UNIVERSITY OF EDUCATION, WINNEBA

EXPLORING THE PSYCHOSOCIAL CHALLENGES EXPERIENCED BY TEENAGE STUDENT MOTHERS IN SENIOR HIGH SCHOOLS IN ASENE MANSO AKROSO DISTRICT

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MICHAEL NYABIDO BILEMAN

A dissertation in the Department of Educational Foundations, Faculty of Educational Studies, submitted to the school of Graduate Studies, in partial fulfilment of the requirements for the award of the degree of Post Graduate Diploma (Education) in the University of Education, Winneba

MAY, 2023

DECLARATION

Student's Declaration

I, Michael Nyabido Bileman, hereby declare that this project is the result of my own hard work and research effort, and that it has not been wholly or partially been presented for another qualification, except where due acknowledgement has been made in the text.

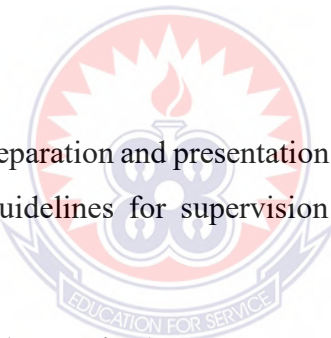SIGNATURE   …………………………………

DATE   …………………………………

Supervisor's Declaration

I hereby declare that the preparation and presentation of this dissertation was supervised in accordance with the guidelines for supervision laid down by the University of Education, Winneba.

Prof. Matthew K. Namale (Supervisor)

SIGNATURE: ………………………………….

DATE: …………………………………

DEDICATION

I dedicate this project to my parents Mr. and Mrs. Bileman Silgma for sacrifices they

have made towards the success of my entire education.

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ABSTRACT

This study was conducted to explore the psychosocial challenges experienced by teenage student mothers in senior high schools in Asene Manso Akroso District, Ghana. The objectives of the study were: to identify the psychosocial challenges faced by teenage student mothers in senior high schools in the Asene Manso Akroso District; indicate the effects of psychosocial challenges faced by these teenage student mothers and to identify strategies that teenage student mothers in senior high schools in Asene Manso Akroso District employ to manage their psychosocial challenges they face. The qualitative research approach was employed to understand and explore the psychosocial challenges experienced by teenage student mothers in senior high schools in Asene Manso Akroso District. A sample of twelve teenage student mothers were selected from a population of fifty-five teenage student mothers from the two senior high schools in the district. The simple random sampling method was used to select the sample. Interview guide was used for the data collection and content analysis was used to analyse the data. The study found that teenage student mothers were humiliated, ridiculed and rejected by their peers and neighbours. It was also discovered that the teenage student mothers felt lonely and isolated as most of their friends shunned them for fear of being classified in the same category with teen mothers. It was therefore, recommended that guidance and counselling units in senior high schools should liaise with school authorities to empower teenage student mothers and the Ghana Education Service must also recruit more professionally trained counsellors to the senior high schools in and across the country due to large numbers of teenage student mothers in the senior high schools.It was therefore concluded that, the teenage student mothers go through distress in the hands of their neighbours, teachers and classmates in school. They felt ridiculed and rejected. In an attempt to overcome all these, they sorted counselling and drawing solace from vicarious experiences.
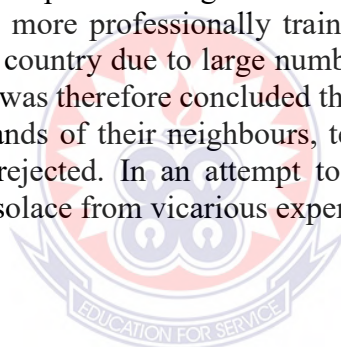
CHAPTER ONE

INTRODUCTION

1.0 Background to the Problem

Parenting can be thought-provoking and hectic experience for any person, but it can be especially difficult for teenage mothers when they combine maternal roles with academic activities (Thomson, 2010; Krugua, Mevissen, Münkel & Ruiter, 2016).

Teenage is the transitional phase of growth and development between childhood and adulthood between ages thirteen and nineteen, during which people undergo extensive biological, psychological and social changes (World Health Organization (WHO), 2009; Ghana Statistical Service (GSS), 2015; Dick & Ferguson, 2015).

Similarly, amongst the various ethnic groups in Ghana, teenage is the pre-pubertal stage after childhood within which the individual attains physical, sexual and social maturity (Awusabo-Asare, Kumi-Kyereme & Biddlecom, 2007). This period is often associated with sexual socialisation and experimentation, and through these, pregnancy may occur. According to Save a Child Report (2000), teenage motherhood refers to birth in a young woman, who has not reached her twentieth birthday when the birth occurred, regardless of whether the woman is legally married or otherwise. According to World Health Organisation (WHO), 16 million births occur among mothers between ages 15 and 19 years and this number of births constitute 11% of total births worldwide (WHO Fact Sheet, 2014). Approximately 95 percent of these births occurred in less developed countries (United Nations Population Fund, 2013). About 14 million pregnancies occur across Sub-Saharan Africa, with nearly half of them occurring among women aged 15 to 19 years (UNFPA, 2013; Loaiza & Liang, 2013; Dick & Ferguson, 2015). Report indicates that one out of every ten births that occur in Ghana is from a teenage mother (Ghana Statistical Service, 2014).

The Asene Manso Akroso District which is one of the newly created districts also faces a similar situation. Early parenting is overwhelming with psychosocial implications on teenage mothers because they are overwhelmed with difficulties in meeting educational, physical, emotional and financial needs (Paronjothy, Broughton, Adappa & Fone, 2008; Gyan, 2013; Dlamini, 2016). It has also been realized that teenage mothers often blame the school for bringing more stress than solutions and also often reveals their emotional instability in the form of shame, guilt, anger, self-doubt and dissatisfaction with their parental role (Nkwanyana, 2011; Gasa, 2012). They mostly experience unpleasant emotional pressures and receive negative feedback from the academic setting, implying that education is the first priority (Moghadam, Khiaban, Esmaeili & Mahvash, 2017).

Similarly, parenting among teenage student mothers is mostly characterised with shame, disgrace, ridicule, stigmatisation and loneliness, which results in gradual school drop-out. This often leads to complex situations where these mothers may have low self-esteem and suffer stress making school environment uncomfortable.

Teenage mothers may experience feelings of fear with the sudden awareness of motherhood while they are still in school. They may also find it relatively difficult to juxtapose schooling with parenting and therefore undergo psychosocial stress as a result of negative reactions from their parents, teachers and the community at large (Nkwanyana, 2011). Therefore, backup structures both in and out of school to support these teenage mothers are indispensable (Nkani, 2012). A study conducted by Ahorlu, Pfeiffer and Obrist (2015) found social support as a resource that teenage mothers draw on to cope with the challenges of teenage motherhood and schooling.

Contextual factors interact with the young mother's psychosocial immaturity, putting her at greater risk than older mothers for poor maternal role adaptation and impaired

maternal-child interaction (Hanna 2001; Otoo-Oyortey & Pobi 2003; Smith-Battle 2003; Awusabo-Asare et al. 2004; Maputle, 2006). Furthermore, marital or cohabiting relationships between teenagers are often short-lived, causing additional stress and disruption (Sigler, 2006; Oyefara 2009; Mbugua, 2013). Teenage mothers may enthusiastically embrace the simultaneous roles of mother and student; however, undertaking these two roles, even in ideal conditions, can pull the person in two directions (Springer, Parker, & Leviten-Reid, 2009). Combining motherhood and studying without compromising the activities of either of them is a great predicament for student mothers (Moghadam, Khiaban, Esmaeili, & Mahvash, 2017). These young mothers transcend to adulthood without the customary support of kinship groups and community institutions (Awusabo-Asare et. al., 2007). This situation imposes a large burden on their shoulders to strike a balance between academic work, motherhood and crucial stage of development. The Ghana Statistical Service (2012) reported that 12 percent of girls between 15 and 19 years have ever given birth and one out of every ten births that occur in the country is from teenage girl (Gyan, 2013; GSS, 2012).

This phenomenon has been identified as a key setback facing young girls in the country. (Hutchinson, Magnani, Macintyre, Mehyrar & Brown, 2005). Though pregnancy and child birth are supposed to be happy events, to most teenagers, due to unplanned pregnancy and lack of support, this whole experience becomes a nightmare (Antwi-Bosiakoh, 2013). The high incidence of childbearing among teenagers in Ghanaian society needs research that develops and refines theories and practices related to teenage maternal roles and psychological implications (Manzini 2001; Otoo-Oyortey & Pobi 2003; Awusabo-Asare et al. 2004; United Nations Population Fund, 2012). The psychological challenges of teenage mothers are still understudied in Ghana and have set the stage as a springboard for the present study.

Beyond this gap, the researcher has lived at the study area for over ten years and has observed that teenage mothers are either out of school, or seem not too passionate about their academic work, some of them appear to be unhappy on campus. The observation led the researcher to interact with some teenage mothers in Senior High Schools in the study area. The interaction revealed that some of these young mothers had no one to cater for their babies, lack financial support and often times, their classmates and even teachers embarrass them in school.

Unfortunately, little attention has been given to psychological implications associated with teenage motherhood, especially among student mothers in Ghana. To a greater extent, studies on the psychological challenges of student motherhood in Ghana have focused mainly on the student mothers at the tertiary level (Opong-Mensah, Ahiatrogah & Deku, 2008; Adusah-Karikari 2008; Benefo, 2009; Nordzi, 2013; Esia-Donkor, 2014; Eduful, 2016). Apparently, research findings for student mothers at the tertiary level cannot be wholly applied to teenage mothers at the Senior High Schools because of contextual differences. As a result, little is known about psychological challenges confronting teenage mothers in Senior High Schools and the various strategies adopted to cope with these challenges.

In prospect, the author noted that family dysfunction has an enduring and unfavourable consequences for girls in the senior high schools during the teenage years. When the family environment does not include adverse childhood experiences, becoming pregnant as a teenager does not appear to raise the likelihood of long term negative psychological consequences. Statistically, girls who are reared from poor background families have the highest rated sexual activity that led to early pregnancy. Studies show evidence that poor parenting, poverty, dating, violence, age discrepancy in relationship, child environmental factors, medical and so on are the major causes that lead to the

consequences of teenage pregnancy. Studies also revealed that most of the teenage mothers' dropout of school.

More so, the fact that most parents pay less attention to their children, coupled with the fact that teenagers today are growing up in a culture way in which peers, television and motion pictures, music and magazine often transmit either covert or overt message on unmarried sexual relationship (specifically those involving teenagers) are commonly accepted and at times expected behaviour have contributed immensely to the moral decadence rampant among our teenagers. Even though the educational system promotes education as a pillar of responsible sexual behaviour and specific information about the consequences of sexual intercourse (including teenage pregnancy, sexually transmitted diseases and psychological effects) that are frequently not offered at home, or in the community settings, Students seem not to be doing well in this domain as many get pregnant every year. Therefore, much of the sex education teenagers receive filters through misinformed and or unified peers.

The motivation for this study arose from the personal observation the researcher made among schooling teenage mothers in Asene Manso Akroso District. It was observed that most students especially the girls were not happy in class and most of the girls were always isolating themselves from their peers. On inquiry, the researcher also found out that most of the girls sad were teenage mothers. The researcher's school was no exception to this problem, and was prompted to investigate the matter further in order to find out the psychosocial challenges' teenage mothers face in school. In addition, it is also supported by various researchers, who studied topics related about teenage mothers.

1.1 Problem Statement

Parenting can be thought-provoking and hectic experience for any person, but it can be especially difficult for teenage mothers when they combine maternal roles with academic activities (Thomson, 2010; Krugua, Mevissen, Münkel & Ruiter, 2016) Teenage is the transitional phase of growth and development between childhood and adulthood between ages thirteen and nineteen, during which people undergo extensive biological, psychological and social changes (World Health Organization (WHO), 2009; Ghana Statistical Service (GSS), 2015; Dick & Ferguson, 2015).

According to Save a Child Report (2000), teenage motherhood refers to birth in a young woman, who has not reached her twentieth birthday when the birth occurred, regardless of whether the woman is legally married or otherwise. According to World Health Organisation (WHO), 16 million births occur among mothers between ages 15 and 19 years and this number of births constitute 11% of total births worldwide (WHO Fact Sheet, 2014). Approximately 95 percent of these births occurred in less developed countries (United Nations Population Fund, 2013). About 14 million pregnancies occur across Sub-Saharan Africa, with nearly half of them occurring among women aged 15 to 19 years (UNFPA, 2013; Loaiza & Liang, 2013; Dick & Ferguson, 2015). Report indicates that one out of every ten births that occur in Ghana is from a teenage mother (Ghana Statistical Service, 2014).

In a study conducted by Ansah and Tiwaah (2007) about adolescent student mothers in Manso Nkwanta Township, it was found that 82% of the students gave "names" (names, words, phrases that attract laughter from people) to adolescent student mothers. On their part the adolescent student mothers stated that they received unattractive comments from some of their colleagues and teachers. To them such behaviours from the people around them make it difficult for them to attend lessons regularly and also contribute effectively in class. According to Gyan (2013), adolescence pregnancy and its

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associated motherhood are mostly characterised with shame, disgrace, stigmatization and loneliness, which result in teenage mothers experiencing psychological challenges. These conditions most often lead to complicated situations where these mothers may have low self-esteem and feel uncomfortable in the school. The situation that the adolescents have become mothers presents a great challenge; and studies have alluded to the fact that adolescent motherhood sometimes ends individual dreams of achieving higher academic qualifications (Yussuf & Afoayan, 2009; Gyan, 2013).

Studies on the psychosocial challenges of student motherhood in Ghana have focused mainly on the student mothers at the tertiary level (Opong-Mensah, Ahiatrogah & Deku, 2008; Esia-Donkor, 2014). Apparently, research findings on student mothers at the tertiary level may not wholly be applicable to adolescent student mothers in the senior high schools because of contextual differences. Again, virtually no studies have been conducted on psychosocial challenges of teenage mothers in senior high schools in the Asene Manso Akroso District in the Eastern Region of Ghana. This study would contribute by filling the research gap with regard to the psychosocial challenges of teenage mothers in senior high schools in the Asene Manso Akroso District and how they cope with these challenges. The findings would also awaken the Ministry of Education to come out with pragmatic and workable polices on teenage mothers' education.

1.2 Objectives of the Study

The objectives of the study were to:

1. Identify the psychosocial challenges faced by teenage mothers in senior high schools in the Asene Manso Akroso District.

2. Indicate the effects of psychosocial challenges faced by teenage student mothers in senior high schools in Asene Manso Akroso District.

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3. Identify strategies that teenage mothers in senior high schools in Asene Manso Akroso District can employ to assist them cope with the psychosocial challenges they face.

1.3 Research Questions

1. What are the psychosocial challenges faced by teenage mothers in senior high schools in Asene Manso Akroso District?

2. What are the effects of psychosocial challenges faced by teenage mothers in senior high schools in Asene Manso Akroso District?

3. How do teenage mothers manage the psychosocial challenges in senior high schools in Asene Manso Akroso District?

1.4 Significance of the Study

The results of this study may benefit policy makers when grappling with the problems of teenage student mothers in senior high schools. The results may also support schools to successfully deal with the psychosocial problems of teenage student mothers and may also assist the teenage mothers to cope with psychosocial challenges they encounter in senior high schools.

1.5 Delimitations of the study

The qualitative nature of the research study enables the researcher to obtain real-life experiences of teenage student mothers in their stay in senior high school. Through the telling of their life experiences and lessons learned, the researcher was able to use respondents' words to understand how they have been affected by motherhood. The information obtained is beneficial for Ghana Education Service officials, teachers, family, friends, and peers to develop a deeper understanding of the needs of these

teenage student mothers and what positive roles they can play in their lives and in the school and community to further support them.

1.6 Limitations of the Study

There were limitations to this study, including that the respondents were all identified teenage student mothers who were in the senior high school in the Asene Manso Akroso District based on the defined interview guide. The research only focused on 12 teenage student mothers of the two senior high schools in the district ages of 16 to 19. Furthermore, I cannot guarantee that the twelve to be identified teenagers who were the informants answered and responded sincerely to each of the question that I asked. Maybe some of the respondents really have their reasons why they were in the situation. It is true that qualitative research has a small size, therefore the results may not be generalized beyond should be within the specific population from which the unique experiences were drawn.

1.7 Organisation of the Study

This study was organized and arranged in an order, which can be easily identified and comprehended by the readers. Below is the comprehensive presentation and discussion of the organization of the study from the introduction, reading of different related articles, methodology, data analysis and discussion of findings and summary of the study. Chapter I is the inclusive presentation of the introduction of the study, which includes some problem situations about teenage student mothers. It is followed by problem statement, it is followed by theoretical lens, which is composed of supporting studies and theories that the study is anchored to. It is followed by research questions, which consist of interview guide questions that are formulated and validated in order to acquire responses from the informants to attain the aim of the study. Next, the significance of study which was discussed were the direct beneficiaries of the study. It

is followed by the delimitation and limitations of the study that is to be presented to show the parameters of the study. Lastly is the statement on the organization of the study. Chapter 2 presents the readings of different related research studies on the view of teenage student mothers and some lessons to learn and their life experiences and how they cope up and faced challenges as teenage student mothers in senior high school. Chapter 3 consists of the methodology employed in the study. This methodology includes research design, study area and site, target population, sample and sampling techniques, interview guide, data collection procedure data analysis and ethical consideration. Chapter 4 presents and discusses the interview results of the in-depth interview of the study, the detailed responses of the twelve respondents based on the three research questions, and different themes generated from the various answers of the participants. Chapter 5 provides details chronologically arranged and analysed comprehensively based on the findings of the study.
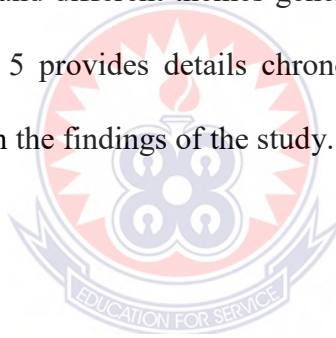
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, literature relating to the psychosocial challenges faced by teenage mothers in senior high schools is reviewed. This is intended to locate the problem in its proper contextual perspective. The following topics were reviewed in the study:

- First, conceptualisation of the problem;

- Second, historical and geographical perspective of the problem;

- Third, empirical studies;

- Fourth, exploration of existing gaps, and

- Lastly psychosocial challenges of teenage mothers

2.1 Conceptualisation of the Problem

According to the Encyclopaedia of Children and Childhood in History and Society (2008), it is difficult to define exactly what constitutes teenage motherhood, because of the inconsistencies in defining its age limits. The conception of a teenage mother can be divided into two broad views. Those, who see it as defined by age (under the 20 years) and those that have not completed their education.

2.2 Teenage Mothers as defined by Age (Under the Age of 20)

According to Save a Child Report (2000), teenage motherhood is formally defined as birth in a young woman, who has not reached her twentieth birthday when the birth occurs, regardless of whether the woman is married or is legally an adult. Johns, Moncloa and Grong (2000) state that teenage motherhood is when a teenager or under aged girl (in the teenage years of 13 – 19) becomes a parent.

The United Nations' Children's Fund (UNICEF, 2001) alludes that teenage motherhood is when a woman aged between 15 and 19 has a baby. According to their statistics, 67% of women of child bearing age are aged between 15 to 19 years.

The Health – Cares.Net (2005) explains that teenage motherhood is a birth that occurs in a teenager. A teenager is a female, who has reached puberty and is 19 years old or younger. Teenage motherhood is the phenomenon of teenage girls giving birth and is a contemporary social issue in some nations, especially in the USA, while in developing countries teenage birth is for most part, not an issue, since many women are expected to be married and with children before they are twenty.

Odu and Christian (2007) are of the opinion that women have tended to begin child bearing during their early twenties, while Yutok outreach (2007) defines teenage motherhood as an under aged girl becoming a mother. These sources also mentioned that the term is restricted to those under the age of legal adulthood, being 18 in most countries in the world including Ghana. According to Fox (2008), teenage motherhood can be loosely defined as a girl giving birth before reaching the legal age of adulthood. While teenage motherhood is looked down upon by most developed countries, certain ethnic groups in the world actually welcome and celebrate the phenomenon, because it is seen as a clear sign of fertility in the young female. Motherhood confirms that she is perfectly capable of bearing children.

Sams (2008) concur with Fox (2008) and Yutok outreach (2007) that teenage motherhood is birth by an under aged girl and the term applies to those under the age of threshold of legal adulthood. Adulthood starts at the age of 16 in some places and 18 in others. We Want Nice Things (2008) also define teenage motherhood in terms of legal adulthood wherein in the USA; teenage motherhood is when a minor, according

to the law, under aged girl gives birth, while in United Kingdom (UK), there is a legal definition whereby a woman is considered to be teenage mother if she gives birth before her 18th birthday. The term in everyday speech usually refers to women, who have not reached the age of majority legal adulthood, which varies across the world.

Luong (2008) asserts that teenage mothers are women, who had their first birth under the age of 20 while Garblah (2009) states that teenagers, who give birth to children yearly are between 15 and 19 years, and these teenagers cannot afford to support the children, as a result their children may get involved in crime to survive due to improper upbringing.

The Liberia Demographic Health Survey (2008) as cited in Garblah (2009) indicates that at least one out of three girls aged 15 to 19, have had children, while more than one out of six girls between the same age group (15 to 19) give birth every year. The Encyclopaedia of children and Childhood in History and Society (2008), reflects those studies focusing on causes and consequences of teenage motherhood typically include young women of 15 to 19 years old. Births occurring among teenagers younger than 15, are often included only in aggregate national statistics. Teenage motherhood refers to the birth of child to a woman less than 20, whether married or not (Save a Child Report, 2000). The World Health Organization (WHO, 2011) estimates 10% of all world births are delivered by 15 to 19 years old teenage girls.

2.3 Teenage Mothers as defined by Incomplete Education

Farlex McGraw Hill Concise Dictionary of Modern Medicine (2002) states that teenage motherhood is understood to occur in a woman, who has not completed her core education, secondary school, has few or no marketable skills, is financially dependent upon her parents and/or continues to live at home and is often mentally immature.

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According to UNICEF (2001), teenage mothers are women aged between 15 and 19, who have babies and have less than upper secondary education with most of them coming from households, which have below bottom quintile income and are mostly not working, inactive or unemployed.

In this study a teenage mother refers to a woman aged between 13 and 19, who has a baby regardless of the marital status. The term teenage mother will be used synonymously and interchangeably with adolescent mother and early child bearers as preferred terms by other authors in the related topics.

2.4 Historical and Geographical Perspective of Teenage Mothers in Developed Countries

In many developed countries teenage motherhood is associated with many social issues, which include amongst others lower educational levels and higher rates of poverty. In developed regions such as North America and Western Europe, teenage mothers tend to be unmarried and adolescent birth is seen as a social issue and carries a social stigma in many communities and cultures. Teenage motherhood in these countries is usually outside marriage and not welcomed by family and society (Save the Child, 2000).

2.5 Teenage Motherhood in the United States of America

The US has the highest teenage birth (51.1% birth per 1000) compared to other developed countries. This is of a major concern and is a social, public, and health concern (Shaw et.al, 2006). About 5% of US teenage girls aged between 15 and 17 give birth each year (Save a Child, 2011).

According to Rank (2008), the history of adolescence/teenage mothers goes back to the 1820s when the growing number of middle-class parents had been sending their adolescent children to high schools instead of sending them to work or allowing them to marry. New child labour laws, compulsory education legislation, the establishment

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of juvenile courts, efforts to control teenage sexuality and a countless of other age-specific policies reflected new social attitudes defining modern adolescence. In 1900, less than 1% of males and 11% of females, aged 14 to 19 were never married. In 1930s the Great Depression temporarily slowed the trend, but post war years saw a dramatic rise in early marriage and teenage pregnancy rates.

The 1940s, 1950s and 1960s included the twentieth century's highest teenage birth rates (79.5%; 91.0% and 69.7% per thousand respectively). By 1960, nearly one third of American females had their first child before reaching age 20. Teenage birth declined in the 1970's; 1980s and 1990s. By 1990s, almost 25% of all babies were born to unmarried women. Teenage mothers gave birth to one third of these infants, but most Black and Hispanic teenagers were more likely to have children than their Caucasian counter parts.

After the 1970's teenage motherhood/parenting became a social, economic and political issue. To many critics, unmarried teenage mothers became symbols of American immorality and the growing Aid to Families with Dependent Children (AFDC) welfare programme. I appeared as though teenage pregnancy and parenthood, whether inside or outside of marriage, was an unacceptable and a modern social problem. In 1996, the AFDC was discontinued and restrictions were placed on federal assistance to unwed teenage mothers. Teenage birth rates have continued to decline, but the reasons are not clear, it appears that young people are making choices about parenthood for themselves.

2.6 Teenage Mothers in Canada

Teenage birth in women aged 15 to 19 in Canada has declined since 1994 (46.7% per 1000 per person age) to 42.7% per 1000 per person age in 1997, and the decline is attributed to effective use of contraceptives (Dryburgh, 2007). Teenage birth continued

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to decrease to 16% per 1000 per person age in 2002. Thus, the Canadian teenage birth rate has shown a steady decline with a downwards trend for both young (15 to 17) and older (18 to 19) teenagers in the period 1992 to 2002. The highest teenage birth in Canada is in small towns located in rural parts of Peninsular Ontario (Canadian Ministry of Education, 1998).

2.7 Teenage Mothers in Europe

According to UNICEF (2001), the UK has the highest rate of teenage mothers in Europe (26.4% per 1000 women aged between 15 and 19). Shaw et al (2006) state that the UK when compared to other developed countries has the second highest teenage birth rate. In 2002, the rate of teenage births in London Borough of Lambeth was 10.4% per person per 1000 women as compared to 3.3% per person per 1000 women in the central regions of Italy.

Teenage motherhood is a social concern in the United Kingdom and the country is employing some strategies to reduce this problem (Shaw et al, 2006). French, Mercer, Kane, Kingori, Stephenson, Witkinson, Gruddy and Lachowycz (2007), confirm that teenage motherhood has been declining in Europe in countries like the Netherlands and Scandinavia since 1970 and this decline is associated with good sex education and high levels of contraceptive use. In addition to good sex education and high contraceptive use is the traditional beliefs held by countries like Spain and Italy. Stigmatisation attached to teenage motherhood also contributed to the decline. According to WHO (2011), teenage birth rates are declining, it was 61.8% in 1990, due to abstinence 25% and 75% of effective contraceptive use by all racial groups.

2.8 Teenage Mothers in Asia

Teenage child bearing is high in Asia. The highest rate is in South Asia (71% to 119% per 1000 per person age). Early marriage means adolescent motherhood particularly in rural 10 regions. Teenage motherhood has decreased sharply in Indonesia and Malaysia, because of developed marriages although it has remained higher in Indonesia. Teenage motherhood is amongst the lowest in industrialised Asian nations such as South Korea (2.9% per 1000 per person age) and Singapore because of an increased age of marriage (Save a Child Report, 2000), whereas Thailand has a high rate of teenage birth (60% per 1000 per person age). Measures to alert teenagers about the dangers of teenage motherhood and sexually transmitted diseases have been taken by the Thailand Government (WHO, 2011).

2.9 Teenage Mothers in Australia

Australia has the highest teenage birth (18.4% per 1000 per person age) compared to other comparable countries, but this is not a prominent policy concern. Australia offers opportunities to study the outcomes of teenage parenthood in a country where there may be fewer stigmas than in countries that portray teenage parenthood as a major health and social problem (Save a Child Report; 2000).

2.10 The Historical and Geographical Perspectives of Teenage Motherhood in Developing Countries

Developing countries have small scale programmes concerning the reproductive health of teenagers and these programmes are not centrally coordinated. A staggering amount of 13 million children are born to women under the age of twenty annually, worldwide, more than 19% of these births occur in developing countries. Teenage mothers in developing countries are often married and their birth may be welcomed by family and society and therefore, does not involve a social stigma (Save a child Report, 2000). According to Rank (2008) rural areas experience the lowest age of marriage and few

people worry about teenage birth as long as the girl is married before giving birth and this leads to a strong pressure to marry before giving birth.

2.11 Teenage Mothers in Africa

According to Save a Child Report (2000), Sub Saharan Africa has the highest teenage birth in the world (143 per 1000 girls aged 15 to 19), where women tend to marry at an early age. For example, in Niger, 87% of women surveyed were married and 53% had given birth to a child before the age of 18. Teenage birth and motherhood are seen as a blessing, because it is a proof of young women's fertility.

According to Garblah (2009) one out of three Nigerian girls 15 to 19 gives birth every year. Keller, Hilton, and Twumasi-Ankrah (1999) allude those records in Ghana public hospitals show that one third of child birth occur to women below 19 and the survey conducted by the United Nations Regional Institute for Population studies reveals that one in every three girls aged 15 to 19 years have given birth.

Gustafsson and Worku (2007) reveal that countries like Kenya, Nigeria and Zimbabwe have high fertility rates that are more than a 100% per 1000 per person age. In addition, the duo explains that the rate of teenage birth in South Africa (SA) is at a high of 55% per 1000 Blacks, 82% per 1000 for Coloureds, 8% per 1000 Asians and 3% for Caucasians in 2001.

The number of school girls' birth jumped from 1,169 in 2005 to 2,336 in 2006 in Gauteng, according to statistics released in the provincial parliament. SA has a huge teenage birth problem; one in three girls has had a baby by the age of 20, according to the Human Science Research Council (HSRC) report (2009). The problem is not equally serious in all parts of the country, on average two to three girls give birth at a typical school with 1200 to 1400 pupils, but what is clear is that there are hotspots

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where things are horribly wrong. The Gauteng figures indicated that 71% of pupils were pregnant and became teenage mothers at one school in Soweto, a huge township on the outskirts of Johannesburg.

The high percentage of teenage birth according to HSRC report (2009) is attributed to the attitudes of nurses towards teenagers when it comes to the provision of contraceptives. The study also found that the social pressure often prevented young women from using contraception. The girls felt they would only be accepted as women once they had proved their fertility. Many mothers wanted their teenage daughters to become mothers so that they could have a baby at home again. Some observers suggested that the child support grant provided by the state was an incentive to young girls to give birth.

2.12 Empirical Studies

Chevalier and Viitanen (2002) conducted a qualitative study to determine whether teenage child bearing reduces schooling, labour market experience and adult wages. The decisions to be a teenage mother, to quit school and be less attached to the labour market might all stem from some personal or family characteristics. The findings of this study revealed that in Britain, teenage child bearing decreases the probability of post schooling by 12 to 24% and employment experience by up to 3 years. This challenge of reduction in schooling opportunities, because of teenage motherhood, needs to be investigated further.

Madhavan and Thomas (2005) conducted a qualitative study to contribute to an ongoing discussion about the relative importance of child bearing in determining a girl's life chances. The authors particularly paid attention to issues, such as:

- societies undergoing major transitions,

- adolescent fertility,

- educational attainment (a prominent feature in national-level public health dependency as focused on youth), and

- to suggest new possibilities for intervention work in both family planning and schooling.

Their study found that there is a consensus that child bearing impedes educational success for girls and they suggest that a balance is important between adequate care giving capacity and socio-economic stability. The need to strike a balance between caring for the baby and effectively attending to school activities is of paramount importance and this study intends to address that.

Another study of a qualitative nature was conducted by Gustafsson and Worku (2006) with the aim of looking into the effect of adoption on the performance of birth mothers, that is, teenage mothers, who gave up their children for adoption. It was found that there was a decline in educational performance of these teenage mothers after giving up their children for adoption and then going back to school. The decline in performance ranged from 1.7% to 17.6%, which is caused by many factors amongst others, lack of support from family, friends and educators. This challenge of a decline in educational performance needs to be taken further to determine if it also exists on South Africa.

Another qualitative study is that of French et al (2007), who wanted to describe the young people's knowledge and use of contraceptive services over initial stages of England's teenage pregnancy strategy and to investigate factors associated with the use of different services. A random sample of young people aged 13 to 21 years was interviewed to obtain information. The findings were that 77% of women interviewed, knew a service they could use to obtain information about sex. Despite the fact that teenagers knew different contraceptive measures they continued to fall pregnant and

thus becoming teenage mothers not knowing the challenges that await them as they return to school to continue with their studies.

Garwick, Rhodes, Peterson-Hickey and Hellerstedt (2008) conducted a participatory action research study with the aim of identifying Pregnancy Prevention Strategies from the perspectives of both male and female urban native youth to inform programme development.

The findings, which participants emphasised, were:

- the consequences of adolescent pregnancy;
- the necessity to enhance and develop more pregnancy prevention programmes for native youth in schools and community-based organisations;
- to improve access to contraceptives;
- to discuss teenage pregnancy with native youth; and
- to activate key messages and media to reach native youth.

Another study of qualitative nature was conducted by Shaningwa (2007) in Namibia to investigate the educationally related challenges faced by teenage mothers when they returned to school. Two schools from the Kavango Education Region were chosen as a sample where four teenage mother respondents were interviewed. The findings revealed that teenage mothers' challenges ranged from social exclusion to the need to manage the dual responsibility of motherhood and studying.

Dlamini et al (2003) conducted a qualitative study in the Southern Hho-hho region of Swaziland to explore and describe the problems experienced by teenage mothers in their schooling. In particular the study wanted to identify problems that teenage mothers face physically, socially, culturally, emotionally, spiritually, economically and

educationally. Their findings were that teenage mothers experienced problems in almost all the dimensions of a holistic being. This source identified a lack of support from individuals and institutions as the major cause. Teenage mothers reported being devastated, fearful, lonely, frustrated and unhappy. Whether the same challenges prevail in present sample needs to be established. It appears, because of the nature of the study, the views of educators of these teenage mothers in the Dlamini et al (2003) study were not sought or taken into account.

The matter of teenage motherhood was taken further by De Villers and Kekesi (2004), who conducted a qualitative study with the aim of describing the social interaction of teenage mothers at Ga-Rankuwa Hospital during and after their pregnancy. A number of 70 teenage mothers were interviewed using the semi-structured interview schedule. The findings reveal that the majority of teenagers, who fall pregnant do so while still at school and only a few first informed their mothers about the pregnancy first, the majority opted to confide someone they trusted soon after discovering that they were pregnant. With many teenagers falling pregnant and thus becoming mothers while still at school, they need to be alerted and informed of the challenges that teenage mothers come across in schools, due to being mothers.

Another study of a qualitative nature is that of Ritcher and Mlambo (2005), who studied 32 teenagers aged between 13 and 19. A convenience sample was used to select respondents, who were then interviewed. The purpose of the study was to explore and describe the perceptions of teenagers in Bushbuckridge District on teenage pregnancy. The findings of this study elicited that teenage pregnancy poses significant social and health problems in the Bushbuckridge District and this has implications for all health care and professionals. In the present study the researcher's intention was to take this

matter further, to identify and explore the challenges that teenage mothers face in secondary schools.

Zondo (2006) conducted a qualitative study in the informal settlements outside Ethekwini to explore the challenges faced by teenage mothers in schools using semi-structured interviews. His findings were that teenage mothers experienced difficulties in balancing their educational responsibilities and taking care of their babies.

Mohase (2006) also conducted a qualitative study to obtain a better understanding of the learning process and factors that may affect pregnant and parenting learners in Soshanguve Secondary Schools. His findings were that schools were not "pregnant/parenting learner friendly" The findings by Mohase (2006) need to be investigated further to determine whether this was also happening in Hlanganani South Schools.

Chigona and Chetty (2007) also researched the topic of teenage mothers; the duo endeavoured to determine how teenage mothers coped with schooling and how much support was rendered to them. The target group in this study were teenage mothers aged between 14 and 18 that had babies before completing their secondary school and returned to school after the birth of their babies, that is, those who temporarily dropped out of school due to their pregnancy. School heads of these learners were also interviewed. The findings indicated that teenage mothers in Cape Town received insufficient support, both physically and emotionally and the consequences were that many teenage mothers quit school or did not succeed with schooling.

Another study by Chigona and Chetty (2008) conducted in Cape Town, South Africa to define how much support was offered to teenage mothers to facilitate their secondary schooling, thus enabling them to complete their education and become self-reliant.

Information was gathered using interviews from teenage mothers, their parents and their educators. The findings were that many teenage mothers failed to succeed with schooling, because they lacked the support to avoid numerous disruptions to school attendance. The present study differs with that of Chigona and Chetty in terms of context, because the researcher wanted to explore the challenges faced by teenage mothers in Hlanganani Secondary Schools.

Hofferth et al (2001) steered a survey to identify the effects of early childhood bearing on schooling over time. Their findings explicated a negative impact on teenage birth rates and years of completed schooling. Teenage mothers completed 1.9 – 2.2 fewer years of education than girls, who delayed their first birth until age 30 or older.

A survey tool was used by Carter and Spear (2002) to identify the knowledge, attitudes and behaviours of a rural teenage population as they relate to pregnancy prevention and intention. The survey session consisted of 253 grade 09 learners in county high school. The findings were that girls were sexually active, several of them had already experienced pregnancy and some were at risk of intentional pregnancy. With teenagers in this study involving themselves in sexual activities and others being at risk of intentional pregnancy, they needed to be informed about the challenges teenage mothers face when they have children while still at school.

Another study was conducted in Brisbane, Australia by Shaw et al (2005) on women and their offspring, who received antenatal care at major public hospitals. The aim of the study was to examine the association of maternal age at first antenatal visit with offspring's psychological behavioural and health characteristics when the offspring (the teenage children of the teenage mother) were aged 14 years. The results indicated that the 14-year-old offspring of mothers who were aged 18 years and younger when giving

birth compared to those, who were offspring of older mothers, were more likely to have been in contact with the criminal justice system and were more likely to smoke regularly and consume alcohol.

Vinnerljung et al (2007) undertook a study in Sweden to assess the prevalence and odds for teenage parenthood at school. A National Register Data for children born in Sweden between 1972 and 1983 and former child welfare clients with varying intervention experiences were contacted. These authors found that youth of both sexes, who received child welfare services in adolescence are a high-risk group for teenage parenthood as compared to those without child welfare experiences. Albeit, their study did not look at their hardships at schools, it may imply this was a burden that they carried even during the school days. This current study intended to alert girls about the hardships they would encounter if they become parents at a tender age or while still at school.

Both qualitative and quantitative research methods were used by Chauke, H. (2013). to examine the role that lack of communication or poor communication plays in the prevalence of teenage pregnancy and motherhood in schools. The author's findings were that many teenagers became parents at an early age because of the social grant; they needed free money to spend as they wished. This study needs to explore the challenges that teenage mothers face at school in spite of the support grant they receive. Teenagers need to be reminded that caring for the baby while at school is worth far more than the child support grant and that teenage motherhood is 'a no-go area'.

2.13 Teenage Mothers and their Image

Giving birth to a child while still at school does not grant a girl a high status; instead, she is looked down upon and disrespected by men. In Nigeria, men believe that anyone, who is silly enough to get pregnant in her teens, must be sexually loose, stupid and ill-

bred. Teenage mothers are seen as a means of sexual gratification and men will not spare her a second thought when they have satisfied themselves (Nkwemu, S., Jacobs, C. N., Mweemba, O., Sharma, A., & Zulu, J. M. (2019).

Teenage mothers in the study by Ritcher and Mlambo (2005:65) explained,

> *"Teenage motherhood does not give any teenager a high status. It is a big stumbling block in our education and gives parents more financial burden".*

Another teenage parent in the same study (*Ibid:* 64) elicited, "giving birth to an illegitimate baby while at school is a disgrace to me and my parents". She added, "The stigma attached to teenage pregnancy tended to cling to the young mother and her family". Two teenage mothers in the same study related that their parents insisted they should terminate their pregnancies as they regarded it as a disgrace. The notion that teenage motherhood is a disgrace was also confirmed by the findings of Tanga and Uys (1996).

The matter of teenage motherhood not being a status, but a disgrace was taken further by Dlamini et al (2003). Motherhood is a disgrace to the community (according to Swazi culture), which deprived them of many opportunities like participating in the traditional reeds dance and reduced their bridal price. A girl who becomes pregnant before marriage is a disgrace to the family. This fact was also alluded to by a teenage mother in the study by Ritcher and Mlambo (2005:67),

> *"My father did not want me at home because I was pregnant. He said I did not belong to his family anymore and would have nothing to do with me anymore".*

Non-marital child bearing is still not acceptable to the majority of Americans, but almost half of black and white women aged 20 – 29 find it acceptable (Hofferth et al, 2001). In many countries, having children outside marriage is considered to be a social problem and the children are termed illegitimate, when this happens to teenagers, the matter is considerably worse (De Villiers & Kekesi, 2004). According to Boulden (2001) teenage mothers portray a bad image on non-parenting learners and also degrade the image of the school.

Many teenagers become mothers at an early age, because they thought that it is a good sign of womanhood and it would give them a high status in the community (Preston-Whyte, 1991). Ritcher and Mlambo (2005) agree that many teenagers became pregnant because they wanted to prove their womanhood. Ritcher and Mlambo (2005) also explained that teenage mothers had the impression that child bearing gives a woman a high status and they were therefore bound to have children. They engaged themselves in unprotected sex despite the high spreading of Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS). The high risk of engaging in unprotected sex clearly indicates that teenage pregnancy and motherhood is no longer a mistake, unintended and unplanned as said by Magwetshu (1990) but it is a purposeful act.

Teenagers saw motherhood as a positive choice and a way to a more adult role (Bryant, 2006), no wonder the report that detailed the case of one school that had 144 pregnant pupils in 2007 (Sunday Times as cited in Chigona and Chetty 2008). Some parents saw child bearing as a status and encouraged their children to have babies. In their study, Ritcher and Mlambo (2005) quote one teenage mother saying, "My mother said she wants to see my first born before she dies". Such words inspired teenagers to have babies hoping that they would become respected members of the community, only to

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find that they were faced with a nightmare. Instead of enjoying their new found role, they were now considered adults and had to mix with elderly members of the community. Motherhood caused teenagers to be old before their time (Dlamini et al, 2003). De Villiers and Kekesi (2004) explained that in some societies premarital fertility is widespread and culturally acceptable and unmarried woman may use sexual relations and pregnancy to achieve marriage. They added that in certain South African communities, there is a custom that a woman needs to prove her fertility by having a baby before marriage can be considered.

Teenage mothering was seen as a passage to adulthood, especially where middle class aspirations did not apply. It is clear that every teenager wants to meet the expectations of the society she finds herself in and as a result become a teenage mother in order to be an acceptable member of the society, not knowing or understanding what is awaiting her. In the study conducted by Tabi (2002) teenage parents perceived motherhood as a sign of independence from parental control and authority. The independence brought by early child bearing made teenage mothers to be labelled as a bad influence and therefore, must not attend school because they are now adults (Shaningwa; 2007). When talking about the causes of teenage pregnancy for teenage mothers delivered in her clinic in Diepkloof, Sister Yedwa in Mkhwanazi (2006) identified amongst others 'proving womanhood' as a major cause. This confirms that teenage motherhood was considered as a passport to womanhood and every woman would strive to be one.

The researcher believes that, there are more sorrows than joys in being a teenage mother. That teenage motherhood will give a girl recognition or status of some kind is a myth, which is only rectified at a point of no return (after being a teenage student mother). The comments given by a number of respondents in different studies (herein above) clearly indicate that teenage motherhood is far from granting teenage mothers

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the expectations they hoped for, the only thing that awaits them are ridicules and frustrations on their way to and from schools. Therefore, this study advocates that, girls must be informed as early as possible of the hardships of being a teenage mother.

2.14 Schooling Demands

One of the challenges that teenage mothers face is balancing the two responsibilities (that of being a student and being a parent at the same time). This is evident when teenage mothers are unable to do or finish their homework or prepare for the next day's test or task. Teenage mothers have a problem in striking a balance between schooling and motherhood (Kaufman et al, 2001). The teenage mother respondents in the study by Chigona and Chetty (2007:7&9) explained,

> *"Being a mother and schooling is hard. When sometimes I want to do school work, I don't have time…, so it is hard to find time and have the energy".*
> *"Because my baby is crying all the time, she doesn't want to go to anybody. I don't have time to do my homework".*
> *"Due to having a baby at home … I don't have time to do most of the school work".*

The lack of time to do school work was also alluded to by Shaningwa (2007:45) where a teenage mother respondent in her study related, "I have many responsibilities and I find it difficult to cope. Because of this I am punished for my incomplete homework".

Chigona and Chetty (2007:7) confirm the hardship of balancing school work and taking care of the baby by one teenage mother respondent when she said,

> *"Sometimes you need to be a student, sometimes a mother and to balance the two is a bit hard. But mothering takes much of you …, it is really difficult just to break away from my child."*

The findings in the study by Chigona and Chetty (2007) also indicate that teenage mothers did not have enough time to complete their homework and to study at home, because when they return from school, their relatives, who take care of the children, want to be free of the child care chores. The babies also want the attention of their mothers when they return from school. The teenage mother respondent in the study by Shaningwa (2007:64-65) confirmed the above, "There is no way a mother can be free at home compared to those who do not have children".

The lack of time to study at home becomes hard when there is a shortage of accommodation at home. One teenage mother respondent in Chigona and Chetty (2007:10) indicated the problem as follows,

> *"There are a number of us in my family but we all live in just one room so it is hard for me to do my homework at night but during the day I am also busy with the household work."*

Teenage mothers cannot really get down studying and most of them are not ready for the tests or exams, and these in turn lead to poor performance and ridicule by educators in front of other learners.

Lowenthal and Lowenthal (1997) assert that mastering developmental tasks of adolescence and becoming a parent at the same time is especially demanding. These two tasks can easily conflict with each other, meaning that a teenage mother often will compromise one role or fail at both. Adolescent parenthood can be described as an "off time" in the transition to adulthood. By becoming parents, teenagers disrupt the expected sequence of first finishing school, second finding employment, next marrying, and last having children.

According to Arlington Public school (2004), managing to care for the infant and devoting adequate time to do school work is a great challenge for teenage parents.

Hofferth et al (2001) assert that teenage motherhood and caring or rearing children consumes time and energy that could otherwise be spent on schooling, work and leisure time activities. A teenage mother respondent in Mengo (2010) confirmed that it was difficult to be both a student and parent at the same time. Teenage mothers face a strong battle when rearing their children as well as fulfilling their roles as students. Shaningwa (2007) elicits that although teenage mothers have problems, they are not as absent as they are thought to be, but their commitment is reflected in their inability to honour afternoon lessons and extra study time scheduled beyond normal teaching hours. Teenage mothers fail to honour such, because they cannot afford to pay baby sitters or care givers and other people, who are prepared to look after babies, beyond the normal school time as the latter wanted to be child free after school.

From the above it is clear that teenage mothers experience difficulties in paying attention to their studies satisfactorily and caring for the baby at the same time.

2.15 Policy Demands

According to South African Schools Act (SASA) 84 of 1996, Section 3(1), every parent must ensure that their children under the age of 15 attend school and the Constitution of South Africa in Section 29(1), states that everyone has a right to basic education and may not be discriminated because of race, pregnancy, age and so on, but there are some schools, which do not allow pregnant and parenting learners to attend classes (Ministry of Education, 2000).

It is no longer common to bar teenage mothers from continuing with their education but those, who go back to school after the birth of their babies, are not warmly welcomed. Some pregnant and teenage mothers, who go to school, are expelled because they are seen as a symbol of immorality and thus set a bad and negative example and

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influence to the other (non-parenting) children (Ross & Sawhile, 1995) as cited in Mohase (2006). In the study conducted by Dlamini et al (2005:7), once students became pregnant, they were expected to leave school. One teenage mother respondent said, "I was ordered to pack and leave for good", and added, "No you usually do not go back to school you rather change schools."

According to Wolpe, Quinlan and Martinez (1997) some schools do not allow pregnant girls and young mothers to attend classes. The expulsion of teenage mothers from schools negatively affects the expectations and future of both mother and baby. Teenage mothers reportedly would have liked to finish school and would have liked their children to have a good education, but they have reportedly lost faith in their own abilities to complete their education and find good jobs, *"I wish could finish school, I would like to go to college and have a profession. I doubt myself now, I don't think I will be able to finish."* (Ritcher & Mlambo, 2005: 57).

Those pregnant and parenting learners are thrown out of school and not well-treated is also evident in the study by Dlamini et al (2005:7), "they (the teachers) throw pregnant girls out of school, and despise them. They scold you and expel you… (and you must) leave for good", said a teenage mother.

Everybody has a right to basic education and schools may not legally discriminate against or exclude students, because of pregnancy and parenthood, but many continue to do so informally. It is improper to deny teenage mothers to continue schooling when they are ready to do so. In the year 2000 the Gender Commission on Gender Equity reported to the SA Ministry of Education that they received a number of complaints from teenage mother learners concerning the manner, in which their schools had treated them. The teenage mothers complained that their schools had not allowed them to attend classes because they were mothers (Ministry of Education, 2000).

Most schools expel pregnant and parenting learners even though the policy does not allow it. This is usually due to pressure they receive from the community. The community fears that teenage mothers will contaminate the other learners and force the school to act against the policy. In the event where the school stick to the policy, the community find ways of intimidating teenage mothers on their way to and from school as a way of preventing them to attend (Chigona and Chetty, 2008). The fact that teenage mothers 'contaminate' other non-parenting learners leads to the alienation and rejection of those teenage mothers, who exercise their educational right by returning to school. Adolescent mothers are described as "poor students", or "incapable students"; they are also portrayed as "failures, bad girls, who behaved uncontrollably, irresponsibly and immorally" (Pillow, 2004), no wonder most parents tell their children to stay away from them.

Pillow (2004) maintains that obtaining an education is no longer a right to teenage mothers but something that these girls owe the society if they are not to be welfare dependant and a burden to the tax payers. They are determined to complete schooling for the sake of their babies.

To achieve what is advocated by Pillow (2004), schools must outgrow the culture of barring teenage mothers from attending classes if they are ready to do so. Teenage mothers must be given a chance to reshape and mend their lives and those of their children if they still believe in themselves.

2.16 Lack of Support from School

Teenage mothers, who return to school after the birth of their children, experience intimidation and marginalization and lack of support from by educators. According to Chigona and Chetty (2008) teenage mothers did not receive support from their

educators, for example when a learner has missed lessons due to infant related problems; teachers are not willing to go through the lesson. The Life Orientation (LO) educator in the above study had the following to say in that regard,

> *"If it means missing out lessons, the teacher will only tell her to consult her friends about what they have been learning when she was absent and if she got questions she may ask the teacher but not that the teacher would go through the whole material again… so they really miss a lot because they don't even start from the beginning … and most teachers do not really feel sorry for a teenage mother when she misses lessons because she was with her baby, because she is facing the consequences of her own behaviour."* (P. 269).

The stigma attached to teenage motherhood influences educators to have a negative attitude towards teenage mothers. The negative attitude and lack of support by educators towards teenage mothers was evident in the same study wherein another educator respondent explained,

> *"She could come back and say, sorry, I was with my baby in Red Cross hospital so I couldn't come to school, and so I would not say alright then my baby this we did this last week, no! no! … it's her own business all I say to her is, listen we have done a lot the past week when you were not here, so ask other learners what we have done and try to do your best … nothing is put in place." (P. 269).*

As already indicated, the attitude of educators or school heads have a great influence on the attitude of learners. Teenage mothers have nowhere to submit their concerns, because they have been told before to stay away from boys or not to fall pregnant for that matter. The lack of support on teenage mothers by educators was evident in the

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comment of the school head when he answered, "Yeah, other pupils do mock them but they cannot complain to this office". It is clear that the principal's office is a "no go area" for teenage mothers when they have problems in that regard.

According to Olivier (2000) some teachers consider the teenage mother's situation as a private matter that does not concern them and as a result, they do not want to put any effort in helping teenage mothers where they lag behind while attending to their babies. The educator in the study by Chigona and Chetty (2007) confirmed that a teenage mother's situation is a private matter and none of his concern when he indicated that when pregnant or parenting girls are dozing during class, he just ignores her and continues with the lesson.

Teenage mothers' respondents in the study by Dlamini et al (2003) confirmed what educators in the study by Chigona and Chetty (2007) related with regard to support. Educators are not prepared to help teenage mothers bridge the gap between learning and motherhood; learners have to find ways of coping on their own, "You cannot ask them anything, they will not help you". Educators are not willing to help teenage mothers even in cases where they are capable, because of the perception held by the community that any kind of service given to pregnant and parenting students is condoning their immoral behaviour and bringing sexual matters to the attention of other adolescents (Burdell, 1995).

When teenage mothers are not welcomed by educators at school, learning becomes difficult for them and they end up leaving school due to the pressure they receive. They feel devastated, frightened, lonely, humiliated, frustrated and unhappy. The way teachers mock and ridicule teenage mothers in front of other learners, when they partially completed or failed to complete some of the school work makes teenage

mothers to be uncomfortable, "Teachers are nagging all the time, sometimes you feel like you have got the whole world on your shoulders" relayed a teenage mother respondent in Chigona and Chetty (2007:9). Ritcher and Mlambo (2005) also confirm that teenage mothers are faced with a lot of mockery and intimidation by educators.

Teenage mothers envisaged problems in achieving educational qualifications because they were no longer accepted by their peers or by their school teachers and they had the extra burden of caring for their babies. The fact that teenage mothers are assumed to be poor, immoral and failures in life make their peers to disassociate themselves with teenage mothers in fear of contamination and to be misled (Mohase, 2006). A teenage mother respondent in the study by Chigona and Chetty (2007:8) says that "sometimes I feel left out but there is nothing I can do".

In the study by Chigona and Chetty (2008:271) a teenage mother respondent said that there is gossiping and saying of unkind things about them by their peers,

> *"Some students would be talking to one another laughing and looking at me, but when I come close to them, they would stop talking so I know they were talking about me because I have a baby…. Sometimes I feel left out, but there is nothing I can do I just have to ignore them".*
>
> *"Sometimes it is like a fashion show when you walk down the corridors everyone is looking at you, you are really the centre of attention … but this makes me feel out of place, but I cannot stop coming to school because I need to be educated so that I could support myself and my baby".*

These were the comments of a grade ten teenage mother. A grade twelve teenage mother in the same study (*Ibid*: 271) explained the difficulties she came across at school as a mother in this way, "Sometimes other students do tease me because I have a baby whilst at school…"

When teenage mothers quarrel with other learners they usually pick on the teenage mother's situation as a mother. The principal in one of the sample schools in the study by Chigona and Chetty (2008:271) noted,

> "*When girls get into a fight like petty arguments and if one girl knows that the other has got a baby, sometimes would use that to hurt the girl… other girls would make points, remarks about that… we have already had these cases in the past*".

One of the school heads in the study by Chigona and Chetty (2007) observed that teenage mothers do not feel free when other girls are chatting, looking at them. When she tries to join them, they stop talking and so she just assumes they have been talking and laughing about her, because she has got a baby. So, they are generally unhappy. According to Shaningwa (2007) educators ridicule teenage mothers in front of other learners when they give a wrong answer. A teenage mother respondent in the study by Shaningwa (2007:48) stated her case like this,

> "*You see the problem of teaching mothers; they do not pay attention to the presentation. You are supposed to stay at home and look after your child or even better go get married*".

This comment is a clear indication that schools are not teenage mother friendly. Teenage mothers are on a handle with care situation and must always be on alert. The lack of support was also evident in the same study (*Ibid: 45*) by a teenage mother respondent after making a mistake or giving wrong feedback, quoted an educator,

"How can a mother give an incorrect answer ... you better stay at

home and bring your child to school rather than yourself".

The above confirms that teenage mothers are always reminded of being mothers and that they make mistakes, because they are mothers, not because they are learners or most of all human being. McVeigh (2010) as cited in Mangino (2008) asserts that teenage mothers are left out of school and feel pressured not to return for fear of bullying and intimidation. Only a few schools show enough support. Teenage mothers in the study by Kosgey (2008) who suffered from rejection, discrimination, intimidation, gossip, and were being undermined by educators and peers; responded by being withdrawn and absenting themselves from school.

An LO teacher in the study by Chigona and Chetty (2008:271) confirmed the hardships that teenage mothers face at school from peers in this way, "When the girl continues coming to school, she experiences a lot of intimidation … and prejudice from both learners and teachers". A teenage mother respondent in Chigona and Chetty (2007:9) said, "There was one girl, who liked bothering me at school because I have a baby. I told her it's none of her business". Kaufman et al (2001) explains that teenage mothers fall behind at school, because they are teased by fellow students and their participation in class is not welcome, this makes learning difficult for them.

Another lack of support by educators was shown in the study by Burdell (1995), wherein he indicated that most educators believed that whatever the initial capability of a parenting school aged woman, becoming a parent has inevitably reduced her educational and vocational success. Having wasted her potential, most staff did not want to invest a great deal of effort in her. This clearly indicates that educators have lost trust in the educational success of teenage mothers. In addition, other lack of support for teenage mothers was shown by educators in the study by Shaningwa (2007)

when one of them mentioned that it was not easy to teach young mothers, because they were difficult people, unpredictable and had different moods. The preconceived ideas about teenage mothers' status made it difficult for educators to relate well to them well, because they already have been labelled.

The fact that teenage mothers are always reminded of their status results in their discomfort and affects their learning and collaboration with fellow learners. Teenage mothers no longer enjoy the freedom of association they had before pregnancy and delivery and see the child as an obstacle to their freedom and enjoyment of life, rejection and isolation by peers and educators (Mohase, 2006). In the study by Shaningwa (2007) teenage mothers did not see the school as a welcoming environment, because of the hurtful and harmful comments by both fellow learners and educators. They were no longer called by their names, but were now called "Zali" (elderly women) by their peers.
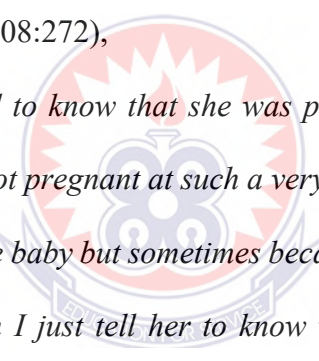
The treatment that teenage mothers received from friends, class mates and to a certain extent their educators caused them to develop a negative attitude towards school. The chances of success at school were often limited by the reception they get from the others as they would expect to be treated with special care and delicacy, but unfortunately, they receive the opposite (Ross & Sawhile, 1995) as cited in Mohase (2006).

2.17 Lack of Support from Parents

Teenage motherhood is often not accepted by most parents, to an extent that teenage mothers are forced to leave home, because they have caused embarrassment to the family. Sometimes parents' distance themselves from teenage mothers, because they feel ashamed that the community will look down upon the family, because of their child's actions (Chigona & Chetty, 2008). Kids' Health (2011) confirms that parents

are embarrassed and worried about how friends, family and neighbours will react when they find out that their daughter is a teenage mother. Parents often see the new born baby as a burden and they have to readjust the family budget in order to accommodate the newest member of the family. Parents often abandon their responsibility to teenage mothers and focus on the needs of their grandchild. In addition, parents withdraw privileges from the teenage mothers in favour of their infants' needs (Mohase, 2006).

The family often has high expectations and hopes for their child and are often shocked to learn about the pregnancy of their child and this results in a frustrated teenage girl (mother) in a family of confused adults, who do not know where to start (Mohase, 2006). The shock of parents was also confirmed by the parent respondent in the study by Chigona and Chetty (2008:272),

> *"I was so shocked to know that she was pregnant and embarrassed that my daughter got pregnant at such a very young age ...sometimes I do help her with the baby but sometimes because I want to take a break from the baby then I just tell her to know what to do with the baby because that is what she wanted she just have to face the consequences... she really has to learn a lesson that, that was a very bad thing to do... sometimes I do not provide her with everything she wants because I still feel bitter with what she did".*

The shock and disappointment of parents was also shown in Kids Health (2011). Parents grieved, felt guilty and worried that they did not do enough to protect their children, but put very little effort in supporting them because the younger siblings might copy the act and become teenage mothers. In the study by Mohase (2006), parents viewed early child bearing as an embarrassment and they concentrated on the needs of the new baby and those of the teenage mother's siblings and neglect the needs of the

teenage mother as a way of disapproving her acts. Teenage mothers are isolated and have nobody to share the experiences or problems they encounter at school. A parent respondent in the study by Chigona and Chetty (2008:272) in replying to the question "does your daughter complain about mocking and bullying by fellow students and teachers?" answered,

> *"I know she does face such problems but she cannot come to me to complain anything about that because she knows I would tell her that is what she wanted she just has to face the consequences. So, she keeps all that to herself ... and as a parent I cannot be going around pleading with people to stop harassing my daughter because she has a baby whilst very young ... she has already embarrassed me and I do not want people to be laughing at me all the time...".*

The above clearly indicate that teenage mothers do not have enough support from parents and they have no one to share the problems they come across with at school, because they asked for it.

Parents do not make any effort to provide counselling for their mothering teenagers when they go back to school even though they know that they will come across alienation and stigmatisation by both educators and fellow students, because they do not want to publicise their situation to the community, that is that they are parents of a teenage mother (Chigona & Chetty, 2007). Parents are concerned about their image and wellbeing in the community at the expense of their daughter's (teenage mother) educational success.

Most teenage mothers come from poverty-stricken homes and cannot afford to take the babies to crèche or hire a baby sitter. The financial challenge compels the parents of the

teenage mother to work and therefore cannot baby sit the grandchild, but rely on relatives to do that on their behalf. In instances where none of the relatives is available, the teenage mother has to absent herself from school. One parent respondent in the study by Chigona and Chetty (2008:273) showed her lack of support mentioning,

"I look after the baby when she has to go to school... but sometimes when I have to go to work then she has to take care of the baby herself... she has to stay home looking after her child. I don't have money to send the baby to a crèche or to hire a baby sitter... actually she is ...burdening me because I have three children to look after plus her baby...and I don't have a husband....".

According to Lee Smith-Battle (2011) there is a lack of consistent support for teenage mothers from their families. The fact that teenage mothers have to jump lessons in order to look after her baby is of less concern to her parents because she had a baby while still very young and has to face the consequences.

2.18 Lack of Support from Community

The community is one of the sources of hardships experienced by teenage mothers as they try to correct the mistakes of motherhood through education. The community can place a lot of pressure on school to expel pregnant and parenting learners even though it is against the Constitution of the country. In the event where schools do not expel pregnant and parenting learners the community find ways of mocking teenage mothers on their way to or from school as a way of preventing them to attend school. The community sees teenage mothers as girls with low morals, who behaved badly and must not go to school, because they will contaminate non-parenting learners (Chigona & Chetty, 2008). Shaningwa (2007) asserts that teenage mothers suffer from social isolation in their communities and this disrupts their personal life.

This is confirmed by Chapati, Yahoo Contributor Network (2009) when he explained that teenage mothers are tagged as bad news in Nigeria as it is the case in South Africa, and they are socially ostracized. Parents warn their daughters to steer clear of that "ashawo" (prostitute) in fear that their kids will be corrupted by the immoral ways of a teenage mother. (Dlamini et al, 2003). Teenage mothers are not respected by men because Nigerians believe that teenage mothers are sexually loose, stupid and ill-bred. Many teenage mothers are not accommodated by their communities, because they are stereotyped as bad learners (Shaningwa; 2007).

Instead of supporting teenage mothers, the community sees them as not serious, careless, as well as immoral and most of all not fit to mix with non-parenting learners. Teenage mothers are treated as "the other girls" (Chigona & Chetty, 2008).

2.19 Lack of Professional Counselling

Because teenage girls have become mothers while still young and in school, they are stigmatized and tend to have a low self-esteem. To address this, proper counselling is required to help them deal with the challenges and judgements they may come across from peers, teachers and the society at large. Counselling helps teenage student mothers to face the reactions of their teachers and fellow students without being emotionally hurt and becoming overwhelmed with the situation. When asked about counselling provided to teenage mothers as they came back to school, one school head in the study by Chigona and Chetty (2007:11) responded,

> *"We don't have any counselling for these teenage mothers and at home parents are too busy to look for a counsellor. They are busy trying to stop the rumour from spreading and when the child is ready to be back*

(at) school they just send her to school.... so, the child is expected to

adjust to her new state on her own".

Those teenage mothers go back to school without counselling was confirmed by the teenage mother respondent in the study by Chigona and Chetty (2008:269),

"......nobody offered counselling to me and even the teachers did not

counsel me when I came back to school" (grade 10 teenage mother).

A grade 11 teenage mother respondent in the same study (*Ibid: 269*) answered,

"There was no counselling and I don't know anybody who could do

that. Not even from the community or the school".

According to the Western Cape Education Department (WCED) policy of 2003 on managing learner pregnancy in public schools, the teenage mother must be considered to be a learner with special needs with access to counselling by professionals of Specialised Learner and Educator Support (SLES). The Education on Management Development Centre must co-ordinate the process. Despite the presence of policy on managing learner pregnancy in public schools, education personnel remain ambivalent about organising services like professional counselling for the teenage mothers. Principals seem too busy for co-ordination of the counselling of girls. The other challenge in public schools is that professional counselling is not readily available because there are very few professional counsellors to cater for the large number of teenage mothers in schools.

Some teachers expressed their lack of knowledge on how to handle teenage mothers at schools. They are expected to support and encourage teenage mothers to deal with their situation, which makes them learners with special needs, but instead most educators are

not ready because they see teenage motherhood as a private issue and none of their concern. They concede that they should treat teenage mothers like any other students.

In order to succeed with schooling, teenage mothers need support from parents, professional counsellors and educators. According to Lee Smith-Battle (2011) the department of Education must provide professional assistance to teenage mothers if they are to succeed with their high school completion. One school head in the study by Chigona and Chetty (2007:11), when talking about the lack of counselling explained,

> *"It becomes difficult for them to cope. More will not even be able to reach matric level as they drop off before this level.... like a girl who has a baby while in grade 9 or 10 or something like that (that is) unlikely that they will get through to matric level".*

Teachers need training on how to support and encourage learners if the latter are to complete schooling successfully. According to Olivier (2000) there is a need for parents and teachers to equip teenage mothers with life skills, which would enable them to handle their problems and challenges. There is a need for educators to be knowledgeable about problems that teenage mothers face so that they can help them effectively.

2.20 Adolescent Reproductive Health Issues

Domenico and Jones, (2007) conducted a study on "Adolescent Pregnancy in America: Causes and Responses". The researchers found out that adolescent females from relatively unstable family situations may became sexually intimate for a short-term sense of comfort. Parental rejection, or a lack of warmth, affection, or love, also led adolescents to seek relationships outside the family to boost their self-esteem. It was also found out that in recent times menarche occurs much earlier in adolescents and this

combined with more peer pressure and less parental supervision result in the adolescent making premature sexual decisions leading to first time sexual encounters at younger ages. Sexual abuse may also alter perceptions about sexual behaviour, leading to an abused adolescent. These result in females initiating sex at an earlier age and having more partners. The researcher concluded that more young adolescent mothers give birth outside of marriage. At risk circumstances associated with adolescent pregnancy include medical complications, less schooling and higher dropout rates, lower career aspirations, and a life encircled by poverty. Singh, Darroch and Frost, (2001) pointed out in their study on the "Socioeconomic Disadvantage and Adolescent Women's Sexual and Reproductive Behaviour: The Case of Five High Income Countries", that differences among developed countries in teenagers" patterns of sexual and reproductive behaviour may partly reflect differences in the extent of disadvantage. Researchers in Canada, France, Great Britain, Sweden and the United States used the most current survey and other data to study adolescent sexual and reproductive behaviour. Comparisons were made within and across countries to assess the relationships between these behaviours and factors that may indicate disadvantage.

The researcher found out that Adolescent childbearing is more likely among women with low levels of income and education than among their better-off peers. Levels of childbearing are also strongly related to race, ethnicity and immigrant status, but these differences vary across countries. Early sexual activity has little association with income, but young women who have little education are more likely to initiate intercourse during adolescence than those who are better educated. Contraceptive use at first intercourse differs substantially according to socioeconomic status in some countries but not in others. Within countries, current contraceptive use does not differ greatly according to economic status, but at each economic level, use is higher in Great

Britain than in the United States. Regardless of their socioeconomic status, U.S. women are the most likely to give birth as adolescents. In addition, larger proportions of adolescents are more disadvantaged in the United States than in other high-income countries. They concluded that comparatively widespread disadvantage in the United States helps explain why U.S. teenagers have higher birth rates and pregnancy rates than those in other developed countries.

Another study conducted by Ikamari and Towett (2007) examined "The Timing of Sexual Initiation and Contraceptive use among Female Adolescents in Kenya". Data were drawn from the 2003 Kenya Demographic and Health Survey. Using a quantitative method, 3,454 adolescents aged 15-24 years answered questionnaires. The results obtained indicate the onset of sexual activity is early and contraceptive use is fairly low and both the timing of first sex and contraceptive use are affected by a variety of factors. Analysis using descriptive statistics revealed that 61.7 per cent of the 3,454 adolescents were already sexually experienced as at the time of the survey with 30 percent of the adolescents having initiated sexual activity by age 19.

The researchers concluded that despite engaging in unsafe sex practices, the majority of the adolescents do not view themselves as being at the risk of unwanted pregnancy and contracting HIV/AIDS. Similarly, a study was conducted by Abdool, Karim & Preston-Whyte, (2009) of South Africa Medical Research Council, Durban, on "Youth Participation in Condom use at a Family Planning Clinic". The researchers used quantitative method. The findings were that, despite the awareness of AIDS and teenage pregnancy, condoms were perceived as a poor choice of contraception and their use was discouraged. The researchers" concluding remark was that, condom use among adolescents was low. A descriptive study conducted in Ibadan metropolis in Nigeria to assess the "Health Risks of Unsafe Abortion among Adolescents" revealed that, sepsis

(infection) caused by contaminated instruments or incomplete abortion, haemorrhage, injuries to reproductive organs (such as cervical laceration or uterine perforation), and toxic reactions to chemicals or drugs used to induce abortion were the common causes of maternal deaths among adolescents (Hirsch & Barker, 2006)

2.21 Psychological Experiences of Adolescents mothers

The developmental stage of an adolescent is marked by much psychological growth and maturation. These processes become complicated when they are interrupted by transitions that are atypical during the teenage years. Pregnancy and child birth are most certainly considered some of those atypical events. Child birth can affect the adolescent psychologically as well as being a physical, financial and academic challenge for young mothers. The issues that are mostly overlooked are the psychological and emotional challenges (Hudson, Elek and Campbell-Grossman, 2000). A study was conducted by Hudson, Elek and Campbell-Grossman (2000) on "Relationship between Levels of Depression, Self-esteem, Loneliness and Social support among Adolescent Mothers". Using a quantitative method, a depression scale, self-esteem scale, loneliness scale and the social support questionnaire were administered to participants during the ninth month of pregnancy and three months after delivery. The researchers reported in their findings that the depression score was high range for (53%) of the teenage mothers. Depression was associated with increased feelings of loneliness and decreased social support. Good self-esteem was correlated to social support. Loneliness on the other hand increased as a result of poor social support. In conclusion, they stated that teenage mothers are at risk with a series of psychosocial challenges which when not resolved at the early stages could be detrimental to the health of the teenager.

Similarly, Reid and Meadows-Oliver (2007) suggested in their research on "Depression among Adolescent Mothers in the First Year Postpartum" that there was an increasing

rate of depressive symptoms in the postpartum period. They reviewed 12 research-based articles to provide a better understanding of depression among adolescent mothers in the first year postpartum. The findings revealed that more family conflict, fewer social supports and low self-esteem were associated with increased rates of depressive symptoms in adolescent mothers during the first postpartum year. They concluded that to prevent adverse outcomes associated with depression, it is important that nurse practitioners working with these families intensify health education on support systems during pregnancy, screen adolescent mothers for depression and refer them for treatment as needed. A related study was conducted by Fergusson, Horwood, and Ridder (2000) on the "Extent to which Abortion has Harmful Consequences for Mental Health of the Teenager". The researchers examined the linkages between having an abortion and mental health outcomes over the interval from age 15–25 years. The data were gathered as part of the Health and Development Study at New Zealand, a 25-year longitudinal study of a birth cohort of New Zealand children. Information was obtained on: the history of pregnancy and abortion for female participants over the interval from 15–25 years; measures on mental disorders and suicidal behaviour over the intervals 15–18, 18–21 and 21–25 years; and childhood, family and related confounding factors. The researchers found out that forty-one percent of women had become pregnant on at least one occasion prior to age 25, with 14.6% having had an abortion. Those having an abortion had elevated rates of subsequent mental health problems including depression, anxiety, suicidal behaviours and substance use disorders. This association persisted after adjustment for confounding factors. They concluded that abortion in teenagers may be associated with increased risks of mental health problems.

In another related study, Clemmens (2002) used structured interviews and focus group

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discussions together with the scale measurements on similar variables which produced much better understanding. Clemmens (2002) sampled 20 adolescent mothers aged between 16 and 18 who were participating in programmes for adolescent mothers in the North-Eastern cities of the United States of America. The sample comprised of adolescent mothers who reported feeling depressed since the birth of their babies. Generally, these mothers had experienced normal deliveries and no complications were reported for both the mothers and the babies. All the participants were at school and the age of babies ranged from 1 to 11 months at the time of the interview. Participants in Clemmens' (2002) study had no history of being treated for depression. Participants reported feeling scared with the sudden realisation of motherhood. Some felt abandoned and rejected by partners and peers, whilst others indicated being overwhelmed with questions and not understanding the experience of depression and what was happening to them. Some participants reported feeling confused by the experience. Clemmens, (2002) concluded that poor social support could lead to depression in teenage mothers

However, Logsdon, Birkimer, Simpson and Looney (2005) argued in their study on "Postpartum Depression and Social Support in Adolescents" that social support intervention delivered to pregnant adolescent girls between 32 and 36 weeks of gestation does not prevent symptoms of depression at 6 weeks postpartum. They used a repeated measures design to collect the data at a teenage parenting programme from 128 pregnant and postpartum adolescents. The main outcome measure was symptoms of depression at 6 weeks postpartum. The researchers found out that there were no significant differences found in Centre for Epidemiological Studies of Depression instrument scores among the groups at 6 weeks postpartum. Using path analysis, the authors found that predictors of symptoms of depression at 6 weeks postpartum were

receiving more support from friends, family, and others and having low self-esteem. Therefore, the researcher concluded that social support has no effect on pregnant adolescents becoming depressed.

According to Ramathesele, (2007) adolescent motherhood has been found to be associated with depressive symptoms. A study conducted in South Africa reported that the transition from adolescence to motherhood is accompanied by some psychological consequences. Participants in the study reported feeling robbed of their adolescence, possibilities in the future and their chances for a good life. The teenagers were reported to be "far from being emotionally, cognitively and socially ready for the prospect of motherhood". The researcher concluded that, pregnant teenagers should not be treated like outcasts, but they should rather be supported to achieve success in their future endeavours.

Lehana and Van Rhyn (2003) conducted a phenomenological investigation of the "Experiences of Pregnancy by Unmarried Adolescents in Maseru". A phenomenological approach was used to explore and describe the experiences of sixteen (16) pregnant unmarried adolescents in the Maseru District in Lesotho. The researchers reported that the reactions of the unmarried adolescents towards their pregnancies were Fear, Denial, Confusion, Worry, Misery, Shame, Anger, Hope, Depression and Bad feelings. They also indicated that the reactions of parents and relatives towards the pregnant adolescents were Anger, Hurt or Acceptance while those of the boyfriends or sexual partners were Fear, Surprise, Denial, or Acceptance. They concluded that adolescents in Maseru expressed shyness or a sense of shame when they found out their abdomen was enlarging. They also had serious psychosocial experiences which impacted negatively on their life.

Kessler (2003) explored the "Emotional Experiences of Unmarried Pregnant Adolescents. The researcher found out that adolescents aged between 15 and 17 years were more than twice as likely as adult mothers to be depressed. Also, younger teenagers (15–17 years) reported more symptoms of severe depression than the older group (18 – 19 years). This indicates that, school-going teenagers and younger teenagers tend to experience more symptoms of psychological and emotional distress. Thoughts about abortion were found to have preoccupied the younger teenagers. The researcher concluded that unmarried pregnant adolescents experience depressive symptoms after child birth than married adolescents. Smith (2004) conducted a study on "Pregnancy Perceptions among Adolescents" using a descriptive design. Participants were allowed to discuss their concerns and needs during pregnancy in their own words. The purpose was to gain insight into adolescent females' personal perceptions about pregnancy particularly with regards to their physiological and emotional concerns or needs, methods of sharing those concerns or needs, coping strategies, social support, future aspirations and intervention modalities. Questionnaires were administered to eighty (80) participants, between the ages of 13 to 19 years obtaining prenatal health care services at a community-based clinic in North Carolina. The researcher reported that twenty-five participants reported a range of physiological and emotional perspectives on the pregnancy experience. Further analysis of data revealed insight on coping strategies, support systems, future aspirations, and intervention modalities with implications for future research efforts. The author concluded that enhanced nurse interactions, utilization of group support, telephone reinforcement, as well as age and population specific strategies may prove effective in supporting pregnant adolescents to cope with physiological and emotional concerns or

needs. The qualitative method used for the above research was appropriate in generating in-depth data on pregnant adolescent girl's experiences.

The current study also used qualitative method as it is the only way in-depth information could be obtained, since there is little publication on this area in Ghana. However, in concluding the author suggested interventions to improve only psychological and emotional needs.

According to Fergusson and Woodward (2011) suicidal behaviour and its correlates remain relatively understudied in pregnant teenagers. They used a cross-sectional study of 871 pregnant teenagers, recipient of prenatal medical assistance by the national public health system in the urban area of Pelotas, Southern Brazil. Suicidal behaviour and psychiatric disorders were assessed with the Mini International Neuropsychiatric Interview; the Abuse Assessment Screen was used to identify physical or sexual abuse; social support was assessed with the Medical Outcomes Survey Social Support Scale; a self-report questionnaire was used to collect socio-demographic, obstetric and other psychosocial data. They found out that prevalence of suicidal behaviour was 13.3%; lifetime suicide attempts were 7.4%, with 1.3% reporting attempting suicide within the last month. After adjustment, they also found that there were significant associations of suicidal behaviour within the 18–19-year-old subgroup, low education, prior abortion, previous major depression, and physical abuse within the last 12 months. Pregnant teenagers with high social support showed prevalence ratios less than those with low social support. Furthermore, a wide range of psychiatric disorders, most notably major depressive disorder and panic disorder remained associated with suicidal behaviour after adjustment. The researchers concluded that suicidal behaviour is a relatively common feature in pregnant teenagers, frequently associated with psychiatric disorders. Zabin, Astone and Emerson (1993) argued that adolescent pregnancy was considered a

shameful event; however, the perception of some adolescents was that, they have achieved developmental expectations.

According to Zabin, Astone and Emerson (1993), adolescent girls may see pregnancy as a means of achieving adulthood, finding a purpose in life, having someone to love, or strengthening the relationship with their sexual partners. The need to strengthen relationships can also be seen in the context of developing some kind of bonding with others. Unfortunately, most pregnant adolescents may not have such mental disposition. Sodi (2008) suggested in a study on the "Psychological Impact of Teenage Pregnancy on Pregnant Teenagers" that teenage pregnancy is a psychologically stressful experience. The study was conducted at Capricorn District (Limpopo Province). Using both quantitative and qualitative methods, fifty-two (52) pregnant teenagers were conveniently sampled to participate in the study. The results showed that teenage pregnancy is a psychologically stressful experience that is associated with conditions such as anxiety, insomnia, depression, social isolation and somatic symptoms. On realizing the pregnancy, participants reacted with fear and denial. They also thought about terminating the pregnancy as they considered teenage pregnancy to be a shameful situation. There was also an indication that teenage pregnancy was seen as part of development. For some participants, the support that they got from their families and boyfriends was perceived as very crucial in minimising the psychological distress associated with teenage pregnancy. The conclusion drawn by the researcher was that in order to cope with these distressing symptoms, various strategies employed by the participants to cope with their pregnancies were found to include actions like associating with those considered supportive and also engaging in activities that kept their minds away from their pregnancies. Child Support Grant was found to play no role in motivating teenagers to be pregnant. Woo and Twinn (2004) argued in their

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research conducted on the "Health needs of Hong Kong Chinese Pregnant Adolescents" that the outcomes of adolescent pregnancy have been associated with health risks such as obstetric complications, depression, and educational risks such as school dropout and reduced employment opportunities.

An exploratory qualitative approach was used with a purposive sample of 10 Hong Kong Chinese pregnant adolescents. Semi-structured interviews were used to explore adolescents" perceptions of their psychological, social and health needs. The researchers found out that the initial reaction of the adolescents was denying being pregnant, they then try to use folk remedies to terminate the pregnancy. Psychologically, they felt hopeless about their situation but had no choice than to adapt to the situations. The researchers also found out that the adolescents were not using contraceptives and they lacked social support from health providers and significant others leaving them lonely. The authors concluded that despite the different cultural context of the setting, pregnant adolescents have similar health needs. The commonalities of health needs among pregnant adolescents are psychological reactions towards their pregnancy and perception of lack of control over the outcomes of sexual activity.

2.22 Social Experiences of Adolescent mothers

Getting pregnant during adolescence is a common experience for girls who live-in low-income countries. De Vito, (2007) conducted a qualitative study on "How Adolescent Mothers Feel about becoming a Parent" using narrative comments collected over a seven- month period from 126 adolescent mothers. The study reported that after pregnancy and childbirth, several adolescent mothers" relationship with their partners did not meet expectations. In many of the cases, the partners became less involved in the relationship, and in other cases, they ended the relationship. The researcher

concluded that the more emotional and tangible support the adolescent mother received from the father of the new-born, the higher the adolescent mother's self-evaluation of parenting. However, for some of the adolescent mothers in the study sample, the partners were not consistently supportive or did not share parenting duties, but when he was available, the baby's father provided both emotional and tangible support, especially when the adolescent's own mother was not a part of her life.

The research methodology followed the tenets of a qualitative research. The methodology, especially the interviewing method used by the researcher to collect data was appropriate for the study. This is because, the author was able to probe or explore and obtained in-depth information on participants" experiences. Similar study was conducted by Whitehead (2008), on "Relationships in Teenage Pregnant Women and the Fathers of their Unborn Children". The aim of the study was to explore the relationship between the teenage pregnant women and the fathers of their unborn children within the context of two contrasting demographic areas of the UK. A qualitative approach was used to explore and describe the experiences of 47 teenage pregnant women using semi structured interviews. It was found to be statistically significant that the age, employment status and education of the baby's father can influence the continuance of the partnership between the participant and that of the father of her baby. She concluded that there was a disillusionment felt by some teenage pregnant women towards the fathers of their unborn babies which is related to them being unable to provide financial support. Their inability to contribute to the welfare of their partners and babies may be a significant factor in the breakdown of relationships between the prospective parents and hence the emergence of the „absent" father.

Higginbottom, Owen, Mathers, Marsh, and Kirkham (2006) conducted a study on "Early Parenthood among Young People of Minority Ethnic Origin in England". They

used a qualitative approach to explore the teenage parenting experiences of ethnic minority young parents in England. Data was collected using focus group interviews, in-depth semi-structured interviews and a telephone survey. The participants were service providers, adolescents, partners of the adolescents and grandmothers.

In all, 136 people were used. They reported the following findings: that adolescents experienced discrimination and unsolicited comments were passed by the general public regarding their status. Most of the adolescents had support from their mothers. They also found out that it is common for young single men to deny parentage when a sexual partner becomes pregnant due to fear of taking responsibility, however a few of the adolescents were still in a relationship with their partners and the adolescents had educational and career aspirations. The researchers concluded that there is a need to specify needs rather than generalising across all minority ethnic communities regarding early parenthood.

Young parents of Muslim faith clearly do not view teenage or early pregnancy, as a problem, unless it occurs outside marriage. Most teenage parents in this study had clear career, or educational goals. Many had difficulties in obtaining appropriate child-care, financial, and other support to materialise these goals. Policy needs to reflect on the wide range of experiences among young parents and to ensure that currently successful support service models are adequately and sustainably funded. Some studies conducted in high income countries to identify the reaction of adolescent girls to their pregnancies. The results showed that the pregnancies were mostly unplanned and as a result, the adolescents reacted to the experiences differently. The adolescent mothers reported that they felt sad, disappointed, shocked and depressed after their pregnancies were confirmed and they realized that they must adjust to the unexpected demands of being adults. It was further indicated that some started by denying the pregnancy at first,

before they could inform their parents who, in most cases received the news with anger and disappointment. The adolescents had to deal with disapproval and dissatisfaction shown by significant others such as parents and siblings Dhaka, P., & Musese, A. N. (2019).

James, Rooyen, Strumpher, (2012) pointed out that pregnant teenagers experienced a change in their relationships with significant others due to expectations that was not met. In their qualitative study on "Experiences of Teenage Pregnancy among Xhosa Families" they interviewed 10 pregnant teenagers, 8 mothers, 2 fathers, 7 grandmothers and 3 grandfathers from the same families independently and privately. Findings showed that parents experienced overwhelming emotions due to the unexpected pregnancy of their child, and loss of control as the pregnancy could not be reversed. They also found out that the pregnant teenagers experienced emotional turmoil as they strived to cope with their pregnancy. Parents of the pregnant teenagers experienced sadness and hurt as a result of disappointment and embarrassment created by the unexpected pregnancy of their teenage child. In the researchers' conclusion, they stated that, teenage pregnancy was experienced differently by different generations within the same family, but all the experiences culminated in anger that hampered the necessary parental support for the pregnant teenager. They also stated that parents felt cheated and unappreciated when the teenagers became pregnant, and were angry with the teenagers. This led to lack of support during pregnancy which could easily affect the well-being of the unborn child, as teenagers are not supervised and experience acute emotional stress.

Fergusson and Woodward (2000) argued out that teenage pregnancy leads to educational underachievement in female adolescents. The researchers examined the relationship between teenage pregnancy and educational under achievement in a cohort

of 520 teenagers. The results showed that teenagers who became pregnant by the age of 18 years were at increased risk of poor achievement in the National School Certificate Examinations, or leaving school without qualifications, and of failing to complete their sixth-form year at high school.

In addition, pregnant teenagers had lower rates of participation in tertiary education and training than their non-pregnant peers. Subsequent analyses showed that the links between teenage pregnancy and tertiary educational participation were largely non causal and reflected the earlier academic ability, behaviour, and family circumstances of young women who became pregnant. In contrast, antecedent child and family factors only partially explained associations between teenage pregnancy and high school participation and achievement.

The conclusion drawn was that after adjustment for these factors, significant associations remained between teenage pregnancy and educational achievement at high school. A study that was conducted at Ga-Rankuwa Hospital, focused on the social and educational background of 70 adolescent mothers who had delivered their babies at the hospital between April and September 2005. Structured interviews were used to collect data. The findings showed that, even though most of the participants managed to talk to somebody, some were scared to tell their parents until their families realised that they were pregnant Maleka, H. (2020).

Similarly, a study done by Dhaka, P., & Musese, A. N. (2019) focusing on seven adolescent mothers, found that community members tended to have a wide range of negative reactions towards pregnant teenagers. Some members of the community tended to react with shock whilst others gossiped about the parents of the adolescents. In some churches, the members who became pregnant were refused an opportunity to participate in congregational activities. Some of the participants in Dhaka, P., &

Musese, A. N. (2019) study further reported that they experienced a lot of ill-treatment from their family members, especially their parents who felt betrayed by their children who became pregnant.

2.23 Conclusion

In this chapter, different views from various researchers about the challenges experienced by teenage mothers in high schools were reviewed in order to locate the problem in its proper contextual perspective. Literature reviewed helped to identify and explore the existing gaps.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section describes the type of study and it includes the research design, study area and site, target population, sample size and sampling technique. Other areas include the interview guide, data collection procedure, data analysis and ethical considerations.

3.1 Research Design

Research design is the overall plan for obtaining answers to the research questions being studied (Polit & Beck 2008). In this study, the qualitative research approach was employed to understand and explore the psychosocial challenges experienced by teenage student mothers in senior high schools in Asene Manso Akroso District; this was gathered from some teenage student mothers in the senior high schools in the district. Qualitative research is a method of inquiry which aims to gather in-depth understanding of human behaviour, it investigates the why, and how question (Creswell, 2003). A qualitative research approach was used because the researcher wanted to grasp the teenage student mothers' experiences first hand, so the optimum way was personal involvement from within their natural setting (Bailey, 1994), unlike using a quantitative approach where you cannot make follow up questions direct to the response of the participant because it has close ended questions. Through qualitative approach the researcher produced findings beyond the immediate boundaries of the study (Denzin & Lincoln, 2000).

A case study was conducted as a basis for identifying and understanding the psychosocial challenges experienced by these mothers in senior high schools (Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, Plano Clark & Van der Westhuizen, 2007). According to Thomas (2011), case studies are analyses of

persons, events, decisions, periods, projects, institutions, or other systems that are studied holistically by one or more methods. Case studies provide an understanding of why the instance happened as it did, and what might become important to look at more intensively in future. A case study was used to explore and deeply understand the psychological and social experiences of teenage student mothers as individuals and as group of participants and to explain and describe the current events and trends of these mothers' psychological and social challenges, their effects on them and coping strategies.

3.2 Study Area and Site

The study was conducted in Atweaman Senior High School and Akroso Senior High Technical School in Asene Manso Akroso District in the Eastern Region of Ghana. Asene Manso Akroso District is one of the newly created districts in the country and has only two senior high schools. These two schools were sampled because of their vicinity and the high number of teenage student mothers.

3.3 Target Population

The target population for the study included all teenage student mothers in the two senior high schools in Asene Manso Akroso District totalling 55. Twenty-eight (28) from the Atweaman Senior High School and 27 from Akroso Senior High Technical School

Inclusion Criteria

The sample was made up of teenage mothers who were between the ages of 16 and 19 years and this was because at this age, the teenage student mothers could articulate and could better narrate their experiences. They were unmarried, and were still in school giving them ample time to gather considerable psychological and social experiences to share. Teenage student mothers who agreed to participate in the study could speak

English, or any of the following Ghanaian languages "Ga", "Twi" or "Fanti". This was due to the fact that the researcher understands and can speak the above languages.

Exclusion Criteria

Teenage mothers who were married or co-habiting with their partners were excluded. This was because after marriage in Ghana, it is expected that the woman gives birth. When this happens, they are given the necessary support they need.

3.4 Sample and Sampling Techniques

The sample size is usually a subset of the entire population of interest to the researcher. This sample should have identical characteristics to the rest of the population (Creswell and Creswell, 2018). Purposive sampling was used to recruit participants as the researcher had a specific purpose in mind, therefore the sample chosen shared the same characteristics and had experienced the phenomenon being investigated (Maree, 2010). Such a sample was suitable for this study, as it aimed at gaining rich in-depth data. Teenage student mothers were identified from both Atweaman Senior High and Akroso Senior High Technical School with the assistance of the schools' counsellors who deal directly with the students. The counsellors assisted the researcher to locate the classes of the teenage student mothers, compiled about 25 names and contact details of the teenage student mothers, some of which were day and boarding students and gave the necessary information. The counsellors in each school introduced the researcher to the teenage student mothers and the researcher gave them verbal information about the study during the next visit.

Those who were interested were recruited to participate in the research. The list compiled was more than the number of teenage mothers needed for the study. The researcher ensured that the final list was not known to the counsellors. The teenage mothers who were day students were later telephoned by the researcher who arranged

for an appointment. An appointment was also arranged with the boarders in the counsellor's office in Atweaman SHS and those in Akroso Senior High Technical School were also conducted in the biology laboratory. During that appointment with the participants, the researcher explained the research objectives and methods of data collection, including all ethical issues to the participants. Some of those who agreed to participate were interviewed immediately and others at other appointments arranged at the participants' convenience.

The most important idea of the sample was to have enough and rich data to explain the phenomenon. It could be as small as 5 participants or as large as thirty participants (Throne, 2008). A sample size of 12 teenage student mothers gave enough information to explain the psychosocial experiences as teenage student mothers. The participants were teenage student mothers, aged between 16 and 19 years who were in senior high school in the Asene Manso Akroso District. Six teenage mothers were sampled from each of the two schools in the district on basis of age (they had to be between 16 and 19 years).

3.5 Interview Guide

Interview guide outlines topics and questions that an interviewer intends to cover during a meeting with a respondent. Interview guide is a valuable tool for ensuring consistency and purpose throughout an interview. The interview guide is also a tool for collecting data through a set of open-ended questions asked in a specific order (De Vos, Fouche & Delport, 2005). They can vary from highly planned interviews to more casual interactions in a relaxed setting. Although they differ in content, these documents act as a guide to summarise the topics the interviewer would like to discuss, the questions they intend to ask and the order they wish to ask them.

In qualitative research, interviews are used to gather data (Burns & Grove, 2001). In line with Kvale (1996), the researcher considered to make his questions short. This type of interview was used to encourage a two-way communication and to make follow up questions as a way of exploring the psychosocial challenges faced by teenage student mothers but made sure to remain focused on the aim of the study. In order to address the objectives of the study, interviews with teenage student mothers were conducted with an interview guide. The guide was made up of questions on the participants' demographic data and psychosocial experiences. The open-ended questions on the interview guide sought for specific information and gave the respondents an opportunity to give their views on the subject. The strength of the open-ended questions was made in such a way that it helped to gather specific information from the respondents for easy decision-making. It again, helped respondents share their opinions and experiences.

In this study, the researcher chose to use interview because interviews are more flexible than questionnaires and are a good fit for studies where the research question is not well defined. Because the "interviewer is the central instrument of investigation," he can bring up new issues that may be relevant to the study which arise during the course of the discussion with the test subject. As such, interviews are a stronger tool than questionnaires for researchers who want to explore topics in a general way. Also, printed questionnaires are not a viable choice for researchers who wish to study young children, people who are illiterate or individuals who are visually impaired. A researcher can eliminate these logistical limitations by conducting an interview. Interviews lower the test subject's anxiety level, making it well suited for sensitive subject matters

3.6 Validity of the Interview Guide

Face and content validity procedures were used to validate the interview guide. The researcher drafted a sample of the interview guide. First, face validity of the instruments was ascertained by effecting the comments of my supervisor, who is an expert in qualitative research. The instrument was given to a measurement and evaluation expert to check the structure and conformity to the research objectives and questions. Content validity on the other hand was ensured with the assistance from my supervisor who is well grounded in research. The supervisor assessed the instrument in relation to the research objectives in determination of how well the item measures what it is intended to measure.

3.7 Data Collection Procedure

Data collection procedure is a systematic process of gathering observations or measurements. Whether you are performing research for business, governmental or academic purposes, data collection allows you to gain first-hand knowledge and original insights into your research problem.

While methods and aims may differ between fields, the overall process of data collection remains largely the same. Before you begin collecting data, you need to consider; the aim of the research, the type of data that you will collect and the methods and procedures you will use to collect, store, and process the data.

The researcher obtained a letter of introduction from the Department of Educational Foundations of the University of Education, Winneba and this was sent to the heads of Atweaman SHS and Akroso Senior High Technical School to collect data. The first visit was to explain the nature and purpose of the study and to seek permission from the heads. During the visit, the Heads then directed the researcher to the school counsellors. The counsellors sat with the researcher and agreed on the appropriate dates to visit the

schools and to administer the instruments. On the next visit, the researcher with the help of the counsellors then selected 25 of the teenage student mothers for the study.

A convenient interview day and venue was then scheduled with the participants. The researcher explained the objectives and benefits of the study to the participants. English or other Ghanaian languages such as "Twi", "Fanti" or "Ga" were used during the interview. This was because the researcher is fluent in these languages and it was easy for him to transcribe after the interview. Individual interviews were conducted with the participants using the interview guide. In Atweaman SHS, the interviews were conducted in the school's counsellor's office but for Akroso Senior High Technical School, the interviews were conducted in the biology laboratory which was not put to use as at then. The interviews lasted between 45-60 minutes depending on individuality. All interviewed data were audio-recorded and transcribed verbatim for concurrent analysis. In addition, field notes were taken to capture mannerisms that could not be recorded. The interview questions were constructed to explore information regarding the psychosocial experiences of the teenage mothers. Probes were used to follow up on open-ended questions in order to elicit in-depth information. Participants were interviewed individually and there were follow up interviews for five (5) of the participants.

3.8 Data Analysis
Data analysis is a stage in the research where the researcher has opportunity to put into words shared experiences of the participants. Qualitative data analysis entails listening carefully to narratives, sharing descriptions and understanding what has been said, always maintaining the highest degree of integrity (Carpenter & Speziale, 2007).

In this research, content analysis was used to analyse the transcribed data. Content analysis represents a process of identifying and coding data. It involves coding one

piece of data (one interview) and comparing it with all others that may be similar or different in order to develop conceptualizations of the possible relations between various pieces of data. It capitalizes on a period of immersion in the data and periods of strategic withdrawal or distancing in which a more reflective analytic process is made possible (Thorne, 2008). Audio recordings of the interview data were transcribed verbatim (in exactly the same words of the participants).

Transcriptions were checked against recordings for accuracy. The researcher commenced the analysis as soon as data generation began; that is data collection and data analysis took place concurrently. The data was read over and over to understand. Coding was done using a carefully developed thematic code frame. Themes and patterns were generated within the interview accounts. The researcher then compared the accounts of different participants and came out with similar or different experiences. The purpose was to generate knowledge about common themes and patterns within their experiences. The emerging themes and sub-themes were reviewed by the researcher and supervisor and the relationships among categories were used to describe the psychosocial experiences of participants. Field notes were reviewed to add to the information obtained and the need to go back to the interviewee was assessed.

3.9 Ethical Consideration

A permission letter for conducting the study was granted to the researcher at the department of Educational Foundations at the University of Education, Winneba, stating the purpose of the research. The letter assisted in obtaining the necessary permission to conduct research from the two senior high schools in the Asene Manso Akroso District. Consent of the teenage student mothers (respondents) were sought and the purpose of the interview was well explained to them and they voluntarily agreed to participate in the study.

In the case of those who were day students, the consent of the parents or guardians were sought. Respondents were informed of their rights to withdraw from the study at any time they so wished or when they felt uncomfortable. The confidentiality of respondents was guaranteed and therefore serial numbers were utilised to protect their identity. The serial numbers for the teenage student mothers were generated with initials of teenage student mother (TSM1 to TSM12).

Since the research evoked some sensitive sentiments of the teenage participants, the researcher arranged with the schools' counsellors who were professionally trained counsellors to counsel the participants who broke down and wept during narration of their experiences.

3.10 Conclusion

In this chapter, the research methodology employed in the study was discussed and the reasons for using this methodology were given. The area and site where the study was conducted was clearly defined, that is Asene Manso Akroso District in the Eastern Region of Ghana. The method of sampling used was also discussed, then the procedures of data collection, which were initiated by the description of data collection instruments as well as the ensuing procedures followed. This was followed by analysis of data, and the ethical consideration of the respondents was considered.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter covers the analysis and description of data on participants' psychosocial experiences following teenage student motherhood. It first highlights participants' demographic characteristics since these are valuable in interpreting the data. This is followed by the shared experiences of participants in the form of choicest quotes. Three major themes emerged from the familiarization with the data or immersion in the data which involved reading and re-reading of the transcripts. The themes were:

- Psychosocial challenges faced by the teenage mothers in senior high school

- Effects of the psychosocial challenges on teenage mothers in senior high school

- Coping strategies to minimize the psychosocial challenges faced by teenage mothers

Following indexing (coding) and categorization of the data based on identified patterns, sub – themes were identified and appropriately categorized under the major themes. The themes and sub-themes are highlighted in the table below and also described in the subsequent presentation.

Table 1: Themes and Sub-Themes

THEMES	SUB-THEMES
Psychosocial Challenges	• Rejection • Ridicule • Gossiping
Effects of Psychosocial Challenges	• Loneliness in school • Feeling of guilt • Shyness
Coping Strategies to minimize psychosocial challenges faced by teenage mothers	• Counselling • Taking inspiration from vicarious experiences • Avoidance of biting comments • Self -determination to complete school

4.1 Demographic characteristics of Participants

Table 2: Demographic characteristics of Participants

Participant Code	Age (Years)	Form
TSM1	18	SHS 2
TSM2	18	SHS 3
TSM3	19	SHS 3
TSM4	19	SHS 3
TSM5	16	SHS 1
TSM6	18	SHS 3
TSM7	17	SHS 3
TSM8	18	SHS 3
TSM9	17	SHS 2
TSM10	16	SHS 1
TSM11	16	SHS 1
TSM12	16	SHS 1

4.2 Psychosocial Challenges

The findings on research question one which is focused on this theme showed that teenage student mothers experienced psychosocial challenges in so many ways. The most common forms of psychosocial challenges faced by teenage student mothers in senior high school includes ridicule, gossiping and rejection.

Ridicule

The teenage student mothers reported that they were ridiculed so that affected their psychological state as teenage student mothers. Some of them revealed that their classmates called them by the names of their children. This name calling sometimes intimidated some of them to the extent that they had to report to the school authorities for redress. This participant recounted that:

> *"My classmates eventually replaced my name with the name of my*
>
> *daughter and it was quite disturbing. They do call me 'Maame Rose'*

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or 'Bervilin Maame'. I know this situation has hurt me a lot but I know

one day I will reap some benefit from the child. This child can at least

fetch water for me" **(TSM6)**

For some teenage mothers, name calling coupled with teasing and mocking initiated sudden outbursts of anger and frustrations. One of them lamented that:

"Some of my mates will at times want to embarrass me. Whilst in class,

they will come and call me 'Maaame' (mother) go and breastfeed your

baby, your baby is crying. This makes me annoyed and despair"

(TSM10)

It is revealed that teenage mothers tend to be passive in class for fear that should they make a mistake or answer a question wrongly, they might be laughed at by their colleagues. Most of the students always wanted to hear what teenage mothers would say and mock them for giving wrong answers. At times, some boys made it a habit to laugh at teenage mothers, thus teenage student mothers remained silent learners. One teenage mother recounted that:

"I always keep quiet in class because some boys whether you get it right

or wrong will still mock you, complimenting you as a queen, mother of

all" **(TSM11)**

To this effect, ridicule is an attribute that is deeply discrediting and puts teenage mothers in the position of shame and disgrace. The teenage mothers felt stigmatised and not fully humane people and as such, they found themselves in an unfriendly environment. This disadvantaged them from learning, socialising and concentrating in school. Therefore, most teen student mothers out of frustration feel like leaving school and staying with their families who understood their behaviour and accept them for who they are.

Rejection

This refers to situations where teenagers did not support their friends during this trying times. Becoming a mother at an adolescent age is an indication that the teenager is a bad girl and thus nobody would like to associate herself with the stigma of teenage motherhood. Four of the participants expressed this:

> *They thought people might say they are also bad girls so they do not visit me anymore. I am also shy to visit them. As for my best friend at school, she said her mother has warned her not to talk with me again because I am a bad girl.* **(TSM1)**

> *They do not visit me anymore because my mother insulted one of them when she visited me. Some of them have been laughing at me when I visit them with my baby and they behave as if I have an infectious disease which will infect them when they come close to me.* **(TSM11)**

> *They don't visit me for us to talk. I feel so bad at all that is happening. They don't want me in their company any longer because I asked one of them why and she told me birds of the same feathers flock together.* **(TSM10)**

> *I have not been seeing my friends who advised me to have a boyfriend because my mother met them on their way home from school and insulted them so they are angry and don't want to talk to me.* **(TSM4)**

The teenage girls feel rejected and isolated. They are deserted by their friends and peers primarily due to warnings they had received from their parents, mothers especially, not to associate with their peers who are now mothers. The girls felt stereotyped and stigmatized, as one described, they are treated like persons with infectious diseases. This, they described as demoralizing.

Gossiping

This refers to teenagers spreading false information about their friends who are now teenage mothers. This was a key concern to the teenage mothers during the narration of their stories. One of the teenage mothers was disappointed about the way her friend gossiped about her after she had confided in her. This brought a lot of embarrassment to the teenage mother who tried to avoid her mates. The teenage mothers also interpreted the behaviour of their friends as hatred because they referred to them as bad girls. Three of the participants shared their experiences:

> *Those close to me treat me well; it is those who like gossiping that are spreading the information about me which make people look at me in a way. This is a big problem for me apart from that, I do not have any problem with my peers. My friend that introduced me to the guy was my senior and she has completed the school so I do not see her again.* **(TSM5)**
>
> *Some of my friends hurt me because they said I am a bad girl. They gossip behind my back so I do not want to have anything to do with them.* **(TSM8)**
>
> *A class mate of mine asked me whether it is true that I am a mother and I told her the truth. She went to tell all my friends, so it was all over the place and everybody thinks I am a bad girl. When I see them, I run away because I am very shy, so I don't talk to them at all.* **(TSM3)**

The teenage mothers who happen to be day students, also complained of the situation where neighbours spread negative information about teenage student mothers in the community. The teenage mothers are worried about the way older women in the community will castigate them and not their own children who are either behaving just

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like these teenage mothers or even worse. Neighbours sometimes spread false information about teenage mothers. Some mothers in the neighbourhood told their teenage girls not to talk or associate with the teenage mothers. This was experienced by five of the participants. Other participants moved into new locations where much was not known about them:

> *They have children who are doing worse things than me but they are gossiping about me and behaving as if their children are angles. Since I became pregnant most of them have told their children not to talk to me because I will influence them to also give birth. Sometime ago one of the women called me and said a whole lot of annoying things like, I did not take my time instead of me to go to school I decided to go out with men.* **(TSM7)**

Some friends and their parents were hypocritical in their behaviour towards them. In their presence, they show empathy, pretending they empathize with them but in their absence, they gossiped about them:

> *They usually gossip behind me but when they see me, they pretend they care so I only greet them that is all. Some do not talk to me, and when they see me, they do not greet me and I do not greet them either.* **(TSM5)**

> *Me, I am not looking or listening to what they say or do, they are gossips, even when I was not yet a teenage mother, they gossiped about the way I dress and the guys I talk to, now it is worse yet when they see me, they pretend everything is well. One of them left her children and advised me which makes me feel guilty.* **(TSM2)**

Some women called the teenage student mothers and scolded them and asked them why they did not focus on their books but chose to follow men which provoked the teenagers:

> *Some of them have been insulting me. They can call me and tell me all sorts of things like you are a small girl instead of you sticking to your books you are rather sticking to men and when I reply, by telling her this is none of her business she complains to my mother that I do not respect. They are gossipers and I don't like them.* **(TSM9)**

4.3 Effects of Psychosocial Challenges Faced by Teenage Student Mothers

As expected, the experiences encountered by the teenage mothers in public senior high schools in Asene Manso Akroso District negatively impact on their social and psychological lives. It emerged from the study that the teenage mothers suffer from various psychosocial conditions.

These effects include; loneliness in school, feeling of guilt and shyness

Loneliness in School

It was found from the interview that teenage student mothers were predisposed to being lonely, largely because of the negative feedback from fellow pupils and other people around them. Most of the friends shun them for fear of being classified in the same category with teenage mothers. Eight out of the twelve participants commented:

> *"It is difficult to join them when they are conversing because of the kind of things they talk about. They don't talk about things in relation to child caring, weighing and marriage. I hardly join them and I have to be alone"* **(TSM1)**

Feeling of Guilt

Most of the participants had a sense of deep regret and guilt for being student mothers. The interview unfolded guilty feelings among most of the participants who envisaged that, they had done something unpardonable. Some of the participants felt guilty of their actions because they had set a bad precedence for their siblings. One of the participants indicated that she feels guilty about her situation and lamented that:

> *"Hmmm…. I feel that I am a bad girl. I think a lot about this situation and at times feel disappointed. This is because my aunt who is now looking after me in school promised to send me to Canada when I complete SHS but this situation halted the whole arrangement so I think a lot"* **(TSM3)**

Another participant added that, aside the fact that she feels guilty about her situation, she has set a bad precedent for the young siblings in the family. She said that:

> *"Mmmmm..., it pains me a lot that, I couldn't wait for the right time before giving birth. It actually pains me too much. I feel much guilt within me because I have set a bad precedence for my younger siblings"* **(TSM7)**

The findings showed that teenage student mothers face diverse psychological challenges. Teenage motherhood is mostly unplanned; and as a result, teenage student mothers react to the challenges differently. The teenage mothers have to come to terms with the unexpected demands of being an adult, and in some cases, they may also have to deal with disapproval and dissatisfaction shown by parents, teachers, and classmates. It is indeed a great challenge to teenage student mothers because this disrupts their interest in schooling and forces them out of school to make ends meet.

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Shyness

The findings of the study showed that the teenage mothers feel embarrass about their plight, especially when they carry their babies in town and the baby had to breastfeed. seven (7) participants shared the same experience. Some of them hide from visitors at home. They avoid social gatherings such as church or parties and sometimes refused to go out unless they had no choice but to do so. They disguise themselves when they had to go out in order to conceal their identity:

> *I feel shy to go out, I even feel shy to come out of the room when my mother gets visitors. The only time I have no choice but to go out is when I am going to school or postnatal clinic. I no longer play active role in social activities in school and church. I can't go to parties of family members or friends because I am shy. ...when I see somebody, I know, I will walk fast and take another route so that we do not meet. Sometimes, I will have to hide, especially when I am with my baby and continue my journey later when the person is gone.* **(TSM8)**

> *I am shy to go out with my baby, so when my grandmother sends me around the neighbourhood I do not go with the baby. I am determined to complete my education but I feel shy to go to school sometimes.*
> **(TSM5)**

Six of the participants avoided interaction with others when their mothers were not at home by locking themselves and their babies in the room all day. One of the participants commented that:

> *I feel shy to go out with my baby, so I am always in the house when my mother leaves for the market to sell and there is no school, I just lock*

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the door and stay indoors with my baby till she comes back. If somebody

knocks, I don't go and see who is there. **(TSM3)**

Another participant said that:

Now that my baby cannot walk, I always leave her in the house, when I

am sent to buy items nearby, so that people will not be able to identify

and mock at me. When I am going to the hospital, I try to use cloth to

cover myself and the baby. **(TSM12)**

Another participant added that:

I feel very shy when I go out because people will be looking at me. The

women at the postnatal clinic will be looking at me because I have a

small body. The first time I went to the clinic with the baby, one of the

women asked me my age when I told her, she said she thought I was ten

years. I still feel shy but I am trying to manage. **(TSM4)**

4.4 Coping Strategies Employed by Teenage Student Mothers

Teenage student mothers employed several strategies to cope with the psychosocial challenges that come with having children and schooling concurrently. Specifically, they adopted counselling, self-determination, avoidance of biting comments as well as drawing inspiration from vicarious experiences.

Counselling

Most of the teenage mothers told the researcher that they took counselling from the school counsellors, some teachers as well as their religious leaders. Some of the teenage student mothers also recounted that they took words encouragement from some of their classmates anytime they are hit by the biting comments from some of their classmates. Some of the participants mentioned during the interview that they sorted counselling from the school's counsellors, teachers, religious leaders and some of their own

classmates in situations where they were completely down. One of the teenage mothers recounted that:

> *"If it had not being our school counsellor who has always been there for me, I would have quitted along the line. He advises me and encourages me to always be strong"* **(TSM6)**

Similarly, this participant had this to say:

> *"My Imam back home has been my source of encouragement. I always go to him after school each time I am depressed and do not know what to do anymore. He is the one who has been admonishing me not to give up this far"* **(TSM7)**

Another teenage mother indicated:

> *"It is because of my friend Cynthia that is why I am still in school. She has always been there for me. She advises me, helps me with academics and even assists me financially most of the time"* **(TSM11)**

Taking Inspiration from Vicarious Experiences

Most of the teenage student mothers recounted that seeing other people in similar situations excelling strengthens them. Therefore, effective learning through observation of the consequences of actions of other people influences the adequacy and competence of teenage mothers to cope with parenting and psychosocial challenges. Some of the participants mentioned during the interview that they took solace from friends and sisters in similar situations who have gone through school successfully. One of the teenage mothers recounted that:

> *"I encouraged myself and also took solace from those in similar situation who have gone through school successfully. If others have*

> *succeeded in similar situation, then I have to rise to fulfil my dreams.*
>
> *This has made me focus so as to achieve my aim"* **(TSM5)**

Similarly, this participant had this to say:

> *"The same thing happened to the younger sister of my mother. She gave*
>
> *birth when she got to JHS but eventually she is now a nurse at the*
>
> *Korle-Bu Teaching Hospital. This motivated me to study hard as all is*
>
> *not lost"* **(TSM2)**

Avoidance of Biting Comments

The narrations of the teenage mothers identified avoidance of biting comments as a strategy they used to cope with psychological challenges. Some of the teenage mothers intentionally denied and ignored their friends' sarcastic and biting remarks. The following statements express how some participants utilised avoidance to cope:

> *"Mmmm, if I had decided to think about all those biting remarks, I*
>
> *would have been dead by now, so I decided not to mind them. This*
>
> *helped me to confront all the unnecessary emotional challenges*
>
> **(TSM6)**

Self-determination to complete school

It was also realised that some of the teenage mothers were able to motivate themselves in order to carry on their daily routines. Some of the teenage mothers determined to pursue their education just to restore self-respect and also to put their enemies to shame. This intrinsic motivation was of much essence in their lives as espoused by one of them:

> *"I want to become a nurse as my elder brother that is why I didn't stop*
>
> *schooling when my friends were making fun of me"* **(TSM3)**

Another teenage mother indicated:

> *"I was eager to go back to school to shame my enemies and recoup*
>
> *self-respect.*
>
> *I encouraged myself and also took solace from those in a similar*
>
> *situation who have gone through successfully in school"* **(TSM10)**

Some of the participants also indicated that they are determined to acquire senior high school education certificate and that seems enough motivation for them to rise against any kind of oppression they face. The following are some of the comments that were made to give credence to the above assertion:

> "*Once I have gotten the chance to come back to school, there is no way*
>
> *I will allow this opportunity to pass by me. I need to complete SHS, and*
>
> *move on to the tertiary level. I know after tertiary level; God will help*
>
> *me to be gainfully employed to care for myself and my child. I am*
>
> *determined to prove all those who are thinking my baby is enough to*
>
> *terminate my dream wrong."* **(TSM8)**

4.5 Discussions

Psychosocial Challenges

It was noted from the study that teenage student mothers faced various psychosocial challenges both in school and the communities in which they live. The study found that teenage student mothers as well as their families were humiliated, ridiculed and rejected. Their families failed to unleash psychosocial support because of the embarrassments they brought to their families. As a result, they encountered psychosocial problems which have limited their academic progression in school. However, when they were not well treated by immediate personalities particularly family members and some of their peers, adverse implications resulted.

The study established that teenage student mothers were stigmatised, mocked and ridiculed by some of their teachers and classmates in school which left them in an awkward situation. Most of them recounted being given nicknames by their classmates and some of the teachers which affected their concentration in class. Name-calling could intimidate some of them to the extent that they will feel uncomfortable in school. This finding confirms a study by Shaningwa (2007) that noted that teenage mothers did not see the school as a welcoming environment because both fellow students and teachers no longer called them by their names. This has the tendency to intimidate and make them resentful which may steadily affect their contribution in class (Dlamini, 2014). This situation could belittle, humiliate and embarrass the teenage student mothers; hence, making the school environment not conducive for them.

In Ghana, people normally determine one's character from that of her friends. It is for this reason that the peers of the teenage mothers rejected them. According to Gouws, Kruger and Burger, (2000), teenagers primarily turn to their peers when faced with parental neglect and rejection. However, in this study, turning to peers was not an option as the teenage mothers experienced rejection from their peers. Such experiences were expressed by some of the participants. According to the participants their peers thought people might say they are also bad girls so they did not visit them. Some of the peers were warned by their parents not to talk to the teenage mothers again because they were bad girls. Others rejected the teenage mothers because, some mothers of the teenage mothers insulted them. It may be that those mothers were disappointed by their children getting pregnant prematurely shattering all their hopes of a bright future. The insults of the friends of their teenage girls may be due to frustration leading to displaced anger.

Gossiping was also one of the troubling sub-themes that emerged as reactions of peers towards the teenage student mothers. Friends of the teenage mothers spread false information about them in their school which made them uncomfortable in school. This led to most of the participants losing hope in their academics as at the time of the interview. The problem of teenage motherhood among school girls is a major concern in many countries.

The most prominent reaction of neighbours towards the teenage mothers is gossiping. In most Ghanaian communities, it is the norm that, people expect only married women to give birth. If unmarried person, especially a teenager becomes a mother, they encounter the displeasure of the community members. The teenage mothers were worried about the way older women in the community castigated them and not their own children who were even worse morally. Neighbours sometimes spread false information about them although teen mothers are currently more visible in the community than in the past, teen pregnancy and parenting are still stigmatized. Similar sentiments were shared by participants in Mpetshwa's study (2000) in which community members tended to have a wide range of negative reactions towards adolescent mothers. There is a need for intensive community education for community members to desist from ill-treating teenage mothers in school even though they have community norms. Such untoward reactions will make this teenagers resort to unsafe abortions or suicide. These teenagers need support, compassionate counselling and direction.

Effects of Psychosocial Challenges Faced by Teenage Student Mothers

It was discovered that teenage student mothers felt lonely and isolated. Most of their friends shunned them for fear of being classified in the same category with teen mothers. Consequently, they were no longer interested in mingling with their peers who

were not mothers. This finding confirms some prior findings which noted that having a baby influenced a teenage mother to feel lonely and isolated and no longer willing to interact with their peers (Rickel, 1989; Omar, Hasim, Muhammad, Jaffar, Hashim & Siraj, 2010; Moonga, 2014). They perceive them as adults who can cater for themselves and expected to assume adult responsibilities (Lema, 1997; Atumbe, Taiwo and Gray (2010). Adolescent student mothers are to have good family relationships, cordial and warm relations from classmates and teachers so as to have a good learning and enabling environment to complete school.

Moreover, it was realised that teenage student mothers felt guilty about their situations. This finding confirms a study by Kids Health (2011) which observed that adolescent mothers felt guilty and worried because they had the conviction that their younger siblings might copy the act and become teenage mothers. It is emphasised that adolescent student mothers should be motivated to see themselves as smart, confident and strong to help them meet the challenges of schooling. This study finding is contrary to the study findings by Mlambo and Ritcher (2005) that adolescent student mothers had the impression that childbearing gives a woman a high status and they were therefore bound to have children. For some categories of adolescent mothers, pregnancies may be socially condemned Eghan, 2015). However, for others, pregnancy can be a strategy for obtaining a husband or economic gain and can outweigh health risks and the loss of education and career opportunities (Henry and Fayorsey 2002; Otoo-Oyortey and Pobi 2003; Awusabo-Asare et al. 2004). Similarly, teenagers regard motherhood as a positive choice and a way to a more adult role (Bryant, 2006).

This finding confirms studies that found that teenage motherhood bring shame to the entire families (Gyan, 2013; Barmao-Kipanui, Kindiki and Lenan, 2015). It has similarly been noted that shame and disgrace incurred by teenage motherhood to their

families has the tendency to impede emotional support from significant others (Moonga, 2014). It has also been observed that teenage student mothers often blame their teachers for bringing more stress than solutions and also often reveals their emotional instability in the form of shame, guilt, anger, self-doubt and dissatisfaction with their parental role (Gasa, 2012). This may contribute to high rates of depression, poor school performance, and emotional instability as similarly observed by an earlier study (Sodi, 2009).

Coping Strategies Employed by Teenage Student Mothers

It was found from this study that adolescent student mothers employed so many strategies to cope with psychosocial derailments that came with parenting and schooling concurrently.

The participants are thankful to their relatives, teachers, school counsellors, priests and Imans for the support and aid they gave such as financial and moral support. The result conforms to the concept of Ghanaian Chronicle (2009), that during hard times, the family is always the shelter to comfort one. Even there is chaos among siblings, at the end of the day the welfare of one is top priority. The teenage student mothers also received counselling from priests, Imans, teachers as well as their peers. From the findings, most of the teenage student mothers recounted that they nearly gave up on their education if it had not been the intervention of their peers, teachers, school counsellors, priests and Imans.

Effective learning through observation of the consequences of actions of other people influences the adequacy and competence of student mothers to cope with parenting and psychological challenges. Most of the adolescent student mothers recounted that seeing other people in similar situations excelling well was motivating enough for them to study hard. Some of the participants mentioned during the interview that they took

solace from friends and sisters in a similar situation who have gone through school successfully. Vicarious experience is a pathway to self-efficacy that is derived from seeing others act in a particular domain (Bandura, 1982; Bandura, 2002; Brown and Walsh-Childers, 2002). Adolescent student mothers drawn inspiration from people who have relatively succeeded in education in similar situations. They had personal sense of pride and the sense that they can accomplish this same task. This study finding confirms a study finding by Apfel and Seitz (1991) that vicarious experience can change the negative perception of the difficulty of the task and consequently revitalise the teenage student mothers' confidence. Similarly, Hockenbury and Hockenbury (2007) have observed that when teenage student mothers observe the success of other people similar to themselves, it has the tendency to bolster their confidence. Vicarious experiences can be used to bring about attitude modification. The behaviour of role models is particularly influential. People, who experience an aversive reaction such as anxiety or tension, are less likely to expect success (Ray, 2009).

Additionally, this present study found that teenage student mothers avoided biting comments that seem to belittle or humiliate their status. This study confirms a study by Sodi (2009) that noted that in order to cope with adolescent motherhood; they resolve to avoid situations that were found to cause distress. The avoidance of sarcastic remarks that had a tendency to cause distress enables them to live a comfortable and meaningful life in the school. Furthermore, it was noticed that teenage student mothers were self-determined to pursue their education in whatever way possible just to restore self-respect. Some of the student mothers were determined to pursue their education just to restore self-respect and also to put their enemies to shame. This study confirms a study by Grant and Hallman (2008) that teenage mothers who returned to school after the pregnancy were determined to do whatever to succeed with their second chance.

Vincent (2009) and McNeeley (2008) similarly asserted that most of the teen mothers forced themselves to study though they had less support from the school, parents, and classmates. This helps teenage student mothers manage their way successfully through challenging task of motherhood and academic work.

4.6 Conclusion

From the above findings, it is evident that teenage mothers encounter a lot of psychosocial problems which are not observable like physical illness. Participants are emotionally disturbed by the conditions they find themselves in. For some of them, it is realised from their unspoken words that, they had no control over their situation than to try and cope with the situation one day at a time. Others had their eyes filled with tears during the interview but tried not to cry. Four of them broke down in tears and wept bitterly to the extent that, they could not continue with the interview that day. All the participants bowed down their heads as a sign of guilt or shame throughout the interview. The findings of this study confirmed that the transition to motherhood is accompanied by a number of social and psychological consequences that place the teenage mothers at risk in terms of later life adjustment. These encounters always put them in a state of despair. Thus, interaction with these teenagers revealed that they have real problems and therefore it is important as school counsellors, teachers and parents to know the psychosocial experiences of teenage mothers, in order to help them cope with their situation.

CHAPTER FIVE

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter dealt with the summary of the research findings, the conclusions based on the findings, the implications of these recommendations for action and suggestions for further research.

5.1 Summary of the Study

This study was set out to explore psychosocial experiences of teenage student mothers in senior high schools in Asene Manso Akroso District. Specifically, the study sort to; identify the psychosocial challenges faced by teenage mothers in senior high schools in the Asene Manso Akroso District and to also identify strategies that teenage student mothers in senior high schools in Asene Manso Akroso District employ to assist them cope with the psychosocial challenges they face.

In this study, the qualitative research approach was employed to understand and explore the psychosocial challenges experienced by teenage student mothers in senior high schools in Asene Manso Akroso District; this was gathered from some teenage student mothers in the senior high schools in the district. A qualitative approach was used because the researcher wanted to grasp the teenage student mothers' experiences first hand, so the optimum way was personal involvement from within their natural setting (Bailey, 1994), unlike using a quantitative approach where you cannot make follow up questions direct to the response of the participant because it has close ended questions. Through qualitative approach the researcher produced findings beyond the immediate boundaries of the study (Denzin & Lincoln, 2000).

The target population for the study included all teenage student mothers in the two senior high schools in Asene Manso Akroso District totalling 55. 28 from the Atweaman Senior High School and 27 from Akroso Senior High Technical School.

A sample size of 12 teenage mothers gave enough information to explain the psychosocial experiences as teenage mothers. The participants were teenage mothers, aged between 16 and 19 years who were senior high school students in Asene Manso Akroso District. 6 teenage mothers were sampled from each of the two schools in the district on basis of age (they had to be between 16 and 19 years).

The researcher obtained a letter of introduction from the Department of Educational Foundations of the University of Education, Winneba and this was sent to the headmistresses of Atweaman SHS and Akroso Senior High Technical School for the collection of data. The first visit was to explain the nature and purpose of the study and to seek permission from the heads. During the visit, the Head teachers then directed the researcher to the school counsellors. The counsellors sat with the researcher and agreed on the appropriate dates to visit the schools and to administer the instruments. On the next visit, the researcher with the help of the counsellors then selected twenty-five of the teenage student mothers for the study.

A convenient interview day and venue was then scheduled with the participants. The researcher explained the objectives and benefits of the study to the participants. English or other Ghanaian languages such as "Twi", "Fanti" or "Ga" were used during the interview. This was because the researcher is fluent in these languages and it was easy for him to transcribe after the interview. Individual interviews were conducted with the participants using the interview guide. In Atweaman SHS, the interviews were conducted in the school's counsellor's office but for Akroso Senior High Technical

School, the interviews were conducted in the biology laboratory. The interview lasted between 45-60 minutes depending on individuality.

In this research, content analysis was used to analyse the transcribed data. The audio recordings of the interview data were transcribed verbatim (in exactly the same words of the participants).

The transcriptions were checked against recordings for accuracy. The researcher commenced the analysis as soon as data generation began; that is data collection and data analysis took place concurrently. The data was read over and over to understand. Coding was done using a carefully developed thematic code frame. Themes and patterns were generated within the interview accounts. The researcher then compared the accounts of different participants and came out with similar or different experiences. The emerging themes and sub-themes were reviewed by the researcher and supervisor and the relationships among categories were used to describe the psychosocial experiences of participants. Field notes were reviewed to add to the information obtained and the need to go back to the interviewee was assessed.

5.2 Key Findings

It was noted from the study that teenage student mothers faced various psychosocial challenges both in school and the communities in which they live. The study found that teenage student mothers were humiliated, ridiculed and rejected by their peers and neighbours as well. As a result, they encountered psychosocial problems which have limited their academic progression in school

It was discovered that teenage student mothers felt lonely and isolated. Most of their friends shunned them for fear of being classified in the same category with teen mothers. Consequently, they were no longer interested in mingling with their peers who were not mothers. Moreover, it was realised that teenage student mothers felt guilty

about their situations. This finding confirms studies that found that teenage motherhood bring shame to the entire.

Teenage student mothers employed several strategies to cope with the psychosocial challenges that come with having children and schooling concurrently. Specifically, they adopted counselling, self-determination, avoidance of biting comments as well as drawing inspiration from vicarious experiences.

5.3 Implications for Teachers, Policy makers and Research

The psychosocial experiences of teenage student mothers come with a wide variety of implications for teachers. Some teenagers may look like adults but they are not. They need time to know and understand themselves, their bodies, new roles and relationships. Adolescence, a transition period and motherhood, can be daunting and environmental, family and personal factors can make this transition even more challenging. When teenagers become mothers, it means embarking on a new way of life that challenges the teenager's coping mechanisms. Teachers, especially counsellors working in senior high schools, mostly concentrate on the academic aspects of the teenage student mothers, neglecting the psychological and social aspects of teenage mothers. However psychosocial assessments and support are part of teacher's role in providing guidance and counselling to the students. In order for teenage mothers to attain optimal quality of life, it is essential to help them handle their psychosocial challenges. The teachers, especially school counsellors can accomplish this by establishing a friendly atmosphere between the teenage student mothers, encouraging them to express their concerns and feelings.

5. 4 Limitations of the Study

The small sample size of 12 could not be a good representation of the teenage student mothers in the district as well as Ghana. Another limitation was that the research was carried out on only senior high school going teenage student mothers and therefore does not cover teenage mothers in other levels of education. The majority of the participants who were day students preferred being interviewed in school immediately after closing and were already tired. They then spent another hour with the researcher which could be stressful for them.

5. 5 Conclusion

In conclusion, teenage student motherhood is largely regarded as a public concern in Ghana where there is lack of psychological and social support for teenage student mothers who reach motherhood too early. Psychosocial challenges of teenage student mothers depend on acceptance from parents, peers, teachers and the society at large. This study revealed that, teenage student mothers faced peers and community problems such as ridicule, rejection and gossiping which impact negatively on the lives of the teenage student mothers. This may pose impediments in the overall development of the teenage student mothers. This necessitated the ongoing psychosocial assessment of teenage student mothers.

5. 6 Recommendations

It was therefore, recommended that guidance and counselling units in senior high schools should liaise with school authorities to empower teenage mothers and provide academic and social support systems to help them adjust into the school system. This will help in the smooth integration of teenage student mothers and result in improving psycho outcomes of these teenage student mothers.

Also, the Ghana Education Service must also recruit more professionally trained counsellors to the senior high schools in and across the country due to large numbers

of teenage student mothers in senior high schools.

5.7 Future Research

Future research on teenage student mothers should capture their financial challenges and quality of life of teenage student mothers in senior high schools.

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APPENDIX A

INTERVIEW GUIDE (FOR TEENAGE STUDENT MOTHERS)

1. **Demographic Background**

a) How old are you?

b) Which form are you?

2. **Exploring the Psychosocial Challenges Experienced by Teenage Student Mothers in Senior High Schools in Asene Manso Akroso District**

a) Do you think you are experiencing psychosocial challenges as a teenage student mother in school? Explain

b) Do you think teachers treat you (teenage student mother) the way they treat other students? State your case.

c) Do you think students treat you (teenage mother) the way they treat other students? Explain

d) How will you explain how well you do interact with your family as a teenage mother?

e) How well do you interact with people in your community? Explain

f) How well do you interact with other students in the school? Explain

g) Whom do you talk to as a teenage student mother when you have a problem?

h) What has been your source of motivation as a teenage student mother?
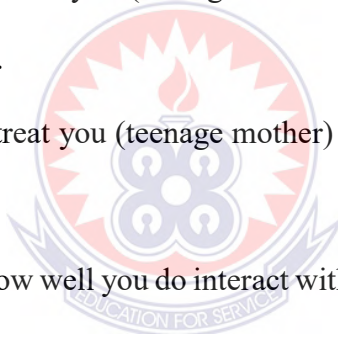
APPENDIX B

UNIVERSITY OF EDUCATION, WINNEBA
FACULTY OF EDUCATIONAL STUDIES
DEPARTMENT OF EDUCATIONAL FOUNDATIONS

✉ P. O. Box 25, Winneba, Ghana   ✈ edufoundations@uew.edu.gh
☎ 030 298 0885

27th April, 2023

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you, **Bileman Michael Nyabido** with index number **190011688**, the bearer of this letter who is a student in the Department of Educational Foundations of the University of Education, Winneba. He is reading Post Graduate Diploma in Education.

He is conducting a research on the topic: **"Exploring the Psychosocial Challenges Experienced by Teenage Student Mothers in the Senior High Schools in Asene Manso Akroso District.** This is in partial fulfilment of the requirements for the award of the above mentioned degree.

He is required to conduct interview to help him gather data for the said research and he has chosen to do so in your outfit.

I will be grateful if he is given permission to carry out this exercise.

Thank you.

Yours faithfully,

Prof. Charles N. Annobil (PhD)
Head of Department

DEPT. OF EDUCATIONAL FOUNDATIONS
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