Becoming A Mother: Teenage Mothers' Experiences Of First Pregnancy

by

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Mini-dissertation submitted in partial* fulfilment of the requirements for the degree

MAGISTER CURATIONIS

in

MIDWIFERY NURSING SCIENCE

in the

FACULTY OF EDUCATION AND NURSING

at the

RAND AFRIKAANS UNIVERSITY

Supervisor: Prof AGW Nolte

October 2000

DEDICATION

This research is dedicated to my father, Paulos Mngenelwa Mkhwebane. You never went to school, but you were very supportive when you said " My children, I will be happy and proud to see you being educated."

My youngest daughter, Palesa. Everytime I put a book on the table, you will say, "Yooh, are you studying again?"

ACKNOWLEDGEMENTS

I wish to express my deepest gratitude to:

God Almighty for the blessing of courage, strength and determination.

My husband, Phaswane, and my children, Mduduzi, Duduzile and Palesa, for their love, encouragement and patience.

My parents, brothers and sisters for having confidence in me.

I would also like to extend my most grateful appreciation to the following people for their contributions to this study:

Prof AGW Nolte, my supervisor, for being accessible, welcoming and tolerant. Thanks for continuos guidance, support and encouragement.

Prof NJ Mekwa for her assistance and reassurance.

My colleagues at the University of the North in the Nursing Department for their interest help with many queries, especially Dr LB Khoza, Mrs NM Jali, Ms RN Malema, Mrs FM Tladi and Mrs BL Dolamo.

Mrs JC Kgole, my independent coder.

Mr G Lebepe, for assistance with computer skills.

Nurses at Mankweng Clinic who availed their efforts during sampling.

All the teenage mothers who agreed to participate in this study.

It is difficult to single out people for special thanks because others who have also made valued contributions may feel neglected. My apology, but thank you to all those who have made contributions whose names are not listed.

ABSTRACT

Teenage mothers who are pregnant for the first time at particular clinics and one hospital at the central region of the Northern Province experience lack of information regarding human reproduction, conception and signs of pregnancy. Reproductive Health services are poorly utilized. This, coupled with ignorance often leads to unplanned teenage pregnancies. There is also a delay in seeking of prenatal health care services, with minimal emotional and social support for family members, friends and partners. The research undertaken here were aimed at determining the needs of pregnant teenage mothers based on their experiences in order to facilitate the provision of services that will address such needs. The objective was to establish the experiences of teenage mothers during their first pregnancy and to describe and formulate guidelines from the information obtained.

The research design used in this study was exploratory, descriptive and qualitative which is contextual in nature. A phenomenological approach was used. The study population sample was purposively selected at a particular clinic in the central region of the Northern Province. Fourteen (14) teenage mothers who are pregnant for the first time were interviewed until saturation was reached as was reflected in the repeating themes. In-depth unstructured interviews were conducted. All participants responded to an open-ended question "Could you please tell me about your experiences of first pregnancy?" To ensure trustworthiness Lincoln and Guba's model (1985) was implemented. Data analysis were according to the method Tesch (1990 in Creswell, 1994:155) based on the qualitative approach. A literature control was performed to verify the results.

Five themes emerged as the experiences of teenage mothers, namely, lack of information, unplanned pregnancies, ineffective communication, minimal emotional and social support, and under-utilization of prenatal services. Guidelines and recommendations are proposed to assist midwives in meeting the needs of the teenage mothers who are pregnant for the first time.

OPSOMMING

Tienermoeders wie vir die eerste keer swanger is en aangemeld het by spesifieke klinieke en een hospital in die sentrale streek van die Noordelike Provinsie skyn 'n gebrek aan inligting aangaande menslike voortplanting en simptome van swangerskap te ondervind. Reproduktiewe gesondheidsdienste was onder- of nie benut tesame met onkunde en dit het gelei tot onbeplande tienerswangerskappe. Daar bestaan ook vertraagde verkrying van voorgeboortelike gesondheidsorg, met die minimum emosionele en sosiale ondersteuning vir familielede, vriende en bedmaats. Die navorser wou vasstel wat hulle behoeftes is gebaseer op hulle ondervindinge ten einde die voorsiening van dienste wat aan hierdie vereistes voldoen, te fasiliteer. Die navorsingsvrae was wat die tienermoeders se ondervindinge gedurende die eerste swangerskap was en hoe die navorser die verkrygde inligting kan gebruik en riglyne formuleer wat die behoeftes van die tienermoeders wie vir die eerste keer swanger is, kan bevreg. Die doeleindes was om die tienmoeders se ondervindinge van hul eerste swangerskap te ondersoek en te beskryf en om riglyne te formuleer vir vroedvroue om te voldoen aan die behoeftes van tienermoeders wat vir die eerste keer swanger is.

Die navorsingsplan was ondersoek, beskrywend en kwalitatief, wat in wese kontekstueel van aard is. 'n Fenomenologiese benadering is gebruik. Proefperson is doelbewus by 'n spesifieke kliniek in die sentrale streek van die Noordelike Provinsie uitgesoek. Veertien (14) tienmoeders wie vir die eerste keer swanger was, is ondervra tot versadiging bereik is soos aangedui

deur die herhaling van temas. Indiepte ongestruktureerde onderhoude is gebruik. Al die deelnemers het gereageer op 'n oop vraag: "Kan jy my vertel omtrent jou ondervindinge van jou eerste swangerskap?". Om betroubaarheid te verseker, is gebruik gemaak van Lincoln en Guba (1985) se model. Ontleiding van gewegens was volgens Tesch se metode (1990 in Creswell, 1994:155), gebaseer op die kwalitatiewe benadering. 'n Literatuurkontrole is gedoen om die resultate te verfieer.

Vyf temas het na vore gekom as die ondervindinge van tienmoeders, naamlik 'n gebrek aan inligting, onbeplande swangerskappe, oneffektiewe kommunikasie, minimum emosionele en sosiale ondersteuning en onderbenutting van voorgeboortelike dienste. Riglyne en aanbevelings is gemaak om vroedvroue te ondersteun om aan die behoeftes te voldoen van tienmoeders wat vir die eerste keer swanger is.

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CHAPTER 1

BECOMING A MOTHER: TEENAGE MOTHERS' EXPERIENCES OF FIRST PREGNANCY

1. INTRODUCTION

This study intends to explore, describe and increase the understanding of the effects which physical, psychological, emotional and cultural experiences have on first pregnancy in teenage mothers. The study will be conducted at a particular clinic in the central region in the Northern Province. Based on identified needs by first-time teenage mothers, an attempt will be made to formulate guidelines for meeting these needs by midwives.

1.1 BACKGROUND AND RATIONALE OF THE STUDY

Pregnancy is viewed by psychologists as a time of crisis brought about by emotional, psychological and social stress which reflect the identity crisis of becoming a mother (Bibring, 1959 in Niven, 1996:45). The onset of pregnancy is an important transition period during which a women experience many physiological, emotional and psychological changes in their lives (Mercer, 1986:52). It is a progression from non-motherhood to motherhood.

During accompaniment of students in a particular clinic in the central region of the Northern Province, the researcher observed that most teenage mothers who are pregnant for the first time are still at school, have tendency of hiding pregnancies and seem to book late at the clinics when they are at an

advanced stage of pregnancy. Since they seek medical/midwifery care late risk of medical complications seems prevalent.

During informal discussions with the affected group of teenage first-time mothers, they stated that their pregnancies were not planned and this made them to feel shy and embarrassed, they wore bigger clothes to conceal pregnancy. One teenager indicated that she did not know that missing a menstrual period is a sign of pregnancy. With increasing body size they thought they are fit *"kgwathlile"*. Confirmation of pregnancy is mostly done by general practitioners at approximately seven (7) months.

The situation caused concern to the researcher who is of the opinion that first pregnancy in teenagers requires a special understanding of midwifery care and education. In life each woman has a unique set of circumstances surrounding her, especially in first pregnancy. Listening to these teenage mothers closely may ensure that appraisal of their needs will be based on their experiences, and this will facilitate the provision of services that match their conditions. "If we listen to women and take an appropriate supportive behaviors, then in effect, we will be empowering women, since this term implies that women are taking charge and having some say in their lives. (Empowering women to make change Conference (May 1998: Johannesburg).

1.1.1 PHYSICAL CHANGES EXPERIENCED

Absence of menstruation is a major symptom indicating that the mother is pregnant (Mercer, 1986:53). Some of the first-time teenage mothers are still

biologically immature. During pregnancy they undergo major physiological and psychological adjustments and they have less time of assimilating body changes from pubertal growth before having to inco-operate changes occurring with pregnancy. Physical changes occur slowly as the increased weight of the fetus and its support system necessitate gradual adaptation in posture and movement (Mercer, 1986:52). Mothers are faced with the task of adjusting to inner changes.

Nolte (1998:73) states that [a teenager] is likely to place greater emphasis on physical appearance and a trim figure. During pregnancy she may feel clumsy, unattractive and embarrassed at her increasing size. Mercer (1986:61) explains that the mother feel miserable, a sense of hugeness or awkwardness, ugly or fat. The mother may experience difficulty in accepting her image.

1.1.2 PSYCHOLOGICAL CHANGES EXPERIENCED

Teenage pregnancy is typically unplanned and is less likely to have the support of mate (Mercer, 1985:205). Niven (1996:46) points out that some theories influenced by psychosomatic models of illness have further suggested that psychological conflict caused by unplanned and/ or unwanted pregnancy could manifest in physical symptoms of pregnancy for, example, severe and long-lasting morning sickness or hypertension. However, Wolkind & Zajicek in Niven (1996) found little empirical support for this hypothesis.

Nolte (1998:73) holds the view that pregnant woman will be emotionally labile throughout pregnancy owing to hormonal fluctuations and increased anxiety. Stress and anxiety accompany pregnancy in teenagers whether or not the pregnancy is desired (Marcia et al. 1998:318). Stress and anxiety may seem to result from the rejecting of pregnancy, the worry about the health of the baby, fetal abnormalities, fear of labour and delivery or about the responsibility of parenthood. Nolte (1998:72) [teenagers are single parents] and they usually experience stress because the girl has to deal with more fears and worries. Teenagers less likely describe their emotional problems during pregnancy and seldom talk about pregnancy complications when describing their overall pregnancy.

1.1.3 CULTURAL EXPERIENCES

Culture is part of what makes life dynamic, it influences how women (will) experience pregnancy and childbirth whereas pregnancy and childbirth take place in cultural contexts and are shaped by the views and practices of culture. Niven (1996:42) indicates that attitude to pregnancy vary from society to society, in some societies pregnancy is regarded as a source of embarrassment because of its association with sexuality and is kept secret for as long as possible. This can have implications for health care, which may not be provided until late in pregnancy or, if available, may not be utilized at all.

In this study, too, the researcher is of the opinion that mothers may miss the opportunity of getting health education of basic knowledge and advice regarding expectations during pregnancy from the midwives, and these seem

to contribute to negative experiences. Laufer (1990:42) supports this view ascribing that which may appear to professionals as routine childbirth might be perceived by mothers as humiliating, mutilating and dehumanizing.

Women are experts of their own lives yet their voices are missing and neglected in the existing body of knowledge about their experiences of pregnancy. Hence, their experiences deserve attention if appropriate and sensitive care is to be provided to women in South Africa Rice et al. (1998:74) offer the notion that it is only when women's voices are heard in all aspects of health care delivery that we may see better and appropriate health services for women in childbirth.

Therefore, the above review, it is clear that teenage mothers who are pregnant for the first time experience changes in physical, psychological and emotional bearings during pregnancy. Due to lack of adequate literature on black rural first-time teenage mothers, the researcher will conduct the study in order to address the questions outlined below.

1.2 PROBLEM STATEMENT

Knowledge of the experiences which teenage mothers encounter and remember could assist midwives in determining their needs and to formulate guidelines of meeting those needs.

Two research questions arise: -

- What are the teenage mothers' experiences (physical, psychological, emotional and cultural) of first pregnancy?

- How can the researcher utilize the information obtained in an attempt to describe and formulate guidelines of meeting the needs of teenage mothers who are pregnant for the first time?

1.2.1 Objectives

The objectives of the study will be to: -

- Explore and describe teenage mothers' experiences of first pregnancy.

- Use information obtained and attempts to describe and formulate guidelines that will assist midwives for meeting the needs of teenage mothers who are pregnant for the first time.

1.3 PARADIGMATIC PERSPECTIVE

This research will be based on (Theory for Health Promotion in Nursing, 2000: Nursing Department, RAU). This theory reflects the focus on the promotion of health of the individual, family, group and community. The four central components of the theory are person, midwifery, environment and health.

1.3.1 Metatheoretical assumptions

Person

The whole person embodies dimensions of body, mind and spirit. The person functions in an integrated, interactive manner with the environment. In this study, the person is the teenage mother who is pregnant for the first time.

Midwifery

Midwifery is an interactive process in which the midwife as a sensitive therapeutic professional facilitates the promotion of health through the mobilization of resources.

Environment

Environment includes internal and external environment. The internal environment comprises dimensions of body, mind and spirit. The external environment consists of physical, social and spiritual dimensions. In this study, the teenage mother (pregnant for the first time) as a person functions in an integrated, interactive manner with her environment.

Health

Health is a dynamic interactive process in the patient's environment. These interactions in the person's environment reflect the relative health status of the patient.

1.3.2 Theoretical assumptions

These are derived from within the theoretical framework of Theory for Health Promotion in Nursing, 2000,Nursing Department: RAU. The internal and external environment. Internal environment consists of body, mind and spirit dimensions. External environment consists of physical, social and spiritual dimensions.

1.3.3 Methodological assumptions

Due to exploratory and descriptive essence of the research the qualitative method will be employed. The central methodological assumption is based on functional reasoning of Botes (1995:13). This implies that the research must be applicable to practice and must be useful. The major objective is to solve problems as they occur in practice and, by doing so, to improve the service character of nursing.

1.4 DEFINITION OF CENTRAL CONCEPTS

1.4.1 Becoming a mother

In the grounded of theory analysis "the act of giving birth determines motherhood in the biological sense, in the emotional and personal sense 'becoming a mother' takes some time." (Barclay et al. 1997:727). In this study becoming a mother will refer to the transition from non-motherhood to motherhood.

1.4.2 Teenage mother

Young women who have reached puberty with age ranging between 13-19 years that are pregnant.

1.4.3 Experiences

Oxford School Dictionary (Hawking 1998: 225) experiences is "living through" what happens to her and how she responds or reacts. In this study will refer to physical, psychological, emotional and cultural changes lived through by teenage mothers during their first pregnancies.

1.4.4 First pregnancy

The state from conception to delivery of the fetus [for the first time]. The normal duration is 280 days (40 weeks or 9 months and 7 days) counted from the first day of the last normal menstrual period (Adams 1995:129).

1.5 RESEARCH DESIGN AND METHOD

1.5.1 Research design

An exploratory, descriptive and qualitative design, which is contextual in nature, will be used as determined by the characteristics of the unit of research.

1.5.2 Research method

A phenomenological approach will be used, which is an approach to human inquiry that emphasizes the complexity of human experiences; the need to study the experiences holistically as it is lived (Polit & Hungler, 1991:651). The aim of the phenomenological approach is to describe an experience as it is lived by the person, such as experience of pain (Burns & Groove, 1993:30). In this study, teenage mothers will describe their physical, psychological, emotional and cultural experiences of first pregnancy.

1.5.3 Data collection

A selected group of teenage mothers who are pregnant for the first time will be approached. The purpose of the study will be explained to mothers and indicate that participation is voluntary. Informed consent will be obtained and permission to use a tape recorder will be asked.

An unstructured interview will be used as the data collection method. Open-ended questions will be asked and ethical aspects related to research respected. During the interview probing as a communication skills will be used. That is, open-ended questions for example "Could you please tell me about your experiences of first pregnancy?" Tracking "allow mother to say in own way, show interest and understanding of what is said." Clarification "What do you mean when you say ... " Reflective summary "Do I understand you correctly when I say ... " (DeVos, 1998: 310).

1.5.4 Population and sampling

The sample will be purposively selected. Purposive sampling choose subjects who are judged to be typical of the population in question or particularly knowledgeable about the issue under study (Polit & Hungler, 1997:229).

A small sample of ten (10) or more, until saturation is reached as will be reflected in repeating themes, will be chosen from teenage mothers who are pregnant for the first time. These mothers will be selected from a particular clinic of the central region in the Northern Province.

The criteria for selection will be as follows:

- Mother to be a teenager 13-19 years old
- Pregnant for the first time
- Mother had to be booked
- Mother had to be 36 weeks pregnant or above
- Mother could be married or unmarried
- Economic status could range from low, middle and high income
- Mother should be able to communicate in one of the following languages: English, Northern Sotho, Southern Sotho, Tswana or Zulu

The selected respondents will be approached during their antenatal visits to establish rapport and to provide clear explanations of the study details. An

appointment for interview arranged. Interviews will be conducted at the mother's home within two days of contact.

1.6 DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the mass of collected data [for it to be interpretive and meaningful] (Marshall & Rossman, 1995:111). To meet these objectives, Tesch's approach will be used to analyze data (Creswell, 1994:155; DeVos, 1998:343). Raw data and protocol with guidelines will be sent in a sealed enveloped to an independent coder for analysis. (DeVos, 1998: 343)

1.7 TRUSTWORTHINESS

Trustworthiness of this study will be established by means of credibility, dependability and transferability, according to the criteria of Lincoln and Guba (1985:301-318).

1.8 CONCLUSION

In this chapter, the problem to be researched as well as the motivation for this research study have been discussed. Assumptions are clearly stated. The research design and method are briefly highlighted. Chapter 1, as the orientation chapter, forms the structural point of reference for the rest of this study. In Chapter 2 the research design and method as well as trustworthiness and reliability will be discussed.

1.9 CHAPTER DIVISION OF THE STUDY

CHAPTER 1	:	Overview of the Research
CHAPTER 2	:	Research Design and Method
CHAPTER 3	:	Research Results and Literature Control
CHAPTER 4	:	Guidelines for Midwives, Conclusions and Recommendations

CHAPTER 2

RESEARCH METHOD

2.1 INTRODUCTION

In Chapter 1 the rationale and purpose of the study were described. In this chapter the research design and method as well as trustworthiness and reliability will be discussed in detail.

2.2 RATIONALE

Teenage mother who is pregnant for the first time is the central focus of the study. Her experiences of first pregnancy are explored and described to determine her needs in order to attempt to describe and formulate guidelines of meeting her needs.

2.3 OBJECTIVES OF THE STUDY

The objectives of the study will be to:

- Explore and describe teenage mothers' experiences of first pregnancy.

- Use information obtained and attempt to describe and formulate guidelines for meeting the needs of teenage mothers who are pregnant for the first time by midwives.

2.4 RESEARCH DESIGN

An exploratory, descriptive and qualitative design which is contextual in nature will be used in this study and applied in a particular hospital of central region in the Northern Province.

This purposive approach was chosen with the intention of reconstructing reality from the experienced world of teenage mothers who are pregnant for the first time.

For qualitative studies, the research problem needs to be explored because little information exists on the topic (Creswell, 1994:10). For this study, little or no information is available on experiences of rural, black teenage mothers who are pregnant for the first time.

It is descriptive in that the researcher is interested in the process, meaning and understanding gained through words (Creswell, 1994:145). Thus, the first-time mothers will relate their experiences in the natural setting and the researcher will attempt to describe and formulate guidelines of meeting their needs by midwives.

It is a contextual study because the interests are bound to the unique context of the domain phenomenon (Mouton & Marais, 1993:50). Hence, the context will be the home of the teenage mother at the central region in the Northern Province. The findings of this study cannot be generalized or used in another setting, that is,they are limited by time, place, space or uniqueness of a particular group which has been studied, namely teenage mothers

who are pregnant for the first time in the central region of the Northern Province.

2.5 RESEARCH METHOD

Phenomenological research will be undertaken with the aim to describe the experiences as they are lived by teenage mothers who are pregnant for the first time. Morse (1996) indicated that phenomenologists guide one back from theoretical abstraction to the reality of lived experiences. DeVos (1998:253) state that this research method will involve thorough in-depth interviews with the subject in order to gain a better understanding of their life worlds.

2.5.1 The role of the researcher

The qualitative research has developed from interpretivist paradigm with phenomenological research strategies that seek to provide a true description of the everyday experiences of subject. As such, the biases, values and judgement of the researcher are stated explicitly in the research report. Such openness is considered to be useful and positive. Gaining entry to a research site and ethical issues that might arise are two elements of this role Creswell, 1994:147; DeVos, 1998:247).

The interviewer will strive to blend in with the setting by structuring the role in such a way as to collect the type of information required while at the same time restricting disruption of the normal flow of events as far as possible (DeVos, 1998:259). The interviewer will make the interviewing experience

and task sufficiently meaningful, sufficiently rewarding and sufficiently enjoyable to attain and maintain the necessary respondent motivation (Mouton & Marais, 1993:88).

2.5.2 Ethical measures

The purpose of the study will be explained to the respondents in such a way that it is clear and understandable that is, the method (procedure),to be followed duration and nature of participation expected, how the results will be used and published, as well as manner in which confidentiality and privacy will be ensured (Uys, 1985:99).

It will be clearly indicated that participation is voluntary and that even after agreeing to participate , the subjects may decide to terminate, and no coercion will be exercised. Permission will be obtained from teenage mothers to use a tape recorder. Personal interviews using open-ended questions will be conducted and recorded for transcriptions and analysis. Confidentiality and anonymity will be maintained. Permission to sample will be obtained from the Chief Professional Nurse at the clinic.

2.5.3 Population and sampling

For the purpose of this, study the population group will include teenage mothers who are pregnant for the first time and attending clinic at a particular clinic at central region of the Northern Province. A small sample of ten (10) or more until saturation is reached, will be chosen as the researcher plan an intense, in-depth study of respondents' experiences.

The selected group of mothers will be teenagers who are pregnant for the first time. Mothers will be approached randomly during antenatal visits to establish rapport, explanation will be made and an appointment for interview will be arranged with the mother. Interviews will be done at mother's home within two days of contact. Mother's home was chosen for convenience and non-threatening to the mother and her next visit was an interval of a week or two. Purposive sampling choose subjects who are judged to be typical of the population in question or particularly knowledgeable about issues under study (Polit&Hungler,1997:229).

Inclusive criteria:

- Mother to be a teenager
- Pregnant for the first time
- Mother had to be booked
- Mother had to be 36 weeks pregnant or above
- Mother could be married or unmarried
- Economic status could range from low, middle and high income
- Mother should be able to communicate in one of the following languages: English, Northern Sotho, Southern Sotho, Tswana or Zulu.

This sampling criteria will be chosen because is having all the characteristics that will make them eligible to be selected for the research.

2.5.4 Data collection

The mothers who meet the criteria will be invited to participate in the study. The researcher (interviewer) will establish rapport with respondents during antenatal visits, this will establish a relationship of trust and create a warm and accepting atmosphere.

The purpose of the study will be explained to the respondents, any risks will be pointed out and indicate that participation is voluntary. Informed consent will be signed, permission to use a tape recorder will be asked. A tape recorder will be used to record experiences for transcriptions and analysis. Confidentiality and anonymity will be ensured at all times. Phenomenological in-depth unstructured interviews will be used as a data collection method.

Mothers will be asked one question, namely: "Could you please tell me in detail your experiences of first pregnancy?" The researcher will use the probing as a communication skills, that is, open-ended questions , tracking, clarification, and reflective summary (DeVos, 1998:310-311). After she gave her description and information not fully covered semi-structured questions will be asked for example, "Can you please tell me more about physical, psychological, social or cultural experiences. Interviews will be conducted at mother's home, in a quite environment. Interviews will not be conducted in the presence of the family members to maintain privacy and to ensure that teenage mother talks freely about her experiences.

2.5.5 Data analysis

Data collected by means of audiotape will be transcribed verbatim in the language in which the interviews were conducted. Tesch's (1990) method will be used for data analysis (Tesch 1990in Creswell, 1994:155). The method involves the following steps:

1. Reading carefully through all transcripts to get a sense of the whole

2. Pick one interesting interview read through it, jot down ideas on the margin as they come to mind. Asking self the following questions: what is it about? What is the underlying meaning?

3. Task will be completed for all interviews, make a list of all topics. Cluster together similar topics. Form topics in columns as major topics, unique topics and leftovers.

3. Find the most descriptive wording of topics and turn them into categories, group topics that relate to each other, draw lines to show interrelationships.

5. Make a final abbreviation for each category and alphabetize these codes.

6. Assemble the data material belonging to each category in one place and perform preliminary analysis.

7. Re-code the existing data if necessary.

Both the researcher and an independent coder will analyse the transcriptions independently. The independent coder will be a nurse researcher who is familiar with conducting qualitative data analysis. During data analysis bracketing and intuiting will be considered.

A protocol describing the method of data analysis and raw data will be provided to the independent coder, no themes or categories will be sent. Thereafter, a meeting will be held for consensus discussion on the categories reached independently. After agreement had been reached, the results will be transcribed in English.

2.5.6 Trustworthiness

Trustworthiness of this study will be established by means of credibility, dependability, and transferability.

2.5.6.1 Credibility

Credibility is the investment of sufficient time to achieve certain purpose, to test for misinformation introduced by distortions of either self or respondent and to build trust (Guba & Lincoln, 19985:301). In this study, credibility will be established by prolonged engagement in which the interviewer will spent some time with the mother during the antenatal visit. The researcher will introduce herself and speak in the language they understand to establish rapport and build a trust relationship. Researchers need to be trusted before

they will be able to obtain any accurate reliable or credible data. (Validity and Reliability in Qualitative Research Workshop, 1993: RAU).

Triangulation will be used in which face-to-face will be maintained and fields notes taken throughout interviews regarding non-verbal cues, practical problems and positive aspect (Guba & Lincoln, 1985:327). An audio-tape recorder and peer examination involving an independent external coder will be used. Literature control will also be applied to ensure credibility.

2.5.6.2 Transferability

Transferability establishment of proper thick description which will provide a data base that makes transferability judgement possible on the part of potential appliers (Guba & Lincoln, 1985:316). In this study, transferability will be established through complete description of design, methodology and accompanying literature control to maintain clarity. This will enable the findings of the research to be transferred to another similar context or situation (setting) and still preserve the meaning and interpretations of the study.

2.5.6.3 Dependability

Dependability relates to consistency of the findings. There can be no credibility without dependability (Guba & Lincoln, 1985:316). This will be established through thick description of methodology, peer examination, that is, independent checking by the independent coder who is an experienced

qualitative researcher. The researcher and the coder will discuss and reach consensus on the data.

2.5.7 Literature control

One of the chief reasons for conducting a qualitative study is that the study is exploratory, that is, not much has been written about the topic or population being studied, and the researcher seeks to listen to informants and to build a picture based on their ideas (Creswell 1994:21). The literature is presented in the study at the end, it becomes a basis for comparing and contrasting findings of the qualitative study Creswell (1994:23). The literature control will be carried out after the data have been analyzed. The results, differences and similarities in the narrative form will be compared with the theories and literature.

2.6 CONCLUSION

In this chapter the research design and method as well as the mode of trustworthiness and reliability have been described in detail.

CHAPTER 3

RESEARCH RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

Chapter 2 discussed the methodology followed in this research. In this chapter the research results and the literature control will be described simultaneously to show the similarities and differences between the two. The sample comprised fourteen teenage mothers who are pregnant for the first time. All mothers were teenagers, still at school (ten high schools and four tertiary institutions). They reside in the Northern Province, twelve spoke Northern Sotho and two Tswana. Interviews were conducted until data was saturated with repeating themes.

3.2 TEENAGE MOTHERS' EXPERIENCES

The numbers in brackets after the experience indicates the total of mothers who responded in the same way.

3.3 DATA ANALYSIS AND LITERATURE CONTROL (see Table 3.1)

TABLE 3. THEMES AND CATEGORIES OF TEENAGE MOTHERS' EXPERIENCES OF FIRST PREGNANCY: An overview of main theme, categories, and direct quotes from the teenage mothers' experiences of first pregnancy.

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
3.1 Inadequate information/ knowledge	3.1.1 Lack of information regarding physiological changes of pregnancy: Fetal movements (6) Experiencing of fetal movements not expected and was viewed as an abnormal situation.	"I felt discomfort in my stomach and there was a funny sound "guuuuuur." "I felt a snake playing inside my abdomen *'noga e ragaraga ka mo dimpeng."*	Studies conducted support this theme that teenage mothers lack information as they state that "teenagers lack factual knowledge about human reproduction and its physiology, sexuality, fertility conception and symptoms of pregnancy," for example, one teenager said 'I didn't know what it means when one misses her period'. Perceived changes in appearance and function raised concern. (Graig & Ritcher-Strydom, 1983:454; Lee & Grubbs, 1995:42; Malema, 2000:43; Voeten, 1994:18; Parekh & de la Rey, 1997:228; Gordon, 1996:575; Mercer, 1980:18; Mercer, 1985:61).

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
		"I felt movements at four months, I was surprised and scared thinking that something is wrong with my baby and would consult a doctor."	Lack or misinformation was further confirmed by different researchers when they state that teenagers are attributed to poor prenatal preparation and they were less informed they felt that birth was a natural process which took its own course and hence there was little to be gained in seeking information. Ignorance, misinformation and incorrect information surrounding pregnancy were also stated (Woollett & Dosanjh-Matwala, 1989:69; Nash, 1990:308; Prime & Wint, 1997:1; Malema, 2000:43).
	Breast changes (3) Changes on breast were not expected and this resulted in anxiety.	"My breasts were enlarged and full. I was worried and didn't know what's happening."	Mercer (1986:54; Mercer (1985:40); Ladewig, London and Olds (1998:202) and Woollet et al. (1989:68) state that physical symptoms, including major changes in eating habits make her uncomfortable and if unexpected and [unknown], anxious.
	Frequency of micturation (1) Effects of pressure of developing fetus on uterus not known.	"I started to urinate frequently and thought I was sick."	

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
	Vaginal discharge (2) Normal increase of vaginal discharge interpreted as abnormality, for example rupture of membranes.	"I was always wet and my mother said I have premature rupture of membranes … *(" motse o thobegile")* "I was having too much *starch* coming from my vagina."	
	Skin changes (3) Changes not expected	"I observed thick lines on my abdomen and my umbilicus was protruding" "I was very light in complexion."	
	Irritable (mood swing) due to hormonal changes (1)	" I was very irritable and easily became depressed."	

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
	Change in body appearance (10) This was interpreted as gained of weight, fitness or fat.	"I started to change, I was very fit … meaning gaining weight." "I was very fat."	
	3.1.2 Lack of information regarding the occurrences and coping with minor disorders of pregnancy. Dizzy spells and fainting (8)	"I'm always ill with dizzy spells, didn't know the cause."	
	Fatigue/ tiredness (8)	"I was feeling tired, always down both physically and emotionally." *"ke be ke dula ke robetse."*	

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
	Craving for non-nutritious substances, led to disturbed nutritional pattern (4)	"I disliked meat and started to crave for cold-drinks."	
	3.1.3 Misconceptions and practices that can be harmful to mother and fetus, related to lack of knowledge (3)	"If I take soil before meals I didn't feel nauseous and didn't vomit." "I was afraid to take yellow tablets given at the clinic because people were saying it causes pregnancy to grow fast." "If I'm having heartburn *'gala'* I induced vomiting to get rid of it."	

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
3.2 Unplanned/ planned pregnancy	3.2.1 Ignorance and knowledge deficit regarding the use of reproductive health services especially contraceptives resulting in unplanned pregnancy (12) 3.2.2 Shocked and Denial (12)	"My pregnancy was not planned … at this age especially that I'm still at school, it was a mistake." "I thought of an abortion but again and thought what if it is the end." "When I found out that I'm was pregnant it was very bad." "Contraceptives made me fat, I don't like them." "I refused [to use contraceptives] because I heard it makes you body jelly-like" "I missed a period and was shocked, couldn't believe I was pregnant."	Studies conducted concluded that 95% of adolescent pregnancies are unintended implying that adolescent pregnancy is accidental. The primary reason for not using contraceptives were found to be lack of knowledge about availability of Reproductive Health services, ignorance non-use of condoms and myth surrounding fertility and conception, for example, 'will never fall pregnant the first time, had sex infrequently won't fall pregnant'. Since pregnancy is unplanned, teenagers experienced shock and denial. This was evidenced by statements like 'this couldn't happen to me,' also wearing clothes that control and conceal her body change. Pregnancy can still be a positive experience for a young girl (Segest, 1994:384; Malema, 2000:43; Parekh & de la Rey, 1997:226; Ladewig et al, 1998:223-224; Roles,

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
		"I didn't see myself as either bad or promiscuous, so it had to be impossible that I was pregnant." "I was wearing bigger clothes, hiding pregnancy."	1990:3; Marlene & Mackey, 1998:413; Niven , 1996:51; Anon, 1996:282; Anon, "n.d":8).
	3.2.3 Planned pregnancy (2)	"I was very happy because I am going to be a mother" "I was happy, I didn't believe that I will fall pregnant."	

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
3.3 Ineffective communication	3.3.1 Inability to establish effective communication with parent (scared to report/confide) (11)	"I was afraid to report pregnancy at home." "My parents will be disappointed because I let them "If having problems I will just keep quiet."	Researchers confirm that there's inability to establish effective communication with the loved ones when they state " when I first found out that I'm pregnant I was scared, feared and it was most painful, hurdle and difficult time because my family was going to be disappointed. Teenagers are significantly less likely to describe physical and emotional symptoms of pregnancy or identifying complications (Marlene et al. 1998:413; Ladewig et al. 1998: 224; Roles, 1990:23; Mercer, 1985:62; Anon, "n.d":8).

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
3.4 Under-utilization of health resources	3.4.1 Late bookings for prenatal services (8) 3.4.2 Consult general practitioner only, if having problems. (3)	"My last menstrual period was August, but I started prenatal care in March." "I was afraid to go to the clinic, health care providers tell us that we are still young but sleep around." "If I'm having problems I a consult general practitioner." "I only went to the clinic to book so that I can deliver at the hospital."	Findings suggest that pregnant adolescents who sought early prenatal care had adequate family support and a stronger knowledge base about pregnancy than those who delayed care. Teenagers tend to under use or not to use prenatal care services. They also present later in pregnancy, which may be because they do not know any signs of pregnancy, unaware, fear of confiding, denial or have not, established a regular menstrual cycle. Lack of prenatal care often prevail among the teenage pregnant population and appears to contribute to higher morbidity and mortality (Lee & Grubbs, 1995:38; Spence & Adams, 1997:543; Marlene et al, 1998:413; Ladewig et al. 1198:224; Sweet, 1997:301; Carolyn & Stephen, 1998:184; Jacobson, Wilkinson & Pill, 1998:233; Mercer, 1986:7).

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
3.5 Adequate /inadequate social support	3.5.1 Minimal emotional and psychological support from mother (4) 3.5.2 Received support from mothers (10) 3.5.3 No support from boyfriend (3)	"I'm still young to be a mother, they didn't think I can do that." Mother said, "I knew that you will not complete your studies." "My mother was supportive, she told me that now I' a mother, I must practice healthy behaviour." "I never saw him since I fell pregnant."	"During pregnancy as a teenager I didn't have anyone as a support." [Mothers] who are upset felt guilty of being inadequate parent and say things that they don't really believe. Support from the boyfriend was valued and caused much distress when not forthcoming. Unfortunately men either may not have been socialized to be actively involved with pregnancy or may be unready for pregnancy or such involvement. When friends find out about pregnancy they may be scared and avoid the teenager, who will feel lonely and isolated. Teenagers viewed those who were helpful or understanding of their situation as supportive. Mothers were mentioned almost twice as fathers (Mercer, 1980:20; Mercer, 1985:204; Mercer, 1986:57; Niven, 1996:49; Roles, 1990:26; Jacobson, et al. 1995:233).

MAIN THEME	CATEGORIES	DIRECT QUOTES	LITERATURE CONTROL
	3.5.4 Variable support from friends, isolated (3)	"I was feeling lovely, isolated and feeling like not interacting with my friends." "My friends didn't invite me, they always give excuses that I'm pregnant they will leave me when attending parties."	

3.4 CONCLUSION

The discussion of results will be based on themes and categories as set out in Table 3. Fourteen (14) teenage mothers were interviewed, relevant quotations from interviews will be given and, where possible, literature will be cited. However, it should be noted that in the literature control the researcher could not find studies that specifically focus on the topic of this research. Studies conducted centered on teenage pregnancy in general.

Teenage mothers who experienced inadequate information regarding physiological changes brought by pregnancy totalled 10 (71%) and this was interpreted as an abnormal situation. In studies conducted by Lee and Grubbs (1995:42), Graig and Ritcher-Strydom (1983:454), it was found that teenagers lack factual knowledge regarding fertility and symptoms of pregnancy. Eight mothers (57%) were experiencing minor disorders of pregnancy which caused discomfort because these were not known or expected, resulted in anxiety. Ladewig's (1998:202) study supports 'common discomfort of pregnancy resulting from physiologic and anatomic changes make them to feel uncomfortable, because this is not expected make them to be anxious'. Three (21%) mothers had misconceptions and were performing practices, which may be harmful to the baby and themselves. No literature was found in this regard. This may be due to lack of information regarding the childbirth process in the study group.

Twelve (86%) mothers had unplanned pregnancies which may be attributed to under or non-utilization of Reproductive Health services (RH), especially contraceptives. Some teenagers had information about the availability and

accessibility of the services, but displayed ignorance, for example, statements like contraceptives make them fat, don't like them or heard that contraceptives make one's body jelly-like were cited. Studies that support to this concluded that teenagers have sex infrequently and don't consider contraception (Ladewig et al; 1998:223). Although most teenagers had unplanned pregnancies, only two (14%) mothers reported that their pregnancies were planned. Niven, (1996:51) support by pointing out that pregnancy can still be a positive experience for a young girl.

Eleven (76%) mothers had difficulty in confiding pregnancy to any family member, because of fear, not knowing that they are pregnant or due to denial. Literature in corroboration of this reported that teenagers were scared, feared rejection or had denial. Three (21%) teenagers did not communicate problems experienced. Mercer (1985:62) noted that teenagers are less likely to describe physical and emotional symptoms or identify complications during pregnancy.

With utilization of the antenatal services, eight (57%) booked late at 7-8 months of pregnancy, because they were unaware of pregnancy, afraid to go to the clinic because of the attitude of health workers or only booked so that they can deliver at the hospital. Studies conducted showed that teenagers who book late may be unaware of pregnancy, experience fear or lack family support (Lee & Grubbs, 1995:38).

Four (28%) teenagers had minimal social and emotional support from their mothers. Their mothers were upset, scolding them and had guilt feelings. In studies conducted by Ladewig et al (1998:226) and Roles (1990:27,132)

mothers were upset, said things they do not really believe, or felt guilty and inadequate as a parent. Ten (71%) teenagers stated that their mothers supported them. Eleven (76%) got support from friends. Teenagers viewed those who were helpful or understanding of their situation as supportive (Mercer, 1980:20). Those who received support from the partners totalled eleven (76%). Only three (21%) stated that no support was received from their partners. Mercer (1986:57) states, [culturally] men are not socialized to be actively involved with pregnancy or unready for such involvement. Three (21%) teenagers received no support from friends and most friends isolated them. Roles (1990:26) mentioned that when friends finds out about your pregnancy they may be scared and avoid you.

It is clear from the findings that teenagers who are pregnant for the first time lack information regarding changes brought by pregnancy and the importance of utilizing reproductive and prenatal health services. They also experience minimal social and emotional support from parents and partners

In Chapter 4 guidelines will be formulated aimed at assisting registered midwives in meeting the needs of teenagers who are pregnant for the first time.

CHAPTER 4

GUIDELINES FOR MIDWIVES, LIMITATIONS, CONCLUSIONS, AND RECOMMENDATIONS

4.1 INTRODUCTION

In Chapter 3 the research results were described and relevant literature incorporated as control for findings. In this chapter guidelines will be proposed for registered midwives in order for them to promote health through facilitation and mobilization of resources for teenage mothers who are pregnant for the first time and who live in black rural areas in the Northern Province. Practical problems/limitations encountered during research are described thereafter conclusion and recommendations will be presented.

4.2.1 GUIDELINES FOR MIDWIVES

When pregnant teenagers visit health care professionals they come into contact with registered midwives. Therefore as first impressions last, the registered midwife needs guidelines for promoting the health of the teenagers who are pregnant for the first time through mobilization of resources. First-time pregnant teenagers need to be viewed as the whole persons as defined in Chapter 1. They function in an integrated, interactive manner with their environment.

4.2.2 IDENTIFIED NEEDS AND GUIDELINES FOR MIDWIVES: TABLE 4

NEED IDENTIFIED	STRATEGY TO MEET THE NEED
4.1 Need for information about physiological changes, minor disorders and misconceptions	Because teenage mothers had inadequate information about the normal physiological changes and minor disorders of pregnancy, establishment of effective prenatal education programs and preparation for parenthood may assist in the provision of information. Midwife to be sensitive to clients' needs and bear in mind their socio-economic, cultural and religious background, the program should suit everyone as possible (Sellers, 1993:263). ➢ Involve the mother in determining her informational needs and allow her to take a lead as this will give her a sense of active participation and responsibility in her own care. ➢ Information should be adapted to the needs of the individual and the gestational period (trimester). In the : ▪ first trimester, educate in terms of anatomical, physiological and emotional changes expected

NEED IDENTIFIED	STRATEGY TO MEET THE NEED
	▪ second trimester, educate on fetal growth, development and maintenance of baby's health. ▪ third trimester prepare the woman for childbirth. ➢ Programs should be informative, clear and uncluttered. ➢ The use of concrete objects (models), explanations and rationale for each procedure will improve the mothers' understanding. Midwives may even use a mirror during examination as this will allow the mother to visualise her anatomical structures (for example, vagina). This will give her an active role in examination. ➢ Provide information on recognition and care of minor disorders encountered during pregnancy. ➢ Provide mother with information on healthy practices.

NEED IDENTIFIED	STRATEGY TO MEET THE NEED
4.2 Need for information regarding utilization and the importance of Reproductive Health (RH) services	Establishment of effective pregnancy prevention programs for the provision of information about RH services may reduce unplanned pregnancy rate. Sapire (1998:19) state that knowledge is not permission but it may protect, whereas ignorance cannot. ➢ There is real need to educate teenagers from age 12 years about sex and the utilization of RH services. This will enable them to make sound decisions about sexual behaviour based on knowledge and understanding of sexual identity. ➢ Assess the teenagers' knowledge about RH services and provide information about their availability and how to access them. ➢ For effective utilization, the RH services if possible, should be made available and accessible for teenagers over weekends and after hours for school-going teenagers. ➢ Provide information to teenagers about emergency contraceptives which is effective if taken within 48 hours after unprotected sex and termination of pregnancy services. ➢ Provide information to teenagers about their legal right to exercise their choice concerning

NEED IDENTIFIED	STRATEGY TO MEET THE NEED
	termination of pregnancies within twelve weeks of gestation. ➢ To increase community awareness, the RH services will need to be advertised at clinics, schools, and possibly also during radio and television broadcasts. Pamphlets may even be distributed and displayed at shops and in all areas including informal settlements, youth clubs and beer halls. ➢ Registered midwives with moral objections to provide these services should preferably not work in RH services specifically not with teenagers, because it might make it impossible for teenagers to access RH services.
4.3 Need for information as evidenced by delayed antenatal services (poor motivation or service not regarded as important)	Development of "woman-friendly prenatal practice" and to provide information on the importance of antenatal services. ➢ Provide information regarding the importance of early antenatal care services. According to Nolte, (1998:77): ▪ To maintain the physical and mental health to the mother.

NEED IDENTIFIED	STRATEGY TO MEET THE NEED
	▪ To educate the family regarding pregnancy so that they are able to prepare themselves both mentally and physically for the demands which will be made on them ▪ To diagnose and treat the complications of pregnancy at an early stage so as to prevent the occurrence of more severe complications. ➢ Early phases antenatal care may make young women to feel anxious and vulnerable, so the experience should be made as positive as possible to encourage returns follow ups ➢ Midwives are to be sensitive to the needs and feelings of pregnant teenagers by establishment of special clinics or clubs for pregnant teenagers that provide emotional and social support. For example, teenagers pregnant for the first time with similar concerns must be encouraged and assisted to form a support group for sharing their experiences and ideas. ➢ If possible arrangements should be made so that the teenagers can attend antenatal care on a convenient day and time (allow drop-in attendance anytime) in order to allow continuation of school.

NEED IDENTIFIED	STRATEGY TO MEET THE NEED
	➢ Collaboration among different health care sectors would need to be strengthened for the welfare of the teenager, and to integrated information. ➢ Refer pregnant teenagers to a specialist if problems (psychological, social or physical) are observed.
4.4 Need for capacity enhancement of the natural social support system	➢ The midwife is to encourage the formation of an interactive framework by all people who offer support to teenage mothers namely their families, friends and boyfriends. ➢ If possible, midwives should encourage active participation of partner (companion) as this offers tremendous emotional and physical support to pregnant teenagers and participation in all decision making further helps to give them a feeling of control. ➢ If social support is insufficient or does not exist, the midwife must encourage the formation of self-help groups to provide such support (Nolte, 1998:113).

NEED IDENTIFIED	STRATEGY TO MEET THE NEED
	➢ Since the family needs information regarding the childbirth process in order to support the teenager, the midwives should encourage active involvement of the family members. Encourage the establishment of a grandmother crisis support group. Mothers of the teenagers need to be motivated to become part of the maternity team, join a grandmother crisis support group and obtain counseling, this will help the mother to adapt to her role and support her pregnant daughter, the mother should be updated on maternity care to clarify any misconceptions she may have(Ladewig, et al. 1998:226).

4.3 LIMITATIONS OF THE STUDY

- Difficulty in getting teenage mothers to express experiences openly, which is perhaps due to cultural orientation especially when discussing reproductive issues. Again, the researcher thought the perception of the word 'experiences' was poor and this necessitated clarification as to what the concept 'experiences' entails in this research.

- Teenage mothers were seen at their homes that are vastly distributed. At times one would not find them at home or having visitors, despite the fact that an appointment was made.

- Interviews were conducted in Northern Sotho and Tswana. The tapes were translated verbatim. Metaphors used might have, during translation into English, resulted in loss of original meaning and distorted the originality of pregnant teenagers' everyday-life world with first pregnancy. Therefore, in the discussion of the results the researcher used the direct quotes of teenage mothers' experiences.

4.4 CONCLUSION

The purpose of the research was to explore and describe the teenage mothers' experiences of first pregnancy and to formulate guidelines, which will assist midwives in meeting their needs. All teenage mothers involved in the research responded to the central question, namely, 'Could you please tell me about your experiences of first pregnancy?'

A qualitative, explorative, descriptive and contextual research was undertaken. Phenomenological in-depth interviews were conducted with teenage mothers who are pregnant for the first time.

The results of the phenomenological interviews and field notes recorded were analyzed and compared with the appropriate literature. Based on the results, guidelines were formulated which will assist midwives who are sensitive therapeutic professionals to facilitate, through mobilization of resources the promotion of health of teenage mothers who are pregnant for the first time

In conclusion, the research question has been answered and the objectives of the research have been achieved.

4.5 RECOMMENDATIONS

- To establish programs for effective prenatal education.

  The main objective of these programs is to provide relevant information to pregnant teenage mothers. Teenage mothers often have little knowledge of pregnancy. Nolte (1998:115) has indicated that a pregnant [teenager] with sufficient knowledge to fulfil her needs will follow a more healthy lifestyle and complications of pregnancy are thus prevented.

- To establish effective pregnancy prevention programs.

Since most researchers found that teenagers lack factual knowledge of sexuality and human reproduction, for them to make informed decisions it is recommended that the Department of Education should be encouraged to incorporate sex education in the school curriculum. The parents should also be actively involved and encouraged in the teaching of their children at home.

Access to information and contraception. Teenagers should provided with information regarding Reproductive Health services. The manner in which teenagers can obtain Reproductive services need to be made more accessible and acceptable to them. The unfavourable and negative attitudes of health care providers and parents towards the use of Reproductive Health services by teenagers should be changed. An education program should eliminate myths about contraceptives.

- To develop a 'woman friendly prenatal practice.'

Midwives are to provide a pleasant physical and social environment for teenage mothers. They should maintain a non-judgmental attitude and provide culturally and racially sensitive services.

- To enhance the capacity of the natural social support system.

Midwives should encourage community members to form social support systems that will maintain the psychological and physical integrity of the teenage mothers.

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ANNEXURE 'A'

REQUEST FOR CONSENT FROM PARTICIPANTS

I am conducting research entitled **"BECOMING A MOTHER: TEENAGE MOTHERS' EXPERIENCES OF FIRST PREGNANCY"** at the homes of the teenage mothers who attends the clinic at the central region in the Northern Province. This is in accordance with the acquisition of a M.Cur degree in Midwifery and Neonatal Nursing Science. The study will be conducted under the supervision of Prof AGW Nolte who is a specialist in Midwifery and Neonatal Nursing Science, from Rand Afrikaans University (Department of Nursing).

The purpose of the research project is to explore and describe experiences of teenage mothers of first pregnancy. Findings of the study will be used to describe and formulate guidelines for registered midwives that will enable them to meet the needs of teenagers who are pregnant for the first time. Your participation involves an in-depth interview using a tape recorder. Should you be in agreement with the request, you are informed that a period of not more than one hour will be at you disposal to describe all your experiences of first pregnancy to the researcher.

Confidentiality and anonymity will be strictly maintained, that is, your identity will be protected. You are hereby requested not to expose your name. You are hereby assured that your name will not appear in the research report. The results will be given to you, only on request. Your participation

is voluntary and can be terminated at anytime, without any penalty to you. You will receive no remuneration for participating in this study.

If you agree, you will attach your signature and date at the end of this letter as a proof of your informed consent for the research project. However, you do have the right to withdraw your consent at any stage of the research project.

Since your participation is important for the success of the study, your meaningful cooperation is essential.

Yours Faithfully

MARIA SONTO MAPUTLE: M.Cur (Midwifery and Neonatal Nursing) STUDENT

Signature of mother_____ Date_____

ANNEXURE 'B'

INTERVIEW 2

IDENTIFICATION DATA

Age:	17 years
Career:	Student (std 8)
Gestational age:	39 weeks
Language:	Northern Sotho

Researcher: Good morning and how do you do?

Respondent: I'm fine thanks and how are you?

Researcher: Could you please tell me in detail your experiences of pregnancy, from the first day you realized you were pregnant until today?

Respondent: The first month (July) I missed my period, I was shocked and couldn't believe, because I didn't see myself as either bad or promiscuous, so it had to be impossible that I was pregnant.

Researcher: Then what happened?

Respondent: I just kept quiet.

Researcher: Hmm ... then what?

Respondent: After the third month of pregnancy my mother asked me "why are you so fit" and I said I didn't know. She continued asking whether I'm not pregnant I kept on saying I didn't know, and by that time I was wearing bigger shirts hiding my pregnancy.

Researcher: What did you mean when you said 'you didn't know?

Respondent: In fact ... ah I was afraid to report that I'm pregnant because she was going to scold me.

Researcher: Then what happened when she found out that you were pregnant?

Respondent: Yow !! It was bad, she couldn't believe and said she knew that I wouldn't complete my studies and that I'm still too young to be a mother.

Researcher: Does it mean that you didn't plan to become pregnant?

Respondent: Yes (nodding and laughing), at this age and especially that I'm at school, it was a mistake.

Researcher: Which method were you using to prevent pregnancy?

Respondent: (Laughing) nothing.

Researcher: Hmm ... did you have any reason maybe for not using any method of contraception?

Respondent: Ah ... I refused to use those things because I heard they make the body jelly-like.

Researcher: Ok, how was your partner's reaction towards your pregnancy?

Respondent: I have never seen him since I fell pregnant. It is said that he is at the College.

Researcher: Does he know that you are pregnant?

Respondent: Yes.

Researcher: Then did you receive support from the significant others and friends during this pregnancy?

Respondent: Yes, my mother after accepting that I'm pregnant supported me and advised me to start antenatal clinic.

Researcher: Then what about your friends?

Respondent: My friends were isolating me, I was feeling lonely.

Researcher: Anything else.

Respondent: I started antenatal visits in March, they gave me tablets because I was feeling dizzy. After taking the tablets I was feeling hungry and sleeping a lot.

Researcher: Were you not experiencing this before?

Respondent: No, I was not sleeping or eating a lot.

Researcher: Hmm!

Respondent: But after they gave me the tablets of increasing appetite, and when I'm hungry I was feeling dizzy. I was also afraid to take the yellow tablets given because people were saying they cause pregnancy to grow very fast.

Researcher: Did you believe that?

Respondent: (Quiet for a long period)

Researcher: Ok, can you tell me more about your physical experiences.

Respondent: A ... I was just keeping quiet if I observe something that I don't understand.

Researcher: Why?

Respondent: (Quiet) … No.

Researcher: What were those things that you didn't understand?

Respondent: (Quiet for a long time) I felt discomfort in my stomach, there was a funny sound (guuur) and I was feeling as if something is playing inside my stomach.

Researcher: Then how did you react?

Respondent: When I went to the clinic I reported to them that I'm feeling something playing inside my stomach *"nogana ya go ragaraga"* and they told me that those are fetal movements and is normal to experience them.

Researcher: Ok is there anything else that you would like to share with me?

Respondent: No.

Researcher: Thank you.