2009). Experiences in the academic domain are influenced by all school stakeholders such as learners, teachers, principals, and other school staff (Chigona & Chetty, 2007; Coombe, 2002; Swart & Pettipher, 2005). In the academic literature pertinent to South Africa, several researchers have reported that a great number of teenage mothers experience not only a lack of support in schools, but also a violation of their basic rights (Chigona & Chetty, 2007; Grant & Hallman, 2006; Nkani & Bhana, 2010). Despite the presence of legislation and policies (such as the *Measures for the prevention and management of learner pregnancy* (DoE, 2007)) aimed at combating prejudice and intolerance, numerous teenage mothers report experiencing discrimination in the academic domain, and even suspension and expulsion from school (Joubert, De Waal, & Rossouw, 2004; Runhare & Vandeyar, 2011). Occurrences of discrimination are not only evident in
the academic literature, but also in the media and court cases such as *Head of Department, Department of Education, Free State Province v Welkom High School and others* (2013).

Within the school system, reasons adduced for failure in supporting teenage mothers include a lack of knowledge and resources (DoE, 2007; Coombe, 2002), pressures stemming from adverse community discourse (Goldblatt, 2003; Gouws et al., 2008), or moral reasons informed by community and personal belief systems and attitudes (Bhana et al, 2010; DoE, 2007; Goldblatt, 2003; Gouws et al., 2008; Donald et al., 2002). Moral pressures in particular are experienced as negative and unfair treatment that is aimed at making teenage mothers feel unwelcome at school even to the point of actively disallowing their presence. Such approaches, particularly in the exosystem and mesosystem, are often taken by people in authority positions to avoid creating the impression that they might be condoning adolescent pregnancy. Their example may trickle down to learners in general, who tend to emulate their seniors, thus making teenage mothers feel unwanted. In this way, the problem of dropping out of school by these mothers is exacerbated (Chigona & Chetty, 2008; Macleod & Tracey, 2010; Clowes et al., 2012; Donald, 2002).

### 2.5 LITERATURE ON THE NEED FOR ASSISTANCE TO TEENAGE MOTHERS

#### 2.5.1 The pivotal role of school reintegration

The literature indicates that in terms of school attendance and reintegration, teenage mothers are more likely to complete their schooling if their previous academic experience and scholastic profile reflect that they have never failed a grade before or have not withdrawn from school for a long period of time (Macleod & Tracey, 2010; Panday et al., 2009). A different type of indicator of success or failure is that teenage mothers who do not live with an older female are at greater risk of never returning to school, as are those mothers who have failed to return for more than a year—such risk increasing with every year of failing to return (Grant & Hallman, 2006; Macleod & Tracey, 2010; Panday et al., 2009).

Reintegration is not only necessary for educational purposes in order to counter accompanying social problems, but it also aids in postponing another teenage pregnancy (Bhana et al., 2010; Grant & Hallman, 2006; SCAA, 2008).
2.5.2 The ecosystemic approach to underpinning school reintegration

Appropriate to the ecosystemic perspective, the literature advocates a collective effort to reduce school drop-out among teenage mothers. A systemic approach to support these girls in school reintegration is ideally consistent with such a collective effort, considering the negative ripple effect into other social systems and the widespread adverse consequences that may ensue if teenage mothers do not complete their schooling (Lemos, 2009; Panday et al., 2009; Rai et al., 2013; Dallas, 2004) suggests that a supportive environment appropriate to the particular systemic environment has increased significance for the experiences of teenage mothers. Within an ecosystemic perspective, the following initiatives have been identified as main types of support, along with their limitations.

2.5.2.1 Support via government funding

As already mentioned, researchers have noted that the financial challenges which teenage mothers experience can often result in their dropping out from school (Grant & Hallman, 2006; Theron & Dunn, 2008; Paranjothy et al., 2009). The significance of such dropping out may be better assessed from an ecosystemic perspective, which can anticipate the systemic ripple effects that teenage mothers may experience regarding restrictions in income generation and education opportunities (Chevalier & Viitanen, 2003; Grant & Hallman, 2006; Makiwane et al., 2006). Official assistance measures may be expressed in government funding (not only in South Africa but also in many other countries) in the form of Child Support Grants (CSG) (Goldblatt, 2003, 2005; Olausson et al., 2001). The CSG was introduced in South Africa in 1996, after the State Maintenance Grant (SMG), in an attempt to provide financial support to children of all population groups. Haarmann (1998) considers the SMG to have been limited in its effect since it was intended mainly as financial assistance to women whose husbands were untraceable, had died, were disabled or in prison. The CSG, in contrast, can be received by a child’s parent or caregiver, therefore acknowledging that not all children are under the care of their biological parents. Government funding such as the CSG may not be readily accessible, but it is essential for improving the social welfare of teenage mothers and their babies (Goldblatt, 2003; 2005; Panday & Mabunda, 2009).
Government grants can support learners in staying in school instead of dropping out to earn money in order to provide for their babies, pay for baby-sitting, and even defray the costs of schooling needs such as transport and books, which are often the influences that cause school absenteeism and drop-out (Chevalier & Viitanen, 2003; Goldblatt, 2011; Coombe, 2002; Minnis et al., 2012).

LIMITATIONS TO EFFORTS

The above efforts may be subject to certain limitations. Child Support Grants are considered a controversial issue owing to the perception worldwide that teenagers may become pregnant for the very reason of benefiting from government grants (Goldblatt, 2003; Macleod & Tracey, 2010). Olausson et al. (2001) report that women who become mothers before age 20 are more dependent on welfare in comparison to women who become first-time mothers at age 24. This phenomenon may become a matter of great concern for any country’s economy (Bassanini et al., 2000; Chevalier & Viitanen, 2003). Nevertheless, a South African study by Makiwane et al. (2006) has found no significant association between benefiting from the Child Support Grant and teenage motherhood, possibly for the reasons that there has been a decline in teenage pregnancy rates since the implementation of the grant, that only 20% of teenage mothers benefit from the grant, and that teenage motherhood is prevalent even for teenagers who do not benefit from receiving the grant. Goldblatt (2003) states moreover that less than 30% of teenagers plan their babies—a relatively low percentage indicating that they are not purposefully becoming pregnant to derive benefit from the grant. A further limitation of the Child Support Grant is the amount of the grant itself. As of the 1st April 2015, the Child Support Grant is R330.00 per month, thus minimal financial support is offered considering the costs of raising a child (Black Sash, 2015; Goldblatt, 2003; 2005).

2.5.2.2 Support via legislation and policy

Legislation and policy are aimed not only at decreasing negative behaviour, but also at fostering more positive attitudes to teenage motherhood, which in turn may lessen the adverse effects of teenage motherhood on society (DoE, 2007; Jewkes et al., 2009), for example the perpetuation of the poverty cycle. Legislation and policy can therefore serve as both guideline and resource to support teenage mothers in completing school while considering their needs in systemic context (Adamson et al.,
2001; Joubert et al., 2004; Paranjothy et al., 2009; Adamson et al., 2001). Policies and guidelines supporting teenage mothers in terms of education and reintegration can be found worldwide, for example in Namibia (Circular Formal Education 5/2001, Implementation of the Policy on Pregnancy amongst Learners (Ministry of Education, 2001)); Jamaica (Reintegration of School-Age Mothers into the Formal School System (Ministry of Education, 2013)); and, as already mentioned, in South Africa (Measures for the Prevention and Management of Learner Pregnancy (DoE, 2007)).

Not only does reintegration into school postpone another teenage pregnancy, but it is also the right of every learner to be reintegrated if the necessity for it arises (Bhana et al., 2010; DoE, 2007; Grant & Halman, 2006). The South African Schools Act ([SASA] 1996), for the sake of ensuring that all learners have equal access to education and will remain in school, is aimed at providing a legal framework in which schools should respond to and address the needs and rights of teenage mother learners, and to protect them from any kind of exclusion and discrimination (Clowes et al., 2012; DoE, 1996). The DoBE (2013) states that education offers women and girls economic and personal empowerment in order to promote healthier decision-making for themselves and their families. It is laid down by law that schools need to accommodate all learners despite barriers, which is in accordance with the principles of inclusive education.

As a crucial concept in legislation and policy, inclusion is focused on “including” all learners, rather than “separating” them because of challenges and differences (Engelbrecht, 1999; Swart & Pettipher, 2005; Magare, Kitching, & Roos, 2010). It is context specific and, as a universally accepted principle in the current educational sphere, complements the ecosystemic approach (Ainscow, Booth, & Dyson, 2006; Mpofu, 2004; Talmor, Reiter, & Feigin, 2005) by deeming the school to be functioning within a system and not in isolation. The main tenets of inclusive education advocate that all learners, despite vulnerability and challenges, need to be accommodated in terms of all learning opportunities, and that this accommodation is the responsibility of everyone (not only the school) who is involved with the learner (Engelbrecht, 1999; Swart & Pettipher, 2005). Inclusive education aims to ensure that teenage mothers are accommodated in school and are adequately supported in
completing their education (DoE, 2007; Swart & Pettipher, 2005; Panday et al., 2009).

LIMITATIONS TO EFFORTS

Legislation and policy may prescribe an ideal course of action but cannot ensure, through implementation, a constructive experience of school reintegration. Certain researchers have reported on negative connotations attached to inclusivity of teenage mothers and on having found evidence of significant opposition to the idea of including such learners in mainstream classes and schools (Runhare & Vandeyar, 2011, 2012), even in the invariably better-informed academic domain (Bhana et al., 2010; Nkani & Bhana, 2010). Resistance to or non-compliance with legislative and policy support requirements creates challenges not only for the teenage mothers themselves, but also for all those who are responsible for supporting them, such as teachers and community members (Jewkes et al., 2009; Ngabaza, 2011; Talmor et al., 2005).

A significant limitation pointed out in the literature suggests that even with clear legislative and policy guidelines on support for these learners, and even with sufficient knowledge and awareness among parents, teachers, and the community about the educational, social, and psychological benefits of such assistance, there are still feelings of uncertainty about the manner in which support should be implemented and carried out (De Jonge, 2001; Runhare & Vandeyar, 2011). The perception exists, moreover, that support initiatives do not guarantee protection of these learners or significantly diminish disruption in schooling (Bhana et al., 2010; Nkani & Bhana, 2010). Popular discourse, too, suggests that teenage mothers are not being supported; many people within the school community are unsure as to how to implement these laws, as well as how to respond to these learners (Bray et al., 2010; Clowes et al., 2012). This failure to accommodate teenage mothers influences a discourse of academic shame (Nkani & Bhana, 2010).

Runhare and Vandeyar (2011, 2012) suggest that teenage motherhood is perceived negatively in school and community environments, with evidence of many stakeholders opposing the idea of including such learners in mainstream schooling. The literature also suggests that significant numbers of teachers are not complying
with the relevant legislation and fail to implement policies because of a lack of resources, skills, training, and personal beliefs and attitudes (Joubert et al., 2004; Talmore et al., 2005; Adamson et al., 2001).

2.5.2.3 Support via community systems

A pivotal community system for providing support to teenage mothers is that of the community clinic or school-based health service, which can provide not only physical medical but also psychological assistance.

Regarding physical needs, many teenage mothers and their babies experience health-related challenges, and as already mentioned, many teenagers experience difficulty in communicating with their parents and other adults about matters relating to teenage motherhood (Bhana et al., 2010; Bray et al., 2010; Coombe, 2002). Community institutions such as clinics can therefore fulfil a crucial role in bridging this gap by providing information, guidance, advice, and basic treatment if necessary.

Another identified type of support to limit the experience of absenteeism and ultimately school drop-out is that of prenatal school-based support services suggested by Barnet et al. (2004). Research into this option has indicated that teenage mothers were less likely to drop out of school during the year of falling pregnant. In Baltimore in the United States, Barnet et al. (2004) investigated school attendance and drop-out associated with school-based prenatal services in a sample of 431 adolescent pregnant learners, predominantly African-American, mostly of a disadvantaged socio-economic status. Prenatal support occurs when the mother is still pregnant. The study found that learners who were receiving school-based prenatal support within the year were absent 12 days fewer than learners who were not receiving this support. Clowes et al. (2012) suggest that facilities such as crèches and clinics close to school premises should improve learner attendance. Paranjothy et al., (2009) advocates the provision of support such as antenatal clinics at schools. Thus it can be suggested that providing preschool and postschool based support clinics could support reintegration into schools after disruptions of becoming pregnant.
Concerning psychological support, researchers have identified its main aims as not only countering the all-round negative experiences of teenage mothers and judgmental ideas held by those affected within their systems, but also empowering the mothers and equipping them with skills to function optimally in terms of scholastic, emotional, social, and psychological development (Coombe, 2002; Gouws et al., 2008; Lerner & Kline, 2006; Dallas, 2004). Since teenage mothers report difficulty in communicating with adults, as well as receiving conflicting messages from them in terms of attitude and behaviour, psychological support can fulfil a crucial role in alleviating such challenges (Bray et al., 2010; Imamura et al., 2007). Mkhwanazi (2010) has underscored the decisive importance of sound communication between teenage mothers and sympathetic adults, since pregnancies can be managed better and the mothers can be reintegrated into school more readily after giving birth. Some learners are even unaware that they can reintegrate, and communication with supportive adults is essential. Empathetic, informed communication should be, moreover, not only the responsibility of the parents and caregivers, but also entail systemic support from all adults such as teachers and community members, as advocated by the DoE (Annang et al., 2014; Bray et al., 2010; Chigona & Chetty, 2007; Jewkes et al., 2009).

Psychological services can furthermore be supportive in terms of decision-making, psycho-education, and emotional support through empowering teenage mothers in balancing their roles (as mothers, learners, adolescents, etc.), in reintegrating into their previous or mainstream schools, and in completing their schooling (Bhana et al., 2010; Coombe, 2002; Mash & Wolfe, 2002). Psychological assistance is also aimed at combating the negative connotations and perceptions that teenage mothers internalise from their internal and external environments (Clowes et al., 2012; Bray et al., 2010).

LIMITATIONS TO EFFORTS

The paucity of literature on support provided by clinics and crèches near schools suggests that this idea has possibly not been considered feasible because of the extra responsibilities and burdens that could be entailed on the school and community in terms of finances and time (Clowes et al., 2012; Ngabaza, 2011; Nkani & Bhana, 2010; SCAA, 2008). Many teenagers report difficulty in not only travelling
to clinics, but also gaining access to them (Coombe, 2002; Bray et al., 2010; Imamura et al., 2007). Research suggests a lack of counselling support to meet the needs of communities, thus indirectly also affecting teenage mothers, whose schools are often unable to provide support. Even where professional counselling support is available, it often has to be shared among departments, and the effect of thin spreading of resources limits the amount of support that learners can obtain from counsellors (Bray et al., 2010; Chigona & Chetty, 2007; Coombe, 2002; Mesatywa et al., 2013). As mentioned above, in the way that some teenage mothers are not even aware that they can reintegrate into the schooling system (Annang et al., 2014; Bray et al., 2010; Jewkes et al., 2009), so they are unaware of the availability of psychological support and the kinds of assistance that can be offered. Some prefer to avoid the perceived stigma of going for “psychological” counselling owing to the fear of compromising their privacy, as well as negative treatment from staff that may be experienced at some clinics (Atuyambe et al., 2007; Coombe, 2002; Jewkes et al., 2009).

2.6 CHAPTER SUMMARY

Viewed from an ecosystemic perspective, the phenomena of dropping out from school and failing to reintegrate into the schooling system appear to reveal a discernible pattern of causes and consequences, reasons and results, and perceptions and reactions. Such a pattern may be considered a social and psychological maze in which confused teenage mothers try to find their way. The literature on teenage motherhood and the related role of education indicates that support systems in an ecosystemic framework are essential to coming to their aid, but that there are numerous obstacles that still have to be surmounted in the various systems and their respective subdomains. In conclusion, the literature review of this study aimed to provide an overview of the research on the experiences of teenage mothers and to what extent such experiences influence their dropping out from or their reintegration into the educational system. As such, the literature study served to provide a foundation for insight into the phenomenon of teenage motherhood in relation to educational needs as a focus for this study. The next chapter will focus on the research design and methodology for this study.
3.1 INTRODUCTION

The aim of Chapter 3 is to present the research methodology and explain the reasons for selecting the particular methodology for this study. The choice of the research design will be discussed particularly in terms of its potential to yield the most rich and descriptive answer to the research question, “What are the experiences of teenage mothers in a hospital school in order to support their reintegration into mainstream schools?” Ethical considerations, in addition to the strengths and weakness of the research methodology and design, will be considered throughout the chapter.

3.2 RESEARCH METHODOLOGY

3.2.1 Qualitative research

Based on a review of research designs, it was concluded that a descriptive qualitative approach would be the most appropriate since the study was concerned with gaining a deeper understanding of a predominantly subjective phenomenon, namely the experience of teenage mothers, rather than predicting or explaining human behaviour, to which a quantitative strategy would have been more appropriate (Babbie & Mouton, 2001; Bernard & Whitley, 2002; Fouché & Delport, 2011; Henning, Van Rensburg, & Smit, 2004).

Nieuwenhuis (2007a) describes qualitative research as “research that attempts to collect rich descriptive data in respect of a particular phenomenon with the intention of developing an understanding of what is being observed or studied” (p. 50). This approach differs from quantitative research, which focuses more on hypothesising about or measuring the “cause and effect” between variables and relationships (Henning et al., 2004; Terre Blanche, Kelly, & Durrheim, 2006). It is necessary to note that even though quantitative methodologies are considered more appropriate for identifying causal relationships, Denzin (2009) states that it is a presumption that this can be achieved only through analysis of quantitative data. In other words, other
approaches, too, may aid in arriving at well-substantiated conclusions about causality (p.146).

Qualitative research entails a systemic and thorough approach in order to better explore and understand the subjective meanings and experiences of participants within their own unique social contexts. Thus, an interpretative method underlies this approach (Bernard & Whitley, 2002; Kelly, 2011). This study embraces a post-modern philosophical viewpoint, as the research utilises the personal experiences of the participants, as well as their perceptions and interpretations of those experiences, which may be best considered from a phenomenological perspective (Finley, 2008; Nieuwenhuis, 2007a, 2007b). It can therefore be said that qualitative paradigms allow an idiographic approach (see subsection 3.7.1) to the investigation of phenomena in social disciplines in particular. This outlook allows a better understanding of individual participants’ “lived world” and “lived experience” of phenomena in a social setting (Biggerstaff & Thompson, 2008; Nieuwenhuis, 2007a), also because, as the *Cambridge Dictionary of Psychology* (Matsumoto, 2009) notes, phenomenology is the study of experience in its own terms without reference to any thing or theory which is not part of experience, as opposed to using experience as an adjunct to descriptions of objective data. Phenomenological analysis is the basis of existential psychology and person-centered therapy. (p. 384)

Qualitative research, likewise, is concerned “with the complex nature of phenomena, with the purpose of describing and understanding the phenomena from the participants’ point of view” (Fouché & Delport, 2011, p. 64). This study focused on investigating behaviour in a specific context and deriving conclusions about the experiences of the participants in that context (Bernard & Whitley, 2002; Henning et al., 2004), namely teenage pregnancy in a hospital school setting as experienced and perceived by adolescent mothers.

### 3.2.2 Advantages and disadvantages of qualitative research for this study

Advanced investigations in social science settings may indeed derive great benefit from a quantitative or a mixed-methodological approach (Ivankova, Creswell, & Stick, 2006), but the present study gained more advantage from a qualitative perspective for the reasons outlined below.
Qualitative analysis allows the research to be understood from the perspective of the participant (Biggerstaff & Thompson, 2008; Pringle et al., 2011), especially via the medium of linguistic expression. Keil (2004) describes language as “the symbolic representation of things in the external world” (p. 659). Since the striving for understanding the phenomena of the participants’ world from their perspective was of key importance to this study, the qualitative research method appeared best suited to arriving at answers for the research question. Another advantage of this research paradigm is that it complements the systemic perspective, since perspectives from different systems can be incorporated and evaluated in an overarching conceptual framework (Babbie & Mouton, 2001; Biggerstaff & Thompson, 2008). Considering that in-depth experience is described as a subjective construct that cannot be fairly captured in an exclusively quantifiable manner, it stands to reason that the use of language provides more room to translate and communicate in-depth meanings and feelings of the inter- and intra-personal experiences of participants in a research investigation (Henning et al., 2004; Nieuwenhuis, 2007b, 2007c).

Regarding disadvantages, it needs to be noted that although the subjective experiences of a small group sample can contribute to the authenticity of a particular qualitative study and provide a rich description of the participants and research site concerned, these findings cannot be transferred and generalised outright to a larger population. In mediated form, however, the data may still retain validity and usefulness by contributing to other research that could allow generalisation and transferability to take place (Wahyuni, 2012; Whittemore, Chase, & Mandle, 2001).

A pertinent disadvantage of the employment of qualitative data remarked upon by Biggerstaff and Thompson (2008) is that it has only been in the last decade and a half that qualitative methods have been accepted as a valid research methodology for health care disciplines, for example. This raises the issue of the claim that qualitative research does not hold the same value and reliability as quantitative data, but is rather based on only subjective, unquantifiable data (Biggerstaff & Thompson, 2008; Denzin, 2009; Golafshani, 2003). In order to guard against such assertions, special care was taken to ensure that the findings in this study were as accurate and authentic as possible; that the process of data analysis would be credible,
dependable, transferable, and confirmable (Lincoln & Guba, 1985; Petty, Thomson, & Stew, 2012; Rolfe, 2006); and that the four basic principles of assessing quality and validity in IPA research were constantly taken into consideration (compare sections 3.7 and 3.8).

3.3 RESEARCH PARADIGM

A research paradigm can be described as the frame of reference that guides the research process (Babbie, 2005; Smith, 2004). The paradigmatic lens utilised for this study was that of IPA.

3.3.1 Interpretative Phenomenological Analysis (IPA)

IPA is a qualitative method developed by Jonathan Smith with the aim of exploring individual, first-person, subjective experiences in an intensive manner, and analysing meaning-making by participants according to their personal contexts (Pringle et al., 2011; Smith, 2004; Smith, Flowers, & Larkin, 2009). Thus, IPA is concerned with the process of interpreting participants’ cognitions through using hermeneutics, analysing a specific event or experience in detail, and focusing on the phenomena reported by participants in a descriptive manner. Having a strong philosophical substructure, IPA as an approach is based on the works of theorists of phenomenology such as Husserl, Heidegger, Merleau-Ponty, and Sartre, and stems from an integration of phenomenology and hermeneutics while using an idiographic approach (Hassim, 2009; Pringle et al., 2011). Since the idiographic mode of investigation (see subsection 3.7.1) *inter alia* focuses qualitatively on individual cases, as opposed to the nomothetic mode, which concentrates quantitatively on group populations (Shinebourne, 2011; Smith & Osborn, 2007), the former was best suited to the small-sample investigation undertaken in this study.

This study also embraces a postmodern orientation as IPA utilises the personal experiences of the participants and their interpretations in a descriptive manner, which may be considered from a phenomenological perspective. Phenomenology allows researchers to explore the subjective meanings used by participants to endow their world with significance. This process is further aided by the use of hermeneutics, which examines the use of language and meaning as expressed through language (Pringle et al., 2011; Smith, 2004; Smith & Osborn, 2007).
IPA is also concerned with the hermeneutic (“interpreting”) tradition, as it includes a comprehensive investigation of the participants’ lived experiences, as well as how the participants make sense of what they have experienced (Chapman & Smith, 2002; Pringle et al., 2011; Finley, 2008). This allows for a more varied explanation of participants’ “lived world” and “lived experiences”, which both fall under postmodern and phenomenological approaches since subjectivity and context are included (Hassim, 2009; Shinebourne, 2011). Through the use of idiography, a detailed analysis of the participants’ experiences can take place, thus permitting themes and findings to be produced (Pringle et al., 2011; Smith, 2004).

To conclude, IPA allows for a connection to be made between the individual participant, the phenomenon, as well as the description and meaning of the experience (Chapman & Smith, 2002; Shaw, 2011; Smith & Osborn, 2007). The concept of reflexivity has particular significance in IPA, since researchers are central to an intersubjective investigative process and consequently contribute subjectively to the study (Smith, 2004; Smith et al., 2009). Since various researchers from diverse perspectives may arrive at different themes and conclusions, the individual researcher needs to rely on reflexivity to ensure that findings are as valid and credible as possible, and eliminate as much bias as possible (Creswell, 2009; Creswell & Miller, 2000; Smith et al., 2009).

3.3.2 IPA as used in this study

IPA was an eminently suitable approach for this study, as it focuses on the deeper experiences of the participants within a specific context; in this case, teenage mothers in a hospital school. Considering that this study was based on a specific phenomenon (the experiences of these mothers in terms of completing their education), IPA was the most appropriate instrument for garnering rich information. Smith (2004) states that the richness of data is derived from the importance of the lived reality to the participant, and not from other influencing factors within the participant’s environment.

As this study is focused on the subjective interpretations of the teenage mothers’ experiences, IPA allowed the researcher to enter the world of these mothers through the use of the data collected. In analysing the data, the researcher was able to concentrate on the subject and language use of the participants, which elevated the
rich descriptions that the participants shared. Moreover, in having personal access to the participants during interviews, the researcher was able to refine personal perceptions of participants’ experiences through observing their facial expressions and body language. The researcher strived to remain sensitive to the details that participants provided about the phenomena, in order to gain—as suggested by Biggerstaff and Thompson (2008), as well as Smith (2004)—deeper insight into the participants’ cognitions about the phenomena.

3.3.3 Advantages and disadvantages of IPA

In respect of advantages, IPA “assumes an epistemological stance, whereby, through careful and explicit interpretative methodology, it becomes possible to access an individual’s cognitive inner world” (Biggerstaff & Thompson, 2008, p. 215), consequently allowing the researcher to understand the experiences from the participants’ perspective. IPA acknowledges that the participants are considered as the “experts”, and therefore their viewpoints are considered the most significant contribution to research (Biggerstaff & Thompson, 2008; Pringle et al., 2011; Smith et al., 2009).

IPA furthermore allows a context in which a study can be understood better, since it provides a detailed description of the research site and participants. This becomes significant from a systemic perspective, as the study can serve as a supportive element for investigations of other researchers in terms of the integration of data into a new system (Smith et al., 2009; Yardley, 2000).

Linked with the above, IPA allows the personal experiences of the participants to be compared with experiences found in other research (a procedure followed in Chapter 4). Therefore, in addition to cross-comparison and integration of data as mentioned in the previous paragraph, the IPA approach also has the potential advantage of supplementing research findings as reported within the existing literature (Hassim, 2009; Smith, 2004).

Two aspects of IPA in particular contain both advantageous and disadvantageous components. The first aspect relates to the fact that there are invariably different perspectives on a phenomenon which should be considered, and that such a multi-perspective approach may lead to enriched insights into a specific phenomenon...
(advantage). However, the researcher needs to remember that rich as such insights may be, these research discoveries may not necessarily be applicable to other fields or situations outright or in an unmediated form, thus limiting the generalisability of the subjective meanings and cognitions to a general population (disadvantage). Therefore, IPA does not claim to present pure generalisable findings, but rather aims to understand specific phenomena (Biggerstaff & Thompson, 2008; Chapman & Smith, 2002; Pringle et al., 2001; Smith et al., 2009).

The second aspect relates to the principle of intersubjectivity in IPA. The researcher assumes and acknowledges a central role in the research study, and, in this capacity, can subjectively make a significant contribution to understanding the phenomenon being studied (Chapman & Smith, 2002; Smith, 2004; Yardley, 2000). Sensitive intersubjectivity may therefore lead to significant enrichment of the material or data (advantage). On the other hand, however, intersubjectivity involves the danger of bias (disadvantage), as pointed out by Smith (2004). This issue in particular is explored further in Chapter 5.

### 3.4 RESEARCH PROCESS

Table 3.1 outlines the steps taken to arrive at an answer to the research question about the experiences of teenage mothers in a hospital school and the support required for their successful reintegration into mainstream schools. These steps will be further explained within the next sections of this chapter.

**Table 3.1:** *Basic steps of the research process*

<table>
<thead>
<tr>
<th>Step</th>
<th>Nature of research</th>
</tr>
</thead>
</table>
| Step 1 | **Participant and site selection:**  
Purposive and convenience sampling |
| Step 2 | **Data collection:**  
Semi-structured interview, participant informational letter, reflexive journal and audit trail |
| Step 3 | **Data analysis and interpretation:**  
Thematic data analysis according to IPA |
3.5 PARTICIPANT AND SITE SELECTION

In view of the research question, it was convenient to select participants (refer to Table 3.1, Step 1) attending the same hospital school that served as the researcher’s work environment. (See also the next section about the aspect of convenience.) The original research proposal aimed at either the selection of approximately six participants or the point at which data saturation would be reached. Data saturation is reached when no new insights or further explanations need to be obtained from the data sample (Ritchie, Lewis, & Elam 2003; Yardley, 2000). Since data saturation correlated with the selection of six participants, it was decided, under research supervision, that no need existed to include more participants in the data sample.

3.5.1 Purposive and convenience sampling

In addition to saturation considerations, the sample size was restricted to six in accordance with Smith’s (2004) recommendation that sample sizes should be kept small. The participants were selected by means of

(a) purposive sampling, which is a method of participant selection based on prior knowledge that the participants will suit the study (Babbie & Mouton, 2001; Henning et al., 2004), and

(b) convenience sampling, which means that ready access can be gained to the participants (Maree & Peterson, 2007).

Purposive and convenience sampling was eminently suitable for this study, since the teenage participants were selected and invited to participate in the research because of being pregnant or being mothers who attended a hospital school. Purposive and convenience sampling is fitting for IPA as it allows for acquiring in-depth data that may lead to deeper insight into the phenomena of the research study. Moreover, the sample can be described as homogeneous, which is particularly appropriate to IPA
studies in view of all the participants being situated in the same research site, namely the hospital school. Homogeneity in a sample facilitates the investigation and discussion of shared phenomena, such as the experiences of teenage motherhood, and also aids congruence in the findings to be made, which in turn may add to the transferability of the research findings (Shaw, 2011; Smith, 2004; Smith & Osborn, 2007) to be discussed below.

Participation was voluntary, as the teachers at the hospital school were requested to inform their learners about the research project and to invite them to join the study if they so wished. Subsequently, the first two persons from each of the selected population groups whose submissions had been completed and signed for consent were accepted as the research participants.

3.5.2 Brief description of each participant

3.5.2.1 Generic information

According to IPA, to contextualise the collected data better, additional information such as the background and social context of each participant should be provided (Smith, 2004). The generic, homogeneous information for all six participants was as follows:

- At the time of the data collection, each participant was enrolled at the hospital school.
- Each participant had only ever become pregnant once. All of them stated that at the time they had been aware that sexual intercourse could result in pregnancy.
- The participants all admitted that they had considered an abortion at some stage during the pregnancy. One participant explained how she had attempted to abort her baby herself, but had been unsuccessful.

3.5.2.1 Individual information

The individual information of each participant is contained in a brief profile below. This background information was collected by means of a historicity questionnaire provided to each participant at the time of data collection (Appendix B). For the sake
of maintaining confidentiality in accordance with ethical considerations for the research, pseudonyms were used for each participant.

(a) Participant 1: Cheryl

At the time of the interview (Appendix B), Cheryl, a 16-year-old learner in Grade 10, was in the last month of her pregnancy, and in a romantic relationship with her baby’s father. She is a Caucasian Afrikaans-speaking girl who attended a government mainstream school and wanted to start modelling for agencies before finding out she had become pregnant. Cheryl stated that she lived in a working to middle-class socio-economic environment with her mother, her mother’s boyfriend, her elder brother, and younger half-brother in a city in Gauteng. Cheryl admitted that because of the emotional and physical challenges of being a pregnant learner, she felt it would be better to enrol at the hospital school although her mainstream school at the time would have allowed her to stay enrolled until she was eight months pregnant. During the data collection of the study, the interview had to be rescheduled twice: the first time because she was ill, and the second time because she had an emergency gynaecology appointment. She gave birth after the semi-structured interview had taken place and on returning to the hospital school two weeks later provided the required informational letter (see subsection 6.3.1.2). Cheryl expressed the intention to complete her Grade 10 at the hospital school, and then to continue with Grades 11 and 12 in a home schooling context.

(b) Participant 2: Mary

Also a 16-year-old Afrikaans-speaking Caucasian in Grade 10, Mary was attending a mainstream government school in a city in Gauteng when she discovered that she was pregnant. She was no longer in a romantic relationship, but merely friends with her baby’s father. Originating from a middle-class socio-economic background, Mary explained that her mother had enrolled her in the hospital school in order to avoid the community’s disapprobation of her and her family. At the time of the interview, Mary stayed in a care centre for pregnant and mother learners and regularly visited her father and his girlfriend at their home in a nearby city. Her mother and younger brother lived in Limpopo, the family’s initial place of residence before her parents had parted ways, and her elder sister attended a university in the Eastern Cape. Mary’s
baby was eight weeks old at the time of the interview. After completing her Grade 10 year, she was planning to enrol in a mainstream school different from her original one to complete Grades 11 and 12.

(c) Participant 3: Khomotso

The 16-year-old Khomotso, an African Northern Sotho-speaking girl, was in Grade 10. She was in a romantic relationship with her baby’s father. She had lived with her parents and an elder sister in a township in Gauteng until she became pregnant, at which time her family told her to enrol at the hospital school so that she would not fall behind in school. At the time of the interview, Khomotso had already given birth to her baby. She was unsure about enrolling at a new school after completing Grade 10, but she was set against re-enrolling at her previous mainstream government school because of her assumption that the learners and staff would be judgemental towards her and make her feel uncomfortable.

(d) Participant 4: Tsholofelo

Tsholofelo, a 17-year-old in Grade 10, who had already given birth to her baby, was in a romantic relationship with her baby’s father. She was an African Sotho-speaking girl who described her socio-economic background as working to middle class. She lived with her parents, an elder brother, and two younger brothers in a city in Gauteng. At the time of finding out that she was pregnant, Tsholofelo attended a government English-medium mainstream school in the same city, and decided to enrol in the hospital school as she knew other girls who had attended the school in the past. She expressed the wish of completing her Grade 10 year and her basic education, but was unsure where she would enrol since she was reluctant to return to her old school because of possible “rudeness” by teachers and learners.

(e) Participant 5: Tiara

Tiara, a 16-year-old Grade 10 learner, was a bilingual (English- and Afrikaans-speaking) girl who had already given birth to her baby. Before the time, she lived with her parents and an elder brother in a city in Gauteng in what she described as a rich socio-economic environment. Even though the private mainstream school that she previously attended would allow her to remain there during and after her
pregnancy, she felt that it would be better to attend the hospital school with girls in
the same situation as she was. She no longer retained contact with the father of her
baby and was planning to go to a different mainstream school the following year.
She felt that she would be criticised and misunderstood if she returned to her old
school.

(f) Participant 6: Sophie

A bilingual Afrikaans- and Sotho-speaking Coloured girl, Sophie was in Grade 11
and 17 years old at the time of the interview. She had already given birth to her
baby, who was nine months old. She was still living with her mother, stepfather, and
younger sister in Mpumalanga, from where she travelled every day to drop off her
baby at day care so that she could go to school. Sophie explained that she had
enrolled in the hospital school as she had known other girls who had attended this
school, but primarily because she no longer wished to attend her Government
mainstream school. Because Sophie was in Grade 11 at the time of giving birth, the
hospital school acceded to her request to remain enrolled in order to finish Grade 12.

3.6 DATA COLLECTION PROCEDURES AND ETHICAL CONSIDERATIONS

3.6.1 Data collection

Refer to Table 3.1, Step 2. Multiple sources of data collection were used in order to
invite the participants to share their first-person accounts of their experiences
(Shinebourne, 2011; Smith et al., 2009). According to the IPA approach, data can be
collected via any means that allow the participants to share their rich in-depth
experiences, with semi-structured interviews being one of the most common
instruments (Biggerstaff & Thompson, 2008; Smith, 2004). The semi-structured
interview served as the main method of data collection for the current study, but was
supplemented by an informational letter from each participant with additional
thoughts about their experiences of support. The data gathered on the participants’
experiences were furthermore mediated by a reflexive journal aimed at maintaining
transparency (Ortlipp, 2008) in arriving at findings (see also Chapter 4).
3.6.1.1 Semi-structured interviews

A prompt sheet (Appendix B) was used as a template for the interview: although it served to guide the conversation, it was not used as a questionnaire. It also allowed for the assessment of data saturation of topics and themes in the interview, which accords with the data analysis procedure in IPA studies (Arthur & Nazroo, 2003; Ritchie et al., 2003; Smith & Osborn, 2007). Before each interview, the participants were asked whether they wanted an interpreter, as none of them were mother-tongue English-speakers. They all declined the offer since they considered themselves adequately fluent in English, which they had taken as a subject in school. The main interview question was: “Can you tell me about your experiences from the moment you found out you were pregnant, up until now?”

The communicative guidelines provided by Kelly (2006) and Greeff (2011) were followed to ensure that the participants guided the interview and predominated in the conversation. Communication with the participants was brief, clear, and to the point. Before the interview started, each participant’s understanding of the word “experience” was assessed by asking them to explain what it meant to them. Steering the flow of participants’ responses was avoided and the meaning of what they said was clarified through paraphrasing and reflecting.

Semi-structured interviews are particularly useful in idiographic studies (often focusing on individual case analysis; see subsection 3.7.1), which explore how participants make sense of their experiences (Shinebourne, 2011). As a procedure, interviewing is furthermore eminently suitable for obtaining direct data in terms of information and experiences from participants in qualitative research. The technique does not, however, consist only in a “mechanical” communicative interaction between researchers and participants in which the latter are merely required to explain matters in a question–answer framework, but, if properly approached, also allows for reflection on the part of the participants since they can consider what they are saying about their personal experiences. Such self-reflection may furthermore be an advantage for the informational letter (Greeff, 2011; Kelly, 2006; Ritchie, 2003).

On the other hand, a specific disadvantage of interviewing as a technique, as pointed out by Greeff (2011), is that discussion of personal experiences often involves issues to which participants are highly sensitive. Accordingly, an interview
may have to be stopped and the participant referred for counselling—a potential ethical necessity that was taken into account during this study.

Each interview was audio-recorded for later transcription and analysis. The transcriptions were put into codes (as discussed in subsection 3.7.2 and reflected in Appendix C), which have been presented as the themes and findings of this study. After the semi-structured interview, each participant was invited to write an informational letter (Appendix B).

3.6.1.2 Informational letters

In the striving to promote data enrichment and to bolster substantiation of the findings through a written record, each participant was requested to write a personal informational letter about the types of support that they had received since finding out they were pregnant (Gibson & Brown, 2009; Nieuwenhuis, 2007c). This letter would cover the period up to the time of the request. The participants were asked to write these letters in their own time and privacy, with the aim of allowing them the opportunity to provide a well-considered, authentic response. (These letters are contained in Appendix B.)

3.6.2 Ethical considerations

Before the data collection process of interviews with participants was initiated, the following ethical issues were considered. (See section 3.8 for a fuller discussion of research ethics principles.) It should also be noted that certain information in the appendices has been masked out to maintain anonymity where appropriate.

3.6.2.1 Permissions

Permission was obtained from the gatekeepers of the study, who can be described as the authorities that allow or deny access to the study based on the best interests of the participants and research site. In this way, the gatekeepers protect the community and ensure that the right participants are selected for the best interests of both the study and the participants (Schurink, 1998; Creswell, 2009; Lewis, 2003). For this study, the gatekeepers included the Department of Education and the management of the hospital school that served as research site (Appendix A).
3.6.2.2 Informed consent and other requirements

Due consideration was given to the main principles of informed consent and assent, voluntary participation, and confidentiality and anonymity (Bryman & Bell, 2003; Wahyuni, 2012). The participants were properly informed about all aspects of the study, such as possible risks and benefits, and the protocols of the study were explained to them in detail. In view of the youth of the participants and to comply with the requirement of informed assent, special care was taken to explain the issues concerned in easily understood terminology not only verbally, but also in writing. The principle of voluntary participation was adhered to by giving the participants enough time to ask questions and to decide for themselves whether they wanted to participate in the research. Each participant and their parents signed the required forms (Appendix A) before data collection was begun.

3.7 DATA ANALYSIS

3.7.1 The idiographic and inductive approaches

The aim of data analysis (refer to Table 3.1, Step 3) in IPA studies is to interpret the phenomenological experience of the participant in order to make sense of the experience, as well as to make sense of how the participant made sense of the experience. Therefore, the analysis and interpretative approach can be described as idiographic, interactive, and inductive (Chapman & Smith, 2002; Smith, 2004).

An idiographic methodology usually entails the detailed analysis of one event or experience, such as the experiences of teenage mothers at a hospital school in the case of this study. The themes and therefore findings emerge as the participants “explain” or “describe” similar experiences (Pringle et al., 2011; Smith & Osborn, 2007), such as those evident in the findings outlined in Chapter 4.

Inductive analysis means that the themes are built up from the experiences that are described. Since no direct questions were asked in the semi-structured interviews or informational letters, the data were built up and “constructed” on the foundation of described experiences (Biggerstaff & Thompson, 2008). IPA data analysis can be interrogative, as it requires thick, rich descriptions of experiences, or thorough and descriptive research. IPA contributes to mainstream research through integrating or illuminating existing research and literature. Therefore, the experiences of the
participants of a specific study (as reflected in the findings) may contribute to other research efforts aimed at constructing conceptual frameworks—such frameworks deriving their validity from the significance and weighting of research findings and assumptions in the research field in general (Smith, 2004; Smith et al., 2009). Biggerstaff and Thompson (2008) describe data analysis (refer to Table 3.1) accepted by IPA studies to be “a cyclical process where the researcher proceeds through several iterative stages:

- Stage 1: first encounter with the raw data
- Stage 2: preliminary themes identified
- Stage 3: grouping themes together as clusters
- Stage 4: tabulating themes in a summary table” (p. 218).

3.7.2 Thematic data analysis

Thematic data analysis allows for themes to be identified according to organising and coding of the data, which involves identifying similar experiences within the data, as well as a detailed reflexive account of the transcriptions and data collected. In this study, exploration of and establishing connections between the participants’ experiences were undertaken to identify and determine overarching themes that speak to the phenomenon of being teenage mothers. Coding of the data can be “free” or “open” in the sense that the analysis involves an intersubjective process in which researchers acknowledge (in a reflexive journal for example) their own centrality and personal contributions to the analysis. Intersubjectivity, if approached carefully and correctly, should not compromise the data, and themes and findings remain reliable and valid as discussed below (Babbie, 2005; Biggerstaff & Thompson, 2008; Hassim, 2009; Smith, 2004).

After the data for this study had been transcribed according to standard transcription protocols (Henning et al., 2004), the first steps of data analysis entailed a comparison between the transcriptions and the original recordings to ensure correctness. An effort was made to indicate non-verbal sounds, pauses, and so on, and to incorporate considered notes from the reflexive journal in order to provide a comprehensive overview of verbal and non-verbal behaviour during the data-
gathering process. Data analysis was initiated by preliminary identification of common themes and checking whether themes were compatible with the cues of the prompt sheet used for navigating the semi-structured interview (Henning et al., 2004; Nieuwenhuis, 2007c). Extracts and examples of the data analyses and interpretation can be found in Appendix C.

All relevant ideas, thoughts, and questions were noted in the reflexive journal (see Appendix B for extracts) as a form of “bracketing” to ensure as much objectivity of the data as possible. Bracketing (Creswell & Miller, 2000) is a method aimed at guarding against preconceptions by suspending prejudgements and presuppositions, thus enhancing the focus on the recorded textual material to hand. For the sake of improving the authenticity of the gathered material and to confirm that the researcher had understood the interviews correctly, the participants were allowed to read through their transcripts (this procedure is known as “member-checking”) as recommended by Creswell and Miller (2000), as well as Whittamore et al. (2001). For this procedure, supervisory guidance and peer analysis were combined with critical reflections in the reflexive journal. Thus the following three themes were identified via the thematic data analysis:

1. Education is a priority.
2. Experiences of schoolwork distractions.
3. Experiences of teacher support.

3.8 TRUSTWORTHINESS AND QUALITY

3.8.1 Trustworthiness

As mentioned in section 3.3, Lincoln and Guba (1985) have observed that the quality of the research data is measured in terms of trustworthiness, which possesses the following dimensions: credibility, transferability, dependability, and confirmability.

3.8.1.1 Credibility

Credibility aims to enhance external validity, which can be achieved through triangulation of data sources (Denzin & Lincoln, 2008; Schurink, Fouché, & De Vos, 2011). Triangulation is particularly appropriate for social research as it considers
numerous measures of the same experience, such as comparing the data collected (Schurink et al., 2011). For this study, triangulation was carried out by scrutinising and comparing the data from the transcripts, reflexive journal and informational letters, and the validation process was also enhanced by universal, shared experiences reflected in the responses of all the participants (Atkinson & Delamont, 2008; Cresswell, 2009).

3.8.1.2 Transferability

If the internal validity and generalisability of the findings of a study is of high quality, transferability of such findings is facilitated (Bryman & Bell, 2003; Schurink et al., 2011). Quality can be achieved by providing a thick, rich description of the process of the research and the context of the participants and study. Other researchers should consequently be able to transfer and relate the findings of the study to their own or other contexts (Bernard & Whitley, 2002; Schurink et al., 2011). Utilisation of multiple sources of data—namely a semi-structured interview, participant letters, and a reflexive journal—also enhances transferability (Kelly, 2006).

3.8.1.3 Dependability

Dependability affects the reliability of the data, as it compares the current findings to prior research results (Bryman & Bell, 2003; Shenton, 2004). Qualitative studies can be difficult to replicate as they are context dependent, but the reliability of data can be confirmed if the same study can be repeated and the findings are repeatable and remain consistent. Furthermore, the dependability of findings or results is enhanced if the appropriate research methodology has been approached and applied in the correct way (Denzin, 2009; Wahyuni, 2012).

3.8.1.4 Confirmability

Confirmability, which includes the incorporation of bracketing as discussed above, involves critical thinking via reflexivity aimed at ensuring that all subjective biases are eliminated (Shenton, 2004; Whittemore et al., 2001). This can be achieved by relying on research supervision, allowing participants to confirm the transcripts, and enlisting the help of peer debriefing and member checking (Bryman & Bell, 2003).
3.8.2 Quality

Because the validity and rigour of qualitative studies are often questioned, it is essential to adhere to certain principles for assessing quality, namely sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance (Yardley, 2000).

3.8.2.1 Sensitivity to context

This entails paying close attention throughout the entire research process to matters such as socio-cultural status, literature relevant to the study, and the particular site. Sensitivity in this study was also maintained not only towards the participants themselves in an interactive personal situation, but also to the data that the participants provided by being as cautious and reflexive as possible in interpretation and analysis (Yardley, 2000).

3.8.2.2 Commitment and rigour

Commitment and rigour were adhered to through ensuring that all appropriate protocols were followed with care and thoroughness in the data analysis (Yardley, 2000).

3.8.2.3 Transparency and coherence

Transparency and coherence have a special role to play in IPA studies since clarity needs to be maintained in research approach and methodology (Yardley, 2000), as was done in this study.

3.8.2.4 Impact and importance

Impact and importance relate in particular to the validity of the findings, since these have implications for the relevance of results to the field of research (Yardley, 2000). Special attention was paid to striving for quality and validity in this study by reliance on supervisory support, peer debriefing, member checking, reflexivity in the research journal, and an audit trail (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

3.9 RESEARCH ETHICS

The term ethics in a research context refers to the boundaries and “rules” for ensuring morality and fair and equal treatment of all involved in a study (Fouché &
Delport, 2011). It is the researcher’s responsibility to adhere to appropriate ethical conduct personally, and see to it that all aspects of the research project comply with ethical standards and considerations. Sound ethical practice for methodology involves inter alia the use of an audit trail, bracketing, and reflexivity through reflexive commentary in a journal. Regarding research ethics towards participants, some aspects have already been touched upon in subsection 3.5.1. The principle of beneficence entails a moral obligation to act to the advantage of participants in a study, considering that they may represent a captive audience. A study should therefore be aimed at providing support to society (Bernard & Whitley, 2002; Strydom, 2011).

Ethical considerations affect data as well, in that any collected information needs to be protected against unauthorised access. The data collected for this study will be kept safe at the University of Johannesburg for a minimum of two years before being deleted permanently.

For this study, research approval was obtained from the Ethics Committee of the Faculty of Education, University of Johannesburg (Appendix A). Since ethical considerations regarding respect for participant autonomy and dignity need to be adhered to (Babbie, 2005), care was taken to follow the principles of informed consent and assent, as well as those relating to voluntary participation (see subsection 3.6.2.2). The participants were made aware of the fact that no coercion was involved in their participation, nor would inducements be offered if they joined the study (Babbie, 2005; Bernard & Whitley, 2002; Strydom, 2011).

Other important principles that had to be adhered to were non-maleficence and confidentiality, especially in view of the sensitivity of the study and the young age of the participants. Consequently, all the potential research benefits were carefully weighed up against any potential harm for either the participants or the field of research. The categories of risk were assessed, such as physical, contextual, and psychological, and were evaluated in order to avoid any deprivation and harm (Bernard & Whitley, 2002; Strydom, 2011). The participants were given pseudonyms in order to protect their identities, thus honouring the principle of confidentiality (Babbie, 2005; Creswell & Miller, 2000).
The above strategies can be said to consist mainly in “preclusion” techniques to avoid causing harm to participants, but a proactive, positive strategy was also followed by providing a guarantee to the participants in this study that they would be referred for therapy if they experienced any form of triggering of negative issues. With the care taken in interaction with them, this proved not to be necessary.

3.10 CHAPTER SUMMARY

Chapter 3 presented the protocols of appropriate and fair research studies. This mainly entailed considering what ethical considerations are, as well as what would be best for the study, participants, data, findings, researcher, and the research site. Qualitative research can follow a variety of methodologies and designs. Therefore, in this chapter, the aim was to explain and describe how and why the methodology and design, along with advantages and disadvantages, were chosen and utilised for this study.

Finally, this chapter offered an explanation and a description of how the research question was answered, and this answer will be presented as the research findings in Chapter 4.
Chapter 4:  
Research findings and discussion

4.1 INTRODUCTION

This chapter provides an analysis and interpretative explanation of the themes and findings that emerged in response to the research question, “What are the experiences of teenage mothers in a hospital school in order to support reintegration into mainstream schools?” As is evident from the researcher’s reflexive journal, an endeavour was made to arrive at an understanding of the subjective experiences and cognitions of participants, which culminated in the formulation of three main findings (subsection 3.7.2). The structure of this chapter begins with an overview, followed by a discussion of the themes that emerged from the data. The finding of each theme will be presented, as well as examples of the raw data as provided by the participants. An overview of the findings will conclude the chapter.

The findings were based on the research methodology of thematic analysis through IPA (subsection 3.7.2), which was considered in conjunction with the trustworthiness of data and ethics applicable to research of this nature. Thematic analysis requires examination and rigorous re-examination of the data collected in order to facilitate the formulation of themes that can be subjected to analysis. In this study, careful re-examination in particular was utilised to ensure that the data presented would be as accurate and bias-free as possible.

In accordance with the guidelines of Smith and Osborne (2007), each theme will be “explained, illustrated and nuanced” (p. 76), therefore allowing not only for an in-depth analysis of participants’ experiences and the meanings that participants assigned to them, but also for complying with the recommendations of IPA (Chapman & Smith, 2002; Pringle et al., 2011). Within each theme, applicable examples of the raw evidence from the data collected will be introduced in the form of verbatim extracts. The restrictions imposed on the length of a minor dissertation precludes the presentation of extensive quotations and exhaustive discussions of the findings, and therefore only highly representative examples were selected. (Fuller extracts and presentations of data can be found in Appendix B.)
In addition to answering the research question about the experiences of teenage mothers in a hospital school context and supporting their reintegration into mainstream schools, the purpose of this investigation is to bring to light possible new insights into such research and also to correlate findings with current literature.

4.2 EMERGING THEMES

The raw data were derived from semi-structured interviews conducted with six learners attending a hospital school in the Gauteng Province. (The reasons for the participants’ eligibility were explained in section 3.5). Inclusion and exclusion criteria needed to be created in order to ensure that the data extracted from the interviews and informational letters could be categorised or grouped to yield appropriate themes for finding answers to the research question. These criteria are set out in Table 4.1.

**Table 4.1:** Inclusion and exclusion criteria for data analysis

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>All information concerning the hospital school, for example types and quality of support received from staff.</td>
<td>Any information about parents, family, boyfriends or others not related to the hospital school.</td>
</tr>
<tr>
<td>Any statements regarding emotionally laden experiences pertaining to the hospital school and teenage motherhood.</td>
<td>Any experiences prior to falling pregnant, such as why or how the participant became pregnant.</td>
</tr>
<tr>
<td>Individual information based on a historicity questionnaire.</td>
<td>Any advice to teenage mothers that participants experienced from outside the hospital school environment, for example social media as a supportive forum for teenage mothers.</td>
</tr>
</tbody>
</table>

The inclusion and exclusion criteria were derived after a primary overview of the collected data was carried out to streamline and carefully select relevant material from the transcriptions of participant interviews and informational letters. Thus, the inclusion and exclusion criteria aided the researcher in identifying significant themes for answering the research question.

4.3 PRESENTATION OF THE FINDINGS AS THEMES

After a preliminary examination of the raw data in conjunction with the inclusion and exclusion criteria to discern significant patterns, the data were submitted to a re-
examination and grouped into three main themes (subsection 3.7.2). Further scrutinisation led to the identification of subthemes under two of the three main themes as illustrated in Figure 4.1.

What are the experiences of teenage mothers in a hospital school in order to support reintegration into mainstream schools?

![Diagram of findings as themes and subthemes](image)

**Figure 4.1:** Diagram of findings as themes and subthemes

### 4.3.1 Theme 1: Education is a priority

#### 4.3.1.1 Formulation of the theme

Theme 1 was formulated from the view expressed by all six participants that they regarded education as a priority. The significance of this finding is that teenage mothers were not only able to prioritise their academic futures by considering them of great importance, but also possessed the motivation to complete their basic education. From a bottom-up data processing approach, it appears that the participants' decisions to prioritise their education were guided by both extrinsic and intrinsic factors, such as their personal well-being and the well-being of their babies.
A common experience identified by all the participants was that they perceived the hospital school as a form of support that they needed for prioritising their education.

4.3.1.2 Representative raw data

The following extracts were selected as being best representative of the raw data evidence that supported the main theme of education as a priority.

Khomotso: “I was thinking about my future actually . . . I’m more determined with my schoolwork and I wanna finish.”

Tiara: “All I am thinking about is finishing school . . . We have to work hard to make our lives better.”

**Reflexive Journal:**

These girls are now in “mother mode”. I wonder how much that affects their decisions? . . . Adolescents are described to be egocentric, but now they have a baby? I wonder if “developmentally” they can consider not only their own futures, but that of their children with or without a completed high school education.

Tsholofelo: “Some girls where I live, when they get pregnant they leave school . . . but I needed to finish school, it’s important to me.”

Mary: “I realised how important my schoolwork is to build a life not only for myself, but my baby as well . . . I’m gonna have to look after the baby alone, so I have to do good, I have to. I didn’t understand the importance of schoolwork . . . All I made sure of is that I didn’t fail, that was like, you, know, as long as I got above 35% I’m fine . . . Actually seeing this little thing [baby] and seeing how much attention you have to pay for it, it’s a lot, it’s not just 36% worth.”

**Reflexive Journal:**

These girls all go to the hospital school, so the study is therefore contextualised. I have acknowledged this as a limitation . . . An advantage is that this work could report on the ACTUAL school itself as a type of support . . . so it would be necessary to know what the hospital school does so that these girls attend???
Mary: “I think it’s really nice that we can stay here until the end of the year, until everything is kind of sorted out and we’ve got everything off our shoulders.”

Sophie: “Actually our school [the mainstream school] doesn’t allow pregnant teenagers . . . That’s the rule . . . So I had to come here . . . With [the hospital school] by my side, nothing can forbid me from my education further on.”

Khomotso: “I can see now life goes on; it’s not that if you [are] pregnant at a young age then life stops and everything, you can still go to school here . . . After I found out about this school, I knew I’d have a better future.”

4.3.1.3 Discussion of Theme 1: Education is a priority

In interpreting and grouping the raw data in order to arrive at significant themes, it first became apparent that the participants displayed a future-oriented thought process regarding their educational aspirations. The ability of teenage mothers to prioritise education is a finding that corroborates similar findings by other studies such as those of Chigona and Chetty (2008), SmithBattle (2007), and Chohan and Langa (2011). The participants refrained, however, from elaborating on their motivation for this prioritisation. It was consequently difficult to determine how much thought they had devoted to their future prospects, or what avenues their train of thought might have followed. Nevertheless, what can be stated with some measure of confidence is that the participants were in the initial phases of considering a future beyond their current situation. Moreover, this “future aspiration” could serve to motivate decisions and priorities, such as whether to reintegrate into mainstream schooling or not (Mcabe & Barnet, 2000; Theron & Dunn, 2006).

Significantly, it is not uncommon for teenage mothers to perceive a link between education and prospects for a better future, but not to provide concrete examples of what a more desirable future may mean to them. Research worldwide has confirmed this phenomenon of an understanding and realisation of a correlation existing between a better future and a completed basic education, but that little conceptualisation may be demonstrated of further realities (Olausson et al., 2001; Pillow, 2004; Willan, 2013). Nevertheless, as suggested by Grant and Hallman (2006), teenage motherhood can be considered a stimulus that influences decision-making with regard to education. The expectation of motherhood influences learners’ reassessment of priorities, which can result in making decisions for the future such
as remaining in school and completing their basic education (Benson, 2004; Nurmi, 1991; SmithBattle, 2007). Such a decision might otherwise not have been considered until the learners had become pregnant (Chevalier & Viitanen, 2003; UNESCO, 2014).

Secondly, it was found that educational aspirations became an increasingly important concern for the participants of this study. In order to prioritise education, as other research has shown, motivation should be present to provide impetus for such a decision (Morna & Dube, 2014; Theron & Dunn, 2006; Willan, 2013). Current literature indicates furthermore that cognitive states and motivations which are conducive to encouraging educational aspiration may include direct and/or indirect influences such as stimuli and expectations arising out of the various ecosystems from which the teenage mothers originate (Chevalier & Viitanen, 2003; Donald et al., 2002; Kao & Tienda, 1998; Lekes et al., 2011; Minnis et al., 2013). Influencing factors that prioritise school reintegration can include extrinsic factors such as environmental settings that may benefit the futures of teenage mothers and their babies (Nurmi, 1991; Pillow, 2004), or intrinsic factors such as personal desire and aspirations towards educational accomplishment (SmithBattle, 2007; Theron & Dunn, 2006).

Such influences appeared to have been applicable to the participants of this study, too. Regardless of new hurdles that they encountered, such as falling pregnant, public scrutiny and so on (Donald et al., 2002; Lekes et al., 2011), evidence could be found that the environment in which they grew up, in conjunction with self-determination to reach their goals, exerted a positive effect on their decision-making about the options open to them. They were able to consider their own current life situation intrinsically and extrinsically as compared with that of other teenage mothers in a similar situation. Instead of abandoning aspirations for the completion of their education, they were able to find an internal and/or external motivation to continue their schooling. Some of the participants were clearly cognisant of the implications that leaving school altogether had had for many of their counterparts, which indicated that experiences could be motivated and affected by not only interpersonal but also intrapersonal experiences (Dallas, 2004; Donald et al., 2002; Minnis et al., 2013).
Thirdly, under this theme, it was also noted that the teenage mothers often referred to themselves and their babies as a nuclear family unit, often mentioning a better future for both mother and child, but they rarely broached the subject of the father or boyfriend, or even own family such as parents and siblings, as part of their new nuclear unit. This behaviour could be interpreted as evidence of their changing cognitions regarding their place not only in their families but also in society. The participants were not only identifying the extrinsic work required for establishing their new status as a teenage mother, but also recognising the intrinsic energy that they would need for a raising a child. Current literature acknowledges this transformation process that teenage mothers experience, which also entails a difficult balancing of roles between that of teenage learner and teenage mother (Clowes et al., 2012; Macleod, 2001; SmithBattle, 2007).

Lastly, most of the participants in this study experienced feelings of abandonment or social exclusion because they were pregnant or mothers, which is a common phenomenon identified in the literature (Attuyambe et al., 2007; Mkhwanazi, 2010; Paranjothy, et al., 2009). However, the data gathered from the participants in this study showed that the hospital school environment was able to provide them with a new, informed perspective on their futures, fostering the insight that their current situation did not mean their lives had been irrevocably stunted, and that they could continue to grow and reach for goals and dreams. An institution such as the hospital school could therefore serve as an example of support with regard to reintegration and basic education completion. Being at the hospital school gave the participants in this study the opportunity to face up to and engage with their current reality, and to grow into the new direction that their life was taking them. The hospital school environment offered them the space and support for prioritising their education. It can be surmised that with the change in cognitions, as well as the reprioritisation of education in their lives, these teenage mothers could see the long-term value of the support they were receiving at this point in their motherhood (Benson, 2004; Grant & Hallman, 2006).

Even though the participants might not have fully understood the concrete details of what a better life entailed, they did understand that completion of their basic education could improve their future life-prospects as compared with their current
situation and all the difficulties that it involved. The lived experience of being a teenage mother appeared to have driven home the reality of the oft-repeated societal message that education is the key to a better future. Such new insights serve as evidence of the changing cognitions associated with adolescent development, when increasing maturation in adolescents’ thinking lead to a stronger future-orientedness because their executive functioning is becoming enhanced. Increasing cognitive maturity is one of the expected biological changes that are associated with the later phase of development in all adolescents (Havighurst, 1956; Louw et al., 2007), but egocentrism still remains a strong influence in their personalities. However, in the case of teenage mothers, their cognitions need to extend further than their own egocentric state since they have to take into consideration not only themselves but also their child’s future (Gouws et al., 2008; Hanna, 2001; SmithBattle, 2007). Whether or not the completion of basic schooling was a significant concern prior to becoming pregnant, it was evident among the participants of this study that such concern had become a serious matter to them afterwards.

As indicated in the literature, “changing cognitions” can be expected to feature as an ever-present theme in the development of all adolescents, but cognitions about the prioritisation of education seem to be taken more seriously by teenage mothers. In the main, the cognitions of teenage mothers appear to be focused on education prioritisation, identification of themselves as teenagers and mothers, and the beginning phases of future-oriented thinking.

4.3.2 Theme 2: Distractions from schoolwork

4.3.2.1 Formulation of the theme

The identification of Theme 2 arose from reports by all six participants about having experienced distractions from their schoolwork. Once the theme of experiencing distractions from schoolwork had been formulated, it became necessary to identify the nature of the distractions. It proved that the experiences of distractions from schoolwork could be grouped in two subcategories, the first being physical challenges and the second being psychological challenges as sources of distraction. It is also evident from the data collected that distractions with regard to schoolwork occurred whether schoolwork was taking place either inside or outside the classroom.
4.3.2.2 Representative raw data

As could be expected, the main theme and its subcategories were reflected at random in the raw data. In the following example, physical and psychological challenges appear to alternate in a cycle of worry and indisposition:

Khomotso: “Ugh, my schoolwork was dropping, my marks were going down . . . It’s because I was under a lot of pressure, I didn’t know what to do . . . I was always worried, every day I’d be worried about what am I gonna do . . . Everywhere I was, I felt like crying coz I’m thinking about what to do . . . My schoolwork is just a lot and I can’t handle it . . . It’s more like you [are] writing in December, then the baby, you see, ugh, it’s quite a lot of work to do all these things at the same time . . . I had morning sickness and always [felt] very sleepy . . . I started feeling sick. Every day when I got home I used to sleep. I felt so, um, weak, I couldn’t wait for my baby to be born coz nine months, yoh, it’s a long time, and then you feel like carrying a baby inside of you having to do all that, and then you still have to do your schoolwork. Yoh, it takes energy, so I was like always tired . . . Looking after the baby, um, going through your studies, it’s a lot of work, so you have to be focused and then you have to like multitask in order to obtain all that.”

Reflexive journal:

Hearing what these girls have said makes me wonder if there is more to the fact that these girls just have distractions and challenges with their work. I wonder what else is there to know so we can support this.

These challenges are real, they can’t be ignored . . . Maybe accepting that is a form of support in itself?

Sophie: “Being pregnant while you [are] still young is hard work coz, coz of having a baby while you [are] at school, you actually can’t study like normal, like you used to study before now. You [are] much more different because you have to study while the baby’s next to you. Sometimes you can’t even study because the baby cries a lot, so it’s a lot of work . . . You actually can’t study with a baby coz every five minutes you have to look at the baby, then your concentration gets away from the studying that you [are] busy studying at.”

Cheryl: “With the sadness, I couldn’t concentrate on my work. I wanted to cry the whole time . . . and in school the whole time.”
4.3.2.3 Discussion of Theme 2: Distractions from schoolwork

The descriptive interpretation of the raw data, aimed at gaining an understanding of the participants' lived experiences, indicated that the experience of multitasking between schoolwork demands and childcare needs was a highly significant circumstance for the participants. In addition, the participants, as teenage mothers, had to cope with the conventional impositions of both schooling and adolescence as a stage of development. The perception of these demands as almost overwhelming experiences for teenage mothers is also attested to in the available literature as discussed in Chapter 2 (Chigona & Chetty, 2007; Kaufman et al., 2001; Macleod, 2001). Strenuous experiences and challenges can exert a negative effect on scholastic functioning, school attendance, motivation, and prioritisation of study requirements, and these can influence a teenage mother’s decision to reintegrate.
into school or not after having given birth (Chohan & Langa, 2011; Donald et al., 2002; Wilson-Mitchell et al., 2014).

The literature further indicates that schoolwork distractions can be categorised according to types of challenges and experiences. Such categorisation was also possible in this study, since two subheadings could be identified in the data on schoolwork distractions, namely physical challenges (Barnet et al., 2014; Clowes et al., 2012) and psychological challenges (Jansen et al., 2012; Mashe & Wolfe, 2002). Challenges belonging to the physical domain can be described as any experiences or challenges that have medical or health origins (for either mother or baby), or any concrete environmental experiences, for example, a baby crying and causing a distraction while the mother is trying to focus on her homework. Psychological experiences include, for example, emotional and “inner” challenges such as stress, depression, anxiety, confusion, and moodiness. These two subthemes will now be outlined, after which the interaction between them will be discussed.

(a) Physical challenges as distractors

From the outset, teenage mothers are confronted with challenges in the physical domain additional to those that adolescents have to deal with customarily, in that pregnancy and motherhood are physically demanding processes that may even involve potentially dangerous health risks. The literature describes teenage pregnancy as being one of the most serious health challenges for both mother and baby. Health hazards for mature pregnant women are difficult enough to cope with, but for teenage mothers they become all the more problematic if these mothers are unwell and therefore struggle to focus on schoolwork, or if they have to be absent from school in order to tend to health-related challenges, either for themselves or their babies (Barnet et al., 2014; SCAA, 2008; Theron & Dunn, 2006).

In this study, the participants reported on experiencing morning sickness and mood swings (because of hormonal changes), and feelings of tiredness, weakness, and enervation (because of a lack of sleep). The association between physical distractions—such as these symptoms of malaise—and lower academic performance is well attested in the literature (Clowes et al.,
2012; Nkani & Bhana, 2010; SCAA, 2008). As the literature notes, adequate rest is essential for adolescents in their cognitive development, and a lack of sufficient sleep is frequently associated with increased levels of depression and anxiety, as well as poor academic performance (Gouws et al., 2008; Jansen et al., 2012; Wilson-Mitchell et al., 2014).

(b) Psychological challenges as distractors

As discussed in Chapter 2, psychological stressors such as anxiety, depression, and confusion are not uncommon for teenagers in general, but as the literature indicates, they are experienced with even greater intensity by teenage mothers (Gouws et al., 2008; Salazar-Pousada et al., 2010). Psychologically, the participants in this study all indicated feelings of anxiousness and emotions of being overwhelmed by their situation, thus making it very difficult for them to concentrate on schoolwork. It is noted in the literature that focusing on survival for the self and baby appears to diminish focusing on schoolwork (Bray et al., 2010; Chohan & Langa, 2011; Theron & Dunn, 2006). The anxiety experienced by teenage mothers may be attributed in great measure to a feeling or awareness of unpreparedness as reflected in this study by repeated statements such as “I’m worried, there’s too much pressure”; “I think about this every moment”; “I don’t know what to do”. The roots of such confusion and insecurity may be sought in feelings of being unsupported, as well as in being confronted by the necessity of having to make mature, rational life decisions while still struggling with immature cognitions (Visser & Roux, 1996).

It is furthermore significant that a distinction could be made between the participants who were still pregnant and those who had already given birth regarding problems with classroom concentration, anxiety, physical distractions, and psychological demands. Whereas the pregnant participants were mainly concerned with contemplating a future orientation for themselves amidst the problems mentioned, those who had already delivered babies reported not only having to deal with the same problems but also with the strong need to be with and care for their child—an intense form of separation anxiety. While both groups had to engage with similar problems and anxieties,
the participants with babies appeared to be under additional emotional stress and consequently experienced increased difficulties with their concentration in class.

Another matter of concern is that the continued anxiety experienced by teenage mothers comes to form part of their cognitive development and changes the way in which their cognitive faculties adapt in order to accommodate their new reality (Gouws et al., 2008; Grant & Hallman, 2006). A study by Chohan (2011) suggests that teenage mothers experience unusual anxiety when having to prioritise education over staying home to care for their babies, especially if the babies are ill. These mothers are under constant pressure in needing to weigh up personal and community perceptions and influences about being a “better mother” against being a “better student” and going to school. There was evidence of such pressure among the participants in this study, which had an adverse effect on their ability to concentrate on schoolwork.

(c) Interplay between physical and psychological distractors

As may have been apparent from the discussions above, physical and psychological distractions should not be viewed as separate entities, since they invariably interact with one another. Physical factors such as a lack of sufficient rest, blood-pressure and blood-sugar difficulties, and morning sickness may cause feelings of tiredness, weakness, and enervation, as mentioned by the participants. Experiences of “sadness” may follow as a sign of depression and anxiety, which in turn may affect participants’ functioning in their most important physical environments, namely home and school.

It is particularly in the school environment that the interplay between physical and psychological distractions has a disadvantageous effect on the ability to concentrate on schoolwork, not only inside but also outside the classroom. For example, a teenage mother may struggle to focus on homework, or even to attend school because of feelings of depression and anxiety (Jansen et al., 2012; SCAA, 2008), or she may struggle to concentrate in the classroom due
to psychological stressors such as worrying about her baby or current and future situation.

To conclude, the experience of being a teenage mother, an adolescent, and a learner is a potentially overwhelming challenge that requires essential adaptation if the mother is to live through and overcome it, and to succeed not only as a learner, but also as an adolescent and a parent. As discussed in subsection 2.4.2, educational achievement is a fundamental part of transitioning into functional adulthood, but schoolwork distractions may precipitate academic failure and preclude a successful transition. In such a systemic environment, fraught with serious challenges and possibilities of failure, support to teenage mothers becomes imperative.

4.3.3 Theme 3: Experiences of teacher support

4.3.3.1 Formulation of the theme

The third theme formulated is the experience of teacher support. Considering the importance of teacher support in guiding teenage mothers through a labyrinth of insecurities and challenges, it appeared that the hospital school environment was an ideal one for achieving this. All six participants in this study experienced their teachers as a form of support, as was evident from the data that they provided.

4.3.3.2 Representative raw data

As in the previous thematic discussions, the most representative responses from participants were selected to serve as examples.

Sophie: “I think like here most of the teachers probably went through like some of the situations that some of the girls here have been through, so I think they are very supporting and understanding, as well as I think they really have faith in us . . . Maybe it's just because they are very patient and kind . . . If one of the girls like really are feeling down, they [the teachers] know it's [how it is], they know what to say to them, and they know, like kind of can relate to how they are feeling.”

Cheryl: “You just tell them, ‘Listen ma’am, I was struggling with my baby the whole night, can I please bring you my assignment tomorrow?’, and then they say, ‘It’s fine.’”
Reflective journal:

Reflecting on the word "support", it's too complex to have one definition... It influences a variety of things... It is made up of a lot of things?

Mary: “They understand if you couldn't do your homework last night because you were just too tired... OK, I mean OK, there are boundaries now, but they do still understand in a way that you have more responsibility... [They] do support us; they want us to be independent one day.”

Tsholofelo: “They [are] not like my old teachers who tell you if you can't hand in your assignment on time then it's not their problem.”

Khomoto: “You can talk to the teachers about anything, and any moral support that you need. They ask you how you baby is doing. They ask like a lot of questions about you and your baby.”

Camilla: “You have to go to the bathroom a lot... and here you don’t have to ask the teachers.”

Reflective journal:

When I was a teacher, I know I had to do what the school said; this is probably true for most schools? One would need to think of a way to meet halfway if the school management isn't sensitive to the situation.

4.3.3.3 Discussion of Theme 3: Experiences of teacher support

From the data provided by the participants, it was possible to discern two subthemes, namely attitude and behaviour as forms of support, which will be discussed separately below. Overall, support to the participants assumed the form of an adult support system in a hospital school context. The participants in the main portrayed the teachers as having an understanding of their experiences and being supportive of their needs. This experience of teacher support corroborates the findings of other studies (Bhana et al., 2010; Shefer et al., 2012), which indicate that a more supportive teacher can influence better psychological adaptation for teenage
mothers (Salovery, 2004), can aid their cognitive functioning (Jansen et al., 2012), and can improve their educational motivation and aspirations (Harden et al., 2009). International policies such as the Measures and Management of Teenage Pregnancy (2007) and other literature underscore the necessity for teacher support to teenage mothers (UNESCO, 2014; Panday et al., 2009). This could equate to support beyond the strict bounds of the educational needs of teenage mothers by also including general psychosocial guidance.

As discussed in Chapter 2, one of the core responsibilities of schoolteachers is to support all learners despite vulnerabilities to which they may be subject. This is linked to the concept of inclusive education, which emphasises the significant influence that teachers have on all learners (Swart & Pettipher, 2005). Some of the participants in this study stated that their teachers provided them with a sense of being guided and showed faith in their abilities to become independent eventually. Achieving psychological independence is a major milepost marker in the developmental continuum of adolescence (Louw et al., 2007), and influences such as intrinsic and extrinsic motivation from teachers can foster a sense of independence (Lerner & Kline, 2006).

Bhana et al. (2010) report that both teacher attitude and behaviour exert an influence on the experiences of teenage mothers. It was significant that the data for this study yielded confirmation of the importance of this observation, as reflected in the responses of the participants.

(a) Attitude as a form of teacher support

Defined generally as a “settled way of thinking or feeling about something” or a “position of the body indicating a particular mental state”, attitude (Attitude, 2015) may reflect subtle signs of inner feelings or more overt body language signals. In this study, some of the participants mentioned that consideration on their teachers’ part made them feel as if their teachers might have had an “experience” similar to their own. Although this perception was not investigated further, such conduct by the teachers could none the less be interpreted as being reflective of a highly sensitive, empathic attitude in
creating a comfortable, understanding environment in which the participants were able to experience their reality without disparagement.

It should be noted that this kind of positive experience was observed in the hospital school setting and appeared to be in contrast with the more negative attitudes experienced by teenage mothers in ordinary mainstream schools as reported in the literature (Chigona & Chetty, 2008; Taylor-Ritzler & Balcazar, 2007; Van den Burg & Mamhute, 2013). The attitude of personal interest, understanding, and concern that the participants in this study experienced from teachers made them feel morally supported and positively influenced in their own attitudes. Thus, considering that an individual’s perception of an experience will affect interaction and behaviour in respect of the experience (Bray et al., 2010), it could be expected that the conduct of the participants in this study would benefit positively from teacher support, as was indeed evident from the data.

(b) Behaviour as a form of teacher support

Behaviour may be considered more readily observable than attitude, since it involves “the way in which one acts or conducts oneself, especially towards others” (Behaviour, 2015); in other words, it concerns activities (compare paragraph (c) below). While attitudes may be concealed, behaviour as an activity tends to make authenticity of conduct more easily noticeable. It was especially at a practical and physical level that teacher support was evident to the participants in their perception and experience of such support. For example, the teachers demonstrated their understanding of the need for bathroom breaks, accommodating physical fatigue and work delay, and allowing extensions on assignment due dates. Such understanding went beyond the physical level, since the teachers also demonstrated a sensitivity to psychological needs by communicating with the teenage mothers and showing appropriate support. Communication may in itself be regarded as a form of support, as discussions can help to alleviate challenges, provide motivation, and help with decision-making (Annang et al., 2014; Bray et al., 2010).
Interplay between attitude and behaviour

As in the case of physical and psychological distractors, it is also possible to note the role of interplay between attitude and behaviour. General definitions have been used for the terms “attitude” and “behaviour” above, but the definitions of these two concepts provided in the *Cambridge Dictionary of Psychology* (Matsumoto, 2009) are more appropriate for explaining the relation between them in the current section. In the latter publication, whereas the term “behaviour” is defined concisely as “[a]ll the activities that living organisms exhibit” (p. 78), the definition of “attitude” is more extensive:

> Attitudes are evaluations of objects occurring in ongoing thoughts about the objects or stored in memory. Attitudes can be influenced by and can influence beliefs, affect, and behavior in relation to the attitude object. . . .Attitudes can be distinguished from affective feelings in that attitudes entail a cognitive evaluation. Attitudes are also distinct from beliefs in that beliefs can be verified or falsified with objective criteria . . . (p. 59).

The most relevant point is that attitudes influence behaviour, and *vice versa*. In other words, there is interaction between attitudes/evaluations and behaviour/activities. From the data provided by the participants, in which both the attitudes and behaviour of teachers were in general perceived as considerate, it can be inferred that a positive interplay between attitude and behaviour by teachers made for stronger support to the teenage mothers. It was amply illustrated in the responses quoted above that the participants were aware and appreciative of this.

In conclusion, the attitude and behaviour of the teachers at the hospital school, coupled with the school management’s attitude and behaviour, appeared to provide the participants with a valuable and valued supportive system. This was in stark contrast with experiences identified in other literature (Chigona & Chetty, 2007, 2008; Joubert et al., 2004), in which teenage mothers have mentioned that their previous school and teachers were not only uninterested in their situation, but made no attempt to accommodate them through either allowing latitude for their needs or providing moral support.
4.4 OVERVIEW DISCUSSION OF FINDINGS

4.4.1 Findings with regard to perceptions of participants

An overview of the findings will facilitate a better perspective on the experiences of the teenage mothers at a hospital school. Thematically, the participants’ perceptions of their experiences can be tabulated as follows:

Table 4.2: Tabulation of findings

<table>
<thead>
<tr>
<th>Participant</th>
<th>Theme 1: Education is a priority</th>
<th>Theme 2: Experience of distractions</th>
<th>Theme 3: Experience of teacher support</th>
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<tbody>
<tr>
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<td>Physical</td>
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<td>Attitudinal</td>
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As is evident from the identified responses (indicated with a tick mark) under Theme 1 in Table 4.2, all the participants considered education to be a priority. It needs to be pointed out, however, that the participants did not elaborate on this theme to indicate whether they perceived or could envisage any specific intended outcomes of having a basic education. The analysis of the data furthermore indicated that the participants, with few exceptions, experienced the hospital school environment as a supportive element in their consideration of education as a priority in their current and future lives.

Regarding perceptions about distractions, it is clear that all of the participants, despite considering themselves to be in a supportive environment, experienced both physical and psychological distractions from schoolwork. Since their experiences of distractions affected them not only inside the classroom in the school environment but also outside the classroom at home, it may be reasoned that successful support to teenage mothers in countering distractions and enhancing their ability to concentrate should be planned in a holistic framework. Thus, supported at both
school and home, the mothers would gain the most benefit. Because distractions can occur without the presence of babies (worrying about babies while in class, which would be more psychological in nature), or with the babies present (all the complications entailed by care, which would be more physical in nature), support in terms of guidance and advice could be tailored according to the environment and circumstances.

As depicted in Table 4.2, the identified responses under Theme 3 suggest that the participants had a far stronger positive perception of teacher attitude than teacher behaviour. This could mean that the participants were possibly affected to a greater extent “intrinsically” by psychological factors (attitude as reflected in evaluations) than “extrinsically” by physical factors (behaviour as reflected in activities). Of the six participants, three explicitly described forms of behavioural support from their teachers as being beneficial, whereas the remaining half appeared not to have perceived such support as significant.

4.4.2 Findings with regard to the theoretical framework

Although three distinct themes emerged from the findings, they should not be considered in isolation from one another. These themes are interlinked in influencing the experience of teenage mothers and their motivation for reintegration into mainstream schools (as illustrated in Figure 4.2). As can be shown from the data, the teenage mothers themselves frequently made comparisons between the outside community and the hospital school community, which provided insight into their experience of their current reality.

Firstly, it appeared that a direct correlation existed between the level of distraction experienced by the teenage mothers and their prioritisation of education (Barnet et al., 2004; Theron & Dunn, 2006). In this respect, Jansen et al. (2012) have noted that the support provided by teachers can exert a positive influence on the extent to which teenage mothers will assign priority to their education.

Secondly, teacher support can promote motivation to pursue an educational ideal and/or limit the consequences of distractions from schoolwork (Jewkes et al., 2009; Nkani & Bhana, 2010). As noted in subsection 4.3.2.3 regarding Theme 2, the participants in this study experienced an understanding and supportive schooling
environment as a major inducement for continuing and completing their basic education. In addition, motivated learners are associated with academic success (Mpofu, 2004). The role of motivation and psychological empathy in teacher support to teenage mothers should therefore not be underestimated (Clowes et al., 2012; Donald et al., 2002). It appears, therefore, that if teenage mothers perceive and experience teacher support and guidance as authentic, these mothers feel that they are “believed in” and are more strongly encouraged in pursuing educational ideals. The perceptions and experiences of teachers did not fall within the scope of this study, but, as will be remarked on in Chapter 5, the teachers' “voice” is of prime importance.

Figure 4.2: Interlinking of findings

4.5 CHAPTER SUMMARY

Adolescents are to a great extent the decision-makers of their own futures (Bray et al., 2010; Macleod, 2003), but they cannot be considered “exclusively” responsible for their actions and decisions (Gouws et al., 2008; Macleod, 2003). In many cultures and communities, adolescents are no longer treated as children and therefore lose their “innocence”, but at the same time they are not considered fully mature yet and
do not assume the responsibilities of adulthood either. Viewed from an ecosystemic perspective, the “betwixt and between” reality in which adolescents are still maturing is one in which they may require assistance. Teenage mothers, as noted in subsection 2.4.2, as adolescents and learners, have additional difficulties to handle. This highlights the necessity for each system within the ecosystemic framework to support these teenagers in making sound decisions about reintegration into mainstream schools and to help them cope with the special challenges that they have to face in their education (Benson, 2004; Hanna, 2001).
Chapter 5:
Summary, limitations and recommendations

5.1 INTRODUCTION

This chapter is aimed at providing an overview of the research study, which will serve as a background for the contextualisation of the answers for the research question. Reflections on the findings are presented, and the strengths and limitations of the study are considered. Recommendations are made from the findings for practice and policy, and suggestions are put forward for further exploration of and investigations into the research problem that was addressed.

5.2 SUMMARY OF THE STUDY

5.2.1 Motivation and rationale

The focus of this study was to explore the experiences of teenage mothers in a South African hospital school in the striving to arrive at deeper insight into their views and perceptions of their situation. The rationale for this investigation was the great national and international concern about the phenomenon of teenage motherhood, which causes numerous learners to withdraw from the education sector and fail to resume their schooling. This study highlights the issue in modern society that many of these learners are reluctant to return to their original schools, with the result that they fail to be reintegrated into mainstream education and, consequently, fail to complete their basic education.

Teenage mothers are in a critical formative stage of their lives during which their education, emotional support, and guidance contribute to both their present and future well-being (Chigona & Chetty, 2008; Hurley, 2010). It may be assumed that South African social legislators had this vulnerability in mind when drafting the South African Schools Act (1996), which determined that pregnant learners should remain in school during their pregnancy and return to school after the birth of their children. Schools should furthermore avoid discrimination towards teenage mothers (DoE, 2007). However, many schools refer pregnant learners to other schools such as the hospital school in Gauteng. Once the baby is born, the teenage mother is expected
to return to the original mainstream school, but she often reports difficulty with reintegration.

Researchers have noted that the implementation of policy guidelines on the management of teenage mothers in schools is insufficient (Bhana et al., 2010; Runhare & Vandeyar, 2011), and that teachers, parents, and the community should support these teenage mothers on an emotional, social, and educational level. Yet, there appears to be a lack of certainty among educational authorities, teachers, and parents in some social and policy-making spheres about the provision of assistance, despite the awareness that support is beneficial to adolescent mothers (Bray et al., 2010; De Jonge, 2001). The literature provides extensive evidence of a great need for support to teenage mothers, which was corroborated during this investigation when the participants mentioned a myriad of challenges that they were unable to overcome because of a lack of assistance. It is precisely this inability to overcome challenges that often results in their withdrawal from school and disruption in their education (Barnet et al., 2004; Mkhwanazi, 2010; Theron & Dunn, 2006).

Although there is considerable research pertaining to the phenomenon of teenage motherhood (see section 1.2), there appears to be a paucity of research regarding the educational experiences of teenage mothers, especially within the context of a hospital school. A predominant amount of research associates teenage motherhood with educational disruption, academic failure, and scholastic underachievement (Fergusson & Woodward, 2000; Grant & Hallman, 2006). This constitutes a serious risk not only for the teenage girls themselves, but also for society overall, particularly in the perpetuation of the cycle of poverty and inequality in education (Adamson et al., 2001; DoBE, 2013). A pivotal role of the hospital school, for example, is to assist and support learners in their reintegration into their mainstream schools and communities. Deeper insight into the experiences of teenage mothers in a hospital school could facilitate their support from teachers, parents, and community members at various emotional, social, and educational levels.

The aim of this study was therefore to explore the experiences of teenage mothers in a hospital school in order to identify the critical success factors that support their reintegration into mainstream schools. This study was motivated by the fact that teenage motherhood is considered worldwide to be one of the major causes of
disruption of schooling and dropping out from the education system (Jewkes et al., 2009; UNESCO, 2014). In contrast to this, support for transition into parenthood is readily available to those who give birth in a more “traditional” sequence of events (Panday et al., 2009, p. 9), but not to adolescent school-going mothers whose situation is usually regarded as falling beyond conventional community norms.

Reflection on the above problems gave rise to the formulation of the research question for this study: “What are the experiences of teenage mothers in a hospital school in order to support their reintegration into mainstream schools?”

5.2.2 Research design and methodology

The qualitative approach of IPA was used to investigate the six participants’ lived experiences, while considering how they made sense of what they had experienced. This allowed for a more varied explanation of the participants “lived world” and “lived experiences”, which both fell under postmodern and phenomenological approaches, as subjectivity and context were included (Hassim, 2009; Smith et al., 2009). Therefore, based on review and research, a descriptive, qualitative approach within the paradigm of IPA was a most fitting design for this study. Semi-structured interviews, supplemented by informational letters and a reflexive journal, were the primary method for data collection. Data were collected and thematically analysed according to appropriate guidelines of IPA. True to qualitative research, IPA, and the data collection methods, I, the researcher, acknowledged my central role within the research study, and therefore reflexivity was incorporated to eliminate subjectivity and bias (Pringle et al., 2011). An appropriate method of ethical considerations, trustworthiness, and quality was considered throughout to ensure validity and quality of this entire study (Lincoln & Guba, 1985; Yardley, 2000).

5.3 MAIN FINDINGS: RESULTS FROM THE RESEARCH QUESTION

Each finding ensued from an accumulation of shared experiences concerning all six participants. No substantial difference in experiences was reported in these three groups of participants. Through the use of primary data collection, thematic analysis, and IPA, the investigation of this question and subsequent analysis of the data suggested the following three thematic main findings:
1. All six participants of the study identified education as a priority. From a bottom-up approach, this seemed influenced by both intrinsic and extrinsic factors. As mentioned in Chapter 4 (subsection 4.3.1), it was apparent that the participants not only experienced education to be of great importance, but had prioritised their education as well. A basic theme was that the hospital school as an institution provided support to make the participants’ priority a reality. This finding can support reintegration into mainstream education as it provides evidence that teenage mothers will not only benefit from support to complete their schooling, but actually desire such support. Knowledge that these teenage mothers want support could motivate those who need to support these learners, such as educational stakeholders and parents. Since support efforts appear to be appreciated, they should not be considered a waste of time and dedication.

2. The second main finding (Chapter 4, subsection 4.3.2) suggested by the data was that each participant experienced schoolwork distractions. These distractions were not only of a physical kind inside and outside the classroom, but also of a psychological nature. Awareness of these challenges by teachers, parents, and teenage mothers can prepare them for planning and implementing countermeasures as a matter of priority. The reduction of distractions is likely to enhance the mothers’ scholastic achievement, which in turn can strengthen their desire to continue with schooling and become reintegrated into mainstream education.

3. The third main result of the research question is that each participant experienced teacher support as important and positive in both attitude and behaviour displayed by teachers. Examples of teacher support have been provided in the raw data of the data collection in Chapter 4 (subsection 4.3.3), in section 5.6 below, and in Appendix B. The significance of this finding is that teachers can become aware of their significance with regard to supporting teenage mothers, and that resources and skills training via the DoBE and schools themselves can become available to teachers in terms of supporting these learners.
5.4 REFLECTIONS ON THE STUDY

5.4.1 Research findings and literature review

Each finding will now be discussed according to the literature review and personal reflection.

5.4.1.1 Education is a priority

This finding correlated well with Chapter 2 (section 2.4) of the literature review regarding the desire expressed by some of the teenage mothers to be reintegrated into their previous schools and complete their schooling, but were unable to do so because of a myriad of challenges (Chigona & Chetty, 2007; Theron & Dunn, 2006). The literature review did not specifically suggest that teenage mothers prioritised education, but revealed a challenge to the mothers because of a lack of aspiration by their families that they should complete their schooling (subsections 2.4.1 and 2.4.4). As mentioned in Chapter 4, (subsection 4.3.1), this aspiration can originate from and be maintained via any individual or system of the teenage mother’s life (Chevalier & Viitanen, 2003; Lekes et al., 2011; Minnis et al., 2013).

5.4.1.2 Schoolwork distractions

This finding could be anticipated, as it was suggested throughout the literature review that teenage mothers experience difficulty with their schoolwork due to a myriad of challenges stemming from the problems of balancing the roles of being a learner, teenager, and teenage mother. Typical examples are the inability to attend school because of having to look after babies, feelings of shame that influence reasons to avoid going to school, or psychological and medical stressors that can influence concentration and learning (Barnet et al., 2004; Clowes et al., 2012; Nkani & Bhana, 2010). However, it was not expected that psychological and physical distractions would feature so strongly inside as well as outside the classroom. As discussed in section 2.4, physical and psychological stressors can interfere with learning within or outside the classroom, and this is evident throughout the pregnancy and postnatal stage (SCAA, 2008; Willan, 2013; Wilson-Mitchell et al., 2014).

The literature review indicated that support was required for mothers against both physical and psychological stressors, which was confirmed in this study especially
because of the varied nature of such stressors, for example a lack of sleep caused by having to look after the baby late at night, which can influence a lack of concentration with regard to schoolwork the next day (Bhana & Ngabaza, 2011; Chohan & Langa, 2011; SCAA, 2008), or emotional stressors that can exert an impact on school attendance and concentration (Mash & Wolfe, 2002; SCAA, 2008; Willan, 2013). The relevance of this finding, as reflected in the literature, is that learners who perform scholastically well have a greater chance of successful reintegration into the education system (Grant & Hallman, 2006; Willan, 2013; SCAA, 2008).

5.4.1.3 Teacher support

Since the research was based on the experiences of teenage mothers at a school, it was anticipated that teachers would feature prominently as a form of experience. It was not expected, however, that their role would be experienced so positively as a form of support in this study, as negative experiences appeared to predominate in the literature (see subsection 2.4.6). The literature review considers negative experiences that are influenced by teachers such as discrimination and a lack of support (Nkani & Bhana, 2010; Runhare & Vendayar, 2011), and that the positive effect of support from all education stakeholders such as teachers can promote reintegration into mainstream schools (Jewkes et al., 2009). As stated by Bhana et al. (2010), while teacher support is desirable, the evidence shows that it is not critical to mothers’ returning to school. Supportive teachers can indeed improve the schooling experience, yet many teenage mothers who have returned to school reported on unsupportive teachers and principals but continued their education nevertheless. This finding complements the ecosystemic perspective that it is the responsibility of all adults to support teenage mothers, such as mentioned in subsection 2.4.1.4.

5.4.2 Methodology and design

The research design and methodology facilitated focusing on the research at hand and eliminated possible influences that could have caused straying from the research topic and question, or entanglement in the data. As discussed in Chapter 3, the methodology and design, which were in accordance with the guidelines of IPA and qualitative research, ensured that the research findings would be embedded in
as rich a matrix as possible, but would also be as objective and as bias-free as possible. An advantage of the methodology was that subjectivity could be managed through the reflexive journal, which made it possible to consider the experiences of the participants from their point of view and to identify themes, but to guard against personal bias that could influence the data analysis negatively. Triangulation of data assisted in augmenting the validity of findings.

5.5 POTENTIAL CONTRIBUTIONS OF THE STUDY

On reflection, the following contributions and recommendations may be considered.

5.5.1 Value for the research discipline

- The study may have value for the research discipline of educational psychology in that it attempts to contribute to the body of knowledge about an under-investigated aspect of the field, namely the role of hospital schools in the resumption of interrupted basic education for teenage mothers.

- Findings in this study provide empirical corroboration of data found in already existing studies and thus add to the existing body of knowledge.

5.5.2 Value for educational practice

- The findings could also be used as a basis for resource and training materials for the Department of Education in the development of policy and guidelines on teenage motherhood and school reintegration. Such materials could be developed and used as a support for all educational stakeholders.

- The DoE could, for example, use this research to support the reintegration of adolescent mothers into mainstream schools, and to develop and provide resources and training from an ecosystemic approach. Initiatives could have a greater impact if a systems approach is followed, since it would enhance efforts at all levels of the South African basic education system.
In suggesting measures for encouraging teenage mothers to become reintegrated into the mainstream schooling system and to complete their basic education, the findings may have value in promoting long-term community goals in empowering these mothers as productive members of society.

The findings indicate the importance of the services offered at the hospital school. The value here is that this type of an institution could contribute and train teachers and feeder schools on how to support teenagers who become teenage mothers.

5.5.3 Areas for further research

Since this study was undertaken in a comparatively unexplored field, it could be considered a relatively new investigation effort. Validation of the findings with a view to generalisability may thus create opportunities for further research.

This study focused on the learners, which leaves space for investigations concentrating on the roles of educational psychologists, teaching staff, and parents in further research.

At individual level, it is furthermore highly advisable to undertake analyses of changes in the academic functioning of teenage mothers after giving birth in order to assess the potential associations between postnatal depression and educational performance.

5.6 RECOMMENDATIONS

The recommendations presented are based on the three thematic findings of the research study, which accord with other research findings reflected in the existing literature. One of the primary aims of the research study was to consider support from an ecosystemic perspective. The recommendations are not only specific for teenage mothers who attend a hospital school, but also hold true for other teenage mothers in mainstream schools because of sharing the same experiences.
The following recommendations may serve to support inclusive education as a means of reintegrating teenage mothers into mainstream schools:

1. Support teenage mothers in realising the importance of obtaining an education and empower them to know that they are able to do so.

2. Assist teenage mothers in making future plans and make them aware that they do not need to be limited in their choices because of motherhood.

3. Support members of society such as educational stakeholders in acknowledging that these learners will benefit from support, considering that they are expected to deal with the dual role of mother and adolescent in a society that does not necessarily accommodate such a role.

4. Foster community awareness of the important socio-economic function that support to teenage mothers in educational achievement can fulfil by breaking the poverty cycle and countering gender inequality.

5. Contextualise support in a systemic framework that identifies all stakeholders and sets out all sources and means of assistance to teenage mothers.

6. Accommodate teenage mothers through special consideration or arrangements in the classroom such as the following:

   - Allowing them to go to the bathroom frequently without having to wait or ask for permission.

   - Understanding that they have to balance certain roles and that they should be allowed latitude in the application of rules such as deadlines for assignments.

   - Acknowledging the physical and psychological challenges that they and their babies have to face, and assisting them in catching up with schoolwork if they fall behind because of missing classes during illness.

   - Guiding, supporting and counselling them in their academic needs and unique life contexts.
5.7  STRENGTHS OF THE STUDY

On reflection, the following aspects may be considered strengths of the study:

- The uniqueness of a hospital school environment facilitated *inter alia* easy access for data collection for the research study, as well as allowed a research study to be conducted within a hospital school environment. The latter type of environment appears to be rare in current national and international research contexts.

- It was ensured that sufficient time would be available for interviews, which allowed for careful focusing on personal and individualised interaction with the participants, encouraging them to be more open and frank about their experiences and perceptions.

- The small sample size was more clear and descriptive, which aided homogeneity within the data collected and allowed for data saturation to take place. Sampling was also undertaken in compliance with the appropriate guidelines of IPA (Biggerstaff & Thompson, 2008).

- IPA was highly suitable for the research study, as audience members of this study could engage with the participants’ experiences while considering their own.

- The implications of this can enhance support for all stakeholders involved in dealing with teenage pregnancy and education. These implications include contributions to social economy, health, social integration and education, which are evident as a consequence of teenage motherhood.

- The fact that three population groups were reflected in the composition of the participant component of the study may add to the generalisability of the research findings, particularly regarding representativeness of South African society.

- No significant differences were apparent in the experiences reported by these three groups, thus adding to the validity of the findings.
5.8 LIMITATIONS OF THE STUDY

The main limitations of the investigation can be outlined as follows:

- The primary problem encountered in this investigation was the paucity of academic literature specifically appropriate to the experiences of teenage mothers in a hospital school context. Since more research material was available on the experiences of teenage mothers in a more general context, this was used as a guiding framework.

- Qualitative studies may be open to criticism of limited applicability, for example because of only a single researcher collecting potentially subjective data from participants in interviews. This was indeed a possible limitation of this study, but it was for this reason that extra care was taken in requesting the participants to write informational letters to amplify their experiences, views, and perceptions with greater clarity. Greater depth in and richness of data was achieved because the participants were given the opportunity for calm reflection by writing in privacy and in their own time over several days.

- The ecosystemic perspective has the advantage of being very broad, but in a study of this restricted nature it was necessary to focus only on the participants’ perspectives to obtain rich, first-person accounts of their experiences. It would have been ideal to consider other perspectives such as those of the participants’ caregivers, teachers, and families in order to gain a deeper understanding of the experiences of the teenage mothers. The latter approach would not only complement the ecosystemic framework, but could also enhance the findings of future studies similar to this investigation.

- As discussed in Chapter 3, convenience and purposeful sampling meant that all the participants were enrolled at a hospital school at the time of the study. Owing to the use of convenience sampling, a form of bias may be identified in the fact that the participants were interviewed in an academic (school) setting, and that the validity and generalisability of the current research findings may consequently be restricted to teenage mothers in a
hospital school environment. Further research in a similar environment would be necessary to confirm the generalisability of the current findings, which may nevertheless still serve as a basis for fresh investigations, or to complement new research within this field.

- Conducting the research at a hospital school where all the learners were teenage mothers may have limited their responses on experiences such as isolation and discrimination, which is more fully reflected in research relating to mainstream schools. It should be noted, however, that the participants did still discuss experiences of peer rejection, isolation, and discrimination such as found in the literature review (subsections 2.4.5 and 2.4.6), but not to the extent that these experiences warranted selection as themes and findings for this research.

- As the participants were invited to share their experiences from the moment they found out they were pregnant until the present, experiences were not specifically categorised according to when they were pregnant or had given birth. It appeared that most of the experiences had overlapped between the two. Therefore, a limitation of this study is that experiences are not specific to (a) a teenager who is pregnant and (b) a teenager who has already given birth. It was ensured that this limitation did not contaminate the findings of the research study, as the study was not aimed at focusing specifically on experiences while being pregnant, or experiences after giving birth.

- Semi-structured interviews did not allow for more pertinent questions to be asked and answered. Thus, relevant data providing more in-depth understanding to the phenomena could not be gained.

5.9 CONCLUSION

This study highlights the necessity to support society in ways to accommodate teenage mothers by focusing on their reintegration into the education sector. Teenage mothers are forced to transit earlier into the roles and responsibilities of adulthood in a society that does not easily accommodate this transition at such an early stage. As Nelson Mandela (as cited in Soweto, 1990) has remarked, “Children
of today are the leaders of tomorrow and education is a very important weapon to prepare children for their future roles as leaders of the community” (https://www.nelsonmandela.org/activities.entry/nelson-mandela-leadership-for-literacy-project). The study recommends that support be provided to teenage mothers not only because of the burdens of teenage motherhood, but also for the present and future well-being of their children and society overall. Supporting these teenagers should be contextualised in an ecosystemic framework, which would promote positive outcomes for both the individual and the community of which the individual constitutes an essential part.


*Head of Department, Department of Education, Free State Province v Welkom High School and others*. JOC 30547 (cc). (2013). South Africa Constitutional Court.


*Research at grassroots. A primer for the caring professions* (pp.252–262).
Pretoria: Van Schaik.


*Psychology: An introduction* (pp. 73–85). Cape Town: Oxford University Press.


Belmont, Canada: Thomson Wadsworth.


APPENDICES

APPENDIX A: ETHICAL CONSIDERATIONS AND PERMISSIONS

Gauteng Department of Education research approval letter

Gauteng Province
Department of Education
Republic of South Africa

For administrative use: Reference no: D2015 / 191

GDE RESEARCH APPROVAL LETTER

<table>
<thead>
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<th>Date:</th>
<th>30 June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validity of Research Approval:</td>
<td>30 June 2014 to 3 October 2014</td>
</tr>
<tr>
<td>Name of Researcher:</td>
<td>Saunders K.</td>
</tr>
<tr>
<td>Address of Researcher:</td>
<td>37 Nicholson Street, Baileys Muckleneuk, Pretoria</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>012 346 3801; 071 422 6694</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:saunders.klm.shira@gmail.com">saunders.klm.shira@gmail.com</a></td>
</tr>
<tr>
<td>Research Topic:</td>
<td>The experiences of adolescent mothers and pregnant teenagers in a hospital school</td>
</tr>
<tr>
<td>Number and type of schools:</td>
<td>ONE LSEN School</td>
</tr>
<tr>
<td>Districts/HQ:</td>
<td>Tehwane South</td>
</tr>
</tbody>
</table>

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school(s) and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. Making education a societal priority

Office of the Director: Knowledge Management and Research
9th Floor, 111 Commissioner Street, Johannesburg, 0001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 205 0200
Fax: 011 205 0201
Email: David.Mashaba@gauteng.gov.za
Website: www.education.gov.za
1. The District/Head Office Senior Manager concerned must be presented with a copy of this letter that would indicate that the said researcher has been granted permission from the Gauteng Department of Education to conduct the research study.

2. The District/Head Office Senior Manager must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.

3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher has been granted permission from the Gauteng Department of Education to conduct the research study.

4. A letter/document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.

5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department until those that opt not to participate will not be penalised in any way.

6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted at an appropriate time when the researcher may carry out their research at the site(s) that they manage.

7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.

8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.

9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.

10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationary, photocopies, transport, taxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.

11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.

12. On completion of the study the researcher must supply the Director Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.

13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.

14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

[Signature]

Dr David Makhado
Director: Education Research and Knowledge Management

DATE: 10/04/2001

Office of the Director: Knowledge Management and Research
8th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 322 0606
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za

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ETHICS CLEARANCE

Dear K Saunders

Ethical Clearance Number: 2012-023

Re: The experiences of adolescent mothers and pregnant teenagers in a hospital school

Ethical clearance for this project is granted subject to the following conditions:

- If there are major revisions to the research proposal based on recommendations from the Faculty Higher Degrees Committee, a new application for ethical clearance must be submitted.
- If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted.
- It remains the student’s responsibility to ensure that all ethical forms and documents related to the research are kept in a safe and secure facility and are available on demand.
- Please quote the reference number above in all future communications and documents.
- PhD candidates must please submit a separate application for their individual studies

The Faculty Academic Ethics Committee has decided to

☑ Grant ethical clearance for the proposed research.
☐ Provisionally grant ethical clearance for the proposed research
☐ Recommend revision and resubmission of the ethical clearance documents

Sincerely,

Dr Geoffrey Lautenbach
Chair: FACULTY ACADEMIC ETHICS COMMITTEE
21 August 2012
Research site permission

Note: Confidential particulars have been masked out.

TO WHOM IT MAY CONCERN

The undersigned grants permission for Kim Saunders to conduct research at the Hospital School under the proposed title: The experiences of adolescent mothers and pregnant teenagers in a hospital school.

Permissions to investigate are in accordance with the GDE and University of Johannesburg ethics approvals.

Ms. Saunders is given permission to interview and gain data from the learners, as well as use other forms of data collected from the Hospital School. The following is however not negotiable:

Ms. Saunders may use the name “a hospital school in Gauteng”, the principle. However, there should be no direct reference (such as names) to the school, its location, staff members, learners, and so on.

Principal
University of Johannesburg informed consent/assent form

Note: Only one example is provided here. Confidential particulars have been masked out.

Informed Consent/Assent Form

[Signature]

[Date]

Hereby:
☐ I agree to be involved in the above research project as a participant.
☐ I agree to be involved in the above research project as an observer to protect the rights of:
☐ Children younger than 18 years of age.
☐ Children younger than 18 years of age that might be vulnerable*, and/or
☐ Children younger than 18 years of age that are part of a child-headed family.
☐ I agree that my child, ________, may participate in the above research project.
☐ I agree that my staff may be involved in the above research project as participants.

I have read the research information sheet pertaining to this research project and understand the nature of the research and my role in it. In addition, I have had the opportunity to ask questions about my involvement in the study and have received additional details, if requested. I understand that I may withdraw from the study at any time.

☐ Please allow me to review the report prior to publication.

Name: ____________________________

Phone or Cell number: ____________

e-mail address: ____________________

Signature: ________________________

[If applicable:
☐ I consent to audio recording of my participation.
☐ I consent to video recording of my participation.

Signature: ________________________

* Vulnerable individuals refer to individuals who are prone to have physical, mental, emotional or spiritual.

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APPENDIX B: DATA COLLECTION AND ANALYSIS EXAMPLES

Historicity questionnaires

Note: Confidential particulars have been masked out. (P = Participant)

Historicity Questionnaire

What is your pseudo name? 
Cheryl

What is your date of birth? 
24 October 1996 16 years 9/10

What race are you? 
White

What religion are you? 
Christian

What is your economic status? 
Middle class

How many times have you been pregnant before? 
First time

How many siblings do you have? Where do you fit into the family? 
Older brother younger brother

Who do you live with? 
Mom, her BF, older brother in another

What do your caregivers do for a living? 
Mom on pension since beginning of this year, don't know what dad does
History Questionnaire

What is your pseudo name?
Mary

What is your date of birth?
8 August 1997 10:00

What race are you?
White African

What religion are you?
Christian

What is your economic status?
Middle Class

How many times have you been pregnant before?
Only once

How many siblings do you have? Where do you fit into the family?
Older sister, younger brother, two younger

Who do you live with?
Mom, dad, brother in Limpopo, used to live with other girls who are pregnant, or mothers.

What do your caregivers do for a living?
Mom: Accountant
Dad: Manager
Historicity Questionnaire

What is your pseudo name?  

- didn't want

What is your date of birth?  

26 September 1996

What race are you?  

Bl-African

What religion are you?  

Christian

What is your economic status?  

not sure: middle

How many times have you been pregnant before?  

1st

How many siblings do you have? Where do you fit into the family?  

1 older sister

Who do you live with?  

parents & sister

What do your caregivers do for a living?  

Mom is nurse  
Dad is catering business.
Historicity Questionnaire

What is your pseudo name?
They, Vianca, Tshiologo, Tshito feko

What is your date of birth?
30/01/95

What race are you?
Black

What religion are you?
Christian

What is your economic status?
(possibly) middle

How many times have you been pregnant before?
I've never

How many siblings do you have? Where do you fit into the family?
I'm the little sister

Who do you live with?
Mom and 1 big brother

What do your caregivers do for a living?
Dad is police, mom is police, Ewin.
Historicity Questionnaire

What is your pseudo name?

THARA MINDI MANT

What is your date of birth?

31 Jan 1995

What race are you?

Coloured

What religion are you?

Somo / Christian

What is your economic status?

rich

How many times have you been pregnant before?

1 (not before)

How many siblings do you have? Where do you fit into the family?

I'm little sister. I'm first child girl.

added brother

Who do you live with?

Mom dad brother in one place

What do your caregivers do for a living?

Mom works in clothing store, financial manager
Historicity Questionnaire

What is your pseudo name?  Sephie

What is your date of birth?  

What race are you?  

What religion are you?  

What is your economic status?  normal (not sure)

How many times have you been pregnant before?  

only this time

How many siblings do you have?  Where do you fit into the family?  

little sister (have)  
she is older sister  

Who do you live with?  

live with mom and little sister. in 

What do your caregivers do for a living?  

step dad gardener  
mom receptionist  

paid in shisha guaye  
paid in don't talk
Semi-structured interview question and prompt sheet

Semi-structured interview question:
“What are your experiences of being a teenage mother?”

Semi-structured Interview prompt sheet:
What are your positive experiences of being a pregnant teenager so far?

What are your positive experiences of being a pregnant teenager so far?

From finding out your are pregnant up until now —
Considerations/experiences:
- Physically
- Emotionally
- Financially
- Support
- School, community, class
- Family
- Community
- Friends, peers: reaction

Any experiences with regards to suicide? or homicide?

What are your experiences with the hospital schools support with reintegration? What can be done?

How do you think your life is going to change after this? Or not change?

What fears have you had since finding out you were pregnant?

Write a personal letter on the support/experiences you have received since the beginning of the process of finding out you are pregnant, until now.
### Theme 1: Education is a priority

<table>
<thead>
<tr>
<th>Participant</th>
<th>Extract</th>
</tr>
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</table>
| **P1**     | “I was going to modelling for agencies and I wanted to, and then I found out I was pregnant so I couldn’t, and I had to give that up.”  
“...and my marks came up very much high because I know it’s [modelling] not for me anymore.”  
“It’s not like in the olden days where you have to be shipped off to America to your grandma’s house or something [laugh] so you can work it out now.”  
“I know that people say, ja, your life is over when you gonna have a baby and your future is over, but with places like this and home schooling and stuff like that you can still do what you wanted to do.”  
“You feel like you’re the only one in the world who’s pregnant at that moment.I dunno, I just felt alone, you feel alone; you think it’s only you, you the only person that this is happening to right now.”  
“Well, in Grade 10, you’re 16 so you want to party and you want to go out, and, um, especially now, it’s drugs and it’s alcohol… I’m pregnant, so I’m not gonna go out and all of those stuff.” |
| **P2**     | “I realised the importance [of education] ... My mom told me that if she go[t] pregnant in her day the girls had to leave school; they were kicked out of the house...and today it’s just not like that anymore. It’s like we have a place that we can come to...I don’t want to lean on the guy and believe every promise and just hope he keeps it. I need to be independent one day.” |
| **P3**     | “I was also worried about school, and maybe I’m gonna drop out of the school and then look after my baby, and this [was] one thing that I didn’t wanna do coz I’m more determined with my schoolwork, and I wanna finish school and from that I didn’t feel very good.”  
“I’m attending now so I don’t fall behind. I never wanted to drop out of school.” |
<p>| <strong>P4</strong>     | “I’m doing that now [attending the hospital school]. I can have a better future and finish school.” |
| <strong>P5</strong>     | “I thought my life was over and my education was going to have to stop...I thought maybe I should just carry on with school...All I’m thinking about is finishing school and getting through [a] degree.” |
| <strong>P6</strong>     | “I had to come here because otherwise I wouldn’t be in school.” |</p>
<table>
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<tr>
<th>Participant</th>
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<tr>
<td><strong>Theme 2: Distractions from schoolwork</strong></td>
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</table>
| P1 | “There’s not a lot of stairs here [in the hospital school] …and it’s also with the stairs [in the mainstream school that] it’s scary because you can fall off…and you’re tired.”  
“I was very depressed also for a long time, especially in the beginning when we didn’t know what we were gonna do.”  
“I wouldn’t say I would kill myself or anything like that coz I knew that wasn’t an option, but I cried a lot a lot, and in school the whole time.”  
“I lost a lot of people as friends … so that also makes a big part of depression.”  
“I had morning sickness from like the first two weeks till now.”  
“…and in school the whole [time] I was nauseous. Also, I had morning sickness very bad.”  
“Like I have also problems with my blood pressure and my blood sugar.” |
| P2 | “I had all the symptoms: I was tired, I threw up… I was really tired… When you’re pregnant, you’re very tired, you’re very exhausted… You have a baby to look after. You can’t just go out late at night, because you have to be back to get up every three hours.” |
| P3 | “I was thinking about my future actually that my baby is gonna ruin my future, coz obviously when you have a baby then everything changes. You still have the responsibility to take care of yourself and still the baby, and then I was worried. Um, how will I support my baby, coz I don’t work I’m still at school.”  
“I was confused…I didn’t know what to do, my mind was everywhere.” |
| P4 | “[Teenage mothers] leave school because they can’t cope with babies and schoolwork… Like when they are pregnant they get a lot of stress. They don’t concentrate on their schoolwork so they get low marks and then they fail, then they leave school.” |
| P5 | “I was very emotional…sometimes I felt like it’s the end.” |
| P6 | “I have experienced that being a teenage mother is one of the toughest things I have ever experienced in my whole life… Sometimes I just feel so tired… Sometimes I felt very sad, I felt like I don’t even wanna go to school.” |
| **Theme 3: teacher support** |
| P1 | “…and they’re not judgemental here also, which would have been [the case] in the other schools… [being] very judgemental.”  
“They understand here and if you don’t feel good, they also understand.” |
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<tr>
<td></td>
<td>“Everyone here is very supportive because they know what you [go] through.”</td>
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<td>“It helps a lot, with all of the study periods also that you don’t have in the other schools, the free periods so you can, um, catch up with your work and study, which you can’t do at home if you have your baby already, and if you’re pregnant you’re just tired.”</td>
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<td>“They’re very supportive here also. They talk about your baby and she asks you how you’re feeling, most of the teachers and, um, if you came back after having your baby, they ask you how the baby is doing and did everything go well. Like our, um, registration teacher: she prays for you if you go to the hospital. She’s very supportive.”</td>
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<td>“They sent me home a few times because I don’t feel good.”</td>
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<td>P2</td>
<td>“You’re very moody [when you’re pregnant] and you go through mood swings, and when normal schools would say that you have PMS and that you know they, like everyone [else], would just write you off, but [moreover] the teachers [of other schools] would just say, ‘You’re being difficult now; I’ll give you detention if you don’t do your homework.’ Here the teachers aren’t like that.”</td>
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<tr>
<td>P3</td>
<td>“They’re very supportive...they take good care of us and, ja, the teachers are very supportive.”</td>
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<td>P4</td>
<td>“The teachers are very welcoming; they treat us very well, they’re not rude.”</td>
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<tr>
<td>P 5</td>
<td>“They’re very patient and kind.”</td>
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<td>P 6</td>
<td>“The teachers here are more friendly than other teachers because they treat you like a teenage mum... The other schools treat you like a normal kid...so here they understand much more.”</td>
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Cheryl, Participant 1

My support during my pregnancy.

When my mother found out I was pregnant, it was shocking news for me. It was also very disappointing, but because my mom has had so many things happening in her life such as losses of close family members and friends, she is a person that adapts to a situation well. She was actually the person that was the most closer to me than anyone else. She stood by me from the beginning to the end. From the beginning of her finding out, my mom has always found strength in herself and has helped me through each step. Sometimes it would get overwhelming for her and we would cry together, but everytime I need a shoulder to lean on, I knew I could go to my mom. My mom also helped me to have faith and to believe in myself, because when I fell pregnant I thought it was the end of the world. My mom was always my encourager. She made sure she pushed me especially in school, always Drill me about “success” and my future. But the thing that she always remembered was to go down on her knees and pray. She always told me, “When nobody is listening, God is.”

And throughout my pregnancy those words stayed in my head, the times when I felt I was all alone, I spoke to God. But personally, I truly believe is truly a blessing, I’m sure that if [redacted] was not by my side, I doubt I would’ve made it this far in life, as to opportunities and the different doors that he’s opened for me. She is my rock!!!
Mary's Participant Z

Dear the one who is reading this letter.

I fell pregnant at the age of 15. While you are pregnant you feel very left alone and people who cared about me felt that it is very important to make me feel that I am not alone. That is where support comes in...

I myself have an amazing support system and received a lot of support from a lot of people. I actually had no-one come to my face and take me out about it. (yet) My parents were disappointed, but they love me and that is why they still support me in all my decisions (all well most of them) and they will only want the best for me, because from all the other people in the world they know what I'm capable of, and they only want me to be the best for me and my little baby.

My baby is 8 weeks this week, and I'm finishing my Grade 10 year at the [redacted] School and then I will finish my grade 11 and metric at [redacted]. I believe that my little baby was sent to me for a reason and I can see how this changed for me for the better. For example I realized how important my school work is to build a life not only for myself but my baby as well. I received a lot of positive support from all around and I think it is because I surrounded me with people who really love me for who I am. It is important (I think) that as a pregnant teenager I had to offer a lot of support to my parents; this hit them a lot as well. I felt the more I listened to how my close ones felt the smaller my problems sound and look. Offer support and you will receive support as well. I think that I will experience a lot of negativity in the world outside there because I know how people can be.

I guess that if you just found out your pregnant, or whether someone close to is pregnant just remember she feels like she is the only one...
that is pregnant and a lot of self confidence will probably go down the drain. Support her, whatever her choice, and she is becoming a mom- she will probably make the best choice for that little infant growing inside of her. Make sure that she understands that, that little baby didn’t ask to be there- so remind her to make that little baby feel most welcome to the world...(the world is so cruel- why show it to a little baby unnecessarily?)

I have up to 20 friends who have babies of their own (teenage pregnancies) and all of us survived, all of us can still smile and face life- no matter what situations we had, no matter what we had to go through.

I don’t know whether you believe in God, even if you don’t and everyone has abandoned you- I just hope you will remember that there is an AWESOME Lord up there holding you and the little miracle in your stomach, so tight- you don’t have to be scared of anything.

Good luck with your journey...

Love:

(P.S. don’t do abortion- killing doesn’t dvy and just think....what if you were an abortion.)
How I found out

I knew from the beginning because my boyfriend wanted me to do a test. Initially I wasn't seeing my periods, I had evening

I told nobody because I was scared and confused. I thought of doing abortion but I had so many doubts. Immediately

I told my best friend when I was only three months because at the time I was very confused, but I knew that she was gonna support me and give me good comfort

It is most definitely true. She immediately went and asked my mom to take me to the clinic and find out more.
My mom told me:

One morning on a Monday, I was going to go to school, but my mom said to me, no, don’t wear your school uniform. Please wear casual clothes because I need you to go to the clinic. I was very worried and thought of telling her myself to spare her the embarrassment, and they journeyed to the clinic while I knew the whole truth, but I just couldn’t bear the news to her. The sister at the clinic told her that I was five months pregnant. She gave us options which were: aborting, keeping the baby or giving it for adoption. The look on my mother’s face then I couldn’t believe it, tears were slowly rolling down her cheeks, eyes were red and you could tell that she was sad, hurt, disappointed and yet she had mixed emotions.

Support and encouragement from my family:

My mother and sister née against the abortion option. They told me to keep the baby because a child is simply a gift from God. They said they didn’t believe in the evil things of abortion and stated so there’s no way I’m going to do it. They said I will attend the School yet what I’m doing now, so that I don’t fall behind with school. I never wanted to drop out of school because I love school, I’m disciplined and very determined. They said I must stay busy with life and what is going to support my baby. They offered and promised to save and support my baby because it’s the end of the world to have a baby at a young age when you still in school.
My baby’s father

He was not always there for me, but thought it didn’t really matter at the time because I was still dealing with my depression.

I would rather not go into details about him.

My pregnancy

I really enjoyed it because I used to get all the attention I wanted. I used to eat a lot but I was very lazy. I always had cravings on inter-renal and tummy biscuits. Everything my mom, dad or brother go to shops, they knew I’d ask them to bring me inter-renal and the biscuits. My old clothes were no longer fitting me, yet I had to buy clothes more often because almost every month I was gaining weight.

My pregnancy at my old school

Everyone in the school including the teachers knew. Rumors spread because I was always wearing my preggers clothes. When it was hot, the suggested I was pregnant. Everybody was talking and questioning but I denied straight away. I was kind of ashamed at first but as time went on, I was open and cared less of what people said and say.

What I told myself and what kept me going

Would say to me: don’t care what people say because they will only bring unhappiness in your life. And make you miserable. These people that are talking, they won’t be there to support you baby so mindfulness, what they say doesn’t matter. I told my I’m going to finish school and do what’s best for me and my baby. What people say will only destroy you if you entertain it.
People in my community

* Obviously they said bad comments about me. Things like, 'I'm still young to have a baby. I'm not focused on school but instead on boys and all kinds of things. They gave me bad looks and discriminated me for being pregnant. I was really young, bad and discriminated against, but I had to be strong. I was strong and didn't hang out in those areas. My friends thought I was stupid for me but their parents were not friendly to me. My experience was good and bad at the same time because some neighbors were killing and snatching men and we just colluding the businesses and they had incidents rather than involve mothers, baby and girls. It was not the girls and definitely not the last so it was not a thing to take about because such things happens to teenagers.

I really feel comfortable to be there. There is no discrimination as all girls have teenage mothers and others we all equal. I don't feel kept out and we give each other support and support until one needs. The teachers are very supportive and education level is much better than at a normal school. You can talk to the teachers about anything and any moral support that you need. I felt much appreciated and loved at that school.

After my baby was born.

My relationship with my father was kind back to normal. My baby brought joy and happiness into our home. The love passed was unconditional and she was treated very good after her while I was.
her when she’s off work and treats her like her own baby. My baby’s father was overwhelmed and excited about his baby’s arrival. Now it’s like he has obsessed over our baby. This support that I get is so unbelievable. Both families are always there to care and support.

Dealing with school

I take pride in my school work. I want to see myself successful one day in the bright light. Nothing or my body keeps me from doing my school work and studying. My parents help me with my baby so that I can do my work, assignments and study for these if ever I need help, really.

THE END
Tsonelefelo

Participant 4

To: Kim

Being a parent:

I like to look at the absolute trust and content in my child's eyes when he looks at me, it makes me realize that God has indeed given me the best. Being able to give and receive unconditional love is priceless. They have such beautiful little hearts. There is nothing more fulfilling; I know I am his world.

What is most challenging?

At the moment, I find myself depriving myself of adequate rest; I've been told it's the school of life. Sometimes baby refuses to sleep before midnight and yet I have to be up at four o'clock in the morning and get ready for school. My family works extremely hard and even crazier hours; sometimes they assist when they are not busy, but I'm yet to find a good hiding retreat for me to get away to.

The support I get:

Without a doubt both my parents and in-laws have been a strong support system for us. I'm yet to figure out a way to thank them. There is an amazing woman who is literally she has been great with him. I come home and catch up on at least one hour of sleep, then take over baby duties while she does the rest of the housework.
most of his time with me or my mother of course. She is the love of my life.

Pregnancies and birth:

It wasn’t that easy and I went to the doctor with any symptoms or pain. But wow, to be honest, the pregnancy gave me enough support to curb my fears. He’s been a very strong pillar of strength until the end, after a whole night of labour. Then I had my son through C-section, the scariest experience, but looking at my son smiling and laughing, I guarantee that it was worth every stitch.

Advice to other parents:

I guess, in my opinion, parenting is about complete selflessness, because now it’s all about a little person who looks up to you and his or her world is complete. It’s about giving, adequate discipline and a whole ocean of unconditional love. Always.
and I have been close all the years from __________. The day _______ out I was pregnant, _______ was utterly hurt, it was literally broken down to pieces _______ that took it the broken. _______ was always there but he never wanted to accept the baby, throughout my pregnancy _______ never spoke to me, it was like it was invisible to him, he couldn’t even look at me in my eyes. He always said to me “I don’t picture _______ having a baby, never!” He was completely emotional, he surprised himself for three months, refusing to eat anything and even got sick. _______ of will ever have that close bond again, and it also hurt me to see _______ was not the same anymore. Our atmosphere was completely different and he just couldn’t bear with the fact that I was pregnant. As months went by, I finally gave birth, _______ was at first very quiet and was distant around the baby, but after two weeks, he started accepting it, and even said to my baby “__________.” More than close to my baby, he shops for my baby, he spends all his time with the baby, we even argue because he doesn’t give anyone else a chance to hold the baby. And our relationship is back to normal.
When I found out I was pregnant I only had [redacted] and they encouraged me to make the right decisions. [redacted] He really helped me alot, everyday I cried they were there to comfort me and encourage me. [redacted] always visit to find out how I am doing and how the baby is doing. They were basically always there for me.

But Most Importantly God stood by my side to this day. He never made me feel alone, God gave me the strength to wake up every morning and to keep my head up high. God is so good to me and I really thank him for everything.
In December 2011 I found out that I was pregnant. Most women jump for joy when they receive this information, but I was in a depressed state. I thought to myself: I’m sixteen. How could I do this to myself and my parents? I always knew that teenage pregnancy was definitely not on my future list. But I couldn’t tell my parents because I was scared they would kick me out of the house. The only thing I was thinking was “Abortion” instead of some day. But around April my mum took me to the doctor only to find out that I’m 6 months pregnant. It was a pretty shock for my mum, she actually didn’t talk to me for about two weeks. Then I finally received the full support from my parents and my boyfriend. After giving birth to my little girl (name redacted) I realized that my life isn’t over, the best is yet to come. God gave her to me a little bit too early in my life, but I have no regrets. She is the best gift I could ever ask for. She is a flower of God that grew within me for nine months. I now know that life is a rollercoaster but I learnt to enjoy the ride. With school by my side nothing can forbid me to my education further on. The learners as well as the teachers are family to me. I have experienced that being a teenage mother is one of the toughest things I have ever experienced in my whole life. The life is too short to enjoy it to the fullest while you can but use it wisely.
### Extracts from Reflexive Journal – researcher’s personal diary

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<th>Date</th>
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<tr>
<td><strong>Theme: Education is a priority</strong></td>
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<tr>
<td>May 2013</td>
<td>It would be interesting to know if teenagers have the actual ability to make decisions like “should I go to school?” If the decision was solely on the learner, I wonder what the decision would be? I have tried to identify in the literature if biologically teenagers are even able to prioritise school in order to make such a decision? I wonder if biology or influences are more significant in making such a decision and if both are even necessary? I would really like to know if these girls really can make such decisions or are even aware of their responsibilities in them?</td>
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<tr>
<td>September 2013</td>
<td>These girls are now in “mother mode”. I wonder how much that affects their decisions? Is it not up to the family/communities to enforce such decisions? The law itself forces the decisions as all children and teenagers have no choice but to attend school. I almost wonder if this is worth debating, as these teenage mothers HAVE to attend school. But at the same time, there are so many learners who don’t attend school based on much lesser “excuses”. So attending and prioritising school may just be up to the choice of the girl herself. Especially if one were to consider the “African context”, guidance and discipline are arguably limited (let’s consider latch key kids, etc). There seems to be an assumption that adolescents are rebellious when it comes to prioritising responsibilities such as school. But now their roles have shifted and perhaps school does become a priority? I wonder if they can prioritise? Yes, adolescents are described to be egocentric, but now they have a baby? I wonder if “developmentally” they can consider not only their own futures, but that of their children with or without a completed high school education?</td>
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<td>December 2013</td>
<td>I would need to categorise what influences their decision to drop out and then what influences their decisions to return (or not). Understanding the difference is a focus for now.</td>
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<td>March 2014</td>
<td>Is it one and the same? It seems some argue it’s personal circumstance that can influence decisions; others may argue it’s personal choice and not so much circumstance. This could explain why some girls drop out of school even before falling pregnant. Although this is also based on circumstance. The systems theory seems very fitting at this point.</td>
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<td>March 2014</td>
<td>These girls all go to the hospital school, so the study is therefore contextualised. I have acknowledged this as a limitation and need to focus on this so that it does not lead to biases within the study. The fact that all the participants attend the same school can also be positive. An advantage is that this work could report on the ACTUAL school itself as a type of support; this is in accordance with the rationale of the study, which is to focus on the hospital school context. There seems to be limited research and knowledge in this hospital school context. I am still</td>
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<td>January 2015</td>
<td>waiting to receive feedback from the overseas schools that offer a similar support. The fact that I cannot find literature on the school emphasises the need for the study, as it is evident that this school is supportive. So it would be necessary to know what the school does so that these girls attend??? Whatever the school is doing could be shared as these girls are reintegrating after giving birth. They are also simply completing school.</td>
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<td>January 2015</td>
<td>It seems that the girls of this age group are a good source of support and motivation. I wonder why this happens and how this affects things?</td>
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<td><strong>Theme 2: Distractions from schoolwork</strong></td>
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<tr>
<td>January 2013</td>
<td>Motherhood is distracting enough for adults, how much more so for teenagers?? I need to understand the influences and effects of this experience.</td>
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<td>January 2013</td>
<td>Being a teenager is hard enough, this can only be far harder for teenagers who are pregnant or moms, I wonder if this is an assumption or truth. The balance is intense. I wonder if the balance is possible? These girls have to worry about being teenagers, this means worrying about friends, relationships, school. Adolescence can be difficult for girls, they seem to be very emotional... Relationships and falling in love can be confusing. Now they must deal with being a mother? And potentially breaking up not just with a boyfriend…but with the father of their child? There is so much stress as a teenager, school can be a big concern. I wonder how these girls can even focus on school when they have so much else to carry? Then we have to think about the responsibilities of being a mom, and how others may treat you. How is it possible to balance the responsibilities of providing for a child? Looking after a baby? Possibly working? Going to school? And being a normal teenager at the same time???? Just thinking about it is overwhelming, imagine living it!!</td>
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<tr>
<td>July 2013</td>
<td>For those who treat teenage mothers as adults because they “have made their own beds”, is this fair? they are still children? These girls have to focus on work and their new situations, and with the guilt and lack of support?? I wonder how much worse are their experiences? I wonder how they feel about being treated this way and how it makes them behave and think?</td>
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<td>August 2013</td>
<td>I see them having contractions in exams, even in therapy. How can you focus on anything else? What does this do to them holistically? I can’t even imagine how scared they must be? Again I’m asking the same question, how can these girls focus on school when they have far greater concerns and pain. I wonder if this is the same experience like if they were watching a movie? It must be very hard to focus on anything else.</td>
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Hearing what these girls have said makes me wonder if there is more to the fact that these girls just have distractions and challenges with their work. I wonder what else is there to know so we can support this. Like I wonder if it's more personally inflicted, for example great amounts of personal guilt that can minimise concentration and focus? Or if it's pressures from others like guilt and discipline inflicted from teachers or caregivers that influence more challenges? This seems more fitting to psychological kinds of distractions and challenges. At the same time physical distractions can be influenced by a lack of support from others, therefore it could be necessary to psycho-educate others to physically and emotionally support these girls.

It seems the challenges can be grouped under headings, even though they can be intertwined. For example, a lack of sleep can influence stress and stress can influence a lack of sleep. Again the golden thread of systems theory is evident. I need to try and think if any other theoretical framework could be appropriate in this work.

Many of the girls have shared this concern, I also often wonder. Logistically how is it possible to attend school? What do you do with your baby if you have no one or no money to get a baby sitter?

The heat, the pain and nausea. They are scared, hormonal and sad. How can they learn with all of this going on?

Considering the symptoms of pregnancy: we have nausea, exhaustion, stress, heightened emotions, health issues. Then we have the “symptoms” of teenage motherhood: exhaustion, lack of finances, having to feed and look after baby throughout the night, or when you are supposed to be at school or learning.

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**Theme 3: teacher support**

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<tr>
<td>January 2013</td>
<td>What are the characteristics of a supportive teacher? It could be kindness, caring, understanding, flexibility. I’m sure these are all advocated within the principles of inclusive education. Is it not the principles and types of support that can support experiences and reintegration? I wonder what these girls experience?</td>
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<tr>
<td>March 2013</td>
<td>Teachers constantly complain and are having breakdowns, and treating children badly because they can’t cope with all the different types of learners. Teachers are feeling guilty and demotivated, I wonder if the learners can perceive this? It would be interesting to know how much of an effect this has on education?</td>
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<td>June 2013</td>
<td>I’ve always wondered what attracts one to become a teacher? Or work in a specific type of school. Perhaps some teachers do understand because they have been through a similar thing? Perhaps some understand because it is the “nature” of one who works in humanities or</td>
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<td></td>
<td>as a teacher.</td>
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<tr>
<td>September</td>
<td>Are attitude and support the same thing? How do they differ? I suppose they are both considered important types of support and intervention. Even communicating with these learners is part of a support. Especially if these learners have no one else to talk to.</td>
</tr>
<tr>
<td>2013</td>
<td>A supportive teacher who makes a child feel welcome can be a resource for reintegration into mainstream schools. This should already be happening? I wonder if the learners experience this?</td>
</tr>
<tr>
<td></td>
<td>The support of a teacher can influence motivation and the decision to stay in school. Is this something that teachers truly realise? In the same breath a teacher can give as much as possible, if a learner doesn't care or is limited elsewhere, this support probably won't help. Everything seems to be intertwined, the effects that one has on the other is unavoidable.</td>
</tr>
<tr>
<td>February</td>
<td>It would be necessary to interview teachers for such a study. Their voice is so important. It may just be a nice idea for teachers to support, but is it helpful? Do they know how? Do they have the support and resources themselves??</td>
</tr>
<tr>
<td>2014</td>
<td>What is the priority of a teacher? To focus on learning. Focusing on the emotions of the learner is important but is it the priority? Are the emotions and learning not intertwined??</td>
</tr>
<tr>
<td>February</td>
<td>Teachers have to put up with all types of learners. Is it fair to give leeway to a learner because she has to look after a baby at home but not give leeway to a learner who has no food at home? Or has to look after a sick family member? In an ideal world we would have to consider and give leeway to everyone, but what does this do to the learning environment of the classroom? This can be quite complex.</td>
</tr>
<tr>
<td>2015</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C: DATA ANALYSIS AND INTERPRETATION

Step 1 in codifying
Step 2: Examples of preliminary themes identified (unrefined themes)

<table>
<thead>
<tr>
<th>Codes</th>
<th>Identified themes/clusters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>1. Support</td>
</tr>
<tr>
<td>Peers</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>2. Challenges</td>
</tr>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Body image</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
</tr>
<tr>
<td>Multi-tasking</td>
<td></td>
</tr>
<tr>
<td>I now have a baby</td>
<td></td>
</tr>
<tr>
<td>Redefining roles and standards</td>
<td></td>
</tr>
<tr>
<td>Peer</td>
<td>3. Experiences</td>
</tr>
<tr>
<td>Teacher behaviour</td>
<td></td>
</tr>
<tr>
<td>Teacher attitude</td>
<td></td>
</tr>
<tr>
<td>Teacher communication</td>
<td></td>
</tr>
<tr>
<td>Challenges</td>
<td></td>
</tr>
<tr>
<td>Balancing roles</td>
<td></td>
</tr>
<tr>
<td>Scholastic challenges</td>
<td>4. Education domain</td>
</tr>
<tr>
<td>Distractions with school work</td>
<td></td>
</tr>
<tr>
<td>Absenteeism</td>
<td></td>
</tr>
<tr>
<td>School support</td>
<td></td>
</tr>
<tr>
<td>Teacher support</td>
<td></td>
</tr>
<tr>
<td>I want to finish</td>
<td></td>
</tr>
<tr>
<td>Other domains not ideal/available</td>
<td></td>
</tr>
</tbody>
</table>
### Step 2: Examples of preliminary themes identified (unrefined themes)

<table>
<thead>
<tr>
<th>Codes</th>
<th>Identified themes/clusters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety&lt;br&gt;Stress&lt;br&gt;Depression&lt;br&gt;Guilt&lt;br&gt;Shock&lt;br&gt;Worry&lt;br&gt;Worry about future&lt;br&gt;Worry about baby&lt;br&gt;Will I finish school?</td>
<td>5. Emotional/psychological domain</td>
</tr>
<tr>
<td>Tired body&lt;br&gt;Sick body&lt;br&gt;Distractions of work&lt;br&gt;I am sick&lt;br&gt;Baby is sick&lt;br&gt;I can’t hide this/we can’t hide this</td>
<td>6. Physical domain</td>
</tr>
</tbody>
</table>

### Step 3: Example of grouping themes together as clusters

#### (Global theme) 1. Education

<table>
<thead>
<tr>
<th>(Organising theme)</th>
<th>1.1 Education is a priority</th>
<th>1.2 Hospital school is a priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Basic theme)</td>
<td>1.1.1 Extrinsic factor</td>
<td>1.1.2 Intrinsic factor</td>
</tr>
<tr>
<td>P1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P2</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P4</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P5</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Step 2: Examples of preliminary themes identified (unrefined themes)

<table>
<thead>
<tr>
<th>Codes</th>
<th>Identified themes/clusters</th>
</tr>
</thead>
<tbody>
<tr>
<td>P6</td>
<td>X</td>
</tr>
</tbody>
</table>

#### (Global theme) 2. Challenges experienced

<table>
<thead>
<tr>
<th>(Organising theme)</th>
<th>2.1 Educational challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Basic theme)</td>
<td>2.1.1 Physical challenges</td>
</tr>
<tr>
<td></td>
<td>2.1.1.1 Body(tired and medical/biological)</td>
</tr>
<tr>
<td>P1</td>
<td>X</td>
</tr>
<tr>
<td>P2</td>
<td>X</td>
</tr>
<tr>
<td>P3</td>
<td>X</td>
</tr>
<tr>
<td>P4</td>
<td>X</td>
</tr>
<tr>
<td>P5</td>
<td>X</td>
</tr>
<tr>
<td>P6</td>
<td>X</td>
</tr>
</tbody>
</table>

#### (Global theme) 3. Support experienced

<table>
<thead>
<tr>
<th>(Organising theme)</th>
<th>3.1 Teachers</th>
<th>3.2 Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Basic theme)</td>
<td>3.1.1 Attitude</td>
<td>3.1.2 Behaviour</td>
</tr>
<tr>
<td>P1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P2</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P4</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P5</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P6</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Step 4: Tabulation of final themes (final thematic data analysis)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Theme 1</th>
<th>Theme 2</th>
<th>Theme 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Education is a priority</td>
<td>Experiences of distractions</td>
<td>Experiences of teacher support</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td>Psychological</td>
<td>Attitude</td>
</tr>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>