AN EDUCATIONAL PROGRAMME FOR FASCILITATING

ADOLESCENT MOTHERHOOD IN OSHANA REGION, NAMIBIA

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Motherhood
DECLARATIONS

I, Sabina Aisheoiwa David, declare hereby that this study is a true reflection of my own research, and that this work or part thereof, has not been submitted for a degree at any other institution of higher education.

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- All midwives who are rendering holistic care to women who deliver their babies into this world
- Adolescent mothers in our country, Namibia
ABSTRACT

Adolescent motherhood is presented in the literature as today’s challenge both nationally and internationally. The World Health Organization (2007) also indicated the encountered problem on adolescent motherhood world-wide. Many countries documented the vicious sequence of early motherhood such as poverty and poor education. Accordingly, adolescent motherhood is regarded as a social health concern owing to its socioeconomic consequences, which affect the young mothers, their babies, their families and their communities at large.

As a developing country, Namibia is no exception to the problem of adolescent motherhood, high rate of early sexual activity prevails among adolescents, with consequently unwanted pregnancies and early motherhood. The increase in the births of babies to adolescent mothers is happening throughout the country. The adolescent pregnancy rate in Namibia is estimated to be 15.4%, with approximately one out of every five pregnant women being an early adolescent (Ministry of Health and Social Services, (MOHSS 2006/2007).

The reality is that when adolescents discover that they are pregnant and the realities and responsibilities of motherhood dawn on them, they tend to feel shocked, frightened, hopeless, angry and frustrated. They may even become depressed and feel that they have failed themselves, their families and society at large. Adolescent mothers seem to be thrown into an adult world with no preparation for being a parent. This may increase the risk of child neglect or maltreatment and a loving-caring relationship between baby and mother may never develop.

The following question arises: What needs to be done to assist and support adolescent mothers in the transition from adolescence to motherhood? Although the prevalence of adolescent pregnancy in Oshana region is not the highest recorded in the country, it does contribute to the
high percentage in the country. According to the reports from the 2006 birth registers of the Oshakati Intermediate Hospital, a referral hospital in Oshana, there is an increased number of births from adolescents with the birth records indicating that 42% of the births that took place in January 2006 and 43% in August 2006 were from young adolescent mothers aged 15–17 years. Thus, this study aimed at exploring and describing the experiences of adolescent mothers in the Oshana region of Namibia as regards motherhood and developed an educational programme directed at preparing, assisting and supporting adolescent mothers during the period of motherhood. Adolescents should be able to manage their lives without back street abortions and baby dumping which usually occur when they don’t want to have babies.

A qualitative, explorative, descriptive and contextual research approach was followed to study the experiences of adolescent mothers in Oshana region of Namibia. The study draws on a thematic analysis following Tesch’s analysis process. The study was conducted in four phases. Phase I entailed a situational analysis which explored and described the adolescent mothers’ experiences of motherhood.

The results of the transcribed in-depth-interviews conducted indicated that adolescent mothers experienced the following: 1) diverse feelings towards motherhood, 2) various challenges related to motherhood, 3) lack of effective interpersonal relationships with families and friends, 4) the burden of caring for and bringing up a baby, and 5) future ambitions for support and relationships. In Phase II a conceptual framework was developed, described according to the concepts in the survey list as suggested by Dickoff, James and Wiedenbach (1968). Phase III was concerning the programme development and implementation and lastly Phase IV, the evaluation of the educational programme.

The overall insight obtained was that attaining motherhood prematurely has a severe impact on
adolescent mothers’ lives, on their families and also on their communities. As a consequence, adolescent mothers are exposed to physical, social and psychological misery, dependency syndrome and socioeconomic hardships. However, an educational programme can be effective in assisting adolescent mothers to overcome the challenges experienced during motherhood. To conclude, the study accentuates the ongoing need for research on adolescent mothers on challenges they are facing related to education and also regard the experiences of the parents of adolescent mothers when they accept the care of their grandchildren while their mothers continue with their education.
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ABBREVIATIONS

AFHS- Adolescent friendly health services
NDMH- Namibia Democratic Health Survey
FIG- Figure
HIS- Health information system
HIV- Human immuno deficiency virus
MDG- Millennium Development Goals
MOHSS- Ministry of Health and Social Services
NDF- Namibia Defense Force
NPC- National Population and Housing Census
NOV- November
PHC- Primary Health Care
UNICEF- United Nations International Children’s Emergency Fund
UNDP- United Nations Development Programme
WHO- World Health Organization
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CHAPTER 1
INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION TO THE STUDY

Adolescent motherhood is presented in the literature as today’s challenge both nationally and internationally. The World Health Organization indicated the encountered problem on adolescent motherhood world-wide and further stated that the normative picture of adolescent mothers in Sub-Saharan Africa is that they appear unhealthy, poorly educated, poverty stricken and unemployed with shattered futures and little access to reproductive health services (WHO, 2007). The researchers reflected that the most challenge is the implication of adolescent motherhood on the adolescent’s future. It was found that early motherhood has a disruptive tendency which results in fewer educational and job attainment that in turn failing adolescents to be productive civil servants in their adulthood. Consequently adolescent mothers are more likely to be socio-economically disadvantaged. There will, however, be some, although not many, who will survive this phenomenon of adolescent motherhood.

The present study focused on the development of an educational programme that will assist adolescent mothers during their motherhood period in Oshana region of Namibia. Namibia is a developing country in Southern Africa on the Atlantic coast which shares its borders with Angola and Zambia to the north, Botswana to the east and South Africa to the south (Fig. 1.1). The population of Namibia is estimated to be 2.1 million with diversity in
terms of both ethnic groups and cultural groups (Namibia Population and Housing Census (NPC) Provisional results, 2011).

The country is divided into 13 regions and subdivided into 102 constituencies. The Oshana region is one of the thirteen regions consists with a population of 161,916, according to the 2001 census. The region comprises often constituencies, namely, Okaku, Okatana, Okatyali, Ompundja, Ondangwa, Ongwediva, Oshakati East, Oshakati West, Uukwiyu, and Uuvudhiya. Furthermore the region has only one district (Oshakati) which contains three towns: Oshakati, regarded as the capital city of Oshana, Ongwediva and Ondangwa. Ondangwa is the most populous with 31,700 people followed by Ongwediva 26,700 people and Okatyali the least populous with about 2,800 people (Namibia Population and Housing Census Provisional results (NPC) 2011).

Figure 1.1: A map of Namibia and its borders, showing the important regions
This study focused on adolescent mothers in the Oshana region, which was named after the prominent landscape features of the area, which include a number of shallow depressions. The region which is situated centrally shares its borders with other regions: Oshikoto to the east, Omusati to the north–west, Ohangwena to the north and Kunene to the south. The region’s economy is mostly concentrated in the three towns where commercial establishment and industries have sprung up.

The Oshana region is an extremely favourable area for the Oshana people to make a living. With the population of 161,916, out of these 87,958 are females and 73,957 are males, which give a sex ratio of 84 males per 100 females. The rural communities rely mainly on agriculture consists primarily on livestock that includes cattle farming, with the cultivation of millet (Omahangu) and small business enterprises (Fig. 1.2) (Namibia Population and Housing Census, preliminary report (NPC) 2011). Oshana region is sometimes struck by natural disasters, flooding the most common problem and usually leaves roads; people’s homes and land for harvest damaged (Fig. 1.4). Consequently leaving the people with little or nothing to survive on and making life extremely difficult. This has an impact on the socio-economic status and the general well-being of the population including adolescents. As a result, the majority of Namibians live in abject poverty.

However, the Oshana region is still in the process of developing with much of the infrastructure still under construction, for example roads, numerous buildings and so on. The
construction of industries and companies provides employment opportunities for the people; however, these opportunities are mainly for men, with few opportunities for women. Young mothers constitute 38% of the total number of women in the region as one out of seven adolescent girls is already a mother and approximately one out of every five pregnant woman in Namibia is a teenager (Ministry of Health and Social Services: Health Information Report, 2006/2007). This is a matter of concern and may pose socio-economic challenges for these adolescent mothers.

Figure 1.2: “Strassenmarket in Oshakati” and market next to a road in the Oshana region

Poor economic conditions make young girls more susceptible to adolescent pregnancy with early motherhood. The general lack of education also contributes to large-scale unemployment (30−40%) as well as a significant inequality as regards income distribution (Namibia Demographic and Health Survey, 2006−07).
It is common knowledge that children of school-going age in Oshana visit both shebeens and nightclubs, they are also avid cell phone users and are involved in alcohol abuse. As a result, these children are indulging in unsafe sexual activities with adults in exchange for money or, as mentioned earlier, for cell phones. At the same time they are taking part in sexual activities with early motherhood as a consequence.

Additionally, the rapid urbanisation is causing the traditional support systems in families to break down, instigating the flocking of adolescents to towns on their own in order to attend school or merely to survive. In addition, there appears to be little use of condoms. One may conclude that they are indulging in unprotected because most of them are carrying babies, rather than making positive choices such as attending school and securing good job opportunities, or else taking part in the development projects initiated by the government.
As it is in other regions of the country, adolescent pregnancies in the Oshana region are a matter of grave concern although the trend is found throughout the country. It may be assumed that there are various contributing factors to adolescent pregnancy, including poverty, and it is disturbing to see adolescent girls as young as 15 years of age already having babies.

Adolescence is generally regarded as a period during which the child moves towards maturity – a transition from childhood to adulthood with its concomitant physical and mental maturity. However, nowadays girls enter puberty as young as nine years of age and this poses a health risk as regards adolescent pregnancy and early motherhood. The health of adolescents is one of the main concerns in Namibia that is why the government is providing public health services throughout all the regions at clinics and health centres and district and referral hospitals. One of the services being provided is maternal health services, which is playing a vital role in the improvement and maintenance of reproductive health as well as in the survival and well-being of mother and child both before and after delivery (Namibia Demographic Health Survey, 2006/07).

In this study, the term *adolescent motherhood* refers to the motherhood attained by a woman aged between 16 and 17 years, while *adolescent* is a term which is often used synonymously with the term *teenager.*
1.2 BACKGROUND TO THE PROBLEM

In recent years there has been considerable interest in the potential health problems and social disadvantages faced by young women who become mothers during adolescence. In addition, it is devastating to imagine the on-going struggles that await these adolescent mothers who are still children themselves. Becoming pregnant while an adolescent is a devastating experience and the girl may feel overwhelmed by the changes and responsibilities of being a mother and to be a mother changes the way in which the individual perceive the past, the present and the future. The life of an adolescent is difficult enough and becoming an adolescent mother makes life even harder. In addition, raising a child presents enormous challenges to any mother, but especially to an adolescent mother is more challenging.

According to Merchant (2004), motherhood represents achievement and fulfilment in a woman’s life, although some may see it as an oppression. In addition, motherhood may be described as a process involving physical and psychological changes which take place during pregnancy, also the giving of birth and taking care of a child. Thus, motherhood may be regarded as a success if accepted but challenging if neither accepted nor prepared for. Many women, especially adults, regard motherhood in a positive light, while on the other hand; adolescents may perceive it as a burden and as demanding and sometimes unacceptable. Despite the demand and sometimes motherhood not accepted by adolescents, less was well-thought-out on how they experiences motherhood, and this, in turn, creates a need to explore the experiences of adolescent mothers.
In the main, adolescent motherhood is regarded as an issue of social health and also a worldwide issue because of its socioeconomic consequences which affect young mothers, their babies and their families. In the developing countries, young women who become mothers early in their lives have limited financial resources as well as receiving limited social support. Attaining motherhood prematurely is known to have a significant impact on the lives of adolescent mothers, their families and also in their communities, because such girls are required to take on single parenthood responsibilities (Maryam & Ali, 2008). It is commonly known that the fathers of children born by these adolescent mothers are taking fewer responsibilities if nothing at all. In addition, for these young mothers the consequences of giving birth too early affect both their educational and their career opportunities (Smit, 2011).

According to Hunt, Laider and Mackenzie (2005), young adolescents, who are supposed to be innocent and dependent on their parents, suddenly become mothers and are supposed or expected to behave like adults as their childhoods have abruptly ceased. The literature shows that more than 90% births in the world occurring in developing countries are from adolescents as young as less than 20 years of age (Mulongo, 2006; Lerner, Bremman, Noh & Wilson, 2007). In a similar vein, a recent estimation of WHO (2009) indicate that 16 million girls aged between 15 and 19 give birth, with 95% of these births occurring in developing countries.

As a developing country, Namibia is no exception to the problem of adolescent motherhood, with this phenomenon being a matter of grave concern in the country. The
increase in the births of babies to adolescent mothers is happening throughout the country.

Although the prevalence of adolescent pregnancy in Oshana region is not the highest recorded in the country, it does contribute to the high percentage in the country. Adolescent motherhood has now become prevalent and girls are delivering their first babies at a tender age. In addition, to put more weight on the point, the New Era of November 9 (2004) a Namibian newspaper in its article on teenage pregnancy states: “Not a girl, Not yet a woman, but already a mother. “This article specified a 15 years old girl who has a six month old baby in a particular town in Namibia and one can guess how old she was when she got pregnant.

The reports from the (2006) birth registers of the Oshakati Intermediate Hospital, the only referral hospital in Oshana, also confirmed an increased number of births from adolescents with the birth records indicating that 42% of the births that took place in January 2006 and 43% in August 2006 were from young adolescent mothers (15–17yrs). Thus, according to these statistics, adolescent motherhood is as widespread in Namibia as in other African countries, especially in rural areas such as the Oshana region.

When an adolescent girl delivers a baby, she becomes a mother and this, in turn, forms the basis of the family structure in which the child must grow up. It is assumed that the adolescent mother’s family structure will comply with the function of a family in enabling her to provide the child with a safe, secure, nurturing, loving and supportive environment and in ensuring that the baby will have a happy, healthy life. Horwitz (2005) summarise the
functions of the family as reproductive, economic, educational, emotional and socio-cultural. It is by realising these functions that the family will develop certain common beliefs, norms and values.

However, it is not clear whether young, adolescent mothers are able to fulfil these family functions. Fulfilling these functions is a challenge for almost everyone, while being a new mother is no easy job, but certainly even more difficult, challenging and stressful for adolescents. As a result, adolescent mothers are exposed to psychological distress, dependency syndrome and socioeconomic hardships. If the family is not able to afford in taking care of the mother and baby, then the adolescent mother and her baby will suffer the consequences.

On the other hand, adolescent mothers also tend to receive inadequate prenatal care as they often seek care in the third trimester only. As a result, the children of adolescent mothers are at a greater risk of low birth weight and prematurity and may also have difficulties with cognitive and social development. In addition, these young mothers may lack the skills and maturity necessary for effective mothering (Barrat, Roach, Morgan & Colbert, 2007; Bacon, 2007; Shivute, 2007; Nanghanda, 2008; Hanna, 2008).

In Oshiwambo in the past, effective motherhood was attained culturally because adolescents were prepared by their parents to deal with aspects of motherhood when they are ready. However, the trend today is that this traditional family preparation and support is no longer carried out and families no longer make time for discussions with adolescents.
The increased development in the region caused the culture to diminish and adolescents are mixing cultures leading to devalue of cultural norms. In addition, besides this lack of family preparation, adolescents are flocking to urban areas in searching for jobs, partners and security and, apparently, to be on their own, leaving their parents and guardians behind. When individuals are on their own, it is generally expected that they will be sufficiently economically independent and be able to take care of themselves.

In addition some aspects which may be affected by early motherhood is that education and employment opportunities for these adolescents may terminate abruptly and it becomes difficult for them to engage in the job market in order to earn a salary that will enable them to meet the basic needs of their babies. In turn, being unable to provide for the basic needs of the baby may lead to medical, social and psychological problems for both mother and child. However, if a person is jobless life becomes extremely difficult, and some adolescents may be forced to engage in early sexual activities, and this, in turn, may exacerbate the situation, especially should they become pregnant or deliver babies and still have to find a job. They may, thus, find themselves cohabitating or being left alone to deal with the pregnancy.

According to the culture and tradition of Oshiwambo, where this study was conducted, when a female becomes pregnant, she is supposed to be supported until some months after giving birth when she is able to help herself. However, in view of the fact that traditional and cultural influences are waning, peer interaction and modern influences have gained in importance among adolescents and they no longer receive this kind of support.
The reality is that, when these adolescents discover that they are pregnant, and the realities and responsibilities of motherhood finally dawn on them, they often become frightened, hopeless, angry and frustrated. They may even become depressed and feel like they have failed themselves, their families, as well as society as a whole. This, in turn, may increase the risk of child neglect or maltreatment while the whole concept of a loving, caring relationship is non-existent (Bacon, 2007; Shivute, 2007; Tueumuna, 2008; Nanghanda, 2008).

The question arises as to whether, if motherhood is attained so early, these adolescents will be able to cope with pregnancy? Will they be ready to assume fully the parental role, despite their incomplete schooling? In order to understand the needs of these adolescents it is essential to know something about their perceptions and to be able to prepare, assist and support them in providing them with information on pregnancy, delivery and baby care.

It is therefore, advisable to hear from the adolescent mothers themselves about their experiences as mothers. The questions asked of them formed the basis of this research study and opened the way for developing an educational programme that may be used to support adolescent mothers and to help them deal with the challenges that arise during their mothering effectively. Furthermore, it is hoped that these evidenced-based research findings will also add to the existing body of knowledge and information about adolescent motherhood.
1.3 STATEMENT OF THE RESEARCH PROBLEM

The high incidence of adolescent mothers in rural areas is a matter of grave concern in Namibia, particularly in view of the negative impact of this phenomenon on the health of both the adolescent and the infant (Smit, 2011).

The graph below (Fig. 1.4) shows the prevalence of pregnancy in Namibia from the age of less than 15 to 35 years old women. The rate of adolescents attending Ante-natal care at 15-19 years has increased with one present from 2009 to 2010(16-17 %), which trigger a concern.

Fig. 1.4
In addition, early initiation into sexual activity is a national trend with the possible consequence of significantly early motherhood. It is assumed that adolescent mothers are thrown into an adult world without adequate preparation for parenting and this, in turn, may force them to make sacrifices and take decisions that they would never have thought of making so early in their lives. They have to address the challenges of motherhood that exert extra demands on them as a result of their level of personal development and also as regards their ability to adjust to their new roles as mothers. The adolescent mother may be alone with nobody to turn to, without assistance from any adults, the damage and the hurt may grow worse (Huus, 2010).

Despite the fact that the challenges facing adolescent mothers are well documented globally, but still, in the Oshana region, interventions such as supportive groups and/or organisations targeting pregnant adolescents and providing information on pregnancy, delivery and early childhood care; in order to improve the health care of these adolescent mothers and their babies and to help them to achieve their goals are lacking. In addition, little is known about the experiences of adolescent mothers on motherhood in Oshana region of Namibia.

Although the MOHSS has initiated Adolescent Friendly Health Services (AFHS) in Namibia, there is still a possibility that some adolescents will be overlooked as a result of the complexity of both the health care system and the community structure, while some may not be utilising the services (MOHSS: HIS, 1998/1999; AFHS, 2004).

Accordingly, this raises questions about the way in which adolescent mothers may be
accommodated in the health care services, while there is also a need to understand the challenges that communities and health services face as they attempt to support the adolescent mother. Some of the literature has revealed early motherhood in adolescents as an issue fraught with emotions, health risks and numerous other dilemmas (Lodise, 2008).

The following question arises: What needs to be done to prepare, assist and support adolescent mothers in the transition from adolescence to motherhood? Before any health service or support service could be planned for adolescent mothers, it was essential to conduct a research study to explore their experiences. In an effort to ensure that the focus of her investigation was more explicit, the researcher formulated the following research questions:

- How do adolescent mothers in the Oshana region experience motherhood (pregnancy, birth and the care of the baby)?
- How can adolescent mothers be prepared, assisted and supported during motherhood?

1.4 THE PURPOSE OF THE STUDY

In this study the researcher aimed, firstly, explored and described the experiences of adolescent mothers as regards motherhood; secondly, conceptualised the study findings; and thirdly, developed, implemented and evaluated an educational programme directed at preparing, assisting and supporting adolescent mothers during the period of motherhood.
1.5 OBJECTIVES OF THE STUDY

In order to realise the above mentioned aims of the study, the following objectives were outlined:

- To explore and describe the experiences of adolescent mothers on motherhood
- To develop a conceptual framework that will facilitate the development of an educational programme for adolescent mothers
- To develop and describe an educational programme that will prepare, assist and support adolescent mothers during the period of motherhood.
- To implement and evaluate an educational programme for adolescent mothers in Oshana region

1.6 THE SIGNIFICANCE OF THE STUDY

The overall significance of the study is that the educational programme developed will provide support and guidance to adolescent mothers in acquiring a greater understanding of child development and the needs of a child, and also help these adolescent mothers to be more sensitive, nurturing and attentive towards their babies. Thus, the significance of the study is to found in the following benefits arising from the study:

Benefits for the adolescent mother

The researcher came to the conclusion that every adolescent mother should be accorded the
opportunity to take part in a programme which would encompass the following:

- Strengthen their knowledge and skills as regards motherhood.
- Provide them with a forum in which they could discuss and address traumatic experiences during pregnancy, birth and motherhood.
- Make them aware of future, positive opportunities after having a baby.

**Benefits to the family and the community at large**

- The family and community will have greater insight into the meaning of the lived experiences of the adolescent mothers.
- The knowledge obtained from this study may facilitate the further development and refinement of existing structures and services for adolescents.

**Benefits to health care professionals**

- An understanding of the adolescent mother’s perspective on motherhood may provide health workers with the knowledge required to advocate and render safe and effective midwifery care.
- Health care professionals will be made aware of how to interact with adolescent mothers before pregnancy, during pregnancy and birth and after birth.

1.7 **CONTEXT OF THE STUDY**

The study was confined to the Oshana region and aimed to explore the way in which adolescents in this region experience motherhood. The region has 17 health facilities,
including the Oshakati Health Centre, the Ongwediva Health Centre, the Okatana Health Centre and the Enkono Clinic, which were targeted in the study as these health centres provide maternal and child health services. In addition, Oshakati, Ongwediva and Okatana are surrounded by squatter camps and locations where adolescents live without parental support and guidance.

1.8 ASSUMPTIONS OF THE STUDY

Polit and Hungler (2006) describe assumptions as basic principles that are accepted as true on the basis of logic or reasoning, but without proof or verification. Whereas, Burns and Grove (2009), define an assumption as a proposition or statement the truth of which is either considered or self-evident of what has been satisfactorily established by earlier research? In view of the fact that assumptions are regarded as axioms/proverbs, the researcher does not question their truth value nor submit them to empirical testing and the truth of the assumptions is accepted for the purpose of the study at hand. In other words, assumptions function as foundational beliefs or statements that support whatever decisions are made by the researcher during the research process (Mouton, 2005).

The process of research – or the way in which the researcher goes about finding out what he/she believes – may be referred to as the methodological assumptions. De Vos (2009), Groenewald (2010) and Creswell (2009) suggest the following three fundamental interrelated questions that the inquirer should ask in order to understand the assumptions.
Ontological question: What is the nature of reality?

Epistemological question: What is the relationship of the researcher to that which is being researched? It goes about the nature of knowledge in order to justify what is believed to exist or testing a belief or what is claimed to be true.

Methodological question: How can the researcher go about finding out whether whatever he/she believes can be known (process)?

For the purpose of this study the researcher has posited certain assumptions from the phenomenological perspective in response to her interaction with the phenomenon at hand. These assumptions included the theoretical-conceptual, ontological, epistemological and methodological assumptions.

1.8.1 Theoretical-conceptual assumptions

According to Creswell (2008), qualitative research focuses strongly on the meaning and significance of the process that occurs, as well as the outcomes of that process. Merriam (2005) views the main feature of qualitative researchers as a particular interest in understanding the meanings inherent in the relevant phenomenon, how the participants arrive at these meanings and how these meanings function in their lives.

In qualitative research, the researcher gathers data using an inductive strategy and assembling data that is rich. The following assumptions in this regard were made by the researcher in this study: By exercising freedom of choice, the adolescent mother may find
herself in a situation in which she faces numerous challenges in respect of her further education, acceptance by society, financial constraints and so forth. Nevertheless, despite the fact that she has become an adolescent mother, she retains the right to maximise opportunities to strive towards optimal wellbeing and an improved quality of life.

1.8.2 Ontological assumptions (the nature of reality)

Ontological assumptions are those assumptions which are concerned with the nature of the reality of the research participant in its various dimensions and, thus, ontological assumptions are implicit in our understanding of human nature (Kimberly, 2009; Repko, 2012). In addition, portrays ontology as the study of the nature of existence and of the ontological assumptions dealing with the nature of reality as an object of inquiry. The reality in this study is the adolescent mothers’ experiences of motherhood.

Meanwhile, Edmonds & Kennedy (2013) notes that “reality” arises out of each individual’s perception of his/her experience; in this case, becoming a mother while young. It is, therefore, important that the researcher obtain an understanding of the way in which the adolescent mothers experience the personal and social reality in which they live. At this point, the philosophy of constructivism is applicable because this philosophy begins with the argument that the human world is different to the physical world and, for this reason, must be studied in a different way.
In view of the fact that human beings are capable of interpreting the ways in which what is termed “reality” is constructed, it is not possible to say that the content of human perception is physically real in an absolute sense since it is shaped to fit the existing situation. In this study, the following assumptions were made in this regard:

- Despite the challenges facing the adolescent mother, she is able, with the necessary support and knowledge of motherhood, to move beyond her current, problematic situation.

- The adolescent mother may, by means of constructive communication, verbalise the meaning of her lived experiences as constructed by herself.

### 1.8.3 Epistemology (relation between researcher and participants and also about the nature of knowledge or testing a belief or what is claimed to be true).

According to Repko (2012) epistemology is the branch of philosophy that studies how one knows what is truth and how one validates truth. It has to do with the nature of reality, validity and limits of inquiry. Meanwhile, epistemological assumptions are theoretical perspectives of interrelated sets of assumptions, concepts and propositions that constitute a view of the world. These assumptions are about the nature of knowledge and science, or they are assumptions on the content of truth and related ideas (Kimberly, 2009).

In this relationship, it is not possible to separate the researcher from the participants as they interact and constitute a new world. In this study, the researcher went into the field with an open mind and with no pre-set, theoretical ideas, in order to investigate the lived
experiences of the adolescent mothers and their knowledge of motherhood (Van Rensburg, & Smit, 2004).

The epistemological assumptions are concerned with knowing or deciding what sort of statements will be accepted in order to justify what is believed to exist. This existence relates to the relationship of the researcher to reality and the road that he/she will follow in the search for the truth of that which is being researched or the philosophy that guides the study.

The following assumptions are applicable to this study:

- Adolescents are developing, immature and dependent human beings.
- Adolescents’ experience of early motherhood becomes the source of learning.
- It is essential that adolescents learn to be comfortable with the tasks and roles of motherhood.
- The personal experiences and configurations of meaning by individual adolescent mothers constitute rich sources of knowledge.

1.8.4 Methodological assumptions

Mouton (2005) maintains that the methodological assumptions describe both the nature of the research process and the most appropriate method for the research project. In order to clarify the methodological assumptions about the accuracy of the information contained in the data, it is incumbent on a researcher to explain the steps he/she needs to take in order to certify the applicability of the information obtained from the participants (Creswell, 2008).
The following assumptions apply in this study:

- The qualitative phenomenological approach is suitable to clarify the meaning of adolescent mothers’ lived experiences of motherhood.
- This approach includes an individual, dialogical engagement between the participant and the researcher.

The research process will be discussed in chapter 2.

1.8.5 Paradigmatic perspective of the study

According to LoBiondo-Wood & Haber (2010), a paradigm is a worldview that reflects a philosophical stance with regard to the phenomena of concern that present themselves in a particular discipline. The phenomenon of concern in the discipline of nursing is the concept of human health and how it may be realised in human beings and in the circumstances in which they find themselves. In this study the health of adolescent mothers and their babies is of concern.

Furthermore, Morse and Field in Burns & Grove (2009), explain paradigmatic perspective as a collection of logically connected concepts and propositions that frequently guide a researcher towards a topic. In addition, a paradigmatic perspective refers to the way in which we perceive, understand and interpret our surroundings and, thus, it directs human activities or behaviours, thinking and interpretative activities.
As such, a paradigm is deeply embedded in the socialisation of the enquirer as regards what is important, legitimate and reasonable. It should, thus, be regarded as the lens that helps us to sharpen our focus on a phenomenon. In this study, the researcher explored and described the experiences of adolescent mothers during motherhood. This was done in order to enable the development, implementation and evaluation of a programme aimed at assisting them. It is essential that adolescent mothers should be cared for as unique human beings who interact with their environment and not as a problem.

Their wishes, values, concerns, as well as their priorities, need to be respected and should be taken into account when designing of the supportive programme envisaged in this study. The focus was on the experiences of adolescent mothers concerning motherhood. The paradigms for human inquiry are often characterised in terms of the ways in which they respond to basic philosophical questions (Polit&Hungler, 2006).

The first question to be asked here is what is the nature of reality? That is, what is the ontological assumption? In this study, the nature of reality is the fact that adolescent mothers exist within an environment. However, this context is not a fixed entity but rather a construction of the adolescent mothers ‘experiences of motherhood. Each adolescent mother has her own background and living conditions and, therefore, each one will construct her own meaning and understanding of the world in which she lives in order to make sense of her experiences of motherhood.

1.8.6 Meta-theoretical assumptions

The researcher regards adolescent mothers as individuals with dimensions of body, mind
and spirit, who integrate holistically with their environments (George, 2010; Leininger 2004) has different views and refers a person in terms of families, groups, communities and so on. However, families, groups and communities are comprised of members with minds and body. As a result of the fact that a human being has a mind which enables him/her to think and to make decisions, the researcher is of the opinion that adolescents, although extremely young to be mothers, are capable of learning in the context in which they are living and adapting to the changes in their communities.

Human being in phenomenological research, according to Burns and Grove (2009), is regarded as being integrated with the environment. It is generally known that adolescent mothers are living with people in various environmental settings and that their interactions differ, depending on the context in which they are living. Some family members might accept the unexpected pregnancy while others might not. In addition, in certain communities, adolescent pregnancies are regarded as a taboo and people will not accept them; on the other hand, for some people adolescent pregnancy may reflect pride in womanhood, despite the fact that it happened very early. However, these reactions are extremely powerful and may have either a positive or a negative effect on the adolescent mother in a certain environment.

George (2010) describes environment as either an internal or an external setting where a situation or a particular experience is happening and which gives meaning to human expressions, interpretations and social interactions. In this study, environment refers to both the internal (intrinsic) and external (extrinsic) factors/conditions that affect the
adolescent mother, either directly or indirectly, during her experience of motherhood.

The internal environment comprises the inner self, while the external environment refers to the context of the young adolescents (health facilities, home and community settings). Some adolescents find themselves in extremely negative situations, with little support and assistance, especially when they are living far away from either their parents or guardians or when they are in abusive circumstances. In the absence of support systems, an unfavourable environment may create internal conflicts in the adolescent mother. It is also well known that, worldwide, the services rendered to adolescents in health facilities are not user friendly. This has compelled the WHO to suggest that a service, such as the AFHS, be initiated at public health facilities to provide services in a friendly and supportive environment (WHO, 1995).

As one of her four domain concepts, Roy (2010) describes environment as being concerned mainly with all the internal and external conditions, circumstances and influences surrounding the development and behaviours of a person. As mentioned previously, adolescents may change their behaviours depending on the stimuli that elicit these behaviours in certain settings. The responses emanating from such stimuli may then result in either positive or negative behavioural changes among young mothers. As a result, the health of adolescents maybe in jeopardy if the change does not benefit either the mother or the baby.

Positive changes that influence the health of adolescent mothers concern their growth towards uniqueness, while their physical, mental and social wellbeing is affected when
they become mothers prematurely. As a result of the social and psychological consequences, for example high stress, family instability and poverty, adolescent motherhood may hinder the health of these adolescents. However, adolescent motherhood may also be related to physical, mental and social wellbeing which is, in turn, affected by several factors, including the environment, social support and so forth (WHO, 2007).

Insel and Walton (2007) maintain that health may be determined by the decisions that an individual makes on how to live physically, emotionally, intellectually, spiritually, interpersonally, socially and environmentally. Physical health involves making responsible decisions about, for example, eating, avoiding harmful habits like that of abusing alcohol or smoking, practising safe sex and so on, while emotional health encompasses the qualities of trust, self-esteem, self-acceptance, self-control and self-confidence.

Intellectual health includes openness to new ideas, the capacity to think critically and the motivation to master new skills. An active, healthy mind detects problems and finds solutions. In essence, it is essential that a person never stops learning. Enjoying spiritual health implies possessing values or principles and beliefs that give meaning to one’s life especially when facing difficulties. In literature, spiritual health involves the ability to love, to show compassion, to forgive and to experience joy.

On the other hand interpersonal, social and environmental health have to do with learning communication skills, developing the capacity for intimacy, establishing a support network of caring friends and family members, participating in and contributing to the community and being protected against environmental health hazards (Insel&Walton:2007). The
researcher is of the opinion that adolescent mothers are capable of enjoying all the attributes concerning health, as described above.

The World Health Organization (WHO, 2006) regards health as a dynamic, interactive process of balancing needs and resources. Thus, in the context of this study, the needs and resources that must be balanced are to be found in the adolescent’s environment.

In this study the term health is related specifically to motherhood, in which the adolescent mothers are involved and interact with the internal and external environments, which should result in an optimal state of satisfaction regarding the support they receive in order to minimise the vulnerabilities which are a feature of early motherhood.

On the other hand, the term nursing, as used in this study, refers to those health services which are regarded as an interactive process in terms of which the health workers, especially the midwives, in partnership with the environment, facilitate the support offered to adolescent mothers during their experience of motherhood through an educational programme. This support may be rendered through antenatal, delivery and postnatal services, and by the child welfare services. The caring aspect is at the core of nursing and equips adolescent mothers with information about pregnancy, delivery and baby care that will enable them to be competent mothers.

1.8.7 Philosophical basis of the study

The philosophical basis of this study is constructivism. According to Piaget (1967), the founder of the theory, constructivism is a theory of knowledge that disagrees with the
notion that human beings generate knowledge and meaning from the interaction between their experiences and their ideas. Piaget maintains that knowledge is internalised by learners and that individuals construct new knowledge from their experiences. The philosophy of constructivism begins with the premise that the human world is different to the physical world and must, thus, be studied in a different way (Crosby, 2012; Banyani 2011).

Therefore, constructivists study and pay careful attention to the multiple realities that are constructed by individual people and to the consequences of such constructions. These consequences are visible in the lives of people and in the way they interact with one another: in this study, this involves the adolescent mothers. Adolescent mothers incorporate their new experiences of motherhood into an already existing framework.

1.8.8 Constructivist paradigms

A research study may be classified as constructive if it is assumed that knowledge of reality is gained through social construction such as language, consciousness, shared meanings, documents, tools and other objects (Berger & Luckman, 2011).

Thus, the role of the researcher, as the co-creator of meaning in the individual’s experiences, becomes more important. The naturalistic researcher believes that the goal of science is the acknowledgment that there are multiple interpretations of reality that exist within people’s minds. Thus, in terms of this approach, the researcher addresses the process of interaction within a specific context (Polit & Beck, 2004, Wilson & Huntington, 2005).
This research study is situated within the interpretive, hermeneutic, phenomenological research paradigm, with the emphasis on the experience and interpretation of adolescent motherhood. Adolescent mothers construct their identities and perceive themselves as being responsible for their actions and outcomes, although in certain situations, the construction may not be within their control. The interpretive paradigm seeks to produce a descriptive analysis to provide a deep interpretation and understanding of a phenomenon (Johnson, 2005) and, thus, interpretive paradigms are fundamentally concerned with meaning.

Johnson’s ideas (2005) corresponds with the focus of this research study, as the purpose of this study is to gain an empirically based understanding of the lived experiences of adolescent mothers as regards motherhood from the standpoint of their unique context. The decision to use this approach to the inquiry was guided by research questions which addressed adolescent mothers’ experiences of motherhood, as well as the meanings that these adolescent mothers attributed to motherhood.

The basic assumption of the interpretive paradigm is that most of the knowledge gained is sorted out by the use of social constructions such as language and consciousness. The interpretive approach used in this inquiry pointed to the use of the qualitative research method, both in collecting and in analysing the data. Qualitative data collection and data analysis is intended to capture the “insider’s” experiences and knowledge of the phenomenon under study.
1.8.9 Framework of the study

According to Dickoff, James and Wiedenbach (1968), a conceptual framework provides a rationale or structure that guides the development of a study and, thus, constitutes an understanding on which the study is based. In addition, a conceptual framework enables the researcher to link the findings of the study to the existing body of knowledge, and, as such, is made up of propositions, sets of concepts and statements integrated into a meaningful configuration (Burns & Grove, 2009; Fawset, 2005).

This study used the concepts in the survey list drawn up by Dickoff et al. (1968) and, thus, the concepts of agent, recipient, dynamics, procedure, context and terminus were linked to person, environment, health and nursing – the concepts used to explain the process of assisting adolescent mothers during their motherhood.

The purpose or terminus refers to the type of activities and goals in which the individual engages. In this study the purpose or terminus comprises the activities that were identified and which will address the reality of early motherhood which adolescent mothers need to learn. According to the survey list the agent is someone who has the knowledge required and is capable of performing the activities identified or finding the way out of a problem (Dickoff et al., 1968). In the context of this study, the agent (person) is a lecturer, a registered midwife, and the facilitator who implements the programme which was developed. Furthermore, in the context of this study, the agent (person) is further qualified as a transformative, intellectual agent who is supportive of the nurturing environment which would characterise the growth, autonomy, self-directedness and self-actualisation of
the adolescent mother.

The *recipient* is the beneficiary of the activities designed by the agent.

Thus, in this study; the adolescent mothers are the beneficiaries of the programme to be developed.

The *context* may be regarded as the environment in which the activities take place and, therefore, in this study, the lived experiences of adolescent mothers during motherhood are explored in the environment in which they take place.

The *procedure* is the technique that guides the activities. In this study the procedure is the programme that will assist adolescent mothers during motherhood.

The *dynamics* are the motivational factors that facilitate a positive outcome − in this study an informed, knowledgeable adolescent mother. The conceptual framework used in this study provided the basis for the development of a programme to assist adolescent mothers during their period of motherhood.

1.9 DEFINITIONS OF THE KEY CONCEPTS USED IN THE STUDY

The following core concepts are explained in order to provide an understanding of the way in which they are used in this study: motherhood, adolescence, adolescent mother, experience and educational programme.

1.9.1 Motherhood

In a general or social context,*motherhood* meansembarking on a lifelong commitment and responsibilities towards a baby. By implication, this definition indicates that, when becoming a mother, a strong caring attitude towards the baby should surface. In African
cultures, in terms of the ideology around motherhood, motherhood starts before, during and after pregnancy; indicating a lifelong connection of mothers with the specific knowledge and abilities concerned with caring for babies. This, in turn, means that an individual remains a child in the eyes of his/her mother, regardless of age. For the purpose of this study, motherhood will be confined to the relationship between a baby and his/her mother—who provides the baby with unconditional love, care and protection.

1.9.2 Adolescence

Adolescence refers to the period within the lifespan in which most of the personal, biological, cognitive, psychological and social characteristics of an individual are changing from childlike to adult-like—literally, adolescence means to grow into adulthood (Van Vuren, 2006).

1.9.3 Adolescent mother

In this study, adolescent mother refers to a young woman who has become a mother between 16 and 17 years of age. It was observed that this middle adolescent age group was the group that was the most vulnerable to pregnancies and motherhood, while, as human beings, they are constantly in the process of developing, growing and learning about themselves and their environment. It is generally expected in the community that, despite the fact that a mother is an adolescent, with the support of adults, she has to undertake the full obligations and responsibilities of the role and be entrusted to maintain and bring up her child until the child reaches adulthood.
1.9.4 Experience

*Experience* implies active participation in a life event that makes a powerful impression on the mind of the one who is/was involved in the life event. In this study, *experience* refers to the physical, emotional, cultural and social changes through which the adolescent mother has lived (Ilson *et al.*, 1987). However, Evans (2008) refers to experience as the knowledge to which adults have been exposed, although this knowledge depends on where they have been. In this study experience refers to the conceptualisation of motherhood by adolescent mothers.

1.9.5 Educational programme

*Educational programme* refers to a brief, organised and directed outline to be followed at a certain event or by a certain institution, with the aim of imparting knowledge and/or skills to the one who is being educated with the intention of changing the status quo or condition of that person (Ilson *et al.*, 1987). In this study an educational programme was developed to offer assistance, guidance and support to adolescent mothers.

1.9.6 Facilitating

Facilitating is a process of working face to face with individuals and small groups in a learning environment (Smith, 2009). In this study, facilitating the educational programme for adolescent mothers involved offering insights and helps them engaged in productive discussions.

1.9.7 Nurse/Midwife

A nurse midwife is an advanced practice registered nurse who has had training in obstetrics and works under the supervision of an obstetrician. The main function is assisting women
with labour and childbirth. In this study a nurse midwife is the one to prepare the adolescent mother for motherhood.

1.10 ETHICAL MEASURES

Ethical issues arise from the interaction with people and in some cases what is right for one person might not be right for other people. Consequently ethical choices involve a compromise between people. The researcher has the right to search for the truth but not at the expense of the rights of other people in the society. Research studies often involve an invasion of the privacy of the participants and, therefore, the participants have the right to be well informed so as to enable them to choose freely whether or not to participate in the study concerned (Mouton, 2005). In this study, ethical measures were adhered to, as to ensure that the protection of the rights of the participants was strictly upheld and not violated. Permission to conduct the study was obtained from the research committee of the Faculty of Health Sciences, University of Namibia, the Namibian Ministry of Health and Social Services and the Director of the Oshana Regional Health Directorate.

The permission of the participants was also obtained in a written form which the participants signed, consenting to be interviewed. This consent form detailed the rights to which the participants were entitled, including confidentiality, privacy, beneficence, voluntary participation, freedom to withdraw from the study without punishment as well as the freedom to terminate the interview should they wish to do so.
Mutual trust and respect between the researcher and the participants was fostered to ensure that the participants revealed their innermost feelings, views and experiences during the interviews (Creswell, 2007; Burns & Grove, 2009; De Vos, 2009; Graciano & Raulin, 2004). This mutual trust and respect was assured by not asking the participants for any personal details. The principles underpinning ethical measures are discussed in Chapter 2.

1.11 SUMMARY

This chapter discussed the introduction and background to the study. The problem statement, research questions, paradigmatic perspective, conceptual framework and research methods were also presented. Key concepts, measures to ensure trustworthiness and ethical measures were summarised. The next chapter will focus on the research design, research methods.
CHAPTER 2
RESEARCH DESIGN AND RESEARCH METHOD

2.1 INTRODUCTION

Chapter 1 described the overview, background, problem statement, objectives and the purpose of the study, while this chapter presents the research design and research method which underpinned the research processes followed in the study. In other words, the chapter highlights how the inquiry was designed in order to answer the research questions in such a way that enabled valid and truthful results to be obtained.

2.2 RESEARCH DESIGN AND RESEARCH METHOD

According to Babbie and Mouton (2009), there is a difference between the research design and the research method. The research design, as a structured framework, will serve as a guide to and orientate the reader on the way in which the research was conducted, while the research method refers to the approach which is best suited to the objectives of the study. Babbie and Mouton (2009) further distinguish between research design and research methodology. They affirm that a research design may go through a number of changes before the researcher is satisfied or reach the objectives. On the other hand, the research methodology may be described as the implementation of the research design, that is, the types of tools and procedures to be used.
This study was conducted in the following four phases, namely, Phase I – situational analysis, Phase II – conceptual framework, Phase III – programme development and implementation, and Phase IV – programme evaluation. The research design and method that were used in Phase I will now be explained.

2.2.1 Research design

In this study, a qualitative, explorative, descriptive, contextual and interpretive, phenomenological research design was used to explore, describe and develop the envisaged programme and then to interpret the meaning of motherhood as experienced by adolescent mothers. Burns and Grove (2009) define a research design as the structural frame of the study. In other words, it is a plan or blueprint of the way in which a researcher intends to conduct a research study as a process of gaining a better understanding of the complexities of human interaction.

Thus, a research design may be described as a set of guidelines and instructions used by the researcher to make appropriate decisions concerning the research problem. The research design will encompass an outline which will achieve the research objective (Babbie& Mouton, 2009; Burns & Grove (2009). Maxwell (2005) agrees with this description by stating that a well-organised research design in which the components work harmoniously together will promote efficient and success. In addition, Mouton (2005) refers to a research design as the way in which research is predicted and accomplished and how the research findings are eventually pulled together.
The following subsection discusses some of the major components of a research design.

2.2.1.1 Qualitative

Qualitative research is regarded as a systematic and subjective approach that describes people’s lived experiences with the ultimate aim of elucidating the meanings that people attach to their experiences. In addition, qualitative designs are inductive, interpretive and field oriented in nature (Silverman, 2011; Lofland & Lofland, 2004; Shank & Ritchie, 2006; Brookes, 2007; Burns & Grove, 2009).

Furthermore, qualitative designs rest on an idea that explains human beings as mindful, self-directing beings who are continuously constructing and reconstructing the social reality (Tjale, 2004; Holliday, 2005). More to the point, qualitative designs are not aimed at explaining human behaviour but rather understanding and interpreting the meanings and intentions that underlie every human action (Mouton, 2005). Thus, qualitative designs involve an understanding of the unique dynamic as well as the holistic nature of human beings.

In addition, qualitative designs are also naturalistic in nature, whereby the researcher entered the participants’ life-setting. This enabled the researcher to better understand the meanings attached to adolescent motherhood, how they construct and make sense of their world. This research study took place in a real-world setting and the researcher did not attempt to manipulate the phenomenon of interest (De Vos, 2009; Mouton, 2005). The
adolescent mothers presented their experiences of motherhood in words and the researcher constructed meaning from the data (Henning et al., 2005, Paelete&Saskaio, 2007; Payne &Smythe, 2007).

A qualitative design was selected for this study for the following reasons:

- A qualitative design represents an attempt to understand people’s interpretation – in this study, the adolescent mother.
- The data were collected in a natural setting (Babbie& Mouton, 2009; De Vos, 2009).
- The researcher was interested in the meanings implied in the way in which the participants made sense of their lived experiences, as well as the structures they encountered in their world (Creswell 2008).
- The qualitative design enabled the researcher to build a complex and holistic picture through the analysis of the words used by the participants and the reporting of specific views and experiences of the participants on motherhood. These specific views and experiences were then accorded meaning in an effort to realise the stated objectives (Creswell,2008; Babbie& Mouton, 2009)

2.2.1.2 Explorative design

This study, explored the experiences of adolescent mothers which was regarded as an unknown phenomenon in Oshana region of Namibia. An explorative design is used to explore the way in which a certain individual or group experiences a phenomenon about which the researcher has little, if any, knowledge, in order to discover more about the
issues being researched.

Explorative research implies that the researcher is studying ideas and possibilities and not allowing predetermined ideas to direct the research. In this study, the researcher strived to gain entry into the adolescents’ world and to access their experiences as lived. This, in turn, helped the researcher to gain an insight into the experiences of young adolescent mothers. The study findings then assisted in the development of a programme designed both to prepare and assist adolescent mothers in using their own perspectives, to facilitate their motherhood (De Vos, 2009). Semi-structured, in-depth interviews were used in order to probe and clarify issues regarding the experiences of adolescent mothers as regards motherhood.

The exploratory approach was deemed suitable for this study as not much is known about adolescent mothers’ experiences of motherhood. In addition, little literature could be found on the experiences on motherhood of adolescents in the Oshana region. Thus, the researcher’s exploration of new ideas was based on Polit and Hungler’s (2006) argument that a researcher should not have any perceptions or ideas that may direct the study to a certain end.

2.2.1.3 Descriptive design

A descriptive design in qualitative research focuses mainly on the portrayal of the characteristics of people, groups or situations (Burns & Grove, 2009). Polit and Beck (2006) complemented that, in qualitative research, the researcher describes the dimensions,
variations and importance of the phenomenon that is adduced. In this study, a detailed picture of adolescent mothers as experienced by them was described. The researcher conducted in-depth interviews, using the dialogical approach, with adolescent mothers in order to gather the required information. Thus, the descriptive design process focused on the following essential components of the study:

- The participants’ experiences as lived by them in their particular circumstances. This provided the researcher with the opportunity to reflect on and understand the meaning of these lived experiences.
- The holistic needs of the participants. These are needs which include aspects of their own health and that of their babies, quality of life and personal aspirations. The study presents an accurate account of the experiences of adolescent mothers in the Oshana region and what they believed should form part of the envisaged programme which was aimed at preparing, assisting and supporting them to ensure their health and that of their babies (Burns & Grove, 2009; Brink, 2006).

2.2.1.4 Contextual design

This study was contextual as it was executed within the context of adolescent mothers in Oshana Region, in Enkono –, Okatana-, Ongwediva and Oshakati – health centres. Babbie and Mouton (2009) maintain that qualitative researchers believe that, in describing and understanding events in their natural context, meaning is confer on concerned events and one can claim that they are understood. The context represents the setting – the site where
the phenomenon is studied. It is believed that it is not possible for researchers to understand human behaviour without understanding the framework in terms of which the participants interpret their feelings, actions and thoughts (Daves, 2007). Thus, contextual design provides an understanding of where and how, and the circumstances under which human meanings are shaped.

The aim of using a contextual design in this research study was to enable the exploration of the perceptions of the adolescents in respect of their experiences of motherhood in their real-life situations. The choice to be contextualised was done intentionally for the researcher not to disturb or manipulate the natural setting of the phenomenon under study. In turn, validity and accuracy of the information gathered without the influence of external factors, is ensured and indicates the intrinsic and immediate contextual significance of the study (Burns & Grove, 2009). Consequently, the in-depth descriptions of the attributes and connotations identified and the conceptual framework (agent, recipient, context, purpose and dynamics) made it possible to develop an educational programme for adolescent mothers.

The educational programme aimed at preparing adolescent mothers in the Oshana region during their experience of motherhood (Burns & Grove, 2009; Brink, 2006). In view of the fact that this study was context bound, adolescent mothers described and constructed their meanings of motherhood in response to their identities and, thus, it was possible to obtain accurate and complete information as well as a comprehensive understanding of the participants.
2.2.2 Reasoning strategies

Reasoning strategies, which refer to the processing and organising of ideas to reach meaningful conclusions, were used in the data analysis (Burns & Grove, 2009). In addition, reasoning strategies facilitate the logical formulation of the arguments which assist with the exploration and description of the phenomenon under investigation. Such strategies include analysis, synthesis and inductive reasoning approaches to programme development (Groenewald, 2004; ). In view of the fact that qualitative studies use a phenomenological perspective, it was deemed essential in this study to consider bracketing and intuiting as well. The following strategies are discussed in accordance with their application to this research.

2.2.2.1 Bracketing

The assumption of bracketing contends that, in order to grasp the essentials of the lived experience of those being studied, it is essential that the researcher shed any prior personal knowledge of these experiences. This, according to LoBiondo-Wood & Haber , 2010), implies that the researcher must actively strip his/her consciousness of all prior knowledge, as well as personal biases and not to lead participants to issues the researcher deems essential. Through bracketing (reductionism) the researcher holds in abeyance ideas, preconceptions and personal knowledge (Groenewald, 2004). As a result, some researchers advocate that descriptive phenomenologists should not conduct a detailed literature review prior to initiating the study.
The goal of the researcher is to achieve transcendental subjectivity, which, in turn, denotes that the impact of the researcher on the inquiry is constantly assessed by neutralising biases and preconceptions. The aim is to allow the researcher to view the phenomenon in its uncontaminated nature. This recommendation concurs with Husserl’s (in Bernard & Ryan 2010) belief that it is not only necessary to bracket the individual consciousness, but also that of the outer world, as acquired through society, culture and history, and which may be contained in the literature reviewed.

Taking cognisance of the recommendation above of not conducting detailed literature reviews, Field and Morse (2002), caution that there are ethical implications when involving participants in unnecessary research. Consequently, much may have been undertaken if the phenomenon under study had been researched previously, either completely or partially.

The researcher in this study took these arguments into account but decided that each description of the experience of adolescent mother with regard to motherhood contained certain unique experiences and special moments. In addition, each of those experiences included features which were intrinsic to that experience and which made the experience what it was. Thus, it may not be possible to generalise the findings to other experiences of the same phenomenon. Furthermore, the researcher, as an experienced midwife, brought to this study her background both as a midwife and as a midwifery science lecturer. This background came into play throughout the interpretive process and, although it informed the interpretations of the data, it did not influence them.
This technique enabled the researcher to constrain personal biases by “bracketing out” the self and examining her own prejudgement in order to obtain a clear picture of the people investigated (Burns & Grove, 2009; Polit& Beck, 2004). In addition, bracketing is a process in terms of which the knowledge and opinions regarding the phenomenon being investigated and already known to the researcher are put aside (bracketed) to prevent their influencing the data.

The researcher, as a parent of adolescents, a midwifery lecturer and a community member in the area where the study was conducted, suspended her prejudgement of what she considered necessary to assist adolescent mothers during the period of motherhood throughout the data collection, data analysis and conceptualisation phases. This enabled the researcher to create an open and free atmosphere, which stimulated fruitful discussions (Brink, 2007; Burns & Grove, 2009; Polit & Hungler, 2006; Polit & Beck, 2004).

### 2.2.2.2 Intuiting

Intuiting may be described as an accurate interpretation of a phenomenon being investigated without enforcing prior expectations or knowledge. In this study, the researcher facilitated this action of intuiting by asking clarifying questions and refraining from asking leading questions. Thus, the description of the experiences of adolescent mothers was interpreted until a common understanding was reached.

Intuiting works hand in hand with bracketing, as it facilitates the description of what is
being studied while it also follows the technique of bracketing. In this study, intuiting was achieved by reading the transcripts from the interviews several times before identifying the subthemes related to the themes. The researcher participated in the data collection, data analysis and conceptualisation to ensure that no prejudice or bias arose and, thus, the trustworthiness of the study was enhanced (Silverman, 2011).

2.2.2.3 Analysis

This reasoning strategy separates the complex into parts, code and defines parts. It involves reviewing the information that was collected during the study, and identifying common areas and differences in order to group the data into functional categories (Streubert & Carpenter, 2007). Thus, through the process of analysis, recurring issues that are pertinent to the understanding of a phenomenon are isolated (Walker & Avant, 2005; De Vos, 2009). In this study, analysis was conducted in Phase 1 of the study and proved useful in the exploration and description of the experiences of adolescent mothers and the perceptions of how they could be assisted during motherhood.

2.2.2.4 Synthesis

Synthesis is defined as a process or the result of building up the separate elements of ideas into connected wholes. By means of synthesis, the relationships between variables that are relevant to the understanding of a phenomenon are reconstructed in order to provide insights into the factors under study (De Vos, 2009). As regards data analysis, synthesis
is used to identify the relationship between concepts and categories. The experiences that were described by the adolescent mothers were defined, analysed and placed in categories according to their connections in order to form themes.

### 2.2.2.5 Inductive reasoning

Inductive reasoning starts with specific observations of the phenomenon in question and builds towards general patterns. Inductive reasoning moves from the specific to the general and is reflective of constructivism (Edmonds and Kennedy, 2013). Qualitative research methodology is in essence inductive in nature. In this study, during the data analysis, specific statements were combined to form a whole which, in turn, gave meaning to adolescent mothers’ experiences of motherhood. The strategy of inductive reasoning allows the important aspects to emerge in the patterns found under study (Henning et al., 2004).

In line with the evidence of inductive reasoning, the researcher identified preconceived ideas about adolescent motherhood and reflected on both her past and current experiences so as to ensure that she kept the meaning of those personal experiences separate from those revealed by the adolescent mothers who participated in the study. In short, inductive reasoning was used when conclusions on the meaning of adolescent mothers’ experiences were drawn from the themes that emerged in Phase I and which describe the perceptions of adolescent mothers (Burns & Grove, 2009).
2.2.3 Research methods

The research method is defined as a systematic set of guidelines and procedures by a researcher when collecting and analysing data. An effective method ensures that the research question is answered and objectives are met (LoBiondo-Wood & Haber, 2010) the research was conducted in four phases.

PHASE I – SITUATIONAL ANALYSIS

This phase focused mainly on the collection of the data and led to the exploration and description of the experiences of the adolescent mothers.

2.2.3.1 Population

If the research question is to be answered, it is essential that individuals, objects or elements that may shed light on the issues related to the topic under investigation be identified. These individuals, objects or elements are termed the research population. According to Burns and Grove (2009), a research population refers to all those elements that meet the criteria for inclusion in the study. Therefore, the population is the entire aggregation of cases that meets the designed set of criteria. In other words, the population is the category of people from which a researcher plans to draw the sample (Roberts, 2004; Polit&Hungler; 2006; Davies 2007).

The population is selected in such a way that individuals are chosen as a unit of analysis when they possess an important characteristic that separates them from other individuals
and that characteristic has an important implication for the study in question. In this research study, the study population comprised all first-time adolescent mothers aged between 16 and 17 years who had experienced motherhood in the Oshana region of Namibia. Thus, the population included all adolescent mothers who had attended postnatal care at six weeks. The motivation behind this reasoning was that, at six weeks after birth, the experiences of pregnancy and birth were still fresh in the minds of the adolescent mothers and, in addition, they would be able, by then, to talk about their experiences of baby care.

### 2.2.3.2 Sampling

Babbie and Mouton (2009), Roberts (2004), and Polit and Hungler (2006) describes a sample as a subset of the population that is selected for a particular investigation. In other words, a sample is a set of elements which is purported to represent the accessible or universal population. On the other hand, sampling technique refers to the process of selecting a portion of the population to represent the entire population. In this study, purposive sampling was used to select suitable participants who possessed the required specific attributes for this study.

**Purposive sampling**

Purposive sampling was used in order to ensure that specific elements are in the sample. Participants who possessed the specific information required to develop a programme were purposively selected for in-depth interviews in this study. The logic and power behind
purposive selection is the information richness, in the sense that purposeful sampling involves selecting information-rich cases for in-depth study (Polit & Hungler, 2006; Henning et al., 2004; Devers, 2005).

In addition, the sampling approach is selected on the basis of the judgement of the researcher as regards the elements that fit the criteria and that present the required information. This criterion assumes that the researcher’s knowledge of the topic, the population, its characteristics and the nature of the research purpose is sufficient to enable him/her to select cases which will meet the inclusion criteria (Davies, 2007; De Vos, 2009; De Vos et al., 2011). Therefore, qualitative enquiry seeks participants intentionally according to the criteria of the fit for the experience and research question as well as the presence of the characteristics of a good informant (Cash & Ross, 2004; Munhull, 2007).

In terms of a purposive sampling, the participants are included in the study because they happen to possess the desired characteristics. Thus, the rationale behind choosing this sampling method in this study was because it was considered the most appropriate method with which to address the purpose of the study and because it is useful for exploratory study (Burns & Grove, 2009). In this study, adolescents who came at the post natal clinic at six weeks were targeted and those who met the inclusion criteria were purposively selected and the exclusion criteria were adhered to.

Accordingly, purposive sampling was selected because it was felt that the participants would offer useful manifestations of the phenomenon of interest and that they would
respond to the research questions relevantly and shed light on the understanding of phenomena (Creswell, 2007).

2.2.3.3 Sample size

The sample size refers to the number of subjects in a sample. In qualitative research the sample size is not usually the focus as is the case in quantitative research. In view of the fact that this study was practice based, there was no specification of sample size and data saturation determined the sample size (Polit & Hungler, 2006; Munhull, 2007; LoBiondo-Wood & Haber, 2010). Data saturation is the stage at which no new information is obtained from the participants during the interviews. In this study data saturation was reached after 14 interviews had been conducted with the adolescent mothers. In addition, the researcher developed certain selection criteria which were pertinent to the specific study in order to narrow down the number of subjects to be researched (Babbie&Mouton, 2009).

Inclusion criteria

Burns and Grove (2009) describe inclusion criteria as those elements that provide directions or comprise a list of the characteristics essential for inclusion in the sample. In this study the sampling inclusion criteria upon which the selection of the participants was based were as follows:

- A young adolescent mother between the ages of 16 and 17 years.
- Reside in the Oshana region and within the catchment areas of the population selected.
• Have delivered a child within the preceding six weeks.

• Freely and voluntarily gave informed consent for the interview, thus adhering to the ethical principles of the study.

• Able to speak and understand Oshiwambo or English or both – the languages that would be used during the interviews.

**Exclusive criteria:** Those whose babies died.

### 2.2.3.4 Data collection

**Preparation for data collection**

Streubert and Carpenter (2007) emphasise how vital it is for the researcher to gain actual access to the participants. The preparation for the data collection involved gathering adequate information about the investigation, including the exact integration of the research preparing the interview question/s and identifying the target population. In addition, the researcher determined when and how she would gain access to the clinical sites as well as the necessary arrangements which needed to be made to inform the target population about the whole procedure.

**Gaining access in the field or entry to the sites**

In this study the field encompassed the health facilities and home settings where adolescent mothers were located. After gaining permission from the Namibian Ministry of Health and
Social Services, the Director of Health in the region as well as from the supervisors of the various health facilities where interviews were to be conducted, the researcher went to the sites and explained the study to the supervisors. As a registered midwife and midwifery lecturer in the region, the researcher enjoyed a positive, personal relationship with the supervisors, with the exception of the Enkono Clinic; she was familiar with the environmental sites where research was conducted.

The location of the research field was first assessed to determine whether it was suitable for data collection. With the assistance of the District Primary Health Supervisor, it was ascertained that the facilities had well-established and fully equipped antenatal and child welfare services. After locating the facilities, the researcher considered the ethical aspects in order to guard against any violation of the principles underpinning research.

The researcher herself and the nurses in charge of each health facility where the study was conducted prepared the participants for the interviews, workshop and focus group discussions. This happened in collaboration with both the Regional Health Director and the Primary Health Care (PHC) supervisor in the district. The Regional Health Director informed each health facility in writing about the study, indicating the aim and objectives of the study and requesting that they offer the researcher the necessary support.

The Primary Health Care supervisors permitted the researcher to have access to the potential participants and to talk to them about the research. The pleasant, positive, informative, initial approach adopted by the researcher clearly influenced the participants
in their decisions to take part in the study. The aim and importance of the study were explained as well the time that would be required. It was after these explanations that the participants consented to take part in the study (Pledge, 2004; Burns & Grove, 2009).

The researcher adopted the approach described above because, according to Silverman (2011), qualitative research is context bound. In other words, it is a method of enquiry in terms of which the researcher comes into direct contact with the respondents and obtains their consent to collect data by asking and answering questions and then analysing the data obtained. Thus, data collection may be regarded as a process whereby information relevant to a phenomenon is sourced through instruments such as interviews, questionnaires, observations and field notes with the aim of tackling a research problem.

2.2.3.4.1 Data collection method

The researcher in this study used in-depth, phenomenological interviews for the data collection process. The interviews started after the participants had agreed to take part in the study.

2.2.3.4.2 Phenomenology approach

The study was also phenomenological in nature as it aimed to gain a deeper understanding of the nature or meaning of the daily experiences of adolescent mothers without any preconceived notions or expectations to guide the research. Phenomenology is, in fact, the study of lived experiences as voiced by those affected rather than these experiences being
conceptualised, categorised or reflected upon (Botes, Nolte & Poggenpoel, 2004; Van der Walt & Van Rensburg, 2006; Munhull (2007) and LoBiondo- Wood & Haber, 2010) describes phenomenology as the study of both the nature of occurrences or events and also how they actually happen or occur. Thus, in the context of a research study, that which the researcher perceives may be different to that which is experienced by the individuals constituting a given research sample.

Munhull (2007) further points out that phenomenology are a way of seeing and describing the structure of an experience precisely as it appears in the conscious without inference from any other discipline. Thus, the purpose of phenomenology is to describe and understand the essence and meaning of experience in a qualitative way, and to focus on the structure of consciousness as experienced from a first person perspective (Lopez & Williams, 2004; Dreyfus, Valle, King & Holling, 2006).

The aim of phenomenological research is to study an experience as lived by the person, and not the experience or reality as a entity separate from the person concerned. Such experience may range from perception, thought, memory, desire and preference to bodily awareness, personified actions and social activities, including linguistic activities, such as meanings, communication and understanding. Phenomenology, therefore, seeks to understand the way in which individuals construct the meaning of their reality. The key concept to the construction of this meaning is inter-subjectivity, based on the premise that one’s experience of the world is with and through others but expressed by the self. Thus, the phenomenological approach provides the caring goal of understanding the lived
experiences of the individual and the world in which this individual lives. In phenomenological research, the purpose is to establish the essential characteristics of a given phenomenon, idea or subject (LoBiondo-Wood & Haber, 2010).

The data collection method is determined by the research problem, research purpose and research design. In view of the fact that a qualitative design was selected for this study, the researcher decided to use in-depth interviews in order to collect the data. These interviews were tape recorded and transcribed verbatim with the interviewees’ permission. The advantage of audio-recording is that it helps the researcher to play back and listen to what he/she may have failed to pick up during the interview (Daves, 2007).

Burns and Grove (2009), contains the key guidelines to be followed to ensure comprehensive coverage and an acceptable depth as regards the qualitative data collection. Therefore, rich or thick, detailed data, consisting mainly of in-depth verbal accounts, ideas and qualities, are obligatory in qualitative research. In accordance with the phenomenological method, the researcher in this study suspended all that is known about adolescent motherhood through bracketing. By bracketing, the researcher controlled her own judgements that may have been based on preconceptions and pre-knowledge, thus eliminating possible bias (Fain, 2006; Gall et al, 2007; Friedman, 2006; Gorman & Clayton, 2005).

2.2.3.4.3  

Pilot study

A pilot study refers to a small-scale study or trial run which is carried out prior to the actual research study. Thus, in preparation for this study, pilot interviews were conducted
with two adolescent mothers at the Oshakati Health Centre in the Oshana region. These two adolescent mothers had not been selected to take part in the actual study. The data were collected by means of a tape recorder after these two participants had granted the researcher permission to record the interviews. In addition, the researcher used effective communication techniques such as probing, as well as taking additional field notes.

The pilot test indicated areas where probing was necessary as well as the length and time of each interview. The test also enhanced the depth and quality of the researcher’s interviewing skills, including note taking, tape recording and transcribing.

The following question was posed during the pilot study:

- Can you please tell me about your experiences as an adolescent mother?

In order to uncover the experiences of the participants, the following questions were kept in mind after the pilot interview:

- Have the experiences been explored adequately?
- Has sufficient detail and meaning of adolescent motherhood been gathered?
- Did the interview take too long?
- Is it possible to summarise the essential features of the meaning attached to the experiences of motherhood in order to come up with themes?

2.2.3.4.3 Interviews

An interview is a productive conversation between two people or groups with one person
or group guiding the conversation. Researchers obtain information through a direct interchange with an individual who is known to possess the required knowledge (De Vos, et al 2011). There are two types of interview, namely, the structured interview, during which an interview schedule with a written list of open and/or closed question is used; and the unstructured or in-depth interview where the aim to understand the experiences of other people and the meaning they ascribe to their experiences. One main, open-ended question is asked in order to lead the conversation and this question, in turn, opens the way for probing questions.

In this study, the in-depth, unstructured interview was utilised to collect the data. The interviews were conducted with “experts”, namely, the adolescent mothers who had experienced motherhood. Furthermore De Vos et al (2011) describes a qualitative interview as an attempt to understand the participant’s world from his/her point of view in order to disclose the meaning of the participant’s experiences and to expose the world as he/she lives in it.

The in-depth interview

The motivation for using the interview strategy is that the interview enables a holistic picture of the phenomenon under study. The interview seeks to uncover human experience by analysing the descriptions giving by the participants without these being coloured by any preconceived ideas of the interviewer or researcher (Polit&Hungler, 2006). In other words, the researcher finds ways in which to develop a deeper understanding of the
phenomenon at hand and to ascertain meanings by focusing on the set questions.

The in-depth interview was deemed appropriate for this study as it enabled a wide range of conversation by providing flexibility and openness to the adolescent mothers. During the interview the researcher seeks to gain an emic perspective without imposing his/her own conceptual framework (Wengraf, 2004; Burns & Grove, 2009). In this study the permission of the participants being interviewed was obtained to use a tape recorder during the interviews to ensure accurate transcribing. In addition, the participants were also assured that the recording would be used solely for the data analysis of this specific study and that it would not be used in any other situations.

**The interview setting**

The participants were made to feel relaxed and at ease to ensure that the interview process progressed smoothly. Firstly, a relaxed atmosphere was established through the reinforcement of the principles of anonymity, confidentiality and the right to withdraw from the study any time without prejudice. Secondly, the interviews were conducted at places where the participants felt comfortable, namely, the health facility with a quiet venue with minimum interruption. With the exception of one participant, who arranged to be interviewed at her home, all the participants agreed to be interviewed at the health facilities. However, the arrangement to interview one participant at home did not materialise as she had given the incorrect residential address.
The seating arrangement ensured the facilitation of verbal interaction, free from intimidation. There were two chairs only in the room and no interruptions occurred during the interviews. A good relationship, without any bias, was established between the participants and the interviewer and this was maintained throughout the interview sessions. Most of the adolescents interviewed were accompanied by their babies and they were permitted to attend to their young babies when necessary. During the interviews the researcher listened attentively with minimal talking on her part while the participants were encouraged to talk as freely as possible.

**Conducting the interviews**

The interviews were conducted between February 2009 and May 2010 with those adolescent mothers who had indicated their willingness to be interviewed and who had met the inclusion criteria. In order to ensure consistency in the interview process, the same interviewer (the researcher) conducted the unstructured, one on one, in-depth interviews. De Vos (2009) explains that unstructured, one-on-one interviews are also referred to as in-depth interviews.

During the interview the researcher adhered to the techniques and tips as stipulated in De Vos (2009) by posing clear, noncontroversial questions. In addition, probing helped ensure that the researcher conducted effective interviews with the adolescent mothers. The adolescent mothers were interviewed in the Oshiwambo language and this, in turn, helped ensure the quality of the data obtained because the participants were able to understand the proceedings. Their responses were later translated into English.
The participants were asked a main question which had been prepared and reviewed. This was followed by probing when the responses lacked sufficient information or clarity. Furthermore, in order to link the responses to the main question, follow up questions were also posed during the interview. In addition, in order to elicit extra information from each individual, communication skills such as paraphrasing and verifying with minimal verbal responses were ensured. The interviewer also utilised various techniques such as nodding and phrases such as “tell me more” and “after that?” in an effort to encourage the participant to talk more freely.

During the interviews the researcher took care not to allow personal qualities and biases to interfere with the eliciting of meaningful information about the phenomenon under investigation. Burns and Grove (2009) further advocate the bracketing of any previous knowledge about the phenomenon in order to make space for new information from participants. Each interview lasted an average of 45 to 60 minutes.

**Field notes**

The researcher jotted down field notes in order to record her impressions both during and after the interviews. This was deemed essential so as to remind the researcher of the entire interview process and to help her remember what had happened during the interviews and, thus, to enable her to incorporate and correlate this information with the tape-recorded data in order to fulfil the requirement of trustworthiness. Field notes also serve as a supplement for the data that is not portrayed by the audio tapes of the interviews, for example, nonverbal communication as well as, in this study, a description of the layout of the health
facilities (De Vos, 2009).

Field notes consist, firstly, of observational notes where the researcher writes down what he/she has heard and seen as well as a description of events which arises from both watching and listening to the proceedings. Secondly, field notes consist of reflectivity notes/personal notes which include the researcher‘s reflections on his/her feelings, thoughts and experiences during the interviews. The latter helps the researcher to prevent personal influences from affecting the research process, as these may lead to bias (Lincoln & Guba, 1985; Creswell, 2008; De Vos, 2009).

2.2.3.5 Data analysis

According to Polit and Hungler (2006), the purpose of data analysis is to impose certain procedures on a huge body of information in order to synthesise, interpret and communicate the data which has been gathered. Qualitative data analysis requires insight, creativity, initiative, conceptuality as well as sensitivity and is more complex than the statistical analysis of quantitative data (Groenewald, 2004; Furthermore, De Vos, 2009; Powell & Renner, 2010) emphasises that qualitative analysis processes focus on searching for meanings and relationships among categories and generating themes. Thus, the data are broken down, conceptualised and put back together in a different way. Munhull (2007) concurs with other writers that, as coding continues during the analysis process, the researcher compares incidents. Some codes occur more than others while others collapse and categories begin to emerge.

In this study the data analysis and data collection took place simultaneously. The tape
recordings of each individual interview and focus group were transcribed verbatim, inclusive of all the hilarity, laughter and expletives.

The researcher utilised Tesch’s descriptive method of data analysis (De Vos, 2009; Creswell 2008; Roberts, 2004) by using an open coding method:

- The transcripts from the data collection process together with the field notes were listened from the tape recorder and carefully transcribed verbatim in order to obtain a sense of a whole.
- In view of the fact that all the participants spoke in their vernacular (Oshiwambo) language, the translation from the vernacular language to English was a necessity.
- The individual transcriptions were read to get their sense which was then written down in the margin.
- The data were broken down and examined closely. Similar ideas and meanings were clustered together and then grouped into unique themes.
- The most descriptive wording was found and turned into categories.
- The categories were reduced by arranging topics that relate to each other and lines were drawn to show the interrelationships between categories.
- Categories and themes were identified.
- The researcher also used co-coders to assist in verifying the data analysis. These co-coders, who were experts in both nursing and qualitative research, were given the raw data. Consensus was then reached between the researcher and the co-coder regarding the categories.
2.2.3.6 Literature control

A literature control was conducted after the data analysis in order to identify both similarities as well the uniqueness of the findings that had emerged from the interviews. The findings of previous studies which were related to the findings of this study were discussed, as were new insights that had derived from Phase I of the study. The findings from the literature were taken into account as either supporting or opposing the findings of this study (Roberts, 2004). The results which emerged were used for the conceptual framework which formed the basis of the educational programme that was developed.

2.2.4 Strategies used to ensure trustworthiness

Trustworthiness in research means that the information is reliable, it may be trusted and it is worthwhile. According to De Vos (2009), the verifiability of qualitative research may be accurately assessed according to the trustworthiness of the research. In this study, Lincoln and Guba’s model, which has been used successfully in qualitative research, was utilised to ensure the trustworthiness of the research study (De Vos, 2009).

Lincoln and Guba’s model presents the following four criteria which should be applied in qualitative research to establish credibility, applicability, dependability and confirmability of the study (De Vos, 2009). Table 2.1 depicts the application of strategies to ensure trustworthiness.
2.2.4.1 Credibility/Truth value

Credibility may also be termed truth value. De Vos (2009) argues that credibility is the alternative to internal validity, with a goal of demonstrating that the study was conducted in such way as to ensure that participants were accurately identified and described. The truth value of this study lies in the fact that the experiences of adolescent mothers were explored and recorded. The findings in this study emanated from the adolescent mothers themselves as regards the way in which they experienced and perceived motherhood. This, in turn, reflected the truth value of the findings.

Prolonged engagement and field perception

Streubert and Carpenter (2007) advise researchers to establish close relationships with their participants so as to enhance the credibility of the research results. In this study the researcher spent sufficient time – more than 45 minutes – with the participants during the interviews in an effort to build trust and to create a favourable environment. In addition, the participants were allowed to seek clarity if they did not understand the question and were requested to talk freely with no fear of any consequences. The participants were accurately identified and described.

Member checking

Member checking is a criterion that involves the participants in reviewing and verifying
the interpretations of the data emanating from the interviews. In this study member
checking was utilised. This entailed the following up of the participants after the
interviews so as to provide them with the opportunity to listen to the tape recorder to
confirm that the data recorded reflected what they had either mentioned or discussed with
the researcher.

The member checking was done immediately after the termination of the interview with
the tape recorder being played back for the participants to listen to and to agree whether it
was a true reflection of what they had said. In addition, the data analysis and data
interpretation were clearly documented throughout and these, together with the transcripts,
were kept available for checking. The supervisor and the co-supervisors also checked the
findings to ensure that they had been accurately and correctly reported.

**Independent co-coders**

The participation of outsiders not involved in the study enhanced the credibility of the
study. Two independent co-coders analysed the transcripts of the raw data. These co-
coders were professors who had experience in qualitative research. In addition, the
independent co-coders were asked to carry out the open coding of the raw data
independently. Once the data analysis process was discussed and consensus reached with
the researcher, the main themes, categories and subcategories were agreed upon.

**Triangulation**

In De Vos (2009), Padgett describes triangulation as the convergence of multiple
perspectives that can provide greater confidence in capturing what was targeted.
Triangulation was utilised in this study as data was gathered from various adolescent
mothers during the interviews. In addition, various methods such as field notes and observations, individual interviews as well as focus group discussions were used, as to ensure that diverse views are captured at different times. The literature control and the contribution of the co-coders also assisted in the development of themes. In other words, this means that findings may be used or transferred to other people in other contexts rather than to the participants of the study in question only. Findings should, thus, be sufficiently detailed to allow for comparison by future researchers (Babbie& Mouton, 2009).

In this study transferability was assured through thick, descriptive and clear criteria for selecting the sample, as well a clear description of the participants based on the intensive way in which the data was collected (see table 2.1).

2.2.4.2 Consistency/dependability

Consistency means that the study may be replicated with a similar context and similar subject and remain consistent (Babbie& Mouton, 2009). In this study, dependability/consistency was assured

2.2.4.3 Applicability/transferability

The degree to which findings may be applied to other contexts or settings is referred to applicability or transferability. However, the purpose of qualitative research is not to generalise the findings to a larger population but to describe either an experience or a phenomenon. Lincoln and Guba (in De Vos, 2009) describe applicability as the extent to which findings may fit into comparable contexts through a dense description of the
research method, peer examination during doctoral seminars, triangulation and following the open coding procedure (Babbie & Mouton, 2009).

The researcher sent the notes which emanated from the interviews and the interpretations of these notes, as well as the tape cassettes which had been recorded during the interviews to experts in qualitative research to check whether the researcher had adhered to acceptable standards in respect of the research process and agreed on the themes and categories emerged. It is believed that similar results would be obtained if a similar study were conducted in the same context or setting.

2.2.4.4 Neutrality/confirmability

Neutrality/confirmability means that the research findings are solely applicable to the informants or participants and not of other viewpoints, biases or motivations. Thus, other researchers may follow the study and arrive at analogous/comparable conclusion. This maybe achieved by checking either the raw data on the tape recorder or the field notes as well as the data reduction and the data analysis which was given to the co-coders (De Vos, 2009; Babbie & Mouton, 2009). In addition, the researcher ensured the safekeeping of the recorded tape cassettes, the written documents and the notes from the interviews in case a need for tracing ever arose.
2.3 Ethical measures

Ethical measures in research are essential to ensure that the rights of the participants as from the beginning of research up to the end are not violated (Brink, 2007).

2.3.1 Authorisation

Permission to conduct the study was first granted by the University of Namibia’s Postgraduate Studies Committee when the committee approved the proposed research study. Approval to collect the data was requested of the research committee of the Ministry of Health and Social Services and granted. In addition, the approval of the Oshana Regional Health Director was obtained before written notifications were sent to the selected health facilities through the office of the Regional Health Director. Verbal agreements were concluded with the staff from the health facilities where the study was conducted while the written consent of all the participants was obtained (see Annexures).

The research study involved invading the privacy of participants and, therefore, they had the right to be well informed so as to enable them to choose freely whether or not to participate in the study. Accordingly, it was vital that ethical measures be adhered to at all stages of the research process – from the initiation to the end (Brink, 2007). The adolescent mothers were respected and treated as unique human beings and, thus, mutual trust and respect developed between the researcher and the participants. This, in turn, helped ensure that the participants revealed their innermost feelings, views and experiences during the interviews.
In addition, ethical measures were adhered to so as to ensure that the rights of information of the participants were protected. The aim of the interview was explained to each interviewee and every precaution was taken prior to the commencement of the interviews to ensure confidentiality, privacy and justice, beneficence, voluntary participation and freedom to withdraw from the study without punishment. In addition, the participants also had the right to terminate the interviews if they so wished (Creswell, 2009; Burns & Grove, 2009; De Vos, 2009; Streubert & Carpenter, 2007; Graciano & Raulin, 2004).

The following ethical principles guided the study:

2.3.2 Informed consent

In qualitative research, the researcher is negotiating an entry into the participant’s world or territory and, thus, it is essential that agreement be reached and authenticated. If the participants are to agree to participate in the research study freely and without any coercion, they have the right to be given information by the researcher concerning the entire process of the study, including the purpose of the study and the procedures to be followed. It was, therefore, essential in this study that the participants were informed of the aim and objectives of the study, the research methods and the duration of the study, as well as the identity of the researcher (Burns & Grove, 2009; Munhull, 2007). Accordingly, information about this study was contained in a written form in which the vital aspects of the study were highlighted and the participants gave their consent to participate in the study.
These are certain important principles which impose boundaries of what may be disclosed regarding personal information. In the study emphasis was placed on accurate and full information and the participants were made aware of their right to voluntary participation and freedom to withdraw without any repercussions, while the participants were also free to terminate the interview if they so wished. In view of the fact that the researcher wanted to use a tape-recorder during the data collection process, the permission of the participants to do so was requested and obtained.

The participants were assured that recorded tapes would be kept for study purposes only and destroyed at a later date. Each participant was fully informed about and assured of anonymity and confidentiality. The fact that the researcher provided the participants with accurate information about the study enabled the participants to understand the procedures involved in the investigation and, as a result, they voluntarily decided to participate.

2.3.3 Confidentiality and anonymity

The principles of confidentiality and anonymity were maintained throughout the study. These measures were adhered to in order to ensure that the participants’ rights of information were protected and, thus, any information shared during the interviews remained anonymous as did the participants’ identities. Thus, the responses given by the adolescent mothers were kept confidential and no unauthorised person was allowed to gain access to the raw data. Every precaution was taken prior commencement of the interviews to ensure both confidentiality and anonymity. Thus, ethical issues around data collection,
data analysis and reporting were borne in mind from the beginning of the study (Munhull, 2007).

Anonymity implies that participants should not be identified either in person or in any other way. During this study, confidentiality and anonymity were assured by taking care that no names were used, although the area location was mentioned but this was not indicated in the recording of the information.

2.3.4 Beneficence and freedom from harm

It is essential that the participants in a study should not be injured in any way, despite the fact that they volunteered to take part in the study. Accordingly, the adolescent mothers were protected from any physical discomfort and dangers that may have resulted from the research study. As regards emotional harm, the researcher was also compelled to protect them although is not easy to predict emotional discomfort.

The beneficence principle involves the efforts made to secure the wellbeing of the participants. In this study no physical, emotional, economic or spiritual harm was inflicted on the participants, either prior to or during the interviews. Protecting the participants from harm includes informing them thoroughly about the impact of such an investigation (De Vos et al. 2011; Brink, 2007). The participants were informed in their own language so as to ensure that they understood what was being said, while the use of professional words and terms was avoided to ensure that their consent was not obtained under pressure (Brink, 2007).
2.3.5 Privacy and justice

In this study any dishonesty was avoided by obtaining the informed consent of the participants and by protecting their privacy. Define privacy as that which is normally not intended for others either to observe or to analyse. Thus, privacy relates to the elements of personal privacy while confidentiality is about the handling of information in a confidential and discreet manner (Dunne, 2004). Inevitable information that is given anonymously ensures the privacy of the subject.

In this study no person not involved in the study would be permitted to gain access to the information without the permission of the participants. The participants were selected because they were familiar with the problem under investigation and, thus, it was possible that they could be easily. Accordingly, the participants were assured that they had every right not to respond to certain questions if they so wished and to decide what they wanted to disclose.

2.4 PHASE II: CONCEPTUAL FRAMEWORK

A conceptual framework refers to a systematic structure of ideas about situations of interest in the study. It gives an outline of methods to organise the thinking, observations as well as the interpretations (Vaughan, 2008). The conceptual frame work guided the researcher in developing the educational programme to assist adolescent mothers during motherhood – see chapter 4. The research results were derived from Phase I of the study.
Mind map of the researcher

The researcher used the ideas of Dickoff, James and Wiedenbach (1968) in formulating the conceptual framework used in this study. The survey list of Dickoff et al. (1968, p. 423) includes the context, agent, recipient, dynamic, procedure of the activity and terminus.

Who is the agent? Who is the recipient? What is the procedure? What are the dynamics? What is the context? What is the outcome? These concepts were used as the basis for the formulation of the conceptual framework.

Dickoff et al. further mentioned three issues which need to be addressed in the development of the conceptual framework, that is the goal-content, the prescriptions of the activity to attain the desired outcome and then the survey list to highlight the gap between the intended activity and the prescriptions for the activity. The aim of the framework was to identify major concepts that could be reflected in the programme aimed at assisting adolescent mothers. These were the concepts that were utilised to devise the theoretical framework of the educational programme for adolescent mothers as described in Chapter 4. The researcher’s mind map symbolises the interaction between the agent and the recipients so as to enable contextualisation within a specific framework and procedure. The context determines the procedure to be followed, whilst acknowledging the dynamics which are reinforcing both the interaction and the facilitation process, in order to accomplish specific goals or outcome. The conceptual framework is described fully in chapter 4.
2.5 **PHASE III: PROGRAMME DEVELOPMENT AND PROGRAMME IMPLEMENTATION**

This phase involves the development and implementation of the educational programme. The programme was developed according to the themes that were extracted from the interviews and from field notes and literature. The implementation was designed to cover topics that assist adolescent mothers during their motherhood period. The implementation was in a format of a workshop, conducted over three days in three phases of orientation, working and terminal phase. The details are described in chapter 5.

2.6 **PHASE IV: PROGRAMME EVALUATION**

It is essential to evaluate a programme after it has been implemented so as to make the researcher aware of both positive and negative aspects of the programme and to consider improvements if necessary. The evaluation of the programme was conducted in order to obtain verbal feedback during the workshop sessions by giving daily evaluation forms. After three months the researcher conducted a follow-up group discussions with the adolescent mothers who had taken part in the workshop after giving birth to evaluate the effectiveness of the programme (see chapter 6).

2.7 **SUMMARY**

This chapter discussed the research design and the research methods employed in the study. The research method encompassed four phases, namely, the situational analysis
and conceptual framework, programme development, programme implementation and programme evaluation. The ethical measures and reasoning strategies adopted in the study were also described as was the issue of trustworthiness. The next chapter will discuss the findings from the situational analysis, together with the literature control.
CHAPTER 3
THE DESCRIPTION OF RESEARCH FINDINGS AND THE LITERATURE CONTROL

3.1 Introduction

The findings described in this chapter emanate from the data collected (Phase 1) through the in-depth interviews which were conducted with adolescent mothers who had delivered their first child and who were residing in the Oshana region. The research findings focused on the way in which the adolescent mothers experienced motherhood and how they would like to be supported. Despite the fact that these findings are not meant to represent the experiences of all adolescent mothers in Oshana, they will, however, provide significant insights into the lives of adolescent mothers. The findings are discussed, supported by existing literature in order to indicate whether these findings either agree or disagree with the findings from previous studies or to point out the gaps in previous studies. In addition, the literature control enables the detection of whether the themes identified have been previously documented and, consequently, the literature control enhances trustworthiness.

3.2 DESCRIPTION OF SAMPLE OF ADOLESCENT MOTHERS

The study participants were purposively selected from the Oshana region of Namibia. According to Burns and Grove (2009), qualitative researchers may use quasi-statistics which involve the tabulations of the frequencies, supported by data. Accordingly, the researcher in this study used a frequency table to present the demographical data of the
adolescent mothers who had participated in this study – (table 3.1). A total of twenty mothers were identified for the interviews. Among those twenty mothers, four were between 18 and 19 years of age and, thus, not eligible to participate as they were not of the required age while two were not from the Oshana region. Accordingly, a total of 14 adolescent mothers only were interviewed. It is the richness of responses that is important and not the number of participants who share their experiences because the aim is to achieve, not quantity, but quality (Silverman, 2011).

Table 3.1: Demographic data of the participants

<table>
<thead>
<tr>
<th>Characteristics of the participants</th>
<th>Categories</th>
<th>Frequency (F)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td>Unmarried</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Educational level</td>
<td>Grade 1–5</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Grade 6–10</td>
<td>13</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>Grade 11–12</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td>Tertiary education</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Employment</td>
<td>None</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Age</td>
<td>16 years</td>
<td>8</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>17 years</td>
<td>6</td>
<td>43%</td>
</tr>
</tbody>
</table>

The participants who were interviewed ranged in age from 16 to 17 years (mid adolescence) and they had all given birth to healthy new born babies. Not one of the participants was married and neither was in a steady relationship. All had reached the
secondary level of education but not one had furthered her education or reached tertiary level either before or after giving birth. The majority of the participants had been in school at the time of conception. Furthermore, not one of them was employed during the period of the interviews. The language used/spoken mainly by the participants was Oshiwambo.

3.3 RESEARCH FINDINGS

3.3.1 Qualitative data analysis

Analysing data qualitatively helps to reduce the amount of data, as the data had been transcribed verbatim, but also helps to keep in mind the core ideas of participants. According to Bernard & Ryan (2010) qualitative data consists of words and observations were analysis and interpretations require bringing order and understanding and not numbers as in quantitative research. The whole process needs creativity, discipline and a systematic approach. In this study, Tesch’s (1990:p. 79) method of open coding was used to conduct the analysis of the data. According to Tesch (1990), the aim of data analysis is to organise and group many words into fewer, relevant content categories which must be applicable to the purpose of the study. The interviews were audiotaped verbatim.

The process of data analysis started with the first transcript where the researcher transcribed the interview from Oshiwambo, the vernacular language, into English. As the researcher became more familiar with the text after each interview session, in-depth analysis was carried out by repeated and concurrent reading and interpretation of data
coupled with direct observations. Topics were identified and recorded as per interview and thereafter topics with the same meaning were linked together, resulting in the identification of themes and subthemes. The researcher gave the transcripts to external experts to read through to provide an indication of the accuracy and trustworthiness as regards the generating of the themes and to prevent any distortion of the information (Bernard & Ryan, 2010).

Fourteen categories of coded data were identified and then linked together to form themes. The emerging subthemes were grouped together and combined into master themes as summarised in Table 3.2 and are described later in this study. As referred by Williamson (2005), qualitative researchers are challenged when organizing and analysing the generated data. Meanwhile, many authors are in support of the idea that though qualitative research involves a small sample and no large datasets, it requires an intense of time to get the richness of the responses. The researcher however was conscious not to influence the richness of the data during this process (Creswell, 2007; De Vos et al., 2011; Burns & Grove, 2009).

The significance of certain aspects was based on the saturation of the data for similar experience on a particular theme. The discussion of themes and sub-themes was supported by relevant citations of the participants’ ideas and experiences (indicated in italics) which, in turn, ensured that the themes which had emerged were representative of the participants’ narratives experiences on motherhood. At the end of each quote, the participant’s number is quoted, for example, Mother 1. The following research findings provide insights into the
lives of adolescent mothers and highlight certain significant areas:

3.3.2 Themes and subthemes

The themes and subthemes that emerged from the data analysis are presented in Table 3.2

Table 3.2: Themes and subthemes that emerged from the experiences of adolescent mothers on motherhood in the Oshana region in Namibia

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1: Adolescent mothers experienced diverse feelings towards motherhood</strong></td>
<td>1.1 Fear of disclosing pregnancy, fear of the unknown and uncertainty</td>
</tr>
<tr>
<td></td>
<td>1.2 Guilt, shame and embarrassment,</td>
</tr>
<tr>
<td></td>
<td>1.3 Sense of confusion, unhappiness and desperation</td>
</tr>
<tr>
<td></td>
<td>1.4 Feelings of accomplishment</td>
</tr>
<tr>
<td><strong>Theme 2: Adolescent mothers experienced various challenges related to motherhood</strong></td>
<td>2.1 Health challenges (Physical and psychological)</td>
</tr>
<tr>
<td></td>
<td>2.2 Disruption in education or withdrawal from school</td>
</tr>
<tr>
<td></td>
<td>2.3 Role and lifestyle changes</td>
</tr>
<tr>
<td></td>
<td>2.4 Experiencing birth and becoming a mother</td>
</tr>
</tbody>
</table>
Literature control on the themes and subthemes

3.3.2.1 Theme 1 Adolescent mothers experienced diverse feelings towards motherhood.

Adolescent mothers experienced diverse feelings towards motherhood. They expressed how they felt and how they thought people may react towards their pregnancies.

3.3.2.1.1 Fear of disclosing pregnancy, fear of the unknown and uncertainty

a) Fear of disclosing pregnancy

Women react differently to pregnancy depending on their personalities, acceptance of the pregnancy and cultural backgrounds. However, there were some common reaction to the
pregnancy, regardless of age and culture. The results of this study concur with the findings of the study conducted by Thomas (2006) to the effect that young mothers found it extremely difficult to gather up enough courage to inform their parents and the immediate family about their pregnancy. In addition, Insel and Walton (2007) are also of the opinion that unwanted pregnancies caused young women to fall into denial and several weeks/months may elapse before they finally agree to reveal their pregnancies. After the confirmation of the pregnancy the unmarried mother often experiences fear; anxiety, depression and anger which, in turn, prevent her from seeking early antenatal care.

However, the fear, anxiety, depression and irritability as well as other physical symptoms may sometimes be attributed to the changes occurring in the body during pregnancy. In certain cultures in Namibia, including the Oshiwambo, if an adult woman becomes pregnant, it is always a matter of pride for the family because the pregnancy is regarded as a confirmation of femininity. Nevertheless, there is also a history of censure and punishment if an unmarried girl became pregnant as it was a cause of deep shame. Consequently, the girls were punished and some were even burnt to death. In modern culture, such punishments are no longer accepted although breaking the news of a girl’s pregnancy is often extremely traumatic for the family and the pregnant girl is often deeply embarrassed and also afraid of the reactions of parents.

The study done by Thomas (2006) in New Zealand, participants spoke of their unhappiness and disappointment and fear of speaking out. These findings are in the same line with adolescent mothers in this study who revealed that they felt fearful when they had found
out that they were pregnant, especially at the prospect of disclosing the pregnancy to their parents/guardians.

“I was really afraid because getting pregnant was not in my mind. I was shocked” (Mother6)

“I was scared to disclose my pregnancy because my family was not aware that I was engaged in sexual activities” (Mother1)

b) Fear of the unknown and uncertainty

In this study, both uncertainty and fear were prevalent among the adolescent mothers with many of them apparently having no idea that having a baby could pose such severe challenges with so many unforeseen and uncertain prospects.

A study conducted in South Africa by Sodi (2009) on psychological impact of teenage pregnancy on pregnant teenagers found that most participants expressed fear and disbelief when they discover that they were pregnant. Sodi (2009) further explained how some expressed shock and could not believe that they were undeniably pregnant.

In this study, adolescent mothers believed in different believes which caused them to become even more confused. Many of the participants indicated that they had heard and listened to stories from the community regarding pregnancy or birth. This could have an impact and delay the labour process. However, they appeared not to know what physical and emotional changes to expect and also were unaware of the challenges posed by pregnancy and childbirth and which were awaiting them. In addition, adolescence which is
a time of great physical and psychological changes may create confusion and uncertainty and adding pregnancy will pose much impetus. In the study conducted by Sodi (2009) some of the participants reported having experienced confusion and uncertain.

According to Volkman and Silk (2010), uncertainty may be defined as the inability to determine the meaning of events and occurs in situations in which the decision maker is unable to assign values to objects and events or is unable to predict the outcomes. The adolescent mother finds herself in a similar situation where she was not able to predict what was expected of her when she became pregnant, nor what to expect during and also after giving birth. In addition, the adolescent mother becomes unsure about her own body if she will be able to go through the labour process without difficulties and feel more alienated when pregnant (Alston, Duncan, & Boetto, 2004).

“People are saying that giving birth is not easy at all; it is between life and death. You are afraid to die, or your baby to die or both of you can die; but I did it miraculously” (Mother 7).

In the Oshiwambo culture, there are some pronouncements that reflect fear as a result of the belief that, if a woman is pregnant and her partner/husband has sexual intercourse with another woman and comes home early in the morning to find his pregnant wife/partner still asleep in bed; then she will suffer a long, painful labour and, in addition, either she or the baby or both may die. Certain taboos also affect some adolescent mothers who went to the hospital to give birth.
“I was afraid to have long labour or my baby could have died because I stayed with my boyfriend and you are not sure whether he was seeing somebody else (girlfriend) and find you sleeping in the room (taboo). Luckily my labour went well and nothing happened or maybe my boyfriend did not cheat on me” (Mother 7).

Cultural beliefs differ while the way in which values may be attached to different facets of life in different communities, for example, pregnancy and giving birth, may be extremely powerful. In a strong culture, values are translated directly into people’s day-to-day lives which may influence their behaviours. In the area where the study was conducted, the adolescent mothers still believed certain taboos concerning the reduction of pain/contractions during the delivery process. Some people tend to believe what others tell them and they only discover the truth if went through the experiences themselves.

“I heard that if you wash your face with water the labour pains will subside, so I washed my face and hands while in hospital, but the pains did not change” (Mother 10)

In other words, this adolescent mother (Mother 10) was in pain and she thought that what she heard in the community may help but, unfortunately, it was not the case as the traditional advice did not work and she continued to suffer labour pains. However, she may not have been aware that labour pain is a natural part of the process of delivering a baby. Accordingly, what she needed was support during the labour pains (contractions). Thus, prior to delivery it is essential that adolescent mothers be provided with information about
the natural physical process of labour and that they learn strategies that may help them cope during the birth of their babies. In addition the adolescent mother’s body may pose some health problems due to an undeveloped body.

The Oshiwambo-speaking people in Namibia also believe that, unlike the traditional midwives, the modern midwives do not know how to act during the labour process in situations where taboos are involved. The traditional midwives are aware and know what to do when such taboo happened. It is therefore creating greater fear if deliveries are conducted in health facilities if there are suspicious taboos related to labour. Women are also discouraged from utilising the services available at health facilities, including the adolescents in the community at the time they are due to give birth.

During this critical time of giving birth the adolescent mothers need the support of their families as well as professional support more than ever; and they should be able to communicate with someone, especially when the emotions are running high.

3.3.2.1.2 Guilt, shame and embarrassment

It emerged from this study that some of the adolescent mothers had experienced guilt, shame and embarrassment and, thus, they had found it extremely difficult to disclose the news of their pregnancies making it hard to interact freely. It is an experience that inhibits and restricts them from interacting with others freely. The same findings were highlighted by Sodi (2009) in her study that adolescent pregnancies were seen as an embarrassment.
Their wishes of completing school before starting families were not being fulfilled and they found themselves in situations which jeopardised their future dreams. In addition, they experienced intense embarrassment if the father of the baby refused to take responsibility. According to the Oshiwambo culture, if a woman has a child without a father, the general conclusion is that the mother had loose morals and had probably had many partners. Accordingly, people would have to wait until the birth of the baby to see whether the child looked like the assumed father or not. Such proceedings were previously carried out in the traditional courts. However it seems that this is still existing in the community.

“I went back to my mother and told her that the boyfriend is denying the pregnancy. She notified one of my uncles, and a meeting was called where we were all present and answered questions from my family members. I told them that he is responsible but he still denied the responsibility. Consequently my family decided to take the matter further to the traditional authority, to our headman” (Mother 3).

This is what may happen if the father denies responsibility. Fortunately, in modern times, if the father denies paternity, blood samples may be taken at the health facilities in order to ascertain the paternity of the child. Nevertheless, adolescent mothers still experience this kind of treatment in certain communities. In addition, adolescent mothers are aware that education will enable them to attain their goals and, thus, since education is known to be the key to success, this fact would be present in the adolescent’s mind when she discovered she was pregnant. The adolescent mothers also felt guilty, inadequate and unable to be
responsible mothers. They blamed themselves for not waiting to finish school and then having the baby.

*I was supposed to be in Grade 9 this year but now...” (Mother 7)*

“I wish I have waited to finish school and get a job to enable me to support myself, my baby and my family” (Mother1).

Nevertheless, despite the fact that some of the parents of adolescent mothers were shocked at the news, they gradually show sympathy and understanding towards their pregnant adolescents, while others have shouted and sometimes swore at them. In the Oshiwambo culture, the parent of an adolescent mother feels hurt and uncomfortable among other people if her daughter got pregnant, unmarried. It is particularly shameful as people in the community usually blame the parents for the fact that they did not talk and warn their daughters about men, because these days the taboo of not discussing sexuality is diminishing gradually.

However, nowadays adolescents tend to listen more to their peers, read magazines, watching movies and television rather than listening advices from their parents and peer influence is more powerful than that of the parents (Porta, 2010). The adolescent mothers in this study had the following to say:

“I encourage myself to tell my auntie with whom I am staying with, she was angry. It was not an easy time may be for a week or two but she gradually accepted the situation” (Mother4)
“My father, who did also not welcome the news, shouted at me and said that I must go and tell the one who impregnated me” (Mother1).

“I was confused and afraid to tell my parents. I told myself to start with my mother who is closer to me, but it was also not easy at all. I felt so ashamed!” (Mother6).

In his article, Porta (2010) indicates that pregnant adolescents experience feelings of guilt, anger and depression. However, he goes on to say that the parents’ and families’ worries and disappointments should not tarnish the relationship of parents and the adolescent mother. Rather to be supportive and understanding to ensure that the pregnant adolescent adopt the lifestyle and changes due to pregnancy and birth.

However, in America, Hollander (2004, in Girl-Mom, 2005) is of the opinion that the days when adolescent pregnancy had to be concealed from public and was considered a shameful experience are passed. According to Hollander, adolescent mothers in America are no longer ashamed or embarrassed about being pregnant because they are surrounded by supportive options and resources which enable them to disclose their pregnancies and, thus, receive the guidance and help offered by the available recourses.

Nevertheless, while it is acceptable in America for adolescents to disclose their pregnancies freely, Namibia, where this study was conducted, has not yet developed that culture of freedom. More often than not, pregnant adolescents may have doubts and questions regarding their readiness to be mothers and they usually hide their pregnancies and fail to seek either antenatal or psychological care. This attitude, in turn, may have an
adverse effect on their health during pregnancy, particularly if some time elapses before they reveal that they are pregnant. Routinely the midwives provide antenatal care from the time of conception until labour and this would enable the pregnant adolescent to make informed decisions about her care.

“I use to hide the pregnancy and only revealed it after six months; I was scared and embarrassed to tell my auntie” (Mother2).

Similarly, adolescents in Soweto, South Africa reported that they suffered shame and embarrassment at having to reveal their pregnancies to their families and partners as well as their peers (Norris & Ginsburg, 2006). These researchers further commented on the silence caused by the fear and shame that caused the families to take no action while the adolescent girls did not seek health care services when pregnant.

Furthermore, a study conducted in South Africa by Doctor Ziyane, as reported by Mulongo (2006), into the reasons why adolescent girls fall pregnant discovered that the girls were made to believe that having unprotected sex with their boyfriends would make their boyfriends love them more. In other words, the intention was to trap the girls into engaging in unprotected sexual relations. Thus, this attitude among adolescents tended to result in pregnancies even when the girls were too young and not ready to become mothers, and finding out that they are pregnant is usually shocking and traumatic.

This study did not explore why girls in Namibia also sometimes agree not to use condom, whether to satisfy their boyfriends or to show their love. However, as a result, the girls are
often trapped into becoming pregnant. It is possible that there are similarities between the situations of the girls in Namibia and those in South Africa although it may also be that adolescents may lack the power and confidence to refuse to have unprotected sex. In addition, it is also possible that the females are dominated by males and this would make it difficult to say “No” to a request to indulge in unprotected sexual intercourse.

3.2.2.1.3 Sense of confusion, unhappiness and desperation

The unexpected motherhood creates disturbances in the adolescent mothers, particularly if they did not expect to become pregnant through their sexual activity. In this study the adolescent mothers suffered from confusion, unhappiness and desperation because they were forced to accept and to cope with the new responsibilities of motherhood.

a) Confusion and desperation

During motherhood an adolescent mother may feel disconnected from the dreams, goals and ambitions that were essential in her life, prior to motherhood. In addition, she may experience confusion about what she wants to achieve in her life and what she wants to do with her time and this, in turn, may lead to feelings of unhappiness. Some adolescent mothers feel hopeless when reflecting on their perspectives of their future. They felt that their chances of returning to school were limited as a result of the lack of support from family members and that no one would take care of their babies when they were at school. Some parents felt that, when adolescents fall pregnant, this brings an end to their lives and
there are no chances for them to improve their situations. This emerged from the following statements:

“*I have to forget about school because there will be no one to take care of my baby if I go back to school, said my mother*” (Mother6).

“My parents told me to stop going to school after I told them about the pregnancy. I should only go after giving birth and maybe when the baby is big enough to stay behind with them. You see, when will that be?” (Mother10).

Studies have also been conducted in different countries and some of the findings accords with the findings by Hansen (2007) in US, where adolescents stated that people were putting them down when they wanted to go back to school after giving birth. In their article, Hughes and Ryals (2011) harmonize also with these findings from the study they conducted. They quoted the adolescent mothers as raising the problem of balancing school and being pregnant. It is not easy to balance school work with caring for a baby. Consequently, they usually chose to take care of the baby and drop out of school, especially as the demands of basic parenting make it difficult to keep up with school work. Thus, adolescent mothers, as the powerful predictors of the future, constitute a social problem in modern, industrial societies.

“I don’t know what to do! I feel like crying. Will I ever know what to do with the baby?” (Mother9).

The adolescent mothers were clearly confused about what they wanted to achieve,
including whether they wanted to continue their education despite having had a baby. The statement quoted indicates the desperation and unhappiness of the adolescent mother as some of them had envisaged good careers after completing their education.

b) Unhappiness

The support for adolescent mothers during motherhood is supposed to come from their mothers and close family members as well as from health professionals and from the society at large. Many of the factors that lead to unhappiness and discouragement are rooted in society’s expectations. Therefore, the solution lies in social change which would encompass listening to adolescents, learning about their social circumstances and providing them with information that may lead to more realistic predictions regarding motherhood. The unhappiness that was felt by the adolescent mothers in this study was as a result of the unexpected motherhood as well as the lack of support from close relatives and friends. Adolescent mothers also blamed nurses and families who, at times, ignored their presence (Birkeland, Thompson & Phares, 2005).

“Adolescent mothers need to be accepted and, if possible, allowed to go back to school, because these things just come unexpected” (Mother3).

“We need to be cared for and supported by our families, friends and nurses. When we go for contraceptives and found the clinic full of patients, you will come back unattended. Next time you won’t have courage to go back” (Mother5).
Early motherhood is not what these adolescents wanted or what they chose but, when it occurs early and unexpectedly, they find themselves faced with many doubts and questions regarding their readiness to be parents. As a result, they often hide and fail to seek antenatal care. However, this failure to seek antenatal care exposes them to greater health risks because their bodies are still developing and may not cope with pregnancy if not the adolescents mothers are not attended and supported by health professionals. Because of the many feelings adolescent mothers draw together, parents and relatives as well as health professionals and friends must be absolutely supportive and understanding.

3.2.2.1.4 Feeling of accomplishment

Some of adolescent mothers expressed satisfied feelings of achievement and happiness. They aspired to being mothers and they constructed their feminine identity around the practice of motherhood. In addition, they also displayed maternal instinct.

These findings concur with the findings of Steele (2011) in her study on adolescent motherhood and religion in Brazil. In her study the respondents’ perceptions of motherhood were positive with some revealing that they had matured and become more responsible upon becoming mothers. They regarded their children as a “gift from God.” Although Steele’s perspective was religious, some of the adolescent mothers in this study also manifested positive attitudes towards their babies.

*Us mothers must be courageous and must not kill, abandon or abuse our children due to*
lack of support. Those children will be leaders of tomorrow” (Mother7).

I was tired but I could hold him in my hands, that feeling ...; I felt good and proud of myself” (Mother9).

The adolescent mothers revealed that some of health professionals were carrying out their jobs well. They indicated that they had been informed about various health issues concerning pregnancy, labour and the baby care and that this information had helped them. They had also been given information on HIV and had been tested for the virus. This had helped them to know their status.

“We both got HIV test and have negative status; I am very much happy about it and also that my boyfriend did not refuse to go for a test” (Mother1).

Despite the fact that several of the participants had been fearful, some of them were proud about giving birth. They maintained that touching their babies for the first time had been like a dream although they had found it both real and wonderful. In addition, they had felt an immediate bonding with the baby when the baby had been born.

“We nurses gave me my baby immediately after birth, for me to hold him for a while and asked me whether it is a girl or a boy. I was tired but I could hold him in my hands, that feeling ...; I felt good and proud of myself” (Mother9).

In her study, Hollander (2004) mentioned that a young mother had explained how she had
proudly delivered her baby naturally in the delivery room, and described that she had been
the only one who had been calm and cool, not screaming and yelling in pain. This finding
is in agreement with what some of the adolescent mothers in this study had said when they
had expressed their happiness and indicated that they had not experienced difficulties,
either during pregnancy or with delivery or the kind of assistance they received. In fact,
they had greeted their pregnancies with enthusiasm and joy and had felt blessed to have
babies, although at such a young age, and had promised to take care of their babies.

“Myself did not felt bad, I accepted that I got pregnant and was proud of it though I am
too young’ (Mother 6).

“I believe that if you got pregnant, don’t think of abortion or other things if you are not
getting support, just take it easy and continue with life. I felt that God has blessed me with
the pregnancy and now the baby (Mother 3).

Some of the adolescent mothers cited above did not feel any remorse at being such young
mothers because of the support they had received. This support had created a strong feeling
of security and satisfaction.

3.3.4 Conclusion to Theme 1

Theme 1 dealt with diverse feelings of the participants towards motherhood. It is deemed
important that the participants reflect on their reactions and be able to identify the triggers
regarding these feelings in order to deal with the situation or to be assisted in a positive
way.

In any situation, knowledge will encourage and persuade an individual to face the challenges involved and to experience a greater sense of control, thus in this study, decreasing the fear and anxiety as adolescents learn to understand the whole process of motherhood.

3.3.2.2 Theme 2: The adolescent mothers experienced various challenges related to motherhood

Changes occur gradually in the body as the baby grows and it offers positive evidence of its presence by moving inside the uterus. The experience of this movement will create the nature of reality of feeling the life of the unborn creature and this, in turn, will have a profound impact on the pregnant woman’s mind. The other physical changes, including an enlarged uterus, skin changes and weight gain, also alter the body image with the woman losing the original image she had prior to pregnancy. Additionally an adolescent mother is also regarded as not fit or is not developed for the body to able to accommodate the unborn baby.

As regards adolescents, becoming pregnant unexpectedly will prevent them from doing what they had dreamt of doing and the period of motherhood period may be a time of saying goodbye to hopes and dreams and a time of thinking of plans that involve babies (Sellers, 2007). The adolescent mothers will have changed as a result of what they have experienced and, thus, they will never be the same again after facing the challenges of pregnancy, birth and a baby. In this study, the adolescent mothers had never imagined what
they had experienced as not only their bodies had changed physically but their minds had also changed.

**Literature control for Theme 2 and its subthemes**

In general, as pregnancy progresses, readiness expectant mothers look forward to face the challenges of motherhood as they confront the role changes in their lives. Even though, becoming a new mother includes dealing with contradictory processes such as redefining goals and roles and the act of giving birth will be joyous only if these mothers are free to make full, conscious choices and take responsibilities for the birth and the demands of their babies (Fraser, Cooper & Nolte, 2010).

In Namibian society, as in the area in which this the study was conducted, motherhood is supposed to bring joy and fulfilment because it means that a woman has performed her biological functions and confirmed her femininity, thus uplifting her status in society. This is especially true when a woman is married, or when a woman is working and is able to take care of her child and is not just taken for granted.

3.3.2.2.1 *Health challenges (physical and psychological challenges)*

In this study, no serious health problems were experienced during pregnancy except that some adolescent mothers had caesarean sections and that some had premature babies. They all experienced minor physical and psychological disorder including the signs of
pregnancy like swelling breasts, a big abdomen and other changes such as mood swings and bodily changes as well as nausea. The challenges associated with the physiological immaturity of adolescents include conditions such as the disproportion of the fetal head to the mother’s pelvis, hypertension, anaemia, etc. Thus, adolescent mothers are at risk of certain health challenges involved in motherhood, both physical and psychological, and especially perinatal if they delay seeking ante-natal care with the possibility of problems such as fetal death, infant mortality and infant morbidity as well as obstetric problems both during and after giving birth occurring (UNICEF, 2007).

a) Physical challenges

In this study, three (21%) of the fourteen adolescent mothers delivered their babies before the expected date of birth and two got their babies through caesarean section due to poor progress. It does appear that pregnancies during younger age pose considerable obstetric problems to the mother and the baby (Khashan, Baker & Kenny, 2010; Kamara, 2011). Similarly, a medical research done by Adam (2009) indicates that teenage pregnancies are more likely to result in premature deliveries.

The following extract was a physiological challenge:

“I have realised that I did not have my periods for one month and my breasts got bigger”
(Mother 13)

“I was fine but I did experience nausea sometimes, but I did not vomit” (Mother 9).

A woman’s body is affected by pregnancy by these changes in the body being
manifestations of the physical signs of pregnancy. The most affected organ is the uterus which harbours the foetus throughout the pregnancy. There are, however, other changes such as swelling breasts, cessation of menstruation and changes in the skin. These physical changes enable the body to accommodate and nourish the foetus. These changes also contribute to providing the woman with strength and energy during the birth process. However, for adolescents, these physical changes are unexpected and may affect their lifestyle (Beldon & Crozier, 2005; Sellers, 2007).

The literature has focused on adolescents not being sufficiently emotionally mature as to handle pregnancy and its outcome and, indeed, before the age of eighteen it may be a fact that pregnancy could cause considerable health risks to the mother. A study conducted by the Ministry of Health and Social Services (MOHSS) in Namibia indicated that girls aged fifteen or younger are ten times more likely to succumb to pregnancy related complications than older women between the ages of twenty and twenty nine (MOHSS, 1992). The following statements indicate some of the changes experienced:

“When I saw that I did not menstruate for a month, I was a bit concerned and was worried that, how come that I did not menstruate? Then a second month passes too. I just went to the clinic and get tested. It was found that I was pregnant, I was in shock! All I thought was “pregnant?” (Mother 7).

Menstruation refers to periodic bleeding which women experience every month from puberty. The cycle may be interrupted by pregnancy or any other factor which may cause the cessation of the menstrual flow. Menstruation is a normal process of which women are
proud. During adolescence, the body goes through changes and the responses to these changes in body image may be either pride or shame and embarrassment, specifically as regards adolescents who are still developing and are interest in their figures. They may feel embarrassed to be seen pregnant and this sometimes leads to them hiding their pregnancies and not seeking ante-natal services timeously.

“I use to hide the pregnancy and only revealed it after six months; I was scared and embarrassed to tell my auntie” (Mother 2).

“I have realised that I did not have my periods for one month and my breasts got bigger” (Mother 13).

The growing abdomen is, in reality the result of the foetus growing in the uterus and it may regarded as disfiguring to both the posture and appearance, especially the lumbar curve. The woman will have an exaggerated lumbar curve, which make her looks leaning more to the front when walking, and the figure does not looks good. The uterus, according to Kaye-Petersen (De Kock & Van der Walt, 2004), is a small, pear-shaped organ which weighs approximately 60 grams. However, at the end of pregnancy, the uterus may weigh as much as 1000 grams while its capacity increases from 10 millilitres to 5 litres or more in order to accommodate the fetoplacental unit (foetus, placenta and placental membrane), thus leading to an abdomen which increases in size. Meanwhile, the breast increases its size during pregnancy and the woman may experience tingling sensations and tenderness in early pregnancy, due to hormonal changes and is regarded as one of the signs of pregnancy (Fraser et al, 2008,
Sellers, 2007).

“I did not change much except my growing abdomen” (Mother 9).

In addition, some of the participants in the study also complained of nausea and vomiting also known as morning sickness. This nausea, often accompanied by vomiting, is the most frequent and troublesome symptom during early pregnancy, although it usually disappear before the 14th week of pregnancy. It occurs as a result of increased hormones (human gonadotrophin and oestrogen) or as a result of the increased utilisation of glucose by the growing foetus (Sellers, 2007; De Kock & Van der Walt, 2004).

Nausea and vomiting are, thus, one of the significant indications of pregnancy, although there are also certain other conditions which may be associated with nausea and vomiting. Some women experience vomiting at any time, not only in the morning, and it may be alleviated by eating small portions of food at a time. In addition, certain food may trigger vomiting, especially foods containing a significant amount of sugar and, thus, these foods should be avoided (Austin, 2006; Sellers, 2007). However, health professionals are knowledgeable about diagnosing these conditions if seek for assistance at health facilities.

“I was fine but I did experienced nausea sometimes, but I did not vomit” (Mother 9).

Despite these bad experiences, some of the adolescent mothers responded fairly happily to these changes during pregnancy and expressed how well they had felt during the
gestational period.

“I am eating well and did not have mood swings, my health is fine” (Mother 11).

The adolescent mothers expressed their happiness at being healthy during their pregnancies and also after the birth of their babies. As mentioned elsewhere in this study health involves a person’s growth towards uniqueness, wholeness and integration in his/her movement between the dimensions of doing, being and becoming. In addition, health may also be regarded as a dynamic, interactive process of balancing needs and resources within a person (Stevens, 2006).

According to Insel and Walton (2007), optimal physical health requires a person to eat well, do exercise, avoid harmful habits such as alcohol, drugs, and smoking and make responsible decisions. If, for example, an adolescent make a decision to become pregnant, then there are certain actions or habits which may facilitate a healthy outcome for both the mother and the baby. Lothian, (2008) is cementing the ideas that across time and cultures pregnant women have been supported by knowledgeable family and close friends in the transition to motherhood.

Unfortunately, not all pregnancies in adolescents are intended or welcomed. Nevertheless, responsible decisions should be taken to carry the pregnancy to term and to take care of the baby after birth, and not to take any desperate decisions. HIV/AIDS is a threat in people’s life and getting tested is not an easy decision to make. However, this study revealed that some of the adolescent mothers had expressed their happiness because of their physical
wellbeing and also because of the results of the tests that were taken during pregnancy. Some of the adolescent mothers expressed how worried they were of not knowing their HIV status, but after the results came out, they were relieved.

“We both got HIV test and have negative status; I am very much happy about it and also that my boyfriend did not refuse to go for a test” (Mother 2).

The positive expressions of some of the adolescent mothers were encouraging. It is, therefore, essential to assist and support these adolescent mothers to help them to develop a positive self-concept, even if they have become pregnant earlier than anticipated and they may fail to go for the necessary, available tests during pregnancy or not continue with their schooling. A fear of these tests and investigations may be exacerbated by a tense environment at health facilities and this, in turn, may make things difficult for them. It is, thus, essential that the adolescent mothers be in an environment in which they feel accepted, regardless of the fact that they have fallen pregnant or given birth while still young. These are new challenges which require consideration and support

According to Lothian (2008), physical and hormonal changes guarantee the growth and development of both the mother and the baby and play a big role in guiding a pregnant woman including the adolescent on the way of becoming a mother. Meanwhile, these adolescents are forced by the situation to adjust continually to the new challenges posed by their own development as well as by the growth of their babies. Despite the fact families may be regarded as a source of considerable support during these new challenges, because
the pregnancies were not planned, the adolescents in this study were shocked to realise that they had missed their periods which they never experienced before and this, in turn, had resulted in fear and anxiety about disclosing their pregnancies to their immediate family.

Pregnancy and child birth are events that usually affect almost every aspect of a human being – physical, psychological, social and cultural – and, therefore, individual adaptations or reactions to pregnancy may vary, depending on factors such as age, health, cultural background as well as the socioeconomic status. De Kock and Van der Walt (2004) describe that a woman’s acceptance of pregnancy and motherhood may involve high self-esteem, biological fulfilment, excitement and also disbelief, shock and even despair.

a) Psychological challenges

Psychological health challenges have been reported in several studies on adolescent pregnancies. Adolescent felt depressed after they found out that they were pregnant. Adolescent mothers felt guilty after discovering that they were pregnant and expressed their disappointments for getting pregnant. Certain psychological challenges that occurred in this study as described by adolescent mothers includes depression, feelings of isolation, guilt and insomnia as a result of having to care for the baby at night.

Adding to that, problems may also arise as a result of a perceived lack of support with a lack of emotional and social support also contributing to depression during pregnancy and after birth (Kamara, 2009). A study done by Ritcher, Norris & Ginsburg (2006) states that
most adolescents are psychologically not prepared for motherhood stress because most of the time it is not planned. It is, thus, essential that adolescent mothers receive love and comfort and that there is someone close to them if they are to develop self-esteem and self-reliance. Pregnancy affects all systems in the female body, including the nervous system. The nervous system, in turn, affects the mind which is, anyway, being disturbed by numerous factors. These factors, which affect the behaviour of a woman, are sometimes attributed to hormonal changes.

These changes mark the beginning of psychological tasks of pregnancy and the sense of mothering. Some women experience deep introspection, evaluating whether they are capable of being good parents, and also imagining their future roles as parents and mothers (Barker, 2004). Adolescents may also experience this on-going reflection on the strange creature growing inside their bodies and this, in turn, may lead to fantasies and positive dreams about the appearance and gender of the baby or else to frightening thoughts because of the fear and uncertainty.

In the Oshiwambo culture pregnancy is regarded as “eteelelo’ (an expectation) which means that the parent (s) is expecting any outcome, good or bad. The pregnant woman may reflect on what her child may look like and whether the baby will be either a girl or a boy and she may begin to think about the upcoming birth. She may increasingly seek the company of other pregnant women who will focus their discussions on pregnancy, birth and preparing for their new role. These thoughts of a pregnant woman may take the form of mood swings, from joy and fantasies to despair and hopelessness. These psychological
effects may be worse in adolescent mothers, who are not free to disclose their pregnancies or even to talk about them. They find themselves in isolation and not have anybody to talk to.

Mood swings are one of the changes that may be attributed to the hormonal changes taking place in a pregnant woman. However, in the Oshiwambo culture, it is believed that pregnancy will make the person extremely moody and that, although outbursts may occur at any time, this must simply be accepted in society. Thus, moodiness often means that the moody person is suspected of being pregnant, especially if she has not been pregnant before, although it is worse if the person concerned is young and not married.

A study done by Sodi (2009) concurs with these findings of moodiness where participants experienced irritation by people that did not do anything to them. The adolescent mothers in this study clearly experienced mood swings during pregnancy. They get easily annoyed for no apparent reason.

“When I felt not to be among people, I left and stay alone in the room, feel like crying” (Mother 6).

A study done in South Africa by Sodi (2009) revealed the same where one participant stated that she easily got irritated and angry on minor things and when alone, she feels like crying as no one was there to assist. In general pregnancy is supposed to be a time of psychological changes and adjustments and according to Sellers (2007), during pregnancy, emotions, thoughts and behaviours all change constantly, with these changes continuing
until after the baby has been born. Psychological changes, especially as regards the thoughts and attitudes of a pregnant woman, may also bring about behavioural changes and this, in turn, may lead to anxiety if there is no one with whom the pregnant woman may talk or look to for support.

“I felt sad if I think of the support which I am likely not to get, because the father of my child is denying the paternity (Mother 3).

Nevertheless, the changes which are taking place in the adolescent may be affected by the social and cultural environment and in fact, the entire surroundings of the person involved, in this case, the adolescent mothers. These changes may have implications on the person’s entire life that may reflect on perceiving and adjustments to the pregnant situation in an adolescent.

3.3.2.2 Disruption in education or withdrawal from school

Adolescent motherhood is regarded as a burden and block educational opportunities. It emerged from the data analysis that, once the learner or student had become pregnant, she had left school either as a result of embarrassment, fear of being laughed at by others or by her parents or other reasons related to pregnancy and child birth preventing her from attending school. The two adolescent mothers expressed:

You cannot go to school while pregnant, others will laugh at you and sometimes the
confrontations are from teachers” (Mother)

“My parents told me to stop going to school after I told them about the pregnancy. I should only go after giving birth and maybe when the baby is big enough to stay behind with them, You see, when will that be” (Mother 10).

These adolescent mothers would have liked to go back and finish school, to improve their own lives as well as of their children. Klein and Meyers (2005) agreed also with school interruption when he studied adolescent pregnancy in the United States and find out the same phenomenon. Education is a way to success but this may be either difficult or unrealistic to achieve due to the pregnancy.

In this study, the researcher discovered that, even if the adolescent mothers were willing to attend classes while pregnant or after giving birth, they found this extremely difficult. Despite the fact that adolescent girls are being trapped into engaging in unsafe sex, if pregnancy occurs, the consequences at school are often intolerable and the shame may force them to drop out of school. School environments may not be that suitable for pregnant girls and, consequently, the pregnant mother will withdraw from school. These findings supports the results of Collins (2011), who found that adolescent mothers often face many obstacles as regards completing their high school education with adolescent pregnancy as one of these obstacles. Hansen (2007) also found that adolescent mothers found it hard to go back to school after getting pregnant, I quote “I tried to go back to school may be when I was 19, I tried and I couldn’t make it”. It was hard for this girl to go back to school, just like in this study as it emerged:
Furthermore, Sanders (2011) states that adolescent mothers face many obstacles as regards completing their education because they may find it difficult to attend classes and to complete their school work while pregnant or having a baby. She further adds that some adolescent mothers fear that their peers may tease them if they return to school after a pregnancy and they fear being judged.

However, this is an indication that, if adolescent mothers are offered the opportunity, they would be willing to struggle in order to achieve a better future for themselves. However, according to Alston et al (2004), a school is a microcosm of society and it is where adolescent girls learn to negotiate gender relations with boys and seek self-worth. Thus, adolescence is a crucial time during which sexuality is emerging as well as relationships being explored. However, the fact remains that these adolescent mothers were exposed to sexual relations and that they need to learn not to be trapped again if they wish to attain their goals.

Furthermore, adolescence is a time of extraordinary peer pressure with adolescent girls negotiating relations with boys within a context of conforming to male expectations, and looking for approval and love. These conditions place adolescent girls at risk of not protecting themselves against pregnancy and STIs. As a result, unexpected, unwanted pregnancies occur, forcing these girls to leave school prematurely. This, in turn, restricts their long-term opportunities as regards education and self-support(Alston et al., 2004).
The adolescent mothers reported that they would like to finish school for the benefit of both their babies and themselves. They need educational qualifications to improve their lives, but they had the extra burden of caring for their babies.

“I wish I had waited to finish school and get a job to enable me to support myself, my baby and my sisters/family” (Mother 3).

“I felt bad because pregnancy holds my school work behind and was ashamed to discontinue school” (Mother 12).

The report by UNICEF (2007) highlights that reconciling pregnancy and child raising with education and work is difficult and that, during adolescent motherhood, it is a challenge to attain economic independence. The adolescent mother is not able either to attend school or to enter the labour market as result of her pregnancy. In addition, the pregnant adolescents did not protect as regards continuing their education. There are issues that preclude young girls from attending school when they become pregnant and they are forced to leave school.

“I have to forget about school because there will be no one to take care of my baby if I go back to school, said my mother” (Mother 6).

The governments in some countries, including Namibia, have passed laws and policies that promote and protect the rights of adolescent girls in respect of education. Before Namibia’s independence, schoolgirls were expelled as soon as the parents and/or the school authorities learned on their pregnancies but not the boys who had impregnated them. These
learners were unlikely to return to school and their chances of finding steady jobs or continuing with their education after giving birth were limited, thus creating unemployment and poverty. Zambia did the same until 1997 and boys were not expelled out of school (Nyirenda, 2012).

However, since Namibia adopted the Millennium Development Goals (MDGs) in 2000 which stipulate the right to education, as in some other countries, a national school policy on learner pregnancy was legally instituted. As stipulated in Article 20(1) of the Namibian Constitution, this policy protects those girls who become pregnant and allows them to attend classes until the time of giving birth and then afterwards, as soon as it is feasible (Hubbard, 2009).

Thus, in terms of realising two of the MDGs, namely, universal primary education and the eradication of poverty and hunger, pregnant girls are allowed to continue with their education until the time of their confinement when they supposed to look after the baby until it reach a certain stage. The policy further states that, after birth, the social worker must be satisfied that the baby is being taken care of by a responsible person and the girl will then have a full right for readmission to the same school within twelve months of the date she left school, provided that there is space for her (Hubbard, 2009).

Thus, this policy enables even a girl who has given birth to further her studies and to achieve her goals as she envisaged. She will, therefore, be able to take responsibilities for herself and her child because of her job/career attainment. Fortunately, therefore, even if girls become pregnant at a young age, the policies on education are inclusive and it is for
this reason that they should be encouraged to complete their higher education, if possible.

According to Hubbard (2009) the right to education for learners who are mothers is even more strongly stated in the Charter on the Rights and Welfare of the African Child, to which Namibia is a signatory. Article 11 sets measures for governments as regards the realisation of these educational rights, depending on the ability of the individual. However, some people are still debating on the issue and feels that going back to school may influence other adolescents to indulge in sex. According to the adolescent mothers themselves in this study, some parents, as quoted previously are of the opinion that girls who are pregnant should stop their schooling and wait one year after giving birth before going back to school.

On the other hand, girls themselves often feel embarrassed to be among others while pregnant. In Africa, Kenya has also a ‘return to school policy’ which encourages the establishment of centres where these young mothers will be counselled and breast feeding their babies. Kenya’s act allows girls to stay in school until they deliver and resume after birth as soon as they feels strong. However, like in Namibia, girls leave school after they discovered that they are pregnant due to lack of support from parents, teachers or classmates. Furthermore Nyirenda states that Tanzania is yet to implement the policy after a through discussion of the issue at different levels in the government (Nyirenda, 2012).

Nevertheless, it is not only from an educational point of view that adolescent mothers experience problems, but some of the basic health services are also difficult to access.
According to the adolescent mothers, the inaccessibility to the health services also contributes to unexpected pregnancies because it is not easy for the adolescents to obtain contraceptives when they require them. This is evident in the following statement.

“When you go to the clinic for contraceptives, the nurses will not attend to you because the clinic is always full of sick people. They attend first to the sick, so we went and came back unattended” (Mother 5).

The statement above does not merely indicate that nurses were not willing to assist, but the adolescents were not patient to wait for the service. However the service providers can improve on the accessibility of health services to adolescents. The researcher believes that if adolescent mothers are assisted and supported during their motherhood, they will be enabled to continue courageously with their education and, thus, they have bright futures. Collins (2010) is in agreement with the notion that parenting classes for teen mothers may be extremely helpful in shaping their futures.

3.3.2.2.3 Role and lifestyle changes

If the mother is experiencing conflict regarding the mothering role, then it is essential that this be clarified during pregnancy so as to enable the mother to adapt to the change and to assume her responsibilities as a mother. This study reflects clearly that adolescent mothers have little, if any, preparation for motherhood and, when additional tasks of caring for the baby are created, the mothers have to deal with the stress of physical and emotional
demands as well as lifestyle changes. The role of motherhood was entered upon abruptly and is extremely demanding and, thus, adolescent mothers often struggle to adapt to the lifestyle required by the mothering role. The mother instinct do not occur in every mother spontaneously, thus bonding needs time and may not be able to be forced upon a mother.

The hardship of being a mother was also found in a study done by Hansen (2007) when he interviewed adolescent mothers. The adolescent mothers in his study stated that it is hard because to have a baby means to work hard and you also have to go to school. This study found that the adolescent mothers found it very difficult to adapt to the mothering role. They were used to freedom style before pregnancy, but the work required has now doubled.

“To be a mother is hard. If, for example, you go for shopping, you will not take long as you used to, the child may cry at home or else you go along with him. You are no longer having that freedom, you are a mother now ... (Unusual silence). So, there is no freedom to go out with friends when you feel like going” (Mother13).

A strong caring role should emerge when one becomes a mother. In terms of the ideology of African cultures motherhood starts before pregnancy and continues during and after pregnancy; thus indicating a lifelong connection of mothers with the specific knowledge and abilities involved in caring for babies and children. Motherhood is a 24-hour job without pay, involving commitment and dedication. If not well prepared, one may end up abandoning the mothering role or leaving others to fulfil it. This was common practice in
the area in which the study was conducted with grandmothers taking over the role of caring for their grandchildren.

Adolescent mothers who are not prepared for mothering appear to be more stressed than those who were prepared for the role and motherly functions, such as nutrition, health, financial security etc, are often neglected as these tasks require stable emotional health, mutual support, high stress tolerance as well as the ability to cope with crises. In view of the fact that adolescent mothers enter upon motherhood abruptly it is often more demanding than was expected and they experience problems in adapting to the lifestyle involved in the mothering role. As a mother, you have to make sure that you buy diapers and everything for the baby (Hansen, 2007).

“*I know that to be a mother is not easy, because you have many responsibilities, especially if you are struggling and don’t know what to do*” (Mother 14).

Despite the biological fact of becoming a mother, adolescent appeared not ready emotionally and expressed confusion during their mothering role. Culturally, the pregnancy of a young adolescent is often associated with immorality and people in the community will talk and gossip. Nevertheless, a greater acceptance of the situation is slowly developing and, nowadays, the mother and baby are offered support in some families until motherly love surface. Previously, pregnant girls were sent away to be cared for by either grandmothers or other relatives. However, currently, they often live some distance away from their parents. Some families are still not rendering much
support for them or their babies and they are usually left on their own during the pregnancy and after giving birth and not guided as they supposed to be. The usual known pregnancy-and support during puerperium is disappearing within the Namibian communities.

In her study, Hanna (2008) states that giving birth as a young adolescent often changes roles and lives in dramatic ways as having a baby becomes more of an obligation in this new stage of life. She further points out that the young girls in her study described the way in which the mothering stage had created a sense of instant gratification with responsibility and creating a safe, loving environment for their children becoming a priority.

3.3.2.2.4 Birth and becoming a mother

Becoming a mother in the Oshiwambo culture is simple and is when you gave birth. In this study adolescent mothers experienced the process of both physical and psychological changes during pregnancy, birth and in bringing up babies and is where their experiencing of motherhood playing around. Motherhood is seen as a role of becoming a mother. In the past, giving birth implies that the woman is fulfilling her biological function as a woman and it was a status and a pride, unlike now when it has become an activity or work. The woman give birth today, if not accepting that baby, leave it with good Samaritans or throw/dump away, go to the factory to work for another one. That is how the status of being a mother is diminishing and is no longer a pride. Consequently, the researcher recognizes the ideas of Hochschild when he wrote on “The commercialisation of intimate life” as mentioned above.
However, in view of the fact that, in the context of this study, motherhood was attained early, and often offers the opportunity for other people either to accept or to blame the person concerned, namely, the adolescent mother. The process of giving birth is a natural process during which a baby is pushed out through the birth canal which is presumed to be ready and mature enough for the birth process. In the case of young adolescents, the birth process may pose problems because of their immaturity and non-development of the structures involved childbirth as a transition from childhood to parenthood and from the state of being childless to having a child. This, in turn, means significant social and psychological role changes for the parent. A woman should be proud to confirm her biological capability of reproduction by giving birth.

Nevertheless, this pride may be distorted if there is fear and uncertainty or if the woman is ill prepared to become a parent. The midwife is the person who has the most contact with a woman during pregnancy as well as at the birth and, thus, she is the person to whom the woman will turn in need. This means that it is essential that the midwife have a positive attitude of making the woman felt welcomed and cared for that will boost her confidence and the birth is likely to be trouble free. Conversely, it is not only midwives who must show support but family and friends as well (Evans, 2007; Kaye, 2008).

On the other hand, if the midwife is rude and uncaring, then tension, fear and anxiety will mount and this, in turn, will affect the labour process (Sellers 1993; Fraser et al., 2008). This anxiety and fear in the pregnant woman may force her to redefine her relationships
with the most important people in her life, including health professionals, parents and friends, as regards assistance with the birth of her baby. It is, therefore, essential that midwives be aware of the values, customs and practices pertaining to motherhood of the various cultures where they work as this will enable them to understand women’s behaviours and not impose their own values and beliefs on the women.

Some of the participants were proud of having given birth and maintained that bond through touching their babies for the first time had been like a dream which they had experienced as real and wonderful. In addition, as illustrated in the following statement, they had felt an immediate bonding with the baby when it was born.

“Nurses gave me my baby immediately after birth for me to hold for a while and asked me whether a girl or a boy. I was tired but I could hold him in my hands, that feeling.......; I felt good and proud of myself” (Mother 1).

On the other hand, if the woman is young, unmarried, not yet ready to assume parental responsibilities and without human and financial support, the birth of her baby may an event of sadness and disappointment. In addition, early motherhood may cause hurt and disappointments within the family because the family members may have had positive expectations regarding the future of the adolescent concerned.

“I felt sad if I think of the support which I am likely not get, because the father of my child is denying the paternity” (Mother 3).
“I will try and with my mother's support maybe I −” (crying, tears over the face) (Mother 3).

Motherhood takes time to adjust and to become a good mother. In some cultures there are social expectations of mothers most agree that motherhood can bring joy than anything but unfortunately it bring pain and sorrow. For example when a child is hurt, like if there is no support, the mother won’t feel happy and vice versa.

In the Oshiwambo culture, the culture of all of the participants, women are not open as regards speaking out about their feelings on being mothers and they often suffer in silence. However, this silence sometimes manifests in stress as well as feelings of isolation, inadequacy and confusion. The adolescent mothers who were interviewed expressed divergent concerns about motherhood. Nevertheless, silence may also be assumed to be one of the factors contributing to baby killings, abortions as well as baby abuse and negligence (Further research necessary). This silence may also be indicative of depression in the adolescent mothers both during pregnancy and after the birth.

The period after the birth is a time of critical adjustment for the mother as a result of the fact that caring for a baby takes up 24 hours a day, without relief and requires love, caring with more patience. It begins the moment the child is born and may cause considerable emotional stress in the mother, including tearfulness, despair and irritability. According to Fraser et al. (2008), numerous women (50–80%) experience fluctuating emotions as a result of hormonal changes with these fluctuating emotions being more common in adolescent mothers, probably because of the lack of support. However, these mood swings
soon after birth are common while most women experience what is known as “post-partum blues” between day 3 and 4 subsequent to the birth.

Insel and Walton (2007) describe these experiences of sadness, weeping, anxiety and sleep disturbances as common among new mothers. They state further that, if these new mothers rest and are supported by family members or friends, this is of great help and will eventually become good mothers. However, if the period of post-natal blues is prolonged, this may be indicative of a depressive illness.

Some of the adolescents in this study described their experience of the birth of their babies with joy, and others with sadness. Despite the confidence which women have in the professional nurses, some negative or bad experiences do occur at health facilities. These kinds of experiences may result in an increase in the number of home deliveries as a woman will feel more comfortable and loved and also receive personal attention at home.

“During labour in hospital, I was alone with another woman, also in labour in one room. I got out from the bed and put the linen on the floor because I could no longer afford to breathe deeply as I was told during pains. They found the head already out” (Mother 9).

This statement is indicative of a lack of guidance and support. Support as well as information and explanations from midwives and family members may contribute significantly to the experience of birth and the mother will feel reassured. However, in the absence of such support she may feel anxiety and fear.
Sleep disturbances and sleep deprivation were also mentioned by the adolescent mothers in connection with their experiences of being a mother. New mothers who are sleep-deprived need the support of families and friends to relieve them so that they have a break from taking care of the baby. Various writers describe mothers as special human beings, who are normally irreplaceable as a result of the act of giving birth and the unconditional love and care they feel for the child (Ashworth & Nobile, 2009).

Furthermore, these researchers explain the role of a new mother as a role that is, in general, entered into abruptly, a demanding role and one for which most women have had little preparation. Accordingly, motherhood is often experienced as a crisis which entails significant personal, familial as well as social changes. Additional tasks are created and the mother has to deal with physical, emotional and social demands. She has to be strong, kind, give food, unconditional love and warmth, and to guarantee life to the best of her ability, whatever the conditions.

A good mother is described as a loving, caring person with a never ending supply of patience, reflecting tranquillity at all times and a good listener and communicator where children are concerned. In the biological sense motherhood includes the ability both to procreate and to ensure that the offspring is equipped with the essentials for survival. It is a complex role, full of responsibilities and varying emotions (Atuyambe et al., 2005; Atuyambe, 2008)
Conclusion to Theme 2

Theme 2 revealed the way in which adolescent mothers experienced the health challenges and disruption of education brought about by pregnancy and also how they experienced birth and becoming a mother.
3.3.2.3 **Theme 3: The adolescent mothers experienced a lack of effective interpersonal relationships during their motherhood**

The third theme evolved from the adolescent mothers’ experiences of motherhood as regards interpersonal relationships. In general motherhood encompasses joys, challenges and life changes. In addition, it is a busy and overwhelming period during which personal time is set aside and feelings of loneliness increase.

The adolescent mothers in this study reflected on the way in which having a baby at a young age had affected their future plans. It appeared that having a child had given an added impetus to their lives; and they felt that every decision or step they made would impact their babies’ lives in one way or another. It was, therefore, essential that they make good decisions with the support of their families and the health workers. However, those adolescents who had sought help at the clinics before becoming pregnant seemed not to be satisfied with the assistance they had received. After further probing it emerged that, when they had visited the health facilities for information and contraceptives, the health workers had not had the time to attend to them and they had come away empty handed.

Guiding and supporting adolescent parents may help them to become responsible individuals. Their emotional responses to pregnancy depended largely on the context in which these women found themselves, for example, whether the pregnancy had been planned and the type of relationships they had with family, friends and partners after revealing their pregnancies. In the case of a woman whose partner is not supportive, she
may need some other source of support, for example friends or family.

“My boyfriend denied the pregnancy. He shouted at me: Go and look for the one who impregnated you” (Mother 3).

Adolescents whose partners deny responsibility needs support more than ever as their relationships with their partners are clearly in jeopardy. Culturally, in the Owambo communities, either the father of the child or his family names the child and this is both a source of pride as well as providing a social support of identity; meaning that the baby will be known in the society by having a name as her/his identity. By denying the pregnancy, a person is refusing to acknowledge the social existence of that child. In addition, it is judged a disgrace if the child does not receive a name from the father’s side. Unfortunately, some of the adolescent mothers in this study did not have supportive families or friends and they found themselves trapped in a hopeless situation.

Young adolescents are especially prone to feelings of loneliness because they tend to be aware of the significant inconsistency between intimacy and the failure to satisfy it. An adolescent is initially embedded in a family of origin and also in a network of friends, including the father of her child, while an adolescent’s relationship with friends encompasses concepts such as intimacy, loyalty and the shared values or attitudes created during the adolescent’s development process.

After giving birth, the baby joins the family team and it is essential that this baby to be
integrated and welcomed into the team. The way in which the adolescent mother negotiates her life circumstances is determined by the interactions between her own individual characteristics as well as her environment. This will help in understanding the development and the adaptation to the new situation of having a new member in the team. However, adolescent mothers often experience physical and psychological pressures from their families and boyfriends/partners. In addition, when they become pregnant, it would appear that their families and boyfriends reject them and leave them to pay the price alone. This study revealed that certain parents who were not happy had rejected their daughters and had made unkind nasty comments about the pregnancy (Byrne, 2007).

“My father, who did also not welcome the news, shouted at me and said that I must go and tell the one who impregnated me” (Mother 1).

“When my father was told by my auntie I stayed with that I am pregnant, he did not accept the message. I tried to phone him; he will switch off the phone and do not want to talk to me, up to now after I have given birth. Apparently he doesn’t care – is my own problem” (Mother 7).

This new mothers needed support and guidance if they are to become successful mothers and this support and guidance should come from family members, friends and partner as well as from health professionals. Receiving support from her parents or relatives may generate positive emotions in the young mother and this, in turn, may result in a sense of attachment and improved parenting skills, therefore, positive outcome. However, if not well supported, then the young mother may experience feelings of misery. It is essential
that the group providing support be aware of the changes which occur during the adolescence period so as to enable them to provide better support.

**Literature control on subthemes emerging from theme 3**

3.3.2.3.1 Loneliness, social isolation and rejection by family and friends/boyfriends

The adolescent mothers in this study experienced feelings of loneliness, isolation and rejection as well as disconnection from families and friends including boyfriends or partners. Loneliness may lead to feelings of isolation and unhappiness, affect daily life and cause disturbances in the adolescents’ relationships with their family, friends and loved ones. In addition, they no longer fit in with their peer group and neither do they fit in with adults, despite the fact that they have children.

“Days seem the same; you do not have some other things to do. Is just a baby! I never see my friends, they won’t even understand me if I think of calling them” (Mother3).

This statement is in line with the findings of study conducted by Voeten (1995) in Okavango, Namibia that pregnant teenagers experienced the psychological problems of loneliness, shame, fear and isolation. Adolescent mothers no longer have the comfort and security of their peers with whom to socialise because their friends do not want to be associated with them any longer. However, having someone with whom to talk is important and this may help to relieve the stress or worries.
Pregnancy may add much to the realisation of the value of family and friends and the impact they may have in preparing for new motherhood. If the adolescent mother does not enjoy good relationships with her family or friends this may adversely affect both the pregnancy and the labour process. Insel and Walton (2007) describe friendship as the first relationship outside of the family. In addition they highlighted some important aspects of friendship, including companionship, respect, acceptance, help, trust, loyalty and reciprocity. If these writers are, indeed, describing friendship in general, it is important look at it from the adolescent’s perspective. Adolescents are an extremely vulnerable group because of their developmental aspect and, in addition, they are very keen to investigate sexual relationships.

If families are not providing support and guidance to adolescents, they may seek acceptance from their peers or look elsewhere for companionship. However, if such a relationship becomes intimate, then sexual desires and feelings may surface with pregnancy as a consequence. According to Geldard and Geldard (2010), adolescents frequently experience shame and embarrassment in relation to themselves and they tend to develop a strong defence mechanism. This defence mechanism, in turn, plays a major role in the way in which adolescents react to situations, including being pregnant or becoming a mother. It is, thus, not surprising that the adolescent may demonstrate an inability to tolerate and accommodate changes during pregnancy and birth and after the birth.

Physical comfort and emotional support during childbirth may be provided by other family
members or support people in the community. However, this depends on the culture of the particular people involved and whether this culture encourages encouragement and explanations. In terms of Oshiwambo culture a pregnant woman is accompanied and supported by women but not by men, although men may also support them and accompany them to health facilities. This study revealed that some parents did act as a great source of support and information when pregnancy was disclosed and they encouraged the adolescents to seek help at health facilities or to go and tell their boyfriends/partners. Certain parents even accompanied the adolescent mothers to the health facilities and this engendered both happiness and confidence in these adolescent mothers.

“My family accompanied me to the hospital when labour pain started” (Mother 7).

Participants found their families supportive as indicated above. However, some family members, partners or friends responded with outbursts of anger and there was estrangement when they were faced with the unexpected news of the adolescent pregnancy. This goes hand in hand with the findings of Kirkman et al. (2006) who described how some adolescent mothers in their study were both rejected and treated harshly by other members of the communities. However, they found this to be a good opportunity to accept responsibilities for their own actions and to turn aside from insensitive comments.

Nevertheless family support is of utmost important because it affects the ability of the mother to adjust to pregnancy, to being a mother and to cope with new roles and responsibilities. However, the adolescents who were interviewed in this study indicated
that it was not easy to maintain good relationships with families and boyfriends/partners after disclosing the news of the unexpected pregnancy and they were often rejected and felt lonely. It is assumed that adolescent girls are usually trapped and abused into believing that love means having sex and they end up becoming pregnant. However, after revealing the pregnancy, they received no support from their boyfriends who often disappeared completely and did not share the parental roles or duties. Some partners even denied that they were responsible for the impregnation.

“You have a responsibility of a baby, especially when you are not working and the boyfriend is denying the responsibility (tears running over cheeks). You don’t really know what to do”(Mother3).

Rejection by family and/or friends and expulsion from school may also lead to social and psychological problems. The psychological problems may even result in the adolescents abusing alcohol and drugs, resorting to prostitution or even committing suicide. Sellers(2007) maintains that problems such as feelings of guilt and shame, loneliness and variety of conflicting feelings in the adolescent mother towards herself, the baby or even her family or partner may also affect interpersonal relationships. The adolescent mothers were often aware that disclosing the pregnancy to their parents, especially the father as head of family, would lead to anger and relationships often took a long time to heal.

Most of the adolescents indicated the need for support from family members and friends. Some of the adolescent mothers felt that it was essential that the tension or friction
between families and friends be ironed out in order to mend and heal the relationships. On the other hand, parents also need to express their emotions because, for any parent, it is probably not easy to accept the situation of early motherhood for their daughters. Anger is usually the first reaction with denial that what they, the parents, are hearing is actually true. The adolescent mothers expressed their loneliness and rejection, as well as the feeling that the relationships with families, friends and boyfriends would not be the same during the unexpected pregnancy as they were before the pregnancy.

If a man hears that his adolescent partner is pregnant, it is normal to experience a wide range of emotions, including shock, disappointment and concern about her future; but that does not mean totally rejecting her at a time when she is in desperate need of support. It is, thus, essential that the man work through his feelings until he is able to accept and support this adolescent partner for her sake, the child’s sake and even his own sake.

In his study, Thomas (2007) mentions that the adolescent mothers had revealed that they had been chased out of their houses by their fathers and almost killed by their brothers when it was discovered that they were pregnant. This finding is in agreement with the findings of this study where some of the adolescent mothers indicated that they had been chased out of their houses.

The adolescent mothers reported feeling isolated in their homes and that interactions with their friends had diminished. They expressed their unpreparedness to meet the demands of motherhood and their need for guidance and support. The youthful romance of the days
before becoming a parent had given way to the serious, maternal responsibilities involved in the daily care of a newborn baby. In addition, they were facing responsibilities which their friends, who did not have babies, were not facing.

An adolescent mother loses her freedom to go out all the time and to socialise with friends. She has to organise child care if she wants to socialise and this may, in turn, leave her feeling isolated from friends and friends. In addition, family and friends may also stop visiting and telephoning because they no longer feel they have much in common with the adolescent mother. The adolescent mothers reported that they felt that they did not belong to their social groups as they had once belonged because their friends had stopped visiting and talking to them and sometimes mocked them.

“My friends don’t visit me, is only if I go to them and chat on things which are not pregnant related to pregnancy. Some friends started avoiding me and finding excuses not to be nearby” (Mother 3).

Friends are supposed to be the people to whom a person turns for support and help in times of need and these are the people an individual should be able to trust. However, some of the adolescent mothers in this study had indicated the reverse.

3.3.2.3.2 Lack of support and guidance

It is an unfortunate fact that emerged from this study that many adolescent mothers lack the required form of support or social assistance both during pregnancy and in raising their
children in the economically driven world of today. In most cases the biological fathers of the babies born to these adolescents were not committed to either a medium or a long term relationship. If the biological fathers are young they obviously do not have sufficient economic resources to support the mother and the child and, if they are old, (“sugar daddies”) they probably have other relationship which they consider more important rather a commitment to the adolescent mother.

Consequently, adolescent mothers often receive no support from outside their families and they frequently experience poverty. A lack of support may have a negative impact on the socioeconomic status of adolescent mothers and this may result in their feeling both unhappy and lonely.

Ultimately, the responsibility of caring for the baby and the mother fall largely on the parents or grandparents (Bumpass, 2007). Nevertheless, there are a number of other sources of support for the adolescent mothers, including the provision of encouragement, strength and economic help by the family and friends and by some health professionals. It is also a known fact that having a baby restricts the mother’s social activities (Letourneau, Stewart & Barnfather, 2004).

“I was lucky to have my grandmother, she assisted me nicely and luckily she is also a counsellor” (mother 14)

The adolescent mothers in this study reported experiencing boredom and loneliness with little to do other than taking care of the baby. They felt that nobody understood what they are going through and they felt alone without support.
“Some days are really too boring and long, at night the baby cries. You will have sleepless night!” (Mother7)

“Days seems the same, you do not have some other things to do. Is just a baby! (Mother 3)

DeVito (2010) recount that the transition into the parental role at a young age, exposes the young mother to the possibility of living in poverty with fragile or non-existent support systems. In addition, lack of support may aggravate other problems for the adolescent mother, including disruption education, underemployment, and an unstable relationship with the father of the child as well as health issues for themselves and their babies.

In the absence of any support, adolescent mothers struggle to grow up and form an identity, with the additional responsibility of piloting motherhood. It is, thus, essential that the adolescent mothers receive some form of support, be it tangible, emotional or social support. However, the various support networks (family, friends, partners) are sometimes either lacking or absent from their lives. The most frequent providers of support to adolescent mothers are their mothers and grandmothers and, sometimes, the fathers of their children. It emerged from this study that those adolescent mothers who lived with either their parents or relatives were more likely to return to school with the aim of graduating, finding employment and becoming economically independent. Some families were supportive as supported by the following extract.
“My family said they will look for somebody to look after my baby (babysitter), for me to go back to school” (Mother).

A number of writers conclude that support contributes positively to the lives of adolescent mothers in various ways with support being acknowledged as a potential factor in the adjustment to adolescent motherhood. In addition, support is related to maternal competency, feelings of love towards the baby and enjoyment of the maternal role, thus positive parenting outcomes (Collins, 2010; Mannheim, 2010).

Researchers further state that the quality of support from grandmothers may enhance the outcomes for the child of an adolescent mother as regards the processes of maternal education, responsiveness etc. However, they argue that a high level of grandmother support and assistance may also be related to negative consequences for the children born to adolescent mothers because it may encourage less commitment on the part of the adolescent mothers to their children (DeVito 2010).

**Conclusion to Theme 3**

Theme 3 addressed the lack of effective interpersonal relationships between the adolescent mothers and their families as well as their friends/boyfriends. The adolescent mothers had different perceptions regarding new born babies with some feeling that, with the guidance of the midwives, they may manage while others felt uneasiness. Midwives play a major role in facilitating mother-infant bonding as well as the feeding of the baby. Thus, it is
essential that the condition of the baby be assessed effectively in a comfortable
environment and effective interventions in the case of any birth complications to ensure
that the babies survive.

3.3.2.4 Theme 4. Adolescent mothers experienced the burden of caring
and bringing up the baby

3.3.2.4.1 Lack of knowledge and skills regarding routine care of the baby

The adolescent mothers in this study reported experiencing physical and psychological
challenges regarding baby care. The thought of an adolescent conceiving and giving birth
to a baby is terrifying because the reality is that they will raise the child while they are still
children themselves. Several researchers on adolescent pregnancy assert that adolescent
mothers are not prepared for parenting and this, in turn, may be associated with a lack of
experience and what is required to raise a happy, healthy child (Rowers et al., 2005;
Nakamura & Caulfield, in Starks, 2007). In addition, Rowen et al. in Starks, 2007), further
state that the majority of adolescent mothers lack the patience required to care for a child.

To the adolescent mothers who often lack maturity and experience, the knowledge and
skills required for baby care do not always come naturally with the participants in the study
indicating that they knew little or nothing about the basics of baby care. An educational
programme is, thus, a necessity to enable them to acquire the necessary skills to care for
their babies. As indicated in the statements below it was clearly difficult for the adolescent
mothers to become accustomed to handling, breastfeeding, bathing and dressing new born
babies as well as carrying out the other routine tasks of caring for a baby. They described lacking knowledge in how to care for their babies.

“It is hard to take care for a baby, a task you never did before” (Mother 4).

“I never tried to put a nappy and cleaning my baby after messing up in a nappy was so weird, especially the first days, stools look so different” (Mother 8).

“The umbilical cord looks so fresh and scary, but you still need to clean it. Then it dried and fell off, then I was at least relieved” (Mother 7).

The growing relationship between the mother and baby, which creates a tie or bond between the two, is yet another aspect of this period following the birth of the baby. Bonding is one of the most pleasurable aspects of having a baby and it should happen during the sensitive time in the first hours after giving birth, depending on the condition of the mother and baby.

An emotional connection between mother and baby may be fostered by the physical closeness brought about by placing the baby on the mother’s chest (skin contact) while feeding and gently stroking the baby. For the baby, this attachment contributes to the emotional growth of the baby which, in turn, may also affect the baby’s physical growth (Sellers, 2007).

Bonding may also occur when the baby is old enough to be carried in baby carriers on the mother’s back. It is part of the culture in the area in which this study was conducted to tuck
the baby close to the mother’s body using a wrap to support the baby. This proximity of the baby to the mother is likely to be extremely soothing and comforting and should pacify even a crying baby. It must be remembered that crying is an important aspect of baby care. In fact it is an extremely good sign if the baby cries immediately after birth.

Initially, at birth, babies cry to enable them to start breathing. This is also the advent of their communicating and they soon learn about the world via their senses. A mother is soon able to recognise what the baby is trying to express when he/she cries and will console the baby. A mother who responds to the baby’s needs establishes feelings of trust in the baby. However, responding to a crying requires energy, effort and experience. Crying is the way of communication for a baby, a call for comfort and assistance. A mother is soon able to differentiate the cries of her child and, by identifying the need, for example, hunger, pain, discomfort, loneliness or a desire for physical touch she is able satisfy the need (Sellers, 2007). However, this is never easy for adolescent mothers and it also depends on both the individuals and the circumstances (Insel & Walton, 2007).

Motherhood is a period which needs tolerance and support from the partner side; otherwise the mother will be very much distressed. In her article on motherhood, LaRocca (2006) explains how one couple separated because of the inconsolably crying of their baby. The husband became withdrawn and never helped and, consequently, the mother felt abandoned and resentful. However, the couple did reconcile after professional help, despite the husband feeling hurt, frustrated and disappointed by the crying of their baby.
The crying of a baby may affect the mother emotionally, especially when she is inexperienced and does not know what to do when the baby cries. The mother may feel that what she is doing is not sufficient and that she is not meeting the baby’s needs. This, in turn, reinforces the need for an educational programme to assist these mothers to understand and to improve their interpersonal relationships with other family members who may be of great help in taking care of the baby.

The participants in the study expressed the following sentiments:

“My biggest problem I had is when my baby cried almost the whole night; I got worried about it and I hardly slept, but now she is perfectly fine” (Mother10).

“You are not sure about the choice and caring you are giving for your little one who cannot tell you her needs” (Mother11).

Despite the challenges these adolescent mothers faced as regards caring for their babies, some of them were, nevertheless, positive and faced those challenges with courage. They felt that giving birth had been a blessing and the arrival of their babies had engendered a deep sense of joy and accomplishment. These mothers did not express regard about falling pregnant, as is indicated in the following responses:

“Myself did not felt bad, I accepted that I got pregnant and was proud of it though I am too young. I believe that if you got pregnant, don’t think of abortion or other things if you are not getting support, just take it easy and continue with life. I felt that God has blessed
me with the pregnancy and now the baby.” (Mother 7).

The statement mentioned above provides a good indication of the way certain adolescents condemn some of the deeds which are often carried out in Namibia as evil. These include criminal abortions, dumping and battering children and even killing new born babies – the news of which appears in the newspapers almost every day. Namibia needs responsible parents who will face the challenges of being parents. In addition, the country needs adolescent mothers who will meet life with optimism, confidence, competence and compassion, despite their youth (Nanghanda, 2008; Tueumuna, 2008).

“I will be supported in taking care of the baby. My family will buy clothes and food for me and the baby.” (mother4)

Compared to older mothers, adolescent mothers are often more impatient and punitive, and less nurturing. However, these adolescent mothers may also be so stressed by the challenges of motherhood that they become depressed, develop poor self-esteem, and are not able to provide their children with emotional stability.

The lack of emotional stability often means that adolescent mothers are unable to make appropriate decisions; they may face greater health risks during pregnancy because of poor prenatal care; their labour is often prolonged and difficult; there is a lack of social support systems and an inability to handle financial matters. Adolescent mothers often find it difficult to prioritise financial needs, for example, when to pay the doctors, how to pay for
food, how to obtain money for medicine, etc while families headed by adolescent parents are more likely to live in poverty because of unemployment.

“My mother is the only one helping me; the father of the child is denying the pregnancy, who will support me and the baby?” (Mother 3).

The case of adolescent mothers who are not living with either their parents or their guardians find themselves trapped by pregnancy is common. They have often left home to live in towns and cities in order to be able to attend school or just for the sake of leaving home. They are often too embarrassed to go back home and this, in turn, exacerbates the poverty and unemployment in which they find themselves. In view of the fact that the adolescent mothers in the study were not employed, they were not afford to support themselves and their babies and they required social support from their families, friends and their partners.

3.3.2.4.2 Financial difficulties and dependency on the resources of other people

The adolescent mothers experienced difficulty financial and were dependent on others throughout.

a) Financial difficulties

Babies place a financial burden on parents. This stress is even more marked in the case of the adolescent mother who often has to live in poverty as she has limited employment skills while, at the same time, she has to raise a baby. Thus, as a result of economic
constrains and the lack of work adolescent mothers is forced to depend mainly on the support of their families.

Early childbearing may have negative consequences, including dropping out of school because of parenting responsibilities, limited vocational skills, additional pregnancies, and homelessness as a result of poverty. Nowadays adolescents often migrate to the urban areas/cities, apparently with the intention of looking for jobs, but they often end up falling pregnant. Having children without work may cause further financial, social and emotional stress. Furthermore, the salary that an adolescent mother may expect to earn over her lifetime is a quarter of the salary of someone who delays having children and finishes school (Hansen, 2007).

Economic reasons often mean that many adolescent mothers and their children are either homeless or else living in shacks (kabashus). Shacks are temporary shelters that are made with poor quality materials, such as corrugated iron, and they are often overcrowded, noisy and lacking privacy and toilet and other basic facilities. Therefore, these shacks offer limited opportunities for nurturing, parent-child interactions. As a result of these poor conditions in which adolescent mothers find themselves they may do things which they later regret, for example, enter into a relationship with a “sugar daddy”. Their poverty may mean that these adolescent mothers view relationships with older men as an escape from poverty and they do not consider their long-term futures (Little, 2011). In this study, the relationship with the fathers was generally not good and the boyfriend’s parents were the main source of support with the fathers frequently being overlooked in their efforts to assist the adolescent mothers.
It is essential that adolescent mothers be encouraged to talk about their feelings to a non-judgmental individual. This may be possible through the educational sessions that are developed and aimed at the growth and development of the adolescent mothers. The educational sessions may enhance maternal adjustment and improve the mothers’ parenting skills and usually related to self-reliance.

However, if the support is not adequate, the adolescent mother may experience feelings of fear and loneliness as well as distress, financial insecurity and a loss of self confidence and self-esteem, because they cannot provide the necessities to their babies. As a result, these adolescent mothers may tend to become dependent on their parents, parents of their partners, while at the same time also struggling with their own efforts to become independent. This, in turn may enhance the possibility of increasing child abuse, negligence, abortion and baby killing as a result of a lack of coping mechanisms and immaturity (DeVito, 2007).

b) Dependency on other people’s resources
Adolescent mothers are faced with the dual challenges of assuming the role of mother and bonding with their babies yet, at the same time, they also expect to be mothered and reassured by their own mothers or grandmothers. Some of the adolescent mothers in the study indicated that they had received assistance and support from their mothers, mothers to their boyfriends or grandmothers in terms of resources. This type of support is critical but, sadly, for some adolescent mothers, the various types of support are sometimes lacking.
“The parent to my boyfriend sends me money to assist with antenatal care.” (mother 5)

In Namibia, the ante-natal services are rendered free of charge, but the pregnant mothers still require money for transport and food. In addition, in view of the fact that the health facilities are sometimes far from their homes or else the adolescent mothers are living in squatter camps far from their families, they require money in order to survive and to reach the health facilities. Accommodation near the health facilities is usually rented accommodation and, thus, the adolescent mothers need financial support.

The adolescent’s typical self-absorption makes it difficult for her to distinguish the child's needs from her own and, indeed, the adolescent mother is often still emotionally dependent on their her mother/boyfriend/partner. The adolescent mother may also harbour unrealistic expectations about her child’s development and this may lead to child abuse should these expectations not be realised.

Most adolescents appreciate their mothers' care but they do not want to be criticised, especially as they gain experience in both partnership and parenthood. Thus, despite the fact that they welcome the support of their mothers or families, they do not want to be subject to control, especially during their pregnancies and when their children are born. It is essential that they be guided to reach maturity. However, in view of the fact that the adolescents in the study were not employed, they were not able to support themselves and their babies and, thus, they required social support from their families, in-laws and partners, although they received very little from their partners.
Conclusion to Theme 4

**Theme 4** focused on the new born baby. The study showed that the babies were living within the context of the family of their mothers and their needs were being addressed in relation to this specific context. However, the baby’s wellbeing was related to the wellbeing of the mother, in particular, and the family, in general. Support and changes within the baby’s environment influence the development of that baby and, thus, interventions are required to support the adolescent mothers and enable them to take care of their babies.

### 3.3.2.5 Theme 5: Future ambitions of adolescent mothers

Despite the fact that life may change dramatically for adolescent mothers, having a baby should not bring an end to their dreams and goals for the future. The adolescent mothers in this study expressed their desire to be supported especially as regards emotional support which, in turn, includes intimacy or closeness, guidance, encouragement and reassurance.

In this study some of the fathers of the babies, if not all, were also adolescents and, thus, a significant number of them were either unemployed or learners themselves. Accordingly, the support that they were able to provide, even for the basic necessities, was limited and provided mainly by their parents. Conflicts sometimes arose in the families of adolescents because the parents were not providing the support desired by the adolescents or maybe there was no consensus about family or social values.
The adolescent mothers in the study reflected on the way in which having a baby at a young age had affected them and their plans for the future with these adolescents mothers being forced to deal with developmental tasks while still young while, as mothers, they were often ill prepared, stressed and with few resources. They felt that, in some ways, they had matured through child birth and they accepted the context in which they found themselves. It appeared that having a child had given an added impetus to the lives of these adolescent mothers. In addition, they were aware that every decision they made or step they took would impact on their babies’ life in some way and, consequently, it was essential that they made good decisions, if necessary with support, especially from their families. They appeared to have learnt much from the challenges posed by pregnancy as well as by giving birth and taking care of the baby.

3.3.2.5.1 Support and relationships

It is essential that the adolescent mothers receive tangible, emotional or social support, in particular from their mothers and grandmothers; and sometimes also from the fathers of their children. In addition, it would appear that the adolescent mothers also feel that such support would show that one is loved or cared for and that one is part of the family and of society as a whole (Dickson, 2008; Dickinson, 2010).

Support from health professionals is regarded as the type of care which involves specific knowledge and skills and, in addition, in the case of adolescent mothers, it represents a form of providing them with assistance as regards certain aspects of motherhood. Orem’s
theory (2012) explains care as attending to and serving others or else providing appropriate care for a person, while support means to sustain an effort in order to prevent failure, to avoid unpleasant decisions or situations or also to act without stress. Thus, support would apply to the adolescent mothers as regards preventing disappointments and avoiding unpleasant situations and burden after the discovering of pregnancy.

Florence Nightingale laid a good foundation for nursing, including midwifery, with her message of hope and love through tender, loving care. When midwives show respect to their clients they are sending them the message that “I value you” or “You are important to me”. Thus, when they are accorded respect, the adolescent mothers will feel important, cared for and worthwhile and, if not, they will feel hurt and ignored. The adolescent mothers in this study clearly required guidance and support to prepare them for motherhood.

The study revealed that, on the whole, the support from the fathers of the babies, families and also from health professionals was poor. This emerges from the following statements:

“Adolescent mothers need guidance, support and assistance and to be accepted and, if possible, allowed to go back to school, because these things comes just unexpectedly” (Mother 3).

It appeared that the adolescent mothers’ perspectives of their futures were reasonably positive because they indicated that they did not feel that their lives were over as a result of
early motherhood and they were looking ahead to a positive future. However, they expressed their need for support, especially emotional support, which includes intimacy or closeness, guidance, encouragement and reassurance. Peter (2008/2009) concur with the idea of adolescent parenting support through educational aspect

However, the adolescent mothers indicated that they did not feel that they were well prepared for the maternal role, and that this uncertainty was probably as a result that they were not well informed and neither were they working in order to help themselves financially. In addition, they felt that they had not received sufficient assistance and support although some of them indicated that they had, indeed, received help and assistance. In contrast to this study, the Tanzanian study by Peter, (2008/2009) show high percentage of adolescents got reproductive health education from their parents.

“Parents should be open with us and understand adolescents. They should honestly talk to us on issues pertaining to our development, reproductive health, for example, menstruation and pregnancies and sexual issues. We are seeing things in school hostels or even in classes when girls are menstruating and not having sanitary pads (pause)... which shows that there is little or no assistance or guidance from parents. Girls are only learning from their peers or through discovery learning” (Mother 7).

This statement revealed an eagerness for information while it also indicates a lack of guidance as regards reproductive health issues. Adolescent mothers felt that support play a big role in minimizing motherhood hardships as they have experienced.
3.3.2.5.2 Job and educational aspirations

In this study participants reported felt robbed of their educational opportunities and acknowledged the importance of education for their future, however they had educational and job ambitions (DeVito 2007).

It is essential that young mothers be encouraged to take part in classes on motherhood and to continue with their education at all costs. Adolescent mothers expressed the following:

“I am going to continue with school because I have already passed grade 10.” (mother 13)

“I was busy upgrading my Grade 12 points when I got pregnant and I would like to continue with school next year and do what I wanted to do” (mother 4)

As a result of their limited education, adolescent mothers face challenges in finding jobs which would meet their financial needs. They expressed their ambitions as follows:

“I want to succeed and help my child and my other sisters.” (mother 13)

“I lost my job as a baby sitter due to epilepsy and being pregnant, but now that I am on treatment and have my baby, I will look for a job in order to survive.” (mother 8)

Conclusion to Theme 5

As regards Theme 5, the adolescent mothers expressed their views on how they would like to be supported, how they envisaged their relationships with family and friends as well as
their educational and job aspirations.

3.4 SUMMARY

In this chapter, the study results were discussed and a literature control conducted. The data analysis revealed themes and subthemes which offered insights into the phenomenon under study. The following themes emerged:

Theme 1: Adolescent mothers experienced diverse feelings towards motherhood
Theme II: Adolescent mothers experienced various challenges related to motherhood
Theme III: Adolescent mothers experienced lack of personal relationships with families and friends
Theme IV: Adolescent mothers experienced the burden on caring for and bringing up a baby
Theme V: Future ambitions
CHAPTER 4

PHASE II: CONCEPTUAL FRAMEWORK FOR THE DEVELOPMENT OF THE EDUCATIONAL PROGRAMME FOR ADOLESCENT MOTHERS

4.1 Introduction

This chapter describes phase II of the study. This phase focused on the development of a conceptual framework for an educational programme for adolescent mothers. The programme was developed by integrating the findings which emerged from the interviews with the adolescent mothers.

According to Dickoff et al. (1968, p. 245), a conceptual framework provides a structure that guides the development of a study. In addition, a conceptual framework forms a backbone on which the study is based and enables the researcher to link the research results to the existing body of knowledge. The sequence of the educational programme for adolescent mothers was based on the steps described by Dickoff et al. (1968, p. 24).

4.2 The reasoning map

In accordance with Dickoff et al. (1968) the reasoning map in this research study refers to a structure of concepts which represents the interaction between the agent and the recipients, contextualised within a specific situation and process. The procedure adopted in this study addressed the necessary issues reflecting the experiences of adolescent mothers with the
intention of achieving a specific goal. The researcher’s reasoning map for this study is depicted in figure 4.1.

4.3 The development of a conceptual framework

The conceptual framework in this study was developed in relation to the themes which emerged from the analysis of the data on the experiences of adolescent mothers in respect of motherhood. In developing the programme, as described previously, the conceptual framework was considered and structured according to the survey list as suggested by Dickoff et al. (1968, p. 423). Thus, the purpose, agent, recipient, context, procedure, dynamics and terminus ensured the logical development of the educational programme.

Dickoff et al. (1968, p. 433) identify the following three essential ingredients of a conceptual frame, namely, goal content, which is specified as the aim of the activity, prescription of the activity for goal realisation and a survey list which goes with the presentation of the prescription for the activity in terms of the goal realisation. The educational programme encompassed the activities proposed in the survey list of Dickoff et al. (1968, p. 245), namely, agent, recipient, context, dynamics, procedures and terminus.

According Dickoff et al. (1968), the survey list should answer the central questions of perspective theory. The important questions include:

1 What or who performs the activity (agency)?
2 Who is to receive the activity (recipient or patient)?
3. In what context is the activity performed (context or framework)?

4. What is the energy source of the activity (dynamics)?

5. What is the guiding procedure, technique or protocol of the activity (procedure)?

6. What is the endpoint (outcome) of the activity (terminus)?

Fig. 4.1

4.3.1 The agent (the researcher)

According to Dickoff et al. (1968, p. 438), an agent is any person whose activity leads to the realisation of a goal. This, in turn, implies that the agent is sufficiently knowledgeable to make a difference in the recipient’s life. The agent provides skills, techniques, policies and other external resources which enable the capacity building required for supporting or
developing the agent’s capacity. Thus, an agent is the person who performs the activity supported by external resources.

**Figure 4.2: The agent**

In this study the researcher was a qualified midwifery lecturer and a facilitator as regards the implementation of the educational programme. As an agent, the researcher performed the activity and also took on a role of an educator, supported by staff at the youth centre and by social workers. The researcher established positive interpersonal relationships with her recipients, the adolescent mothers. The researcher possessed characteristics as well as knowledge and skills enabling her to convey topics in the designed educational programme which had been identified as well assisting the adolescent mothers within their context her educator role. The adolescent mothers were assisted and guided to discover their true
potential and to make skilled and informed choices about their futures while the facilitator developed the specific skills and knowledge required to implement the educational programme.

As mentioned previously the researcher was supported by staff at the Oshana youth centre, who deal with adolescents through their daily programme with the youth. These agents possess relevant internal resources which encompassed capability, skills, education and experience. In view of the fact, it was possible for agents to convey the information on effective communication to adolescent mothers to ascertain certain attributes.

These attributes included knowledge of the subject area and, indeed, a sound understanding of and skills regarding the subject matter, values, listening skills and respect. The research findings had given the researcher, as an agent, an in-depth knowledge of adolescent wishes, needs, concerns and hopes. The researcher then based the content of the educational programme on this knowledge when she prepared the programme package for dispersal.

Cherry (2004) view an agent as a person who has a positive influence on something. Thus, the agent in this study fulfils Cherry’s vision of agent as the researcher developed and delivered a programme that assisted adolescent mothers during the period of motherhood. Certain essential attributes of an agent during the facilitation process and linked to this study are discussed below:
The characteristics of an agent

Attitude and values

Values are expressed in the way in which people behave and, thus, values shape and guide people’s lives and strengthen their attitudes. On the other hand, Hardwick (2005) describes values as what people accept as good, right and acceptable and which are socially or culturally constructed. Hardwick further explains that values are what we consider as “valuable beliefs”. On the other hand, attitude refers to the assessment of an individual’s physical or social world and which is shaped by experience and interpersonal relationships.

In view of the fact that attitudes relate to the interface with other people, it is wise that positive attitudes are a precondition in the facilitation process. In terms of this study respect and empathy were integrated with communication skills, especially active listening skills which were adhered to during the implementation of the educational programme.

Respect

Respect involves good and kind to other people and treating others in the same way in which the person concerned would like to be treated. It is essential that the agent uphold the ethical principles of privacy, confidentiality and dignity and, thus, the agent respected the privacy, confidentiality and dignity of the adolescent mothers throughout the process (Burns & Grove 2009; Munhall, 2006). Furthermore, as an agent, the researcher aimed to support and enhances the growth, autonomy as well as self-directedness of the adolescent
participants through positive interactions. In addition, the agent showed respect by perceiving the adolescent mothers as unique human beings and by not making them feel uncomfortable. The adolescents in the study manifested assertiveness and independence as well as self-will and they learnt how to do things for themselves during their motherhood.

**Empathy**

As a caring person the agent was able to show compassion and empathy. As such empathy and compassion involve kindness and generosity as well as an understanding of the feelings and thoughts that made up the inner experiences of the participants. This, in turn, implies that the agent sensed and accepted the experiences of adolescent mothers without becoming overly emotional herself. In addition, as a facilitator, she listened actively to the adolescents and allowed them to search for their own solutions and apply these solutions to their experiences. This enhanced effective communication because the agent listened and sensitively accepted the adolescents’ feelings. She also used her previous experiences, skills and knowledge in conducting the workshop.

**Skills and knowledge of the facilitator (agent)**

The agent was both knowledgeable and skilful in terms of her clear, transformative role in guiding adolescent mothers during their period of motherhood. As a facilitator, she was aware of what she needed to do to assist and empower the adolescent mothers to accept the responsibilities of motherhood for the sake of their own personal growth and development.
as well as for the sake of the baby. Furthermore, the researcher possessed the qualities of an effective convener and supporter and this, in turn, enabled the recipients to interpret and construct their own knowledge. According to the *Reader Digest’s Universal Dictionary* (1987), to construct means to build. It is a known fact that, in order to erect a strong building, you require building materials and a strong foundation. In the case of the adolescents constructing their own knowledge, they need to link or relate incoming information with the previous or existing knowledge that they already possess. They were given the chance to reflect on and to generate ways in which to manage early motherhood in a constructive manner.

The agent took into account the potential of the adolescent mothers and this, in turn, made them feel proud and of some importance in their communities. This recognition on the part of the agent established good relationships with adolescent mothers and, as time passed, it also facilitated the establishment of good relationships between the adolescent mothers and their immediate family members. According to Geldard and Geldard (2010), the relationships of adolescents with their parents change as they mature. Most adolescents become involved in romantic relationships and they feel that they no longer require parental guidance. However, when they are rejected by the person they love, they may feel confused and frustrated and deny that they need help. The study results indicate that the adolescent mothers experienced poor relationships and a lack of support and, thus, the agent endeavoured to facilitate, guide and support them.

The agent considered also the human potential of the adolescent mothers and was prepared
to accept individual weaknesses. The study revealed that the adolescent mothers had experienced loneliness, embarrassment, rejection, and frustration. It was, thus, essential that the agent facilitate personal growth and foster hope and persistence in the face of failure and also allow adolescent mothers to develop supportive relationships with their parents, immediate family members and friends.

**Good interpersonal relationships**

Sound interpersonal relationships which reflect effective communication may provide support and assistance to adolescent mothers.

**Concluding statement as regards the agent**

In this study, the agent developed, described and implemented an educational programme to assist and support adolescent mothers during their motherhood. The agent prepared and set appropriate expectations which, in turn, enhanced support required by adolescent mothers during their motherhood. The implementation of the programme was done in an atmosphere of knowledge, respect and trust as well as positive interpersonal relationships with the recipients.

4.3.2 The recipients (pregnant adolescent mothers in the Oshana region of Namibia)

Dickoff et al. (1968) describe the recipient as somebody who is receiving something, be it
tangible or not. In this study the pregnant, adolescent mothers are the recipients who are experiencing problems and who are the beneficiaries of the activities designed by the agent.

**Fig. 4.3 The recipient**

The adolescent mothers were the active participants in the study programme and, thus, they were the recipients. However, the health professionals may also be regarded as beneficiaries as they should acquire the necessary knowledge and skills during the dissemination of the study findings. The aim of the study was to explore the way in which these adolescent mothers experience motherhood and to develop a supportive educational programme.

The findings show that adolescent mothers lack support during their period of motherhood. At home or in the community there are people with diverse values and of various cultures and these people may either enhance or impede the acceptance of early motherhood on the part of adolescents. It is hoped that the educational programme, which reflects the needs of these adolescent mothers, will transform them into mature, responsible mothers and also
secure their futures by helping them realise the importance of their pursuing education and delaying additional child bearing.

As recipients, the adolescents should possess certain characteristics in order to facilitate and enhance optimum learning and to accomplish much during the educational sessions. The characteristics of good listening skills, a willingness to receive, self-confidence, self-respect and self-discipline as well as motivation and preparedness to assume responsibilities and to be both courageous and strong-minded during the learning sessions are indispensable.

The following enhanced the learning on the part of adolescent mothers:

- A safe, supportive environment with a minimum embarrassment
- Adolescent mothers were respected and treated as people with knowledge and experiences on what they have to accomplish.
- The learning was presented in different, enjoyable and interesting ways.
- Adolescents learn more easily than adults and they were allowed to share their own experiences and situations while working together.

**Concluding statement as regards the recipients**

It was essential that the recipients who, in this study, were pregnant adolescents were receptive to and responsible for the knowledge and skills transpire as this would enable them to make the transition to motherhood. The adolescent mothers showed their
willingness to establish effective interpersonal relationships with their families and friends, to cope with the changes brought about by motherhood, to acquire confidence in terms of bringing up and taking care of their babies and to be motivated to embark on further study so as to enhance their chances of finding good jobs.

4.3.3 The context: (Oshana region in Namibia)

Context may also be regarded as an environment, a setting or circumstances. For the purposes of this study, the context was the setting where the study was conducted, namely, the Oshana region in Namibia.

Dickoff et al. (1968) described a framework as the environment or context in which activities take place. In terms of this educational programme for adolescent mothers, the framework refers to both the youth centre and the community in the Oshana region in which the programme was implemented. Some adolescent mothers live in their homes with their families and also in the society at large. The way in which they interact within their environment may be crucial as this will influence the outcome of the activity performed on their behalf, in this case, the educational programme.

According to Roy (in George, 2010), the environmental context includes all the conditions or circumstances, as well as the influences, which impact on individuals and which affect the development and behaviour of individuals, either positively or negatively. In terms of this study, the circumstances and the influences surrounding the adolescent mothers affect
them both physically and psychologically (body and mind).

![Diagram of context]

**Figure 4.4: The context**

The circumstances surrounding the adolescent mothers, for example, family and social influences, may affect their attitudes. During the knowledge transmission in conducting the workshop, the environment was considered to be conducive for receiving information. On the other hand, the adolescents were guided by facilitators towards independency. This study made known that adolescent mothers are often dependent on their families, friends and partners and, there was clearly a need for them to refrain from a dependence pattern.

Leiniger (in George, 2010) describes the environmental context as the totality of an event, situation or experience. She further states that an environmental setting may be internal (body, mind and spirit) comprising of the inner –self and/or external (physical and social)
setting. It was, thus, important to ensure that the location, as well as the structure, of the place where learning took place, considers recipients who were the adolescent mothers.

**Conclusion statement for the context**

The learning through the educational programme was meaningful as a result of the positive interactions between the agent, the recipient and the context. The study was contextual and the adolescent mothers were valued as human beings. The researcher, who developed the educational programme for adolescent mothers, implemented it at the selected youth centre abased on the experiential learning principles (Lamberski (2005)).

### 4.3. 4 Procedure (interactive facilitation)

Procedures refer to the technique or protocols that guide the activities being performed. In the context of this study the themes which were discussed in Chapter 3 of the study were addressed. The steps as indicated by Dickoff and others taken lead to the accomplishment of a proposed activity and, thus, to the desired outcome (Dickoff et al., 1968, pp. 435, 444). Furthermore, a procedure may indicate either success or follow up to the activity. In this study the procedure was the educational programme which was aimed at the constructive assistance of adolescent mothers as regards motherhood and which was constructed around the experiential learning.

As illustrated in figure 4.5 the procedure in this study included enhancing self-awareness, facilitating constructive interpersonal relationships, facilitating coping with the changes
related to motherhood, mobilising support systems, facilitating the care and upbringing of the baby as well as motivating the adolescent mothers to consider further education and job ambitions.

Figure 4.5: The procedure

According to the *Concise Oxford Dictionary*, interactive means being mutual or influencing one another, while facilitation means to enable something or make something possible (*Concise Oxford Dictionary* 2006). These two concepts are related and, in this
study, were used as a procedure to enable healthy, well-informed mothers and during the period of motherhood.

The procedures, which involved the implementation of the educational programme aimed at assisting and supporting adolescent mothers during their period of motherhood, entailed interaction and facilitation in order to reverse of the themes identified in chapter 3. As explained in chapter I an educational programme is a training programme for individuals and focusing on knowledge which relevant to their situations. The programme developed in this study may be described as an educational intervention in terms of which skills and knowledge were presented so as to enable adolescent mothers to cope with the challenges of motherhood in a constructive way.

According to WHO, a well-designed, educational programme will implement critical life skills and teach adolescents to make the healthy choices which will enable them to acquire the knowledge and skills that may help them in their adult lives (WHO, 2004). In this study the concepts of interactive and facilitation made it possible for the learning process to be complete during the implementation of the educational programme.

During the implementation of the educational programme, a workshop involving a series of sessions was organised and facilitated in the order of themes emerged from the experiences of adolescent mothers during motherhood in the Oshana region of Namibia. The ultimate goal of the workshop was to assist adolescent mothers during motherhood
and to enable them to cope with the challenges related to motherhood and which had emerged in phase one of the study.

**Facilitation and interactive approach**

**Communication**

Powell (2012) explain communication as a process of striving to understand others and being understood in turn – giving and receiving messages. It provides a portal for people to express their feelings despite their differences. Communication between adolescent mothers and their families/friends is important, as goal achievement will be impossible if there is no effective communication. According to the findings of this study, the interpersonal relationships of the adolescent mothers were poor. In order to improve the relationships between the adolescent mothers and their families it is essential to gain an understanding of the ways of communicating which are required for effective communication? On the other hand, facilitation refers to the role of the facilitator in enabling the participants to gain knowledge through active participation

**Interpersonal relationships**

Interpersonal relationships concentrate on the face to face or neon one context or small groups in which information or meanings and feelings are shared through either verbal or
nonverbal messages. It is essential that the interpersonal relationships between the adolescent mothers and their families and friends are full of life.

The educational programme in this study was designed around the experiential learning cycle, as suggested by Kolb et al. (1984), and it concentrated on face to face interactions. The programme was implemented in one workshop which lasted for three days. During the workshop the adolescent mothers acquired skills which enabled them to cope with their unexpected motherhood. Interactive and communication skills were utilised during the facilitation of the workshop. If adolescent mothers are taught that they are accountable for the responsibilities of motherhood and for their educational attainments, they will show more interest and greater motivation as regards shaping their futures positively.

**Concluding statement on procedure**

In this study the procedure enabled the interaction between adolescent mothers and the agent, who was a facilitator, and facilitated also effective communication with other family members and friends. The relationship between the people concerned should be an ongoing process that will entail effective communication, kindness and mutual understanding.

**4.3.5 Dynamics**

Dickoff et al. (1968) describe dynamics as the energy sources or motivating factors within
an individual and which are required for success. In this study the motivation for the activity, the educational programme, was derived from the adolescent mothers through their experiences.

Figure 4.6: Dynamics

In this study the dynamics refer to the experiences of the adolescent mothers as regards the various feelings towards motherhood, the challenges related to motherhood, interpersonal relationships, the burden of caring for and bringing up a baby and the future ambitions of adolescent mothers was based on the empowerment deficit theory. Empowerment deficit theory was applied as the guiding conceptual framework for the dynamic process. Power is defined in the literature as the capacity of some people to produce intended, foreseen, and unforeseen effects on others (On the other hand, powerlessness may be seen as the expectation of a person that his/her own actions will be ineffective in influencing the outcome of life events. Certain researchers associate empowerment with personal control and they maintain that applying empowerment should aim at enhancing the possibilities for
people to control their own lives.

Empowerment is a social action that promotes the participation of people and communities in realising the goal of individual and community control, improved quality of community life and social justice. On the other hand, it is essential that the concepts of empowerment be more clearly defined by stating some common underlying assumptions: These assumptions may be applied to adolescent mothers, namely:

- As individuals, adolescent mothers are assumed to understand their own needs better than anyone else and, therefore; they should have the power both to define and act upon these needs.
- Adolescent mothers should possess strengths on which they may build, while empowerment should be a lifelong endeavour.
- The personal knowledge and experiences of adolescent mothers are valid and useful in terms of their coping effectively.

For the purpose of this study, empowerment was defined as a process whereby the adolescent mothers increased their control of various aspects of motherhood and participated in the development of the programme.

The dynamics for this study included the following:

- Different feelings towards motherhood
- Various challenges related to motherhood
- Lack of effective interpersonal relationships
• Burden of caring for and bringing up a baby

• Future ambitions

Concluding statement for dynamics

Negative experiences regarding adolescent motherhood were identified and rectified by applying the empowerment deficit theory as the guiding conceptual framework for the dynamics process.

In conclusion, it is believed that people understand their own needs better than anybody else and, as a result; they should have the power to define and to act upon those needs. In this study the adolescent mothers defined their needs and actions were taken to meet these needs through an educational programme.

4.3.6 The terminus (well-informed, knowledgeable adolescent mothers)

According to Dickoff et al. (1968), the terminus involves viewing the activity from the end point perspective. In other words, the terminus is the accomplishment of the activity, the end results or the outcome of the programme. In this case, the terminus was informed, knowledgeable adolescent mothers. It was expected that, after acquiring the necessary knowledge as a result of the educational programme, the adolescent mothers should be able to facilitate their own development, keep up their knowledge and skills, communicate freely and be able to cope with motherhood. In addition, the adolescent mothers should be
able to further their education and to make effective decisions about their futures.

The purpose of the educational programme was to assist adolescent mothers during the period of motherhood while the goal of the facilitator was both to equip them with skills and to facilitate the following:

**Self-awareness**

Self-awareness means that a person reflects on her/his own experience, inner views,
feelings and intentions and that these are shared only with someone whom he/she trusts. In other words, self-awareness involves a person the recognising his/her own personality, strengths and weaknesses, including likes and the dislikes. Byrne (2007) describes self-awareness as a process in terms of which a person gets in touch with his/her own attitudes, actions, emotions and experiences and, consequently, learns more about him/herself. Furthermore, self-awareness reflect a person’s sense of knowing whom he/she is, from when he/she comes and also his/her future aspirations.

Some writers describe self-awareness as a way of exploring an individual’s personality, value systems, beliefs, natural inclinations and affinities (Rungapadiachy, 2008; Thompson & Lowson, 2010). In view of the fact people differ in the way they react to things and learn and synthesise information, it is helpful sometimes to spend some time on self-reflection in order to gain a better understanding of themselves. Knowing about yourself may help a person to realise when he/she is stressed or under pressure while it is also a prerequisite for effective communication and interpersonal relations. A better understanding of the inner self empowers the person concerned to make changes, to build on areas of strength and to discern and improve possible areas of weakness (Lyness, 2009).

The adolescent mothers in this study were equipped with strategies and skills on ways in which to enhance their self-awareness through self-assessment in a specific context and by being informed by others about the way in which they perceived their motherhood. The adolescent mothers were asked about their preferred learning styles and their values and attitudes were taken into account. An enhanced knowledge of self-awareness enabled these
adolescent mothers to make healthy and informed decisions about coping with motherhood.

Coping with the various challenges related to motherhood

Some of the participants in this study felt overwhelmed by the burden of motherhood and were struggling to survive. They expressed regrets that motherhood had happened to them so early as this had clearly diminished their opportunities in life. However, it appeared that some of them were able to cope with the changes related to motherhood. The aim of the study was to develop an educational programme which would assist adolescent mothers, to cope with the changes related to motherhood.

The acknowledgement of adolescent pregnancy, moral support and material support are all important factors which minimise stress and enable the adolescent mothers to cope effectively with motherhood. The coping was noticed during the implementation and evaluation of the programme targeting pregnant adolescents and providing them with information on pregnancy, delivery and baby/child care.

Constructive interpersonal relationships

Communication is the foundation of successful interpersonal relationships and alleviates the complexity which may dog relationships. In this study, the adolescent mothers were
experiencing distorted relationships and, yet, they learnt how to engage in effective communication. The strategies which they learnt helped them to communicate constructively during their period of motherhood period while they also learnt to apply these strategies in their daily lives. Strong relationships imply better support systems for the adolescent mothers and they developed a social concern by interacting with family, friends and professional nurses.

While some families, friends and partners did offer support to the young adolescents when they became pregnant, others did not, often as a result of some form of cultural stigmatisation. However, the absence of this support caused anxiety, frustration and even depression in the young adolescent mothers. A number of studies have noted significant differences between adults and adolescents as regards maternal issues and also that it would appear that motherhood is more stressful for adolescents than for adults. Accordingly, a failure to understand and respond to the challenges facing adolescent mothers is likely to hinder the efficiency of health interventions.

**Mobilising support systems**

Initially an adolescent is embedded in a family of origin and also in a network of friends, including the father of her child. After giving birth, the baby joins the family team or circle. The way in which the adolescent mother negotiates her life circumstances is determined by the interactions between her environment that will help her in understanding motherhood and the adaptation to the new situation of being a mother.
According to the study findings these new mothers needed the support and guidance that should have come from family, friends, and partners as well as from health professionals. Support from their parents or relatives may elicit positive emotions in the young mothers and result in a sense of positive attachment and improved parenting skills which would, in turn, reflect positive outcome. However, as revealed by the study, a lack of support may engender feelings of distress.

The group providing support should be aware of the changes occurring during the adolescent period as this would enable the group to provide better support for these adolescents. These pregnant adolescents often doubt and question their readiness to be parents; they often try to conceal their pregnancies and fail to seek early antenatal care as well as psychological care. However, providing them information about pregnancy and motherhood may help them as well as leading to positive expectations and decreasing their fears and anxieties as they learn to understand the whole process of motherhood.

A study conducted by Mulongo (2006) revealed that many young mothers did not interact closely with their babies; they did not hold the babies close to them during breastfeeding and they rarely talked to their babies. In other words, these young mothers were not committed to their babies and nor did they feel confident as regards baby/child care. It was, thus, essential that they receive assistance and guidance. The study further reported that expectant teens prioritise certain needs like how to be a good parent, caring for the new baby, the health of the baby as well as how to make the baby happy and feel loved.
As reported in Sellers (2007), the WHO emphasises and describes the tasks of midwives as regards counselling and educating young adolescent mothers in preparation for motherhood. This counselling and education should involve pre- and postnatal preparation, including the baby care. Macleod (2001) supports the notion of training and supporting those young adolescent mothers who are perceived as psychologically weak and incapable of good parenting. It is assumed that more information and reliable facts about the experience of early motherhood may shed light on the way in which to support these young adolescent mothers and it is for this reason that this study developed an educational programme to assist in this regard.

Caring for and bringing up the baby

The educational programme provided information on both baby care as well as certain issues regarding good parenting behaviours, including showing love, how to hold an infant, how to feed, bath, dress and comfort a baby recognizing discomfort and illnesses in a baby as well as the importance of immunisation. The facilitator also provided health education using videos and one-on-one demonstrations.

Motivation regarding further education and job seeking

Some of the adolescent mothers appeared to feel hopeless about their futures while some were courageous enough to return to school. Others predicted that they would face social challenges as a result of their lack of education which, in turn, implied either
unemployment or low wage jobs. It is, thus, essential that adolescent mothers be motivated and encouraged to think about their futures in a positive way.

**Concluding statement as regards terminus**

Assisting and supporting pregnant adolescents as regards motherhood through positive interaction may result in well informed, knowledgeable mothers.

### 4.4 Summary

This chapter described the conceptual framework used in this study and based on the survey concepts as listed by Dickoff *et al.* (1968). The survey list includes agent, recipient, context, dynamics, procedure and terminus. For the purposes of this study the agent was the researcher who delivered the educational programme to the recipients, who were pregnant, adolescent mothers. The context was the Oshana region where the educational programme, as an activity, was implemented.

The dynamics in this programme comprised feelings towards motherhood, a lack of effective interpersonal relationships, various challenges related to adolescent motherhood, the burden of caring for and bringing up a baby as well as future ambitions. The development of the educational programme that assisted and supported adolescent mother meant that the outcome (terminus) was, eventually, well informed, knowledgeable adolescent mothers. The next chapter will address the development and implementation of the educational programme based on the conceptual framework.
CHAPTER 5
PHASE III: PROGRAMME DEVELOPMENT AND PROGRAMME IMPLEMENTATION

5.1 INTRODUCTION

The previous chapter described the conceptual framework related to concepts as described by Dickoff et al. (1968) in their survey list. The concepts involved include agent, recipient, context, procedure, dynamics and terminus. The results of the thematic analysis of the data reflected the way in which adolescent mothers experienced their motherhood. The concepts in the survey list of Dickoff et al. (1968) served as the basis for the programme and created the possibility of developing an educational programme for adolescent mothers.

This chapter focuses on the development and the implementation of the educational programme aimed at assisting adolescent mothers during their motherhood. The findings which emerged from the interviews conducted with adolescent mothers and the conceptual framework described in chapter 6 contributed to the development of the programme. It is believed that information, assistance, support and encouragement will enable young adolescent mothers to realise their highest potential.

5.2 THE PURPOSE OF THE EDUCATIONAL PROGRAMME

The programme was intended to educate the adolescent mothers on issues pertaining to motherhood and to build their decision making skills and life choices, thus assisting them
to deal with early motherhood. In other words, the purpose of this programme is to assist and support adolescent mothers and enable them to become both knowledgeable and well informed about motherhood. This was accomplished by conducting educational sessions based on the data collected in Phase I of the study.

The activities prepared for the programme included facilitating how to cope with the various challenges of motherhood, enhancing self-awareness, facilitating constructive interpersonal relationships, mobilising support systems, facilitating the upbringing and care of the baby and motivating the adolescent mothers as regards further education and job seeking. The motivation for this programme emanated from the experiences of adolescent mothers on motherhood. Adolescent girls, in general, have always been the most disadvantaged group among other destitute groups, and the constraints of early motherhood deprive them of a healthy, natural adolescence. The educational programme aspires to give them back happiness and to enable them form their own platforms regarding motherhood (Sangalang, 2006; Sharpe, 2010; Thompson, 2010).

The need to develop and implement an educational programme for adolescent mothers and the sessions conducted during the programme implementation were based on their experiences of motherhood. In developing the programme the researcher was required to consider the programme’s impact, whether it was feasible and/or sustainable and to take into account any risks involved.

Cherrington and Breheny (2005, in Dickinson & Tara, 2010) suggest the need for systems
that both value mothering and provide adolescent mothers with course opportunities that build up their health. These systems include the development of programmes that engage adolescent mothers to meet their identified needs (Hill, 2004). It emerged from the results of this study that adolescent mothers were unprepared for motherhood and that they were likely to struggle socially and economically as a result of limited educational and employment opportunities.

It would, therefore, be extremely valuable to have a programme for adolescent mothers that would assist both them and their infant’s health wise, socially, economically and psychologically while appropriate assistance and support will enable these adolescent mothers to make an effective transition to motherhood. In relation to the themes which emerged from the data on the lived experiences of adolescent mothers as regards motherhood, the educational programme which was developed addresses their unmet needs and expectations.

5.3 THE PHILOSOPHICAL APPROACH

The humanistic approach focuses on human value and enhances human potential. It is essential that adolescent mothers be valued as human beings and that their potential to develop themselves in terms of motherhood be recognised. The potential of these adolescent mothers to be good mothers was enhanced by the programme. The existing experiences of the adolescent mothers meant that their potential to adapt to change was high and this, in turn, enabled a promising future for them. During the programme
development and implementation, the humanistic approach was well thought-out, based on the theory of experiential learning of Kolb et al. (1984).

5.4 THE EDUCATIONAL APPROACH

The structure of the educational programme developed for the adolescent mothers and their babies was based on Kolb’s experiential learning theory (Kolb et al. 1984; 2001).

5.4.1 Theories of learning

There are several theories elucidating the way in which people learn and embrace the basic concepts of experiences and behavioural changes. It is human nature for people to interact, share information and deliberate issues and then learn from one another. It is, therefore, acknowledged that learning takes place during the interactions between two or more people which happen every day – at home, at school and at work. The knowledge and skills which are learnt everyday are an intrinsic part of human development. The researcher in this study believes that it is possible for adolescent mothers to develop in any way through learning in relation to motherhood.

The adolescent mothers in this study are learning every day through their experiences of being a mother and, thus, they are enhancing their human development. The main focus of experiential learning is on the construction of existing strength or potentials and on the experiences of the participants in the learning process.
Kolb’s theory of experiential learning

According to Neill (2006), experiential learning is both a theory and a philosophy that facilitates learning from direct experience through active participation in the learning process and by reflecting on what has been learnt in the context of group work. In addition, Aristotle, in Neill (2006), describes experiential learning as the things people have to learn by doing them. Furthermore, experiential learning is portrayed as the customary and essential method of human learning (Wills, 2004; Neill, 2006).

It is essential to realise that experiential learning is a recurring cycle (Kolb, 1984) which happens as a result of the reflection and application from experience with new concepts and impressions arising that, in turn, lead the learner to further explorations, thus restarting the cycle. It is significant that, in terms of the experiential learning in the context of adolescent motherhood, there was an opportunity for interaction between previous, current and future experiences and between the adolescents and the environment – a non-judgmental context in which they talked openly about motherhood issues and received information about what they needed to know. Furthermore, it is vital to understand that it is active reflection and the application of knowledge which distinguishes experiential learning and which makes experiential learning more powerful than either learning by doing or hands on learning.

On the other hand, experiential learning centres on interaction through group participation
and on sharing and reflection on the learning procedure (Neill 2006). The experiential learning approach was implemented in this study by the facilitator, who established a constructive environment that provided the resources, activities and questions that allowed the adolescent mothers to reflect on their experiences and to make sense of their learning. They did this by forming abstract concepts and generalisations based on actual experiences and this eventually enabled the adolescent mothers to participate in the learning process.

The educational programme designed in this study was structured around the experiential learning cycle (Kolb, 1984) which emphasised the key role that experiences play in the learning process. Kolb et al (1984) propose the stages in the learning process by describing the experiential learning which was used by the researcher to implement the experiential cycle. To the fact that a need arises for reflection on existing strengths in order to minimise mistakes and then to come up with four different ways in which people learn. Some writers describe experiential learning as a theory and as a way of thinking which facilitate the progress of learning from direct experience to sharing actively and reflecting on what has been learnt in the process (Smith, 2004; Neill, 2006).

Kolb et al believe that learning as a process creates knowledge through the transformation of the experiences of the people involved. They further explain the essential steps for learning and regard those steps as a central principle of the experiential learning theory. The four steps which are essential for effective learning include concrete experience, reflective observation, abstract conceptualisation and active participation or experimentation (Kolb 1984). It is essential that all the steps in the cycle are implemented
if the learning is to be fruitful. The steps are depicted in table 5.1 and then explained.

Figure 5.1: Steps in the experiential learning cycle based on adolescent motherhood as adapted from Kolb et al. (1984)

The steps in the experiential learning cycle, as linked to adolescent motherhood, will now be discussed in detail.

**Concrete experiences of motherhood on the part of the adolescent mothers**

A concrete experience refers to either a planned or an unplanned real experience. As a process, experiential learning values and honours the existing knowledge and competencies of the group members; in this case, the adolescent mothers (Willis & Rickets,
The knowledge is generated by the participants who experience the real phenomenon and, in this case, by the adolescent mothers who described their concrete experiences of motherhood. They were all new to the role of motherhood and were worried about many of the things which they described.

However, the educational programme provided them with a second opportunity to look back and review their experiences while also enabling them to connect with others who were facing the same struggles. The adolescent mothers learnt from one another and, thus, learning became a shared experience for the entire group. In addition, these adolescent mothers shared their concrete experiences of motherhood and came to a better understanding of what motherhood meant to them as they had experienced it in a unique way while also becoming aware of their responsibilities as mothers.

**Reflective observation for the adolescent mothers**

The adolescent mothers in this study revealed their thinking on motherhood during the learning process and they shared what had happened during the period of motherhood. Reflective learning is based on the assumption that, as an activity, learning involves the whole person as thinking and feeling active being. In this study these reflection enabled the adolescent mothers to make sense of their past experiences and develop the potential for future change. The adolescent mothers described their experiences of motherhood and also indicated what had contributed to these experiences. The adolescent mothers were aware of the impact of early motherhood on them, their families and the community at large. They
expressed their feelings about early motherhood and the way in which they had handled the situation.

Using their own experiences, the adolescent mothers became actively involved in the learning process. This, in turn, increased their self-awareness through reflecting their emotional feelings and commitment to real changes in terms of their motherhood, thus enabling them to cope constructively with the challenges of motherhood. It was through reflection that the adolescent mothers were empowered to plan, manage and evaluate their own learning and to integrate external knowledge into their internal frames of reference.

In turn, this enabled them to accept full responsibility for their own learning. For these adolescent mothers, their experiences of motherhood initiated reflection on past experiences which, in turn, forced them to begin again and to rethink what they should do in the future and to take action in order to bring to fruition their constructive ideas about the future. This whole process of reflection will eventually culminate in the future ambitions of the adolescent mothers in this study, namely, further education and jobs which will enable to move on with lives, emotionally, educationally and financially.

**Abstract conceptualisation**

Abstract conceptualisation is derived from reflection and takes place when sufficient sense is made to enable generalisations and a search for constructive options. The adolescent mothers were provided with the opportunity to express how they had experienced
motherhood and to make suggestions on how to cope with motherhood and to look for positive alternatives. People learn things that make sense and which are relevant to their lives. Thus, with the educational programme as a spring board, the adolescent mothers in this study developed a concrete framework for their future plans and the realisation of their goals.

**Active experimentation**

The adolescent mothers described actual incidents they had experienced during motherhood and shared how they had managed those incidents. They put more effort and felt involved, and, thus, their learning was enhanced through their experiences and this, in turn, increased their level of understanding of the self and of their external environment the learning cycle would then resume. It is when active experimentation is being discussed that stuff happen in the actual circumstances.

The individual will then assess what will work and what does not work and then plan to put anything that does work into practice. It was assumed in this study that what the adolescent mothers had learnt about motherhood during the workshop would be put into practice in their existing social relationships and thus, changes would be generated in their interpersonal relationships. Through active participation during programme implementation, they learnt to prioritise and to plan.
5.4.2 The teaching strategies

The teaching strategies used in this programme included actions and learning activities which were based on the notion that, despite their youth, with assistance, adolescent mothers are capable of learning and, thus, acquiring knowledge and skills relating to motherhood. On the other hand, it is widely believed that adolescents learn best when the learning is presented in multiple, enjoyable and interesting ways. The main language used was Oshiwambo, although English was sometimes also used when necessary as the youth of today in the Oshiwambo region are acquainted with English. Thus, those who wanted to express themselves in English were free to do so.

5.4.3 The learning techniques/method

Learning may be efficient if the right method is applied to the right learners who will benefit from the information. In this study, using different learning techniques helped the adolescent mothers as one specific method may be effective for one learner but not for others.

Facilitation technique

Facilitation is a common approach used when presenting to a group via workshops. In this study, the facilitator had built a relationship with the participants when they had first met and had used her knowledge and skills, values and attitudes to develop a positive and trusting relationship with them. To facilitate means to guide and to enable participants to uncover and discover their existing knowledge, to explore their potential and identify their

The educational programme was facilitated in a variety of ways in order to awaken the interest of the adolescent mothers. In addition, the adolescent mothers the constructive approach was used. This approach starts with an orientation phase, progresses to a working phase and culminates in a terminal phase (Quinn, 2007).

**Lectures**

Lectures refer to the presentation of information by the facilitator. For most of the time during a lecture the participants are not very active. It is general known that there is a limited participation on the part of learners during a lecture but maintains that a lecture may convey a considerable amount of knowledge in a limited time. The facilitator of the educational programme for adolescent mothers utilised different teaching strategies to avoid boredom and to enhance active participation on the part of the adolescent mothers.

**Role play**

Role play was used with the facilitator suggesting scenarios and assigning roles to the participants to play out. The scenarios were sufficiently well structured not to harm the role players. In addition, the adolescent mothers were given roles that could be dramatized. In role play the individual is placed in a situation and asked to imagine that the situation as real.
**Group discussions**

Group discussion was deemed an effective method or technique as regards encouraging adolescent mothers to analyse and evaluate the knowledge they had acquired. The adolescent mothers were able to help each other in respect of the various challenges they had experienced in terms of motherhood. Group discussions provide the group members with the opportunity to interact with the facilitator as well as with fellow members. Dawson (2010) describes group discussion as a good opportunity for group members to evaluate the logic of and the evidence for their own positions or situations. In this study the adolescent mothers were able to express themselves and communicate with others in the group.

Group discussion serve to elicit information and insights derived from informal question. However, it is essential that there is group cohesion and mutual respect between the group members. The facilitator ensured a good start to the proceedings by using an ice breaker. According to Neill (2006) an ice breaker helps the members of a group to relax and laugh while still learning.

**Demonstrations**

Demonstrations are regarded as a form of acquiring skills by showing the learners certain skills and then requesting the learners to repeat or practise these skills to show competence. In this study the adolescent mother came to understand certain issues pertaining
motherhood when they saw them being demonstrated, for example, the adolescent mothers learnt the skills involved in the routine care of the baby such as hugging, bathing, dressing, and breastfeeding a baby by watching these skills being demonstrated. Watching a skill being demonstrated and then repeating it will help a person to master that skill.

### 5.4.4 Resources and training materials

The training materials used in the educational programme were extremely useful and awakened the adolescents’ interest during the educational sessions. Videos, audio projectors, posters and pamphlets, hand-outs and flip charts were used to make the sessions more interesting. In addition, baby mannequins, a model of pelvis, baby clothes and blankets as well as basins used for bathing the baby proved to be useful.

### 5.4.5 Assessment criteria

The programme was assessed by conducting an evaluation of the proceedings at the end of each session; three months after the adolescent mothers had given birth and by focus group discussions held 3 months after the programme had been implemented.

### 5.4.6 The learning outcome

The direct outcome of the programme was well informed, knowledgeable adolescent mothers who had acquired knowledge about coping with the challenges related to
motherhood, mastering the skills pertaining to baby care, establishing good support systems, improving communication skills and gaining motivated as regards self-awareness, growth and self-determination.

5.5 PROGRAMME IMPLEMENTATION

The programme was implemented in phase three of the study and was aimed at assisting and supporting adolescent mothers to become well informed and knowledgeable. The programme was implemented at a three day workshop at the Ongwediva Regional Youth Centre in the Oshana region in Namibia. Certain activities were carried out to ensure that the programme was implemented effectively and that the aim of the programme was realised.

5.5.1 Description of the implementation process

The programme comprised three phases, namely, an orientation phase, a working phase and a terminal phase. During the implementation of the programme these phases were used as a framework.

5.5.2 The context of the programme implementation

Context is referred to as the environment in which the activities concerned take place. The environment in which this programme was implemented was in the Oshana region in
Namibia and, in particular, in the youth centre in Ongwediva, one of the dynamic towns in the region. The youth centre was chosen because various activities concerning the youth take place there and, thus, it constituted an environment that promoted learning. The researcher, who possessed the requisite knowledge and skills to assist the adolescent mothers, acted as a facilitator for the programme.

**Orientation phase**

During the orientation phase the researcher, as the facilitator, met with the participants. Positive interactions took place between the researcher and the participants and this, in turn, fostered the growth of a trusting relationship. The facilitator used her knowledge and skills to develop this relationship of trust between herself as an agent and the adolescent mothers as the recipients. During this phase the overall goals of the programme were presented, the participants’ consent to take part in the programme was confirmed and all the logistics discussed concerning the venue in the Oshana region, dates and times as well as the transport arrangements.

**Working phase**

This phase focused mainly on educating the adolescent mothers on assisting them with motherhood. The programme sessions addressed the themes identified in the data analysis from phase one of the research study. In addition, the participants were welcomed and the ground rules, expectations, objectives and group activities were discussed.
When presenting the various sessions during the workshop, the facilitator commenced with an introduction and then introduced the content which would address the theme for the specific session. Discussions followed and then, finally, during the end stage, the proceedings were summarised and the sessions evaluated. It was during this phase of evaluation that the adolescent mothers shared their experiences of motherhood, including the challenges they had faced and the emotions regarding motherhood which they had experienced.

Thus, it was during this phase that their awareness was enhanced as they discussed mutual experiences. This phase also augmented their thinking and decision making capacity. The sessions were structured in such a way that they would meet the needs of the adolescent mothers during their period of motherhood.

**The termination phase**

This phase involved closure issues in respect of the adolescent mothers’ experiences of motherhood. In this final phase, the experiential learning cycle enabled adolescent mothers to internalise knowledge and skills regarding self-awareness, thus leading to an enhanced ability to cope with changes during motherhood, build constructive, interpersonal relationship, mobilise support systems and learn how to take care of and bring up their babies.

Ultimately, with the outcome of healthy mothers and babies, these adolescent mothers may
now look forward to a healthy and hopeful future as they have been equipped to apply the requisite knowledge and skills in respect of motherhood which they learnt during the implementation of the educational programme at the workshop. The adolescent mothers were given an evaluation question in order to assess the efficiency of the programme.

**The learning content**

The content which was predetermined was implemented by the researcher in three days through the medium of a workshop with pregnant adolescents. The content was then divided into sessions as indicated in Table 5.1.

**Table 5.1:** The facilitation of the implementation of an educational programme to assist adolescent mothers on motherhood so as to enable them to become informed, knowledgeable adolescent mothers

<table>
<thead>
<tr>
<th>Day 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation by the facilitator, a peer volunteer, and registration of the participants</td>
</tr>
<tr>
<td>Opening session:</td>
</tr>
<tr>
<td>Welcoming address and introduction</td>
</tr>
<tr>
<td>Purpose and objectives of the workshop</td>
</tr>
<tr>
<td>Expectations and ground rules</td>
</tr>
<tr>
<td><strong>Session 1</strong> Enhancing self-awareness in adolescent mothers</td>
</tr>
</tbody>
</table>
Group activities and discussions

*Session II*  Constructive, interpersonal relationships

Group work and discussions

Evaluation of daily activities

**Day 2**

Recapitulation of previous day’s work

*Session III*  Coping with the challenges related to motherhood

Group activities on challenges related to motherhood

*Session IV*  Mobilising support systems

Group discussions

Evaluation of the day

**Day 3**

*Session V*  Baby care and bringing up a baby

Group activities and individual activities on the requisite skills involved in the routine care of the baby

Discussions

*Session VI*  Motivating further education and finding work

Group work and discussions

Evaluation of the day and of the workshop as a whole

The agent, who was a facilitator, ensured that the programme was carried out within the framework of experiential learning approach as had been determined previously in the section on programme development in this chapter.
5.5.3 Objectives of the programme

The programme objectives included

- enhancing self-awareness
- facilitating coping with the various challenges related to motherhood
- facilitating constructive, interpersonal relationships between the adolescent mothers and their families/friends.
- mobilising support systems
- facilitating caring for and bringing up a baby.
- motivating further education and job attainment.

5.5.4 The process involved in the programme implementation

Effective organisation and planning ensured the smooth implementation of the programme. Meticulous planning and organisation of the programme created a safe, favourable environment which was conducive both to learning and to enhancing the extension of the participants’ knowledge and skills. Prior to the programme implementation, the researcher gained access to the Antenatal Department at the Oshakati Primary Health Care (PHC) Centre where the researcher explained to the highly pregnant adolescents the purpose of the intended programme.

The adolescent mothers were asked if they were willing to part take in the programme.
Contact numbers were obtained from those adolescent mothers who had indicated that they were willing to take part. After thorough preparations the group was contacted and invited to attend a workshop. Transport arrangements, dates and times as well as the venue for the workshop were communicated to them timeously.

**Group composition and group format**

The programme involved 13 adolescent mothers, the researcher, and two social workers from the Oshakati campus at the University of Namibia as well as a peer youth volunteer from the Ongwediva Youth centre in the Oshana region in Namibia.

**Group procedures**

The group met in a well organised room with sufficient space and the distractions were kept at its minimum during the workshop.

**Workshop procedure**

The programme was aimed at adolescents whose pregnancies were far advanced – from 37 to 40 weeks. It was felt that it would be useful if this educational programme could be for pregnant adolescents to assist them from pregnancy until after the birth of their babies. The researcher decided on a gestational age of 37 to 40 weeks as adolescents tend to go into premature labour and it was hoped that starting at 37 weeks would benefit those who went into labour early.
After all the plans were done, implementation of the programme commenced in a form of a workshop at the Youth Centre, Ongwediva. A workshop for 13 adolescents was conducted over three days. Initially, there were 14 participants but one participant was able to attend on the first day only as she was then hospitalised as a result of pregnancy related problems.

Thus, thirteen adolescent mothers only participated. Their ages ranged between 15 and 18 years. One adolescent mother, who was 18 years old, had begged to be able to attend the workshop and, thus, despite the fact that the original intention had been to limit participation to adolescent mothers between the ages of 15 and 17, the researcher decided to allow her to attend. In addition, one of the participants only, a Grade 9 learner, was 15 years old and she was the only one who had attended school while pregnant. The rest had dropped out of school after they had found out that they were pregnant. It is extremely rare for a girl to continue with her schooling once pregnant despite the fact that the policy on education is to allow pregnant schoolgirls to continue to attend school until they give birth. This brave 15 year old girl requested to be given a letter of proof of attendance of the workshop to take to school as a proof of her absence from classes and this attendance letter was given to her after the workshop.

The venue was well organised and provided a quiet suitable environment. The participants were allowed to sit throughout the workshop. The peer volunteer assisted with the registration of the participants before the commencement of the workshop activities. The participants were given tea and lunch during the course of the day. The group expectations
and ground rules which were to respected and upheld throughout the workshop were explained and discussed at the outset of the programme. The participants were encouraged to discuss their thoughts and to express themselves freely on the topic of adolescent motherhood. They were assured of both confidentiality and privacy at all times.

After the introductory section, the further activities planned for the day were presented – see discussion below.

![Image](image.png)

**Figure 5.2: A schematic representation of the sessions presented at the workshop**

**Session 1: Enhancing the self-awareness of the adolescent mothers**

The first session aimed at helping the adolescent mothers to become familiar with the concept of self-awareness, to realise that self-awareness may help them understand others
and to apply self-awareness in their real lives as adolescent mothers. Self-awareness is regarded as a self-knowledge or an ability to gain insight into one’s inner world and personality (Rungapadiachy, 2008). In other words, it is what people think about themselves and their physical attributes.

According to Rungapadiachy (2008), the components of self-awareness include cognitive self, emotive self and behavioural self. These components were all highlighted during the workshop. Rungapadiachy (2008) maintains that the cognitive self has to do with the representation that people have in their minds and what people think they are while the emotive self involves subjective emotions such as feelings. The facilitator further explained these concepts of self-awareness, based on the ideas of various writers, as acknowledged in the study.

The adolescent mothers were then expected to confront the feelings and emotions which they had experienced during pregnancy. They had all experienced the normal physical and emotional changes during pregnancy and because adolescents are in the developmental stages of life and pregnancy contributes to the challenges they are already facing. The researcher deemed it wise to address these changes effectively through the educational programme and to equip the adolescent mothers in terms of the choices that lay ahead. It was hoped that the programme would increase their level of maturity and self-care, improve their relationships with others as well as enhance their intrinsic motivation to do their personal best at all times. This, in turn would promote self-awareness. The activity in the first session was presented by the researcher in a form of a lecture. The lecture was
followed by discussions with the group aimed at enhancing self-awareness.

Self-awareness refers to self-inspection. People get in touch with their own actions, attitudes, experiences and emotions and this, in turn, enables them to learn more about themselves and how they behave in a range of situations. The way we feel about ourselves has a significant impact on the way we treat both ourselves and others and the kinds of choices we make. It has also to do with our social interaction with other people. In this case, the adolescent mothers’ interaction with family and friends were a matter of concern. The way in which people conceive of and feel about themselves determines their actions towards others, what they expect from others and from life and how others perceive them (Neill, 2006).

Harrill (2009) maintains that self-awareness may be attained through building self-esteem – how one feels about oneself. She elaborates further that self-esteem involves the ability to assess frankly one’s strengths and weaknesses, to be accountable for choices taken, to be straightforward with oneself when experiencing a problem or making a mistake and to make amendments if one’s actions hurt others (Thompson, 2008).

The researcher, as an agent, emphasised the need for adolescent mothers to be taught that there is value in every person, that each person is lovable and capable and that each person possesses the potential to make a difference, no matter the circumstances. Adolescent motherhood may help these young women to grow from their experiences and to acquire sufficient wisdom to reflect on their futures, if their self-awareness is enhanced. The
adolescent mothers realised that to accept yourself, to be honest with oneself and to have a strong, internal locus of control will help them to make healthy lifestyle choices and take responsibility for their lives.

**Session 2: Facilitating constructive, interpersonal relationships between the adolescent mothers and their families and friends**

The research results indicated that the adolescent mothers had experienced feelings of loneliness and that they had, in several cases, been rejected by family and friends. As people interact with adolescent mothers we are helping them to process their motherhood experiences they have so that they are able to grow emotionally and to gain an inner strength of their own. However, if this interaction is either absent or weak then emotional growth and inner strength will be lacking.

Two social workers from the University of Namibia, Oshakati Campus addressed this theme in the second session. Communication is regarded as an essential aspect of effective, interpersonal relationships and it may alleviate the challenges which adolescent mothers face. The social workers emphasised the vital role of communication in any relationship and highlighted it as a fundamental component of any assistance and support offered to adolescent mothers.

The adolescent mothers were made aware of communication strategies and also how to open lines of communication with families and friends, especially boyfriends, and what to
expect of families and friends, including boyfriends. The barriers to effective communication were also discussed and adolescent mothers advised about of their right to say ‘‘NO’’, if necessary, and not to be pressurised by friends.

The issue of positive communication with parents was addressed while relationships and communication skills were modelled. The participants broke up in groups and were requested to perform various communication activities. In addition, the participants were given the opportunity to deliberate on certain issues and to ask questions if they required greater clarity. In the process, the adolescent mothers discovered knowledge and skills in respect of enhancing self-awareness and they developed good interpersonal relationships between themselves. Evaluation of the day: The evaluation forms for the session were given to the adolescent mothers.

**Session 3: Coping with the various challenges related to motherhood**

Motherhood is characterised by physical, physiological, psychological and behavioural changes that may all be influenced by culture as well as by the socialisation of an individual. In her article on motherhood, LaRocca (2006) stated how she had talked with some mothers who had thought that they were prepared for motherhood but had discovered that the experiences after delivery had changed their lives. LaRocca (2006) also expressed how these mothers had experienced problems finding themselves in a shattered setting with a screaming, hungry baby. The ages of these mothers were not mentioned but it may be assumed that, if they thought they prepared for motherhood, they were not as young as
the adolescent mothers in this study. This finding of La Rocca indicates that the reality of
the constant care and attention needed by a baby is something for which many parents are
unprepared.

The adolescent mothers in this study had experienced challenges related to pregnancy,
giving birth and motherhood and had all experienced the normal physical and emotional
changes which occur during pregnancy, labour and after labour (puerperium) as well as the
challenges/complications which may take place during these stages. The other challenges
faced by adolescent mothers were reportedly as financial constraints. The young
adolescents in this study reported intense fear/anxiety, difficulties in accessing finance and
a lack of material support from families and partners.

This session examined how difficult it is to overcome these problems and, thus, the session
focused on bargaining and surviving. It was encouraging that some of the adolescent
mothers, despite the stress, despair and all the struggles they had encountered during
pregnancy and motherhood, showed strength and hope for their futures. However, some
appeared unable to cope and expressed the view that pregnancy had hampered their
opportunities in life because they were able to visualise themselves returning to school.
However, it did appear that this session was extremely helpful for them.

Session 4: Mobilising support systems

“You definitely need support when it comes to a baby. I think every mother needs support
but young moms especially because you are probably not in the real world when it comes to earning your own income, you are not yet in this category” (Mother 8).

According to recent literature and research adolescent mothers face a number of challenges during motherhood as a result of their limited access to financial and professional assistance as well as a lack of support from their parents thus resulting in a poor outcome for both mother and baby (Collins, 2005).

Social support has been identified as an important factor in the adjustment of adolescent mothers to motherhood as regards their behaviours and relationships with their babies. In general social support is accessed from family members, the baby’s father and friends as well as from traditional midwives. However, Clemmens (2012) maintains that the support which concentrates on parenting skills and meeting clients’ needs is more effective than social support. This type of support is provided mainly by trained professionals.

The experiences of the adolescent mothers in the educational programme revealed the part that assistance and support during motherhood had played in their lives and also the gaps in the inter personal relationships that were identified from their point of views. During the evaluation of the programme by participants, it is clearly expressed in Chapter 7.

**Session 5: Caring for and bringing up the baby**

This session was vital in view of the fact that the adolescent mothers had all expressed difficulties during phase one of the study in terms of taking care of their babies. Having a
baby when young affects the girl for the rest of her life and the consequences are greater than she would ever have expected. The adolescent mothers’ dreams for the future are shattered and there is no escape from the situation in which they find themselves. As indicated in Chapter 3 the adolescent mothers In this study expressed their concerns and worries and had the following to say regarding caring for their babies:

“My biggest problem I have had is when my baby cried almost the whole night; I got worried about it and I hardly slept but now she is perfectly fine” (Mother11).

“You are not sure about the choice and caring you are giving for your little one who cannot tell you her needs” (Mother10).

“I believe that if you got pregnant, don’t think of abortion or other things if you are not getting support, just take it easy and continue with life.” I felt that God has blessed me with the pregnancy and now the baby” (Mother7).

The adolescent mothers were also worried about how they would take care of the extremely soft, tender skin of their babies. Adolescent mothers expressed how they were worried in the hospital when they had seen small babies in hospitals with a lot of greasy, white gel on their skin and how to take it off. The participants were informed that the gel to which they were referring (known as vernix caseosa) is essential to ensure the baby is kept warm for the first hours or few days after birth and that it takes time to clean it off the baby’s skin. All the adolescent mothers had to do was to ensure that their babies were bathed every day and baby oil applied. However, it was vital that the gel must be scrubbed off (Sellers, 2007).
Routine care of the baby was stressed and the young mothers were informed that, for example, crying, talking to the baby, cord care, changing nappies and feeding, were essential. The baby may cry because she is wet or hungry or the baby may vomit because she is too full but not necessarily sick. The adolescent mothers were also made aware that, like adults, babies may experience discomfort and not feel well because of environmental factors or else there are certain infections that may bother the baby. Consequently, it was also deemed necessary to focused on certain minor ailments which may affect the baby, including colds, coughs, vomiting, fever, diarrhoea etc. They were informed of what to do if the baby were not feeling well and told when immunisations are due.

The adolescent mothers were also made aware that before, they are discharged from the hospital, they must make sure that all their concerns have been addressed and, in addition, they should know how to take care of the baby. After the facilitator had demonstrated some of the activities involved in the routine care of babies, including bathing and dressing the baby, the participants were requested to take turns to carry out these activities themselves. At the end of the session the adolescent mothers were given the opportunity to ask questions if they needed clarity on certain aspects which they had not understood.

Session 6: Motivating further education and job attainment

The facilitator introduced this session in the form of a discussion with the adolescent mothers being asked how they are envisaged further prospects for further education and
job attainment after their pregnancies.

After discussing the topic in detail the adolescent mothers expressed how they would like to encourage the people around them, especially parents and health professionals, to be more supportive and understanding, particularly in respect of issues concerning their own development and reproductive health as well as allowing them opportunities to continue with their education and find well-paid jobs (Duncan, 2011).

The adolescent mothers' perspectives on their future were fairly positive as most of them indicated that they did not feel their lives were over because of early motherhood and they were looking ahead in a positive way to a bright future. The following statement provides a clear indication of this:

“I am going to continue with school because I have already passed Grade 10. I want to succeed and help my child and my other sisters”. (mother7)

“I was busy upgrading my Grade 12 points when I got pregnant and I would like to continue with school next year and do what I wanted to do”. (mother 6)

After the sessions had been held, the evaluation forms were given out. There were four main questions to which the participants were asked to respond (Table 5.2).
## Table 5.2: The format of the evaluation form used to evaluate the daily sessions

<table>
<thead>
<tr>
<th>Evaluation of the workshop for adolescent mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Session:</td>
</tr>
<tr>
<td>How was the session to you? (Ipopiwa /ningomwaoya li ngiinikungoye?)--</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>What have you learnt that you did not know before? (Owiilongomoshikeshonowa li kuushinale?)--</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>What did you want to learn which was not touched upon? (Oshikewa li wahala u li longeinaashilongwa/ningwa?)--</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Have you any other comments to make? (Ounashishimwewahalakutyainashitongwametetekelo?)--</td>
</tr>
</tbody>
</table>

## 5.6 SUMMARY

In this chapter, the researcher defined and described the development and implementation of an educational programme for adolescent mothers who experienced motherhood to assist them during motherhood. The discussions includes conceptual framework based on the interviews conducted with adolescent mothers who experienced motherhood in Oshana region. Then, the experiential learning cycle was discussed as an educational approach followed during programme implementation. The next chapter will focus on the evaluation of the educational programme.
CHAPTER 6

PHASE IV: EVALUATION OF THE EDUCATIONAL PROGRAMME AIMED AT PREPARING AND ASSISTING ADOLESCENT MOTHERS DURING THEIR MOTHERHOOD PERIOD

6.1 INTRODUCTION

The need for the educational programme was articulated in Phase 1 of the study, which examined the target population of adolescent mothers. In this chapter the impact of the information given by the research participants is evaluated, which also intensified the need of such a programme. The aim of the programme was to assist and support adolescent mothers during their period of motherhood.

For the purposes of this study an evaluation was carried out after each activity during the programme implementation – a three-day workshop – and then three months after the workshop. The participants who participated in the evaluation were described and this was followed by their perceptions of the programme activities.

6.2 THE DYNAMICS (MOTIVATION) OF THE PROGRAMME EVALUATION

What is programme evaluation? Programme evaluation is described as the collection of information about a programme in order to make decisions about the programme.
Evaluation also involves judging or measuring the value, the effectiveness and the logical structure of the programme. Evaluation determines the extent to which the programme satisfies the agent as well as the recipient and whether it meets the requisite standards to ensure validity (McNamara (2010); Mamburu, (2004); Quinn, 2007).

Quinn (2007) describes evaluation in general as a tool with which to assign a value to a learner’s performance with the aim of helping learners to make decisions about the course or programme. Evaluation is an integral aspect of the instructional process and is aimed at determining the way in which learners may have benefited from an educational session. In short, evaluation judges the level of achievement and predicts future performances.

**Paradigms in programme evaluation**

According to Potter (2006), there are three main paradigms within programme evaluation. The first of these paradigms is the positivist approach which is adopted when there are objective, observable and measureable aspects to the programme concerned. In this case, the requisite method involves gathering predominantly quantitative evidence. According to Rossi *et al.* (2004), this approach includes a needs assessment, an assessment of programme theory and programme process as well as an impact and efficiency assessment.

The second paradigm, as described by Potter (2006), is the interpretive approach. In terms of this approach the describer argues that it is essential that the evaluator develop an understanding of the perspective, experiences and expectations of the stakeholders. This
will, in turn, lead to a better understanding of various meanings of the phenomena and the needs of the stakeholders. The most common methods used in this paradigm include observations, interviews and focus groups. The third paradigm is the most frequently used in large based country research which has to do with, for example, developing countries. This approach is identified as the critical-emancipatory approach for the purposes of social transformation and does not fit this study.

In this study the second paradigm, according to Potter (2006), was utilised and, thus, the researcher used observations, interviews and focus groups as evaluation tools.

6.3 EVALUATION OF THE EDUCATIONAL PROGRAMME IMPLEMENTED IN THE STUDY

6.3.1 Purpose of the evaluation

The purpose of this evaluation was to determine, firstly, whether the researcher had reached her goal of informed, knowledgeable, adolescent mothers and, secondly, whether the evaluation would guide the researcher in making improvements on the programme where necessary (Mamburu, 2004; Dawson, 2010).

The specific objectives for this final phase included the following:

- To conduct an evaluation after each activity and also after a further three months to ascertain whether the activities had resulted in informed, knowledgeable, adolescent
mothers.

- To provide an opportunity for the participants to express their opinions of the activities presented and, thus, enable the researcher to make changes or additions, if necessary.
- To submit participants’ recommendations regarding the programme.

The evaluation was carried out as follows:

- After each session
- Before the conclusion of the workshop
- After three months (observations and focus group discussion).

In this study, the educational programme was evaluated after each session as well as after the workshop itself. The participants were given evaluation forms and were requested to express their views anonymously. The evaluation also took the form of feedback from the adolescent mothers through focus group discussion which were held three months after the programme implementation.

6.3.2 Evaluation by the participants after each session and at the closure of the workshop

It is generally believed that evaluation generates a significant amount of data which may also contain irrelevant and impractical information. However, in the context of this study, it was hoped that the information provided would contribute to decisions about the programme and also lead to a better understanding of what was really going on regarding
motherhood. The evaluation guide for this study was designed and then handed out to the participants to encourage them to evaluate the sessions which were held every day (Table 5.2).

**Table 6.1: The participants’ comments and recommendations after the sessions/workshop**

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I learnt about how to be myself and to be a good mother</td>
</tr>
<tr>
<td>It was quite good; I learnt a lot of things which I never knew before</td>
</tr>
<tr>
<td>How to be and how to protect yourself during pregnancy</td>
</tr>
<tr>
<td>Pregnant woman need to eat balanced food and not to carry/work heavy duties</td>
</tr>
<tr>
<td>I learnt about emotional challenges during pregnancy, birth and after giving birth</td>
</tr>
<tr>
<td>I learnt about contractions, but I wanted more on how contraction start and how the baby stays in the uterus</td>
</tr>
<tr>
<td>I learn how a pregnant woman can prepare herself for the onset and birth pain and also how an egg unites with sperm</td>
</tr>
<tr>
<td>How contraction starts and how the baby stays in the uterus was explained today as I wanted. Thanks!</td>
</tr>
<tr>
<td>Understand how the baby is born</td>
</tr>
<tr>
<td>To be a mother is not easy as I thought</td>
</tr>
<tr>
<td>Learnt about interpersonal relationships/communication</td>
</tr>
<tr>
<td>Communication was well presented and we looked at ourselves in the mirror, as had been demonstrated. It was quite interesting.</td>
</tr>
<tr>
<td>We learnt about support and how one can enhance and promote it or face challenges regarding support</td>
</tr>
<tr>
<td>How to take care of a baby and how to handle a baby like, hugging to show love and compassion, bathing, dressing and covering a baby and many more. Thanks so much!</td>
</tr>
<tr>
<td>The importance of breast feeding opened my eyes</td>
</tr>
</tbody>
</table>

**Recommendations at the end of the workshop**

The programme should be expanded to other rural areas
The information should be there for our sisters each month, at least

I would like to encourage others who are pregnant and who are younger than 20 years to attend such workshops

‘Is good you brought up this training – we need it very much’

One has to decide properly to go back to school

6.3.3 Evaluation of the programme aimed at assisting adolescent mothers during their motherhood – after three months

This type of evaluation was essential in order to be able to understand the way in which adolescent mothers cope with motherhood and to determine the effectiveness of the programme. However, it was not an easy task to ascertain whether the participants found the programme relevant or whether they were just determined to escape from the problem of motherhood. It is essential that the tools used for data collection are as reliable, valid and sensible as possible and that they neither dilute nor obscure the actual effects of the programme. The acquisition of information and evaluation after three months is supported by Letourneau, Stewart & Barn father (2004) and, indeed, there was a significant difference in the adolescent mothers three months after the programme implementation as compared to immediately after the training sessions.

6.3.3.1 Focus group discussion

According to Barnett (2006), focus groups assist in programme evaluation and they may
also provide valuable insights into whether the programme has achieved the desired goals.

Rennekamp and Nall (2008) maintain that a focus group discussion adds richness to the dialogue as the comments of others are not possible in the context of one on one interview. However, in focus group discussions the participants have the chance to feed off each other’s ideas and thoughts are often triggered in a way that may not have happened in isolation. In addition, focus groups enable the facilitator to probe a group’s thinking on matters which are both scripted and which arise spontaneously through the discussion. Focus groups may also offer the opportunity to gain quick, reliable impression of what is being studied (McNamara, 2010).

Burns and Grove (2009) are of the opinion that the use of focus groups may assist the participants to express and clarify their views in a way which is less likely during a one on one interview. A focus group discussion was deemed appropriate in the context of this study to provide means and the data from the focus group discussion provided valuable insights into whether the programme implemented had, indeed, achieved the desired goals.

Selecting the participants for the focus group discussion

Purposive sampling was used to select the participants for the group discussion. These participants consisted of the mothers who had participated in the adolescent mothers’ workshop on motherhood and, thus, shared common characteristics.

Recruiting and structuring participants
Recruitment refers to the process in terms of which participants are gathered at one place at the same time. It should also be borne in mind that the target population reflects aspects such as age, education and other relevant dimensions (Barnett: 2006). In view of the fact that the focus group participants were those who attended the workshop, they were recruited by contacting them on their telephones, as had been agreed upon during the workshop and, thus, recruitment was a relatively easy process. The participants in the focus group were informed that confidentiality would be upheld throughout the proceedings (McNamara, 2010).

The appropriate number of people in a group varies with many researchers preferring to have a group comprising eight to 12 members. However, the main aim is to ensure a lively, fruitful discussion and not to allow the size of the group to overwhelm the possibility of such a discussion (Barnett: 2006). In this study the homogenous group for the group discussion comprised ten adolescent mothers who had all delivered live babies. The other three adolescent mothers who had also attended the workshop were not able to attend the focus group discussion.

The setting was relaxed and the space comfortable enough to permit the participants to sit on chairs in a circle (Dawson, 2010). The interviewer welcomed the participants, thanked them for making themselves available and introduced the session by explaining both its aim and the procedure to be followed. The participants were asked for their consent to participate in the focus group discussion. They were then enlightened how the information from the discussions will be handled. The issue of confidentiality regarding the notes taken
during the discussion and access to the information was explained as was their right to participate or not. The participants were assured of confidentiality and of the fact that there would be no negative consequences for them as a result of any of their responses (Barnett, 2006; Dawson, 2010). In addition, the names of those who participated in the discussion would not be revealed.

The questions were prepared in such a way that the researcher was able to implore for information, thus encouraging the participants to talk. The questions posed were linked to the study questions and to the purpose of the study. In addition, they were posed in such a way that the group members were able to build on both their experiences and their responses and this, in turn, allowed for the smooth flow of the group discussion. The group members were at liberty to ask for further clarity, if necessary.

The adolescent mothers applied the knowledge and skills which had been presented during the programme implementation after birth. They discussed challenges or difficulties that they have encountered after delivery and, lastly, recommended possible improvements, if any to enhance the effectiveness of the programme. The researcher, who was a facilitator for the discussion, led the participants through introducing themselves and allowed them to relax by giving them the opportunity to tell the other group members about themselves. An introductory question was then posed to them regarding their opinion of the programme before moving on to the key questions.

The key questions which focused on the programme sessions included the following:
How did you experience giving birth?

How are you experiencing being a mother?

How are you experiencing caring for your baby now that you are mothers?

What is the communication like with your family and boyfriends/friends?

What are your futures plans concerning education and job seeking?

The researcher did not introduce ideas into the discussions but used probing to clarify the meaning of a question if the group appeared not to be responding to a question. The discussion lasted almost 1 hour 30 minute and, after a long deliberation on the questions posed, the researcher summarised the discussion to make sure what had been said and how to interpret what had been said. Lastly, the participants were thanked for their time and their contributions to the discussions. Refreshments were then served before they departed.

6.3.3.2 Findings from the focus group discussions after the programme implementation

During the focus group discussion the researcher posed open ended questions which were based on the broad topics which had been presented during the workshop. The researcher facilitated the discussions. The group members were assured that there were no wrong answers and that they were free either to agree or to disagree with each other’s responses. Comments were listened to and the researcher probed for greater clarity.

As a result of the homogeneity of the group, participants felt free to express their thoughts
and feelings (Rennekamp&Nall2008). The focus group discussion only was held and the data on the tape was listened to immediately while the field notes were reviewed and read repeatedly, transcribed verbatim and coded in order to identify themes (Barnett, 2006).

6.3.3.2.1 Discussions and perceptions of the participants on the activities conducted during the workshop

The participants clearly appreciated the information which they had received at the workshop – information which they had not had previously. They indicated that the information had helped them in applying the knowledge and skills which they had acquired during their motherhood.

Information on self-awareness

The participants indicated that the information presented on enhancing self-awareness had been essential to them as it had enabled them to discuss their experiences regarding birth and the care of their baby with confidence.

The following statements are indicative of the courage and appreciation of the group:

“Thanks to you because, during the birth pains, I know what to do as we were told during the workshop and the pain was quite tolerable.”

“I told myself, no matter what the circumstances are, I will not give up, I will face the
challenges like those who did it before me.”

“For me the training helped me a lot. I was a shy person and could not face challenges. I was courageous enough to face motherhood challenges because I went through the workshop”.

“We know now how to stand on our own and how to come up with ideas of positive living.”

These kinds of comments from the participants indicate the extent to which the adolescent mothers had grown and matured as a result of the experiences they were going through or that they had gone through.

**Coping with the various challenges related to motherhood**

The adolescent mothers indicated that coping with the various challenges in respect of motherhood had helped them to be able to understand the rationale behind the changes related to motherhood. This, in turn, had helped alleviate their fears and anxieties; especially as regards those who had struggled with physical, emotional and social changes related to motherhood.

The personal benefits which the adolescent mothers had derived are illustrated in the following statements:

“Giving birth is tough but, because of the information we got, at least I manage.”

“I am taking the hat off for my mother and would like to apologize for misbehaving; I
know now what she went through and when I think of motherly love.”

“As I knew what to do during birth pains, the pain was quite tolerable.”

“We need to think of a solution to be on our own and to do something for ourselves. Let us not be lazy, we must look for jobs though not well paid, to get some support or else go back to school.”

Constructive interpersonal relationships

The educational programme had made the participants aware of the importance of interactions between people while an awareness of communication styles had deepened their understanding on the importance of communication and motivated adolescent mothers to change the way in which they communicated with families, friends and health professionals.

The participants made the following statements:

“Communication skills help us a lot and were good, it helps us to talk with other people with confidence and to be ourselves. It has built up our strength and enables us to face challenges and obstacles concerning motherhood, no more moody.”

“I was lucky to have my grandmother, she assisted me nicely and, luckily, she is also a counsellor.”

“My family said they will look for somebody to look after my baby (babysitter) for me to go back to school.”
The relationships with their boyfriends were not discussed although it would appear that, in general, boyfriends/partners tend to stay at a distance after they have impregnated a girl and they are sometimes not even aware of the birth of the baby until they notified in the traditional way. This situation sometimes creates distress and ambiguity for the adolescent mothers. The assumed reasons for the fathers of the babies not coming forward include, inter alia, fear of supporting the mother and her baby or denying fatherhood. However, as mentioned previously, there were few comments on this issue, with the exception of the following statement:

“Is hard to survive with a baby if not working and, the worst of it, the father is also not working or disappeared. Who will take care of me and the baby?”

Mobilising support systems

“As an adolescent mother, you are unquestionably in need of support when it comes to a baby. You are not earning anything on this planet. You are totally out!

The ability to seek support is important for adolescent mothers as, without this ability, adolescent mothers may suffer adversity on their own that may cripple their lives. However, the fear, shame and rejection often mean that some of them find it difficult to seek support. Nevertheless, the educational programme on motherhood equips the adolescent mothers to seek support and the participants indicated that they did, indeed, have the ability to seek support.
Care and support may help diminish the difficulties faced by adolescent mothers and they need the support and care of their families and friends and the community in general. However, the adolescent mothers have realised that this is sometimes not possible and that their expectations may not be met. Indeed, when they became pregnant unexpectedly, they felt that talking to or telling their parents would not help and that they needed to think of their futures. They also felt that, although the support may be there, it would be to the extent they wanted. It was also observed that there were differences in the participants’ support systems. However, even if they fell pregnant too early, they still had visions and needed secure their future in order to rid themselves of the dependency syndrome. Nevertheless, it was felt that proper support would enable the adolescent mothers to have a wonderful impact on their children.

According to an article written by Dooly (2010), in cases in which adolescent mothers receive no proper support, they need parenting courses where they will learn about the routine baby care. She further stated that these young mothers need to make their children a priority in their lives and to put extracurricular activities aside until their babies were older.

However, it must be borne in mind that adolescent mothers need life satisfaction and they need to strive for growth and independence. The researchers found that pregnant adolescents who engage in bidirectional support with their parents reported high levels of mastery and life satisfaction as compared to those who were either receiving or giving
support only. Despite the fact that it is generally believed that education is a way to success, the adolescent mothers indicated that they had had to leave school after becoming pregnant and this had hampered their opportunities for further educational and self-support.

Caring for and bringing up the baby

Having a baby is a lifelong trip to a faraway destiny. In addition, it is a fulltime commitment without leave of absence and, thus, society realises that life is difficult for the adolescent mothers who are often neither mature nor strong enough to handle the responsibilities that come with motherhood.

The adolescent mothers in this study clearly appreciated how useful it had been to receive information on baby care. The discussion had been particularly helpful to them as some of their parents had felt that they should leave when they became pregnant and they had been forced not to attend school. HIV/AIDS has changed attitudes towards feeding although the attitudes towards the taking care of their babies and enjoying having a baby were almost the same among adolescent mothers. A lengthy discussion on baby care was fruitful and the adolescent mothers indicated that they needed guidance, support and assistance and, if possible, that they also be allowed to go back to school.

The following statements refer to baby care:

“I did not know this before that a baby’s cord needs to heal first before you carry her at the back.”
“A mother is working around the clock, no rest except if the baby is sleeping.”

“Having a baby is like a prisoner, you hardly move freely.”

“To take care of a baby is not an easy task, but thanks to the programme at least we know how to breastfeed, to cover the baby, to bath and all the routine work around the baby. It is helping us.”

“This type of workshop should be extended to other regions because our fellow youth really need this.”

**Future educational and job attainment**

Participants were looking forward to get somewhere in the society, to be somebody and have work to be able to assist the family and their babies. One participant stressed that it had been a learning experience because they have learnt things which they had never previously known. The following comments were made during the discussion:

“Support needs are growing with a baby, one is seriously thinking of going back to school, otherwise to survive will be difficult”

It is well known that, when adolescent students become pregnant, the new responsibilities may be overwhelming while the whole experience may be extremely frightening and life-altering. Therefore, in order to improve the outcome of these experiences, it is essential that adolescents take the opportunities which will lead to positive growth, for example,
educational attainments may result in future job security and, in turn, developmental growth (Duncan, 2011). The literature has shown that keeping adolescent mothers in school has proved successful, particularly if the school-based programme includes health issues and child development with such a programme alleviating many of the problems associated with adolescent motherhood.

6.3.3.2.2 Analysing and interpreting the information from the group discussion

As was mentioned earlier, the focus group discussion happened only once. The data arising from the discussion was then transcribed verbatim. The researcher went through the data and identified the main themes emerging from the data

These themes include the following:

Contentment or cheerfulness of being a mother and at being able to cope with motherhood,

Growth or development and independence,

Future ambitions regarding education and job attainment

6.3.3.2.3 A brief discussion on the themes arising from the group discussion:

Contentment/cheerfulness at being a mother and at being able to cope with motherhood
The adolescent mothers expressed their satisfaction at possessing the requisite knowledge and skills, especially during delivery and caring for the baby. Knowledge is wisdom.

The programme implemented through the workshop helped the adolescent mothers to acquire knowledge and to develop skills required to be responsible parents. Most of them indicated that they believed that they were performing reasonably well as mothers and they were not depressed about taking care of their babies. They also expressed their happiness that they had been able to attend the workshop. The impression given was that they had made use of the information, especially during the birth process and also in caring for the baby after giving birth.

However, there were two in the group who indicated that they were experiencing some difficulties in taking care of their babies. Nevertheless, the fruitful discussion enabled them to support one another by giving their views on how to take care of their babies. They have also expressed how support and communication had improved, particularly as regards their parents and guardians and with friends as well. The following emerged:

“*My family said they will look for somebody to look after my baby (baby sitter) for me to go back to school.*”

“I am taking the hat off for my mother and would like to apologise for misbehaving; I know now what she went through and when I think of motherly love.”

**Growth or development and independence**

During the discussion the adolescent mothers showed both growth and maturity, even in terms of their thinking capacity. During the workshop they had been made aware of the
importance of gaining confidence and of acquiring the knowledge and skills required to become independent. In addition, they appeared to have realised that it is not always possible to get what you want and your expectations may not be met. For example, when they became pregnant unexpectedly, they realised that disclosing their worries to the parents had caused discomfort to the family but, nevertheless, it remained essential that they think about their futures. Thus, the session on self-awareness had clearly been helpful to them.

“We need to think of a solution to be on our own and not to be lazy and relaxed and rely on others, we should, for example, getting jobs, though not well paid and/or going back to school.”

“To be independent one needs to stand on your own socially and economically. This will only be accomplished if you have a steady well paid job after attaining the education.”

It is, thus, clear that adolescent mothers had, through experience, learnt the lesson that it is necessary to work hard for what one needs.

**Future ambitions regarding education and job attainment**

The adolescent mothers' perspectives of their future were fairly positive as they felt their lives were not over as a result of early motherhood and they were looking ahead in a positive way. The governments in some countries, including Namibia, have promulgated laws and policies promoting and protecting the rights of pregnant adolescents. However,
these adolescent mothers felt that they were not protected as regarding continuing with their education. There are some pressure from fellow learners which preclude their attending school when they become pregnant and which result in their being forced to leave school.

Apart from other learners, it appeared that certain of the parents also felt that a girl should leave schooling if she became pregnant and had a baby despite the fact that being uneducated affects job opportunities and may prevent an individual from embarking on a well-paid career. Adolescent mothers need guidance, support and assistance and, if possible, they should be allowed to go back to school, even if they fell pregnant unexpectedly.

The adolescent motherhood, as a powerful predictor of the future, constitutes a social problem in modern, industrial societies. However, some of the adolescent mothers felt hopeless regarding their future perspectives and they felt that their chances of going back to school were limited because of the situation in which they found themselves.

6.4 SUMMARY
This chapter was based on the evaluation of the programme aimed at supporting adolescent mothers during their motherhood. It is essential that adolescent mothers be educated and assisted to think of a long term plan for their future and the encouragement, assistance and support offered by continuing with their education which should be the foundation of the programme.
CHAPTER 7

CONCLUSIONS, CHALLENGES AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter discusses the conclusion; limitations as well as recommendations concerning the educational programme aimed at assisting adolescent mothers.

7.2 RESEARCH VALUATION

In order to ascertain whether the goals of the study were realised it is essential that the research goals, as discussed in chapter 1, be revisited. This, in turn, involves an appraisal of the research purpose and objectives, the implementation of the programme, the validation of the study in terms of the existing body of nursing knowledge in nursing as well the recommendations and limitations of the study.

7.2.1 The purpose and objectives of the study

The purpose of this study was to explore and describe the experiences of adolescent mothers during motherhood, to develop an educational programme to prepare, assist and support them and to implement and evaluate such a programme. In-depth individual interviews and focus group interviews were utilised as research instruments to realise the purpose of the study.
7.2.2 Conclusions of the study

The conclusions are discussed according to the objectives of the study.

Phase I: Objective 1: This objective aimed at exploring and describing the experiences of adolescent mothers during motherhood.

In order to realise this objective, data was obtained through in-depth individual interviews with fourteen adolescent mothers. The rich data obtained were then transcribed verbatim using the open coding method (Tech 1990). The study findings were validated through a literature review although the exact meanings of the adolescent mothers’ experiences were maintained as their exact words were quoted exactly before the relevant descriptions from the literature.

It was clear from the findings that adolescent had experienced various emotions and feelings about pregnancy, including fear of disclosing the news of the pregnancy, fear of uncertainty, shame, embarrassment, guilt, unhappiness and despair as well as feelings of accomplishment. They had also experienced unexpected changes, including health challenges, leaving school, role and lifestyle changes and also giving birth and becoming a mother. It also emerged that the adolescent mothers have experienced distorted interpersonal relationships with families and friends as regards their motherhood as well as the challenges of bringing up and caring for a baby. Nevertheless, the adolescent mothers still nurtured ambitions in respect of education, support, relationships and job attainment.
Phase II: Objective 2: The second objective aimed at developing a conceptual framework that would facilitate the development of the educational programme

The realisation of this objective was based on the data obtained in Phase I of the study. The conceptual framework was formulated based on Dickoff et al.’s (1968) survey list namely the agent, recipient, context, procedure, dynamic and terminus. These concepts were described in chapter four in the researcher’s mind/reasoning map. The purpose of the educational programme was to assist and support adolescent mothers on how to cope with and overcome challenges during pregnancy and labour, promote constructive interpersonal relationships and communication skills and prepare for child birth and bringing up and care for baby as well as offer support and encourage further educational and job attainment.

Phase III: Objective 3 involved the development and implementation of the educational programme.

The programme was successfully developed based on the research findings. In addition, the programme was implemented utilising the experiential approach during a three day workshop in the Oshana region. The participants were adolescent mothers who were highly pregnant 37 to 40 weeks of gestation and, therefore, it was felt that, as they were nearly at term, they were in urgent need of information.
Phase IV: Objective 4 entailed the evaluation of the programme which had been implemented.

The programme was evaluated during the workshop sessions, at the end of the day’s activities as well as at the end of the workshop. A final evaluation was conducted three months after the implementation of the programme on the basis of a focus group discussion. The researcher held this focus group discussion with participants who had attended the workshop to find out how they were performing during the motherhood.

It emerged that the adolescent mothers were firmly committed to motherhood and, in addition, they were positive, reflecting contentment, growth and independence as well as a positive vision on education and job seeking. They also showed growth and confidence among themselves by encouraging one another. The researcher had hoped to see a difference after the implementation of the programme.

7.3 RATIONALISATION OF THE STUDY IN TERMS OF THE BODY OF NURSING SCIENCE KNOWLEDGE AND PROMOTING HEALTHY ADOLESCENT MOTHERS AND THEIR BABIES

It is hoped that the study will generate knowledge in respect of nursing as a profession and that it may be used for future applications and references by health professionals involved in adolescent health services.

The participation of young adolescent mothers in the programme will provide useful insight for adolescent mothers and will also help them to develop long-term, if not lifelong,
supportive relationships with their children, showing compassion, confidence and competency in their caring of their babies.

7.4 RECOMMENDATIONS

According to LoBiondo-Wood & Haber (2010), recommendations provide the consumers with suggestions by the researcher regarding the study’s application to practice, theory and future research and furnish them with a final perspective from the researcher on the use or helpfulness of the study. Numerous recommendations emerged from this research study and were suggested for implementation by the various ministries in the government and for further research into nursing. This research aimed at preparing, assisting and supporting adolescent mothers during their motherhood so as to ensure healthy mothers and babies.

7.4.1 Recommendations for the recognition of the educational programme

There is a need for this kind of programme to assist adolescents and, thus, it is recommended that additional resources be utilised by the MOHSS to implement such programmes. In addition, under the support of the MOHSS, the programme should be extended to other rural areas. A multidisciplinary, inter-sectoral team approach should be encouraged to take part including all parties interested in the wellbeing of adolescent mothers.

Health professionals should find ways to involve parents in supporting and assisting
adolescent mothers and to create partnerships with community leaders and regional councillors. In addition, parents should resume the traditional ways of talking or find other means to talk to their adolescents about sexual issues before puberty.

7.4.2 Recommendations to various ministries

It is recommended that the researcher, in collaboration with the social workers who assisted with the implementation of the programme, approach the Ministry of Health and Social Services as regards the sustainability of the programme.

The Ministry of Health and Social Services should provide technical support to facilitate the in-service education to primary health care nurses, midwives at ANC and maternity sections on how to utilize the programme.

Nurses/Midwives should utilize the information after in-service training when rendering health care to adolescents.

The education that is given to adolescent mothers by nurses/midwives, both prenatal and postnatal, should prepare them for motherhood.

Health professionals should provide adolescent mothers with the necessary information and support through Adolescent Friendly Health Services (AFHS).

The AFHS, which were implemented by the Ministry of Health and Social Services, should be augmented by health workers in each health facility as, currently, not all health facilities are adolescent user friendly.
7.4.3 Recommendations for further research

It is recommended that future research should focus on the following:

- The challenges faced by the pregnant, adolescent girls as regards continuing with their schooling.
- The challenges adolescent mothers face after giving birth when they endeavour to pursue their secondary education. Assuming that adolescent mothers would agree to be interviewed, it would be fascinating to ascertain what challenges they are facing and to relate this to the school dropout rate after becoming pregnant or after giving birth.
- The experiences of the parents of adolescent mothers when they undertake the care of their grandchildren while their mothers continue with their education should be explored.

7.5 LIMITATIONS OF THE STUDY

As stated by LoBiondo- Wood & Haber (2010), research studies often encompass limitations/challenges or weaknesses which may be controllable. The whole process of conducting this research study was not easy. The adolescent mothers may have been afraid to describe their experiences openly, despite the assurance of anonymity and, thus, they may have given answers which they perceived to be the right answers. There were also factors regarding the fieldwork, interviews and data analysis which created occasional tensions in the long run. The small sample was not sufficiently different in size or ethnic
diversity to enable the findings to be generalised to all pregnant and adolescent mothers. It is, therefore, possible that if other researchers were to focus on a subset of the demographics mentioned, the outcomes might vary as compared to the outcomes of this study.

Participation in the study was voluntarily and the data were obtained from one region and one tribe. Accordingly, the cultural homogeneity in terms of the sample may have implications as regards generalising the findings throughout the country. On the other hand, Oshiwambo was the language used for the data collection and the data were then translated into English. This, in turn, may have resulted in some distortion of the original ideas of the participants. In addition, the area where the data were supposed to be collected had been flooded and, thus, it was not possible for the study to be conducted in this area on time. This prolonged the time taken to collect data, as the researcher had to wait until the ruined roads and bridges had been repaired.

7.6 CONTRIBUTION OF THIS STUDY TO THE BODY OF KNOWLEDGE IN NURSING SCIENCE

The researcher visualize that the study would make a useful and important contribution to the existing knowledge and practice in the following areas:

- There is a gap, the existing knowledge is that it is known adolescent mothers face challenges in society, but there are no formal programmes to prepare them for motherhood. This gap was addressed by the researcher working inductively to
develop a programme to assist adolescent mothers during motherhood.

- The data were collected by means of in-depth, individual interviews and, thus, a new understanding of an existing issue came to the fore.
- A conceptual framework was developed on the basis of finding out about how adolescent mothers experienced motherhood.
- New issues pertaining to adolescent motherhood were identified as they emerged from the data.

7.7 CONCLUSION

In this chapter the study was evaluated in terms of the purpose and objectives in order to determine whether the desired goals had been realised. The study was conducted in four phases. Furthermore, the chapter described the justification of the study as contributing to the body of knowledge in nursing science. It also offered suggestions to various ministries and made recommendations for further research. In addition, the challenges of the study were also discussed. The purpose of the study was realised through the development and implementation of the educational programme. However, the study was explorative and contextual and, therefore, it offers no conclusive answers as regards either the research objectives or research questions.

Nevertheless, the overall insight gained included the realisation that attaining motherhood prematurely has a significant impact on the lives of the adolescent mothers, their families and also their communities and, as a consequence, adolescent mothers are exposed to
physical, social and psychological misery, dependency syndrome and socioeconomic hardships. Nevertheless, the young adolescent mothers’ participation in the educational programme provided valuable insights and also helped them to develop long-term, if not lifelong, supportive relationships with their children, while helping them to show compassion, confidence and competency in their caring for their babies.

Eventually, motherhood comes out that being a mom left a mother with little time and energy for other things. The study shows that to be a mother is to be busy every time which is the toughest job on earth. A mother needs to be imaginative and adoring, especially when it comes to the care and bringing up of the baby.

Though adolescent mothers were left with little time and energy for other things, they still felt a need to balance their act between their babies’ needs and their own needs. Consequently they had education and job attainment in their minds. Finally, it is recommended that further studies be conducted to explore more around adolescent mothers.

In conclusion, the study exposed that the life of an adolescent mother is extremely challenging, it therefore encourages adolescent mothers and everyone to face those life's challenges. Many girls have no idea how having a baby as a child impacts their lives. Participants in this study show others that being an adolescent mom is very hard and that they should make smart decisions to prevent becoming adolescents parents. However, for those who are already teen moms, they can still choose to have a great life for themselves and their children. With the proper help, guidance and
encouragement, they can finish high school, go to tertiary institutions, get jobs and take care of themselves and their children on their own without dependence on others assistance.
REFERENCES


Bacon, L. (2007). *Early motherhood, accelerated role transition and social pathologies.* Retrieved February 7, 2007 from [http://www.jstor.org/view/00377732/di010864/01p0004m/0](http://www.jstor.org/view/00377732/di010864/01p0004m/0)


Nyirenda, M. (2012) Girls re-entry policy can support education for all. The guardian.


To: The Permanent Secretary  
Ministry of Health and Social Services  
Private Bag 13198  
Windhoek

From: S.A.David (Mrs.)  
UNAM Northern Campus  
P.O. Box 1835  
Oshakati

Date: 25.08.2008

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Dear Sir/Madam

I, Sabina David, a professional nurse employed by the University of Namibia as a lecturer hereby request your permission to conduct a research in order to comply with the requirements for a Doctoral degree in Nursing. I intend to conduct this research in the Oshana Regional Health Facilities.

The title of the study is: “An investigation of adolescent mothers (16-17 years) in the Oshana region: An educational programme for adolescent motherhood” The aim of the study is to develop an educational programme on motherhood for adolescent mothers. It is hoped that the
programme will be helpful in assisting adolescent mothers during their period of motherhood.

The study will be confined to adolescent mothers in the Oshana region only. The suggested time frame for data collection is October 2008 to December 2008. Enclosed please find:

A letter from my supervisor, Prof.A. vanDyk, Faculty of Medical and Health Sciences, University of Namibia, authorising me to conduct the study.

My curriculum vitae (CV)

The research proposal

Thanking you in advance
ANNEXURE B
PERMISSION LETTERS AND APPROVAL LETTERS

UNIVERSITY OF NAMIBIA
Private Bag 13301, 340 Mandume Ndemufayo Avenue, Pioneerspark, Windhoek, Namibia

FACULTY OF MEDICAL AND HEALTH SCIENCES
Letter of permission:
Post graduate students

To: Post graduate students
From: Prof A van Dyk
       Prof L Small

Date: 21-8-2003
Dear Student: Ms. S Davids

The post graduate studies committee has approved your research proposal.

Title: An Investigation of experiences of adolescents living (15-17 years) in Okahandja Region - 1st Edu-mission programme for adolescent mothers

You may now proceed with your study and data collection.

It may be required that you need to apply for additional permission to utilize your target population. If so, please submit this letter to the relevant organizations involved. It is stressed that you should not proceed with data collection and fieldwork before you have received this letter and got permission from the other institutions to conduct the study. It may also be expected that these organizations may require additional information from you.

Please contact your supervisors on a regular basis.

Prof A van Dyk & Prof L Small
TO:  Dr N T HAMATA  
Oshana Regional Director  
Ministry of Health and Social Services  
Private Bag 5538  
Oshakati

From: Sabina A. David  
UNAM Northern Campus  
P.O.Box 1835; Tel: 065 2232295/0811244467  
Oshakati

Date:  12 November 2008  
RE:  REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

Dear Dr Hamata

I, Sabina Aisheoiwa David, a professional nurse and employed by the University of Namibia as a lecturer, hereby ask for permission to conduct a research study in Oshana Region.

I have registered as a PhD student at the University of Namibia and intend to conduct my study in Oshana Regional Hospitals, Health centers and clinics. This research is part of the requirements for the completion of the study.

The title of the study is: “An investigation of experiences of adolescent mothers (16-17years) in Oshana Region: An educational programme for adolescent motherhood”
The study will be confined to adolescents in Oshana Region who met the criteria set up in the study.

I have also the permission from the Office of the Permanent Secretary, Ministry of Health and Social Services.

Enclosed please find:

1. A copy of the letter from my Supervisor Prof. A. van Dyk, Faculty of Medical and Health Sciences, University of Namibia, that authorizes me to continue with my study.

2. A copy of the letter from the Permanent Secretary, Ministry of Health and Social Services, that permitted me to conduct the study.

Thank you
OFFICE OF THE PERMANENT SECRETARY

Ms. S. A. David
Unam Northern Campus
P. O. Box 1835
Oshakati

Dear Ms. David

Re: An investigation of adolescent mother (16-17 yrs) in Oshana Region: Educational Programme for adolescent motherhood.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. Kindly be informed that approval has been granted under the following conditions:
   3.1 The data collected is only to be used for academic purpose;
   3.2 A quarterly progress report is to be submitted to the Ministry’s Research Unit;
   3.3 Preliminary findings are to be submitted to the Ministry before the final report;
   3.4 Final report to be submitted upon completion of the study;
   3.5 Separate permission to be sought from the Ministry for the publication of the findings.

Yours Truly,

Mr. K. Kahuure
PERMANENT SECRETARY

Forward with Health for all Namibians by the Year 2005!
Republic Of Namibia
Ministry of Health and Social Services

Oshana Regional Directorate

Private Bag 5538
Oshakati
Namibia

Tel: 09-264-65-2233119
Fax: 09-264-65-220503
E-mail: humantari@lway.na

Enquiries: Dr N.T. Hamata

26 November 2008

Ms Sabina A. David
Lecturer
UNAM
Northern Campus

Dear Ms David

REQUEST TO CONDUCT A RESEARCH STUDY

Permission to conduct a research study at Oshakati, Ongwediva, Okatana Health Centres and Enkono clinic is hereby granted.

Please take this note with you.

Yours sincerely

[Signature]

cc. Ms D.L. Shipushu
DPHC Supervisor (please inform the in-charges of the facilities)
REQUEST FOR CONSENT FROM PARTICIPANTS OR GUARDIANS TO CONDUCT RESEARCH

Dear Sir/Madam

I, Sabina A. David, a student at the University of Namibia, intend conducting a research study on “The experiences of adolescent mothers in the Oshana region of Namibia of motherhood: An educational programme to assist adolescent mothers during motherhood.” The aim of the study is to develop an educational programme on motherhood for adolescent mothers in Oshana as it is hoped the programme will be of assistance to adolescent mothers during their period of motherhood period.

You are hereby invited to participate in the abovementioned research.

The study will be conducted under the supervision of Professor Agnes van Dyk and Dr K Hofnie of the Faculty of Medical and Health Sciences, University of Namibia, in collaboration with Professor CPH Myburgh and Professor M Pogenpoel from the University of Johannesburg,
Republic of South Africa; in order to comply with the requirements for a Doctorate in Nursing Science at the University of Namibia. You are humbly requested to participate in this study which will focus on the experiences of motherhood of adolescent mothers. You will be interviewed alone using a tape recorder at a date, time and place which is convenient to you. The interview will last 1 to 2 hours. Participation is voluntary, which means you may terminate the interview at any time, should you so wish. No names will be linked to the interviews and the audiotaped material will be erased after the completion of the study. The transcribed information will be shared with the researcher, her supervisors and interested research academicians only.

I---------------------- agree to take part in the research study stated above.

--------------------------------------------------
Participant/guardian, if participant is under age Date

Thank you

Mrs. S.A. David
Doctoral candidate
ANNEXURE C

INTERVIEWS WITH PARTICIPANT

In-depth interview with an adolescent mother (16 year old)

Key: R= Researcher P= Participant

R: Good day, mom? How are you?
P: I am fine, mom.

R: I am here because of our agreement to meet and talk about your experiences regarding motherhood? Are you still fine with the agreement?
P: Yes, mom.

R: If you are not comfortable with some of the questions, you are free to tell me that and continue with other talk. Tell me, how you are experiencing motherhood?
P: I suffered since my pregnancy. When I realised that I did not get my periods for a month, I was shocked and afraid to tell my parents. I decided to tell my mother first and force myself to do so. My mother felt very bad and then she asked me with that high, frightened tone “Who impregnated you, you are very young, just a child?” I told her that it was a Namibian Defence Force (NDF) man from our village who is working in Windhoek (the capital city). My mother told me to disclose the pregnancy to the father. I waited for him to come for a weekend and, when he did, I told him about the pregnancy, which he denied. He told me to go look for the one who impregnated me, he claimed it was not him. I cried and told him that since we had met and had sexual relationship, I never had any other man and never had my periods since that time.” Is you” I angrily shouted!
P: I went back to my mother and told her that the boyfriend is denying the pregnancy. My mother was so furious and even asked me if I am telling the truth and if I am sure that I don’t have any other partner. I told her that it was true. She notified one of my uncles, and a meeting was called where we were all present and answered questions from my family members. I told them that he is responsible, but he still denied the responsibility. Consequently my family decided to take the matter further to the traditional authority – to our headman. By that time the boyfriend went back to work, we have to wait again for a time until he got a chance to come home. He took long to come home because he knew what was awaiting him.

R: I am listening.

P: It took a long time to appear in front of the traditional authority, where he was asked tough questions. He kept on saying is not him because he is not staying around for many days. Later on he agreed with difficulty and I have experienced problems since then. No communications or support from him or his family. Is only my mother who is doing her level best to help me?

R: If I may ask, you are only talking about your motherWhere is your father?

P: My father died two years back, is only my mother, me and my sisters.

R: Sorry for that!

R: How do you feel about going through all that?

P: Ei, I feel very sad about it. You know, even my friends and people in our community are talking that I was loose and there is no one who is responsible for my pregnancy. Is embarrassing but I know is not true. On the other hand, my school was interrupted and I
feel sad if I think of the support which I am may not get, because the father of my child is
denying the paternity. I want to take care and support my baby with the help of my mother.
About school my mother said that there is nobody who will take care of the baby if I want
to go back to school.
R: Mm, in which grade were you when you got pregnant?
P: I was in Grade 9 and supposed to be in Grade 10 this year.
R: How was your pregnancy?
P: I did not change that much, except that the growing abdomen. I did not have mood
swings and my general health was good; I was even tested HIV twice and I was negative.
When I think of the support which I need, I prefer to be alone (a pause, and then cried).
R: I am following, it must be painful! …You mentioned that is hard to think of the support
for your baby. How is it to be a mother?
P: I know that to be a mother is not easy, because you will have many responsibilities,
especially if you will struggle and won’t know what to do. I will try, and with my mother's
support, maybe I…” (crying, tears over the face, waited for her to calm down to continue
with the conversation)
R: Ok sorry, take a facial tissue (after a while) Are you ok and can we continue?
P: Yes
R: Who else is able to support you and your baby, apart from your mother?
P: Nobody else, the boyfriend used to give me money before the pregnancy and now,
nothing! The other support I got was from the nurses at the hospital. They assisted me also.
I came here once at ante-natal clinic without shoes. My shoes got damaged on my way to
the clinic— anyway, they were old. One nurse gave me money to go buy shoes. I was so
grateful and my mother was also happy when I told her at home.

R: Mm,

P: Now, with this small baby, he used to cry during the day but not anymore, only sometimes at night. Life is no longer the same, but days seem the same, and you do not have some other things to do. Is just a baby! I never see my friends, they won’t even understand me if I think of them. They don’t visit me, is only if I go to them and talk on things which are not related to pregnancy because they are still attending school. I also do not want to bother them much. The days are really too boring and long., and, at night, the baby cries. You will have sleepless night alone!”

R: Oh, I see… I am listening

P: I wish I had waited to finish school and get a job to enable me to support myself, my baby and my family. This was not good at all.

R: Mm, how would you like then to be assisted as adolescents?

P: Adolescents need guidance and support the time they are disclosing pregnancies. What I went through was tough, but I am very much grateful to my mother and the nurses at the clinic.

R: Do you have anything else to tell me?

P: No, I don’t have anything.

R: Thank you, mom, I will keep this private and confidential as it was promised.

P: Ok, thank you mom
ANNEXURE D

Transcript of a focus group discussion

Key: R Researcher

Participants - Adolescent mothers

A space after each participant response from the group

R-Thank you for responding well on the request, for us to be here today. How are you?

We are fine mom

To start, feel free to talk and there are no wrong answers here and we have to listen to one another please. What was the most useful aspect of the course we had?

Everything! Thanks to you, the information we got helped us a lot.

I think this information needs to be given to everybody pregnant especially us young ones.

You taught us many things we are using now.

R- Ehee, how was birth for you?

Thanks to you because with me, during birth pain, I know what to do as we were told during the workshop and it was tolerable

I told myself, no matter what the circumstances are, I will not give up, I will face it like those who did it before. I mean giving birth.

For me it was hard, that pain started slightly two weeks before and lastly doctor has to do
the operation after I was in pain for a day. You feel like vomiting and lips are getting dry quickly. Oh!

I am taking the hat off for my mother and would like to apologize for misbehaving. I know now what she went through and when I think of motherly love.

R- How are you experiencing being a mother?

We know now how to stand on our own and to come up with good ideas like, doing small work for survival and not just to wait to be given.

We need to think and be on our own to do something for ourselves. Let us not be lazy, we must look for jobs though not well paid to get support or else go back to school.

Is hard to survive with a baby if not working and the worst if the father is also not working or just disappear (The others laugh and giggle), who will take care of me and the baby?

Oh, you know the fathers of our children don’t do anything, maybe if the child gets old but now, no. Their parents assist with money during ante natal care and bring the “ondhikwa” (carrier to secure baby on the back or in abdomen) after you give birth. Some you don’t even know where they stay. That is all.

We are in need of support when it comes to especially the baby. You are not earning anything on this planet. (‘Ku nanand’ oshakedu’eli”) You are totally out!

R- What about the care of the baby?
Me, I did not know this before that a baby’s cord needs to heal first before you carry her/him at the back

A mother is working around the clock no rest except if the baby is sleeping. Having a baby is like a prisoner, you hardly move freely.

To take care of the baby is not an easy task, but now at least we know some of the things like to bath, breast feeding and can recognize if baby is not feeling well. The training was good I don’t know about others, how they feel.

It was quite good (almost all)

R-How is the communication now with family and friends?
Like me, the training helped me a lot. I was a shy person and could not face people. I was courageous enough to face problem I had because of the training. I could not face a person to ask for help, but I did because of my baby.

My family said they will look for somebody to look after my baby. I feel happy

It is better now that we are also not under stress. I think I accepted the condition and I am looking forward for the best.

We still need support and guidance from our parents and guardians. Sometimes they leave
us on our own, but we also need to help our parents. We don’t want to work.

The communications with our friends especially the fathers of our babies needs to improve. We are not seeing them. May be they also need training. (The others laugh)

All agreed- yes

R- Ok, what do you think of your future?

We need to think of a solution, either a job or go back to school

One needs to stand on your own and this can only be happen if you have a steady well paid job after you got your education.

R-You seems quiet, are you tired? Is there anybody who likes to say something?

Yes, I would like to thank you for this mom. If possible it must continue with others. At ANC we are with big mothers and there is no time for questions or teaching some of the things.

Others are nodding their heads- in agreement

R-Ok, thank you also for coming and especially for taking part in the discussion. We were only trying to find out how you are doing after the training and how it helped you being a mother. There are refreshments in that other room. Have a nice day and please take care of yourself and the babies

Thank you mom (almost all)