

Development of a Life Orientation health education programme for high school learners

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Abstract

This cross-sectional descriptive study aimed to develop a health education programme that could serve as a teaching aid for high school Life Orientation educators. A sequential approach was used to collect data that would inform the health education programme. The study population comprised high school Life Orientation teachers, as well as subject advisors who were considered experts in the field of Life Orientation. A total of 31 educators participated in the initial quantitative survey and this was followed by semi-structured interviews with five (5) experts in the area of Life Orientation. The content of the health education programme was based on the information obtained from semi-structured interviews. This study identified barriers to the teaching of Life Orientation, which included large classroom numbers, a lack of interest in the subject, and educators who were inadequately trained to teach the subject. The value of Life Orientation as a subject and the importance of a continually evolving education system with the aim of improving education for all learners, was identified. The health education programme designed based on the results of the study can function as an adjunct for Life Orientation teachers, to enhance the implementation of the subject by guiding educators in terms of the knowledge that should be transferred to learners. Educators are also provided with methods of transmitting knowledge to learners.

Keywords: Health education programme, Life Orientation, barriers, teachers.

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Introduction

The marginalisation of certain sectors of people in the South African society gave rise to inequalities that have resulted in poor results from learners because of a lack of resources, a high teacher-to-learner ratio, and poorly trained teachers (Rooth, 2005). The South African education system is continuously changing to improve the inequalities that were brought about by the apartheid system which existed prior to 1994 (Panday, 2007). In order to address and overcome the shortcomings of the education system in South Africa, the government introduced Outcomes Based Education (OBE) in the form of Curriculum 2005 in 1997. It was planned that the curriculum would be implemented in all grades by

2005 (Rooth, 2005) and that the most appropriate model upon which to base the education system was to eliminate the barriers to an equal education for all (Panday, 2007).

Learners were to be provided with knowledge and skills, which could be applied when they left school such as how to prepare for a job interview. The focus of the South African education system was to have a holistic approach which focused not only on the academic aspect of learners but also on the life skills learners require to be successful (Van Deventer, 2009a). OBE was an approach that required a paradigm shift, with the introduction of learning areas such as Life Orientation. Curriculum 2005 was introduced to South African learners and aimed at developing the learner, with the focus shifting from the content and introducing learning outcomes which learners had to achieve (Van Deventer, 2008). The barriers to the teaching of content, namely the large learner-to-teacher ratio, the lack of resources and the poor results of learners, as well as the inadequate training of teachers, often make it difficult for a subject such as Life Orientation to be implemented optimally (Rooth, 2005).

Curriculum 2005 was re-evaluated and reviewed in 2000 to address some of the barriers that were identified. This resulted in the implementation of the National Curriculum Statement (NCS) to enhance Curriculum 2005. Panday (2007) states that the aim of the NCS was to ensure that societies in South Africa were adequately developed in an equal manner. However, as the NCS was still structured around the comprehensive content and broad outcomes of OBE, educators were still having problems with the implementation of the NCS. A policy document – Curriculum and Assessment Policy (CAPS) – was introduced into the South African education system in 2012 to create more structure in terms of time allocation to topics, which topics to focus on, and when to teach the topics.

Life Orientation is a subject which has a holistic approach, encompassing many spheres of life, varying from health education to preparing students for life outside of school, and career choices. Rooth (2005) found that teachers were not trained sufficiently to be considered specialists in the field of Life Orientation. Teachers lacked the expertise to teach a holistic subject which varied from physical and health education to career guidance. This lack of skill from educators, together with large teacher-learner ratios, insufficient resources and decreased motivation, led to the subject being undervalued. Schools are expected to create an environment in which learners are equipped with the knowledge that is essential for a healthy lifestyle. Thus, a subject such as Life Orientation, with its many facets, should be influenced by its environment in order to meet the needs of learners, as well as society. The essence of Life Orientation is to guide and prepare learners for life and its possibilities. It also equips learners for a meaningful life in a transforming society, by developing them physically,

intellectually, emotionally, spiritually, socially and personally. Therefore, it is a crucial and fundamental learning area. In implementing this learning area, the Department of Education realised that a number of critical factors have to be considered in integrating the programme into the school curriculum, and these include the socio-economic and health status of society.

In the Western Cape, various health risk behaviours that young people engage in affect the prevalence of chronic diseases of lifestyle, such as diabetes mellitus, hypertension and obesity, which form a significant part of the Western Cape burden of disease (Myers & Naledi, 2007). Chronic diseases of lifestyle are a public health concern which could be reduced by using schools as a platform to encourage learners to adopt a healthy lifestyle. The Life Orientation curriculum provides the platform for addressing this public health issue if implemented properly in the school curriculum.

Hence, the aim of this study was to design a health education programme within the CAPS framework by establishing the areas of Life Orientation which educators were comfortable with. The health education programme was designed as to assist educators with the implementation of the CAPS curriculum.

Methodology

This study, which used a mixed-methods approach, was conducted among high school Life Orientation educators and subject advisors in the Metro North education district of the Western Cape. This education district was chosen for the purpose of convenience sampling. Life Orientation educators in the 57 schools in the identified district were approached to participate in the study. Ethical clearance for the study was obtained from the University of the Western Cape ethics committee (Project number: 11/4/8) and the Western Cape Education Department. Participants were requested to complete a consent form prior to their participating in the study and were also informed that consent would be implied if the questionnaires were completed and returned to the researcher. All Life Orientation educators from Grades 8 to 12 were included in the study.

The first phase of the study was conducted using a self-administered questionnaire which was designed by the researcher. The questionnaire was piloted for content and face validity. The data gathered from the survey was coded and captured using Microsoft Office Excel. Data were coded and exported to SPSS for descriptive statistical analysis. The second phase of the study included the completion of semi-structured interviews with experts in the field of Life Orientation. The experts in this study were Life Orientation subject advisors, educators with more than 20 years' teaching experience, and educators who were Heads of Department of Life Orientation in the schools. In order to

guarantee that all the participants of the semi-structured interviews received the same information and uniform questions, an interview guide was designed. The semi-structured interviews were conducted to ascertain the content that would be appropriate for a health education programme which could be used as an additional teaching aid by Life Orientation educators. The data gathered from the semi-structured interviews were transcribed independently. Following the transcription of the interviews, common themes were identified and coded. In the final phase of the study a health education programme was designed based on the information obtained from the previous phases of the study. Transcribing the information verbatim and providing direct quotes from the transcripts ensured trustworthiness of the information obtained qualitatively. In addition, confirmability of the data was achieved by providing participants with transcripts of the interviews as well as the analysis to ensure accurate interpretation of data.

Results

Of the 57 schools that were approached to participate in the study, 31 questionnaires were completed, yielding a response rate of 54%. Of the study participants, 9 were males (29%) and 22 females (71%), with a mean age of 41.9 years (SD = 10.4). The majority of the participants (74%) taught Life Orientation at Grades 9 and 10, and 35.5% (n=11) had more than 20 years of teaching experience.

The confidence of teachers was determined for the various aspects of Life Orientation teaching and 45.2% of Grades 10–12 teachers indicated that they were comfortable when teaching the aspects of personal wellbeing, while 54.8% stated that they were uncomfortable when teaching the physical education aspect of Life Orientation. Teaching experience did not impact significantly on the levels of confidence in teaching various aspects of the curriculum. Using the Chi-square test to determine the significance of teaching experience and levels of confidence, a p-value of 0.255 and 0.469 was calculated for Grades 11 and 2 educators, respectively.

Based on the qualitative information, difficulties in teaching Life Orientation were identified. The attitudes and comfort levels were identified as themes from the qualitative data gathered. The study revealed that both learners and staff members from other academic disciplines undervalued Life Orientation. There was a perception that Life Orientation was only a subject that was used to fill time in the curriculum. Some of the participants made the following statements to highlight this:

“Principals also don’t have a high regard for Life Orientation.”

“They first complete their timetable and say, ooh, we must get in Life Orientation – this teacher has too few periods we will give Life Orientation to him or her, whether she’s experienced or doesn’t know anything.”

However, amongst educators who were involved with the teaching of Life Orientation it was regarded as a subject that is critical in South African schools. Educators felt that it was fundamental to equip learners with knowledge to make healthy decisions in all the spheres of their lives. They considered that the rapid decline of society made it essential to educate learners to make good holistic lifestyle decisions, and they felt that providing learners with sufficient information would aid in decisions based on good morals and values which would lead to a healthy society. The following are excerpts of statements by the educator on the importance of Life Orientation:

“So, Life Orientation prepares the children for decision making for long life learning for all those valuable aspects in life.”

“People that say it does not have value; don’t understand the subject.”

“Sometimes it’s easy academically to see where your kids are because you test them, but what their morals and values are you don’t see that, you can’t test it unless you look at it.”

Educators identified time constraints, lack of resources, and lack of qualified staff as well as over-large numbers of learners, as some of the barriers to the successful implementation of Life Orientation. Pertinent excerpts are as follows:

“And unfortunately those hours in physical education are sometimes not adhered to because 90% of people are unqualified in physical education.”

“Secondly you’re sitting with teachers that are teaching Life Orientation but are subject specialists of all other subjects than Life Orientation.”

Educators were apprehensive about the change to the education system. They explained that they felt that CAPS was more structured and streamlined. For example:

“The CAPS document is now neatly repackaged, but repackaged in such a way that the Physical Education has more emphasis now which is a good thing.”

“CAPS of course will work well because it’s more structured; it’s more pre-set if I may call it that.”

The education system has content, which is relevant in the South African context that is a useful guide for educators. Educators reported that they were not always

encouraged to participate in workshops because the timing for training was usually after school or during school holidays. Some of them indicated:

“And it must take place now after school, which is 3 o’clock, and then they are tired and not that enthusiastic.”

“The only orientation they received was last year for a day in my case, specifically on a Saturday.”

Based on the above feedback, a structured health education programme was designed focusing on health knowledge and skills. The programme consisted of both learner and teacher guides. Outlined in the health education programme were the goals, learning objectives, training and learning methods and resources, as well as evaluation methods. A summary of the design principles is presented in Table 1, and the weekly activities in Table 2.

Table 1: Health education design principles

Learning Outcomes		Teaching Strategy	Learner Activity	Learner Assessment
Knowledge	Transmit/ Inform	Lecture by means of PowerPoint presentation.	Question- and- answer session to clarify and expand newly acquired knowledge.	Exam Question
	Engage	Health- related questions; group work	Identify and interpret knowledge through case studies; self-insight	Self and peer assessment
Skills	Practice	Poster design by means of research	Explore learning through research; self-insight	Project design
	Application	Presentation	Transfer knowledge explored; deeper understanding	Presentation

Table 2: Weekly activities

Week 1 Activity: Information based (Facilitated discussion)	Week 2 Activity: Group work (Interactive discussion)	Week 3 Activity: Group work	Week 4 Activity: Presentations	Week 5 Activity: Assessment and revision
Inform →	Engage →	Practice →	Apply →	Revise
<p>Present information regarding chronic diseases of lifestyle, unhealthy behaviours and the relationship between these two factors. What are chronic diseases of lifestyle?</p> <ul style="list-style-type: none"> • Who suffers from chronic diseases of lifestyle? • How do people get chronic diseases of lifestyle? • Why is this information important? <p>Homework: Learners are to identify someone in the community who suffers from a chronic disease of lifestyle. Conduct an interview with this person, recording all the information. A guide of questions can be provided.</p>	<p>Learners are to be divided into groups – grouped together are learners who identified the same risk factors. Case studies: In smaller groups, learners are to present their findings, share similarities and differences and discuss which factors this could be attributed to. Learners are to identify risk factors of chronic diseases of lifestyle. Groups to informally present findings to allow other learners to ask questions and to identify if any further information should be obtained.</p> <p>Homework: Risk factors of chronic diseases of lifestyle and management / prevention.</p>	<p>Homework is to be presented in small groups. Learners are to make a presentation (PowerPoint/Poster) that depicts the chronic disease of lifestyle and the management as well as a short exercise programme.</p>	<p>Group Presentations: All the groups are to present their findings. Each group should have at least one question to ask the group that is presenting. Presentations can be assessed by peers as well as the teacher.</p>	<p>Revision of knowledge and information. Short quiz to assess knowledge gained by learners.</p>

Discussion

This study found that Life Orientation in schools is generally regarded as a subject that carries little weight and is of less value than other subjects, which are a requirement for university entry. Often, this disregard for the subject is seen not only in the opinions of learners, but also those of fellow educators in schools. Van Deventer (2009b) states that when teachers are required to teach a subject for which they do not have adequate proficiency, the learners are aware of the lack of skill.

In order for the full potential of a subject such as Life Orientation to be attained, educators require many resources. The implementation of a subject that has a holistic approach can only excel with the adequate provision of resources. These resources include equipment, extending from what is needed for physical education and sport to what is required for educators in terms of health information. Van Deventer (2008) states that the scanty resources available in South African schools mean it is difficult for these schools to implement the curriculum successfully. Prinsloo (2007) points out that educators do not always have positive experiences when they attend workshops and training seminars, because the presenters are often not knowledgeable about the practical aspects of implementation in the classroom setting. In addition, there are insufficient teaching aids and resources. Therefore, the lack of classroom experience often results in poor guidance for educators.

In this study, a health education programme for Life Orientation was designed that is based on relevant literature, consultation with key stakeholders in the field of Life Orientation, module design principles presented by Donnelly and Fitzmaurice (2005), and the framework of a pre-designed health education programme (Frantz, 2011). The health education programme contains the description of the learning outcomes, the resource materials, the training and learning methods, a brief module description and an assessment standard. The health education programme is also based on the current situation in South Africa – in terms of an increasing trend in the acquisition of chronic diseases of lifestyle – thus it is designed for the learners, and aims to promote a healthier lifestyle. The framework used could serve as a guide for teaching other topics in the Life Orientation curriculum (Table 1).

Table 1: Framework of teacher guide

LIFE ORIENTATION MODULE: Development of the self in society

Module Description: This 5-week module is designed to provide learners with information regarding chronic diseases of lifestyle, the risk factors, management, the long term effects as well as the prevention of these diseases.

Topic: Development of the self in society

Outcomes:

- Plan and achieve life goals: problem-solving skills
- Healthy lifestyle choices: decision making skills
- Role of nutrition in health and physical activities
- Gender roles and their effects on health and wellbeing

Process
The role of the educator is to *inform* the learner – by means of providing knowledge as well as guiding the learner to acquire additional knowledge by means of research. The educator then *engages* the learner to work with the information. The information is then put into *practice* and finally *applied* in appropriate settings.

Module Goals

- To equip learners with the skills required for planning and achieving life goals by using problem-solving skills.
- To equip learners with decision-making skills that will encourage healthy lifestyle choices.
- To highlight the role of nutrition in health and physical activities.
- To define gender roles and their effects on health and wellbeing.

Training and Learning Methods

- Interactive presentation
- Facilitated discussion
- Poster presentation
- Individual feedback
- Group work

Logistics

- One period per week in the Life Orientation module: Term 1

Method of evaluation

- Formal assessment: Presentation

Resources and Materials

- Cardboard /Koki's
- Projector / Laptop
- Library books – Encyclopaedias etc.

Conclusion

In this study the challenges experienced by Life Orientation educators range from large numbers of learners in the classroom and lack of resources, to a lack of interest in the subject. It suggests that educators who are required to teach Life Orientation do not have the requisite skills and knowledge to be successful. The development of a health education programme, based on the data obtained, could be very helpful as an additional resource in the classroom to facilitate the teaching of the subject.

Limitations and recommendations

Conducting workshops with educators in order to familiarise them with the content and to ensure effective utilisation of the teacher as well as learner guides can further enhance the development of the health education programme. Additional training and support for educators who teach Life Orientation is therefore needed. This study was limited due to the poor response rates of participants, which hindered the prospect of implementing a workshop with Life Orientation educators. The study population only included 8 education districts, which limited the generalisability of the findings, however, the information can inform other educators.

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Adolescent girls' lived experiences of pregnancy and motherhood

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Abstract

Conventional wisdom states that teenage mothers may struggle significantly to cope with the demands of child rearing, motherhood and adolescence. This study attempted to give teenage mothers the opportunity to voice the essence of their experience of motherhood. This qualitative study was located within a phenomenological framework, as it explored the experiences of the teenager during motherhood. The research investigated how teenage mothers construct motherhood, and how their functioning and ability to cope have been impacted. Participants were teenage mothers between the ages of 15 and 21 years who have had a full term pregnancy. They were recruited from two non-profit organizations in the Winelands region of South Africa that offers psycho-social support services to pregnant teenagers. Unstructured interviews were conducted with 15 participants. Two researchers, one male and one female, conducted 11 and 4 interviews, respectively. Thematic Interpretive Analysis was used to analyse transcripts of interviews and reflective notes. Three categories emerged: (1) Reactions to pregnancy; (2) Experience of pregnancy; and (3) Motherhood. Each category contains a number of themes with subthemes from the respondents' accounts. The findings suggested that the essence of teenage pregnancy and motherhood was a life changing event for which they felt ill prepared. Despite the numerous challenges at a personal, relational, familial and systemic level, eventual acceptance translated into invaluable support and instilled hope and positive feelings for many teenage mothers. Participants presented their stories as chronicles with a moral teaching or advice to other teenagers

Keywords: Adolescent, motherhood, experience, phenomenology, pregnancy.

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Introduction

Adolescence is characterized by profound biological, psychological and social developmental changes (Sadock & Sadock, 2003) that conjure up images of carefree, developing individuals striving to determine their own identity and a place to belong (Ashcraft & Lang, 2006). Motherhood, on the other hand, is defined as unselfish care-giving with increased responsibilities as a parent (Loubser, 2008). Biddecom and Bakilana (2003) linked motherhood to adult status evidenced by the ability to place or prioritize the needs of your baby above your own. The transition to parenthood takes on special significance when it is occurs during adolescence (National Research Council & Institute of Medicine, 2005). Taking on the life-long responsibility of child-rearing and shaping the

outcomes of the next generation, requires physiological and psychological maturity, as well as familial circumstances that offer the support necessary to make a successful transition to parenthood (Shaw, Lawlor & Najman, 2006). Motherhood in general has been constructed as a rewarding and life-fulfilling experience whilst teenage motherhood has been constructed as more challenging; even negative (Hoffman, 2006).

In South Africa, teenage pregnancy and motherhood are not uncommon events (Branson, Ardington & Leibbrandt, 2013). Similarly, Macleod and Tracey (2010) reported that not all unplanned teenage pregnancies are unwanted and proceed into motherhood. The challenge for pregnant teenagers and teenage mothers is to manage and negotiate the demands of schooling, pregnancy and parenting (Bhana, Morrell, Shefer & Ngabaza, 2010). Literature cites many adverse outcomes including, but not limited to health risks e.g. increased neonatal and postnatal mortality (Chen, Wen, Fleming, Yang & Walker, 2008), threats to gender parity in education (Panday, Makiwane, Ranchod & Letsoalo, 2009); and increased risk for children of young teen mothers (Branson et al., 2013). Teenage motherhood has been presented as a tremendous challenge and a crisis for the teenager and her support systems during which intense strains and challenges are faced (Mkhwanazi, 2010). Substantial efforts have been made to empower women and improve gender equity in the last 15 years; yet teen pregnancy persists as a source of public and policy concern as a result of the great variation in resources and access to resources (Jewkes, Morrell & Christofides, 2009).

The literature has adopted a deficit approach to researching this phenomenon that prevented young mothers from articulating the essence of their experience (Macleod & Tracey, 2010). The view that teenage pregnancy and motherhood are difficult needs to be tested since it is an imposed view of the teenage mother's experience that does not necessarily take into account changes in what has become available for teenage mothers. For professional helpers, parents and community members to respond appropriately to these needs, much has to be learnt by exploring the lived experiences of teenage mothers. Thus, the present study attempted to give a sample of teenage mothers an opportunity to articulate what their experiences of motherhood have been like - the essence of the experience of teenage pregnancy and motherhood for participants in a specific social setting. The sharing of these experiences can be validating and normalizing for what it is rather than what it should be or hasn't been.

Methodology

This qualitative study, conducted within a phenomenological framework, attempted to describe the meaning and essence of the lived experiences of teenage mothers. The study followed five procedures endemic to

phenomenological enquiry: a) bracketing of the researcher's preconceived ideas about the phenomenon (epoché); b) formulating questions that asked participants to describe their lived experiences and exploring the meaning thereof; c) conducting interviews with individuals who have experienced the phenomenon; d) analysing data through reduction, statement analysis and exhaustive meaning assignments, and e) reporting on the essence of the experience (Cresswell, 2004).

The participants were middle to late adolescent mothers, age 15 to 21 years, residing in the Cape Winelands region in South Africa, who accessed identified social support agencies during their pregnancy. Participants were recruited from two Non-profit organizations (NPOs). The centres only operated two evenings per week limiting the number of teenagers who used the facility and in turn the pool of potential participants. Centre managers and case workers compiled a list of clients (n= 48) seen over a six month period who consented to being contacted by the researcher. Letters of invitation to participate in the study and information sheets containing all relevant study details and ethics clearance were sent to clients on the list, of which 27 agreed to participate in the study. Twelve withdrew before being interviewed and the final sample included 15 participants. Follow-up interviews were conducted to gain insight into the reasons for withdrawing. The most common reasons provided included logistics and finance (travelling to the NPO for the interview, child care arrangements) and emotive reasons (not wanting to be reminded of an earlier stressful phase).

Ethics clearance was obtained from the University of the Western Cape. Permission to conduct the research on their premises and to gain access to prospective participants was obtained from the NPOs. The managers of the agencies briefed participants about the study and introduced the researcher to those who showed interest. Information sheets detailing the purpose of this study, what participation would entail, and the rights of participants were given to potential participants. Informed consent was obtained and counselling was available if debriefing was required. Participation was voluntarily and could be terminated without fear of any repercussion.

Data were collected using unstructured interviews allowing participants to share their conscious experiences of motherhood. Participants were asked a prompt question and guided without interference from the interviewer as per the conventions of phenomenology (Henning, van Rensburg & Smit 2004). The interviews lasted 60 minutes on average and were recorded, transcribed and anonymized for Interpretive Thematic Analysis outlined by Cresswell (2004). Two independent reviewers conducted the analysis and identified themes that were organized into categories including reflexive comments of the researchers. Data collection and analysis commenced in parallel until saturation was reached. Findings were presented to participants for validation as an accurate reflection of their experiences and reflexivity was used to track the impact of the researcher

on the process. Three categories emerged: (1) Reactions to pregnancy; (2) Experience of pregnancy; and (3) Motherhood. Each category contains a number of themes with subthemes.

Results and Discussion

The ages of the mothers ranged from 15 to 21 of which seven were white, three were African and 11 were Coloured. Six reported having children younger than a year old; three had children between one and two years old; four had children aged between two and three years, and two had children between three and five years old. Risks during pregnancy included preclamsia (1), extended nausea and dehydration (4); hypertension (6); diabetes (1) and heart murmurs (1). During delivery the following were reported: vaginal tears (2); haemorrhage (2); emergency cesarian (6) and instrumental deliveries (5). Eight mothers reported that their infants had anoxia.

Category one: Reactions to pregnancy: The discovery of being pregnant by teenage girls was met with intense reactions at a personal level and from parents, peers and partners. Table 1 indicates the themes and sub-themes substantiated with illustrative quotations and excerpts.

Table 1: Reactions to pregnancy

Themes:	Sub-themes:	Illustrative quotes excerpts
Personal reactions to pregnancy	Shock & disappointment	<i>"... when I heard I was two months pregnant I cried, they still wanted to ask me questions but I walked out of the clinic..."</i>
	Shame	<i>"There are days that I think – what were you thinking – and so on and you wouldn't wish it on your worst enemy to put it that way..."</i>
	Sadness	<i>"... when emotionally you are drained, you cry from day till night and you cry yourself to sleep..."</i>
	Isolation	<i>"... it wasn't nice being pregnant because I was the only girl, I felt out then...so it was tough doing it by myself..."</i>
Reactions of family	Shock and disappointment	<i>"... it was a shock to my parents also because my sister was pregnant at the same time..."</i>
	Anger	<i>"For about 3 months it was world war III in my house... words, screaming and crying and everyone saying things that they shouldn't have..."</i>
	Response from each parent	<i>"... my father made a case against my child's father, but my mom was there for me. At the beginning it was tough for her as well, because obviously my dad was putting pressure on her to tell me not to keep it..."</i>

Themes:	Sub-themes:	Illustrative quotes excerpts
Reactions of boyfriend/ biological father	Financial implications	<i>"So it's really tough ... financially as well. It's lawyers and it's facilitators, and if you have to go to court it costs a hell of a lot of money..."</i>
	Eventual acceptance	<i>"When he came to fetch us at the hospital and when he saw W then he spoke again and after that he was happy"</i>
	Support	<i>"he pays maintenance yes, and every month he gives the child money and when he gives he will maybe buy extra goodies and so on."</i>
	Relationship turned sour	<i>"... when the baby was born, three months after we broke up because things didn't work out for us anymore because his family did not like me and my family didn't like him..."</i>
Experiences of peer reactions	Questioned paternity	<i>"... he wanted to get a paternity test done and obviously that really upset me, but I had it done for him to get his R2000 worth of paper to tell him that he was the father."</i>
	Judgement	<i>"... you had to get that people that and especially the younger kids, they would look at you when they walked pass you and you would tell them your eyes are up here..."</i>
	Isolation	<i>"... I went to classes and everything and it wasn't nice being pregnant because I was the only girl, I felt out then... you always wondering about what they whispering and gossiping..."</i>

Personal reactions: Participants reported a range of emotional reactions to the discovery that they were pregnant consistent with Van Wyk's (2007) study which reported that the challenges faced by young mothers are hard to deal with; particularly accepting and then acting on the advent of the pregnancy, as well as deciding on and coming to terms with the reality of motherhood. Even when circumstances appear to be favourable and "normal", pregnancy comes with a considerable amount of emotional turmoil. Being an adolescent is already challenging and becoming a mother too makes this even more daunting. The adolescent mother's life does indeed cease to exist as she once knew it. The participants experienced mixed reactions from peers that had a significant impact on the young mother particularly in terms of her ability to relate to her peers. The adolescent mother's limited social outgoings could cause a further rift in the friendship circle (Mkhwanzi, 2010; UNFPA, 2007).

The reactions of the adolescents' family have a significant impact on her since she is still living under their care. Participants reported that parents and family of the pregnant teenager have a full range of reactions to the pregnancy from anger to supportive assistance and acceptance as reported in literature since teenage pregnancy is not seen as social norm (Shaw, Lawlor & Najman, 2006). The reactions of parents also differed where mothers were seen as confidants who they would approach first to break the news whereas fathers appeared to have

stronger responses. Conflict often arises as the parents turn against each other because they need someone to blame for the “bad” decision their child has made (Macleod & Tracey, 2010). Paradoxically, parents feel obliged to assist the young mother despite their reactions and the additional financial strain of the new addition (Dangal, 2010). Parents eventually come around to accept, welcome and support the illegitimate child even though the daughter may have been severely reprimanded for becoming pregnant (Gustafsson & Seble, 2007). Once the acceptance had taken place, the presence of the new family member brought the family closer in some way (Nugent, 2006).

The reaction of the biological fathers (in most cases the boyfriend) were similar to that experienced by the pregnant teenager and her family including initial shock and eventual acceptance. Most of the relationships deteriorated especially in cases where paternity was questioned and others escalated into a custody battle. Coping was more difficult when support was withheld or withdrawn. The reaction of the father played an important role in the subjective experience of pregnancy and motherhood for the adolescent mother consistent with literature which indicated that it is hard for the father to assume responsibility. However, in most cases he did try his best to support the baby (Wiemann, Rickert, Berenson & Volk, 2006).

All participants conceived in the context of a steady romantic relationship. However, they did not raise the reasons why they had unprotected sex or became sexually active. Given the phenomenological nature of the enquiry it would have been inappropriate to impose an exploration of this aspect that was not raised by the participants as a core aspect of their subjective experience. Instead participants focused on the unplanned nature of their pregnancies as a core experience that was consistent with Pettifor et al’s (2005) assertion that the aspirations of young people are changing due to a shifting economic landscape, but contradictory to Varga’s (2000) notion that some adolescents conceive under the misconception that it can save their relationship. Thus the unplanned nature of the pregnancy and motherhood places additional strain on the young mother.

Category two: *Experiences of being pregnant*

Being pregnant as an adolescent gave rise to difficult times and significant life changes. The participants’ vulnerabilities were exposed and exacerbated by the strains and stresses of adolescence, as well as being pregnant. During this stage, extensive support was desired from family, friends and boyfriends. Table 2 below summarizes the themes and sub-themes that emerged in relation to how the pregnancy was experienced by peers and boyfriends, family and at a personal level.

Table 2: Experiences of pregnancy

Themes:	Sub-themes:	Illustrative quotes and excerpts
Personal experiences of being pregnant	Emotional reactions	<i>"I felt bad because I was so young and I mean I messed up my life like that with a child and now I have to look after the child alone..."</i>
	Social reactions	<i>"... me and the dad would walk up the street next to each other and everyone would stare at me but no one would know it was him but they'd look at me and think what the hell is going on with her, she's one of those..."</i>
Effects on school	Remaining at school while pregnant	<i>"... well the June exams I still wrote with everyone in the hall but after that, as soon as the story broke I didn't go to class anymore... if I really had to go for a test or something I'd go in black pants and our matric top and then you couldn't really see but by September I wrote separately in the office... I don't think they (school) particularly enjoyed it..."</i>
	Dropping out	<i>"Ja it was difficult for me I was like sitting in class and I was like sleepy, I was struggling alot with my studies... and then I couldn't focus on my studies so I failed three subjects ja, so I'm going to give up for now..."</i>
	Returning to studies	<i>"... what makes it tough is the stage of life you are in because now you kind of, whether you in school or just started varsity, you have to balance your studies and you know you have to try and work to support the child..."</i>

Participants reported emotional (loneliness, regret, despair) and social (people's reactions, finances, school) aspects to their experiences of pregnancy as teenagers. The impact of social reactions extended the reaction of some staff at the hospital when it was time for the mother to give birth. Adolescents are often unwelcome when approaching clinics for contraceptives because they are too young to be sexually active. Although the country has extensive family planning services, such services have long-held associations with negative judgement and hostility (Branson, Ardington & Leibbrandt, 2013). Shisana et al. (2005) report that pregnant women under the age of 20 years are more likely to receive care from a nurse or midwife than from a doctor and are more likely not to receive care at all compared to pregnant women 20 to 34 years old. The components of antenatal care also reflect inadequate care for younger women compared to women in the age category of 20 to 34 years. They are less likely to be informed of the signs of pregnancy complications, to have their weight, height and blood pressure measured, to have urine and blood samples taken or to receive iron supplements. Their treatment at the time of the birth may also be affected by this perception as adolescent motherhood is frowned upon.

Mixed reactions from the learners and staff at school significantly impacted on participants. While most schools were accommodating and allowed the

participants to attend school when pregnant, the outcome was not necessarily pleasant. Dropping out of school often seemed like the most feasible idea to most of the participants (Bhana, Morrell, Shefer & Ngabaza, 2010), with adverse impacts on their future economic and vocational prospects, as well as their ability to provide for their children (Ashcraft & Lang, 2006; National Campaign to Prevent Teen Pregnancy, 2002). The impact of teenage pregnancies on educational development and economic progress remains negative and significant even after controlling for other social factors, such as coming from a disadvantaged background (Jewkes, Morrell & Christofides, 2009). Grant and Hallman (2006) identified that the return to school for teenage mothers was facilitated by strong familial support, shared childcare, supportive schooling systems, progressive legislation, as well as age and time of giving birth.

In participants’ struggle to adapt to the new role as expectant mother they reported consequences that have been well documented in the literature such as, low personal self-esteem, personal efficacy, higher risk of psychological distress, limited educational and occupational achievement, lost youth and peer relationships, reputational harm, as well as ambivalence towards the child (Macleod & Tracey, 2010).

Category three: Motherhood: Three themes emerged in the category of Motherhood namely, feelings about being a mother, support of family and coping with motherhood. Each of these themes had sub-themes that are summarized in Table 3 below with illustrative statements by the participants.

Table 3: Experience of Motherhood

Themes:	Sub-themes:	Illustrative quotes
Feelings of being a mother	Inexperience	<i>“... if he just cried you don’t know what to do because he doesn’t want the bottle, he doesn’t want something to eat... I’m not used to babies and I didn’t really know what it is to raise a child.”</i>
	Sacrifices	<i>“...my week-ends since birth until now were not pleasant – week-ends I was also occupied and to see my friends go out was not nice...”</i>
	Responsibilities	<i>“... I went back to college when my baby was about a month... When I got home I breast fed him and also had to leave a bottle for him in between ... Just the fact that my young life is over, I can’t go anywhere I want to and can’t do anything I want to do because I must always consider my child. He is my responsibility now.”</i>
	Acceptance	<i>“... I think it starts as soon as you see those two lines. You can try to ignore it but it’s there and whether you want it or not you have to face it... immediately your mind switches and you start to think broader than you would have and you change your mind set in certain aspects, you change a lot.”</i>
Support of family		<i>“... it does make it easier when [my father] accepted [the baby], and he loves her more than anything now so things do have a way of working out... I have the support of my parents...”</i>

Themes:	Sub-themes:	Illustrative quotes
Coping with motherhood	Challenges	<i>"I am a diabetic so it was a bit hard for my health and I also had low blood pressure... when I found out he was a colic baby, I mean he cried the whole time and it wasn't nice..."</i>
	Role change	<i>"I just feel different – I don't feel the way I used to in my young days... I feel like a mother feels... I can't fit in with the young girls anymore..."</i>
	A sense of hope	<i>"It's tough, but it's a reason to get up in the morning... if you think of how tough it was, it's nothing it doesn't matter anymore, you so filled you so happy... but in the end you have a little baby in your arms and you just know you'll do anything for it and it'll be alright. You will make it alright for her, not for you but for her..."</i>

The essence of the feelings about becoming a mother as an adolescent was overwhelming as the participants were ill-prepared. Even though the “mother instinct kicked in”, it was hard accepting the responsibilities that awaited them. Despite having the support from their mothers and families, the onus remained on them to take responsibility for their babies. All participants reported that they eventually came to accept motherhood which translated into a positive outcome to the assumption of the role of motherhood. Participants also reported that the birth of the baby brought the family together; strengthening family ties and signalled definitive attitude change from the family, especially parents.

Motherhood had a significant impact on the participants' lives as they faced numerous challenges and role changes as previously mentioned. It was evident in some instances that the pregnancy was frustrating and to some extent a negative experience, interfering with their independence, education and social life. Participants used both constructive and less effective pragmatic mechanisms to cope with the demands and challenges of motherhood. Despite the challenges they were able to cope, showing strength and positivity towards their situation and a sense of hope for the future.

Conclusion and recommendations

The findings of this study provide insight into the subjective experiences associated with teenage pregnancy. The findings were generally consistent with those reported in the literature and serves to validate the extant body of knowledge. The essence of the young mothers' experience of unplanned pregnancy and motherhood was that they lacked the necessary skills and were unprepared for the task of raising a child. They therefore acquired necessary knowledge and insight the hard way. Their experiences brought to the fore the uncertainty they had about their future but also how the experience of early motherhood has shaped their lives. Adolescent mothers felt pulled and torn apart by the two realities of being both mothers and adolescents in school. Many of the adolescent mothers experienced a deep sense of regret over what could have

been a life with their friends, planning for further education and training and a future career. Coping with pregnancy and motherhood became more difficult when support was withheld from family, friends and the infant's father. An essential experience was that eventual acceptance translated into positive views and outcomes. The study underscores the importance of taking the subjective experiences of teenage mothers into account when conducting research, providing psycho-social support, as well as developing intervention and prevention strategies.

Implications for clinical practice

The major implication for practice is for clinicians and psycho-social support workers to consciously create opportunities for teenage mothers to articulate their subjective experiences. In this way, teenage mothers feel listened to and empathized with rather than just being the recipients of interventions based on a priori knowledge from literature. Clinicians should consider drawing on literature in such a way as to offer participants a sense of recapitulation and normalization after they have shared their experiences. In this way literature becomes a support rather than a clinical prescription. In addition, there are many changes noted in the literature regarding teenage pregnancies that have been borne out by participants in this study. Thus clinicians and psycho-social support workers must avoid reifying the literature or knowledge on the topic and bear in mind that there could be great variation in the subjective experience of this phenomenon. The findings also underscore the importance of contextual factors that need to be tracked carefully in clinical practice to ensure that a contextual understanding of each client is developed that could result in meaningful planning for intervention and support. Lastly, psycho-education has focused on highlighting the adverse effects and challenges of teenage motherhood and pregnancy with very little impact on reduction. Thus psycho-education would benefit from a more balanced and nuanced presentation of the challenges associated with teenage pregnancy.

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