EXPERIENCES OF TEENAGE MOTHERS ON SOCIAL SUPPORT IN NZHELELE COMMUNITY OF MAKHADO MUNICIPALITY

by

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DECLARATION

I, **HULISANI BRIDGET MAGWABENI,** hereby declare that the dissertation for the **Master of Arts** in Psychology at the University of Venda, entitled “Experiences of teenage mothers on social support in Nzhelele community of Makhado Municipality’’ submitted by me, has not previously been submitted for a degree at this or any other institution, and that it is my own work in design and in execution and that all reference material contained therein has been duly acknowledged.

Signature: _____ Date_____

DEDICATION

This study is dedicated to all teenage mothers.

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ABSTRACT

In South Africa, today, teenage pregnancy is on the increase, resulting in social and public health problems. The Department of Health (2002) indicates that, nationally 16.4% of the teenagers become pregnant every month. The Department also states that 26.4% of Grade 8 learners, 13.4% Grade 9 learners, 12.6% Grade 12 and 13.3% Grade 11 learners, fall pregnant every month. Many of these teenage mothers are confronted with various health problem, for example, HIV/AIDS, psychological (for example, high stress) and social problems (for example, lack of parenting skills, neglect, poverty, and low educational attainment). These problems have far-reaching consequences on the mothers. For example, many teenage mothers drop-out of school, attempt to commit suicide, as well as take part in prostitution and robbery. Many are unemployed and this puts the welfare of their children at risk.

This research study was qualitative in nature. The exploratory phenomenological design was used in this study to explore the experiences or challenges of teenage mothers on social support as pregnancy interferes with all aspects of their lives. For example, it jeopardises teenage mothers' relationships with their parents who are the main source of support for the young mothers. If this relationship is broken, it reduces the chances of the young mother's success. These factors contribute to an inadequate parent-child interaction and diminish the infant's development. Support during pregnancy and after birth is vital for a teenage mother. If her future and mental health are to be bright, then she needs to have strong social support. Non- probability sampling methods were used, namely purposive and snowball sampling.

Pre-testing was done with four teenage mothers who had the same background as those in the main study. Data were collected from six teenage mothers through semi-structured face to face interviews which required teenage mothers to answer a set of predetermined questions. The question asked allowed probing and clarification of answers. A tape recorder was used and the language used was Tshivenda. All ethical issues were adhered to throughout the study.

Interpretative Phenomenological Analysis (IPA) was used to analyse the collected data. The findings from the interviews were integrated to avoid repetition. From the analysed

data, the following themes emerged: Challenges experienced by teenage mothers; Support system for teenage mothers; and Coping strategies for teenage mothers.

Analysis of data revealed that lack of social support for teenage mothers was a major problem and this was collaborated by literature. These findings revealed that teenage mothers experience many challenges compared to the support they get from significant others.

In this study, the researcher found that doing field work with teenage mothers with low educational backgrounds is very challenging because they do not understand what research is all about. The researcher realised that there is more that South African needs to do to encourage people to support teenage mothers. Whilst the work done at Tshikuwi is appreciated, the researcher feels it is too little too late considering the number of teenage mothers who continue to lack support. The researcher recommends that teenage mothers who experience challenges should take the initiatives to start projects that will boost their confidence. Teachers who teach life science orientations should, in the meantime, focus on teaching learners about the consequences of not having support either from family or partners and communities.

Key words: Family, Partner, Social support, Teenage mothers

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS: Aquired Immuno Deficiency Syndrome

GED: General Educational Development

HIV : Human Immunodeficieny Virus

IPA : Interpretative Phenomenological Analysis

SLT: Social Learning Theory

UHDC:University Higher Degrees Committee

CHAPTER 1: INTRODUCTION

1.1 Introduction and background of the study

Teenage motherhood is on the increase, resulting in social and public health problems. Failure to receive social support from significant others leads to challenges for teenage mothers. The study was focused on social support received by teenage mothers, at Tshikuwi village in Nzhelele under Makhado Municipality.

Teenage pregnancy represents a major social and public health problem in the country. Each year, more than one million teenagers become pregnant (Arulkumaran, 2011). Over 400,000 teenagers gave birth in the United States in 2009 (Annie & Cassey, 2013). In 2011, about 13,000 teenagers in Georgia aged between 15 and 19 gave birth, a rate of 37.9 per 1000 teenagers (Hudgins, Erickson & Walker, 2014). The South African Health News Services (2013) indicates that, nationally 16.4% of teenagers become pregnant every month. Based on grades, the department indicates that 26.4% Grade 8 teenagers, 13.4% Grade 9 learners, 12.6% Grade 12 and 13.3% Grade 11 become pregnant every month. Fewer teenage pregnancies are found in Gauteng (10%), while the highest percentage, 21.5% is found in Mpumalanga.

The Limpopo provincial government (2011/2012), indicates that teenage pregnancy rose from 2% at 15 years of age to 27% at 19 years of age. Higher rates of pregnancies were observed among black and colored teenagers. According to the Vhembe District Health News (2012/2013) statistics show a big increase in teenage pregnancies at Tshikuwi clinic in Nzhelele, 70km from Thohoyandou. Madimbo clinic which is situated about 90km outside Thohoyandou, in Mutale area, delivers about 25 babies to teenagers every month, while the clinic also sees about 17% pregnant girls between the ages of 13 and 14 years, monthly.

Family support is particularly important for teenage mothers and has been found to have a positive influence on parenting behaviours and practices (Phoenix, 2013). Support from fathers or male partners has been linked to improved financial

and psychological outcomes for teenage mothers, as well as it having a positive influence on parenting behaviours (Vandenberg, 2012). According to Cobb (2008) social support, generally conveys three types of information to a person; first, it gives the person a sense of being cared for and loved; second, the individual feels esteemed and valued by other people; and, finally, it encourages a sense of belonging to a communication network with mutual obligations.

Honig and Morin (2013) argue that psychological resources, for example, access to a well-functioning social network, are important for an individual's health behaviour and well-being. Social support buffers the individual from stressful experience and is composed of diverse resources available to the individual through social ties to other individuals and groups. Jacobson and Frye (2009) point out that social support can be viewed from two perspectives, the first being the perception that there is a sufficient number of available significant others to whom one can turn to in times of need and the second being the satisfaction which comes with available support.

According to Cobb (2008) there are three types of support, namely emotional support, which reflects the individual's experience of receiving care and encouragement from friends, neighbours and colleagues; informative support which refers to appropriate advice; and instrumental support which refers to the individual's access to advice, information, and practical service. These three types of support have various effects, and their usefulness depends not only on individual need, but also on the current problem. Social support aims at empowering the individual to manage her own resources, in order to overcome different strains and difficulties (Hermann, Cleve & Levison, 2010). Social bonds are the greatest indicator of the success or failure of the teenage mother in life. For many teenage mothers, family relationships are weak and negative, resulting in poor social bonds between them and their families.

The influence of parents and family relationships can constitute a strong emotional base for the teenage mother. With the necessary support, teenage mothers might avoid the occurrence of a second pregnancy and might return to school. The

support gives them a 'push' upward and gives them a fresh start in life. The make-up of the youth's household can also be predictive of the future of the teenage mother. Teenage mothers who live in non-intact families are more likely to fail or have other children, and this also applies to those who come from large families with few resources (Jacobson et al., 2009).

1.2 Problem statement

Teenage mothers are confronted with many challenges before and after the baby is born. For example, after finding out about the pregnancy, teenage mothers may feel guilty or anxious about their future as single parents. This could likely make them abuse or neglect their babies because they feel overwhelmed by their unfamiliar and ever-demanding roles as parents. My personal observation shows that teenage mothers walk around the streets, from house to house, looking for piece-jobs. Most would be wearing dirty clothes and their children would be poorly dressed. For most of these teenage mothers caring for the baby makes it difficult for them to take care of themselves or to continue their schooling. Lack of schooling makes it difficult for teenage mothers to find and keep well-paying jobs. Support during pregnancy and after birth is vital for a teenage mother. If her future and mental health are to be bright, then she needs to have strong social support.

The high rate of teenage mothers in Nzhelele results in high rates of school dropouts, meaning that teenage mothers are missing out on the necessary education, which is important to improve the quality of their lives and that of their children. Vhembe District in general and Makhado Municipality in particular will also suffer from this lack of education among teenage mothers. Literacy levels for teenage mothers will remain low, and if they do not find piece jobs, they will end up engaging in high-risk behaviours such as prostitution, theft, alcohol and drug abuse; they might also commit suicide. Due to these challenges, teenage mothers need social support from significant others in their lives.

1.3 Aim of the study

The aim of the study was to explore experiences of teenage mothers on social support.

1.4 Objectives of the study

- To explore experiences of teenage mothers on social support;
- To identify available support for teenage mothers; and
- To describe coping strategies employed by teenage mothers.

1.5 Research questions

What are the experiences of teenage mothers with regard to social support?
What support is available to teenage mothers?
What coping strategies do teenage mothers employ?

1.6 Significance of the study

The study may benefit the following stakeholders: teenage mothers; teenagers who are not yet pregnant; partners of teenage mothers; family members of teenage mothers; The Department of Health; and the Department of Education.

Teenage mothers

It is important to understand that social support and assistance is needed for specific problems and needs. Yet not everyone knows where to go for help, and this, in turn, creates more problems. Many teenage mothers do not have an opportunity to talk about the challenges they face when they are pregnant or when they have a child to care for. Hopefully teenage mothers will personally benefit from this study because their perceptions and expectations will be understood. Teenage mothers will also benefit from the information they will obtain from the study about the different support systems available to them and the different ways of seeking help.

Teenagers who are not yet pregnant

Teenagers who are not yet pregnant will also benefit because they will get to know the range of emotions, the burdens, responsibilities and challenges that pregnant teenagers face. Such challenges include taking care of the baby and going to school at the same time without support from partners or family members.

Partners of teenage mothers and family members

Partners of teenage mothers and family members would also benefit because their support is important for teenage mothers and has a positive influence on parenting behaviours and practices of the teenage mothers. Support from fathers or male partners is linked with improved financial and psychological outcomes for teenage mothers as well as a positive influence on parenting behaviours.

The Department of Health

The Department of Health will also benefit because teenage mothers often do not have the resources to seek help. Therefore, issues concerning social support, counseling and mental health programmes can be explained to help teenage mothers in schools and in health facilities when they come antenatal visits. This would further the teenage mothers' education and enhance their mental health. When teenage mother's experience are known, appropriate action will be taken, for example planning and implementing appropriate forms of social support and other programmes specifically designed for teenage mothers. In addition, ways of preventing pregnancy may be improved.

Department of Education

The Department of Education will also benefit because when teenage mothers' experiences are known, the content of modules such as life sciences or life orientations may be improved by adding content on social support. Focus will be on teaching learners about the consequences of not having support either from family or partners and communities. Doing so will minimise stress among teenage mothers, stress which resulted from lack of social support. It will also encourage

teenage mothers further their education and improve the teenage mothers' mental health.

1.7 Delimitations of the study

The researcher focused only on teenage mothers who had given birth when they were teenagers and who had dropped out of school. The study was conducted among teenage mothers aged 18 to 24 years, who reside at Tshikuwi village in Nzhelele Makhado Municipality under Vhembe District of Limpopo Province. Some of the study participants, as can be seen from the age range 18 to 24, were no longer teenagers. However they were selected for the study because they fell pregnant and had children when they were teenagers.

1.8 Definitions of concepts

Family

According to Lapierre (2010) family refers to a group of people staying together, where there are parents and children (nuclear family) or with grannies, uncles, cousins and aunts (extended family).

Partner

A partner is somebody whom you are in a relationship with (Nicole, Letourneau, Miriam, Stewart & Alison, 2014).

In this study partner refers to the father of the baby".

Social support

Macarthur Ses and Health Network (2008) refer to social support as assistance that people receive from others. Social support is divided into emotional and instrumental support.

Teenage mother

A teenage mother is a ''female person between the ages of 13 to19 years of age who has a child, (Rice, 2013)

For the purpose of this study a teenage mother refers to a female person between the ages of 18 to 24 years.

1.9 Outline of chapters

Chapter 1 gives an introduction to the study.
Chapter 2 reviews theories that relate to social support for teenage mothers.
Chapter 3 reviews literature on the experiences of teenage mothers on social support.
Chapter 4 discusses the research methodology that was used to conduct the study.
Chapter 5 presents the findings of the study.
Chapter 6 discusses on the findings of the study.
Chapter 7 summarises the findings of the study, makes recommendations for future research and, finally, draws a conclusion.

1.10 Conclusion

This chapter discussed the background of the study and the problem statement on the experiences of teenage mothers on social support from significant others. It outlined the main aim and the objectives of the study and also highlighted the significance of the study.

CHAPTER 2: THEORETICAL FRAMEWORK

2.1 Introduction

The concept of social support has theoretical links with the coping theory, social learning theory and social exchange theory. These theories that have relevance for new parenthood such as teenage motherhood, are discussed in this chapter.

2.2 Coping Theory

Houle (2015) describes coping as an individual's cognitive and behavioural efforts used to manage taxing external and/or internal demands appraised as exceeding personal resources. Social support is a coping resource that may be called upon to foster resilience and to cope with the transition to the demands of new motherhood.

The term 'support' is etymologically derived from the Old French word 'supporter,' originally acquired from the Latin word 'porto' which means 'to carry.' Similarly, the Oxford, Gilchrist & Gilmore (2015) defines 'support' as ''supporting or being supported; person or thing that supports.'' Synonyms for support include: hold up, sustain, aid, encourage, fortify, endorse, and advocate (Farlex, 2013). Based on these linguistic definitions, the concept 'social support' could be defined as the giving of assistance and encouragement to an individual. A myriad of research has focused on the relevance of social support that teenage mothers who have undergone developmental life transitions have received. In particular, childbearing women have received considerable attention centering on the use of social interventions to enhance prenatal care among low-income women (Lapierre, 2010) and to improve perinatal outcomes in teenage mothers (Furstenberg & Crawford, 2013).

According to Jones (1995), enhanced coping and behavioural management skills improve the mental health of mothers and young children by buffering the effects and challenges they encounter (Cox, 1993). Coping interventions also have been applied to teenage mothers experiencing significant challenges. Community-based support organisations have been developed to augment embedded social

networks and alleviate social isolation, while indirectly reducing the number of physician visits (Hudson, Elek, & Campbell- Grossman, 2010). For example, an independent charitable organisation entitled ‘‘Community Contacts for the teenage mother’’ (Roger, 1980) offered group and one-to-one support called teenage mothers contacts through the employment of teenage mothers. Similarly, hospital-based interventions, such as ‘‘group therapy,’’ have been suggested to promote coping and survival strategies (Maasen, 1998).

This highlights the multifaceted nature of social interventions. Social support can be provided through multiple modes of interaction (e.g. Individual one-to-one sessions, self-help/support groups, on-line computer-mediated groups, or within an educational milieu), in diverse settings (e.g. home, hospital, walk-in clinic, community organization, school, or via telephone/computer) and through various providers (e.g. community- or hospital-based professional programmes or volunteer organisations). It also incorporates a variety of roles (e.g. educator, advocate, leader, counsellor, mediator, linking agent, or cultural translator) with varying degrees of involvement (e.g. as the primary intervention or part of a comprehensive programme) and structure (e.g. highly formalised versus informal individualised interventions).

There are multiple applications the actual provision of social support comprises of specific common attributes that span all settings, structures, and modes of delivery. These attributes are the supportive functions of social interactions and may be differentially useful for various stressors and health outcomes. For example, social interventions with a health promotion focus typically have a stronger informational component originally and later integrate appraisal and emotional support for reinforcement, while programmes for newly diagnosed individuals provide increased emotional support initially.

Despite the various combinations, all support interventions include some degree of informational, appraisal, and emotional support. It is noteworthy to mention that instrumental support (e.g. the provision of practical help or tangible aid) does occur

rarely as a supportive function in support relationships (Wills, Sandy, Yaeger, Cleary & Shinar, 2000). However due to its infrequency it is not a defining attribute. In particular, literature clearly demonstrates that support primarily occurs without the provision of instrumental support.

During the course of life, individuals encounter threats to one's self-esteem that raise doubts about ability, social attractiveness, or career performance (Wills, 1985). The availability of an individual to discuss personal difficulties is a strong interpersonal resource to counteract the effects of self-esteem threats. This supportive function has been termed emotional or esteem support (Mngadi & Thembi, 2012). While the specific mechanisms through which emotional support assists to enhance or restore self-esteem is uncertain, researchers suggest that, emotionally, supportive interactions generally include expressions of caring, encouragement, attentive listening, reflection, reassurance, and that they commonly avoid criticism or exhortatory advice-giving (Helgenson & Gottlieb, 2000). Such exchanges foster the experience of feeling accepted, cared for, admired, empathised with, respected, and valued despite profound personal difficulties (Procidano & Heller, 2014).

Informational supportive difficulties cannot be readily resolved; teenage mothers frequently seek information (Wills, 1985). Informational support is the provision of knowledge relevant to problem-solving and it includes (a) availability of relevant resources, (b) independent assessments regarding problem aetiology, (c) alternative courses of action, and (d) guidance about effectiveness (Wills, Sandy, Yaeger, Cleary & Shinar, 2000).

Appraisal support, also referred to as affirmational support, involves the communication of information that is pertinent to self-evaluation and encompasses expressions that affirm the appropriateness of emotions, cognitions, and behaviours (Burman & Preston-Whyte, 2012). Specific mechanisms include motivational aspects such as encouragement to persist in problem resolution, reassurances that efforts will result in positive outcomes, assistance to endure

frustration, and communication of optimism (Wills, 1985). Together, these interactions generate positive future expectations.

The buffering effect model proposes that social support either protects teenage mothers from potentially harmful influences of stressful events or determines individual responses to potentially stressful events (Cohen, Kamarck & Mermelstein, 2013). This model is guided by Lazarus and Folkman's (1984) theory which argues that coping involves the changing of cognitive and behavioural efforts to manage specific external environmental and/or internal demands that are appraised as taxing or exceeding the resources of the individual. The coping process incorporates the dual goals of problem-resolution and emotion-regulation while employing affective, cognitive, and behavioural response systems.

Chronologically, the cognitive system is first engaged when the individual is exposed to a stressor. Here, the individual attempts to discern the significance of the stressor for his / her well-being and interprets it as either a source of harm, threat, or challenge. This primary appraisal process precedes secondary appraisals where an individual assesses the availability of coping resources, both personal and environmental. It is here that social support may play a pivotal role in moderating the individual's behaviour, and, thus, their ability to master stressor demands (About Health, 2014).

Support relationships may influence the primary appraisal process not only through direct responses, such as the provision of information about the nature of the stressor and active efforts to alleviate or diminish it (e.g. the suggestion of problem solving techniques), but also through indirect responses involving social comparison, problem-solving techniques, and counter-responses, thereby moderating the initial appraisals of the stressor and highlighting norms through social comparison which prescribe adaptive behaviour, (a) inhibiting maladaptive responses, and (b) counteracting the propensity to blame oneself for causing the stressor or adversity thus preventing active coping efforts to be hampered by self-recriminations (Cohen, Kamarck & Mermelstein, 2013) The mediator model predicts that support acts as an intervening variable indirectly influencing health

through emotions, cognitions, and behaviours (Stewart & Tilden, 1995). One way to clearly demonstrate the health enhancing effects of this model is to analyse the self-efficacy concept. Based on Bandura's (1977, 1986) social cognitive theory, self-efficacy is a dynamic cognitive process in which individuals evaluate their perceived ability to perform a specific task or behaviour. This perception is a salient variable in that it predicts (a) whether an individual chooses a particular behaviour, (b) how much effort they will expend, (c) whether they will have self-enhancing or self-defeating thought patterns, and (d) how they will emotionally respond to difficulties encountered. As such, highly efficacious individuals are more likely to master behaviours due to increased initiation and perseverance in attempts than those individuals with low self-efficacy who tend to avoid situations that stress their capabilities (Bandura, 1977).

In choosing, performing, and maintaining a behaviour, individuals weigh four sources of self-efficacy information namely (a) performance accomplishments (e.g. Previous attempts), (b) vicarious experiences (e.g. observation of others), (c) verbal persuasion (e.g. Encouragement from influential others), and (d) physiologic responses (e.g. fatigue, stress, anxiety) (Bandura,1986). Peer relationships can modify an individual's self-efficacy through influencing these sources of self-efficacy information. Personal experiences are often the most immediate and powerful sources of efficacy information as successful
Performances increase self-efficacy, whereas repeated failures diminish it (Bandura, 1986). However, the effect of actual experience on self-efficacy is modified by individuals' interpretations of their performance and the desired outcome. Attention to successful or improved aspects of performance or outcomes tends to enhance perceptions of self-efficacy, whereas observance to unsuccessful aspects of the performance has a diminishing effect (Bandura, 1986). As such, performance appraisals from peers can have a colossal effect on oneself-efficacy perceptions. The impact of observational learning is contingent on role model attributes, as well as on the manner in which demonstrations are performed. The most effective role models are those who are most similar yet more competent

at the modelled behaviour (Perry & Furukawa, 1986). Furthermore, individuals often accept appraisals and verbal persuasion from similar others as valid assessments of their own abilities (Bandura, 1996); the more credible the individual providing verbal persuasion, the greater the potential to affect perceptions of self-efficacy.

Finally, individuals make inferences about their abilities from emotional arousal and other physiologic cues experienced while enacting a behaviour or anticipating its performance (Bandura, 1996). Positive interpretations of arousal, such as excitement or satisfaction, enhance self-efficacy, while negative interpretations, such as pain, fatigue, anxiety, or stress, can reduce one's sense of self efficacy. Through anticipatory guidance and normalising specific arousals, peers can positively influence individuals' interpretations.

Within the mediating effect model, peer relationships can indirectly influence health by: (a) assisting in the interpretation and positive reinforcement of performance accomplishments, (b) providing vicarious experience and observational learning through role modelling, (c) offering opportunities for social comparisons to promote self-evaluations and motivation, (d) teaching coping strategies and conveying information about ability, (e) positively interpreting emotional arousal, and (f) encouraging cognitive restructuring through anticipatory guidance (Arai, 2009).

2.3 Social Learning Theory

Social learning theory posits that individuals' perception of their own capabilities affects their behaviour, thinking, and emotional reaction within stressful situations such as new parenthood. Role modeling, a common means of skill transference in families and a component of many support intervention programmes for new parents, is an integral part of the social learning theory (Bandura, 1996).

Learning theories attempt to explain how people think and what factors determine their behaviour. Social Learning Theory (SLT) is a category of learning theories

which is grounded in the belief that human behaviour is determined by a three-way relationship between cognitive factors, environmental influences, and behaviour. In the words of its main architect, Albert Bandura, "Social learning theory approaches the explanation of human behaviour in terms of a continuous reciprocal interaction between cognitive, behavioural, and environmental determinants" (Bandura, 1977).

In the application of SLT, the teenage mother is encouraged to:

- observe and imitate the behaviours of others;
- see positive behaviours modeled and practiced;
- increase her own capability and confidence to implement new skills;
- gain positive attitudes about implementing new skills; and
- Experience support from her environment in order to use her new skills.

Social Learning Theory is a valuable and effective tool for health professionals who want to assist teenage mothers to gain new health supporting skills. Social Learning Theory can also help determine why certain learning activities work, and why other activities are not very effective (Bandura, 1996).

2.4 Social Exchange Theory

Social exchange theory interprets the reciprocal quality of interactions. The notion of reciprocity applies more to lay-support relationships, such as parent-to-parent support, than to professional-to-parent support relationships. While there is a normal give-and-take in lay relationships, professionals do not expect to receive anything in return for their support efforts. Teenage mothers are often single parents and, thus, have more limited opportunities for reciprocally supportive relationships than mothers with partners. Meeting a parent's need for reciprocal interaction may prepare the parent for the demands of interacting optimally with a child. The availability and use of social support may serve as protection from the potentially detrimental effects of teenage parenting. A supportive person may act as a buffer, thus lessening the psychological or economic impact of negative events upon the family. The supportive person can also be a source of socio-

emotional support (for the mother) and act as an indirect source of support for the child (Nicole, Letourneau, Miriam, Stewart & Alison, 2014).

Exchange theory has been one of the major theoretical perspectives in the field of social psychology since the early writings of Homans (1961), Blau (1964) and Emerson (1972). This theoretical orientation is based on earlier philosophical and psychological orientations deriving from utilitarianism on the one hand and behaviourism on the other. The vestiges of both of these theoretical foundations remain evident in the versions of exchange theory that are current today.

The theory focuses mainly on the theoretical contributions of exchange theory to the analysis of social psychological and sociological phenomena of importance in understanding the micro-level processes of exchange and the macro-structures they create in society. While early debates focused on the nature of the actor that inhabits the world of social exchange few of these debates remain salient (Ekeh, 1974; Heath, 1976). According to Emerson (1972) discussed differences in the underlying models of the actor in the different variants of exchange theory, but do not view these differences as critical to the major enterprise that has emerged over the last two decades, marking effort of exchange theorists to understand the social structures created by exchange relations and the ways in which such structures constrain and enable actors to exercise power and influence in their daily lives. Whether these interactions are viewed as reciprocal exchanges or negotiated exchanges they are ubiquitous in social life and important to study.

One major hallmark of recent research on social exchange in the field of sociology is its attention to the links between the social exchange theory and theories of social status, influence, social networks, fairness, coalition formation, solidarity, trust, effect and emotion. There are many important topics of research that have yet to be studied fully within the exchange tradition and that provide an exciting research agenda for the future. For Homans (1961), the dominant emphasis is the individual behaviour of actors in interaction with one another. The primary aim was to explain fundamental processes of social behaviour (power, conformity, status,

leadership, and justice) from the ground up. Homans believes that there is nothing that emerges in social groups that cannot be explained by propositions about individuals as individuals, together with the given condition that they happen to be interacting with. In his effort to embrace this form of reductionism, he parted company very clearly with the work of Peter Blau (1964) who built into his theory of social exchange and social structure an analysis of "emergent" properties of social systems.

Homans (1961,) defined social exchange as the exchange of activity, tangible or intangible, and more or less rewarding or costly, between at least two persons. Cost was viewed primarily in terms of alternative activities or opportunities foregone by the actors involved. Reinforcement principles derived from the kind of behaviourism popular in the early sixties (e.g., the work of B. F. Skinner) were used by Homans to explain the persistence of exchange relations. Behaviour is a function of payoffs, whether the payoffs are provided by the nonhuman environment or by other humans. Emerson (1972a) subsequently developed a psychological basis for exchange based on these same reinforcement principles. Homans explained social behaviour and the forms of social organisation produced by social interaction by showing how A's behaviour reinforced B's behaviour (in a two party relation between actors A and B), and how B's behaviour reinforced A's behaviour in return. This was the explicit basis for continued social interaction explained at the "sub-institutional" level. The existing historical and structural conditions were taken as given. Value is determined by the actor's history of reinforcement and thus also taken as a given at entry into an exchange relation. Homans' primary focus was the social behaviour that emerged as a result of the social processes of mutual reinforcement (and the lack of it). Dyadic exchange, formed the basis for theoretical consideration of other important sociological concepts such as distributive justice, balance, status, leadership, authority, power, and solidarity.

Homans' work was often criticised for two main reasons, namely that it was too reductionist (i.e., it took the principles of psychology as the basis for sociological

phenomena) and that in analysing the sub-institutional level of social behaviour it underplayed the significance of the institutional, as well as the social processes and structures that emerge out of social interaction. In this respect, it is somewhat ironic that one of Homans' lasting contributions to social psychology has been his early treatment of the issue of distributive justice in social exchange relations. The irony derives from the fact that Homans was explicitly much less interested in norms since he was preoccupied with the "sub-institutional" level of analysis in his study of elementary social behaviour. His effort to focus on elementary behaviour is derived, in large part, from his opposition to the heavily system-oriented and normative views of Parsons that held sway during the time that he wrote his treatise on social behaviour. In his autobiography, Homans (1984) refers to Parsons main work on the social system as the "yellow peril.

Homans' conception of distributive justice in greater detail in the section on fairness in exchange relations. Homans' key propositions framed the study of social behaviour in terms of rewards and punishments. Behaviour that is rewarded in general continues (up to the limit of diminishing marginal utility). His first proposition, the success proposition, states that behaviour that generates positive consequences is likely to be repeated. The second proposition, the stimulus proposition, states that behaviour that has been rewarded on such occasions in the past will be performed in similar situations. The value proposition, the third proposition, specifies that the more valuable the result of an action is to an actor, the more likely that action is to be performed. The fourth proposition, the deprivation-satiation proposition, qualifies the stimulus proposition introducing the general ideal of diminishing marginal utility; the more often a person has recently received a particular reward for an action, the less valuable is an additional unit of that reward. Finally, the fifth proposition specifies when individuals will react emotionally to different reward situations. People will become angry and aggressive when they do not receive what they anticipate. Homans (1974) later argues that they can become angry when they do not receive a fair rate of return, introducing the normative concept of distributive justice into his analysis of dyadic

exchangeable. Homans framed his micro-exchange theory in terms of rewards and costs as well, but took a decidedly more economic and utilitarian view of behaviour rather than building upon reinforcement principles derived from experimental behavioural analysis.

A key distinction between these two broad perspectives, as Heath (1976) points out, is whether the actor is forward-looking or backward looking in his determination of what to do next. Utilitarianism generally looks forward. Actors are viewed as acting in terms of anticipated rewards that benefit them and they tend to choose that alternative course of action that maximises benefits and minimises costs (Molm, Takashashi, & Peterson, 2000). Reinforcement theories look backwards with actors valuing what has been rewarding to them in the past.

The micro-level exchange theory in Blau's work is embryonic and underdeveloped though it is one of the first attempts to apply utilitarianism derived from economics to social behaviour. Blau viewed social exchange as a process of central significance in social life and as underlying the relations between groups and between individuals. He focused primarily on the reciprocal exchange of extrinsic benefits and the forms of association and emergent social structures that this kind of social interaction created. According to Blau (1964, p. 91), "Social exchange refers to voluntary actions of individuals that are motivated by the returns they are expected to bring, and typically bring from others. “Contrasting social and economic exchange, he emphasises the fact that it is more likely in social exchange for the nature of the obligations involved in the exchange to remain unspecified, at least initially. Social exchange, he argues, "involves the principle that one person does another a favour, and while there is a general expectation of some future return, its exact nature is definitely not stipulated in advance" (Blau, 1986).

2.5 Conclusion

This chapter presented the theoretical framework and the theories that are relevant to the study. It discussed the coping theory, social learning theory and the social exchange theory.

CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

Teenage mothers are confronted with serious challenges relating to aspects of their lives such as health (for example stress and HIV AIDS), psychological and social problems (for example lack of parenting skills, neglect, poverty, low educational attainment, prostitution, unemployment, crime and suicide). These problems have far reaching consequences on the mother, the welfare of the child and the economy at large (The South African Health News/2013).

Social support during pregnancy and after birth is a vital need for the teenage mother. If her future and mental health are to be bright, then she needs to have strong social support. Teenage mothers are prone to living in poor conditions, lack adequate financial resources, suffer high stress, encounter family instability, and have limited educational opportunities. These factors contribute to inadequate parent-child interactions and diminish infant development. Social support can promote successful adaptation for the teenage mothers and their children (Burk & Liston, 2015).

In 2009 over 400,000 teenagers gave birth in the United States (U.S Department of Health and Human Services, 2011). In Georgia, in 2011, close to 13, 000 teenagers aged 15 to 19 gave birth, at a rate of 37.9 per 1,000 teenagers. Teenage pregnancy and teenage births have significant immediate and long-term effects on teenage parents and their children.

In South Africa, today, teenage motherhood is on the increase resulting in social and public health problems. The government of South Africa sees early childbearing as a major problem (Department of Health, 2012). There are concerns around its impact on the mother's schooling, employment and income, the financial situation of her family's household (maintenance from the father is hardly ever present) and the impact of babies being born into poverty.

Research has found early childbearing to be an obstacle in the teenager's attempt to successfully transition to adulthood because of the effect it has on school participation and psychological development (Wiggins, Oakley, Sawtell, Austerberry, Clemens & Elbourne, 2005). Well-being and educational attendance of young mothers are directly affected by the social and familiar relations within their families or households where they grew up. Family response and support which women receive during pregnancy and motherhood are, therefore, of great significance in ensuring that young mothers are assisted to effectively transition to adulthood(Swan, Bowe, MccCormick & Kosmin, 2001).

However, families are not equally situated to provide similar levels of material aid. Countries differ; the more limited welfare states are, the more vital the family's generosity. The burden on families in economically poor environments may, therefore, be more intensely felt. This could add to the stress factors young women and families experience during pregnancy.

According to Hosie, Selman, Speak, Dawson and Meadows (2005) children need a specific form of positive response-acceptance from parents and other attachment termed the "warmth dimension. When this need is not met satisfactorily, children tend to display hostility, be emotionally unresponsive or unstable, and suffer depresion. The same characteristics as well as others, such as drug and alcohol abuse, are found in youths and adults who perceive themselves as rejected. These behaviours also linked to child abuse and neglect. Teenage mothers often lack the warmth dimension and are unaware of the emotional needs of their young children, who are more likely to be victims of child abuse and neglect than children of older mothers.

According to Chase-Lensdale and Brooks-Gunn (2011), teenage mothers and their children frequently live under conditions of high stress, poverty, limited educational opportunities and family instability. Despite such adversity, some young mothers go on to lead highly productive lives and facilitate their own and their children's development. Unfortunately, this outcome is not the norm. Social support is a key factor if teenage mothers and their children are to succeed in spite

of major challenges. The social context of the mother-child relationship interacts with the personal characteristics of teenage mothers to influence parenting and subsequent child development. As a result, teenage parents' effectiveness is challenged if their social support is limited. Significant decreases in social support for teenage mothers have been reported when their infants are between 6 and 18 months of age. The quality of care-giving that infants receive during this period is widely regarded as crucial for optimal long-term child development. The threat to care-giving imposed by teenage mothers' limited psychosocial resources may be buffered by a supportive family environment, partner or professional.

3.2 Conceptual foundation on social support

Social support is defined as interactions with family members, friends, peers and health professionals that communicate information, esteem, aid and understanding. Social support may comprise multiple types for example, affirmation, informational, emotional, and instrumental. It may also comprise a variety of sources (professionals, peers, family, partner), modes (one-on-one, groups), frequencies (weekly or daily contacts), and durations (for example weeks or months). Assistance with childcare (instrumental), caring interactions (emotional), shared learning/facts about parenting skills (information), and positive reinforcement (affirmation/esteem) can all facilitate adaptation to parenting. Social support improves coping, moderates the impact of stressors, and promotes health (Cobb, 2008).

Emotional support is only one facet of comprehensive social support for families and programme professionals working with teen mothers. Social support also involves guidance, social reinforcement, practical assistance with the tasks of daily living, and social stimulation. According to Vandenberg (2012), social support systems may either play a protective role, mitigate the effects of stress and other risk factors or creating additional stressors through non-supportive, conflictual, or interfering interactions.

Social support has received a great deal of attention in the teenage motherhood literature (Carol & Roye, 2011). Instead of approaching teenage motherhood as a social problem, some researchers have focused more on how teenage mothers can succeed in life with social support. Social support is a multidimensional concept and the source of social support can come from family members, significant others or peers. Social support has been defined as the comfort, the caring, the esteem, or help a person actually receives from others. People that receive social support believe that they are part of a social network. Social support can play four basic functions: emotional (e.g. caring for a person), tangible (e.g. lending money), informational (e.g. giving advice about parenting skills) and companionship (e.g. availability of others). Social support has been labelled as one of the key factors required for teen mothers to succeed, and it can also contribute to a mother's well-being across her life span (Cobb, 2008).

To understand the effects and the processes of the concept social support Stevenson, Maton, and Teti (2011) demonstrate that psychological well-being needs to be considered as types (e.g. self-esteem, depression etc.) and that each source of social support should be specified separately (e.g. peers, parents etc.) because previous findings showed that different sources of support are related to psychological well-being.

Mercer, Hackley and Bostrum (2013) explain that positive social support for teenage mothers is correlated with maternal competency behaviours, feelings of love towards the infant, and gratification in the maternal role. Social support may also contribute to infant attachment security by buffering the infant-mother attachment relationship from stresses. The quality of social support provided to mothers may influence their infants' attachment security. Satisfaction with intimate support, but not marital status, predicted infant attachment security. Teen mothers who have more social support are less likely to exhibit anger and punitive parenting and, in turn, less likely to have irritable infants.

3.3 Importance of family support for teenage mothers

In comparison to older mothers who often turn to friends for help and information about child care, teenagers more often rely on their mothers and other family members. Family support has been associated with teenage mothers' overall satisfaction with life and financial matters. Living apart from related adults has been established as the strongest risk factor associated with child maltreatment (Carol & Roye, 2011).

Family support could have a significant positive effect on teenage mothers. Teenage mothers often seek informal support networks to help them get a greater sense of parenthood (Nitz, 1995). The impact of social support, stress and family environment on teenage mothers and their babies. According to Edgarh (2009) findings show that mothers of teenage mothers as well as the infants' father were cited as the most frequent providers of support. Results indicate that social support plays an important role in teenage mothers' psychological well-being. Analysis also revealed that a large social network could be beneficial for the teenage mothers.

According to Chase, Knight, Warwick and Aggleton (2003) peer support has not received as much attention as family support for teenage mothers. Teenage mothers cited peers as the second most common providers and sources of support. Support from family plays a vital role in the well-being of young pregnant women and mothers, and, thus, enabling their transition into adulthood. Family responses and support that women receive during pregnancy and motherhood are, therefore, of great significance in ensuring that young mothers are assisted to effectively transition to adulthood.

Families are not equally situated to provide similar levels of material aid. Becoming a young adult goes together with a stage of rapid changes and transitions that can be stressful and difficult. Teenage mothers are socially expected to adjust to a series or normative changes and are faced with increased expectations to act in a manner that socially defines them as more mature.

Researchers have become aware of the importance of intergenerational support given by parents to their children, particularly when other support mechanisms are lacking. Though in some ways young adults are more independent from family than ever before, in some contexts the support of parents has become even more imperative for contemporary adolescents and young adults. For some young adults the changes they experience might be more consequential than for others, depending on resources and timing. The resources available depend highly upon the contextual environment. (Corlyon, Gieve, Stock & Sandermas, 2009).

A number of studies revealed that the teenager's mother (child's grandmother) is an important source of social support (Osofsky, Culp & Ware (2009). Burke and Liston (2015) found that teenage mothers rated their own mothers most highly of all support-network members. Osofsky, Culp and Ware (2009) report that perceived support from a grandmother enhanced the interactive relationship between teenage mothers and their infants. A recent study of 121 teenage mothers and their 3-year-old children further supports this finding by revealing that intellectual and linguistic delays in children were predicted by maternal IQ and social support from the extended family, in particular grandmothers.

However, Dormire, Strauss and Clarke (2010) found that the mother-grandmother relationship can also be stressful for school-age parents. Teenage mothers may act out the dual role of mother/child, may exhibit feelings of resentment toward the grandmother, and may not experience positive parent-newborn bonding. Co-residence with the grandmother has been linked to increased mother-grandmother conflict, diminished sense of independence and self-confidence in parenting, and poorer child functioning (Dormire et al., 2010).

In one study grandmothers displayed less supportive, more authoritarian, and more negative parenting attitudes when they lived together with the teenage mother (Chase-Lansdale & Brooks-Gun, 2011). Support from family members appears to reduce stress among teenage mothers, foster the development of optimal parent-infant relationships, and promote infant development. Although

teenage mothers may rate support from their own mothers as their most desirable form of support, helpful support from mothers may not always be forthcoming.

It is important to remember that teenage mothers are daughters too, and many of them are likely to be still living in their parental home. They may be surrounded by one or two nephews and nieces, as well as brothers and sisters, sometimes with a single mother or grandmother as the head of the family. The home can become a cocoon, a warm and safe haven where all share in the care of the children. Teenage mothers receiving all-embracing support of that nature may find it difficult to establish their independence when they need to leave the overcrowded house. Meanwhile, the baby receives all the fuss and attention. Within this environment, the family assumes a paramount role in enabling the teenage mother to cope successfully with early parenthood. Grandmothers are often a source of alternative care, advice and support (Schaffer & Hoagberg, 2010).

According to Furstenberg and Crawford (2013), positive support by her relatives means that the teenage mother can continue her education, improve her job prospects and give better care to her child. Unfortunately, not all teenage mothers receive support from their families. Neglect and lack of any affection help neither them nor their children to adapt to changing circumstances. Feeling unloved tends to prevent the teenage mother from giving love to her child. Since she herself was treated inconsistently, she finds it impossible to be consistent with her child. Many teenagers are headstrong, and parents may be forgiven if they find it hard to support a pregnant or parenting daughter. There is no doubt that support is vital for a mother still in her teens, and, if it comes from her own family, it is worth a great deal more than from elsewhere. The role of social support in psychological well-being not only has implications for the teen's mental health, but also for the health development of her infant.

Family support is seen as essential for the reduction of stressors and for providing protective factors in an adult life. (Cobb, 2008) Families with strong emotional attachments and more resources on hand may be better situated to facilitate a

smoother transition into adulthood for their children. Family and kinship are relevant in comprehending the changes experienced by teenagers, to get started in adult life through a loan from parents, by securing economic help to study at university and providing resources. Teenagers, whatever their background, need useful relations; they require relatives to help them get started in adult life.
As described earlier, the overall life events of pregnancy through to delivery and early motherhood are a major stressor. Data indicates that expecting adolescents are less socially capable and less skilful in trouble solving than adult expecting women. A commonly used strategy women hold on to when dealing with problems is relational in nature and involves contact with social resources through relationships and negotiation. These relation strategies deal with the informal social interaction between young families and women in their social network, as well as between young women and communities (Dawson, Holgate, Evans & Yeun 2006).

This tendency is also seen in some literature which demonstrates that support correlates positively with the psychological well-being of adolescent mothers and their infants. Supportive social relationships help young women to cope with the stress of adolescent motherhood. A case study on motherhood, done in Mozambique shows that families know that pregnancy will increase the risk of poor health (Taplin, 2008). In line with cultural beliefs, someone takes ‘responsibility’ for the well-being of the woman during the pregnancy. Whoever is responsible, whether the father of the baby’s family or her father, is expected to feed, clothe, accommodate and provide for the pregnant mother.

Support can help prevent stress and dysfunction and reduce the toll that stress might otherwise take on the health, wellbeing and functioning of the pregnant teenager. Parental support may be very important to the development of the young person. Research done by Wills et al., (2000) suggests that parental support not only serves as a buffer against stress for a young person, but that it may also enhance the effects of protective factors such as academic competence and coping behaviour. Family support in adolescent development promote school

engagement, social network engagement, avoidance of rapid subsequent pregnancies, and development of parenting skills to teenage mothers.

Thompson and Peebles-Wilkens (2009) and Davis and Rhodes (2010) argue that family support has a positive relationship with both life satisfaction and psychological distress. Many maternal and social factors can affect the way a woman enacts her mother's role. Social support networks, extensive support from one's family and anticipatory preparation for motherhood can positively influence adaptation to motherhood and improve the well-being of the mother and baby (Culp, Appelbaum & Osofsky, 2012).

The support a new mother receives from those around her is perhaps one of the most important factors influencing her level of well-being. Teenage mothers receive social support most often from their own mothers (Koniak-Griffin & Anderson, 2014; Burke et al., 2015). However, lack of support from the fathers of their babies is not offset by increased support from the teen's parents. Positive maternal self-esteem enriches a woman's capacity to mother and interact with her baby (Mercer, Hackley & Bostron, 2013).

Social support may also contribute to infant attachment security by buffering the infant-mother attachment relationship from stresses. Teenage mothers who have more social support are less likely to exhibit anger and punitive parenting and, in turn, are less likely to have irritable infants. Pregnant mothers engaging in bi-directional support (giving as well as receiving support) with their parents, reported higher levels of mastery and life satisfaction than those teens only giving or receiving support from parents. Under conditions of positive family cohesion, co-residence with grandmothers seems to benefit a teenage mother's mental health. However, under conditions of negative family cohesion, teenage mothers with co-residing grandmothers experience greater depressive symptoms than their counterparts. Teenage mothers who live with their parents or relatives are more likely to return to school, to graduate from high school, to be employed, and to be free from welfare payments (Richardson, 1993).

According to Bunting and McAudely (2004), the quality of grandmother and partner support is key to enhancing the outcomes for the child of a teen mother, primarily through intermediate processes of maternal education, responsiveness, and stimulation for the child. However, a high level of grandmother involvement appears to be related to negative consequences for children born to teen mothers. It may inadvertently encourage teenage mothers to be less involved with their children. A study of low-birth weight infants born to teenage mothers found that, when the mothers and their infants resided with the grandmother, the infants had significantly higher intelligence quotient scores and better health outcomes at twelve months of age (Crockenberg, 2010).

3.4 Social support as a moderator of life stress

Honig and Morin (2013) argued that psychological resources, for example, access to a well-functioning social network, are important for an individual's health behaviour and well-being. Social support buffers the individual from stressful experience and is composed of diverse resources available to the individual through social ties to other individuals and groups. Jacobson and Frye (2009) imply that social support can be viewed from two perspectives; the first being the perception that there is a sufficient number of available significant others to whom one can turn in times of need and the second being the satisfaction with the available support. Emotional support reflects the individual's experience of receiving care, encouragement of their sense of friends, neighbours and colleagues. Informative support refers to appropriate advice, and instrumental support refers to the individual's access to advice, information and practical service. These three types of support have various impact, and their usefulness depends not only on the individual's need but also on the current problem. Social support aims at empowering the individual to manage her own resources to overcome different strains and difficulties (Hermann, Cleve & Levison, 2010). Social bonds are one greatest indicators of the success of teenage mothers.

According to Hosie et al., (2005), the influence of parents and family relationships can constitute a strong emotional base for the young mother. With necessary

support, the young mother may avoid the occurrence of a second pregnancy and could also return to school. The support gives them a 'push' upward and a fresh start in life. The make-up of the youth's household can also be predictive of the future of the young mother. Teenage mothers who live in non-intact families are more likely to fail or have other children, and this is most likely for those who come from large families with few resources. Regardless of the age of a girl's transition to motherhood, support can be described as a significant rite of passage and entry into adulthood. The age when a girl becomes pregnant is crucial. However, becoming a teenage mother interrupts the course of her life. Teenage mothers are confronted with parental responsibilities at a time when they have to deal with their own developmental task of identity, sexual awareness and sexual relationship (Oxford, Gilchrist, & Gillmore, 2015).

When life-change events occur for teenage mothers, more stress is added to this already turbulent time. Failure to succeed may lead to loss of confidence, feelings of helplessness and self-destructive behaviour. A number of studies suggest that teenage pregnancy is associated with many adverse, psychological, physical, social, and financial outcomes (Miller, 2011).

It is clear that teenage mothers require substantial social support in and outside the health care system. Quality of the young mother's relationship with peers has a great influence on the young mother's success at school. It provides the young mother with a sense of belonging and makes her feel part of the group. In the long run, it helps the young mother to identify herself with her peers and friends, thus, the need to still compete with them educationally (Kaye, 2013).

3.5 Importance of partner support for teenage mothers

After mothers, teenage mothers rated their children's fathers as the second most valuable source of social support (Burke & Liston, 2015). Living in a nuclear family (the teenage mother and her husband/boyfriend) has been associated with stronger social support and more positive child-rearing attitudes and mother-infant play interactions (Field, Widmayer & Adler, 2010). Partner support has also been

associated with greater responsiveness to infants and greater maternal satisfaction with life (Unger & Wandersman, 2012).

Partner support for teenage mothers has shown increased positive outcomes in psychological well-being and a greater tolerance to their infants and a better paternal content with life. Roye and Balk's (2013) study showed that teenager mothers who are involved with their biological fathers, boyfriends or surrogate fathers, can have more positive future outcomes.

Absence of men as fathers of the newborn babies within households where the babies grow up and the lack of involvement of fathers in the children's care remain common in South Africa. This also may add to stress factors and intensify the burden on the mother's household. Social support from the infant's father enhances adjustment to parenting and the quality of teenage mother-infant interaction (Samuels, Stockdale & Crase, 2014).

In contrast, only one identified study suggested that a negative association may exist between teenage mothers' perceptions of greater social support from partners and optimal maternal behaviours (Shapiro & Mangelsdorf, 2014). This unusual finding may have been owing to the reduced time mothers with partners spend with their infants compared to their lone counterparts. Little support from a partner after birth was associated with anger and punitive behaviour by teenage mothers toward their toddlers (Crockenberg, 2010).

Programes that involve the male partner, as well as the young mother, are more successful in decreasing dropout rates (Nicole et al., 2014).

Roye and Balk (2013) revealed that partner support was correlated with the mother's psychosocial well-being and favourable developmental outcomes for the infant. The relationship enhanced child development outcomes and partner support may be explained, in part, by the increased likelihood of teenage mothers with partners seeking preventive-health care for their children and remaining involved in support programes (Cooley & Unger 2012). Partner support is consistently correlated with positive psychological well-being. Therefore, teenage

mothers with partner support showed decreased psychological distress and depression and increased life satisfaction and self-esteem.

In addition, teenagers who experience the involvement and support of the partner interact more positively. Not all partners of teenage mothers are themselves teenagers, but many are. Many are young and a large proportion of them play a little role in the child's life. As might be expected, father's involvement increases with their age and maturity. Nevertheless, whatever the father's age, it was confirmed that the involvement of the father at the time of pregnancy and birth and also in the infant's early months and years, is vitally important (Burman & Preston-Whyte, 2012).

A review of some American literature on partner support indicates that this type of support, whether from the baby's father or from a significant other is related to higher self-esteem scores when the teenage feels her support needs are being satisfied (Roye & Balk, 2013). With regard to psychological well-being, some studies have shown that partner support reduces depressive symptomalogy and improves the economic situation of teenage mothers (Cooley & Unger, 2012). In particular, emotional support from partners has been found to be an important aspect of support for teenage mothers and has been related to better parenting practices.

The positive social support of teen mothers has been correlated with maternal competency behaviours, feelings of love towards the infant, and gratification in the maternal role. The quality of social support provided to mothers may influence their infants' attachment security although satisfaction with intimate support, but not marital status, predicted infant attachment security (Kissmen & Shapiro, 2014).

The teenage parent's perception of reliability and permanence in her relationship with network members was perceived to be essential to successful adaptation to parenthood (Boyce, Kay & Uitti, 2008). Perceived social support has been related to teenage mother-child interaction quality and confidence in providing infant care.

Whereas teenage mothers in one study perceived significantly less social support than older mothers, their perceptions of family support and quality of interactions within the social network were more often associated positively with maternal behaviour, life satisfaction, and parental satisfaction (Schilmoeller, Baranowski & Higgins, 2011).

In a study by Turner (2013) it was revealed that a combination of family, partner, and friend support was related to a decreased incidence of depression among teenage mothers. This finding suggests that teenage mothers may be more responsive to the effects of peer social support than older mothers, or that their satisfaction with support may be a better predictor of maternal competence than perception of support (Shapiro & Mangelsdorf, 2014). Although teenage mothers depended most on grandmothers and partners for support, professional support as provided by pediatricians and nurses was also valued (Burke & Liston, 2015). Dormire, Strauss and Clarke (2010) found that a broad range of social support covering (a) sources of support (professionals, family, partners, and friends); and (b) support functions (affirmation and aid) had the most impact.

3.6 Problems faced by teenage mothers

Teenage pregnancy is on the increase resulting in economic, social and health problems. According to Hudson and Iniechen (2011), many of these teenage mothers are confronted by problems such as those related to health (for example HIV AIDS), psychological and social problems (for example lack of parenting skills, neglect, poverty, educational attainment, prostitution, unemployment, crime and suicide). These problems have far-reaching consequences on the mother, the welfare of the child and the economy at large.

According to Burke and Liston(2015) revealed that teenage mothers and their children frequently suffer from psychological, social, and economic difficulties and are less likely, than older mothers, to complete high school, attend college, find stable employment, marry, or be self-supporting.

Becoming a mother can be a stressful life experience regardless of age and circumstances. Many mothers start to doubt their own ability with childcare and feel insecure in their motherhood experiences and, thus, it can affect their psychological well-being. Teenagers who decide to bring their babies to term can face various problems that can be life altering and challenging. Childbearing can hinder teenage mothers from succeeding. Previous studies have shown that teenage mothers suffer more from negative future outcomes such as mental illnesses (e.g. anxiety and depression) than teenage non-mothers. Negative outcomes can be reflected in poor academic, achievement, psychological problems and poverty. Other studies have shown that improved outcomes for teenage mothers can potentially be reached through good social support. The problems faced by teenage mothers are discussed next.

3.6.1 **Social problems**

According to Nicole et al., (2014), teenage mothers exhibit more identity confusion, coping difficulties, less autonomy, more difficulties with trust, and a lower self-esteem than non-parenting teenagers, all factors that may interfere with their parenting ability. Further, teenage mothers typically experience a dual developmental crises in which the developmental tasks of teenagers conflict with the tasks of early parenthood. This developmental crisis results in limited emotional availability of teenage mothers to their infants. Compared to older mothers, teenage mothers are more likely to be depressed and less likely to initiate verbal interaction, respond to their children and show positive effects. Teenage mothers are also at a higher risk of subsequent pregnancy and early births than are other women, with about half of the teenagers who become mothers before age 17 becoming pregnant again and a third having a second birth within two years. Parenting is particularly stressful for young women, especially those in economically and socially-distressed communities, as is the case for 83% of teenage mothers (Camp, Holman & Ridgeway, 2013).

3.6.2 **Health problems**

Teenage pregnancy has been widely recognised as a public health issue due to its high prevalence and significantly morbidity. Teenage mothers are reported to have a higher overall mortality rate later in life, independent of socioeconomic background. Moreover, the adverse infant outcomes such as low birth weight, premature birth and infant death, appear to be most common among children whose mothers are 15-19 years old. When pregnancy occurs in adolescence, it is frequently related to academic failure, unemployment, and socioeconomic deprivation. Teenage pregnancy appears to be a stressful life event that also increases the risk of psychiatric disorders.

According to Beardslee, Amaro & Zuckerman (2011), major depressive disorders in teenagers during pregnancy have been documented as common, albeit frequently under-detected, with prevalence rates ranging between 13% and 30%. Adverse consequences of depression in pregnant adolescents include threats to the mothers' welfare, such as low birth weight and preterm birth, as well as detrimental consequences for the mother-child interaction. Understanding of risk factors leading to depression during pregnancy should be helpful in guiding the choice of strategies used to prevent these negative outcomes.

Teenage mothers have problems also with lack of knowledge on developmental milestones and child development. They are more punitive in their discipline strategies, less nurturing, perceive their child's temperament as difficult and these pose greater risk for abuse of their children. Teenage pregnancy interferes with all types of relationships that the young mothers have. It jeopardises their relationships with their parents who are the main source of support for the young mothers. If the relationship remains broken, then it reduces the chances of the young mothers succeeding. Beardslee, Zuckerman and Amaro (2011) found that teenage mothers are confronted with many psychological and social challenges and complications, as well as a prevailing set of attitudes that could lead to teenagers over-estimating their levels of support and ability to cope with

motherhood; the social and economic costs of early childbearing are thus tremendous.

3.6.3 **Educational problems**

Teenage mothers often do poorly in school and are less likely than non-parenting teens to complete their education (Heller, 2014). Bless and Higson (2011) found that teenage mothers were one to three years behind their peers in school, regardless of race or ethnicity,a finding supported by recent data from a national sample data from the National Teen Pregnancy Prevention (2015). The study showed that only 35% of teenage mothers graduated from high school, compared to more than 85% of women who waited until their early 20s to have children. While 26% of teenage mothers eventually complete a General Educational Development (GED) certificate, the combined, 61%, with a high school diploma or equivalent does not compare favourably to the more than 90% of women who delay childbearing and earn a high school diploma or a GED by age 30.

3.6.4 **Economic problems**

According to National Teen Pregnancy Prevention (2015), teenage mothers have long term negative consequences on the economy. Because of their low educational attainment and unemployment, they rely more heavily on publicly-funded health care services, and the child support grant. There will also be higher rates of foster-care placement. The R300 child support grant will not be enough to support the family, and teenage mothers may even want to give birth again so that there is an increase in the grant. These immediate and long lasting effects will continue to be a problem which will result in risk factors like poverty.

Teenagers in economically and socially distressed communities may not have the skills to help their children develop appropriately, or the resources to provide outside growth opportunities (Chase-Lansdale & Brooks-Gunn 2011). In addition, the distressed social and economic context of teen pregnancy and childbearing, often leads to deficits in skills needed to develop supportive relationships with

others, skills such as, engagement in well-grounded social problem-solving and decision-making, management of personal stresses and social conflicts, and control of behavioural impulses that may lead to substance use and repeat pregnancy.

3.7 Social support and children of teenage mothers

Supportive social relationships can play an important role in buffering the stresses experienced by teenage mothers, thus positively influencing their psychological well-being and mothering ability (Thompson, & Peebles-Wilkins, 2009). Initiation of home visits prior to infant birth made a significant difference in preventing child abuse and neglect by teenage mothers. Genuine, focused attention by the home visitor nurtured the teen parent's self-esteem as well as her potential sensitivity and competence with the baby. According to Honig and Morin (2013), the professional support-intervention programme may reduce the number of days that infants spend in hospital in their first few weeks after birth. Enhanced cognitive ability and reduced behavioural difficulties in children have been observed after professional and peer-mentored support-education intervention programmes.

Children of teenage mothers have a higher incidence of cognitive and social-emotional developmental difficulties than children born to older or more educated mothers. Frequently, teenagers' children live in single-parent, impoverished environments, which may lead to higher rates of childhood behavioural and mental health problems. Learning challenges, poor school performance, behavioural problems and troubled peer relationships are more common among children of teenage parents than children in the general population (Honig & Morin, 2013).

3.8 Coping strategies employed by teenage mothers

Multiple coping strategies have been identified in literature. Taylor (1998) states that 'coping strategies refers to the specific efforts, both behavioural and psychological, that people employ to mater, tolerate, reduce, or minimize stressful events'. Taplin (2008) conveys that coping strategies are understood as short-term

responses to complexity, social problems or life events. They refer to adaptive or helpful coping strategies that reduce stress levels. Thus coping strategies are seen as responses to social problems (Gross, 2005). In an environment of scarcity, they are thought to be essential because people with an insufficient income are more vulnerable to income shocks (Devereux 2001). How young women manage, bear and cope with social problems and changing life events, affects and represents their wellbeing.

Folkman and Lazarus ((2001), stipulates that psychological well-being and health are influenced more by the way people cope with stress than by the presence of stressors. Coping is a very complex process that changes as a function of personal assessments and situational pressures and involves active cognitive and behavioural efforts of the individual. According to Folkman and Lazarus ((2001), coping is a dynamic strategy that shifts due to the nature of stressful situations over time. Coping is seen as contextual since it is influenced by the person's appraisal of the stressful encounter and resources available to the individual.

More recently, research on adolescents coping strategies found four coping factors, namely active, avoidant, emotion- focused and acceptance (Lohman & Jarvis, 2010). Active coping is demonstrated through behaviours such as strategising alternatives and utilising instrumental social supports. Avoidant coping includes denying that the event occurred or had an impact, removing oneself physically from the situation and escaping through the use of alcohol or drugs. Emotional-focused coping is the releasing of emotions (for example, crying) and the use of social support to alleviate emotions. Acceptance coping consists of removing oneself, psychologically, from the situation, cognitively redefining the situation or event, and accepting the situation or event as it is.

According to Mosena (2014), teenage mothers who participate in parent training interventions given by professionals and peer mentors tend to engage in more face-to-face interactions with their infants, express more realistic childrearing attitudes, and exhibit better knowledge of child development. Gains in empathy,

positive reinforcement of child behaviour, parenting skills, behavioural skills, and responsiveness, have been observed as a result of support-education interventions. Other studies revealed that the quality of parent-child interaction could be affected by support-education interventions, as interaction scores were consistently higher in the professional- support intervention groups compared with the control groups, at two follow-up time points. Another trial of a peer-support intervention found that increased empathy score decreased inappropriate expectations, and positive changes in emotional tone (Unger & Wandersman, 2012).

Teenage mothers who participated in professional support-education interventions also experienced significant gains in knowledge of child development, appropriate parenting techniques, and reductions in risk of child abuse. Increases in parenting skills and knowledge (for example, child developmental changes, stimulating child activities) and provision of stimulating home environments were also observed in response to mainly professional support-education interventions. However, Reichmann and McLanahan (2001), found that only mothers who were not depressed were able to provide stimulating home environments. For mothers who were depressed, intervention provoked increases in maternal stress levels (Reichman &, McLanahan, 2011).

The concept of coping strategies is used to explore the process by which young women achieve social well-being during their pregnancies and motherhood. Families and households can facilitate coping strategies that are used by young women, by supporting them. Focus is on how families and household add to the coping abilities and used strategies, experienced by young women, and how this influences their ability to maintain achievement and pursue activities.
Becoming pregnant at an early age and becoming a mother is stressful event (Atuyambe & Faxelid, 2008). For young women to manage their stress, positive social support and useful coping are vital. Individuals manage stress differently; they assess stress, seek support from families and friend.

Two coping strategies can be identified, namely problem-focused coping and emotion-based coping. Research has shown that problem-focused coping is typically used in situations that are perceived to be controllable e.g. work issues (Hermand & Tetrick, 2009). Conversely, emotion-based coping is usually used in situations where the stressor is less controllable e.g. having a baby or losing someone. Stressors that are perceived to be changeable are more likely to bring forth problem-solving strategies, while stressors that are unchangeable are more likely to elicit social support-seeking and emotion-focused strategies (Lazarus & Folkman 1984).

Thus, this study focuses on the social support-seeking and emotion-focused coping strategies. As described earlier, previous research reported that social support seeking and coping are positively associated with well-being (Ben-Zur, 2009). However, there are three characters for understanding the potential protective nature of social support and coping. These are perceived stress (the relationship between the individual and environment that is considered as exceeding on hand resources), appraisal (one's perception and assessment of social support in the situation) and coping (effortful or purposeful thought and actions to manage the stressful situation).

Coping concepts are useful in clearing up why some individuals handle situations better than others when encountering stress in their being. Coping does not stand-alone (Falkman & Mokowitz, 2000). It is ingrained in a process that involves the individual, the environment and the relationship between them. Coping takes place in a context and that context influences and impacts on coping (Taplin, 2008). Therefore, the environmental system of the individuals, their circumstances, social resources and ongoing stressors need to be taken into account. Coping strategies reflects human basic behaviour and how the individual responds to social problems to maintain social well-being (Taplin, 2008). According to Brown, Brady, Lent, Wolfert and Hall (1987), satisfaction with social support depends on one's personal needs and the social resources provided to fulfil those needs.

Social support-seeking and emotion-focused coping strategies will be identified by applying the characteristics of the theoretical framework provided by Lazarus and Folkman (1984) namely the women's perceived stress, her appraisal and coping before, and during pregnancy. Coping strategies may not be especially different from habitual activities, but rather extensions or adaptations of such activities used in specific responses to a perceived problem in order to maintain or promote social well-being (Davis, 1996).

Social support-seeking may result in shared caregiving for a new born baby. This may produce features which give young women the ability to maintain achievements and pursue activities. For example getting enough sleep on the day the baby is born, being able to continue with their education or employment, getting time for fun activities, looking after their health, ensuring that economical provisions are taken care of and reducing experienced stressors. Studies have shown that social support and education can increase psychological well-being among teenage mothers (Taplin, 2008).

3.10 Conclusion

Social support from significant others is very crucial for teenage mothers because several studies have revealed that teenage mothers are confronted by many challenges before and after their babies are born. Having people around them enhances their mental health and promotes their education.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction

The section provides a detailed picture of how the study was conducted. All aspects related to research methods and design are discussed in detail in this chapter. The following are aspects covered in this chapter: research approach, research design, population of the study, sampling method and sample size, instrument, entry negotiation, pretesting, data collection methods, data analysis method, trustworthiness and ethical considerations.

4.2 Research approach

This research study was qualitative in nature. According to Barbie (2010), qualitative research produces rich data and is able to ascertain deeper understanding about people's experiences. The researcher used this approach because she wanted to understand the experiences of teenage mothers by examining components of that reality within their contextual setting. The qualitative approach was useful as the researcher got an in-depth account, understanding and interpretation of teenage mothers on social support. This is because one of the characteristics of qualitative research is an in-depth understanding of the phenomenon.

4.3 Research design

The Exploratory and Phenomenological design was used in this study. Exploratory Phenomenology involves trying to understand the essence of a phenomenon by examining the views of people who have experienced it. Phenomenology is interested in the individual experiences of people. It usually involves long in-depth interviews with subjects and also provides a very rich and detailed description of the human experience (Wison & McLean, 2011). With this design, the researcher was able to establish the kind of support that the teenage mothers needed.

Through the exploratory approach, the researcher was able to explore the experiences of teenage mothers regarding social support.

4.4 Location of the study

The study was conducted in Tshikuwi village. This village is situated in Nzhelele, about 70km from Thohoyandou CBD and 25km from Makhado (Louis Trichardt) using the N1 road to Beit Bridge. It is also next to a township called Biaba. (Also known as Makhado). The researcher's choice of Tshikuwi which is located close to Siloam was informed by the Vhembe District Health News (2013) which indicated that Siloam hospital delivers about 25 babies from teenagers every month. The researcher also observed that the area is mainly poor because of a high rate of unemployment.

4.5 Population

Rubin and Babbie (2013) define a population as that aggregation of elements from which the sample is actually selected. The population for the study comprised teenage mothers aged between 18 and 24 years, from rural area of Nzhelele, Tshikuwi (Makhado municipality) in Limpopo province. Vhembe District statistics show 17% of teenage mothers ranging from that age, still staying with their parents and unemployed.

4.6. Sampling and sample size

Non- probability sampling methods were used, namely purposive and snowball sampling. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest to the researcher and which can provide the researcher with the justification to make interpretations and generalisations from the sample that is being studied (Babbie, 2010) . Snowballing sampling involves using initial participants as researchers to recruit or suggest other participants who might be willing to take part in the study (Wilson & McLean, 2011).

The researcher used teenage mothers that are known to her and who come from the area under study. The sample size was made up of 12 teenage mothers aged

between 18 and 24 years who had dropped out of school, were unemployed and were still staying with their parents and/or partners.

4.7. Research instrument

This study used a semi-structured interview guide. The researcher had a list of questions to be covered during the interview process. However the researcher was also able to probe or ask follow up questions to get deeper information. The Interview guide had two sections, Section A which elicited demographic information and section B which contained three open-ended questions requesting information on the experiences of teenage mothers, support system, and coping strategies used.

4.8 Entry negotiation

The researcher wrote a letter to Makhado Municipality and the Headmen of Tshikuwi Village asking for permission to conduct the study. The letter explained the aims, objectives and significance of the study. Permission to collect data using community members as participants of the study was sought through this letter. The researcher also talked to eligible participants of the study, explained what the study was about and got their consent to participate in the study. Appointments for data collection were also made with the participants.

4.9 Pretesting

This is a trial run done to test the instrument to be used, to determine if it is appropriate. Pretesting gives advance warning about where the research could fail. (Rubin & Babbie, 2013). In this study, pre testing was implemented with four teenage mothers with a similar background to that of the participants in the target population in order to establish whether the sampling frame and technique were effective and also to identify any problems the proposed instrument might have. Teenage mothers who were selected for pretesting were not part of the actual study. No question was modified because all participants responded as expected.

4.10 Data collection

The researcher collected data using semi-structured interviews. The researcher scheduled appointments and agreed on where the interviews would be held. The places selected were neutral, comfortable, quiet, free of distractions, and easily accessible to the participants. The researcher also contacted the participants for the second time to confirm the date and location of the interview. The interviews were done face-to-face. Participant were asked predetermined questions which allowed the researcher to probe and seek clarification to given answers. The interview took roughly 20 to 25 minutes per participant. The researcher used a tape recorder and also took notes. The language which was used was Tshivenda.

4.11 Data analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse the collected data. This analysis aimed to offer insights into how a given person, in a given context, makes sense of a given phenomenon. Usually, these phenomena relate to experiences of some personal significance, such as major life events. Qualitative data may take the form of interview transcripts collected from research participants or other identified texts that reflect experientially on the topic of the study. IPA usually requires personally salient accounts of some richness and depth. These accounts are then captured in such a way that the researcher is enabled to work with a detailed transcript (Gill, 2014).

The following are steps involved in IPA:

Step 1: Identify the main themes

The researcher made multiple copies of relevant interview transcripts (or other extant text, including post-interview notes) as stipulated in the discussions on method. From those responses, the researcher developed broad themes that reflected those meanings. It was important for the researcher to select the wording of the themes in a way that accurately represented the meaning of the responses that were categorized by theme. Those themes became the basis for analysis of

the text of the interviews. The researcher also went through the field notes to identify main themes.

Step 2: Assign codes to the main themes

The researcher assigned codes to the main themes. The researcher used highlighter to mark all descriptions that were relevant to the topic of inquiry. The highlighted areas were marked as themes. The researcher read the data and continued to identify themes from the same questions until saturation point was reached. The researcher wrote those themes and assigned a code to each one of them using keyword.

Step 3: Classify responses under the main themes

When the researcher had identified the main themes, she read the transcripts of all the interviews and notes, and classified the contents under the different themes.

Step 4: Integrate themes and the responses into the text of the researcher's report

After identifying the responses that fall within different themes, the researcher read through all meaning units per category and integrated them into the text of the report. The researcher quoted some of the responses of the participants to support the main themes that the researcher had identified and got a feeling of the participants' responses.

4.12 Trustworthiness of the study

Principles outlined by Lincon and Guba (2010), were followed to ensure the trustworthiness of the study. Streubert, Speziale and Carpenter (2003), define trustworthiness as establishing the validity and reliability of qualitative research. Qualitative research is trustworthy when it accurately represents the experiences of the study participants.

Credibility is an internal validity in which the researcher seeks to ensure that the study measures or tests what it actually intended to measure (Guba, 2010). In this study, credibility was achieved through spending sufficient time with each

participant to gain their confidence and to come up with substantial quality information until saturation point was reached. Member checking to ensure accurate description of teenage mothers' experiences was also done. The participants were informed that they should make the researcher aware should they feel uncomfortable while being recorded.

Conformability was ensured by voice recordings as well as field notes that were written during the interviews. Tape recordings and field notes were kept safely to enable the researcher to check on accuracy of data when necessary and to determine if the conclusions, interpretations and recommendations could be traced to their sources, if need be. Literature control was done to ensure triangulation of data sources together with interviews, field notes, recordings and transcriptions of the recordings.

4.13 Ethical considerations

Anyone involved in research needs to be aware of the general agreement about what is proper and improper in scientific research. Researchers sometimes tend to relate to respondent from a position of superior expertise and status, and think that the respondents do not need to be fully informed about the research goal, processes or outcomes. Ethical guidelines also serve as standards and the basis on which each researcher ought to evaluate his /her own conduct. The researcher included in the preliminary processes the following steps: informed consent, prevention of violation of privacy, anonymity/confidentiality and full briefing of respondents.

4.13.1 Institutional ethical considerations (University of Venda)

The proposal was submitted to the Department of Psychology for presentation. After the departmental recommendation, it was presented to the School of Health Sciences Higher Degrees Committee for quality assurance. Then, it was submitted to the University Higher Degrees Committee (UHDC) for approval, and, lastly it was sent to the University's Ethics Committee for ethical clearance.

4.13.2 External ethical considerations

The following are the ethical consideration that the researcher observed in this study:

Informed consent

The researcher contacted the respondents in advance and explained to them the goal of the study. All possible or adequate information on the goal of the investigations, the procedures that were followed during the investigation/ interview, the dangers, advantages which the teenage mothers would be exposed to, as well as the credibility of the researchers was given to the participants. The researcher informed them about everything concerning the study to help them make informed decisions.

Confidentiality

Participants were assured of confidentiality. The researcher told them that their names would remain anonymous and confidential, and promised that no information would be disclosed without their knowledge and consent from them.

No harm to participants

Participants were given assurance that they would be protected from physical and emotional harm (Wellman, 2005). This was achieved by keeping the information that participants provided confidential. The researcher was also on the lookout for any signs of extreme emotional reactions during the interviews.

Voluntary Participation

Participants were informed that at any stage of the study they could withdraw without any negative consequences.

Debriefing of respondents

This is where the researcher got the opportunity, after the study, to work through teenage mothers' experiences and the aftermath of the whole research. This is one possible way which helped the research to minimise any possible harm

(problems generated by the research experience). Participant were asked to say how they found the research process.

4.14 Conclusion

Chapter four presented the methodology used to conduct the study. All aspects discussed above were done during the study. The following areas were covered: research approach, research design, population and setting, sampling, research instrument, data collection, data analysis, trustworthiness and ethical considerations.

CHAPTER 5: PRESENTATION OF THE RESEARCH FINDINGS

5.1 Introduction

This chapter analyses data and discusses the results. The aim of data analysis is to transform the data collected into an answer to the research questions. A qualitative method of data analysis called interpretative phenomenological analysis was employed. The study focused on the experiences of teenage mothers on social support which they received from significance others. The population of the study comprised of teenage mothers from Tshikuwi village in Makhado Municipality, Limpopo Province. The researcher interviewed six teenage mothers and the study was qualitative in nature. In this chapter the researcher presents the study data according to various themes. Data to be presented were collected from the participants during interviews.

5.2 Socio-demographic information

In this chapter, the views of the participants are presented. The participants are teenage mothers from Tshikuwi village in Makhado Municipality, Limpopo Province. Table 4.1 provides information about the participants of the study. The researcher interviewed six participants in this study.

Table 5.1 Socio-demographic information

Participants	Age	Highest Level of education	Marital status	Occupation	Number of children
Participant A	24	Diploma	Single	Employed	2
Participant B	21	Grade 8	Married	Employed	1
Participant C	18	Grade 11	Single	Unemployed	1
Participant D	20	Grade 11	married	Unemployed	3
Participant E	24	Grade 10	Single	Unemployed	1
Participant F	19	Grade 10	Single	Unemployed	1

The participants were six teenage mothers aged between 18 to 24 years. Some of the mothers who participated where no longer teenagers, but they were chosen because they fell pregnant and became mothers when they were teenagers. All mothers were recruited from Tshikuwi village. Snowball and purposive sampling techniques were used to select the participants. Four of the teenage mothers had only one child each, one had two children and the other three children. Teenage mothers who were unemployed were four and those who were employed were only two. Four teenage mothers were single and two were married. Their level of education range from grade eight to Diploma level.

Table 5.2 Themes and subthemes which emerged from the data analysed

Themes	**Subthemes**
Challenges experienced by teenage mothers	• Financial problems • Health problems • Stigmatisation • Educational problems
Support system for teenage mothers	• Support from friends • Support from family members • Support from parents • Child support grant
Coping strategies for teenage mothers	• Consulting medical doctors for advice • Making friendship • Devine intervention • Focus on goals • Searching for Jobs • Joining societies and clubs in the community

5.3 Challenges faced by teenage mothers

Most of the teenage mothers experienced more challenges than benefits. Most of them complained about lack of social support from significant others. The main theme which emerged from the data was that of challenges experienced by teenage mothers. Although the researcher asked open-ended questions, participants tended to focus on the challenges experienced by teenage mothers. The subthemes below support this main theme.

Financial challenges

Most of the participants said that they were faced some financial difficulties as they and their partners were not working. It was hard for them to get what they wanted in time because of lack of money. A few, however, reported that they were not struggling financially**.**

*"Eee….My experience was very bad financially because the money that my parents used to give me it was shared between me and my baby, It was difficult for me to get what I needed in time**."(Participant F)***

"Hey…..It was difficult for me to support the baby because they were not giving me money, and if you don't have money you don't get what you want" ***(Participant E)***

"I didn't have much of a difficulty financially because I ended up getting a job as a domestic worker. This enabled me to do many things." ***(Participant D)***

"Hey…….Problem was money because even my sister has not been working. I had difficulty with buying food and clothes for the baby". ***(Participant C)***

"It was very difficult for me to survive because I did not have money and my husband was not working at that time. We were only relying on the child support grant". ***(Participant B)***

Health problems

Most of the participants stated that having a child when they were not working made them experience psychological stress. They further indicated that the difficulties they went through in their lives made them experience stress. The quotations below support the subtheme.

"Eee…..I had stress through-out but I ended up telling myself to be strong for the sake of my baby." ***(Participant F)***

"Because of lack of money my baby was not eating healthy foods which resulted in my baby becoming sick all the time and I was not able to take her to good health facilities. I went through a lot of stress because my heart was always in pain. I could not afford some of the things I wanted, and even my self-esteem was very low because of rejection." ***(Participant E)***

"The relationship I had with my parents caused me a lot of stress and I ended up giving birth through C-section." ***(Participant D)***

"I was very traumatised because I never thought I would fall pregnant at that age" ***(Participant C)***

*"I suffered depression because it was one of my goals to pass grade 12 and go to university****." (Participant B)***

"The Problem was the stress of falling pregnant because I disappointed my parents. And the disappearance of the father of my baby made me go through stress." ***(Participant A)***

Stigmatization

Participants stated that they experienced stigma as the community used to judge them, calling them names. At school, they were called parents, though they were still young. They also said that they were told in front of others students to behave as adults because they had babies.

"The Community used to judge me, telling me I got what I wanted. I got the price of my life style". ***(Participant F)***

"The community I belong too also expected me to behave as an adult and it hurts me because I was still a child also". ***(Participant E)***

"If I behaved in a childish manner at school, teachers would embarrass me in front of other students telling me to behave as a parent, and those words were painful". ***(Participant E)***

"My neighbours used to call me a spoilt brat." ***(Participant A)***

Educational problems

Most of the participants stated that it was difficult to continue with their studies because they were supposed to take care of the baby. Others did not continue with their studies because they never got any advice to do so.

"Eeee…..the experience I got was very bad because it hindered me from continuing with my studies because I was taking care of the baby". ***(Participant F)***

"It made me not to achieve in time because I dropped out of school for some time and then later went back to school". ***(Participant D)***

"Since giving birth, I have not gone back to school because no one has advised me to go to school" ***(Participant C)***

"It was not easy to give birth when I was still young. I had a baby while I was at school and instead of furthering my studies, when I come back home during break, my mother in-law would say don't go back to school, look after your child I have to go somewhere. Then I would not go back to school and that happened several times and I ended up dropping out". ***(Participant B)***

"Even though I didn't write exams because the pregnancy was making me sick all the time. I managed to continue my studies. I didn't drop-out". ***(Participant A)***

5.4 Support system for teenage mothers

Support system for teenage mothers is another main theme that emerged from the data. Most of the teenage mothers faced lot of challenges with regard to social support. This section covers four subthemes which detail the social support system that teenage mothers got/ or did not get.

Lack of support from friends

Most of the participants experienced rejection from friends. Others mentioned that their friend, when they get to know about the pregnancy, did not want to come near them. Others stated that some of their friends were influenced by their parents to reject them.

*"My friends left me because I was pregnant; they did not want to come near me anymore****. (Participant F)***

"My friends rejected me; they were influenced by their parents who would ask them what they intended to learn from a pregnant woman. They told them that I would teach them bad things" ***(Participant E)***

"My friends left me, and told me that I liked things that's why I was pregnant." ***(Participant D)***

Lack of support from family members

Most of the participants reported that it was very difficult for them because their parents did not accept their pregnancies, and that they chased them out of the house. They were taken in by their in-laws. A few pointed out that there was always fighting and disagreement in the house and that they ended up going out to look for piece jobs so that they could support their children.

"My parents didn't accept my pregnancy. We used to argue all the time. The atmosphere at home was very tense, and I was always alone." ***(Participant F)***

*"My pregnancy brought disagreement and fights between me and my parents because they never expected that". (****Participant E)***

*"Eee….I experienced a lot of difficulties; my parents chased me from home and took me to my in-laws. I didn't stay long there. I went to Johannesburg and looked for job opportunities. Ever since my pregnancy, I have not had a good relationship with my parents. We used to fight. My employers are the ones who supported me because I stayed with them. They bought me clothes and food for the child****." (Participant D)***

However a few indicated that their parents were not supportive to begin with, but after the babies were born, they became very supportive and took care of the babies while they were at school.

"My mother was at first, not supportive, but when I gave birth, she took care of the baby even though she was not giving me money. She allowed me to go to school and she stayed with the baby" ***(Participant E)***

*"My parents were very supportive even though they were angry. While I was pregnant they took care of me and I used to do my prenatal visits to doctors and after I giving birth, they got me a nanny and I went back to school.****''(Participant A)***

Lack of support from partners

Most of the participants stated that their partners disappeared after being told about the pregnancy. They did not support their babies. Most fought with their partners were not working.

"The father of the baby was nowhere to be found and he was not supporting the baby". ***(Participant F)***

"Eeee….My partner was not working and we used to fight all the time, which made us to separate" ***(Participant D)***

"My partner disappeared because he was afraid of his parents. He denied my pregnancy. He was not involved in the child s life". ***(Participant C)***

*"The father of my child disappeared. He was not there for the child****." (Participant A*)

Child support grant

Most of the participants mentioned that the child support grant was their life saver. They relied on it to buy some of the things they needed. Even though parents were looking after their children, they could not provide everything that both mother and child needed.

It was the one that kept me going because I used to buy some things such as clothes and food of the baby. ***(Participant F)***

*"The Child support grant helped me a lot because I was able to take care of some of my needs using that grant****." (Participant E)***

"I relied on the child support grant" ***(Participant C)***

5.5 Coping strategies for teenage mothers

Most of the participants stated that they managed to cope because of the interventions received from health professionals and their pastors. Another main theme that emerged from the analysis pertained to the coping strategies of teenage mothers. This section focuses on the subthemes that support the main theme and these are discussed below.

Consulting medical doctors for advice

Most of the participants mentioned that some of the doctors used to visit them give them hope and help them see life from another angle. The doctors encouraged them to go to school and to view their pregnancies as a lesson to motivate them every day of their lives".

*"The doctor I used to visit was the one who gave me confidence and told me to be strong and to go to school. He told me I should see my mistake as a lesson so that I don't do it again."(**Participant A)***

Making friendship

Most of the participants experienced rejection from friends. However few reported that their friendships were beneficial to them. Their friends were very supportive and always advised them not to give up and go back to school.

*"People around me were very supportive. They always advised me not to give up and to go to school." **(Participant A)***

*"My friends always give me courage to continue living**." (Participant B)***

Divine intervention

Most of the participants reported that they were very grateful to church members around them and their pastor because they were always praying for them and giving them comfort. Others mentioned that their pastors would call them and encourage them to be strong.

*"My pastor at church used to call me and pray for me. That's why I was able to be strong**." (Participant D)***

*"Every day, I would just pray to God to give me power so that I could face tomorrow for the sake of my baby**". (Participant F)***

"My parents were elders at church, so it was easy to get lot of advice from church members and to have positive thinking and continue with my studies". ***(Participant A)***

Focus on future goals

Most of the participants stated that they accepted their wrong doings and looked forward to their future. They accepted their pregnancies, stayed focused and continued their studies.

"I accepted my wrong doings and looked forward to the future so that I could take care of my baby". ***(Participant E)***

"I accepted my wrong doings, stayed focused and continued my studies". ***(Participant A)***

Searching for Jobs

Because of financial strain, most of the participants mentioned that they struggled financially. Because they were driven out of their homes, some went to Johannesburg to look for jobs. They did not have anyone to look after them, and their partners had disappeared. They had to look for jobs to support themselves and their children.

*"I survived on the job I got in Johannesburg and the child support grant was also very helpful****". (Participant D)***

*"I told myself that I would look for piece jobs and live for my children. Thinking of my children everyday made me strong because I did not have parents****."(Participant C)***

Join societies and clubs in the community

A few participants indicated that they joined other women to form clubs and stokvels so that they could empower themselves and not be alone all the time.

"As a woman I joined with other women to form a club to empower ourselves". ***(Participant B)***

5.6 Conclusion

This chapter interpreted and discussed the data gathered. The study was about the experiences of teenage mothers on social support from significant others at Makhado Municipality in Vhembe District, Limpopo Province. The main themes which emerged from data collected were as follows: the challenges, support system and coping strategies of teenage mothers. The researcher concludes that teenage mothers experience more challenges than benefits. They do not get much support from their partners and families of their partners.

CHAPTER 6: DISCUSSION OF FINDINGS

6.1 Introduction

This chapter discusses the findings of the study. The researcher looks at the consistencies and inconsistencies of the current results and those of the other related reviewed studies.

The study was conducted to explore the experiences of teenage mothers on social support received from significant others and their coping strategies. Teenage mothers who were studied were from Tshikuwi village in Makhado Municipality, Limpopo Province. This chapter give the overview of the study findings. This study found out that most of the participants dropped out of school because of lack of social support from their families.

6.2 Socio-demographic information

Most participants with grade eleven (11) and grade ten (10) qualifications were single, and they were also the ones who face some financial difficulties because they were not working. It was hard for these participants to receive social support from their partners because they were not married. Their partners had rejected them. Participants who were employed received social support from their families because they were able to support themselves. Mostly participants who were married were employed and they were aged 20 years and above. Most of the participants who were unemployed had one (1) child and they relied mostly on the child support grant because they were single.

6.3 Challenges faced by teenage mothers

The study found that teenage mothers experienced many challenges and did not get adequate support from significant others. Teenage mothers articulated the challenges they faced and these are discussed below.

Financial challenges

The current study found that most of the participants faced some financial difficulties as they and their partners were not working. It was hard for them to get what they wanted or buy clothes and food for their children. The findings are similar to those of Chase et al.., (2003) who noted that teenage parents experience financial hardships and that they struggle with money. In one study, almost all teenage mothers spoke about the struggles they have had in providing financially and buying nappies, food and clothes since their children were born. All teenage mothers said they ended up applying for and receiving the Child Support Grant. Most said they were unable to send their children to the day-care centre. Instead, they kept them at home, so as not to use the money for school fees. The money was used for other purposes (Hall, 2003).

Health problems

The current study revealed that to having a child whilst they were still young resulted in stress due to the fact that they were not working and because they had been rejected by significant others. Furthermore, the difficulties they went through in their lives lowered their self-esteem. The findings are similar to those of a study conducted by Gupta (2008), which revealed the health risks of pregnancy and childbirth for teenage mothers. These included hypertension, anemia, obstetric complications and also the risk of pre-term births which may result from stress.

Stigmatisation

The present study revealed that teenage mothers experienced stigmatisation from the community they stay in, as well as at school and from their own relatives. Teenage mothers were judged and called names. These findings are similar to those of Wanda (2006) who reports that teenage mothers face stigma and discrimination from the spheres of life that matter to them, namely the school, family and the community. Within the school environment, the teenage mother is seen as a “threat that has the potential to set off an epidemic of immoral and promiscuous behaviour” among other learners.

According to Runhare and Vandeyar (2012), stigma and discrimination by teachers is different and more complex. Teachers contribute to the stereotyping of teenage mothers as lazy, distracted, low-performing and also at risk of "contaminating other female classmates" with their behaviour.

The findings are also consistent with those of Hosie et al. (2005) who pointed out that teenage mothers who are stigmatised are uncertain if they can cope with negative reactions of pupils and teachers. At a conceptual level, Link and Phelan (2001) attributed stigma as follows; people distinguish and label human differences. Stigmatisation is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. All these meanings are usually expressed verbally or non-verbally when interacting with teenage mothers with unintended pregnancy. Such negative meanings may be functional, in society's wisdom, as a deterrent to unintended teenage pregnancy, but dysfunctional to teenage parents and their offspring.

Negative messages may affect the self-perceptions, out-look of already pregnant and parenting teenagers, as well as set them on a path to failure (Lewis, Scarborough, Rose & Quirin, 2007). Children born in such contexts may also grow up to believe the negative meanings and start acting them out in their interactions with others since they have been tagged 'failure' right from their mothers' wombs.

Educational problems

The present study revealed that it was difficult for teenage mothers to continue with their studies if there was lack of social support from their families as they were supposed to take care of the baby. The findings are similar to Heller (2014) who found that teenage mothers often do poorly in school and are less likely to complete their education. Bless and Higson (2011) found that teenage mothers were one to three years behind their peers in school, regardless of race or ethnicity. This is a finding which is supported by recent data from a national sample data

from the National Longitudinal Survey Youth (2004) which showed that only 35% of teenage mothers graduated from high school compared to more than 85% of women who waited until their early 20s to have children.

Furthermore Gupta (2008) indicates that the proportion of teenage mothers who are not in school, employment or training is very high, at around 70%. A study carried out by the Audit Commission estimated that, in their fieldwork areas, 52% of young people who were pregnant or parents spent six months or more out of school, work or training, five times more than their peers (Audit Commission, 2010). The report contains some examples of local innovative approaches aimed at engaging young parents. Teenage mothers are reportedly deterred by the reluctance of many mainstream schools to reintegrate them, the impact of peer pressure and also lack of child-care options (Dawson et al., 2006).

Though many report an intention to resume their education when the child is older, they often do not achieve the necessary qualifications for further education and frequently struggle in the increasingly highly skilled labour market (Corlyon, Gieve, Stock & Sandermas, 2009). Evans (2010) also added that the provision of affordable and accessible childcare has been identified as a crucial factor in enabling young mothers to return to school. Although some teenage mothers may want to return to work or school they often find that provision of accessible childcare is limited because of financial strain.

6.4 Support system for teenage mothers

Another main theme that emerged from the data was the support system for teenage mothers. This section covers four subthemes which detail the social support system for teenage mothers.

Lack of support from friends

The study also found that most teenage mothers experienced rejection from friends. Others mentioned that after getting to know about the pregnancy, friends did not want to come near them. Others stated that some were influenced by their

parents to reject them. However, a few reported that their friends were always there for them and very supportive. Findings from previous studies by Kaye (2013) show that the quality of the young mother's relationships with peers has a great influence on the young mothers' success at school. It provides the young mother with a sense of belonging and makes her feel that she is part of a group. In the long run, it helps the young mother to identify herself with her peers and friends, continues to compete with them educationally.

Lack of support from family members

The current study also found that most of the teenage mothers lacked social support from their parents when they were pregnant. However after the babies were born a few parents were very supportive and they took care of the babies while the mothers went back to school. However, many reported that it was very difficult because their parents did not accept their pregnancies. They chased them out of the house and others were taken to their in-laws. There were always fights and disagreements in the house and this forced some of the teenage mothers to go out and look for piece jobs so that they could support their children.

Evidence from previous studies shows that teenage mothers are likely to experience tension and conflict in relationships with their parents and families (The Princes Trust 2001). Women with unintended pregnancies experience several forms of conflict with their parents or those in roles of parental responsibility (grandmothers, aunts and uncles and siblings who have this responsibility when parents have died or live/work away from home) (Taplin 2008).

However Oxford and Gillmore (2015) found that the influence of parents and family relationships can constitute a strong emotional base for the young mother. With the necessary support, the young mother might avoid the occurrence of a second pregnancy and also return to school. The support gives them a 'push' upward and gives them a fresh start in life. The make-up of the youth's household also can be predictive of the future of the young mother. Teenage mothers who live in non-

intact families are more likely to fail or have other children. This is even more likely for those who come from large families with fewer resources.

Lack of support from partners

Teenage mothers confirmed that their partners disappeared after being told about the pregnancy. The fathers did not support the babies. Teenage mothers and their partners used to fight all the time because the partners were not working. Thornberry's (2000) study also reported that teenage fathers remain a somewhat 'invisible' group in policy, practice and research. Public and media debates on teenage pregnancy and parenthood are invariably focused on the teenage mother rather than the father. Partners detail are not always included on the birth registration and the collection of statistics on this group is very limited.

In 2009 there were 10,093 births registered to parents both aged under 20 (Jacobson et al., 2009). However, according to data from the Teenage Pregnancy Unit, only a quarter of the fathers of the babies born to teenage mothers in 2005 were aged under 20 (Dawson et al., 2006). Most teenage pregnancies involve eighteen or nineteen year-old women, and most fathers of these pregnancies are in their early twenties (Dudley, 2007). In 2010, there were 16, 376 births registered to mother's under 20 and father's aged 20 to 24 (Jacobson et al., 2009).

The relationships between young fathers and teenage mothers are also likely to be fragile at the outset, and this can limit the chances of the relationship enduring in the long-term. Yet, according to a recent research review by the Fatherhood Institute (2010), many young fathers do indeed wish to maintain contact with their children, but they are often overlooked by service providers and find it difficult to access appropriate support. Wiggins et al. (2005) argue that relationships between young fathers and their children were most likely to flourish where there were strong commitments from the father, where the mother and her parents support the relationship, and if the father's parents play an active role. This is supported by Bunting and McAudley (2004) in a research review on teenage fathers, which

indicated that the support and role expectations of paternal grandmothers may influence how involved young fathers are in the lives of their children.

South Africa has a large number of absent fathers, particularly among the Black population (Panday, Makiware, Ranchod & Letsoalo, 2009). Even though young fathers feel responsible for their children, a number of factors prevent them from fulfilling their roles as fathers (Swartz & Bhana, 2009). When they hear about their future fatherhood, young men respond with fear, shame and shock (Swartz & Bhana 2009).

In South Africa, fathers are expected to be the economical providers for their children and wives. However most of them are unable to provide economically due to lack of employment (Beernink, 2012). The cultural measure of responsibility equated with money serves as an important factor affecting young fathers' comfort and participation in parenting (Swartz & Bhana, 2009).

Child support grant

The current study found that most teenage mothers relied on the Child Support Grant and that it was their life saver. They relied on it because even though parents were looking after the children they were able to buy some of the things they needed. Because they were not working, they could not provide for themselves and their children. A recent study supports the findings of this study, reporting that the South African social protection system has two objectives. The first one is to increase economic growth and development through investment in health, education and nutrition. The second objective is to reduce income inequality among the elderly, children and disabled (Woolard, Harttgen & Klasen, 2012).

In 1998, the government introduced the Child Support Grant (CSG), which is a cash transfer for caregivers of poor households. The CSG, which reaches more than 10 million children, is one of the government's key interventions for improving the living standards of children living in poverty (Department of Social Development, South African Social Security Agency, 2012). Currently, the CSG is

about R270 per month, and a family can apply for a maximum of 6 children (Department of Social Development, South African Social Security Agency, 2012). Social policy has an influence on family life. The impact of the CSG is manifold. The programme impact assessment shows that the CSG has a positive influence on children's school attendance, nutrition intake and adolescent risky behaviour. It has also been demonstrated that the CSG increases women's power and control over household decision-making in financial issues pertaining to child well-being (Patel & Hochfeld, 2011). This empowerment can mediate coping strategies.

6.5 **Coping strategies for teenage mothers**

Another main theme that emerged from the analysis involves the coping strategies for teenage mothers. The section focuses on the subthemes that support the main theme and these are discussed next.

Consulting medical doctors for advice

The present study revealed that teenage mothers were given advice by professionals when they visited antenatal clinics. It was confirmed that one of the doctors gave hope to teenage mothers and encouraged them to see life from another angle. They were encouraged to go back to school and to see their pregnancies as a lesson to motivate them every day of their lives. The survey from previous studies shows that 89% of teenage mothers can get back on track" with the right kind of guidance and attention. In fact, most adults agree that it is important for adults to encourage young people to succeed in school, to set boundaries for them, teach shared values, teach respect for cultural differences, guide decision making, give financial guidance, and so on (Scales, Benson, & Roehlkepartain, 2001).

However, a few people actually act on these beliefs to give young people the kind of support they need. Professionals can play an important role in shifting perceptions of teenage mothers from the negative to the positive. The truth is that teenage mothers, despite occasional or numerous protests, need adults and want

them to be part of their lives. They recognise that adults can nurture, teach, guide and protect them on their journey to adulthood.

Directing the courage and creativity of normal adolescents into healthy pursuits is part of what successful counselling, teaching or mentoring an adolescent is all about. Professionals can directly reinforce teenage mothers' growing competencies by simply noticing and commenting on them during routine contacts. Even passing positive comments can mean a great deal to a young person, especially one who may be getting little in the way of positive feedback (Corlyon, Gieve, Stock & Sandermas, 2009).

Terms of improving teenage parents' emotional well-being, there have been very few studies to evaluate the effectiveness of different approaches. According to Harden (2006) it is important to identify improvements in teenage mothers' well-being. The programme focused on tailored, one-to-one, and intensive support to teenage mothers; which involved befriending and confidence building, helping to negotiate family relationships, and practical advice. The evaluation found that teenage mothers valued the holistic approach of the advisors and considered that this improved their overall well-being. They appreciated having an individual relationship with the worker and confidential support with personal issues alongside practical help and advice. This evidence suggests that pregnant teenagers have additional unique needs and require more extensive support during and after pregnancy than older mothers (Wiggins, Oakley, Sawtell, Austerberry, Clemens & Elbourne, 2005).

Assisting young mothers to attain the necessary skills and resources to build an identity as a good mother should perhaps be the focus of care in the perinatal period. It has been suggested that the provision of support for young mothers has a stronger relationship to maternal well-being than any other independent variable (Bunting & McAudely 2004). Teenage mothers need support that recognises their status as teenage mothers without judging them as being unable to care for their children due to their ages (Camarotti, 2011). Acknowledging and strengthening

teenage mother's parenting abilities provides them with the acceptance they crave as new adults and mothers.

Openly discussing mothering challenges and promoting the development of coping strategies further enables teenage mothers to develop resilience for the future (Wilson & Huntington, 2005). In order for this to happen, three different sorts of social support have been identified as vital, namely emotional, informative and instrumental (Frydenberg, 2010). Emotional support consists of encouraging a sense of personal value through accepting and placing confidence and trust in an individual, while informative support constitutes the giving of appropriate advice and guidance (including the development of coping strategies) Instrumental support facilitates access to sources of information and practical help (Frydenberg,1999). Instrumental support can also be seen to include the facilitation of peer relationships that are so crucial to this stage of development (Formby, 2010). A supportive and enabling approach to teenage mothers is perhaps particularly important in an environment in which pregnant teenagers are acutely aware of being judged negatively by society at large and expect to attract disapproval and hostility from health professionals and other service users. Although it is undoubtedly the case that social inequalities should be addressed, policy makers and practitioners also need to provide young mothers with support that recognises the unique challenges and stresses of their situation and enables them to become competent and confident mothers.

Making friendship

The current study revealed that teenage mothers' friends are beneficial because they are very supportive and always advise them not to give up and to go back to school. Findings of Honig and Morin's (2013) are in line with the current findings of the study. They point out that psychological resources, for example, access to a properly functioning social network, are important for an individual's health behaviour and well-being. Social support buffers the individual from stressful experience and is composed of diverse resources available to the individual

through social ties to other individuals and groups. According to Jacobson and Frye (2009), social support can be viewed from two perspectives, the first being the perception that there is a sufficient number of available significant others to whom one can turn to in times of need and the second being satisfied with available support.

Divine intervention

The present study found that teenage mothers had church members and pastors around them who always prayed for them and comforted them. Teenage mothers confirmed that their pastors would call them and encourage them to be strong. According to Bradshaw (2002), it is of paramount importance to pray to God for help and strength in order to cope. It is also helpful to share some of the challenges they are encounting with pastors at their churches and to get involved in fasting and prayer. The findings were also consistent with Dawson et al., (2006) who indicated that prayers are believed to be beneficial for diviners.

Focus on future goals

The present study revealed that most teenage mothers accepted their wrong doings and looked forward to their future. Others confirmed that they repress their emotions in order for them to stay focused and further their studies. The findings are consistent with those of previous studies which show that teenage mothers did not see themselves as victims. There was a tendency of teenage mothers to present a mask of toughness and emotional detachment and the repression of emotions which was part of survival strategies. (Jacobson et al., 2009).

Searching for Jobs

The present study found that teenage mothers were struggling financially. Some mentioned that, because they were chased away from home, they went to Johannesburg to look for jobs. They had no one to look after them and their partners had disappeared. Because of that, they looked for jobs to support themselves and their children. Graham (2011) found that being a mother is a

dominant way of demonstrating femininity or womanhood. In her research, women found expression of their identity as women in fulfilling the roles of a committed partner and home-keeper and in being providers and protectors. Graham (2011) argued that parenthood is often seen as a marker of adulthood and, particularly in certain cultures, until you are a mother you are not seen as an adult woman. Motherhood could then justifiably be an available marker of identity as a young person is trying to navigate an adult identity in their identity-work. This means that young women gain meaning from parenting, making the choice to become a parent more apparent.

Join societies and clubs in the community

This study revealed that teenage mothers joined other women to form clubs and stockvels so that they could empower themselves and avoid being alone all the time. The results are similar to the findings of WHO (2002) which reported that this dimension includes forms of connectedness among individuals, households and groups (e.g. community networks, formal and informal institutions.) In this context, teenage mothers join support groups where they support each other psychosocially and also in terms of giving each other jobs and an income. Women in support groups operate savings and lending schemes, which are very important as a fall-back position in hard times. Women also form the majority in society and in social clubs. Teenage mothers use clubs and societies for income savings, and also as a coping strategy.

6.6 Conclusion

This chapter presented, analysed and discussed data. Themes which emerged from the data were analyzed were discussed. The findings were supported by transcribed data.

CHAPTER 7: SUMMARY, LIMITATIONS AND RECOMMENDATIONS

7.1 Introduction

This is the final chapter of the study which discusses the limitations and implications of the study and then makes recommendations. The researcher made recommendations based on the findings which merged from the study. The researcher also discussed limitations of the study and also made recommendation for teenage mothers, government, professionals and future researchers based on the experiences of teenage mothers on social support.

7.2 Summary of the study

The aim of the study was to explore experiences of teenage mothers on social support from significant others. All participants resided in Tshikuwi village in Makhado Municipality, Vhembe District of Limpopo Province. The objectives of the study were as follows:

- To explore experiences of teenage mothers on social support;
- To identify available support for teenage mothers; and
- To describe coping strategies employed by teenage mothers.

The objectives of the study were achieved.

7.3 Limitations of the study

In this study, the researcher found that doing field work with teenage mothers who had low educational background is very challenging because they did not understand what research was all about. I had to probe for more information because it was very hard for them to come up with clear responses. They get tired in a short time of period, and during the interview their kids would cry and they will need to attend them. The researcher will have to stop and wait for them to finish. Others would ask questions that were not related to the study. The researcher had to be very patient.

7.4 Implications of the study

In this study, the researcher found that data collected were relevant to the study because the participants responded to the major questions. The aim and objectives of the study were addressed in the collection of data showing that the study was relevant to the topic researched. Teenage mothers often experienced challenges of social support during pregnancy and when the babies were born.

7.5 **Recommendations of the study**

Recommendations are based on the conclusions. The researcher is of the view that there is a lot that South Africa should do to ultimately encourage social support for teenage mothers. Whilst the work done at Tshikuwi is appreciated, the researcher feels that it is too little compared to the number of teenage mothers who continue to lack support. Thus the researcher recommends the following:

Recommendations to Teenage mothers

The researcher recommends that teenage mothers should take the initiative to start projects that will boost their confidence. They should come up with programmes that will motivate them as teenage mothers and help them to understand their world better and develop positive perceptions about themselves.

Recommendations for the Department of Education.

To avoid the stigmatisation of teenage mothers, teachers who teach life science orientations should teach learners about the consequences of not having support either from family or partners and communities. The majority of teenage mothers suffer psychological stress because of lack of knowledge. Life orientations should be taught from grade 8-12 so that learners will be more equipped in terms of social support.

Recommendation to the community of Tshikuwi

The community needs to be taught about the challenges that teenage mothers face and that it is vital to give them social support so as to encourage them not to give up on life. A person who has support from family, partner, and the community as a whole will strive to study so as to have a job in order to support her children. It takes a village to raise a child; it is the responsibility of the community to work together to minimise the number of teenage mothers.

Recommendation to the Department of Health (Health practitioners or community practitioners)

Department of Health should put more effort in engaging young people on the activities that are happening in the community so as to make them have less time to play around. Support groups for teenage mother should be encouraged so that teenage mothers could belong and also know that having a child is not the end of one's life. Support groups will make it easy for community workers to identify those that are facing difficulties when raising their children and also to know whether they have support from their families and partners.

7.6 Conclusion

The study achieved its aim of exploring the experiences of teenage mothers on social support from significant others at Tshikuwi village in Makhado Municipality. The objectives of the study were also achieved. The researcher found that teenage mothers encounter various challenges such as financial problems, psychological problems (stress), low educational achievement, and rejection by their partners, families, friends and the community at large. These challenges force teenage mothers to look for coping strategies to overcome the challenges they are experiencing. Coping Strategies used include seeking advice from health professionals, divine intervention, looking for jobs and joining societies and clubs in the community.

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APPENDIX 1(a): INTERVIEW GUIDE

Section A: Demographic information

I. DEMOGRAPHIC QUESTIONS

1. **How old are you?** _____

2. **What is your highest educational level?** _____

3. **What is your present marital status?** _____

4. **Are you presently employed?** _____

5. **How many children do you have?** _____

SECTION B: Challenges Experienced

1. **What are your experiences as a teenage mother?**
2. **What support do you receive from significant others?**
3. **What are some of the coping strategies you are using?**

APPENDIX 1(b): DZI MBUDZISO

KHETEKANYO YA A: Demographic data

II. DEMOGRAPHIC QUESTIONS

3. **Vha na minwaha mingana: _____**

4. **Pfunzo dza nthesa : _____**

3. **Vho maliwa naa?**

4. **Vha a shuma naa?**

5. **Vhana ndi vhangana? _____**

KHETEKANYO YA B: KHAEDU DZO TSHENZHELWAHO

1. Ndi dzi fhio tzhenzhemo dzine vha vha nadzo nga uvha na nwana vha tshe mutuku?

2. Ndi ifhio thogomelo ine vha khou iwana ca vhanwe vhathu?

3. Vho vhuya vha wana thogomelo ye vha vha khoi thoga naa kha khotsi a nwana?

4. Ndi zwifhio zwine zwa khou vha konisa u tshila vhaya phanda?

APPENDIX 2(a): CONSENT LETTER

Dear Participant

I am **Magwabeni Hulisani Bridget,** a student studying for a **Master of Arts in** Psychology **at the University of Venda in Thohoyandou**. For my research, I am trying to find out your experiences as a teenage mother and the social support you receive from your families and partners. I will ask you questions regarding your experiences and feelings about being a young mother. I will interview you once. This interview will last approximately 45 minutes. I might contact you again to read your transcription for clarity about your experiences as a mother.

This study might result in you experiencing emotional and distressing feelings. You May should you so wish, be referred for counselling after the study. The counseling will be done by a counselor at a recognised center. Your identity will not be disclosed and when the study results are published, your personal identity will be kept confidential. I can be contacted by telephone at **015962 9197** and I will answer any questions you may have concerning this study. You may withdraw from this study at anytime.

Signature…….. Date……..
(Student)

Signature…… Date……
(Supervisor)

APPENDIX 2(b): VHURIFHI HA THENDELANO

Aaa Mudzheneleli,

Ndi nne Magwabeni Hulisani Bridget, mutshudeni ano khou ita ngudo ya Masters(Research Psychology) gudedzini la university ya venda ngei Thohoyandou. Kha ngudo yanga ndi khou toda u wana tshenzhemo ya vho mme vhatuku malugana na thogomelo ye vhai wana kha muta wa havho nga u begwa kana kha mufunwa wavho.Ndi do vhudzisa mbudziso zwi tshiya nga tshenzhemo ye vha vha nayo na vhudipfi ha u vha mme mutuku.Do vha vhudzisa luthihi.A nganyelo ya mbudziso inga vha miniti ya 45.Hei ngudo I nga di vha tsengisa na mitodzi kana isi vha fare zwavhudi, fhedzi vhanga di waneliwa thuso ya u vhathogomela arali vha tshi zwi funa. Madzina avho hanga phadaladziwi fhethu.Nne vha nga dinkwama kha thingo hei 015 962 9197.Ndi do fhindula mbudziso dzothe dzino kwama ngudo iyi. Vha atendeliwa u sa dzhenelela kha ngudo iyi tshifhinga tshinwe na tshinwe.

U saina…….. Duvha……..
(Mutshudeni)

U saina…… Duvha……
(Supervisor)

APPENDIX 3(a): CONSENT FORM

I..... (Print Name) have read the information above and my questions have been answered to my satisfaction. I agree to participate in this research project. I am aware that I may withdraw at any time, and understand that I have a right to refuse to participate in the study.

Signature…..... Date……..

Witness..... Date …….....

APPENDIX 3(b): FOMO YA THENDELANO

Nne..... (dzina) Ndo vhala mafhungo afho ntha, na mbudziso dzo fhinduliwa lufushaho.Ndi khou takalela u dzhenelela kha ngudo iyi.Ndi a zwi divha uri ndi nga landula tshifhinga tshinwe na tshinwe.Na u hana ndi a tendelwa u hana arali ndi sa todi u dzhenelela

U saina…..... Duvha……..

Thanzi..... Duvha …….....